Dear Committee Members

Incompatibility between the proposed End of Life Assistance Bill and the values of the nursing profession

I write to you, in a personal capacity, as a registered nurse and a registered teacher of nurses.

I work as a teacher of nurses in the University of the West of Scotland. Our institution trains more nurses than any other higher education institution in Scotland.

The instrument which governs my practice as a nurse and as a nurse teacher is The Code: Standards for Conduct, Performance and Ethics for Nurses and Midwives. The Nursing and Midwifery Council of the United Kingdom implemented this version of its existing code of professional conduct in 2008.

I list some of the ways in which the proposed Bill is incompatible with the values of the nursing profession expressed in our Code:

- In its first statement, The Code charges me that 'The people in your care must be able to trust you with their health and wellbeing'. The proposal in the Bill that I could be involved in enabling people to kill themselves is diametrically opposed to that. It particularly undermines the trust of patients who do not desire a hastened death in the people who are looking after them.

- The Code charges me to 'Work with others to protect and promote the health and wellbeing of those in your care, their families and carers, and the wider community'. The nursing profession would damage the health and wellbeing of the wider community by supporting a legislative measure which would implicate nurses in assisting people to kill themselves on the undefined grounds that they find life 'intolerable'.

A desire by patients for a hastened death is a reality in clinical care. The values and ethical practices of my professional Code support a compassionate response to that, enabling me to respond to such a desire without the need to introduce the proposed legislation.
For example, my professional Code charges me and my colleagues to:

- ‘Respect and support people’s rights to accept or decline treatment and care’. In upholding that standard I do not seek officiously to prolong the life of a person who wishes to die. I can support his or her decision to decline treatment and thereby shorten his or her life. But I may not take active steps that enable a person to kill himself or herself.

- ‘Uphold people’s rights to be fully involved in decisions about their care’. I can support the decision of a person who wishes their death to occur by natural processes. I assist such a person to determine the limits on active interventions to prolong his or her life. But I may not collaborate with that person in deliberately ending his or her life by committing suicide.

The proposed End of Life Assistance Bill is incompatible with the values of the nursing profession for another fundamental reason. The term ‘end of life assistance’ is inaccurate. The text of the Bill shows that it means ‘ending-of-life assistance’ or ‘suicide assistance’. That is a different concept. As a nurse I am already involved in end of life assistance through the care and the education that I give. I am not involved in suicide assistance. As a mental health nurse, I am involved in suicide prevention.

Finally, the values behind the proposed End of Life Assistance Bill are incompatible with the role of the nursing profession in wider society. They would inflict damage on the relationship of trust between those to whom society has entrusted the care of the ill, elderly, vulnerable and disabled and those who provide nursing care for them.

I urge the Committee to represent these views in their report to the Parliament.

Yours sincerely,

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