



Position statement on Assisted Dying

Ethical dilemmas create tension within professional teams and misperceptions amongst the public. As an organisation, Trinity Hospice and Palliative Care Services has, therefore, decided to make clear position statements on a number of common, challenging ethical dilemmas including assisted dying. These are intended to work as a succinct guide on the issue for members of staff and users of our service.

This statement takes into account opinions expressed by staff, the current law as well as predictions of the impact of the statement on patient care across the family of services that make up Trinity Hospice and Palliative Care Services.

Statement

Trinity Hospice and Palliative Care Services will **not** seek to support the legalisation of the provision of assisted dying.

If the law in England is changed, Trinity Hospice and Palliative Care Services will not be involved in the provision of assisted dying for people under its care.

Background

Whilst palliative care strives to enhance patient dignity and choice towards the end of life, the perceived risk of providing assisted dying as a treatment option, within any part of the family of services that make up the organisation, is that vulnerable people who are dying may feel that they have a duty to die in order not to be a burden and to reduce the distress of loved ones.

Most requests to hasten death are expressions of distress and fear. As an organisation, we feel that, allowing any part of the family of services that makes up the organisation, to provide assisted dying will fundamentally undermine the trust between patients and staff which is a core part of the care provided by the organisation. This view applies whether assisted dying is brought about through the prescription of drugs that the patient takes, or through the administration of drugs by a third party, (with the patient's consent).

This statement makes no value judgment about assisted dying or the people who make requests for assisted dying. The organisation recognises that some individuals may wish to pursue this option for themselves in certain circumstances. Holding such views will not stop individuals from accessing the service Trinity Hospice and Palliative Care Service provides as long as they meet our eligibility criteria and recognise that the organisation will not be able to facilitate such an option in any way.

Susan Salt

Medical Director

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