

STATES OF DELIBERATION
of the
ISLAND OF GUERNSEY

16th May, 2018

Proposition No. P2018/24

AMENDMENT

Proposed by: Deputy G A St Pier
Seconded by: Deputy H J R Soulsby

REQUETE

ASSISTED DYING

To delete all the propositions and replace them with the following:

1. To agree that effective capacity legislation, to which the States is already committed, is essential in any event but to further agree that an assisted dying regime shall not take effect in Guernsey until capacity legislation (and any relevant implementing provisions) shall have been enacted and is in force.
2. To acknowledge that the Human Rights (Bailiwick of Guernsey) Law, 2000 already gives statutory protection in relation to human rights and freedoms guaranteed under the European Convention on Human Rights but to further agree that an assisted dying regime shall not take effect in Guernsey until as a minimum:
 - a. a legal framework ensuring non-discrimination and equality for disabled people, consistent with the UN Convention on the Rights of Persons with Disabilities shall have been enacted and is in force;
 - b. the completion of outstanding work enabling the States to seek UK extension of the international human rights conventions to which it is already committed, in particular the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), Convention on the Rights of the Child (CRC) and Convention on the Rights of People with Disabilities (CRPD); and
 - c. an independent body concerned with islanders' equality and rights, consistent with the States' Disability and Inclusion Strategy has been established and is in operation.

3. To direct that the Policy & Resources Committee shall establish an independently chaired working party (“the Working Party”) with such membership as it sees fit. The Working Party shall consult widely, for example, with members of the public, the Committees *for* Health & Social Care, Employment & Social Security and Home Affairs, the Guernsey Disability Alliance, relevant UK bodies such as the General Medical Council and the British Medical Association. The Working Party shall report back (“the Report”) to the States of Deliberation as soon as reasonably practicable, cognisant that it will be necessary for the requisite resources to be sourced and prioritised in accordance with the normal prioritisation processes of the Policy & Resource Plan alongside competing policy priorities. The Report shall make recommendations for the development of a legal regime to permit ‘assisted dying’ i.e. available only to terminally ill adults resident in Guernsey with mental capacity and less than 6 months to live, based, for example, on the extant regimes in Canada or the State of Oregon. The Report shall include consideration of and recommendations pertaining to:
 - a. how to ascertain the operational effectiveness of the capacity legislation referred to in proposition 2;
 - b. legal and professional issues;
 - c. the definition of ‘terminally ill’ and how that shall be determined in respect of an individual;
 - d. the definition of ‘residency’;
 - e. requirements to prevent coercion of the individual, protect ‘vulnerable persons’ and otherwise mitigate against abuse of the legislation, including:
 - i. a definition of ‘vulnerable persons’;
 - ii. the numbers and roles of any doctors, nurses or other health care professionals involved in the process; and
 - iii. whether prior judicial approval should be a requirement of the process;
 - f. provisions for conscientious objection by any person; and
 - g. any ongoing resource implications.
4. To direct that the Policy & Resources Committee liaise with the States of Alderney to consider whether and how the States of Alderney and the States of Guernsey could work together in order to develop a suitable policy and legal regime to permit assisted dying in both islands.
5. To instruct the Committee *for* Health & Social Care, in accordance with the resolutions of Article 12, Billet d’État XXIV of 2017 (“A Partnership of Purpose: Transforming Health and Care”) and the resolutions of the States

contained within the Policy & Resource Plan, and in light of the ageing population and the substantial anticipated increase in health and care needs over the next ten to twenty years:

- a. To consider the measures necessary to improve quality of life and health outcomes for all islanders towards the end of their lives, including:
 - I. improvements in the provision, availability and/or affordability of community services, primary care, aids and adaptations, and long-term care;
 - II. greater investment in person-centered care for all who require health and care services on an ongoing basis, and recognition and support for the friends and family who surround them, especially those who have caring responsibilities towards them; and
 - III. possible developments in end-of-life care, such as increasing the hours of provision of specialist palliative care, the on-island availability of specialist consultants, the provision of counselling and support services, and/or the provision of alternative medication and technologies for pain relief;
- b. For the avoidance of duplication, to consolidate this work as far as possible with relevant ongoing workstreams under the Partnership of Purpose, the Supported Living and Ageing Well Strategy, and the Disability and Inclusion Strategy; and
- c. Having consulted with the Policy & Resources Committee and any other relevant States Committees, to report back to the States as soon as practicable, but by June 2020 at the latest, with recommendations and propositions for ways in which such improvements and developments could be implemented along with resource implications.