

2019.06.04

4 Deputy K.G. Pamplin of St. Saviour of the Minister for Health and Social Services regarding research into assisted dying: (OQ.146/2019)

Will the Minister provide an update on the research into assisted dying which his department commissioned at the beginning of this year and state the anticipated date for completion of this work?

Deputy R.J. Renouf of St. Ouen (The Minister for Health and Social Services):

Since my last statement to the Assembly, policy officers have focused on reviewing policy and regulatory frameworks adopted in jurisdictions that currently support assisted dying. This research and the wider international debate confirmed that medically assisted dying does raise very fundamental issues, as well as practical challenges. Examples of these include who would be eligible, including which conditions and prognoses; how we make sure we protect the vulnerable; how we assess that a patient's choice is made based on their free will and in the absence of coercion; how any introduction of medically assisted dying might affect continuity and regulation of care; whether medical indemnity would be available should a doctor want to provide the support; assessing and evidencing fitness to practice for doctors who might do so; and ensuring clarity on where decision-making responsibilities should ultimately lie. All that exploratory work has underlined and demonstrated the complexity of the issues and highlighted the need for more work.

[10:00]

Therefore, at this time, I am not able to give timescales for the completion of the work, as requested. But, in parallel to the ongoing research, dialogue has been established with the General Medical Council of the U.K. to explore how potential differences and codes of conduct and fitness to practice issues might be reconciled if Jersey was to diverge from the U.K. policy in this area. Communications are also ongoing with the Jersey Care Commission for their view on the capacity and readiness of our regulatory system to oversee future assisted dying care processes, or facilities. Officers have also met colleagues from ...

The Deputy Bailiff:

Minister, I am going to have to ask you to bring your answer to a conclusion. We are now into 2 minutes of answer against the normal yardstick of one minute 30 seconds.

The Deputy of St. Ouen:

I am sorry, Sir. I was on my final sentence. Just to say that officers have met colleagues from the End of Life Choices group for further discussion and updates.

4.4.1 Deputy K.G. Pamplin:

Will the work that the department he has just stated be made public and shared with interest parties while we wait for the next period of work to commence?

The Deputy of St. Ouen:

That would be my recommendation to the Council of Ministers, because I do not imagine this would be purely myself making a decision to move to next stages, but I think the Council of Ministers has already agreed that should there be a possibility of an introduction of assisted dying, that all this research work would be put into the public domain.

4.4.2 Deputy M. Tadier of St. Brelade:

Would the Minister confirm that neither his personal and/or religious views, if he has any, are clouding his objectivity on this particular issue?

The Deputy of St. Ouen:

I am sorry the Deputy feels that question is necessary. **[Approbation]** I am proceeding objectively, I am drawing on officer support for this consultation. I well understand the pain that people experience as they face end of life. I have seen that. Unfortunately, I have also seen some of the risks involved around vulnerable people in that area too. I can see both sides and I am approaching this objectively, wanting to put forward an evidence-based consultation exercise.'

4.4.3 Deputy M. Tadier:

The question was only deemed necessary by the answer - or the lack of an answer, rather - that the Minister has just given. He has had lots of time to prepare a consultation and it seems to be lacking on this vitally important issue. Will he confirm whether he supports the right to autonomy and self-determination of individuals generally and whether this extends to the individual's right to determine how and when they die?

The Deputy of St. Ouen:

I think the Deputy should congratulate this Government. This is, I believe, the first Government in the British Isles that has said that we, as a Government, will undertake this research and bring that research to the public for a consultation. I am certainly not in a position to say whether I support, or not and I do not believe any Member of this House should be saying so at this stage. It is a highly complex issue and we need to consider ... if our immediate inclination is to support one view or another, we need to consider, for example, how we protect vulnerable people at a difficult time of their lives, when they do not have that independence that the Deputy has spoken of.

4.4.4 Deputy J.H. Perchard of St. Saviour:

What weight will the opinion of the public bear upon the future policy on this issue?

The Deputy of St. Ouen:

That is a very wide question. I am not sure I know how to answer it. The weight will be the same as any Member of this Assembly gives it, I suppose. We want to achieve a genuine public consultation that is informed and supported by evidence. It will be for this Assembly, as any final decision maker, to apply and give due weight to what comes out of that consultation.

4.4.5 Deputy R.J. Ward:

Just to say, in the U.K. there was a survey of the population that said 82 per cent ...

The Deputy Bailiff:

Deputy, there has to be a question, it cannot be "just to say".

Deputy R.J. Ward:

There is a question coming, I promise. 82 per cent supported assisted dying. Would the Minister be prepared to undertake a similar survey in Jersey, because those results seem to be regardless of age, gender, or political persuasion? This is a cross-political issue, I believe.

The Deputy of St. Ouen:

As to how we undertake public consultation, I will seek advice from officers and all those who know how best to do these things. Indeed, there may be a questionnaire, or consultation, involved with other means of seeking the public's views. There is nothing set in stone at the moment and I would be cautious around quoting individual figures from a particular consultation, because this is such a complex issue; it often depends on how you ask the question. So, that is why we must not make decisions based on just a single piece of evidence that comes forward. We must take the whole thing in the round.

4.4.6 Senator S.C. Ferguson:

Will the Minister take into account the fact that some countries which have been applying assisted dying principles are now in fact considering withdrawing this because of the abuse of the system with regard to children, with regard to people who are not really able to ... they do not have the capability to make their own decisions? In fact, they are just being shuffled off because they are an inconvenience to their families. Will the Minister take into account these facts?

The Deputy of St. Ouen:

We are attempting to learn from all jurisdictions where this has been considered, or indeed implemented. So, if it is the case that other jurisdictions are thinking of reversing their positions, then we would seek evidence as to why that should be and the reasons for it.

4.4.7 Deputy K.G. Pamplin:

I thank the Minister for his answers and thank other Members for joining in. I would just end by asking this question: when will the Minister like to see this next stage of consultation come to its conclusion, so we can spend as much time listening to the people when we can bring this for an informed debate? We are one year down of a 4-year term; it would just be nice to have an indication from the Minister.

The Deputy of St. Ouen:

I believe the next steps that we want to take are to conclude the understanding of the position with the General Medical Council and the Jersey Care Commission. Those are very practical issues and, clearly, in this area we are not the only players. We could only do this with the support of those organisations. If we can come to a firm understanding of their requirements, then we would proceed to plan and schedule a public consultation. I am sure also gather the opinions of local healthcare professionals. But, because of that involvement with other bodies, I cannot, at this time, set out a fixed timescale. The work is going forward, I can assure the Deputy of that.