

29th of August 2024

Dear Alex Bruce,

I write on behalf of Scottish Care, a membership organisation representing over 350 independent social care organisations in Scotland, delivering a wide range of services including residential, nursing, day care, and home care. We appreciate the opportunity to contribute to the discussion surrounding the Assisted Dying for Terminally Ill Adults (Scotland) Bill.

We regret that we were unable to meet the committee's set timeframe for the consultation and were disappointed that our request for a two-day extension was not granted. This request was made due to staffing constraints and the need to properly navigate the complexity and significance of the Assisted Dying for Terminally Ill Adults (Scotland) Bill. We sought the extension to ensure that the consultation process within our organisation was thorough and fairly represented the diverse views of our membership. Despite this, we hope that our input will still be given careful consideration as the legislative process continues. We have included a link to our full response but please find the summarised points below. <<https://scottishcare.org/wp-content/uploads/2024/08/Assisted-Dying-for-Terminally-Ill-Adults-Scotland-Bill-Consultation-SC-response-Aug-24.pdf>>

Given the deeply personal and ethical nature of this Bill, Scottish Care has not adopted a formal position on the matter, recognising the diverse perspectives within our membership. However, our primary focus remains on supporting our members in delivering the highest quality of care, irrespective of the choices individuals may make under this proposed legislation.

We have several key concerns regarding the Bill:

- **Definitions and Safeguards:** The current definition of "terminally ill" is vague, which could lead to inconsistent assessments and potential risks, such as inaccurate diagnoses or undetected coercion. Strengthening the procedural safeguards and clearly defining the level of medical expertise required are essential.
- **Vulnerability and Care Access:** The Bill should ensure that individuals are not unduly influenced by poor access to services and that all alternative avenues are thoroughly explored before assisted dying is considered. Special attention must be given to vulnerable populations, like care home residents, who may feel pressured.
- **Investment in Palliative Care:** High-quality palliative and end-of-life care (PEOLC) should be a fundamental safeguard within the Bill. Substantial investment in PEOLC is necessary to prevent individuals from feeling compelled to choose assisted dying due to inadequate care options.

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- **Impact on Social Care Staff:** The Bill must recognise the emotional and psychological impact on care staff, particularly in communal settings. Adequate support, training, and resources are vital to prepare staff for these challenging situations.
- **Conscientious Objection:** The Bill should offer stronger protections for staff who object to participating in assisted dying on moral or religious grounds, including those indirectly involved.
- **Reporting and Review:** A robust reporting and review process is crucial. This should include documenting resources used, understanding motivations behind requests, and recording any complications to continuously improve the process.
- **Ethical and Societal Implications:** We urge careful consideration of the societal implications, particularly concerning the potential for social coercion and the evolving criteria for eligibility, as seen in other countries.
- **Resource Allocation:** The Bill must ensure that assisted dying is not perceived as a cost-saving measure, particularly if PEOLC remains underfunded. Equitable funding across all areas of health and social care is essential.
- **Impact on Families:** The decision for assisted dying will have profound effects on families, necessitating robust support both before and after the procedure. Additionally, societal perceptions of assisted dying could negatively impact the value placed on the lives of the elderly and disabled.

In summary, while we respect individual autonomy, it is crucial that this Bill carefully balances that with the need to protect vulnerable populations, ensure informed consent, and provide high-quality care. Adequate resources and support systems must be in place to ensure that choices made under this Bill are truly autonomous and not driven by limited care options.

We appreciate your attention to these concerns and look forward to further discussions on this important issue.

Best regards,

Donald Macaskill

CEO, Scottish Care

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