

## Assisted Dying

Westminster hall debate: [E-petition 653593](#)

Monday 29<sup>th</sup> April

### About the BMA

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.

### Key points

**Policy position:** The BMA represents doctors and medical students from across the UK who hold a wide range of views on physician-assisted dying. 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 the BMA neither supports nor opposes a change in the law.

Most recently, the [BMA's Medical Ethics Committee has undertaken a significant piece of work](#) to determine how we can best protect and represent our members in response to legislative proposals to permit assisted dying – within the context of our neutral position on whether the law should change. The views arising from this work have been approved by the four BMA Councils across the UK and are highlighted in this briefing.

**Member survey:** In October 2020, the [BMA published the results of an all-member survey on physician-assisted dying](#).<sup>1</sup> This piece of member research is one of the largest surveys of medical professional opinion on physician-assisted dying ever conducted and provided invaluable insights into our wider membership's views on the matter. It was one of a number of factors that informed the policy-making vote at our 2021 ARM.

### BMA policy position

**In September 2021, our Representative Body voted to change the BMA's policy on assisted dying. The BMA is now neutral on whether the law on assisted dying should change (including assisted dying with involvement from doctors). This means that we will neither support nor oppose attempts to change the law on 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, we will represent our members' interests and concerns when considering mechanisms and provisions in legislative proposals that would have a significant impact on doctors if a change in the law were to arise. This would include considerations such as doctors being able to choose whether or not to participate, the need for a robust legal and

<sup>1</sup> The survey was conducted on our behalf by Kantar, an independent research organisation. The results of our survey can be viewed here: [www.bma.org.uk/advice-and-support/ethics/end-of-life/physician-assisted-dying/physician-assisted-dying-survey](http://www.bma.org.uk/advice-and-support/ethics/end-of-life/physician-assisted-dying/physician-assisted-dying-survey)



regulatory framework, formal oversight, collection of data, and clear guidance and emotional support for health professionals. These themes are explored in more detail in the following section.

**Recent work – BMA views**

The BMA’s Medical Ethics Committee has [undertaken a significant piece of work](#) to determine how we can best protect and represent our members in response to legislative proposals to permit assisted dying. We have done this by identifying those issues that would significantly impact on doctors, if the law were to change, and considering what position the BMA should take on them.

In reaching a position on these issues, the BMA has sought to consider and balance three sets of interests:

- BMA members who would be willing to provide assisted dying if it were legalised;
- BMA members who, for whatever reasons, would not be willing to participate in assisted dying; and
- patients who may wish to access a lawful assisted dying service.

The views arising from this work have been approved by the four BMA Councils across the UK; they are listed here, with further detail on each point provided below.

If assisted dying were to be legalised in any part of the United Kingdom or the Crown Dependencies (Jersey, Guernsey and Isle of Man), the BMA would want to see legislation that gives doctors genuine choice about whether, and if so to what extent, they are willing to participate. In particular, the BMA would want to see:

- 1. General**
  - an ‘opt-in’ model for doctors to provide assisted dying
  - a right to refuse to carry out activities directly related to assisted dying, for any reason
- 2. Protection from discrimination and abuse**
  - statutory protection from discrimination
  - provision for safe access zones
- 3. Delivering an assisted dying service**
  - assisted dying as a separate service
  - an official body to provide information for patients
  - adequate funding and equitable access
- 4. Oversight and regulation**
  - open and transparent regulation
  - the collection and publication of data
  - a review of all assisted deaths.

**1. General approach**

An ‘opt-in’ model for doctors to provide assisted dying

The BMA believes that any legislation to permit physician-assisted dying should be based on an ‘opt-in’ model, so that only those doctors who positively choose to participate are able to do so. Doctors who opt in to provide the service should also be able to choose which parts of the service

they are willing to provide (e.g. assessing eligibility and/or prescribing and/or administering drugs to eligible patients).

#### A right to refuse to carry out activities directly related to assisted dying for any reason

Any legislation on assisted dying should not include a standard conscientious objection clause as found in legislation on abortion and assisted reproduction. We are aware from our survey that some doctors do not oppose the legalisation of assisted dying but would not want to participate themselves – these doctors would not be covered by a conscientious objection clause. The BMA therefore believes that, if assisted dying were legalised, doctors should be able to refuse to carry out any activities that are directly related to assisted dying (such as assessing capacity, or determining life-expectancy, specifically to assess eligibility for assisted dying) for any reason. Therefore, there should be a general right to object which does not need to be based on matters of conscience.

