Summary of Focus Group

13 May 2025

Present: REDACTED

Presentation on the Bill

Summary of Discussion

Q1. What do health and social care staff identify as the major challenges in respect of assisted dying?

- There will need to be provision for reflective supervision. Retention and recruitment are already poor and this adds pressure to role.

- The Social Work role on the panel is unclear and could appear as tokenistic

- What about families etc who are left after an assisted death – what is the provision for support? What about consultation for families re conscientious objection? The role of families etc has not been given any consideration. Is there also a danger of reverse coercion where people seeking assisted death coerce their families into agreeing?

- Prognostication from a clinical perspective is already very hard to gauge accurately. If clinicians given inaccurate prognosis whose responsibility will this be? Esther Rantzen who drove much of this current legislation has already outlived her prognosis

- There is a lack of clarity over the role of social workers and also currently the involvement of psychiatrists. How are professionals going to be supported where there is a conflict between professional and personal values?

- How will those practitioners involved be supported when mistakes are made? Is there a danger of societal coercion?

- There are significant issues of power that have not been fully explored. For example how do we identify coercion?

- There is a lack of clarity around the safeguards available to the panel

- On the panel will there be power dynamics which also play out in current practise? For example, will the expertise of some professionals hold more sway than others?

- The point was made that it is not useful to compare the proposed legislation with that in either Canada or Belgium

Q.2: What do health and social care staff identify as the major opportunities in respect of assisted dying?

In terms of opportunity there may be some levelling from the current 2 tier system which allows only those with money to choose an assisted death. For example, it currently costs in excess of £25,000 to travel to Dignitas. However, against this the point was made that there are always in inequities in health care.

There was a discussion around the bottom line being that assisted dying will save the NHSA lot of money. This is illustrated in the recent impact assessment.

Q.3: How do health and social care staff describe the impacts of assisted dying on their practice and on their personal wellbeing?

- There was a discussion around the impact on staff. We know that staff in health and social care are already struggling, and it was felt that there is a level of smoke and mirrors around this issue.

- Research into moral injury demonstrates that it is strongly connected to burnout and subsequent dropout. Given the potential conflicts of value-based decisions versus personal values, within the proposed legislation is it possible that this will add to the crisis in retention and recruitment?

- Time and good supervision will be needed to clarify issues, for example is there a conflict between the assisted dying legislation and the Mental Health Act? It is likely that there will need to be revisions to the current mental health legislation.

- There is also the potential of trauma to families as people choosing an assisted death live within a family system - therefore it is likely that the ripples will be felt within the system, potentially adding to workload of health and social care staff.

- The question of opt out was also considered. Whilst this is often cited in the debates around assisted dying it is likely that this will not be as simple as it seems. For example, will opting in be related to career progression and opting out be potentially detrimental to career progression praise? Does this create the danger of a moral injury hierarchy?

- Will the opt out be similar to that involving medical abortion? How will practitioners ensure that they are above disrepute?

Q.4: What are the education and training challenges?

- It was felt that within existing social work training the focus on death and dying is inadequate. Although BASW's position is that initial social work training does not need to include further content on death and dying, the discussion suggested that this was not the case and there needed to be a clear curriculum including implications for the Law.

- Discussion was had about the complexity of this issue which it was felt the legislation sought to reduce to simple answers - so that it is not as much a slippery slope but a blurring of boundaries

- Given this blurring of boundaries the discussion focused on how difficult it is to know what professionals are going to need in terms of education and training. However, provision for the family currently is absent and likely to be a major factor if this legislation is passed

- The issue of moral injury to staff was also discussed with an agreement that assisted dying and the associated issues are likely to create extra pressures for staff in an already demoralised workforce. Education and training is needed to support staff and at present certainly in social work there is an absence in both the Standards and the PCF on staff well-being.

- Somehow, we have to support staff to be equipped to have difficult conversations. This in itself is difficult in an overworked and overwhelmed workforce.

- The point was made about the importance of advance care planning.