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RE: Proposed Assisted Dying Bill: implications for mental healthcare and psychiatrists

It was encouraging to see authors Bhui and Malhi and the *BJPsych* engaging with the topic of assisted dying and the implications for mental healthcare and psychiatrists. We welcome the authors' concluding four recommendations for implementation; however, there are a few points worth clarifying that we hope will add to the conversation.

The authors rightly highlight problems with current end-of-life care. Here in the UK, current end-of life practices are not robustly reported on (e.g. withdrawal of life-sustaining treatment and DNACPR decisions). What is not emphasised is that assisted dying legislation, whatever people's views on it, would bring regulation and safeguards to a space that is currently lacking oversight.

Many of the complexities highlighted with assisted dying already apply to existing end-of-life practices (e.g. what is a psychiatrist's role if someone with life-limiting cancer and a diagnosed mental illness refuses chemotherapy that might extend their life?), so perhaps it is unnecessary to single out assisted dying as a novel problem for the specialty. We also challenge the claim that evidence from around the world shows that 'Patients may be coerced'. What is this evidence and how does it compare to the evidence of coercion in any other treatment decision, including refusal of life-sustaining treatment?

The role of doctors is also questioned. Yet, doctors are already required to make complex decisions about patients' end-of-life care, and the proposed Assisted Dying Bill includes a robust conscientious objection clause allowing doctors to choose not to participate.

Psychiatrists can have an important collaborative role to ensure that dying people receive the best possible care at the end of their lives, yet evidence shows even the highest quality is not always sufficient to relieve suffering.[1] Although it is essential that inequalities are addressed, anyone concerned that socioeconomic factors could influence a person's decision-making has to acknowledge that assisted dying legislation, with upfront safeguards, puts in place protections that increase the likelihood of doctors detecting and addressing these concerns. Further, we should not ignore inequalities that the current blanket ban on assisted dying has created – those with the financial means to travel to Switzerland, the only country that allows non-residents to come to the country for an assisted death, currently have access to a greater degree of end-of-life choice than those who do not.

In addition to psychiatrists navigating the potential challenges of implementing an assisted dying law, it is vital they also play a part in considering whether the current law is fit for purpose. There is poignant evidence to suggest it is not, with people approaching the end of their lives often feeling they have no other option but to plan other ways to die on their own terms, whether this be an assisted death overseas[2] or a lonely, potentially violent death at home.[3,4]

In line with the authors' call for further research, having considered the experiences of people with terminal and advanced illness,[5] we suggest that research into the psychological harm inflicted by denying dying people the choice of assisted dying would be valuable to the debate. Ultimately, this is what is at the core of the proposed Bill, supporting individual choice.

Declaration of interest

None

References

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

We thank the authors for their interest and offer some necessary clarifications. Assisted dying is an emotive and complex issue, and the aim of our Editorial[1] was to anchor the debate within a framework of sophisticated discourse. Some issues raised by our colleagues seem to lack reason and are somewhat speculative as they are based on assumptions of premises that are unlikely to be realised.

The inconsistencies in reporting current practice in end-of-life care are inevitable given the lack of guidance or standard reporting frameworks in most jurisdictions, and this is a prevalent problem worldwide. We concur that legislation may bring more oversight