

ABPN Position Statement on Assisted Dying & Children¹

Introduction

Assisted Dying is currently illegal in the UK. Lord Falconer of Thoroton has secured a private members' bill Assisted Dying for Terminally Ill Adults Bill, which aims to offer safe, compassionate choice to dying people. The Bill is due for its first reading on Friday 26 July in the House of Lords. It is anticipated that the second reading will be heard in the autumn.

The title of the Bill suggests that the proposals will focus on allowing assisted dying for those over the age of 18, this is different to Lord Falconer's first Assisted Dying Bill which was for all ages. Despite the focus on adults, any change would have implications for children and young people and the professionals and services that support them, through transition to adult services. A proportion of children's services now provide care to young adults through to the age of 25.

All previous debates have allowed free votes in relation to Assisted Dying and Keir Starmer made a personal pledge to make time available for debate in the House of Commons.

Professional views

A 2020 study by the BMA showed that while 50% of doctors supported Assisted Dying only 34% said they would agree to prescribe lethal drugs. Those working in palliative medicine identified only 10% who would agree to prescribe lethal drugs. The current position of professional bodies are:

The BMA – Neutral(last updated Sept 2021)

Royal College of Physicians – Neutral(Last updated March 2019)

Royal College of Nursing – Neutral(Jul 2023)

Nursing and Midwifery Council – Neutral(Jan 2023)

Around the world

A growing number of countries permit some form of assisted dying:

Assisted Dying² – Canada (which permits voluntary euthanasia also), New Zealand, Portugal, Australia, and 10 US states.

Assisted Suicide³ – Switzerland, Austria

Voluntary Euthanasia⁴ – Canada, Luxembourg, Belgium and The Netherlands.

Belgium permits voluntary euthanasia for those over the age of 14(with parental consent).

The Netherlands permits it for those over the age of 12 (with parental consent for those aged 12-16).

¹ Child/children – this term is used to describe infants (including neonates), children, young people and young adults

² *Assisted Dying* – Prescribing life ending drugs for terminally ill, mentally competent adults to administer themselves after meeting strict legal safeguards.

³ *Assisted Suicide* – Prescribing life ending drugs for terminally ill, mentally competent adults and those living with long term progressive conditions to administer themselves after meeting strict legal safeguards

⁴ *Voluntary euthanasia* – A doctor directly administers life ending drugs to a patient who has given consent.

Earlier ABPN Statements

ABPN have not indicated a position previously, but were signatories to the International Children's Palliative Care Network Mumbai Declaration 2014 which stated:

We believe that all children (neonates, children, and young people) have the right to the best quality of life. When they have life-limiting conditions they have the right to high-quality palliative care to meet their needs.

We believe that euthanasia is not part of children's palliative care and is not an alternative to palliative care. It is imperative that we work together to improve access to children's palliative care around the world, including ensuring access to appropriate pain and symptom control. We call on all governments to transform children's lives through the development of children's palliative care, and in particular we urge the Belgian government to reconsider their recent decision to allow euthanasia of children.

This includes:

1. Access to children's palliative care within the children's health care system.
2. Access to appropriate pain and symptom management (including medications) for all children.
3. Supporting children and their families to be able to live their lives to the best of their ability for as long as possible.

Position statement in relation to the Assisted Dying for Terminally Ill Adults Bill:

The Association of British Paediatric Nurses recognise that the views of our members will reflect a spectrum of views on assisted dying and as a membership organisation we neither support or oppose a change in the law.

The current proposals from Lord Falconer of Thoroton focuses on adult care, but we would reiterate the need to ensure that all people have the right to the best quality of life. When they have life-limiting conditions they have the right to high-quality palliative care to meet their needs.

We believe that assisted dying is not an alternative to palliative care. We call upon the UK government to ensure that funding and structures are in place to ensure universal access to palliative care, including ensuring access to appropriate pain and symptom control. For children and young people this includes:

1. Access to children's palliative care within the children's health care system.
2. Access to appropriate pain and symptom management (including medications) for all children.
3. Supporting children and their families to be able to live their lives to the best of their ability for as long as possible.