



The professional association for
social work and social workers

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Sent via email

Dear Convenor and committee members,

Assisted Dying for Terminally Ill Adults (Scotland) Bill

We refer to the above Bill currently sitting with the Health, Social Care and Sport Committee.

With just under 22,000 members the British Association of Social Workers (BASW) is the independent professional voice of social work and social workers across the UK. The Scottish Association of Social Work is part of BASW, representing the social work profession in Scotland on behalf of our members. SASW has a very active Experts by Experience (EBE) forum. We take the view that listening to voices of existing and former users of social work services, along with hearing the views of social workers is an ethical imperative when considering legislation with such potential impact on human rights and wellbeing.

SASW views assisted dying as a social rather than a medical issue; one that involves fundamental human rights along with issues of safeguarding vulnerable people. Social work as a profession has a duty to promote and protect the rights of people who may be vulnerable, alongside our duties and statutory responsibilities for public protection.

We are concerned to see assisted dying presented as purely a medical decision and process. This places a significant level of responsibility on medical practitioners not just in relation to the medical diagnosis and decision-making process, but also in ensuring individuals are safeguarded and that their wider rights respected. We consider that omitting any reference to the role of social work in this process does not reflect the reality of end-of-life decisions, in which social work often currently has an important part to play.

The Bill outlines that to be eligible to request assistance to end life an individual must be assessed to hold capacity to make such a decision. The Adults With Incapacity (Scotland) Act 2000 enshrines presumption of capacity in law with burden of proof lying with the person who is asserting a lack of capacity on the part of an individual. Legislative guidance suggests that all efforts should be made to maximise an individual's capacity where possible and stresses the avoidance of making blanket assessments of capacity. On the face of it, the principles of the proposed Bill are at odds with existing legislation where capacity is

assumed unless otherwise proven. Furthermore, assessment of capacity is best considered as a multi-agency assessment, and this is not addressed or specified in the existing Bill.

A central tenet of choice about dying is the availability of suitable alternative options, which must include access to treatment and care provision to support terminally ill adults.

Therefore, this strand of public policy must be clearly linked and connected to work on palliative care and provision.

The decision to die, or not, has a much wider impact beyond the person making the decision, extending to family members, friends and loved ones. Any legislation needs to consider overt coercion.

However, covert coercive control can bring undue pressure to bear on individuals who have internalised messages of worthlessness or lack of value as a result of their illnesses and disabilities. They themselves may not recognise they are being coerced. Such assessments require skilled, relational work by professionals who know and understand the lived experience of the individual, who are able to observe relationship dynamics and have a good understanding of issues of control and abuse. They need to know the law, be able to make positive relationships with individuals and families and to supportively challenge held beliefs of individuals whilst upholding their rights to make decisions.

Whichever profession takes this role, there will need to be upskilling and an increase in the workforce to accommodate this, otherwise people's right to life will be breached. Social workers are the profession best placed to undertake such an assessment, and to ensure the individual's rights are respected and their safety and welfare protected, social workers are already responsible for undertaking care assessments and ensuring appropriate support is available in the community. They are also an intrinsic part of the hospital discharge system. In our view they are the only profession that already holds the key skills required for this vital role without which the Bill places people at significant risk of harm and belies the complexity of the care, treatment and support landscape for people facing terminal illness.

Yours sincerely,

Alison Bavidge

National Director, SASW