

Marie Curie Scotland Briefing

Assisted Dying for Terminally Ill Adults (Scotland) Bill

Briefing ahead of Stage 3 proceedings

Overview

- Marie Curie maintains **a neutral position on assisted dying – we neither campaign for, nor against, a change in the law.**
- The purpose of this briefing is to assist MSPs with their consideration of Stage 3 proceedings.
- Marie Curie is clear that **people must never choose an assisted death because the health and social care system can't meet their needs** at the end of life.
- It is essential that the next Scottish Government **legislates to recognise and deliver a [Right to Palliative Care](#)** for everyone in Scotland, whether or not this Bill proceeds.
- We encourage MSPs to **consider and debate** a number of areas within the Bill which would have a relationship with, or impact upon, palliative and end-of-life care – as set out below.
- **We also encourage MSPs to support the following amendments:**
 - **Amendment 23** brought forward by Bob Doris MSP. This would introduce an assessment of whether the person seeking an assisted death has been provided with, or offered, appropriate palliative care relevant to their terminal illness.
 - **Amendments 288 and 299** brought forward by Miles Briggs MSP. These would introduce further reporting by Public Health Scotland on the services relevant to palliative care available to those seeking an assisted death, and a requirement for the 5 year review to cover Scottish Ministers' assessments of the availability, quality and distribution of palliative care services to persons with palliative and end of life care needs.

Marie Curie's position on the Assisted Dying for Terminally Ill Adults (Scotland) bill

- Marie Curie maintains **a neutral position on assisted dying – we neither campaign for, nor against, a change in the law.**
- Our core mission is to ensure that as many people as possible have access to high quality care and support when they are dying.
- There are high levels of unmet palliative care need in Scotland,¹ and persistent inequalities in access.
- The **Policy Memorandum** associated with the Bill notes that “terminally ill adults in Scotland should have the option of both high quality and accessible palliative care and being provided with assistance to end their life if they wished.”²
- Marie Curie concurs with the findings of the Health, Social Care and Sport Committee in their Stage 1 Report that:

¹ [Microsoft Word - Marie Curie Unmet Need Research - Scotland Briefing FINAL](#)

² [Policy Memorandum accessible](#)

“Regardless of the outcome of this Bill, we hope the current debate will provide a catalyst for further improvements to be made to the quality and availability of palliative care services in Scotland.”³

- **To achieve this, it is essential that the next Scottish Government legislates to recognise and deliver a [Right to Palliative Care](#) for everyone in Scotland, whether or not this Bill passes.**

Areas for amendment and further scrutiny within the Assisted Dying Bill

There are several areas within the Bill which would have a relationship with, or impact upon, the delivery of palliative and end-of-life care. We would welcome further scrutiny of these areas:

Assessing the provision or offer of appropriate palliative care:

We support **amendment 23** brought forward by Bob Doris MSP.

The Bill as amended at Stage 2 requires the coordinating registered medical practitioner’s assessment to ascertain whether the person seeking an assisted death “has been provided with, or offered, appropriate **social care** relevant to their terminal illness”.

We are supportive of amending the Bill to include assessment of whether the person seeking an assisted death “has been provided with, or offered, appropriate **palliative care** relevant to their terminal illness”.

Data and Reporting:

We support **amendments 288 and 299** brought forward by Miles Briggs MSP.

We encourage MSPs to consider where data and reporting requirements within the Bill could be strengthened.

Amendment 288 requires Public Health Scotland to report on the health and social care services available to individuals who made a first declaration, including pain and symptom management, and psychological support. This should also include reporting on the availability of information about accessing palliative care services to persons seeking an assisted death.

Amendment 299 requires the 5 year review to cover Scottish Ministers’ assessments of the availability, quality and distribution of palliative care services to persons with palliative and end of life care needs; availability of information about accessing palliative care services to such persons; implications of the Act on palliative care services; and the action the Scottish Ministers intend to take in relation to palliative care services as a result of the review.

³ Ibid.

Definition of terminal illness and prognosis timeframe:

We recognise the complexities involved in considerations around the definition of terminal illness within the Bill, including the inclusion or otherwise of a prognosis timeframe.

