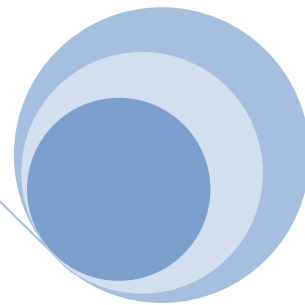
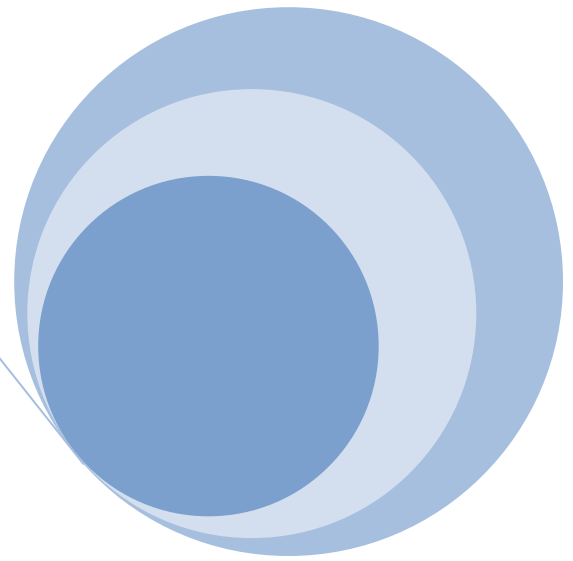
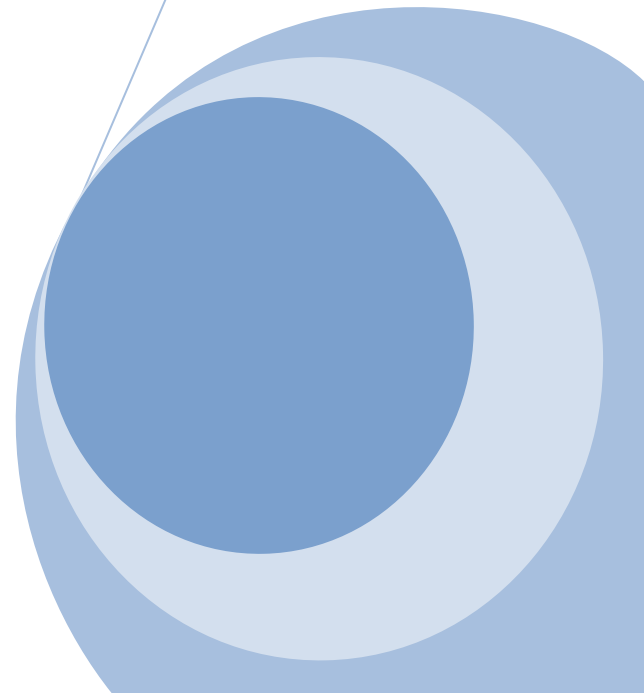


**Dignity**  
in dying  
*your life, your choice*



**End-of-life care and  
decision making –  
a review of party policies**



## **Introduction**

In light of the forthcoming General Election, Dignity in Dying has reviewed the recent and proposed policies for dealing with end-of-life issues that have been put forward by the major UK political parties. This is not intended as a means of influencing individual votes, but rather to raise awareness of these important issues, and to encourage our supporters to engage with candidates in their constituencies.

End-of-life care is a policy area that will affect all of us in one way or another, either as a patient, carer, friend or family member or in a professional capacity. It is therefore troubling that none of the parties have yet put forward a single document outlining their policy proposals and explaining their vision to improve the quality of death for all.

## **Scotland and Wales**

Most issues relating to end-of-life care are devolved to Scotland and Wales, and are therefore matters for the Scottish Parliament and the Welsh Assembly, not Westminster. Scottish National Party and Plaid Cymru MPs are able to vote on these issues as they affect England, but we would expect the parties to set out their views in relation to how these issues impact on their Scottish and Welsh constituents during the Scottish Parliament and Welsh Assembly elections.

