



## Opening statement of Dr Suzanne Crowe, President of the Medical Council, to the Joint Committee on Assisted Dying

**23<sup>rd</sup> January 2024**

Chairperson and members, firstly I would like to thank you for this opportunity to address the Committee today. As the chairperson said, my name is Dr Suzanne Crowe and I am the President of the Medical Council.

The Medical Council is the statutory body which is responsible for the regulation of doctors in Ireland.

The key objective of the Council is to protect the interests of the general public in their interactions with registered medical practitioners while also supporting these doctors.

The Council protects the public by promoting and ensuring high standards of education, training, conduct and competence among doctors who are registered with the Medical Council.

The Medical Council maintains the Register of Medical Practitioners - the register of all doctors who are legally permitted to undertake medical work in Ireland. The Council also sets the standards for medical education and training in Ireland. It oversees lifelong learning and skills development throughout doctors' professional careers through its professional competence requirements. It is charged with promoting good medical practice. The Medical Council is also where the public may make a complaint against a doctor.

The Medical Councils remit is set out in the Medical Practitioners Act (as amended) 2007 and other relevant legislation.

As part of its role, and to support doctors to meet these high standards, the Medical Council produces guidance on matters related to professional conduct, ethics and aspects of practice.

In November of last year, the Medical Council published the 9<sup>th</sup> edition of its Guide to Professional Conduct & Ethics for Registered Medical Practitioners. The Guide seeks to support doctors by providing principles-based guidance on how to best work in partnership with patients. It covers a wide range of topics and scenarios likely to arise over the course of their professional careers. The Guide is also useful for patients as it clarifies the standards of care they should expect from their doctor.

This Guide came into effect on the 1<sup>st</sup> January replacing the 8<sup>th</sup> edition.

In preparation for the drafting of the 9<sup>th</sup> Edition of the Guide to Professional Conduct and Ethics for Medical Practitioners ('the Guide'), a comprehensive public consultation took place, as well as a roundtable targeted consultation with representative stakeholders. All feedback received was utilised to inform the drafting of sections and paragraphs in the 9th edition of the Guide.



As with previous editions and as mentioned, the Guide seeks to support doctors by providing principles-based guidance on how to best work in partnership with patients.

The Guide begins with an introduction and includes some instructions on how it should be used. It is important that the guide is read completely and not any section in isolation. As outlined in the introduction:

- ‘The Guide’ outlines general principles that you are expected to adhere to and observe as well as more specific guidance in relation to identified aspects of practice. ‘The Guide’, however, is not a legal code.
- ‘The Guide’ does not aim to address every clinical and non-clinical situation that arises in practice. However, understanding and applying these principles will assist you to safely navigate situations that arise in professional interactions.
- ‘The Guide’ also outlines that you have a duty to comply with the laws and regulations pertaining to your practice. Your practice and conduct will also be informed by professional, clinical, and organisational policies and guidelines.
- Furthermore, as stated in ‘the Guide’ this guidance should be read in conjunction with all relevant policy and legal developments during its period of application.

When drafting the 9<sup>th</sup> Edition of the Guide to Professional Conduct and Ethics for Medical Practitioners, the Committee considered existing and newly enacted legislation and how it applies to the protection of the public from medical regulatory and legal perspectives.

In relation to the direct work of the Committee to consider and make recommendations for legislative and policy change relating to a statutory right to assist a person to end his or her life (assisted dying) and a statutory right to receive such assistance, it is important to point out at this point that the Medical Council does not have a position on the topic.

I feel that it may also be of benefit to the Committee to address some recent commentary relating to one of the changes in the new edition of the Guide.

A number of paragraphs in the 8<sup>th</sup> edition of the guide were edited, merged or removed following the consultation and drafting. One such paragraph in the 8<sup>th</sup> edition of the Guide does not appear in the 9<sup>th</sup> edition, namely “You must not take part in the deliberate killing of a patient”. This removal has been misinterpreted by some.

The Guide states that the medical profession must comply with, and operate within, the law. As per legislation, it is illegal for all individuals, including doctors, to take part in the deliberate killing of a person, or to assist a person to end their own life.

The removal of this paragraph was not the Medical Council taking a stance or paving the way for any possible future change, and should not be interpreted this way.

The removal of this sentence does not diminish the law.

In more broader terms relating to the guide, there is a detailed section on conscientious objection. Paragraph 42 details how a doctor may refuse to provide or to participate in a lawful procedure, treatment or form of care which conflicts with a doctor’s moral values.



