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Palliative medicine doctors in the UK have a plurality of views on assisted dying, but you wouldn't know it

The Association for Palliative Medicine continues to misinform on palliative medicine doctors' stance on assisted dying, say Sam H Ahmedzai, Samuel Fingas, and three anonymous colleagues

Sam H Ahmedzai,¹ Samuel Fingas²

Five years ago, we, as a group of palliative medicine consultants, published a commentary in *The BMJ* about our concerns that the discourse on assisted dying was being controlled by our specialty's professional body, the Association for Palliative Medicine (APM).¹ Out of concern that declaring our names might risk our employment, we requested for the article to be published anonymously. We return to the topic to share our concerns that the APM continues to provide a one sided and inaccurate perspective on assisted dying to the British public and to government. We believe that this risks undermining the confidence that has accumulated over decades of palliative care being viewed as truly patient centred and speaking for the interests of British society.

Since we last wrote, the debate has widened, with respected personalities and the media presenting powerful arguments on both sides.²⁻⁴ One driver for this public engagement is the draft legislation being brought before parliaments in Jersey, the Isle of Man, and Scotland in the past two years.⁵ In early 2024 the House of Commons Health and Social Care Committee published its report after consultations with professionals and the public on whether the law on assisted dying should be changed.⁶ Bills on proposals to change the law in England and Wales will soon be debated in the Houses of Parliament.

This increase in discussion of death and dying in Britain is laudable. Clearly public and political opinion are moving towards acceptance of some form of legalised assisted dying.⁷ In a secular society, a spectrum of opinions based on personal, cultural, and religious grounds is to be expected.

Palliative medicine, which operates at the heart of death and dying, should be open to a range of views on how to pursue our patients' preferences. But we are concerned that the APM's campaigning on this issue—for example, issuing a template letter to its members with a set of “concerns” to send to their MPs—could give the country a skewed impression of palliative medicine. Rather than reassure the public of palliative medicine's motivations, this situation risks damaging trust in the doctor-patient relationship because our specialty might be seen as the primary force trying to block a change in the law that most people want to happen.

Also, we believe the APM subtly misrepresented the recent letter on the topic from the chief medical officers (CMOs) of the UK, by emailing members: “Chris Whitty has written some advice to doctors in terms of speaking about their concerns on assisted

dying.” Its term “concerns” implies to us that the CMOs presumed that doctors were concerned about the law changing. In fact, the CMOs and Deputy CMOs for the NHS had written an even-handed guidance explaining that they were aware of the strong, informed opinions doctors have on assisted dying and the wide spectrum of views within both medicine and society. They reassured doctors that in their view it is entirely reasonable for any doctor to give their opinion, alone or with others, and this would be expected by the public.⁸

The APM fails to acknowledge that some palliative medicine doctors would wish to write and speak openly about supporting a change in the law on assisted dying. Its strong opposing stance stifles our ability to do so without fear of repercussion, meaning some of us must remain anonymous.

When our first commentary was published in *The BMJ* in 2019, the APM responded by denying that there was any suppression of discussion within the association. But the APM has not yet invited us to speak to its officers or at a general meeting, despite two of our group having openly published support for assisted dying,⁹⁻¹⁰ and one of us (SHA) having proposed at an APM annual general meeting for there to be a “grown-up and open discussion” about assisted dying at a future meeting.

The APM has slightly shifted its position by moving the discourse from resistance to changing the law, to accepting the possibility of change but arguing that assisted dying be taken out of healthcare and given to new independent bodies.¹¹ Allowing end of life decisions to be made without the central involvement of compassionate, trained healthcare professionals would clearly increase the vulnerability of dying patients.

The APM insists that the alternative to assisted dying is increasing access to palliative care. As palliative medicine consultants, of course we support greater funding for this sector. But we know even the best quality palliative care has limits and that access to assisted dying could be complementary to it, for those who wish it.

It was recently reported that Wes Streeting, the secretary of state for health and social care of the United Kingdom, was “not sure as a country we have the right end-of-life care available to enable a real choice on assisted dying.”¹² We challenge this view, which is similar to the APM's position, and are concerned that it ignores a body of evidence that

shows assisted dying has often been a catalyst for improving palliative care services.⁶

Since the House of Commons last debated an assisted dying bill in 2015, the British Medical Association, the Royal College of Physicians, and the Royal College of Surgeons have all dropped their opposition.¹³⁻¹⁵ The APM is an outlier in how it approaches this issue.

We are aware from our conversations with colleagues that more doctors and nurses are moving to a position of openness to legal change, but they still feel they cannot speak out. This may be especially true for those working in the independent hospice sector, as they largely lie outside the NHS and are subject to governance by separate boards. The debate around assisted dying is undermined if these important voices are stifled.

This article was coauthored by three other palliative care doctors who wanted to remain anonymous.

Competing interests: We have read and understood the BMJ Group policy on declaration of interests and declare the following interests: SHA: Invited speaker at Jersey Citizens' Jury on assisted dying, April 2021. Member of Medical Advisory Group to Liam McArthur MSP for his Scottish Parliament Bill on Assisted Dying, 2022-24. Provided advice on palliative and end of life and assisted dying issues, to Isle of Man House of Keys at request of Alex Allinson MHK. Work done was by email and a visit to Isle of Man in May 2024 with one night stay. Travelling costs and accommodation covered by Dignity in Dying. Invited to speak to SNP fringe meeting on assisted dying at SNP party conference, Edinburgh, September 2024. Cost of one night accommodation covered by Dignity in Dying.

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