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Dear Convener

Role of registered nurses in the Assisted Dying for Terminally Ill Adults (Scotland) Bill

As the Committee continues its stage 1 consideration of the Assisted Dying for Terminally Ill Adults (Scotland) Bill, I am getting in touch to highlight further the role of registered nurses within the framework set out in the Bill, as we have some concerns that this is being somewhat overlooked.

If passed by MSPs, the Bill would see registered nurses play a very significant role in the assisted dying process. Section 15 outlines that, once the terminally ill adult has been assessed by two doctors as being eligible and has made two separate declarations that they wish to be provided with assistance to end their own life, assistance can be lawfully provided by the coordinating registered medical practitioner or an authorised health professional (AuHP). AuHP means a registered medical practitioner or registered nurse authorised by the coordinating registered medical practitioner.

Providing someone with assistance to end their life will require time in order to provide individuals, and their families, with the necessary care, support and respect. We therefore believe that in practice, it is likely that registered nurses will in most cases take on the role of the AuHP. In evidence to the Finance and Public Administration Committee on 17 December, Liam McArthur MSP acknowledged this point when he highlighted that in Australia, over time, nurses have tended to become increasingly involved in the process instead of doctors.

However, we have some concerns that this key role for nursing within the Bill is being somewhat overlooked. For example, a recent SPICe blog comparing the Scottish and UK Bills failed to mention that under the Scottish Bill, assistance could be provided by a registered nurse rather than a doctor; a key difference with Kim Leadbeater's Bill.

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It's important to consider the implications of the Bill for nursing because a registered nurse acting as authorised health professional needs to be satisfied that the patient has the capacity to request assistance to end their life, before providing the approved substance. Registered nurses will be asked to make complex assessments around capacity which they are not trained to do, certainly not to the level of decision making undertaken by the medical practitioner. These decisions are complex, particularly for younger adults or older people with cognitive impairment, and it is therefore a highly skilled job and will require additional training.

This is one of the reasons that we are calling for an opt-in model to be specified in the Bill, so that nurses can receive the necessary training and develop expertise and experience in this challenging role. This also links to our serious concern that a registered nurse could attend alone to provide an individual with assistance to end their life under the proposals. Our position is that carrying out the final capacity assessment, providing the approved substance and remaining with the individual while they self-administer, while working alone, would leave our members open to accusations of coercion or wrongdoing and represents an unacceptable risk. The Bill must require two registered health professionals to attend together to provide an individual with assistance to end their life. Doctors get the security of two practitioners assessing eligibility at the start of the process, nurses need the same protection when it comes to the point of providing the substance.

I hope this letter is helpful in informing scrutiny of the Bill.

Yours sincerely,



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