

Royal College of General Practitioners Briefing: Second Reading of The Terminally Ill Adults (End of Life) Bill 2024-25

House of Commons, Friday 29th November 2024.

RCGP Position

Following the completion of an all-member consultation in 2019, the RCGP UK Council voted to maintain a position of opposition to a change in the law on assisted dying.

In September 2023, recognising that a change in the law was possible the College set up a working group to consider what impact it could have on GPs and what recommendations we would make to decision makers if there was a change in the law.

In September 2024 the RCGP UK Council voted to commence the process of reviewing the College's position on the law on assisted dying. Until this review is complete, the RCGP's current position of opposing a change in the law on assisted dying remains.

Within the context of the RCGP's current position of opposition to a change in the law on assisted dying, should assisted dying be legalised the College recommends:

- Any assisted dying service should be seen as a standalone specialised service that healthcare professionals may opt to provide and should not be deemed core GP work. The establishment of a separate service would ensure healthcare professionals of multiple disciplines (including GPs) who wanted to do so could still opt in to provide assisted dying, but this would be arranged through a different pathway.
- Any assisted dying service would need to be separately and adequately resourced and should not, in any way, result in a de-prioritisation of core general practice or palliative care services.
- If assisted dying was legalised, an independent and transparent system of oversight, monitoring and regulation should be established. The Government should also be required to review the operation of the legislation in a shorter period than five years (as is currently set out in the Bill)
- If assisted dying was legalised, there should be a right for GPs to refuse to participate in the assisted dying process on any ground, and statutory protection making it unlawful to discriminate against, or cause detriment to, any doctor on the basis of their decision to, or not to, participate in the process. There should also be the provision for safe access zones such as those for abortion providers. It is vital that participating staff and patients must always be protected from harassment and abuse.

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- If the Bill was passed there should be a full and extensive consultation on defining the regulatory framework, standards and training for all those involved in delivering assisted dying services would need to be conducted on a multi-professional basis. This training and regulation would need to prepare healthcare professionals for and cover all elements of the provision of assisted dying, including but not limited to capacity assessment, coercion identification, mental health support, medication and prescribing decision making, and death and certification.

Points to Raise

- According to a recent RCGP survey, over three-quarters of GPs (76%) say that patient safety is being compromised by their excessive workloads. GPs already report struggling with adequate time and headspace, and the RCGP is profoundly concerned about the pressures generated by the combination of rising workload and workforce shortages. Given these ongoing pressures, can the Bill's proposer reassure the House that healthcare professionals from across a range of different disciplines will be authorised to provide assistance as a coordinating and independent doctor and not just already overstretched GPs?
- The House of Commons Health and Social Care Committee report recommends that if assisted dying were legalised in any part of the UK, the relevant governments must ensure that funding and workforce are not diverted from other, already overstretched, healthcare services including General Practice. What reassurances can the Bill's proposer therefore provide that core general practice funding will not be negatively impacted by a new assisted dying service?
- Can the Bill's proposer provide more details around the statutory protection clauses in the Bill that would make it unlawful to discriminate against, or cause detriment to, any doctor because of any decision they may take not to participate in the assisted dying process?
- GPs have a pivotal role in providing palliative care for their patients, and their carers and families. In the event of assisted dying being legalised, what reassurance can the Bill's sponsor provide that it will not result in a de-prioritisation of palliative care services, with funding being diverted elsewhere and patient access deteriorating?