



Thank you for the opportunity to respond to the Legislative Consent Memorandum for the Terminally Ill Adults (End of Life) Bill.

The Royal College of General Practitioners' Council has voted to adopt a position of neither supporting nor opposing assisted dying being legal. Neither opposing nor supporting assisted dying does not mean we will be stepping back from the debate. Our focus will be on advocating for our members, regardless of their views on assisted dying, as to how potential changes in the law will impact on their daily practice and the care they deliver for patients.

GPs and our teams are an integral part of the delivery of high-quality palliative care, supporting patients and their families through an extremely difficult time. The College will continue to call for palliative and end of life care to be given the support and funding it needs.

Clause 39

While we would not object in principle to Welsh Ministers creating regulations to support how assisted dying services work in practice in Wales, we would pose the question as to how this could create an inconsistency in approach between services in Wales and those in England. Related to this point, consideration needs to be given to those living on the border between the nations. At present, people who live close to the border in one nation are in some cases served by an NHS Board/ Integrated Care Board from the other.

Clause 45

We believe it is logical for Welsh Ministers to refer any matter connected to the operation of the Act to the Voluntary Assisted Dying Commissioner for investigation. However, we also regard it as beneficial that UK Government Ministers could also make such referrals even if the relevant case occurs in Wales.

We strongly support the requirement for Welsh Ministers to publish a response to the Annual Report of the Voluntary Assisted Dying Commissioner.

Clause 50

We support the requirement that regulations proposed by Welsh Ministers should be subject to Senedd approval before they can take effect.

Clause 54

It is anticipated that the legislation commencing at different times in England and Wales could potentially led to difficulties, although in practice these matters would already exist in a scenario in which Scotland and England diverged in timescale which is a more likely scenario considering their different legislative procedures.

In conclusion

The College will continue to advocate for the recommendations of a College working group that was set up to consider the practical implications for GPs should there be a change in the law to permit assisted dying, agreed by Council in September 2024. These include that should assisted dying be legalised:

- it should be seen as an additional specialised service that GPs and other healthcare professionals may opt to provide with additional training, and not part of core general practice;
- it should be a standalone service that will need to be separately and adequately resourced;
- there should be a right to refuse to participate in the process on any ground and statutory protection making it unlawful to discriminate against, or cause detriment to, any doctor on the basis of their decision to, or not to, participate in the assisted dying process;
- work should be undertaken to define standards and training for those involved in delivering assisted dying services; and crucially
- it should not have a negative impact on funding for palliative care services in any way.