

QNIS briefing

Assisted Dying for Terminally Ill Adults (Scotland) Bill

The Queen's Nursing Institute Scotland is a unique charity committed to providing high-quality professional development opportunities for Scotland's community nurses and midwives. We support them to work collaboratively with those they care for to tackle health and care inequalities.

QNIS holds a neutral stance in relation to assisted dying for people who have a terminal illness. However, there are issues in the bill that would directly impact community nurses and as such we believe that it is important for us to highlight the following points:

It is vital that any legislation gives nurses genuine choice about whether, and to what extent, they are willing to participate. We are concerned that the legislation as currently written does not adequately provide this. QNIS believes that an opt-in model should be considered. It is also important that there is a right to object for any reason, which does not need to be based on matters of conscience.

We would like to see a requirement for two practitioners to be in attendance at an assisted death. It would not be appropriate for there to be only one authorised health professional as this presents significant risk, leaving the individual open to professional challenge and exposing them to safety vulnerabilities.

It is quite likely that district nurses will be asked to attend assisted deaths. The RCN Scotland's 2025 report *The Nursing Workforce in Scotland* states that 40% of the nursing workforce is employed at band 5 (the entry point for registered professionals) but that more than 50% of district nurses are band 5. Whilst these nurses might be experienced they are still paid at a junior rate. This is a significant role for them to have and to undertake alone. Indeed, for any single practitioner to arrive at a house they have never visited before, to assist the death of a person they have not met, to handle interactions with family members they don't know, to make whatever required assessments are needed, to perhaps have to respond to emotional distress from those present, to avoid assisting if the person is frail or struggles to swallow or hold the medicine cup, and to ensure that family members also refrain from helping is quite a task, especially if there are unexpected events, as there often are in people's homes, with no source of immediate support if the health professional is there alone.

Ensuring that health professionals have the right training and preparation for assisting with the death of a terminally ill person is vital. Anyone assisting a death must have enough preparation and training to be able to anticipate and respond to potential difficulties, to be fully aware of their role, risks, limitations, how they can and cannot respond, and what they have to do if, for example, a family member does insist on helping a frail person to hold the medicine cup. Having a chance to anticipate and know how to respond to the interpersonal interactions likely in this context, and to handle the emotional impact of this provision of care is essential.

There is a knowledgeable and skilled workforce in community nursing that provides high quality person-centred care to adults, young people, children, and families. These services are already under resourced, very stretched, and need significant investment to meet current demand. Assisting a death is not something that should be rushed. Consideration needs to be given to how an additional service could be resourced in a landscape where current services are already calling for increased funding.

The importance of investing in excellent palliative and end of life care cannot be underestimated and must also be considered alongside this proposed bill. QNIS would like to see a commitment to the provision of accessible, holistic, compassionate palliative and end of life care, which requires significant resourcing.

We would urge the Scottish Parliament to consider the impact that the proposed bill will have on people accessing care, the already overburdened services, and the staff who deliver them. It is vital that palliative and end of life care and support is available for people with life limiting conditions to ensure protection for those who might choose to continue living if they had the right help and care.

Finally, we would want to see review and regulation of all assisted deaths included in any legislation, along with the recording of adverse events.

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