

Proposed Assisted Dying for Terminally Ill Adults (Scotland) Bill

Introduction

A proposal for a Bill to enable competent adults who are terminally ill to be provided at their request with assistance to end their life.

The consultation runs from 23 September 2021 to 22 December 2021.

All those wishing to respond to the consultation are strongly encouraged to enter their responses electronically through this survey. This makes collation of responses much simpler and quicker. However, the option also exists of sending in a separate response (in hard copy or by other electronic means such as e-mail), and details of how to do so are included in the member's consultation document.

Questions marked with an asterisk (*) require an answer.

All responses must include a name and contact details. Names will only be published if you give us permission, and contact details are never published – but we may use them to contact you if there is a query about your response. If you do not include a name and/or contact details, we may have to disregard your response.

Please note that you must complete the survey in order for your response to be accepted. If you don't wish to complete the survey in a single session, you can choose "Save and Continue later" at any point. Whilst you have the option to skip particular questions, you must continue to the end of the survey and press "Submit" to have your response fully recorded.

Please ensure you have read the consultation document before responding to any of the questions that follow. In particular, you should read the information contained in the document about how your response will be handled. The consultation document is available here:

[Consultation Document](#)

[Privacy Notice](#)

I confirm that I have read and understood the Privacy Notice attached to this consultation which explains how my personal data will be used.

On the previous page we asked you if you are UNDER 12 YEARS old, and you responded Yes to this question.

If this is the case, we will have to contact your parent or guardian for consent.

If you are under 12 years of age, please put your contact details into the textbox. This can be your email address or phone number. We will then contact you and your parents to receive consent.

Otherwise please confirm that you are or are not under 12 years old.

No Response

About you

Please choose whether you are responding as an individual or on behalf of an organisation.
Note: If you choose "individual" and consent to have the response published, it will appear under your own name. If you choose "on behalf of an organisation" and consent to have the response published, it will be published under the organisation's name.

on behalf of an organisation

Which of the following best describes you? (If you are a professional or academic, but not in a subject relevant to the consultation, please choose "Member of the public".)

No Response

Please select the category which best describes your organisation

Representative organisation (trade union, professional association)

Optional: You may wish to explain briefly what the organisation does, its experience and expertise in the subject-matter of the consultation, and how the view expressed in the response was arrived at (e.g. whether it is the view of particular office-holders or has been approved by the membership as a whole).

I am submitting a response on behalf of the Royal Pharmaceutical society which is the professional leadership body for pharmacists. We are responding to ensure any legislative changes consider the significant role of pharmacists within the assisted dying process and include explicit protection for prosecution for pharmacists involved in the process.

Our response has been drafted using our policy which was published in 2013. At that time, an expert working group was established to develop the policy with a cross-sector representation of pharmacists with expertise in many aspects of practice, including legal and ethical, palliative care, oncology, controlled drug accountable officers, hospices, education, primary care, community and hospital practice. This draft was then disseminated to a wider expert group for views. Members views were sought through a virtual network discussion and coverage in the Pharmaceutical Journal.

In 2019, the policy was reviewed by Baroness Meacher, the Chair of Dignity in Dying. The organisation was supportive of our policy and requested only a review of terminology within the document.

In 2021, the policy was once again reviewed and the introduction updated to reflect the more recent activity around the subject. The document was then reviewed and approved by the RPS boards in England, Scotland and Wales.

Please choose one of the following:

I am content for this response to be published and attributed to me or my organisation

Please provide your Full Name or the name of your organisation. (Note: the name will not be published if you have asked for the response to be anonymous or "not for publication". Otherwise this is the name that will be published with your response).

Royal Pharmaceutical Society

Please provide details of a way in which we can contact you if there are queries regarding your response. Email is preferred but you can also provide a postal address or phone number.

We will not publish these details.

Aim and Approach - Note: All answers to the questions in this section may be published (unless your response is "not for publication").

Q1. Which of the following best expresses your view of the proposed Bill?

