

National Council for Palliative Care (NCPC) Briefing
Debate on Director of Public Prosecutions (DPP) Guidance
on Encouraging or Assisting Suicide

House of Commons, 27 March 2012

NCPC is the national umbrella charity for palliative and end of life care. We also lead the Dying Matters coalition which has been set up as part of the government's national End of Life Care Strategy (DH, 2008) to raise public awareness, and change attitudes and behaviour in relation to dying, death and bereavement.

We work to support people to discuss and plan ahead for the end of life in a better informed and more confident way. We do not campaign on the issue of assisted suicide, and organisations on all sides of the debate are part of the Dying Matters membership.

NCPC believes that the debate about assisted suicide should be informed by the facts. The reality is that a great taboo still surrounds dying, death and bereavement and this affects the way in which people approach these issues. Consider that:

a. The public are scared of talking about dying

More people are scared of dying (67%), dying in pain (83%), dying alone (62%) and dying in hospital (59%), than of going bankrupt (41%) or losing their job (38%).ⁱ Given the economic downturn, this truly says something about the force of the taboo in our society.

With open discussion and planning there is no good reason why people should die in pain or alone, or (in the great majority of cases) in hospital. And whilst we cannot prevent people from dying or being told they are dying, we can ensure that bad news is delivered well, and people's experience of dying is as good as possible.

b. Professionals are reluctant to discuss dying

Professionals are members of society and as such are not immune from the taboo. Recent guidance from RCNⁱⁱ and GMCⁱⁱⁱ indicates that people want to discuss their options, but professionals are unsure how to deal with these requests within the current legal framework. The fact that assisted suicide is not legal should not be used as an excuse to avoid wider conversations about the end of life.

A survey published last week (21st March) by the Royal College of Physicians found that **only a third of doctors had attended end of life care training in the last five years**. We have welcomed the College's call for all hospital doctors, not just palliative care doctors and geriatricians, to receive training in end of life care, starting at undergraduate level and continue through postgraduate training.^{iv}

The same applies for **nurses, 69% of whom feel they do not have sufficient skills or time to talk about dying**, and 72% that their anxiety around end of life care was due to a lack of training.^v

c. There are not enough palliative and end of life care services

We know that too many people don't get the information they need when they need it, and there is a lack of services to meet demand. The government's independent Palliative Care Funding Review estimated that **92,000 people who need palliative care currently do not receive it.**^{vi} There is also a lack of choice: Most people would prefer to die at home, but over half die in hospital.

The Director of Public Prosecutions' (DPP) Guidance

The motion to be debated is whether Parliament welcomes the Director of Public Prosecutions (DPP) guidance in respect of cases of Encouraging or Assisting Suicide, introduced in February 2010. The guidance does not change the law on assisted suicide; that remains an issue for parliament. The intention was to provide a clear framework for prosecutors to decide which cases should proceed to court and which should not.

We responded to the draft DPP guidelines outlining some of the concerns we had received from services supporting people with life-limiting conditions. They wanted clarity on how their workforce (paid staff and volunteers) should respond to people who ask about assisted suicide.

As part of their discussions about their future, people sometimes raise the question of assisted suicide. At one level, it is possible to use this as a prompt to open a discussion about their future care. A person who raises assisted suicide is, at least, saying that they are willing to consider their future, they have concerns about it, and suicide might be an answer. It is certainly possible to use that as an opportunity to explore their concerns, fears and hopes for their future and explain what the potential impact of good care and treatment might be. Anecdotally, people sometimes use questions like "Should I book my ticket to Switzerland then?" as a means of opening up such discussions.

However, discussion and request for support may go beyond that, with people wanting to talk specifically about the practicalities and legality of pursuing an assisted suicide.

At the time of consultation, and perhaps as a result of the media surrounding it, some of our subscriber organisations reported that they had received an increase in requests from people using their services for information about assisted suicide and the legality surrounding it. Those organisations wanted clarity on whether discussing assisted suicide as part of open discussions about the person's concerns, priorities and preferences for future care might be fall under the guidance's definition of 'aiding, abetting, counselling or procuring' a suicide attempt.

We have received fewer reports of this kind since the policy was introduced, but could not say whether this is evidence that the guidelines are 'working', as we have not carried out further consultation with our subscribers on this issue.

The recent Commission on Assisted Dying said that provision of high quality end of life care must be a priority for Government, independent of the issue of assisted suicide. We welcomed this conclusion, and urge parliamentarians to keep this in mind as the issue is debated.

Further information

We would be happy to provide any parliamentarian with further background information on the current state of palliative and end of life care to inform this debate. Please contact:

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About NCPC & the Dying Matters coalition

The National Council for Palliative Care (NCPC) is the umbrella charity for all those involved in palliative, end of life and hospice care in England, Wales and Northern Ireland. We believe that everyone approaching the end of life has the right to the highest quality care and support, wherever they live, and whatever their condition. We work with government, health and social care staff and people with personal experience to improve end of life care for all.

NCPC is a registered charity number 1005671 and a company limited by guarantee number 2644430. Visit www.ncpc.org.uk for more information.

We lead the national Dying Matters coalition, which currently has over 16,000 members, to change knowledge, attitudes and behaviours towards dying, death and bereavement, and through this to make 'living and dying well' the norm. Visit www.dyingmatters.org for more information.

References

ⁱ ComRes for Dying Matters, 2011 www.dyingmatters.org/news/death-still-taboo-brits

ⁱⁱ *When someone asks for your assistance to die* Royal College of Nursing, October 2011 www.rcn.org.uk/_data/assets/pdf_file/0004/410638/004167.pdf

ⁱⁱⁱ *Guidance for the Investigation Committee and case examiners when considering allegations about a doctor's involvement in encouraging or assisting suicide: a draft for consultation* General Medical Council, February 2012 www.gmc-uk.org/guidance/news_consultation/11953.asp

^{iv} *Care of patients at the end of their lives must improve, says Royal College of Physicians*, March 2012 www.rcplondon.ac.uk/press-releases/care-patients-end-their-lives-must-improve-says-royal-college-physicians

^v *Nurse preparation for end of life care is sadly lacking*, Nursing Times, 30 November 2010

^{vi} Palliative Care Funding Review final report, July 2011 www.palliativecarefunding.org.uk/wp-content/uploads/2011/06/PCFRFinal%20Report.pdf