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Assisted Suicide & The Role Of Pharmacists In End-Of-Life Care

Andrea James & David Reissner

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End-Of-Life Patients

- Likely to die within the next 12 months
- Includes:
 - Patients whose death is imminent (hours or days)
 - Advanced, progressive, incurable conditions
 - General frailty and co-existing conditions
 - Some chronic existing conditions

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End-Of-Life Patients & Palliative Care

Life-threatening acute conditions caused by sudden catastrophic events

Extremely premature neonates

PVS patients

- Palliative care

“An approach to managing the physical, psychosocial and spiritual problems experienced by people who are dying”

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Conflicting Positions

- Dignity In Dying
 - Dying people, with six months or less to live, should have the option to control their death
 - When death is inevitable, suffering should not be
 - 84% of the public support assisted suicide
- Care Not Killing
 - Promote better palliative care
 - Existing laws against euthanasia and assisted suicide should not be weakened or repealed
 - Significant risks associated with any change in the law

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GPhC and RPS Positions

- GPhC

“As the pharmacy regulator, we are not expected to take a policy position with regards to the subject of assisted dying”

- RPS

“The RPS takes a neutral stance on this topic, it is neither for nor against assisted dying”

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Suicide And The Law

- 13th century until 1961 position
- ‘Self murder’ and posthumous punishment
- Rate of prosecutions
- Example 1956:
 - 5,387 failed suicide attempts known to Police
 - 613 prosecutions
 - Sentences

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Suicide Act 1961

- Suicide Act 1961

“The rule of law whereby it is a crime for a person to commit suicide is hereby abrogated”

New and unique offence in England, Wales and Northern Ireland (n.b. culpable homicide in Scotland)

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Assisted Suicide Offence

- An act capable of encouraging or assisting the suicide or attempted suicide of another person, and
- Act was intended to encourage or assist suicide or an attempt at suicide
- No requirement for specific person (or class of persons), or familiarity
- No requirement for suicide, or an attempt at suicide, to occur
- Indictable offence - 14 years.

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Crown Prosecution Service

- Debbie Purdy
- House of Lords
- CPS 'Policy for Prosecutors in Respect of Cases of Encouraging or Assisting Suicide'
- DPP consent
- Full Code Test

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Policy For Prosecutors

- Factors tending in favour of prosecution
 - Victim < 18
 - Lack of capacity (MCA 2005)
 - Absence of voluntary, clear, settled and informed decision
 - Victim able to take action him/herself
 - Suspect acting as a healthcare professional or carer & victim in his/her care
- Factors tending against prosecution
 - Voluntary, clear, settled and informed decision
 - Wholly motivated by compassion
 - Full cooperation with Police
- Statistics 2009 – 2022

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What Is/Is Not Permissible?

- Usual GPhC 'Standards For Pharmacy Professionals' apply:
 - Make the care of the person their first concern
 - Listen to the person and understand their needs and what matters to them
 - Be sensitive in the way that they communicate with people asking for care and not imply or express disapproval or judgement
 - Make sure the person is not made to feel uncomfortable, embarrassed or distressed

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What Is/Is Not Permissible?

- Adhere to all relevant laws:
 - Essential to make clear they cannot do anything that would shorten life, or provide information about or assist in contacting such organisations
 - Respect for a patient's autonomy cannot justify illegal action
- Five-step approach advocated by the GMC

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Suggested Approach (GMC)

1. Be prepared to listen and to discuss the reasons for the patient's request
2. Limit any advice or information in response, to:
 - an explanation that it is a criminal offence for anyone to encourage or assist a person to commit or attempt suicide, and
 - objective advice about the lawful clinical options (such as no treatment, sedation in event of patient reaching a settled decision, palliative care)

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Suggested Approach (GMC)

3. Be respectful and compassionate and continue to provide appropriate care for the patient
4. Explore the patient's understanding of their current condition and care plan
5. Assess whether the patient has any unmet palliative care needs, including pain and symptom management, psychological, social or spiritual support
 - Ensure conversations documented and shared with colleagues/MDT

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Contact Details

- E: Andrea.James@brabners.com
- T: 0161 836 8973
- W: www.brabners.com
- @HealthRegLawyer

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