Neutral (neither support nor oppose)

Please explain the reasons for your response.

The Royal Pharmaceutical Society takes a neutral stance on this topic, it is neither for nor against assisted dying.

Q2. Do you think legislation is required, or are there other ways in which the Bill's aims could be achieved more effectively? Please explain the reasons for your response.

Legislation is required which will be specific about the criteria for eligibility and this must be steadfast and unable to be altered. There must be explicit protection in place in any legislation for pharmacists, pharmacy technicians and other health care professionals to be protected from prosecution when participating in the approved process for an assisted dying procedure. Legislation would also allow the incorporation of aspects such as conscience clauses to be included which would be essential to ensure no one felt any obligation to participate in aspects of an assisted dying process. It would also ensure a national approach was taken and remove any inequalities of access which could arise if arrangements were not set out in legislation.

Q3. Which of the following best expresses your view of the proposed process for assisted dying as set out at section 3.1 in the consultation document (Step 1 - Declaration, Step 2 - Reflection period, Step 3 - Prescribing/delivering)?

Neutral (neither support nor oppose)

Please explain the reasons for your response, including if you think there should be any additional measures, or if any of the existing proposed measures should be removed. In particular, we are keen to hear views on Step 2 - Reflection period, and the length of time that is most appropriate.

We advocate that there be a legal requirement for patients to pre-register their wish with their own GP to have assisted dying as an option at a later stage in their lives if they fit the legal criteria. Their wishes should be recorded in their health record. This differs from an advance directive which gives instructions for withholding a treatment which might prolong life and thus cannot be used for requesting specific treatments. This pre-registration process should be in a nationally agreed format.

Having pre-registered their wishes with their GP at some point in the past a person would make a formal request to their doctor at a later stage to indicate that they wish to use the legal process for assisted dying now available to them.

The procedure would require forward planning and the documentation should include a care plan drawn up with the patient to ensure all their wishes are accommodated. This should include planning of all aspects on how the procedure will be carried out, who will be present and any consent required.

Q3. Which of the following best expresses your view of the proposed process for assisted dying as set out at section 3.1 in the consultation document (Step 1 - Declaration, Step 2 - Reflection period, Step 3 - Prescribing/delivering)?

Arrangements should be made for access to information and advice on the alternative options available. If the person still wishes to pursue the assisted dying option after exploring and /or making use of the available options, then a final request would be made which would trigger the issue of a lethal prescription and arrangements commenced as per the care plan with a pharmacist and facilitator being approached by the doctor.

Close cooperation between pharmacy and medical colleagues would be required to facilitate all the necessary arrangements and ensure all documentation is in place before any final prescription is presented. The timing and administration details require careful consideration to avoid patients requesting a procedure ahead of their own particular need to satisfy protocol and administrative requirements. With regards specifically to Step 3: Prescribing/delivering

There needs to be more clarity around what is meant by a registered healthcare practitioner (HCP). It states it 'includes' nurse practitioners but does not appear to be restricted to them. The bill would need to specify which HCP's can and cannot carry out these actions. As the professionals responsible for the dispensing of the medication it can fall to pharmacists to facilitate delivery. If pharmacists are included within this definition in the context of this document, there needs to be clarity around what method of confirmation of continued intent would be used. This must be a standard approach regardless of the HCP undertaking the assessment of intent.

It must be remembered that in dispensing a prescription a pharmacist assumes a proportion of the responsibility for that prescription and therefore must be assured that all legal requirements are in place and that it is entirely appropriate for the patient.

Consideration needs also to be given to the handling of all paperwork to ensure a full audit trail, and facilitators will be bound by the same confidentiality requirements as currently apply to healthcare professionals. All paperwork would be seen and processed appropriately before the designated dispensing day. Close liaison between the doctor, pharmacist and any facilitator would be required to ensure everyone involved is kept fully informed.

For arrangements relating to the dispensing, supply, pick up and potential return and safe disposal of medication, it is expected that the pharmacist and doctor would liaise to make all necessary arrangements between them and any appointed facilitator.

