End of Life Assistance (Scotland) Bill

BMA Scotland

The BMA has already commented briefly on the consultation on the End of Life Assistance (Scotland) Bill, introduced by Margo Macdonald MSP. The call for evidence lists questions which respondents are invited to answer but the BMA is fundamentally opposed to any change in the law, so we are unable to offer any comment on the detail of the changes proposed. Set out below is the background to the BMA’s policy.

Background to the BMA’s view

The British Medical Association is a registered trade union and professional association representing doctors from all branches of medicine. The BMA has a total membership of around 140,000 doctors representing 70% of all practising doctors in the UK. In Scotland, the BMA represents around 15,500 doctors. Most BMA policy is made through debate at our annual meetings. Representatives discuss motions put forward by local divisions and vote on them after hearing the arguments on both sides. This democratic process is intended to capture a representative snapshot of BMA members’ views.

Assisted dying has been a frequent topic of discussion at these meetings. While the BMA recognises that there is a spectrum of views within its membership, the consensus firmly remains that the law should not be changed to permit physician assisted suicide.

The BMA’s policy opposing euthanasia was established in 1969. At subsequent meetings, attention turned from debate about euthanasia carried out by doctors to assisted dying where patients carried out the final act themselves, with medical advice or support. Traditionally the BMA opposed both. At the BMA’s Annual Representative Meeting in 2005, however, it was proposed that the law on assisted dying should be left to Parliament and to society at large. This resulted in a narrow vote in favour of the BMA being neutral on the topic. However, in 2006, the BMA again discussed its policy on assisted dying and reversed the neutral policy. It established the current policy which focuses very much on practicalities, such as the urgent need to improve palliative care across the UK to allow patients to have high quality care in the period leading to death. The BMA opposes all forms of assisted dying which it sees as distracting attention from other important issues, in particular improving palliative care and, since 2006, has lobbied against any proposals for legal change in this area.

Whilst personal autonomy is important, many doctors believe that they have an obligation to protect their most vulnerable patients. If assisted dying is seen as a viable option for the strong and determined, it may also be seen as an option for the depressed and undecided. The disadvantages could outweigh the benefits for the minority wishing to commit assisted suicide. If society was to send out a message that suicide is the best option for some people, this could confirm some patients’ low self-esteem and contribute to a perception that their lives are less valuable.
Doctors, like the rest of society, have their own personal views but broad trends opposing assisted dying emerge consistently within the profession. Opposition to assisted dying is particularly strong among palliative care specialists and geriatricians - those specialties in which doctors have most contact with dying people.

The House of Lords Select Committee on the Assisted Dying for the Terminally Ill Bill in 2005 suggested that there was varying quality and scope of opinion polls involving doctors and quoted the conclusion of market researchers that despite many surveys “most research is superficial in coverage and only a few attempts have been to understand the basis of the opinions of doctors”. The market research quoted indicated that doctors are significantly less in favour of any legal change than the broader public and “the closer the experience of end-of-life patients, the less sure professionals are about the prospect of a change in the law in favour of euthanasia”. The same view was later echoed by a wide survey in 2009. The BMA is strongly of the view that the majority of UK doctors are opposed to the legalisation of euthanasia or physician-assisted suicide.

The evidence suggests that patients dying from cancer in hospices and palliative care units are likely to make requests for an assisted death but a large proportion “change their minds in response to care provided, a pattern which is consistent with the view that care in such settings aims to address the fears that lie behind such requests.” This lends support to the BMA’s view that high quality care at the end of life can do much to reassure patients who might otherwise want to die prematurely. Patients with such a diagnosis are often understandably fearful of how they will be cared for. Getting end of life care right must be the first priority.

Questions in the call for evidence: Do you agree a person should be able to request end of life assistance from a registered medical practitioner?

It will be clear from the comments above that the BMA does not support the concept and believes that doctors generally are not in favour of ending life deliberately. Medical training and ethos is oriented towards improving and prolonging effective human life where possible.

Whilst individual autonomy and patient empowerment are hugely important, it is essential that attention is given to the possible long-term impact of any potential change in the law on vulnerable individuals.

In the BMA’s view, the focus of this Bill is misplaced. We need to be far better at providing supportive physical and psychological care to help people with terminal illness. The priority must be to help them manage their final days well and with support rather than establishing procedures to hasten their death. Permitting assisted dying might conceivably benefit a small number of well-informed and articulate people but in the long term it might also impinge seriously on others. The BMA fears that the impact of a general relaxing of the ban on intentional killing could detrimentally affect the rights of very vulnerable people to be free from pressure.
Under this proposal, doctors would need to explain any feasible alternatives when the patient requests assistance to die. Conversely, health professionals explaining all options for the management of terminal illness would have to include mention of assisted suicide if this was available. The BMA is concerned that patients might feel obliged to choose that option if they feel themselves to be burdensome to others or concerned, for example, about the financial implications for their families of a long terminal illness.

In the BMA’s opinion, a far more urgent task is that of ensuring that high quality palliative care is made available throughout the UK. In the last few years, end of life services and the practical barriers to provision of high quality palliative care in a range of settings have come under considerable scrutiny. Doctors have long been aware that significant variations exist in the availability and standards of such care. In Scotland, the Scottish Partnership for Palliative Care noted the patchy availability of services and, in 2008, the Scottish government published *Living and Dying Well*, a national action plan to improve palliative and end of life care services. We very much welcome such initiatives. The reason for the review was that gaps exist in end of life care at a time when the UK has a growing older population needing it. Anecdotes still abound about the distressing deaths of some patients and may contribute to the perception that assisted dying is the solution. We do not think it is. The BMA is concerned that a focus on the legalisation of assisted dying could distract attention from this core work that would provide benefit for all in society.

**Summary**

The arguments for and against a change in the laws on physician assisted suicide are complex, particularly against a background of many terminally ill patients having very limited or no access to comprehensive palliative care services. It is the view of the BMA that rather than changing the law to permit physician assisted suicide, more should be done to ensure that all terminally ill patients receive appropriate palliative care with access to specialist treatment, support and information, offering effective relief from pain and other distressing symptoms.

Doctors have their individual views on the moral acceptance or otherwise of assisted suicide. Whilst there is a wide range of views among doctors, the BMA is clear that the majority oppose a change in the law and the Association has established policy that the law should not be changed to permit assisted suicide. The BMA recognises the importance of patient autonomy. Nevertheless, the Association fears that in the case of assisted suicide, the potential benefits for some are only achievable at a risk and cost for others.

Helen Reilly  
Public Affairs Officer  
BMA Scotland  
30 April 2010
1 House of Lords, Select Committee on the Assisted Dying for the Terminally Ill Bill, HL Paper 86-1, 2005, p.80 and annexe 7.
2 House of Lords, Select Committee on the Assisted Dying for the Terminally Ill Bill, HL Paper 86-1, 2005, p.78 and annexe 7.