





BASW Position Statement - Social Work Support to People who are Dying

BASW is the Professional Association for Social Workers in the United Kingdom. We seek to promote best practice in social work and to secure the well-being of social workers.

BASW is frequently asked to explain the position of the social work profession on current issues. These position statements seek to explain positions that we express on issues that arise frequently. They comprise statements in **bold** and commentary in *italics*. The commentary seeks to reflect our Code of Ethics, the views of our members expressed through our democratic structures, and our understanding of social work internationally as a practice-based profession and an academic discipline.

BASW expects social workers to act at all times in accordance with the Code of Ethics for Social Workers, and provides support to help them to do so.

This position statement is about clarifying the key principles underlying good practice in social work with people who are dying and their families: and the societal and legal context needed to underpin this practice. It also has relevance for all social workers, particularly those working with older people and those severely disabled or ill, including those with mental health issues.

1. The time when a person is dying and their death is one of great significance to them and all their family and friends. It is essential that social workers should fully adhere to their code of ethics and provide sensitive, consistent, evidence-based social work support to all concerned.

Commentary Social work practice is based on the recognition of the equal, inherent worth and value of all people (BASW Code of Ethics p5). Social workers may practice in specialist settings such as hospices and hospitals, or may encounter the need to support those who are dying in any other services, including children's services. Good quality palliative care is holistic, based on enabling the person who is dying to have a good quality of life, recognising their individual spiritual, emotional, cultural, medical and practical needs.

Surveys on public attitudes to death indicate most people want to be surrounded by loved ones (83%) and to be pain-free (78%) (Presentation by Preth Rao, Head of Policy and

Campaigns, Sue Ryder, to Choice at End of Life All Party Parliamentary Group on 28 January 2015). Many things can get 'emotionally heightened' around the time of a death, including individual and family tensions. Carers' responsibilities may become onerous and/or overwhelming. How such matters are resolved can have lasting implications for carers, close family and friends in the future. It is important that social workers recognise the diversity and complexity of such situations and have time to ensure that no-one feels abandoned, isolated, or left overwhelmed.

The concepts of 'shared care' and ensuring people feel 'supported and accompanied' at these times are central to good practice.

2. Social workers should ensure they are well prepared and able to undertake a safeguarding role, if required, in relation to a person who is dying.

Commentary Social workers in all settings have responsibilities for recognising the need to safeguard adults and children. Social workers with statutory responsibilities have a duty to protect their service users from harm and abuse, be it by acts of commission or omission. When someone is dying their increasing physical weakness may make them more vulnerable to emotional, physical, and/or financial abuse or self-harm. The abuse can be perpetrated by family members, carers, health or social care practitioners, or anyone in a position to exploit the person and situation. Social workers should keep themselves updated in relevant literature and research (BASW Code of Ethics, Ethical Practice Principle 14 p15) and should exercise authority appropriately to safeguard people with whom they work and to ensure people have as much control over their lives as is consistent with the rights of others. (BASW Code of Ethics, Ethical Practice Principle 6 p13).

3. The law and agency practice should uphold the human rights to life and freedom from inhuman and degrading treatment (Articles 3 and 5, Universal Declaration of Human Rights). No dying person should be encouraged to take their own life by any individual or any societal, legal or institutional influences.

Commentary The present legal position is that 'active euthanasia' or 'assisted suicide/dying' is against the law in the UK. However, 'passive euthanasia', where death will be caused by withholding or withdrawing life-preserving treatment, is lawful; and across the four nations of the UK, either under legislative provisions or under the common law people can make 'advance statements' about what life-preserving treatment they might wish to have withdrawn or withheld.

There have been several attempts by individual Members of Parliament to bring in legislation which would make 'assisted' suicide/dying lawful (as it is in Oregon in the US and a few European countries). The Campaign for Assisted Dying (formerly the Euthanasia Society) linked to the charity Compassion in Dying has spearheaded these efforts, whilst disability, doctors' and many religious groups are opposed to such law

changes.

BASW's PEHR Committee is of the view that any proposed law changes should be considered with extreme caution as there are very significant dangers in any compromising or undermining of the inherent value of all human lives.

Our society, historically and currently, has discriminated against those with severe disabilities, chronic illness and /or old age. Any 'dependency' tends to be viewed as socially undesirable rather than something which is part of life (for example 'bed blockers', 'benefit scroungers'). These attitudes can often be internalised by people, consciously or unconsciously. (In two states of the USA where there is legislation for assisted dying, percentages of those using it who "indicated that they were doing so because they felt that they were a burden on their family and friends" were 40% in Oregon and 59% in Washington - quoted in House of Commons debate 11th September 2015, Hansard column 661). The social work profession has a responsibility to highlight these issues and the need to have a social environment in which people's lives are valued, maintained and supported.

The social work profession also has experience and evidence of the need to safeguard adults and children from abuse. Should any legislative changes be proposed, the profession has a particular responsibility to ensure that this issue is fully considered by Parliament and the general public. Firm and tight medical and legal safeguards would be required so no-one can be pressured in any way to die. The institutionalisation or normalisation of an expectation that anyone will choose to end their life should be totally avoided so that any' right to die' never becomes a' duty to die'.

Other implications of any law changes for consideration are how family tensions, anxiety and disagreements, even stemming from deeply caring motivations, might be exacerbated. Also, there is difficulty in accurate medical prediction of outcome, as to whether someone is actually dying, particularly in relation to frail elderly people, whilst some younger people may live happily for years longer than predicted.

4. Social and Health policies which maximise support to those who are dying and minimise external pressures should be adopted, this should include access to free social care.

Commentary Whilst everyone has access to free health care, access to comprehensive specialist support and holistic care in hospices or at home is not universally available. Extra resources and training are required to ensure good practice in pain control and the proper integration of support to those who are dying, whether in their own homes, hospitals, or residential care. Free social care for all who are dying would assist this. All extra benefits and services must be provided in a timely and effective manner.