End of Life Assistance (Scotland) Bill

Marion Ford

As an employee of an Independent Hospice proving specialist palliative care to patients within the hospice and in their own homes I feel very strongly against the aims of this Bill. The questions outlined in the Bill to be answered presuppose an agreement with the aims of the Bill and as I am strongly against the Bill in any form I will concentrate on these general issues.

The title of the Bill is misleading to all as it is in fact ‘Assistance to End Life’ that is proposed not ‘End of Life Assistance’. Suicide is what is being proposed and should never be confused in anyone’s mind with assistance at the end of life.

The ‘formal request’ is a very difficult concept to define. Even with the details in the Bill it does not clarify a general conversation between patient and healthcare professional about death and dying without the thought having to be given to the ‘formal request’ being made.

In my limited clinical experience it is very difficult to predict the end of life for a patient as each and every case will be different. Many given just a few weeks to live often last longer. The term ‘terminally ill’ does not indicate a definite time frame and people can often live for a considerable time with a terminal illness.

The term ‘intolerable’ is very subjective and can change from hour to hour and be very dependent on personal circumstances i.e. family support, being a burden.

Palliative end of life care and support varies greatly from case to case and whilst every effort should be made to mitigate pain and distressing symptoms, assistance to help someone commit suicide is not the answer.

To imply the concept of ‘dignity’ to the act of suicide is insulting to all the carers and healthcare professionals who commit their lives to supporting and caring for terminally ill patients at the end of life. This is a gross misuse of the word.

The pressure and difficult position this Bill would place on all healthcare professionals and carers cannot be underestimated. Staff and carers who do not believe in suicide would have to direct patients to another professional who is not familiar with the patient’s history to take their request forward. Healthcare professionals would be pressurised into defining ‘end of life’ timeframe and deciding on what is ‘intolerable’ all of which would seriously affect the patient/ carer relationship.
Like the Abortion Bill, which was originally thought to be for only a few and is today quite readily available and thought of as ‘normal’ and ‘accepted’, I fear would be the future for this suicide bill.

I do not believe this Bill is being driven by people who are actually in the set of circumstances proposed. These people by nature of the Bill would be long dead. It is a fear of the future and of dying itself that has prompted this Bill.

Life is precious and it is against my religious beliefs to advocate or support the suicide of any human being.

Marion Ford
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