I am writing to state my opposition to the End of life assistance bill (Scotland). I am against this bill in principle and have serious concerns regarding its possible introduction. I am a doctor working in palliative care and have some experience in discussing such issues in real life settings. In my own work I strive to alleviate suffering at the end of life and to uphold the dignity of patients. I have met many people who request their lives to be ended but do so for reasons of feeling burdensome to others, fear and depression. Many of those people go on to receive quality care that allows them to engage with life again rather than seeking its premature end.

I also oppose this bill as it devalues life and those with serious illnesses. Although I recognise that not all suffering can be addressed at all times, I do not think that society should move from a caring approach to one in which we end life as a solution. As a doctor I would feel I should have no part in killing or assisting dying as part of delivering care.

In reference to the questions you have outlined:

1. Do you agree a person should be able to request end of life assistance from a registered medical practitioner?

No: I believe the role of the doctor is provide care and promote health. Involving doctors in assisted suicide or euthanasia dramatically alter the doctor patient relationship.

2. Are you satisfied with the requirements for age and connection with Scotland as set out in the Bill?

No: I do not believe the arrangements should be introduced for any person of any age.

3. Are you satisfied with the two categories of people who would qualify to be assisted under the terms of the Bill?

No: I am particularly concerned about the inclusion of those without terminal conditions and feel this sends a message to such persons that they are not valued.

4. The Bill outlines a several stage consent and verification process that would be required to be followed for an eligible person to receive end of life assistance. Are you satisfied with this process?

No: this process does not include any input from palliative care specialists and may not fully provide an alternative view.
5. Do you consider the level and nature of safeguards as set out in the Bill to be appropriate?

**No:** The safeguards are poorly described with little thought given to a monitoring system. Furthermore there is nothing within the bill which provides safeguards for doctors who would not participate in assisted suicide.

6. Do you have any other considerations on the Bill not included in answers to the above questions?

In addition to my above comments I would point out that the practical implications for carrying out assisted suicide in hospital or hospice are great. Deaths do not occur in isolation but affect those around them. Assisted death has the potential to cause harm to many others connected with the person involved.

I am grateful that you will consider these concerns.

Dr Deans Buchanan
22 April 2010