Consent issues would be clearly documented in the care plan. Stock of the appropriate medicinal products may not be routinely held in stock but ordered as required for the individual patients. We anticipate that the forward planning required would allow adequate time for the pharmacist to ensure the prescription was available on the due date.

The prescription would be written when the patient makes their formal request (having previously pre-registered) to their doctor and has fully considered all agreed alternative options. As the prescription would be for a controlled drug there would be a 28-day window of validity ensuring time to activate the patient's care plan and make the necessary arrangements.

Thought should be given in planning as to when the prescription will be picked up to allow the pharmacist adequate time for consultation with the facilitator to ensure all pharmaceutical care aspects are considered and that any remaining questions can be answered.

Q4. Which of the following best expresses your views of the safeguards proposed in section 1.1 of the consultation document?

Neutral (neither support nor oppose)

Please explain the reasons for your response.

There needs to be clarity around the HCP's who will be allowed to deliver the medication, assess the intention to die remains and witness the process. The HCP undertaking this role would need training and experience in being able to assess both the patients continued intention to die and their competence to

Q4. Which of the following best expresses your views of the safeguards proposed in section 1.1 of the consultation document?

make that decision. Also, there would need to be a process in place to ensure the assessment of continued intent is witnessed to safeguard vulnerable patients and prevent coercion if they have changed their minds. A person-centred approach is crucial for all aspects of assisted dying and people may change their mind from their initial decisions as life becomes more precious to them despite worsening health. It is vital that the person can indicate their wishes until the final moments of their life.

Q5. Which of the following best expresses your view of a body being responsible for reporting and collecting data?

Fully supportive

Please explain the reasons for your response, including whether you think this should be a new or existing body (and if so, which body) and what data you think should be collected.

In order to balance the needs of confidentiality and access to services, we advocate that pharmacists indicate their willingness to be involved by "opting in" to undergoing training and being involved in the assisted dying process. Their details would then be listed on a database with access restricted to doctors and those pharmacists and facilitators who have similarly opted in to participate in the scheme.

Doctors would then be able to access the information and identify registered personnel in order to start proceedings at a patient's request. Pharmacists who do not wish to be involved would not be listed and therefore would not be approached.

For other data that is required to be collected such as 'follow-up forms' or consent forms, it is vital that the healthcare professional responsible for completing and submitting that is specifically stated within the legislation and that there is a process of review and follow up to make sure that is completed and is done so correctly. Timely action must be taken for any failure to submit and poor practice addressed and stopped.

Q6. Please provide comment on how a conscientious objection (or other avenue to ensure voluntary participation by healthcare professionals) might best be facilitated.

RPS believes there should be an 'opt in' process rather than an 'opt out'. This avoids the need for anyone ethically opposed to assisted dying being required or expected to signpost to another pharmacist as this in itself can pose an ethical dilemma. There must be no obligation for any pharmacist to participate in any aspect of an assisted dying or similar procedure if he or she feels it goes against their personal beliefs.

Financial Implications

Q7. Taking into account all those likely to be affected (including public sector bodies, businesses and individuals etc), is the proposed Bill likely to lead to:

some increase in costs

Please indicate where you would expect the impact identified to fall (including public sector bodies, businesses and individuals etc). You may also wish to suggest ways in which the aims of the Bill could be delivered more cost-effectively.

There would need to be support for pharmacists to undertake training to allow them to participate in the scheme. Pharmacists would require to be fully competent in the legal requirements of an assisted dying procedure and have knowledge of the necessary paperwork, consent requirements and protocols. Joint training with other disciplines involved would be necessary to give a coordinated approach and common

Q7. Taking into account all those likely to be affected (including public sector bodies, businesses and individuals etc), is the proposed Bill likely to lead to:

understanding of the process. Resources would need to be provided to allow this training to be undertaken.

There will be a cost to maintaining and managing a register of healthcare professionals willing to participate in the scheme and registration for those with permission to access it.

