

## Position statement on hospice care and assisted dying (assisted suicide) and recommendations

### Summary

Hospice UK currently has '**no collective view**' regarding the issue of whether the law should change to allow 'assisted dying' or 'assisted suicide. This is on the basis that the organisation represents over 220 member organisations, most of whom have not yet stated a clear position regarding this matter. This is in line with most national healthcare charities (Macmillan, Marie Curie and Sue Ryder). It is different from a 'neutral' position, which may imply an organisational perspective that has no interest in the outcome of the debate.

The whole ethos of hospice and palliative care, as defined by the World Health Organization, is that it 'intends neither to hasten nor postpone death'. This philosophy is a cornerstone of hospice care in the UK and is clearly at odds with legislation to allow hastening of death.

Lord Falconer's Assisted Dying Bill was debated in the House of Lords on 18 July 2014 in debate involving 130 members and has now proceeded through its Second Reading to Committee stage where it will be further scrutinised, starting on November 7th 2014. The state in which it emerges from Committee may well form the basis for another bill in the next Parliament. This is the fifth attempt to pass a Bill in England and Wales allowing physician assisted suicide for the terminally ill and the furthest a bill has proceeded to date.

The Assisted Suicide (Scotland Bill) is also progressing through Committee stages in the Scottish Parliament. This Member's Bill was introduced by the late Margo MacDonald MSP on 13 November 2013.

If there were to be a change in the law relating to 'assisted dying' in any of the four countries of the UK, Hospice UK believes that very careful consideration would need to be given to the effect it would have on patients, services and staff. It is likely to have a massive impact which has not yet been anticipated or evaluated.

### Recommendations

- **Hospice UK recommends that improving access to hospice and palliative care services should be a priority for governments around the UK. Most people would prefer to die closer to their own homes, but in reality, the majority of people die in hospital settings. Governments across the UK should ensure public funding is available to increase the availability of palliative care, whether provided by the NHS, social care services, national organisations, or charitable hospices.**

- **All patients and those close to them should be made aware of options for hospice and palliative care, and should be offered an individual assessment of their needs to make sure that appropriate palliative care is being provided.**
- **Greater education and training is needed to dispel the myths surrounding pain relief, palliative and hospice care and to encourage all those prescribing for dying patients to consult with hospice and palliative care experts where necessary.**
- **An understanding of current opinion of boards and senior management teams of all member hospices on the issue of ‘assisted dying’ is essential**
- **Hospices, their boards, clinical and non-clinical staff should be encouraged to openly discuss and debate and consider the impact of the issue of ‘assisted dying’ and ‘assisted suicide’**

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