

Written evidence submitted by Dr Siwan Seaman (ADY0338)

I write my evidence as a practicing clinician working in the NHS in Wales. My role is as a Specialist Palliative Care Consultant and so am involved in the care of patients with life-limiting illnesses every working day, I care for patients with prognosis ranging from hours to many years. I have worked in my current role for 9 years.

In those years and my years working as a junior doctor in the years preceding my Consultant role I have certainly come across some (not many) individuals who have shared with me their wish for assisted dying to be legalised in England and Wales yet following involvement of our team and discussions many are surprised to learn how much control the current law allows them e.g. to draw up an ADRT refusing life-prolonging treatments such as ventilation, antibiotics etc. in specified scenarios and knowledge that the worry about developing distressing symptoms can be addressed with access to 'just in case' medicines that can be administered by injection succeeds in allaying the fears of the vast majority of patients. So whilst there is always an argument for improved access to Palliative Care services and in particular equitable access to services I do think that better public health initiatives to educate the population about their legal rights and power to refuse life-sustaining treatments and receive symptom control medication in whichever setting they may be in (home, hospice, Care home, hospital) would negate the argument for assisted dying for many.

I feel strongly that the therapeutic relationship between clinicians and their patients will be forever changed if the law were to change - how could a patient trust a clinician in the same way once they knew they held the power to approve a wish to end their life. How can a patient in one bed in a hospice/hospital feel that their life is valued if they had the knowledge that the medical team had assisted the patient in the next bed with the same diagnosis to end their life. I see so many patients admitted to the hospice saying "I am a burden to my family" or "My children work, there is no way I can return home it would be easier for them if I just died now" - these patients are not requesting that their lives be ended and their families are by no means intentionally coercing them yet if there was a legal option for some of these patients to end their life some would choose to do it to reduce the carer burden on their relatives and it would be very difficult to differentiate this in assessment. Family dynamics are so complex and even when reviewing patients in their own homes it is not always possible to get to the bottom of things and for this reason I think it would be impossible to confidently rule out coercion when performing assessments.

I think one of the hardest criteria to exclude in assessing a patient would be depression – this is a notoriously difficult diagnosis to make in patients with terminal illnesses because so many of the physical symptoms of depression (weight loss, loss of appetite, sleepiness) are also symptoms of advanced / terminal illnesses.

A significant proportion of patients receiving palliative care (more than a third of hospice in-patients) will have impaired cognition, sometimes fluctuating. I fear that some families would put great pressure on clinicians to bend the rules, as has been reported in other countries where assisted suicide or euthanasia has been legalised, and carry out assisted suicide in patients without capacity to request it themselves.

Bottom line is that I believe that our roles as doctors, and in particular palliative care doctors, would be forever changed (for the worse) if the law were to change and that England and Wales should not follow suit of the countries and states that have legalised the act and seen the safeguarding systems put in place be disregarded and softened very quickly making large groups of our population very vulnerable.

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