End-of-life care and physician-assisted dying – background briefing

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Note: This paper is intended as background information for the media. It is not intended as a comprehensive BMA policy paper

What is end-of-life care?

End-of-life care, or palliative care, refers to the total care of a person with an advanced incurable illness and does not just equate with dying. The end of life care phase may last for days, weeks, months or even longer. It is defined as care that helps those with advanced, progressive, incurable illness to live as well as possible until they die. It includes the prevention and relief of suffering through the assessment and treatment of pain and other problems, whether physical, psychological, social or spiritual.

BMA research into end-of-life care

In November 2014, The British Medical Association (BMA) launched a major project examining end-of-life care and physician assisted dying. We commissioned a series of public engagement events across the UK with members of the public and doctors to explore views, experiences and perceptions of a number of issues around end-of-life. These included the accessibility, availability and quality of end-of-life care provision across the UK and, for doctors, the challenges in providing high-quality end-of-life care.

Ensuring consistently high-quality care

End-of-life care in the UK is often of very high quality, and the UK’s expertise in this area is internationally recognised. A recent study ranked the UK as the best in the world for palliative care, describing the quality and availability of services as “second to none”.

However, examples of poor end-of-life can still exist – some of which were detailed recently in the 2015 report by the Parliamentary and Health Service Ombudsman1.

Similarly, our project found some examples of excellent initiatives and good practice in end-of-life care alongside considerable variation in the nature and quality of services provided between and within geographical areas, and between medical conditions. We are clear that if improvements are to be made, significant changes and investment in funding and workforce must be prioritised. We are therefore calling on the government to make end-of-life care a priority, and to work with other

organisations to develop a clear, funded, plan of action.

Findings

Despite promises from government, end-of-life care in the NHS has not been given the priority it deserves. All of us will face death at some point and the way that death is managed will have a lasting impact on those left behind. There are pockets of excellence around the UK but high-quality care should be delivered consistently across the NHS.

The key findings of the BMA’s research into end-of-life care are:

- High quality care is not being delivered consistently and the infrastructure within which care is delivered needs to be improved in order to address this.
- Doctors need more training and support in order to improve the quality of end-of-life care they are able to provide.
- The well-being of families was one of the most important considerations for the public when thinking about end-of-life care.

Recommendations:

- There are examples of excellent end-of-life care being provided throughout the UK but there is considerable variation between and within geographical areas and between medical conditions. Significant changes, and investment in funding and workforce, will be needed to develop the infrastructure within which care is provided in order to address this inconsistency.
- Education and training in end-of-life issues is crucial for the large number of doctors for whom end-of-life care is not the sole component of their work, but who will play a significant role in caring for dying patients. Education and training is not a one-off event, but should be seen to be part of training at all levels.
- Doctors must be backed up by support from colleagues, managers and systems, which includes ensuring that time is allowed to ensure individual patients’ needs can be met. Provisions should be put in place to ensure that doctors can access specialist, clinical and practical advice, whenever and wherever that need arises.
- The welfare of family members, and the impact on them of death and dying, is a matter of significant concern to the public and those providing treatment need to be aware of this and seek to address these concerns wherever possible. The pressure on families of caring for dying patients at home should not be underestimated and appropriate support and services, including provision for emotional support and respite care, must form part of the care package provided.

Physician assisted-dying

What is physician-assisted dying?
Physician-assisted dying is an overarching term to describe the involvement of a doctor in measures intentionally designed to terminate a person’s life. This might include knowingly and intentionally providing a person with the knowledge and/or means required to end his or her life, including counselling about lethal doses of drugs and prescribing such lethal doses or supplying the drugs. Administration of the drug may be by the individual him or herself (physician-assisted suicide) or by the physician or another person (euthanasia.)

Legislation

The current law does not permit assisted dying. In 2015 MPs voted against a private member’s bill proposed by Labour MP Robert Marris to change the existing law (330 against, 118 in favour). Marris’s bill was based on a bill proposed in the House of Lords in June 2014 by former justice secretary Lord Falconer.

BMA position

The BMA represents more than 170,000 doctors across the UK who hold a wide-range of views on the issue of assisted dying. While the BMA fully acknowledges this broad spectrum of opinion within its membership, the consensus since 2006 has remained that the law should not be changed to permit assisted dying or doctors’ involvement in assisted dying.

The issue was debated at 2016’s Annual Representatives Meeting (ARM) in Belfast’s Waterfront Hall. A motion was proposed to change the BMA’s policy from opposition to physician-assisted dying to a neutral stance. Following a debate, the motion was defeated and BMA policy remains unchanged.”

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