The Bill as currently drafted proposes to use the definition of terminal illness as set out in the Social Security (Scotland) Act. This definition is based on clinical judgement, and is deliberately inclusive and flexible. It is designed to include people with a terminal illness diagnosis who will have many months – in some cases years – to live, and those for whom their prognosis is uncertain. It is important to be clear about the implications of using this definition, and whether MSPs would wish it to include those people.⁴

On the other hand, if MSPs would wish to limit the application of this Bill to people with only a short amount of time left to live – however long they may determine that to be – they must be mindful that **prognosis is difficult and inexact, even for the most expert, experienced healthcare professionals**. Different conditions can have very different trajectories at the end of life; prognostication is particularly challenging for some non-malignant (non-cancer) conditions.

We encourage MSPs to consider and debate these complexities.

Conscientious objection / no duty to participate:

We would encourage MSPs to actively debate and set their views on the record at Stage 3 with regards to the Conscientious Objection / no duty to participate and no detriment provisions, even if for reasons of legislative competence, they are potentially removed from the Bill.

Access to palliative and end of life care in Scotland

No one should choose an assisted death because they can't access the care and support they need:

- The number of people dying in Scotland is **rising every year; 90% of them need some form of palliative care**.⁵⁶
- Yet it cannot be ignored that **our palliative and end of life care system is currently in crisis**, with significant inequalities in access to care, unmet need, and highly variable quality and distribution of care.
- New national analysis shows that **almost one in three people in Scotland die with unmet palliative care needs**.⁷
- That represents around **18,500 people in Scotland each year** who die with both significant levels of unaddressed symptoms or concerns and inadequate access to sufficient care from GP services.⁸

⁴ Marie Curie worked closely with other stakeholders to develop this definition. It was designed to ensure accelerated access to social security support for everyone who needs it.

⁵ Wynne, N., 2023. How many people need palliative care? Marie Curie

⁶ Finucane, A.M., Bone, A.E., Evans, C.J. et al. The impact of population ageing on end-of-life care in Scotland: projections of place of death and recommendations for future service provision. BMC Palliative Care 18, 112 (2019)

⁷ [Microsoft Word - Marie Curie Unmet Need Research - Scotland Briefing FINAL](#)

⁸ Ibid.

- Each number represents a person who could have had better comfort, dignity or support in their final days.
- If we don't act, this number is **projected to rise by 14% by 2050**, compared to 2025.⁹
- Unmet need for palliative care can have significant implications for the health, wellbeing, and comfort of people living with a terminal illness.
- It also creates avoidable extra demand on Scotland's health and care systems.
- No-one should miss out on the care and support they need **because of poverty, where they live, who they are, or what their diagnosis is.**

Why a Right to Palliative Care is needed:

- Scotland faces a **growing gap** between what people need at the end of life and what the system can provide.
- Without action, **even more people will spend the last weeks and months of life with unaddressed physical symptoms** and psychosocial concerns, alongside poor access to the services they need to address these.
- Marie Curie envisages a Scotland where everyone living with terminal illness knows **that no matter when they need it**, compassionate palliative care and support will be available.
- To get there, the next Scottish Government **must legislate to recognise and deliver a right to palliative care for everyone in Scotland.**
- The right needs to be **underpinned by Minimum Service Standards and a Minimum Service Specification** as part of legislation for a Right to Palliative Care, to create accountability and clarity for families, and the professionals and organisations responsible for providing care.
- Together, this should act as a driver for **sustainable funding** for palliative care and incentivise **investment in community and preventative care.**
- By investing in timely access, community-based care and consistent national standards, Scotland can ensure that **everyone – regardless of diagnosis, postcode or income –** receives compassionate, high-quality care at the end of life.

Further Information

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About Marie Curie

Marie Curie is a campaigning and social justice organisation with a mission to close the gap in end of life care.

We are the largest provider of adult palliative care outside of the NHS in Scotland, with inpatient and outpatient services at our two hospices and community palliative care services in most local authorities.

We are also the largest non-government funder of palliative care research in the UK.

⁹ Ibid.