## Funding for hospices

Of all the elements of end-of-life-care, it is the provision and funding of hospices that the political parties have been most willing to address. There are many world class hospices in the UK. However, they remain largely independent and their funding comes from a mixture of sources, with only one third being provided by the government<sup>1</sup>. As a result of this there is no universal access to hospice care for all terminally ill patients, with specific disparities based on diagnosis and postcode.

In 2008 the Labour Government announced an additional £10 million funding for children's hospices – although there has been no commitment to continue this grant for more than three years. In April 2010 they announced an additional one-off increase in funding of £30 million, with “half will go to children's hospices and half to the NHS for children's palliative care services”<sup>2</sup>.

The Conservative Manifesto 2010<sup>3</sup> proposes allocating all government funding of hospices on a per-patient basis that would see hospices funded for each patient they care for on a ‘payment-for-results’ system. However, they are yet to propose how much this funding should be or what the ‘results’

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<sup>1</sup> Help the Hospices – Hospice Accounts 2005–2008 (2009)

[http://www.helpthehospices.org.uk/hweb/get\\_Document.aspx?id=4402](http://www.helpthehospices.org.uk/hweb/get_Document.aspx?id=4402)

<sup>2</sup> [http://www.dh.gov.uk/en/MediaCentre/Pressreleasesarchive/DH\\_115311](http://www.dh.gov.uk/en/MediaCentre/Pressreleasesarchive/DH_115311)

<sup>3</sup> Invitation to join the government of Britain -

[http://media.conservatives.s3.amazonaws.com/manifesto/cpmanifesto2010\\_lowres.pdf](http://media.conservatives.s3.amazonaws.com/manifesto/cpmanifesto2010_lowres.pdf)

would be based on. They argue that hospices often take patients that would otherwise be cared for by the NHS, so they should be funded in a similar way. They have also pledged that patients will be able to direct this funding towards any willing provider that is able to meet their care needs. They have also committed to providing “£10 million a year beyond 2011 to support children’s hospices in their vital work”. The Conservative draft manifesto 2010<sup>4</sup> indicates that this additional funding will continue until their new funding model comes into force.

The Liberal Democrats have pledged more support for hospices, but are yet to provide any detailed proposals for how this will be achieved.<sup>5</sup>

Neither the Green Party nor the United Kingdom Independence Party has announced specific policies in this area. However the Green Party has pledged to divert funding ‘away from centralised facilities towards community healthcare, illness prevention and health promotion’<sup>6</sup> and that ‘community services for frail elderly people and disabled people, including those with enduring mental and physical

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<sup>4</sup> The Conservative Party – Conservative Draft Manifesto 2010: Chapter 1, our reform plan for the NHS  
<http://www.conservatives.com/~media/Files/Draft%20Manifesto/DraftHealthManifesto.a shx?dl=true>

<sup>5</sup> The Liberal Democrats – Policy briefing on health and Policy briefing on older people  
<http://www.libdems.org.uk/siteFiles/resources/PDF/Election%20Policy/08%20-%20Health.pdf>

<sup>6</sup> The Green Party – Manifesto for a sustainable society HE301  
<http://policy.greenparty.org.uk/mfss/mfsshe.html>

health problems or with learning difficulties, will be increased.’<sup>7</sup>

## **End-of-life care**

It is still the case that most people die in hospitals and that the provision for dying at home or in a hospice, which most people would prefer, is limited. Furthermore certain groups have significant unmet needs, including those with learning or mental health difficulties, those who live alone or who are from socially deprived groups<sup>8</sup>. It is therefore important for policies surrounding end-of-life care to cover a wider range of settings so that people can get the best quality care regardless of location.

In 2008 the Labour Government published its End of Life Care Strategy which made many positive changes that, if fully implemented, would notably improve access to good quality end-of-life care, regardless of location or diagnosis<sup>9</sup>. The strategy came with an additional £286 million funding for Primary Care Trusts (PCTs). The Labour Government committed to “monitoring how the new money [to support the strategy] is spent by PCTs in more detail than usual’, so that they can ‘put together a national picture of how services are developing”. However the funding itself is not ring-fenced, so

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<sup>7</sup> Ibid HE 303

<sup>8</sup> National Audit Office – End of life care (2008)  
[http://www.nao.org.uk/publications/0708/end\\_of\\_life\\_care.aspx](http://www.nao.org.uk/publications/0708/end_of_life_care.aspx)

<sup>9</sup> Department of Health – End of life care strategy  
([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_086277](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086277))

PCTs can, if they choose, spend it on services other than improving access to end-of-life care. The strategy builds upon the NHS Next Stage Review, in which Strategic Health Authorities set “the agenda for the development of services in each authority”. So far, 69 of 152 PCTs “have explicitly made end-of-life care a priority”<sup>10</sup>.

