Steve Brine MP
Chair, Health and Social Care Select Committee
House of Commons
London
SW1A 0AA

17 January 2023

Dear Mr Brine,

Assisted dying/assisted suicide – Submission from the British Geriatrics Society

The British Geriatrics Society (BGS) is pleased to be contributing to this important inquiry looking at assisted dying/assisted suicide. This submission has been developed by members of the BGS End of Life Care (EOLC) and Ethics and Law Special Interest Groups (SIGs). For the purpose of brevity, we have used the term 'assisted dying' to encompass both assisted dying and assisted suicide.

1. About BGS

1.1 The BGS is the membership organisation for all healthcare professionals engaged in the treatment and care of older people across the UK. Since 1947 our members have been at the forefront of transforming the quality of care available to older people. Our vision is for a society where all older people receive high-quality patient-centred care when and where they need it. We currently have over 4,600 members working across the multidisciplinary team, including geriatricians, nurses, GPs, allied health professionals and pharmacists and across acute, primary and community care settings.

1.2 Our members are specialists in caring for people at various stages of older age, often with frailty, cognitive impairment and a range of complex health conditions common in later life. As such, they have extensive skills and experience in caring for people nearing the end of their lives. The BGS has a position of being opposed to the introduction of assisted dying and that position stands at this time. However, BGS members accept death as a natural outcome of life and do not believe in prolonging life at any cost.

2. To what extent do people in England and Wales have access to good palliative care? How can palliative care be improved, and would such improvements negate some of the arguments for assisted dying/assisted suicide?

2.1 Despite the best efforts of BGS members and other healthcare professionals, good quality palliative and end of life care is currently not available to everyone nearing the end of their lives. It is estimated that 75% of people dying in the UK have palliative care needs.[1] There is however geographic variation regarding the availability of good quality palliative care[2] and people who live in deprived areas in England and Wales are more likely to die in hospital rather than at home or in a hospice, which is likely to be their preferred place of death.[3] Members of our EOLC SIG agree that not enough people in England and Wales have access to good quality palliative care and, furthermore, that good palliative care is not sufficient – everyone in England and Wales must have access to excellent palliative care before a change in the law regarding assisted dying is considered.

2.2 The BGS urges the committee to recognise that palliative and end of life care for older people with frailty is different to that provided to people with illnesses such as cancer. While someone approaching the end of life with a terminal cancer may require social support in their final months, an older person with frailty is likely to need significant social support over a considerably longer period of time. The current crisis in social care and community support including district nursing means that many older people cannot be supported to live life as they would wish in their own homes. For many, while basic care needs may be met, carers do not have the time to ensure comfort and dignity or to engage in meaningful conversation. While this has been the case for many years, the COVID-19 pandemic has put increased pressure on the social and community care systems and currently many older people living in their own homes cannot access the care that they need as they approach the end of their lives.

2.3 The COVID-19 pandemic affected the older population particularly badly with the vast majority of deaths from COVID occurring in the over 65 age group. In addition to deaths from COVID, there are now more older people experiencing loneliness and isolation as they lost partners, carers, friends and loved ones during the pandemic. BGS members see older people every day who feel lonely, isolated and miserable. They fear they are a burden to their families. Many of these people feel they have a duty to die in order to release their families from this burden. It is essential therefore to ensure that older people know that they are valued by their families and that they have a place in wider society. The COVID pandemic exposed an ageism within society and this must be challenged.

3. What can be learnt from the evidence in countries where assisted dying/assisted suicide is legal?

3.1 No comment

4. What are the professional and ethical considerations involved in allowing physicians to assist someone to end their life?

4.1 Members of the BGS SIGs are very clear that should assisted dying become legal, no healthcare professional should ever be required to help a patient to end their life as part of their job. Healthcare professionals must be able to opt out of providing this service. Consideration should also be given to an 'opt-in' framework to avoid it becoming a default expectation for healthcare professionals. Consideration will need to be given to whether this service becomes available through the NHS and we consider there will be various operational and ethical challenges with this.

4.2 Should assisted dying become legal in the UK, it will be essential for there to be very strict professional guidelines for healthcare professionals. These guidelines must be consistent across medical Royal Colleges and specialist medical societies. The guidelines must also be very clear about who is able to assist someone to end their lives. The BGS SIGs believe that it would not need to be a doctor and that there could be a role for specially trained technicians in providing this service. There must be mandatory training and a support network available for practitioners engaging in this practice.

