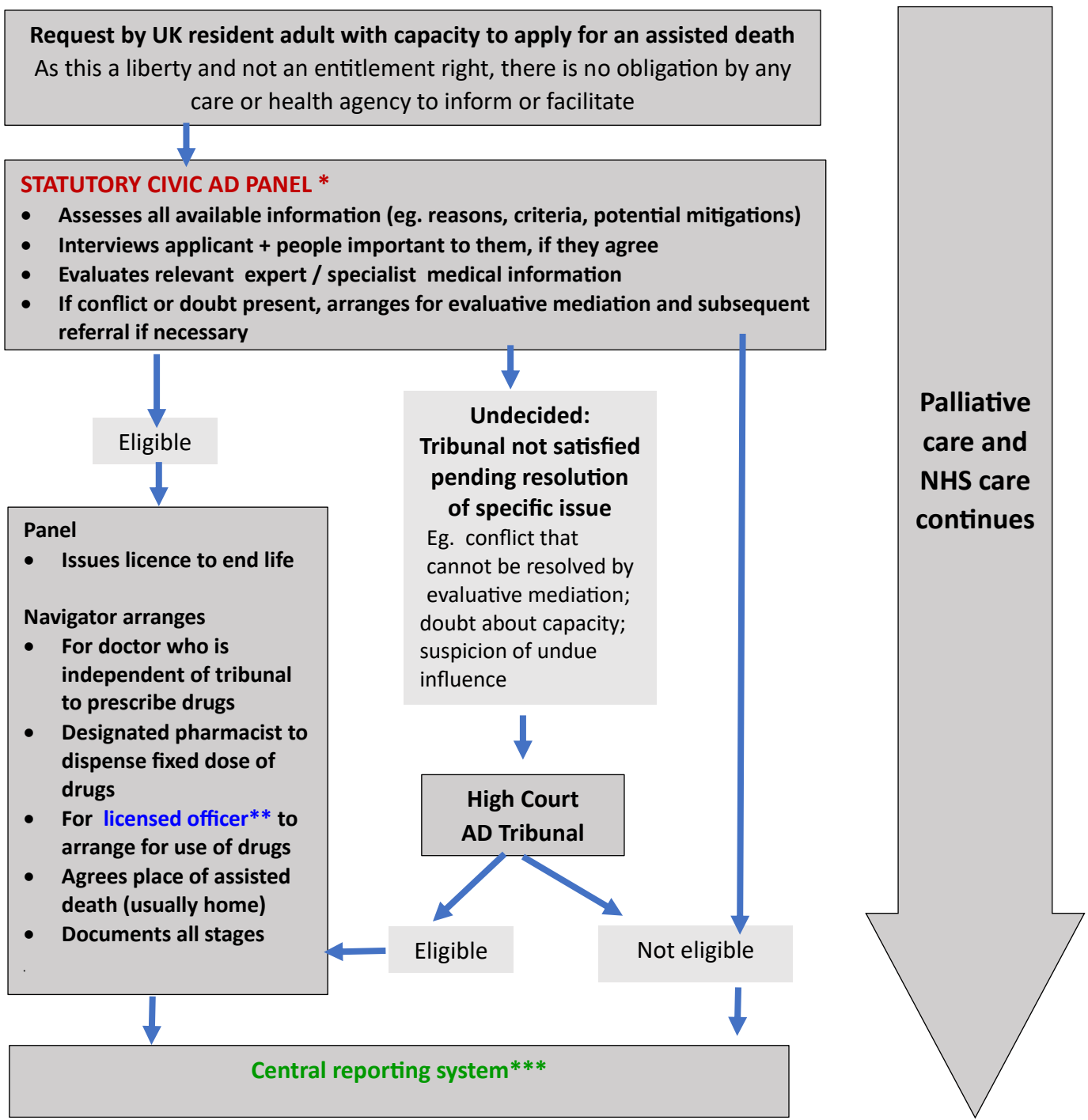


# An alternative model for assisted dying

It is becoming clear that the problems appearing in many assisted dying jurisdictions exist because they are running assisted dying within a healthcare, largely medical, model. Contrary to the claim that this medical model provides greater legitimacy, it results in secretive medical decisions that are never monitored, exposing the decisions to unconscious bias and discrimination. It also puts increased strain on already exhausted services and effectively removes the right to conscientious objection for individuals and organisations. Austria and Switzerland have

models that are largely outside healthcare, although the decisions are still made by doctors.

An alternative civic model has been proposed that moves the decision-making from the medical to the socio-legal sphere. Healthcare would still be involved in providing evidence and reports, but not in the assisted dying decision or the assisted death. This would make a civic-assisted dying jurisdiction the first in the world to monitor such decisions prospectively and transparently, while avoiding many of the problems of a medical, healthcare model.



## Notes

### \*Minimum requirement of Civic AD Panel

Statutory body consisting of the following as a minimum requirement:

- legally trained individual accountable to HM Courts and Tribunal Service, Procurator Fiscal or similar
- social worker and/or psychologist
- experienced (10yrs or more) healthcare professional
- administrator to document process

### \*Statutory duties of panel

- inquisitorial requirement to evaluate
- issue license to end life
- authorise release of lethal drug mixture
- ensure event details are recorded

### \*\* Licensed officers

Individuals licensed by monitoring body, outside of medical or nursing councils

Involved in dispensing, administering (by whatever route is allowed) and disposing of lethal drugs

Ensures relevant documentation collected, collated and fed into the reporting system

### \*\*\*Central reporting system

Ensure drugs use and disposal is recorded

Records and analyses death process, including complications

Monitors all decisions made by panels

Each assisted death is deemed an **extraordinary death** and recorded as such

Death certificate would state 'assisted death', followed by the underlying diagnosis or contributory factors.

**Cost:** options are statutory (outside of healthcare); self-financing (with funds for those unable to pay; right-to-die organisations).

**Courts:** these would only be used in situation where the panel believes an issue is unresolved. If this was administered by HM Courts and Tribunal Services then it could be badged as the AD Tribunal, and the process could be housed within the framework there. That would also mean that HMCTS would have responsibility for recruiting legal and panel members.

**Breaches of practice:** these may be minor breaches indicating poor practice, but no harm, or serious breaches indicating harm. The monitoring body would have the power to prosecute if necessary.

**Drugs:** prescribing doctor must be independent of any AD tribunal.

Prescription is according to nationally agreed protocol.