

the College's response to a draft Bill on assisted dying which will be put before the Scottish Parliament.

Although we are pleased to see this topic raised in a *BJPsych* editorial¹, there are factual and contextual issues within the article with regard to the Scottish context, to the extent that a misleading impression is given around developments in this area.

From the outset, it portrays the legislation being undertaken through the UK Parliament on making assisted dying available to patients who are terminally ill as applying to the entirety of the UK. It would instead only apply in England and Wales. As already noted, there is separate legislation in Scotland currently being developed, led by a Liberal Democrat MSP.

This failure to account for the Scottish legislation is in spite of the Scottish draft Bill being much more likely to progress. The bill in England and Wales has not yet left the House of Lords, whereas the proposed bill in Scotland has support from individual members of the governing party, the SNP, and has now reached the point of clinical guidance being drafted to support consideration.

The article also fails to provide additional context, including the six previous rejections of similar legislation since 2003 (four times in Westminster and twice in Holyrood). We are concerned that a prominent editorial on such an important subject, written by senior authors, has been published without accounting for the legislative process in Scotland. We would urge the journal to engage with researchers, clinicians and lived experience representatives in the devolved nations to ensure its processes for commissioning, peer review and approval in future accounts for each of the four nations of the UK. This would ensure that an accurate portrayal of such issues can be provided to members in future.

Declaration of interest

None

Reference

- 1 Bhui K, Malhi GS. Proposed Assisted Dying Bill: implications for mental healthcare and psychiatrists. *Br J Psychiatry* 2022; **221**: 374–6.

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Author's reply. RE: Proposed Assisted Dying Bill: implications for mental healthcare and psychiatrists

We thank Drs Findlay, Bryden and Breen for their comments on our editorial¹ on assisted dying. Dr Findlay rightly clarifies that even though the legislation we refer to is being considered by the UK parliament, it only applies to England and Wales. This error occurred inadvertently through successive revisions of an earlier draft.

A synopsis of previous attempts to pass such a Bill was also suggested by one of the peer reviewers of our article, and we do refer readers to suitable literature. However, given space and reference limitations, we were unable to provide a reasonable history of assisted dying legislation, which is extensive and nuanced.

Instead, the substance of our editorial concerns issues of medical and psychiatric care that supersede regional and political systems and lie predominantly in the realms of medical ethics and comprehensive service provision. We believe patients and families are not best served if different jurisdictions adopt distinct procedures and processes for implementation and follow markedly different political processes for deliberation. Such an approach is likely to create inequalities of access and potential harms; therefore we advocate a broader consensus, and guidance needs to be achieved by health and social care professionals.

In addition, we allude to the failures of international implementations referred to in the House of Lords record. Given current variations in service provision and the challenges of regulation, we argue that safe implementation should, in the first instance, be coordinated at a national level, and that alongside this, careful surveillance and research of harms and benefits is necessary.



Drs Bryden and Breen both make compelling and compassionate arguments. For example, Dr Bryden's comments regarding the motivations of those seeking assisted dying and the stigma associated with those judged as not actively contributing to society are on point. We agree with their sentiments even though they arrive at somewhat different conclusions, but this further highlights the challenges we face. End-of-life care is personal, and each person will want a particular level of care and support, some moving towards assisted dying while others remain firmly against the possibility. This is where legislation will need to incorporate personalised options such as advanced directives and novel measures to assess capacity. However, given the many scenarios in which assisted dying may be sought and the likely complexities of each person's situation, any legislation will need to be flexible and accommodating while ensuring that choice and dignity are not compromised.

Declaration of interest

None

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