

Date 10 July 2026
Your Ref
Our Ref 11581

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Dear

FREEDOM OF INFORMATION – ASSISTED DYING

I write in response to your request for information in relation to Assisted Dying.

Question:

- Please provide copies of any recorded information held by NHS Lothian from **January 1, 2024, to the present date** regarding preparations, impact assessments, scoping exercises, or readiness reviews concerning proposed assisted dying legislation in Scotland or the wider UK (including, but not limited to, the *Assisted Dying for Terminally Ill Adults (Scotland) Bill* or the *Terminally Ill Adults (End of Life) Bill*).

Specifically, I am requesting:

1. **Impact Assessments & Scoping Exercises:** Any documents, strategy papers, or reports detailing how potential changes to assisted dying laws would impact NHS Lothian services, including clinical pathways, palliative care, or post-death bereavement and spiritual care services.
2. **Meeting Minutes & Briefings:** Minutes of board meetings, committee meetings, or departmental briefings (including within the Spiritual Care and Bereavement Service) where preparations for, or the consequences of, assisted dying legislation were discussed.
3. **Internal and External Correspondence:** Any formal correspondence or briefing notes sent or received by senior health board management or service heads regarding the scoping of post-death family support or counselling requirements for families affected by a medically assisted death.

Answer:

I have enclosed the palliative care annual assurance reports for May 2024 and July 2025 both mention the legislation. Palliative care requested that their report for 2026 is deferred to November 2026 so there is no further information at this time.

I am informed that the Scottish Government Health Department advised that NHSBT and OTDC of NHS Boards should not engage in discussions around donation as part of assisted death, leaving decisions around donation up to individuals and their clinical teams.

I hope the information provided helps with your request.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at www.itspublicknowledge.info/Appeal. If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the FOI Reviewer at the email address at the head of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: <https://org.nhsllothian.scot/FOI/Pages/default.aspx>

Yours sincerely

ALISON MACDONALD
Executive Director, Nursing
Cc: Chief Executive
Enc.

Meeting: Healthcare Governance Committee
Meeting date: 22nd July 2025
Title: Lothian Palliative Care MCN Annual Report
Responsible Executive: Fiona Stratton
Report Authors: Neil Wilson & Fiona Stratton

1 Purpose

This report is presented for:

Assurance	☒	Decision	☐
Discussion	☐	Awareness	☒

This report relates to:

Annual Delivery Plan	☐	Local policy	☒
Emerging issue	☒	NHS / IJB Strategy or Direction	☐
Government policy or directive	☐	Performance / service delivery	☒
Legal requirement	☐	Other [please describe]	☐

This report relates to the following LSDF Strategic Pillars and/or Parameters:

Improving Population Health	☐	Scheduled Care	☐
Children & Young People	☐	Finance (revenue or capital)	☐
Mental Health, Illness & Wellbeing	☐	Workforce (supply or wellbeing)	☒
Primary Care	☒	Digital	☐
Unscheduled Care	☒	Environmental Sustainability	☐

This aligns to the following NHSScotland quality ambition(s):

Safe	☒	Effective	☒
Person-Centred	☒		

Any member wishing additional information should contact the Responsible Executive (named above) in advance of the meeting.

2.3.3 Assisted Dying Legislation

The *Assisted Dying for Terminally Ill Adults (Scotland) Bill* is at **Stage 2** of the legislative process in the Scottish Parliament. This stage involves detailed scrutiny and proposed amendments to the Bill, which was introduced by Liam McArthur MSP in March 2024.

The Bill seeks to legalise assisted dying for terminally ill adults in Scotland who meet specific eligibility criteria, allowing them to request and receive medical assistance to end their own lives.

Assisted dying remains an emotive and potentially divisive subject, with many holding strong opinions on both sides of the debate. Bills to legalise Assisted Dying in the UK have been proposed in Scotland, England & Wales, the Isle of Man and Jersey.