### **2. Protection from discrimination and abuse**

Through the work we have undertaken with our members, it is clear that some doctors are concerned about how their decision to participate, or not to participate, if physician-assisted dying were legalised, might impact on them both personally and professionally. For that reason, in the event of legislation, the BMA would want to see:

#### Statutory protection from discrimination

If assisted dying were to be legalised, the BMA would want to see specific provisions in the legislation making it unlawful to discriminate against, or cause detriment to, any doctor on the basis of their decision to either participate, or not participate, in assisted dying.

#### Provision for safe access zones

The BMA believes that any Bill to legalise assisted dying should include provision for safe access zones that could be invoked should the need arise, to protect staff and patients from harassment and/or abuse.

### **3. Delivering an assisted dying service**

The way in which any future assisted dying service would be delivered in practice would have a very significant impact on doctors. For that reason, if the law were to change, the BMA would want to see:

#### Assisted dying as a separate service

The BMA does not believe that assisted dying should be integrated into existing care pathways (whereby a patient's GP, oncologist or palliative care doctor would, at the patient's request, provide assisted dying as part of the standard care and treatment they provide). In the BMA's view, assisted dying should be set up as a separate service that would accept referrals from other professionals and/or self-referrals. Doctors who wanted to do so could still assist their own patients, but this would be arranged, and potentially managed, through a different pathway. In our view, this would be better for doctors and for patients and would help to ensure consistency, and facilitate oversight, research and audit of the service.

#### An official body to provide information for patients

We would support the establishment of an official body (with legal accountability) to provide factual information to patients about the range of options available to them, so that they can make informed decisions. This would ensure that doctors who did not wish, or did not feel confident, to provide information to patients about assisted dying had somewhere they could

direct patients to, in the knowledge that they would receive accurate and objective information. It would also ensure that patients who may meet the eligibility criteria would be able to access the information they need without the requirement to go through their doctor and would have support to navigate the process.

#### Adequate funding and equitable access

If Parliament decided to change the law on assisted dying, the Government would need to ensure that additional funds are made available so that the service is properly resourced, and that funding and workforce are not diverted from other, already overstretched, healthcare services. They would also need to ensure that, if assisted dying were legalised, it is available to all those who meet the eligibility criteria on an equitable basis.

#### **4. Oversight and regulation**

If the law changed to permit assisted dying, it would be essential that it was properly regulated with systems in place to ensure appropriate standard-setting, quality assurance and to maintain confidence in the service. For that reason, the BMA would want to see:

##### Open and transparent regulation

The BMA does not have a view on what form it should take but, if the law changed, we would strongly support the establishment of an independent and transparent system of oversight, monitoring and regulation.

##### The collection and publication of data

To ensure openness and transparency, there should be a requirement for data about all assisted deaths to be collected centrally, and for aggregated data to be published on a regular basis.

##### A detailed review of all assisted deaths

The BMA would support the introduction of a system for routinely reviewing all assisted deaths to ensure that the correct process was followed and to identify learning points to improve the management of cases. Review committees are common in countries that have legalised assisted dying.

#### **Wider BMA work**

Beyond the BMA's established policy, as outlined above, we have also conducted two pieces of work in recent years that were aimed at exploring our members' views on some aspects of physician-assisted dying:

1. our [all-member survey](#) (2020); and
2. our [ELCPAD](#) (end-of-life care and physician-assisted dying) dialogue events with doctors and members of the public (2015).

For more information about the findings from our 2020 all-member survey, our 2015 ELCPAD project, or the BMA's position of neutrality on physician-assisted dying, please visit our website: [www.bma.org.uk/PAD](http://www.bma.org.uk/PAD)

This web hub also contains a **range of publicly accessible briefing materials** we have developed for our members, including:

- Information about the law in the UK and how it was developed
- An overview of the law in jurisdictions internationally where physician-assisted dying is permitted
- An overview of recent surveys of medical and public opinion on physician-assisted dying