In terms of clinical practice, the strategy promotes the Gold Standards Framework and Liverpool Care Pathway. These provide guidance and outline good practice in end-of-life care in hospital and community settings.

Despite the importance of this strategy, it was launched with a short written ministerial statement in the House of Commons<sup>11</sup>, meaning that it has not been fully debated in Parliament and that the other parties’ spokespeople did not issue official responses to it. To date, no other party has made any public statement either supporting or objecting to the strategy.

In its policy paper ‘Building Britain’s Future’ the Labour Party announced that, as implementation of the End of Life Care Strategy progresses, it will look into creating a ‘right to choose to die at home’<sup>12</sup>. The Labour Party Manifesto 2010<sup>13</sup>

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<sup>10</sup> Quotations are from correspondence with the Minister for care services Phillip Hope.

<sup>11</sup> The three paragraph statement is reported in Hansard for the 17<sup>th</sup> July 2008: Vol 479 Col 24WS – 25WS.

<sup>12</sup> This forms part of one of their twelve pledges published in the document ‘Building Britain’s Future’ on 29<sup>th</sup> June 2009 ([http://www2.labour.org.uk/building\\_britains\\_future](http://www2.labour.org.uk/building_britains_future))

<sup>13</sup> A future fair for all - <http://www2.labour.org.uk/uploads/TheLabourPartyManifesto-2010.pdf>

superficially references this commitment without referring to it as a ‘right’:

...we will work with Marie Curie Cancer Care and other providers to guarantee everyone who wants it the opportunity to receive palliative care in their own home at the end of their lives

A Conservative Party policy paper ‘The National Health Service – Delivering our commitment’ proposes building on the Government’s review of end-of-life care by making sure that this includes ‘plans to co-ordinate primary and community care with hospice support’ and to ensuring that ‘24-hour community palliative care teams are available with equitable access across the country’. Another crucial aspect of this paper is its explicit recognition of the need to ‘extend [end-of-life] care beyond cancer services alone’<sup>14</sup>. However at present neither Labour nor the Conservative Party have formally adopted these policy proposals.

The Liberal Democrats have pledged to prioritise extending choice and access to palliative care and pain management services<sup>15</sup>. The Green party have a policy of promoting advocacy in the health care system, which they argue will

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<sup>14</sup> The Conservative Party Public Services Improvement Policy Group – The National Health Service – Delivering our Committeemen  
<http://www.conservatives.com/pdf/deliveringourcommitment.pdf>

<sup>15</sup> The Liberal Democrats – Policy briefing on health and Policy briefing on older people  
<http://www.libdems.org.uk/siteFiles/resources/PDF/Election%20Policy/08%20-%20Health.pdf>

assist in upholding the rights of all groups to high quality care at the end of life.

## **Refusal of treatment**

In 2005, the Labour Government's Mental Capacity Act<sup>16</sup> gave legal weight to the individual's right to refuse medical treatment. It provided two ways that people could make their end-of-life wishes known should they lose their mental capacity: Advance Decisions (previously known as living wills) and Lasting Powers of Attorney. More recently the right to refuse treatment has been enshrined in the NHS constitution<sup>17</sup>.