4.3 There also must be a register of every assisted death. Every death must be recorded in the register with a mechanism for monitoring and auditing to ensure that the policy is implemented appropriately.

5. What, if any, are the physical and mental health criteria which would make an individual eligible to access assisted dying/assisted suicide services?

5.1 In order for an individual to be eligible for assisted dying services, they must be deemed to have the capacity to make this decision and they must have capacity in the moment, not just in advance. The individuals must be deemed to have capacity by someone specifically trained in the assessment of capacity. The BGS SIGs suggest that people should not be able to make an advance decision requesting an assisted death. This would make them vulnerable to exploitation from family members who may push for an assisted death when it is not appropriate, claiming that the individual had previously expressed a wish for this.

5.2 When discussing assisted dying eligibility criteria, people with a terminal illness with six months or less to live are often identified. It is important however to recognise that for older people with frailty and/or organ failure, it is not possible to give a prognosis like this. An older person might be very unwell with frailty and multiple other complex conditions and live for many months or even years or they may die within a few weeks from an acute illness or exacerbation of their condition. This would need to be considered when developing eligibility criteria for assisted dying.

5.3 Older people with untreated mental health problems and mood disorders are particularly vulnerable and it is essential that anyone requesting an assisted death has a mental health assessment. Many older people are depressed or anxious; this is under-recognised and under-treated and may be difficult to treat. In addition to the provision of excellent palliative care (as outlined in point 2.1), excellent mental health care must also be available. For those who need it, access to psychiatrists, psychological services and mental health support is as important as access to palliative care.

6. What protections could be put in place to protect people from coercion and how effective would these be?

6.1 As outlined earlier, excellent palliative care must be available to all older people as they approach the end of their lives. In addition, social services must be available to provide care for older people so that they are less likely to feel like a burden to their families and do not feel coerced into ending their lives and releasing their families from the perceived burden.

6.2 Many local and national charities provide services to help older people who are experiencing loneliness and isolation. It is essential that these services are well funded and supported so that all older people who need support of this kind are able to access it.

7. What information, advice and guidance would people need in order to be able to make an informed decision about whether to access assisted dying/assisted suicide services?

7.1 No comment

8. What capabilities would a person need to be able to consent to assisted dying/assisted suicide?

8.1 No comment

9. What should the Government's role be in relation to the debate?

9.1 The Government should remain politically neutral in this debate and ensure that debate about this in Parliament is respectful across party lines. This issue is too important to be subject to party politics.

10. Additional comments from BGS

10.1 This inquiry deals with an important issue about which there are a range of constantly changing views across society. With that in mind, we would suggest that a six-week consultation period over the festive season is not sufficient to gather views of those concerned. We hope that the Committee will consider other ways in which they can meaningfully engage those interested in this issue.

Thank you for the opportunity to contribute to this important inquiry. If you would like to discuss any aspect of our submission or invite one of our expert members to give oral evidence to the inquiry, please contact our Policy Manager, Sally Greenbrook, to make arrangements (s.greenbrook@bgs.org.uk).

Yours sincerely,

Professor Adam Gordon President	Dr Premila Fade Co-Chair, BGS End of Life Care Special Interest Group	Dr Shuli Levy Chair, BGS Ethics and Law Special Interest Group

[1] Marie Curie, 2021. *Better End of Life 2021 – Dying, death and bereavement during Covid-19: Research Report*. Available at: https://www.mariecurie.org.uk/globalassets/media/documents/policy/policy-publications/2021/better-end-of-life-research-report.pdf (accessed 20 December 2022)

[2] Marie Curie, 2022. *Better End of Life 2022 – Mind the gaps: understanding and improving out-of-hours care for people with advanced illness and their informal carers: Research Report*. Available at: https://www.mariecurie.org.uk/globalassets/media/documents/policy/beol-reports-2022/better-end-of-life-report-2022.pdf (accessed 20 December 2022)

[3] Marie Curie, 2022. *Fairer Care at Home – The covid-19 pandemic: a stress test for palliative and end of life care in England*. Available at: https://www.mariecurie.org.uk/globalassets/media/documents/research/publications/beol-2022/h903a-beol-england.pdf (accessed 20 December 2022)