I wish to draw your attention to my concerns about the End of Life Assistance (Scotland) Bill which is currently before the Scottish Parliament. I am a recently retired doctor. Most of my career was spent in General Practice. I had an interest in Palliative Care throughout this time and for ten years held a sessional appointment in the local hospice unit. For the last four years of my career I worked full-time in Palliative Care.

As a Christian, I object to a law which is contrary to the principle of the sanctity of human life. I realise that others may not share this view, but as a member of the public, I have a duty to draw the attention of my representatives in the Scottish Parliament to something that I believe to be wrong and potentially harmful.

Whether or not one has moral or spiritual objections to this Bill which appears to allow for euthanasia as well as physician assisted dying, it has to be recognised that there are serious risks to public safety in the proposals. Although I understand that the proposed law is aimed at helping people who are already determined to find a way to end their lives, it would be very easy for others who are depressed or feel they are a burden to their families or the nation to go down the same road. Any law should be for the protection of the majority of the population, particularly the vulnerable, rather than to provide “rights” for a vocal minority.

The scope of the proposed law includes not only terminally ill people but others with chronic degenerative illnesses, people incapacitated in accidents and indeed incapacitated in any other way who “find life intolerable.” This would appear to be an attempt to legalise euthanasia on demand. I believe this would be very damaging to our society.

The role of the doctor would change radically under the proposed legislation and the doctor-patient relationship would no longer be based on trust. The same doctor who would normally provide care to the dying would now be asked to help kill rather than care. Who will the vulnerable patient be able to trust or confide in? I do not believe that many doctors in Scotland would be happy to work under such conditions and that even fewer would actually participate in providing “end of life assistance” as described in the Bill. Please note that the aim of Palliative Care is to “provide or administer the appropriate means to enable a person to die with dignity and the minimum of distress” while valuing that person as an individual and striving for the best possible quality of life until the moment of a natural death.

I have been privileged to see the development of Palliative Care in Scotland and know that for most patients symptoms can be effectively controlled particularly when time is devoted to their social, psychological and spiritual needs as well as physical needs. I fear that the proposed legislation would
hinder further developments in this area. One cannot promote euthanasia and at the same time commit resources to developing Palliative Care and I suspect that at the end of the day the cheaper option, euthanasia, would win.

Having seen the Abortion Act 1967 debated and come into force, I am very aware of the “slippery slope” argument. In the debates in the 1960s the sanctity of human life was a significant objection but this was over-ridden. The Abortion Act itself was said to be to help those who would have previously suffered at the hands of back street abortionists. However, it soon became abortion on demand. There was no protection for the vulnerable. Over the years attempts have been made to loosen the controls on abortion and there are those who suggest that it is a mother’s duty to abort a child thought to be handicapped. If the End of Life Assistance (Scotland) Bill were to be enacted, I could see how an ever-widening group of people would be able to request euthanasia, how pressures could be brought to bear to request euthanasia (“your care is too much of a burden, It’s too costly”) and then it could become a “duty” to request euthanasia. Over the years I received requests for abortion because “The child might be abused” i.e. It is safer to kill the child in utero than it possibly have some difficulties in the future.

“I’ve not been in my job long enough to qualify for maternity benefit -either change my expected date of delivery on the forms or send me for an abortion” i.e. I value this life in monetary terms only.

I have also had to support parents of handicapped children when they were faced with people who told them that should have had the children aborted. I could see similar thinking applied to end of life assistance.

As the proposed law is discussed, we have the opportunity to decide what sort of society we want to live in - one where human life is valued and those with difficulties are given the opportunity to have the best quality of life possible or one where human life is of less value and will inevitably become of lower value in the future.

I request that you take this into account as you consider the End of Life Assistance (Scotland) Bill.

Maureen Gowans
22 February 2010