

Dear Convener

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

I am writing to express our concerns that the role of the registered nurse continues to be overlooked during consideration of the Assisted Dying for Terminally Ill Adults (Scotland) Bill.

As you know, the RCN holds a neutral position on the principle of assisted dying, reflecting the diversity of views within our membership. We are steadfast in our focus on ensuring that any legislative framework is practicable and protects the rights and autonomy of healthcare professionals.

If passed by MSPs, the Bill would see registered nurses play a very significant role in the assisted dying process. Section 15 provides that registered nurses can take on the role of authorised health professional (AuHP) and provide an individual with a substance to end their own life. We believe that in practice, it is likely that registered nurses will in most cases take on the role of the AuHP. Liam McArthur MSP has acknowledged this point when he highlighted that in Australia, over time, nurses have tended to become increasingly involved in the process instead of doctors.

Despite this key role for registered nurses, we are concerned that scrutiny of the Bill continues to focus on the role of medical practitioners and overlook registered nurses. It's important to consider the implications of the Bill for nursing because a registered nurse acting as an AuHP will be required to make complex assessments around

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capacity. These decisions are complex, particularly for younger adults or older people with cognitive impairment, and it is therefore a highly skilled role. Yet during the evidence session with Mr McArthur on 4 February, discussion around carrying out complex capacity assessments focused exclusively on this role being performed by medical practitioners.

The final capacity and coercion assessment, required to be carried out under section 15 (3(b)), does not seem to be being considered. As currently set out in the Bill, an AuHP making a final assessment around capacity and coercion has no access to a second opinion. There is no provision for seeking the view of another health professional should they have doubts about whether the individual has capacity at that time. This is important because some time could have passed since the coordinating medical practitioner and independent medical practitioner undertook their assessments and it is possible this may be the first time the registered nurse has met the individual.

This 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 clear view is that 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.

We urge the Committee to consider fully the role of registered nurses in its stage 1 report. To safeguard the role of nurses we are clear that an opt-in model must be specified in the Bill, so that registered nurses who choose to opt-in receive the necessary specialist training and develop expertise and experience in this challenging role. Specialist capacity and coercion training must also be part of the training that registered nurses who opt-in to this service would receive.

The Bill does not currently mandate training for healthcare professionals involved in assisted dying and the financial memorandum gave no consideration to the cost of training nurses. We believe this is a critical omission that should be addressed in the primary legislation, with specific reference to the needs of registered nurses. During the evidence session on 28 January, we were deeply alarmed by the Cabinet Secretary's response to a question about training costs which seemed to suggest that, once the provision of assisted dying had been established, future training could simply form part of the standard registered nurse training programme.

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I hope this letter is helpful as the Committee considers its stage 1 report.

Yours sincerely



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Executive Director

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