

## **CMA Statement on conscience protections in TIA Bill**

The Catholic Medical Association (CMA) is fundamentally opposed to the Terminally Ill Adults (End of Life Bill) as discussed in our [position statement](#). In this new statement, we focus specifically on our concerns about conscience protection.

It has been suggested that doctors will not have to act against their conscience with regards to the provision of assisted suicide. Indeed, the sponsor, Kim Leadbeater MP, has stated: “but I’m very clear that we need to make sure that anybody who does not want to be involved in this assisted dying process should not be forced to do so. ***Whether that’s for conscience reasons or whether that is for any other reason.***” Accordingly, the heading of clause 31 is “No obligation to provide assistance etc”, with 31 (8) stating that amending the 1996 Employment Rights Act will offer “protection against detriment to those who do not wish to participate”.

As a leading employment lawyer [has pointed](#) out, however, the effectiveness of such protection is questionable, as litigation would be difficult and costly against a well-resourced NHS employer. Numerous NHS Whistleblowers would concur with this view.

Moreover, Clause 5.6 clearly states: “A registered medical practitioner who is unwilling or unable to conduct the preliminary discussion” **must** ensure that the **person is directed to where they can obtain information and have the preliminary discussion.**” This clause does not confer the rights we should expect in exercising conscientious objection, nor the right to object on other grounds. Directing the person in this manner constitutes significant assistance and co-operation with the act of assisted suicide which would be morally unacceptable to many medical practitioners.

Clause 5.6 requires involvement beyond the [2022 World Medical Association’s revised International Code of Medical Ethics](#) and current [GMC Guidance](#) (noting that Assisted Suicide is not Healthcare).

The Equalities Impact Assessment in relation to religion as a protected characteristic is woeful. It merely restates the Bill’s provisions, while failing to address both the effectiveness of protections for those unwilling to participate in the act or process of assisted suicide.

A particularly disturbing aspect of the Bill is that at the stage “Initial request for assistance: first declaration”(clause 8) the “coordinating doctor” is not required to themselves conduct a Preliminary Discussion: the only requirement is that the person self declares as per 8.4b) i and ii that they are eligible, and have had a “Preliminary Discussion”. The only safeguard is 9.5 b: that the Coordinating doctor cannot witness a first declaration “without making or seeing a written record of the Preliminary Discussion”. 9.5b, however, fails to stipulate specific facts or details to be recorded or the form in which they should be recorded. Thus the “Preliminary Discussion” may merely be a line in a record saying: “I have discussed the issues around person X seeking an Assisted Death”. The doctor in question may, however, not have intended to have held or record a Preliminary discussion, and may not have addressed the 3 concerns in 5.5 a-c. conduct a “Preliminary Discussion” as per clause 5. **Thus, a doctor who may object “for any reason” as outlined above is unwittingly involved in Assistance.**

In summary, this Bill is inadequate in its conscience provisions for doctors and other healthcare professionals who wish to have no part in assisting their patients to end their own lives through the means this Bill proposes. It risks exacerbating an already difficult recruitment and retention position in medical professions. We appeal to peers in the House of Lords to oppose the bill.