

## **Consensus statement – concerns about ADTIA (Scotland) Bill**

We, the undersigned medical and healthcare organisations, wish to express our significant collective concern regarding recent proposed changes to the *Assisted Dying for Terminally Ill Adults (Scotland) Bill*.

The Scottish Government has now indicated that provisions relating to no duty to participate - and potentially other areas linked to professional regulation and employment protections - be removed from the Assisted Dying for Terminally Ill Adults (Scotland) Bill at Stage 3. This is on the basis that these issues are considered reserved matters, with the intention of addressing them subsequently through a Section 104 Order. The prospect of removing matters of such professional, ethical, and legal significance from parliamentary scrutiny at Stage 3, and deferring them to secondary legislation after the Bill has passed, raises important questions about transparency, accountability, and the robustness of the legislative process. These protections are central to the safe, ethical, and fair delivery of care, and to the confidence of our medical workforce who may be affected by the legislation.

We recognise that views within the healthcare professions on assisted dying are diverse. Our organisations represent members with a wide range of ethical perspectives, and we respect the differing positions held by colleagues across health and social care. While we take **no collective view on the principle of assisted dying itself**, we are unified in our concerns about the legislative process now being proposed.

### **Our shared concerns are as follows:**

- 1. Removal of key safeguards from primary legislation**  
Issues such as no duty to participate, regulatory protections, and employment rights are of significant ethical, professional, and operational importance. Their removal from parliamentary scrutiny at Stage 3 would represent a substantial weakening of the transparency and rigour expected in the development of major legislation affecting healthcare delivery.
- 2. Risk to professional confidence and public trust**  
Healthcare professionals must be able to rely on clear, robust statutory protections when legislation may require involvement in ethically sensitive practices. Addressing such protections only after the passage of the Bill - via secondary legislation not subject to the full parliamentary process - could undermine both professional confidence and wider public trust.
- 3. Inadequate scrutiny of consequential provisions**  
A Section 104 Order, by its nature, receives limited parliamentary scrutiny. Matters central to professional regulation, employment protections, and the rights of staff should not be left to a later process in which detailed debate, amendment, and accountability are significantly constrained.
- 4. Implications for safe and ethical implementation**  
If the Scottish Parliament is to consider legislation with such profound ethical and clinical implications, it is essential that all key safeguards, responsibilities, and protections form part of the primary legislation from the outset.

Our organisations remain committed to constructive engagement with the Scottish Government and Scottish Parliament as this Bill progresses. We stand ready to engage

with a legislative process that is transparent, robust, and fully informed by the perspectives of the healthcare workforce it will affect.

### Signed

- Association for Palliative Medicine (Scotland)
- Medical and Dental Defence Union of Scotland
- Royal College of General Practitioners Scotland
- Royal College of Physicians and Surgeons of Glasgow
- Royal College of Psychiatrists in Scotland
- Royal College of Surgeons of Edinburgh
- Royal Pharmaceutical Society

