Summary of Focus Group 2

29th 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?

- The curriculum in social work education is currently very limited in relation to skills needed for the introduction of assisted dying. Currently provision or education and training on death and bereavement is inconsistent across higher education provision and within CPD.
- Aspects of the law, in particular the Mental Capacity Act will also need to be taught rigorously
- There is some anxiety within the social work profession at their inclusion in the proposed legislation. Anxiety focuses around ethical and safeguarding issues, both personal and professional.
- For medics, prognostication is potentially one of the most difficult and contentious issues in the Bill. The time scale of six months is uncomfortable and largely un-evidenced. This becomes difficult when palliative care is currently underfunded, thereby limiting equal access to different provisions. It was felt that 12 months may give a larger window of accuracy.
- In terms of education and training, how are health and social care staff going to be prepared for the implications of this legislation? How will professionals have access to open and honest discussions which protect against moral distress?
- There was a long discussion around mental capacity which may be one of the most difficult things within the proposed legislation. For example, how will people with communication difficulties be treated?
- Managing public perception is also a challenge. It was suggested that the amount of people who actually meet the criteria within the proposed legislation will be very small.
- Care of relatives was also seen as a potential challenge, which also related to the point on prognostication. How will relatives be cared for? If people live longer than their prognosis, who will be managing the relative's expectations and what stress will this add for staff?

- How will we ensure equity of access for patients, particularly those who don't exactly fit for the criteria?
- Within the care home sector, staff are largely divided into those who believe that assisted dying will not impact on them, due to the large population of residents with dementia who did not meet the criteria, or those who are feeling anxiety and panic with regard to the proposed legislation. There is a particular need for Mental Capacity Act training within the care home sector.

Q.2: How do health and social care staff describe the impacts of assisted dying on their practice and on their personal wellbeing?

- As a profession social work is not prepared for this. There is already high burnout, low retention and recruitment in social work and there is the risk of isolation.
- There is the risk of the proposed legislation widening practise divisions, for example between those people who choose to opt out and those who wish to be involved.
- For medical staff, the existing situation is similar to that within social work. Staff morale and well-being is very low, alongside associated financial constraints. Therefore, the risk of moral distress in staff is thought to be high.
- Compassion fatigue is also a risk as this proposed legislation adds another level of responsibility onto already burnt out staff.
- There was a discussion around people's personal experiences, and although some of these were positive, the point was made that everyone will have experienced bereavement and loss and this lived experience will impact on professional practise with assisted dying. Therefore, there will need to be spaces where staff are supported.
- The point was made that this is already a very contentious issue within health and social care and can quickly become toxic, thereby leading to further isolation and moral distress.
- Some of the complexities involved in carrying out the proposed legislation are likely to put pressure on practitioners, for example issues around mental capacity, advance decision-making in respect of assisted dying and safeguarding. As a practitioner you cannot insist on seeing an older person alone, particularly where they may be terminally ill and this may lead to anxiety and distress around possible coercion.
- Prognostication is also an area of possible moral distress.
- .There is a lot of pressure on palliative care professionals who are being asked their opinion about the possible impacts of this legislation leading to further distress
- The role of professional emotion associated with the proposed legislation is one that will need careful containment through supervision and other suitable provision.

Q.3: What do health and social care staff identify as the major opportunities in respect of assisted dying?

- In order for this to become positive, the current toxic environment and debate around this issue would need to be turned around.
- There are possibilities to create more of a synergy in conversation between end of life and palliative care. Palliative care is currently very stretched so there is the potential of bringing further support and attention to this.
- The proposed legislation has opened up the wider communication and conversation around death and dying and reminded people that they have choices. There is the possibility of improving communication generally around death and dying and narrowing the existing taboo

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

- For social work there is a necessity for complex ethical conversations with students at the prequalifying stage. At present social work education is very process driven and this does not fit with the complexities around assisted dying.
- Experience of working in multidisciplinary ways will also be necessary, for example interaction with Law and Health.
- Looking at what we have learned from the lack of education and training currently, for example around the Mental Capacity Act. Training and knowledge on this is still poor.
- In NHS Trusts there is a broad need, not just for training and knowledge exchange on assisted dying, which tends to be a non-discussion point at present, but also around death and dying more generally
- Staff need provision for the containment of emotion, for lived experiences to be shared and for resilience to be enhanced outside of traditional casework supervision models.

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