

Springhill Hospice Statement on Assisted Dying/Assisted Suicide

Purpose

Springhill Hospice recognises that AD/AS is a complex and emotive issue, posing a challenging issue for everyone in society. Our hospice is respectful and considerate of people's varying views on the issue, and we respect the right of everyone to their own individual viewpoint on AD/AS.

For us, what is important is that people continue to talk about death and dying. The 2024 House of Commons Health and Social Care Report says *"a common theme across the evidence was the pursuit of the very best end-of-life care, and what many witnesses called "a good death", where the person dying was cared for with compassion and high-quality care and provided with as much agency and choice as possible."* We support this.

Hospice care ethos

"You matter because you are you and you matter until the last moment of your life. We will do all we can, not only to help you die peacefully but to live until you die."

Dame Cicely Saunders, founder of the UK hospice movement.

The hospice movement is one of the UK's great success stories, providing specialist palliative care to effectively alleviate the suffering of patients with life-limiting illnesses, changing the way they are treated and improving their quality of life. At Springhill, we are committed to the hospice care ethos. Our mission is Making Every Moment Count: Working collaboratively to provide the highest standards of physical, psychological, and spiritual care to our patients and those who love them. We care for patients throughout their illness, helping to improve their wellbeing and quality of life. We also provide compassionate, dedicated, and dignified care for patients at the end of their life.

Note on Definitions

Assisted Dying/Assisted Suicide: We have chosen to use the term "assisted dying/assisted suicide" (hereafter abbreviated as AD/AS) when talking about all types of physician-assisted deaths, including self-administration of the lethal drug required to die, as well as physician-administered deaths (often referred to as euthanasia). The choice of terminology is intended to be as inclusive and neutral as possible and is not intended to reflect a specific stance on the issue.

Withdrawal of treatment: Hospices work within the guidelines and legal framework of withdrawal of treatment. What is important is that this is withdrawal of treatment and not withdrawal of care. The care provided to our patients ensures the comfort of a dying patient and a "good death".

Our priority is enabling 'assisted living'

Improving the quality of people's lives is the most important thing, and we should therefore be focusing on 'assisted living' rather than assisted dying/assisted suicide.

Our priority is the patients in our care and their loved ones. Hospices consider the whole person. Everyone has their own thoughts and preferences around the end of their life, and our hospices listen to each individual and their loved ones so that we can focus on what is important to them and try to meet as many of their wishes as possible.

We endeavour to support patients to achieve the best possible quality of life, leading to a natural death, and experience shows that good hospice care can dramatically and positively change the way a person feels about their life.

Our care extends beyond the treatment of physical symptoms to consider the emotional, psychological, spiritual and social needs of our patients and their families, children and loved ones, both before and after bereavement. We also try to support people where they need (and want) it, whether as in-patients, or in their home or community.

Improving access for all to high-quality palliative and end-of-life care

Our focus is on the right of every individual to be well cared for up until the time of death, and on improving access to palliative and end-of-life care for all, no matter their diagnosis, where they live or who they are.

Springhill Hospice believes there is much more that can be done nationally to improve access and services for people living with life-limiting illnesses. There is still a disparity around the level and quality of end-of-life and palliative care received by patients in different parts of the UK, and this also varies depending on which community they live in. We believe that the focus should be on removing this postcode lottery of care and ensuring everyone receives the same high-quality care.

We must ensure that all those across Heywood, Middleton and Rochdale who could benefit from hospice care are aware of the wide range of services and support that our hospice provides, and are able to access them should they choose to do so.

We will continue to raise awareness of our services across the borough, challenge common misconceptions about hospice care, encourage people to talk about issues relating to death and dying, and work to ensure that we are truly inclusive to all those in our diverse community.