Summary of current UK position (July 2025)

- Scotland
 - In May 2025, MSPs backed the 'stage one vote' on the general principles of McArthur's Assisted Dying for Terminally Ill Adults (Scotland) Bill by 70 votes to 56 (with one abstention). MSPs can now propose major amendments ahead of a vote on the final draft. This process is expected to take several months. The current Bill says applicants would have to: be resident in Scotland for at least 12 months, be registered with a GP in Scotland, be terminally ill and have the mental capacity to make the request. McArthur has confirmed he will raise the proposed minimum age from 16-18.
- England & Wales
 - Leadbeater's Terminally Ill Adults (End of Life) Bill was first backed by MPs in a vote in November 2024. A committee of 23 MPs (14 supporters/9 opponents) examined the proposed legislation. In June 2025, 314 MPs voted in favour and 291 against - a majority of 23. The Bill now needs to be considered by the House of Lords before it can become law.
- Isle of Man
 - Assisted Dying Bill was passed in March 2025. New system expected by 2027
- Jersey
 - Jersey's politicians approved plans to allow assisted dying for those facing 'unbearable suffering' in May 2024. Final legislation is being written. If approved, new rules could take effect from summer 2027.

The ongoing debate includes ethical, legal, and practical considerations, particularly around the roles and responsibilities of healthcare professionals, safeguards for vulnerable individuals, and the regulation of the process.

Many clinicians have significant concerns about both the safety of the proposed McArthur Bill and whether this is the right time to be progressing such legislation. Currently, in Scotland, equitable access to palliative care services is not available for all. The idea of people choosing an assisted death because they are unable to access the care they need at the end of life is profoundly concerning.

There is an overwhelming consensus on the need to ensure that people receive the best possible palliative and social care at the end of life before legislating for assisted dying/suicide. Other concerns include the potential impact on the doctor/patient relationship and risk to vulnerable groups who already feel marginalised and a burden.

The full extent and impact this will have across palliative, and end of life care services is as yet unknown but has the potential to have significant implications.

Lothian Palliative Care MCN

Annual Report

May 2024

Contents

SECTION	PAGE
Introduction	2
1. National Overview	3-4
2. Virtual Ward/ Enhanced Hospice Care at Home Service	5-6
3. HBCCC	6
4. Future Care Planning	7
5. Education & Research	7-8
6. Scottish Ambulance Service/ Macmillan Project	9
7. General Practice/ Primary Care	10-11
8. Service Developments	11
9. Horizon Scanning	12
10. Appendices	13

Assisted Dying

The Medical Directors from both Marie Curie and St Columba's hospices delivered a presentation on Assisted Dying (AD) to members of the MCN in December 2023. Existing AD legislation and practice in other countries was highlighted, along with a summary of Liam McArthur's Proposed Assisted Dying for Terminally Ill Adults (Scotland) Bill which will allow terminally ill adults in Scotland (aged 16 and over), who are eligible, to lawfully request, and be provided with, assistance by health professionals to end their own life.

Consideration was given to likely timelines, legal implications, demand for such services, and the implications for current service configuration if AD were to be legalised. MCN members discussed concerns about the impact of embedding legislation in healthcare.

As anticipated, the Bill was formally introduced to the Scottish Parliament in March 2024. This is the first stage of the legislative process (out of a possible three) and is the third time a Bill along these lines has been introduced to the Scottish Parliament.

The Bill specifies that to be lawful, the 'person' seeking assistance to die would have to be:

- An adult – this is defined as **16** or over.
- Be terminally ill – defined as having a disease, illness, or condition which they will not recover from, is worsening and at a late stage, and which is expected to cause their premature death.
- Be resident in Scotland for at least 12 months, be registered with a GP in Scotland
- Have capacity to understand and remember their decision.
- Have no mental disorder (this is the term used in the relevant mental health legislation in Scotland) – this includes any mental illness or learning disability.

The 'person' would have to make a formal declaration, two doctors independent of each other would then have to agree they fulfil the criteria, then they would have to in most cases wait two weeks before making a second declaration, before a doctor or instructed registered nurse provides an "approved substance" to the person, which would have to be self-administered.

A lead committee is responsible for examining the Bill – a process which is likely to take a number of months. After which, the whole Parliament debates the Bill and decides whether it should go on to Stage 2, or be rejected. Voting on this Bill will be a matter for MSPs' individual conscience, not party policy, and of the MSPs who have stated a view so far, there is a mix of parties both in support and against.

MCN members discussed the role of the MCN in the ongoing Assisted Dying debate. Given the number of organisations represented, it was felt impossible to have a united view. Instead, each member has committed to engaging with their organisations and relevant teams to raise awareness and understanding of the pertinent issues. It will remain a core agenda item for the MCN meetings going forward.

