Recently there has been a cultural shift away from paternalism and towards the empowerment of patients to make decisions about their own care. Nowhere is this change more pertinent than at end of life.

Palliative medicine has always led the way in treating people as individuals and we can now see this being embedded in other specialisms. Despite the uptake of planning tools such as Advance Decisions and Lasting Powers of Attorney being low, campaigns to encourage the public to think about and plan for their own death are growing.

More importance is being placed on the requirement for doctors to have the appropriate training and skills to be able to instigate conversations about end-of-life preferences. In order to ensure these preferences are respected it seems likely that systems that record them and enable sharing will need to become more rigorous and widely available.

These developments are being echoed in the Courts. Recent landmark cases have reinforced the idea that sustaining life at all costs is not always what the person wants and therefore not always in their own best interests. When considering judgments around treatment withdrawal, greater emphasis is being placed on obtaining the views of the person themselves and, if that is not possible, the views of loved ones on what they would have wanted.

There is less unity of opinion on the issue of assisted dying. Recent attempts to change the law in Parliament have been rejected and the British Medical Association, Royal College of GPs and Royal College of Physicians all oppose such a move. Yet perceived medical opposition stands in contrast to polling that suggests a large majority of the public want assisted dying to sit alongside other end-of-life choices. And Britons who can afford to have an assisted death at Dignitas in Switzerland go there at a rate of one every eight days.

Around the world an increasing number of jurisdictions have introduced legislation that offers dying people control over their deaths, while at the same time emphasising the importance of increasing access to palliative care. In the last two years laws have been passed in California, Canada and Australia. There is a growing body of evidence of how these laws work in practice. But in the UK many claim that it is not possible to provide greater choice at the end of life without compromising the protection of vulnerable people or undermining the fundamental values of the medical profession.

This event will bring together key figures from many sides of these important issues. The aim of the event is to explore how the concept of choice sits within current end-of-life practice and to question whether or not assisted dying is complementary or contradictory to the notion of person-centred care.