I have provided the committee with the text of the conscientious objection and end of life care sections of the guide, in addition to a full copy of the Guide to Professional Conduct & Ethics for Registered Medical Practitioners.

In conclusion I would like to paraphrase the Guide by saying, Doctors hold a privileged position of trust in society. To maintain this trust, doctors are expected to demonstrate professionalism through application of the required skills and knowledge and adherence to high standards of professional conduct and ethics.

The Guide to Professional Conduct and Ethics for Medical Practitioners outlines the values and principles that underpin professionalism and good medical practice in the interests of patients and the broader population.

It specifies how these values and principles apply in various aspects of a doctor's professional practice e.g. with patients, in practice settings, in the broader community, and with colleagues.

Patients are individuals with diverse needs. The guide acknowledges their right to be treated with dignity and respect, and to participate in decisions about their treatment and care.

Given the constantly evolving healthcare environment the Council intends, over the next year and beyond, to issue additional guidance on a range of different areas.

With the evolving nature of the practise of medicine and delivery of healthcare in Ireland, the Council will be regularly reviewing what additional support/guidance practitioners may require to supplement the guidance already available in the Guide, and to align with national health policy developments.

Once again, I would like to thank the Committee and the Chair for the invitation to attend here today.

**ENDS**



## Additional information

A full copy of the Guide to Professional Conduct & Ethics for Registered Medical Practitioners has been provided to the Committee and extracts from the guide, namely paragraph 42, Conscientious objection, and paragraph 46, End of life care, are included below.

### 42. Conscientious objection

You may refuse to provide, or to participate in carrying out, a lawful procedure, treatment or form of care which conflicts with your moral values, subject to compliance with the guidance set out below.

**42.1** If you have a conscientious objection to providing or participating in a lawful procedure, treatment or form of care, you must:

- Inform your employer, colleagues and the patient as soon as possible.
- Inform the patient that they have a right to seek the lawful procedure, treatment or form of care from another doctor.
- Give the patient enough information to enable them to transfer to another doctor to obtain the required treatment.
- Make such arrangements as may be necessary to enable the patient to obtain the required treatment (see transfer of care).
- Not mislead or obstruct a patient's access to the lawful procedure, treatment or form of care based on your conscientious objection.

**42.2** In referring a patient and/or facilitating their transfer of care, you must make sure that this is done in a safe, effective, and timely manner.

**42.3** When discussing the referral and/or transfer of care with the patient, you must be sensitive and respectful to minimise any distress your decision may cause the patient. In an emergency situation, you must provide the care and treatment your patient needs.

**42.4** You must provide care, support and follow-up for patients who have had a lawful procedure, treatment or form of care to which you have a conscientious objection.

### 46. End of Life care

**46.1** As a doctor, you play an important role in supporting patients, families and the community to deal with the reality of death. You should be sensitive in discussing end of life options, including palliative care, and make sure that patients and their families, have a clear understanding of what can and cannot be achieved.

**46.2** When patients are nearing the end of life, you share responsibility with others to make sure they are comfortable, suffer as little as possible and die with dignity. You should treat them with kindness and compassion. You should make sure that patients receive appropriate pain management and relief from distress.



**46.3** You should involve patients (and/or persons with decision-making authority in relation to the patient) in decision-making about their end of-life care, respecting their will, preference any Advance Healthcare Directive and decision-making capacity. This may include discussions on potential organ donation, where appropriate.

**46.4** You should not start or continue treatment, including resuscitation, or provide nutrition and hydration by medical intervention, if you consider the treatment:

- Is unlikely to work.
- Might cause the patient more harm than benefit.
- Is likely to cause the patient pain, discomfort or distress that will outweigh the benefits.

**46.5** If there is a disagreement within the healthcare team or between the healthcare team and the patient or the patient's family about whether it is appropriate to withdraw treatment, or not to start a treatment, you should make every effort to resolve the issue. If an agreement cannot be reached, you should consider seeking advice from an experienced colleague, getting a second opinion, involving an independent advocate or using a mediation service if available.

**46.6** After the death of a patient, you should be available to speak with the bereaved family if that is what they wish. You should, as far as possible, explain the circumstances of the patient's death to the family in an open and sensitive way unless the patient previously expressed an objection to such information being given (see paragraph 30 'Disclosure after death').