The Mental Capacity Act was opposed by the Conservative Party in Parliament, largely due to concerns over the withdrawal of artificial nutrition and hydration from patients without capacity. A significant number of Conservative MPs and Peers rebelled against this decision. However, since its passage there have been no proposals for changing or repealing it. Nevertheless there remain many groups outside of the political parties that have campaigned against the Act, arguing that the patient is not always the right person to decide on these issues. The Liberal Democrats were

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<sup>16</sup> [http://www.opsi.gov.uk/acts/acts2005/ukpga\\_20050009\\_en\\_1](http://www.opsi.gov.uk/acts/acts2005/ukpga_20050009_en_1)

<sup>17</sup> The Handbook to NHS Constitution

[http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Documents/COI\\_NHSConstitutionWEB2010.pdf](http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Documents/COI_NHSConstitutionWEB2010.pdf)

supportive of the Bill, most Liberal Democrat MPs also voted against the Conservative amendments.<sup>18</sup>

The Green Party will legislate to ‘provide those suffering mental distress with the opportunity to draw up individual "advance directives" thereby securing their treatment of preference in a crisis.’<sup>19</sup> They also propose changing the assumption that life-sustaining treatments should always be given to an individual approaching the end of life unless it is actively refused, and replacing it with an assessment that would attempt to determine what a patient’s wishes were, even if they have not been clearly stated in an Advance Decision. They believe ‘that when the quality of life is poor (e.g. due to severe dementia) life-prolonging treatments such as influenza vaccines and antibiotics should not be given routinely without consideration of the whole situation including the wishes of the patient and relatives’<sup>20</sup>.

## **Assisted dying**

The three main parties have pledged that MPs and Peers should have a free vote on any proposal to introduce assisted dying for terminally ill, mentally competent adults, and that this is not a party political issue. However, both Gordon Brown<sup>21</sup>

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<sup>18</sup> A detailed breakdown of voting and links to relevant sections from Hansard can be found on the web site [www.publicwhip.org.uk](http://www.publicwhip.org.uk) by searching for ‘mental capacity bill’

<sup>19</sup> The Green Party – Manifesto for a sustainable society HE327

<http://policy.greenparty.org.uk/mfss/mfsshe.html>

<sup>20</sup> Ibid HE301

<sup>21</sup> <http://www.guardian.co.uk/society/2009/mar/20/gordon-brown-assisted-suicide>

and David Cameron<sup>22</sup> have gone on the record to state their personal opposition to any change in the law. There has not been any opportunity for MPs to vote on the issue since 1998; however recent votes in the House of Lords have drawn both support and opposition from all parties.

The Liberal Democrats pledged in 2004 to introduce legislation that would legalise assisted dying for patients with a terminal or severe, incurable and progressive physical illness<sup>23</sup>. This would be limited to patients who express a voluntary, well considered and persistent desire to die motivated by existing or inevitable unbearable suffering. Patients would be required to request an assisted death in writing, after consulting with doctors, which will be submitted for a health audit and inspection by a national commission, reaffirmed after a cooling off period and countersigned by a solicitor who is satisfied that all of these requirements have been met. The Liberal Democrats believe that doctors should have a right of conscience not to assist a patient's death, so long as they refer that patient to another doctor who will.

The Green Party believes that everybody should have a right to an assisted death within a framework of safeguards and protections. These will include: independent advocacy and

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<sup>22</sup> <http://www.dailymail.co.uk/news/article-1215154/Assisted-dying-danger-society-says-David-Cameron.html>

<sup>23</sup> A policy motion to this effect was passed by the Liberal Democrats at their Spring Conference in 2004. At present access to the motion on-line is restricted to party members.

counselling; good quality palliative care and the treatment of any incidental illnesses including mental health disorders; an assessment of mental capacity; the involvement of relatives at all stages of the process; a patients' right to revoke a request for an assisted death at any time; and a healthcare professionals' right to refuse to assist a patient's death<sup>24</sup>.

Assisted dying is a devolved matter in Scotland, but not Wales, and Scottish MSPs are currently considering a Bill that would change the law in this area, with all parties offering a free vote to their members. Plaid Cymru have pledged to give their MPs a free vote on the issue should it be debated in Parliament, however the United Kingdom Independence Party has made no statements on this issue.

All policies contained in this analysis reflect only those statements made by each party at the time of writing and remain open to change in the run up to the General Election.

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<sup>24</sup> The Green Party – Manifesto for a sustainable society HE301  
<http://policy.greenparty.org.uk/mfss/mfsshe.html>