End of Life Assistance (Scotland) Bill

Royal College of General Practitioners (RCGP) Scotland

The Royal College of General Practitioners (RCGP) is the academic organisation in the UK for general practitioners. Its aim is to encourage and maintain the highest standards of general medical practice and act as the ‘voice’ of general practitioners on education, training and issues around standards of care for patients.

The College in Scotland came into existence in 1953 (one year after the UK College), when a Scottish Council was created to take forward the College’s interests within the Scottish Health Service. We currently represent over 4000 GP members and Associates in Training throughout Scotland. In addition to a base in Edinburgh, the College in Scotland is represented through five regional faculty offices in Edinburgh, Aberdeen, Inverness, Dundee and Glasgow.

The draft has been reviewed by the RCGP Scottish Council, Executive Board, Membership Liaison Group, Faculty Boards and members of the RCGP Scotland patient group, P3 in addition to dissemination to wider membership.

The most recent UK position statement from the Royal College of General Practitioners on assisted death made in 2005 is that ‘the RCGP believes that with current improvements in palliative care, good clinical care can be provided within the existing legislation and that patients can die with dignity. A change in legislation is not needed.’ However, RCGP Scotland recognises that it is important to debate these issues in relation to the current progression of the End of Life Assistance (Scotland) Bill through the Scottish Parliament.

As a membership organisation, RCGP Scotland has consulted with and must reflect the current views of its members in Scotland. Having reviewed comments submitted by members, RCGP Scotland cannot offer a clear statement on the issue of assisted suicide as responses received directly from members are polarised, with equally strong views submitted both in support and against the concepts addressed within the Bill.

Members recognise that the issue of end of life assistance is an extremely complex one and understand the difficulties which would be faced in any attempt to draw up legislation in relation to this. It is important to highlight that in addition to experience gained on this issue in a professional capacity; many of our members also have direct personal experience of dealing with long term illnesses within their own families.

In addition, the following points have been made with regards to the specific framework of the Bill. It is felt that the current ambiguities and lack of detail leave the role of the medical practitioner and the resultant implications on the workforce open to interpretation:
1. The current Bill does not explain the expected role of the medical practitioner in sufficient depth. A robust, detailed and well researched outline of the role of medical practitioners in relation to the proposals must be undertaken before further debate amongst the medical profession can be facilitated.

2. Members questioned the definition of the ‘registered medical practitioner’ within the Bill and were unclear as to who this would be, how they would be appointed and what their role through the process would be. In particular members requested clarity as to whether ‘registered medical practitioner’ referred to a medical practitioner registered with the GMC or to a patient’s registered medical practitioner/GP.

3. Members were concerned that the proposed responsibility would rest on one doctor. Given that the procedure for signing cremation certification requires the signature of more than one medical practitioner we would like to emphasise the clear need for a greater robustness of procedure in the proposed guidance.

4. Members noted that the Bill proposes to amend the criminal law in Scotland in order to allow end of life assistance. Members wished to point out that despite the proposals outlined in the Bill, medical practitioners in Scotland would still be accountable to GMC Guidelines which are applicable to the whole of the UK. Whilst it has been noted by Margo MacDonald that medical practitioners would be covered by European Human Rights Legislation it is clear that given the lack of detail in the draft legislation and a without a position statement from the GMC that the potential impact of the legislation on medical practitioners is very unclear.

5. It was noted that there is currently no provision in the Bill for medical practitioners to be given the opportunity to ‘opt out’. Members noted that guidance on this issue would be an integral requirement and highlights further the need for liaison with the GMC on proposals relating to the involvement of medical practitioners.

6. The criteria of those suffering from terminal illness (death expected within 6 months) and permanent physical incapacity are criteria that could be defined with reasonable certainty. However the caveat that any persons falling within these criteria must also be shown to be experiencing “intolerable suffering” would be very difficult to assess objectively.

7. The implications for education and training have not been addressed within the Bill. The Bill does not address who would be responsible for integrating the proposals into the curriculum, nor does it address the implications for trainees who do not wish to engage in the subject.

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Chair
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