

## Royal College of Psychiatrists in Scotland – Briefing for MSPs on the Assisted Dying for Terminally Ill Adults (Scotland) Bill at Stage 3

March 2026

### Items of major concern at Stage 3 – Removal of Section 18

Section 18 of the Bill contains fundamental protections around no duty to participate, as well as linked regulatory and employment safeguards. These ensure that psychiatrists - and all healthcare professionals - retain the right to opt out of involvement in assisted dying, without fear that doing so could affect their employment, career progression, regulatory standing, or workplace relationships.

The Scottish Government has indicated that these protections (Section 18) may be removed from the Bill at Stage 3 due to a lack of devolved competence, with the intention of addressing them later through a Section 104 Order. This means key professional protections would be taken out of the Bill entirely and shifted to secondary legislation that receives only limited parliamentary scrutiny.

For our members, this creates several very serious concerns:

1. Loss of clear statutory certainty

Psychiatrists must have confidence that the law protects their right not to participate in assisted dying. Deferring these protections to secondary legislation undermines that certainty.

2. Potential impact on workforce morale and retention

At a time when Scotland faces a longstanding shortage of psychiatrists and increased demand for services, even small changes to professional protections can influence morale, recruitment, and retention. Our members have repeatedly expressed that robust statutory safeguards are non-negotiable if assisted dying legislation is to be workable in practice.

3. Reputational and relational risks within clinical teams

Without Section 18 protections upheld in primary legislation, our members are concerned they could face pressure from colleagues and employers, or be placed in contentious situations without adequate legal backing.

4. A diminished legislative process on matters of major ethical importance

Moving these protections to a future UK Government Section 104 Order means that they will not receive full parliamentary debate or amendment.

It is for these reasons that we recently signed the [joint medical consensus statement of concern](#). All signatory organisations emphasise that, while we take no collective view on the principle of assisted dying itself, we are unified in our major concerns around proposals to remove Section 18-related protections from the face of the Bill.

**For these reasons, we strongly urge MSPs to understand that the removal of Section 18 would not be a technical or procedural adjustment - it would represent a serious weakening of the safeguards that underpin the professional, ethical, and legal foundations of medical practice in the context of assisted dying. We strongly encourage MSPs to vote against any Stage 3 amendments that seek to remove Section 18 or its associated protections.**

## **Priority items for RCPsychiS - central register for Psychiatry**

We also have amendments that we encourage Members to consider voting for. We believe that these amendments act as key safeguards for our membership and the wider public.

A Member has tabled an amendment at Stage 3 to establish a central opt-in register for psychiatrists who are willing to undertake capacity assessments related to the Bill. A central register would:

### **1. Ensure availability of psychiatric opinions**

Our membership survey evidence indicates that a high proportion of psychiatrists in Scotland would choose to opt out of any involvement in assisted dying. This risks leaving some parts of Scotland - and some specialist services - with no access to psychiatrists willing and able to undertake assessments. A sufficient number of members indicated willingness to join a register, especially if accompanied by protected time, making the model viable and necessary.

### **2. Strengthen oversight and governance**

Concerns have been raised internationally about “maverick” doctors undertaking large numbers of assessments without adequate oversight. A central register would ensure minimum qualification standards, proper oversight, and - if linked to limits on annual case numbers - reduce risk of poor quality or unsafe practice.

### **3. Manage second opinions and prevent “doctor shopping”**

A central register allows second opinions to be allocated fairly and transparently from appropriately qualified psychiatrists, while preventing repeated attempts to obtain a desired opinion.

### **4. Support data collection and research**

The Bill requires annual and 5year reviews, which will depend on highquality national data. A central register would enable consistent recording of requests, findings, outcomes, and reasons for decisions - information that would otherwise be very difficult or impossible to collect reliably.

### **5. A proven model already exists**

Scotland already successfully operates national psychiatric registers under the Mental Welfare Commission - Approved Medical Practitioners and Designated Medical Practitioners - demonstrating that such a system is familiar, workable, and effective.

**MSPs are encouraged to vote in favour of this amendment. It is a practical, proportionate safeguard that strengthens clinical safety and ensures appropriate specialist involvement - while respecting diverse professional views.**

**Contact**

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