

References to *Good medical practice* updated in March 2013

# When a patient seeks advice or information about assistance to die

- 1 Doctors face difficult challenges in responding sensitively, and compassionately, to a patient who seeks advice or information about hastening their death, while ensuring that their response does not contravene the law by encouraging or assisting the patient to commit suicide.
- 2 *Good medical practice* makes clear that listening to patients, providing them with information, and respecting their decisions and choices, are integral parts of good practice. Doctors must:
  - a show respect for human life
  - b make the care of their patient their first concern
  - c follow the laws, our guidance and other regulations relevant to their work
  - d ensure that their conduct at all times justifies their patients' trust in them and the public's trust in the profession
  - e listen to patients and respect their views about their health
  - f provide patients with the information they want or need so they can make decisions about their health or healthcare, and answer patients' questions honestly and, as far as is practical, as fully as patients wish
  - g treat patients as individuals and respect their dignity and privacy
  - h respect competent patients' right to make decisions about their care, including their right to refuse treatment, even if this will lead to their death\*
  - i provide good clinical care, including treatment to address patients' pain and other distressing symptoms.

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\* A patient who dies as a result of the natural progression of their disease, following the refusal of life-prolonging treatment, does not commit suicide. *Airedale NHS Trust v Bland* [1993] 1 All ER 821, *Re JT (Adult: Refusal of medical treatment)* [1998] 1 FLR 48 and *Re AK (Medical treatment: Consent)* [2001] 1 FLR 129

- 3 In addition, guidance on *Treatment and care towards the end of life: good practice in decision making* sets out doctors' obligations to:
- a discuss with patients their treatment options (including the option of no treatment) and plans for future treatment, including the kinds of treatment or care patients would want – or would not want – when they can no longer make or express their own decisions
  - b create opportunities for patients to raise concerns and fears about the progression of their disease and about their death and to express their wishes.
- 4 It also makes clear that doctors are not required to provide treatments that they consider will not be of overall benefit to the patient, or which will harm the patient.
- 5 Where patients raise the issue of assisting suicide, or ask for information that might encourage or assist them in ending their lives, respect for a patient's autonomy cannot justify illegal action.\*
- 6 Doctors should:
- a be prepared to listen and to discuss the reasons for the patient's request
  - b limit any advice or information in response, to:
    - i an explanation that it is a criminal offence for anyone to encourage or assist a person to commit or attempt suicide, and
    - ii objective advice about the lawful clinical options (such as sedation and other palliative care) which would be available if a patient were to reach a settled decision to kill them self.

For avoidance of doubt, this does not prevent a doctor from agreeing in advance to palliate the pain and discomfort involved for such a patient should the need arise for such symptom management.

- c be respectful and compassionate and continue to provide appropriate care for the patient
  - d explore the patient's understanding of their current condition and care plan
  - e assess whether the patient has any unmet palliative care needs, including pain and symptom management, psychological, social or spiritual support.
- 7 It's important to note that, nothing in this guidance prevents doctors from prescribing medicines or treatment to alleviate pain or other distressing symptoms. *Treatment and care towards the end of life: good practice in decision making* places a duty on doctors to provide such care, and includes references to sources of clinical guidance on pain management.†

**Note:** You should also read the separate *Guidance for the Investigation Committee and case examiners when considering allegations about a doctor's involvement in encouraging or assisting suicide*.‡ It covers matters such as subject access requests under the *Data Protection Act*, writing reports, and compassionate actions by doctors who are patients' family members.

\* Doctors who are uncertain about how a particular action might be viewed in law must seek up to date legal advice. This can be obtained from a defence organisation, professional association or an employer's legal department.

† See references in *Treatment and care towards the end of life*. [www.gmc-uk.org/guidance/ethical\\_guidance/end\\_of\\_life\\_sound\\_clinical\\_judgements.asp](http://www.gmc-uk.org/guidance/ethical_guidance/end_of_life_sound_clinical_judgements.asp) and <http://www.nice.org.uk/guidance/CG140>

‡ [www.gmc-uk.org/DC4317\\_Guidance\\_for\\_FTP\\_decision\\_makers\\_on\\_assisting\\_suicide\\_51026940.pdf](http://www.gmc-uk.org/DC4317_Guidance_for_FTP_decision_makers_on_assisting_suicide_51026940.pdf)