



RCPsych in Scotland



Update on RCPsych's engagement with Assisted Dying for Terminally Ill Adults (Scotland) Bill



Assisted Dying For Terminally Ill Adults (Scotland Bill) - Engagement by RCPsychiS in the legislative process

Summary of engagement:

- RCPsychiS has engaged with the legislative process throughout Stage 1 and 2
- We have maintained a neutral stance on the general principles
- We have raised concerns about aspects of the Bill
- Some have been acknowledged, others still require work to promote
- We will continue to raise Members' concerns in Stage 3
- We intend to warn that psychiatric opt-out rates may be high if our Members' concerns remain unaddressed at Stage 3
- We seek your views

Stage 1

RCPsychiS undertook extended engagement work, which began before the Bill was formally introduced to Holyrood, and which included a survey of our membership. This generated our [formal written response to the Bill](#).

The Bill was allocated to Holyrood's standing [Health, Social Care and Sport Committee](#) for scrutiny and the gathering of evidence. The Committee held 8 sessions of oral evidence taking (5th Nov 2024 to 4th Feb 2025).

Based on the written evidence provided in our submission, RCPsychiS were invited to provide oral evidence to the Committee in Week 2 of the scrutiny programme, which focussed on: "Mental health considerations, including safeguards, assessing capacity and psychological support". Dr Stephen Potts, who led RCPsych in Scotland's response (and also represents Scotland in the RCPsych's UK working group on assisted dying across jurisdictions), represented the College during the session. The evidence session took place on 12th Nov 2024 and can be [viewed here](#) with a [transcript available here](#).

In its [report on the general principles of the Bill](#). The Committee made no overall recommendation, and the Bill proceeded to a Stage 1 debate and vote, held on May 13, 2025 ([link](#)) Ahead of the debate, we briefed MSPs ([link](#)), and RCPsychiS was mentioned during the debate – with our recommendations regarding the eligibility of patients with anorexia and dementia highlighted. The Bill passed by 70 votes to 56, with one abstention, and moved to Stage 2.

Stage 2

At Stage Two, the Health, Social Care and Sport Committee considered the Bill in a series of meetings through November 2025. MSPs lodged 287 amendments to be debated and voted on by the committee, which consists of ten members. The large number of amendments raised doubts about whether the committee would be able to complete their work in the allotted time, but with early starts and additional evening sessions they did so. The debates were broadcast live via Parliament TV, with video recordings available afterwards, and full transcripts on the Parliament website ([all available here under Stage 2](#))

Via Jackie Baillie, Labour's Deputy Leader and Spokesperson on Health and Social Care, RCPsychiS submitted several proposed amendments, two of which were debated. The first, Amendment 73, proposed that "a person is not to be considered terminally ill only because the person has a mental disorder." Ms Baillie said "this amendment reflects the position of the Royal College of Psychiatrists in Scotland that mental disorders such as anorexia nervosa should not be classified as a terminal conditions under the Bill."

After debate, Jackie Baillie agreed that this amendment was covered by Liam McCarthy's own earlier Amendment 24, under which "a person is not to be considered as meeting the definition of terminal illness... only because they have a disability or mental disorder (or both)." She therefore did not move Amendment 73, and Amendment 24 was passed without disagreement.

The second amendment debated was a proposal for a central register of psychiatrists willing to participate in roles laid down for the profession in the Bill. It was discussed (but only very briefly) on November 11, and went to a vote on November 25, where it was defeated (3 for, 6 against, 1 abstention). Other changes RCPsychiS argued for in our earlier evidence were accepted (a rise in the minimum age to 18, securing opt-outs for psychiatrists from participation).

After all amendments were considered, with some withdrawn or not moved, others defeated and a proportion passing, Stage 2 ended on November 25.

Stage 3

The Bill as amended has now been published ([see here](#)) and will be considered further at Stage Three, under which all MSPs may again submit proposed amendments to be debated and voted on in the full chamber ahead of a final vote on the full Bill. This must be held before Holyrood is dissolved ahead of the next Scottish Parliament election in May 2026, and is likely to take place in February or March 2026. When a date for the Stage 3 vote is set, a deadline for the submission of amendments (probably in late January 2026) will also be fixed.

There are two potential sources of delay. The Scottish government has stated that certain areas covered by the bill (including regulation of the medical profession and the use of "approved substances") raise questions about reserved and devolved matters, which must be resolved before the Stage 3 debate is held. The Scottish and UK governments are currently working together on these matters, but if they cannot reach agreement, no Stage Three debate can be held and the Bill will fall.

Secondly, if a great many amendments are now lodged at Stage Three, it is possible that the process may not be concluded in the time allocated, and again the Bill may fall. (*In this context it is worth noting that the parallel Bill in Westminster has attracted more than 1000 proposed amendments, and that progress in dealing with them is slow*). These concerns aside, it now seems more likely than not that the Stage Three debate will proceed, and that the Bill (or an amended form of it) will pass into law in Scotland in the coming months.

RCPsychiS is currently considering further proposals for a small number of amendments at Stage Three, relating to the specifically psychiatric aspects of the Bill. These may include a further attempt to legislate for a central register of participating psychiatrists, given that discussion of this proposal at Stage 2 was so brief, and the narrow margin of the vote which defeated it. We plan to engage with key MSPs to submit a revised amendment proposing a central register on the face of the bill, with details to be addressed via subsequent secondary legislation and a code of practice. The register was presented in the debate as an opt-in list, but is more than that.

Arguments for a central register:

1. *Participation.* Our survey showed a significant proportion of members would opt-out of participation in assisted dying, but 16% would join an opt-in register.
2. *Existing models.* We already have registers of AMPs and second opinion doctors
3. *Oversight.* A central register facilitates oversight, clinical governance, and training.
4. *Second opinions.* A central register would facilitate access to second opinions in cases where patients or referring doctors disagree with the initial conclusion, but would limit "doctor shopping"
5. *Data collection and research.* A central register would facilitate routine data gathering for the purposes of activity measurement, oversight, quality control and research.

Beyond

If the Bill passes Stage 3 to become law, RCPsychiS will expect to be active in drawing up a code of practice, and this will become the main focus of our continuing work in the area.

General stance

The College in Scotland remains neutral on the general principles of the Assisted Dying for Terminally Ill Adults (Scotland) Bill, but we are keen to ensure there will be appropriate protections for people with mental disorder; that psychiatrists retain the right to opt out of participation without detriment to themselves or their patients; and that for those who do participate, the roles laid down for them align with the competencies expected of psychiatrists in other areas of practice.

We welcome contributions from members about this and other possible amendments to take to MSPs. We encourage members to discuss the issues with colleagues and Devolved Council representatives by role, region and faculty. Members can contact Jane Gordon, Policy and Public Affairs Manager to discuss the Bill and political engagement further: jane.gordon@rcpsych.ac.uk.

We also encourage members to join our Chair's drop-in session on January 8. This drop in Session will provide the opportunity to help shape the College's engagement at Stage 3 of the Bill. You can sign up by emailing: scotland@rcpsych.ac.uk.