Joint Committee

on

Assisted Dying

OPENING STATEMENT

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Introduction

Good morning a Chathaoirleach agus a Chairde. Thank you for the invitation to meet with the Joint Committee to discuss *Examining a System for Assisted Dying*. I am joined by my colleagues:

- Dr. Philip Crowley, HSE National Director of Strategy and Research, and a General Practitioner, and
- Dr. Feargal Twomey, HSE National Clinical Lead for Palliative Care and Consultant in Palliative Medicine.

Chairman and members, we would like this morning to provide the committee with the view of the HSE senior clinical team, which is multi-disciplinary and multi-specialty. The senior clinical leadership in the HSE is led by the Chief Clinical Officer (CCO), who oversees a wide range of clinical domains. The CCO function ensures that there is multi-specialty, multi-disciplinary input into the development of healthcare policy and strategy. The issues raised here cannot be said to represent the entire body of the HSE, rather, they are a representative sample of matters that we believe need consideration in the matter of assisted dying. As there is no legislation in place for assisted dying, we cannot give definitive commentary on exact requirements for implementation; however, we can provide the committee with some of the issues that we, as clinicians, consider need further thought. The CEO of the HSE has asked us to confirm that should draft legislation be forthcoming, the HSE will respond in more detail at the Committee Consultative stages (pre-legislative scrutiny) where invited to do so, and that the HSE as a statutory agency for Health and Social care services will implement any legislation enacted in the future in accordance with its remit.

Ireland has a history of providing **palliative care** since the 1870s, through voluntary organisations, and the public health service. Palliative Care services provide active and often complex care and support to people with any advanced life-limiting illness, and at any stage of an illness, not just at the end of life. Though palliative care services in Ireland are well developed, there remains further work to be done to develop the service. My colleagues from the Dept. of Health will talk in more detail about the Palliative Care Policy for Adults that is in draft.

There are a variety of issues for those who may potentially wish to avail of Assisted Dying, and those providing it, that merit consideration:

1. **Citizens who may be vulnerable**: Some groups of people are at particular risk of seeing themselves as a burden and are at risk of being subject to paternalism and coercion; these citizens may be particularly at risk of feeling undue pressure to consider assisted dying/suicide. While not an exhaustive list, this does include older people, people with long-term chronic conditions and those with physical or intellectual disabilities. These concerns have also been raised by others who have spoken to the committee.
2. In considering the **potential impact on healthcare workers (HCW)**, we talked to the HSE Employment Assistance Programme (EAP/staff counselling service) who advised us of their experience of working with HCWs when they have been involved in experiences that transgress their moral or ethical codes. This can negatively impact on HCW mental health and can lead to feelings of self-blame, shame and a reduced ability to cope with other work-related stressors. The psychological impact of being witness to, or making decisions relating to, assisted dying, or indeed, involvement in the painful and prolonged death of a patient, have the potential to significantly transgress an individual HCW's core values and their psychological and emotional wellbeing.

That said, clinicians should be able to discuss death, dying and end of life care in a sensitive and non-judgmental way. Conscientious objection should be enabled as part of any legislation.

3. You will have heard from Dr. Anne Doherty in November 2023, who described treating people with cancer who have suicidal thoughts. She expressed concerns about how robustly such people would be investigated and treated for a potential mental illness if there was legislation on assisted dying; these are concerns that we share and would apply to other areas of clinical practice, including the diagnoses of other potentially life-limiting conditions such as certain neurological diseases, respiratory diseases and many others.

4. This in turn leads to issues of **patient safety**. There is a risk that a person would make a decision to seek assistance with dying, when in fact, more robust investigation or time to consider diagnosis, prognosis and treatment options may result in them opting for another approach to care.

5. Robust and commensurate **safeguarding** measures, drawing on citizen perspectives and research evidence, would need to be in place to support any person who is considering this route. International evidence suggests that in some locations where legislation for assisted dying and euthanasia has been introduced, safeguards change over time, to include lower age thresholds (e.g. the Netherlands) and expansion of eligibility criteria.
    - https://www.cambridge.org/core/journals/palliative-and-supportive-care/article/realities-of-medical-assistance-in-dying-in-canada/3105E6A45E04DFA8602D54DF91A2F568#

6. We believe that the potential for an **intergenerational impact** of assisted dying needs consideration. There is consistent research to support the fact that suicide has an intergenerational impact by increasing the likelihood that current and subsequent generations will consider and act on suicidal thoughts. There is a risk that assisted dying/suicide could have a similar impact.

Alternatively, watching a loved one die in difficult circumstances can lead to trauma and have an enduring impact.

- https://www.cambridge.org/core/journals/psychological-medicine/article/selfinjurious-thoughts-and-behaviors-as-risk-factors-for-future-suicide-ideation-attempts-and-death-a-metaanalysis-of-longitudinal-studies/B035CF0E2B6FC95ECB523171CF704D21
- https://www.nature.com/articles/s41398-020-0850-6

These are some of the issues to be considered when looking at the introduction of legislation to support assisted dying.

The theme for today's meeting is *Examining a System for Assisted Dying.*
It is the conclusion of the senior clinical group in the HSE that there are significant supports, both legal and medical, in place in Ireland to enable people to die in a dignified way.

The importance of will and preference is now enshrined in law. People do have a right to refuse life-sustaining treatment and there is access nationally to palliative care services. The Draft Palliative Care Policy will further enhance and embed palliative care across the spectrum of healthcare provision in Ireland. Legal protections also form a strong part of other areas of clinical care, such as the Mental Health Act.

This concludes the opening statement and with my colleagues we will endeavour to answer your questions.

Go raibh míle maith agaibh