Equalities

Q8. What overall impact is the proposed Bill likely to have on equality, taking account of the following protected characteristics (under the Equality Act 2010): age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation?

Unsure

Please explain the reasons for your response. Where any negative impacts are identified, you may also wish to suggest ways in which these could be minimised or avoided.

Any legislation must ensure there are robust safeguards in place to protect those patients with any of the characteristics protected by law and those who are classed as vulnerable for any reason.

It is important in these circumstances to also consider the impact of rurality, there may be the need for someone in an area where there is no HCP willing to be involved to access the services of an appropriate HCP. Processes for this to happen should be identified for areas where no HCP or pharmacist 'opt in' to providing the service. It is vital these processes are put in place as soon as legislation is introduced to avoid patients living in rural areas from being disadvantaged.

Sustainability

Q9. In terms of assessing the proposed Bill's potential impact on sustainable development, you may wish to consider how it relates to the following principles:

- living within environmental limits
- ensuring a strong, healthy and just society
- achieving a sustainable economy
- promoting effective, participative systems of governance
- ensuring policy is developed on the basis of strong scientific evidence.

With these principles in mind, do you consider that the Bill can be delivered sustainably?

Yes

Please explain the reasons for your response.

One of the drivers for groups lobbying for a change to the existing legislation is that people currently travel to other countries to avail themselves of an assisted dying procedure and this is felt to be an unnecessary burden on patients and their families.

If assisted dying procedures were to be available outside the NHS then there would still be an issue of affordability and accessibility. This form of care is unique and must not conflict with the commercial considerations of a private sector organisation and therefore we feel strongly it should stay within the NHS.

General

Q10. Do you have any other additional comments or suggestions on the proposed Bill (which have not already been covered in any of your responses to earlier questions)?

If legislation is passed, pharmacists will have a key role in developing suitable protocols and guidance for prescribers. Policymakers need to recognise and be aware that the role of pharmacists goes far beyond supply of the required medication.

RPS will work closely with policymakers and legislators to ensure that any legislation and subsequent regulations give careful consideration to the principles outlined in this framework to ensure that the first considerations of patients are respected at all times; that pharmacists, sympathetic to any changes in the law, are engaged and that unnecessary anxiety amongst those who would not wish to be involved is prevented. Issues regarding personal, ethical and moral conscience, such as assisted dying, can generate debate, but the views of the individual must be respected. In respecting personal viewpoints, professional responsibility requires clinicians to accommodate these issues in ways which combine compassion with legal and medical integrity.

All safeguards initially agreed in any prospective legislation need to be effective and rigorously applied. The criteria for eligibility should be steadfast and unable to be altered without proceeding through the primary legislative process. Comparisons have been drawn to the parallel with the 1968 Abortion law where there has been criticism that the criteria for eligibility have not been upheld as was originally intended.

It must not be assumed that when a person presents with a request for assistance to end his/her life that this is indeed their actual first choice. People may present with a request for assisted dying when they are not aware of all the alternative options available to them. It is imperative that the best possible standard of palliative care is provided and that all options have been fully explored in a multidisciplinary, holistic approach to care.

It should be a pre-requisite that counselling and advice on all the alternative options be provided to anyone contemplating assisted dying.

Patients should be given the opportunity to discuss the alternative options available to them, to give a clearer understanding of the scope and range of the best practice available in palliative care, including pain management, as well as fully explaining the assisted dying procedure, covering risks and expectations.

A medication review to discuss polypharmacy issues including minimising the risk of side effects towards the end of life would be advantageous.

We would expect all suitable alternatives to be pursued and exhausted before returning to the prospect of an assisted dying.

We support the concept of an independent facilitator of the person's choosing who would not necessarily be a health professional but would be present to witness the death and aid in all administrative tasks as required. They would complete the multidisciplinary training along with health professionals and be competent in the requirements around safekeeping, storage, security and disposal of the medication being used.