Christian Medical Fellowship

Three examples of misinformation - to correct any misconceptions your MP or colleagues/friends have!

1. Misinformation: Kim Leadbeater has repeatedly said that her Bill is *about 'shortening death' not ending lives*. MPs may be led to think this Bill has tight criteria that mean only those who are very clearly close to their natural death will be eligible.

The truth: This Bill is much broader than that. The doctors involved will only be asked to agree that '*(a) the person has an inevitably progressive illness or disease which cannot be reversed by treatment, and (b) the person's death in consequence of that illness or disease can reasonably be expected within six months.*' Both parts of this definition lack specificity. Those who refuse treatments that could otherwise vastly prolong their life (but not reverse their disease) would be included. Also, many people could find two doctors to agree that their death 'can reasonably expected' within six months - this is a low degree of certainty (51% chance?) and taken in combination with the high degree of uncertainty in establishing prognosis in the majority of progressive conditions this would necessarily include many patients who could have lived for years.

2. Misinformation: *The new panels improve the Bill* - in a pack sent to all MPs, Kim Leadbeater claimed the change is, '*more comprehensive and ensures a broader range of expertise to assess not just the person's mental capacity but any relevant factors behind a person's request*'. MPs may believe that now a psychiatrist and a social worker are present, they will be able to screen out and help those who might opt for an assisted death due to psychiatric illness or remediable psychological or social concerns.

The truth: A psychiatrist and a social worker working according to their usual frameworks could form part of a helpful multidisciplinary team, offering a psychosocial assessment and support plan for a patient expressing suicidal ideation. That is **not** how they are being deployed under this Bill - they will not have a long-term relationship with the patient, and will come in only at the end of the process. They don't need to engage with the patient's family, caregivers, or their regular medical team. The panel only needs to 'hear from' one of the assessing doctors, and perhaps most strikingly, they need only 'hear from' the patient - no need to meet them in person nor ask them a single question (and even hearing from

them can be waived for unspecified 'exceptional circumstances'). Even if, for example, they were given time and resources to do much more than was required by the Bill, and they did assess for '*any relevant factors behind a person's request*', it would ultimately be of little benefit to the patient. Even if they found a treatable mental health condition or that a fixable medical or social difficulty drove the desire for suicide, they wouldn't be able to refuse the application or indeed help the patient. Under the Bill, the panel '*must*' approve the application if the Bill criteria are met (15(7)a). This is **not** a multidisciplinary team offering a psychosocial assessment - they are simply checking the prior assessments (based around capacity) and paperwork. This addition should not be used to falsely reassure MPs.

3. Misinformation: *There are no other options for patients*. Stories of patients who had difficult symptoms at the end of life are used with the implication to MPs that this Bill is the only way to prevent deaths in agony.

The truth: You may have professional experience that shows how effective palliative, psychological, and social care can be in supporting patients in finding hope and meaning through their terminal illness. MPs need to hear these examples and positive suggestions for what can be done to improve care in cases where there are currently failures. We have yet to see the Government Impact Reports on this Bill, but it is likely to be a large piece of work to implement, which will take time, money, and expertise that would be better spent on improving NHS services. Services that we know can help support patients well towards the end of life (and without all the associated dangers of this Bill) if they are given adequate resources.

There is more information on https://www.cmf.org.uk/category/blog/end-of-life/