

Liam McArthur MSP

By email

21 December 2021

Proposed Assisted Dying for Terminally Ill Adults (Scotland) Bill question one response - NEUTRAL

Dear Mr McArthur,

The BMA (British Medical Association) is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

Thank you for providing the opportunity to comment on the proposal for a Bill that seeks to enable competent, terminally ill adults to be provided at their request with assistance to end their life.

In September 2021, the BMA's annual policy-making conference (the annual representative meeting (ARM)) voted to [adopt a neutral position](#) on whether the law should be changed to permit physician-assisted dying. This means that we will neither support nor oppose attempts to change the law on physician-assisted dying in the UK.

Although our neutral position means that we will not comment on the fundamental question of whether the law should change, as proposed in this consultation, we intend to represent our members' interests and concerns when considering provisions in legislative proposals that would have a significant impact on doctors if a change in the law were to arise. We intend to analyse and investigate this over the coming months with a view to developing further policy on this issue. We understand that the proposals are at an early stage, however we feel unease at the lack of operational detail for the service model proposed in the consultation document and would suggest a more detailed proposal would be required if the Bill was to become law.

However, we are clear that there must be robust protection for conscientious objection written into any legislative proposal on physician-assisted dying. Crucially, the right of conscientious objection should apply to all health, care, and administrative staff. In the event of a change in the law, we would expect that clinicians would share relevant clinical information and background as required by GMC Good Medical Practice. They must, however, have the right to conscientiously object to prescribing life-ending medications. Beyond this, there will need to be careful consideration of the scope and specifics of clinician involvement to ensure that doctors' rights to conscientious objection are protected.

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We have also conducted two pieces of research in recent years that were aimed at exploring our members' views on some aspects of physician-assisted dying: our all-member survey (2020) and our ELCPAD (end-of-life care and physician-assisted dying) dialogue events with doctors and members of the public (2015).

- *All-member survey (2020)*
We [surveyed our members' views on physician-assisted dying](#) to help inform our future discussions, including (but not limited to) the policy-making debate at the 2021 ARM at which the Association voted for a position of neutrality regarding a change in the law.

The survey was divided into three sections, asking questions about: doctors prescribing drugs to eligible patients for self-administration; doctors administering drugs to eligible patients with the intention of ending their lives; and how the BMA should respond in the event of future proposals to change the law.

Through one of the largest surveys of medical opinion that has ever been conducted, 28,986 of our members provided invaluable insights into our wider membership's perspective on physician-assisted dying. A breakdown of the results, including by region and speciality, is available in the [full findings on the BMA's website](#).

- *End-of-Life care and Physician-Assisted Dying project (2015)*

Part three of our all-member survey was a continuation of the smaller scale discussion we started with our members via our ELCPAD (End of Life Care and Physician-assisted Dying) project in 2015. Through a series of dialogue events across the UK, the sessions explored, amongst other issues, the impact on the doctor-patient relationship if physician-assisted dying were to be legalised, and the public's and doctors' views on different options for deciding an individual's eligibility for physician-assisted dying if the law were to change. More information about the views we heard [is available on the BMA website](#).

We hope these resources and our explanation of our policy position are helpful to you as you consider the responses to this consultation. Should you need any further information, please do not hesitate to get in contact.

Yours faithfully