I write in the light of the consideration being given to the End of Life Assistance Bill; and would wish to submit the following observations and concerns.

When "human dignity" is mentioned in the discussions on this matter, there is a tendency to assume that a dignified death, or death with dignity, can only be assured by some form of proactive assistance being given to bring a person's life to an end. I question this very seriously, having had experience of the care of the Hospice movement, and more general hospital situations whereby a person is treated and helped with the utmost dignity, over the period it has taken for death to come naturally. That is assisting death with dignity.

Human life must be prized, and even in extremis, no one should be given the right or authority to take it from the person to whom it uniquely belongs.

I consider the terms of the Bill far too loose in parts: e.g., what constitutes someone's life being "intolerable"? Is it intended in the wording of the Bill to connect "intolerable" inseparably with "permanently incapacitated" and "not be able to live life independently"? Even if so, there are some people who are physically incapacitated, who have to depend on others, who might understandably find their situation intolerable, but for whom assisted suicide would be far from being the appropriate action as a solution. There is no definition as to what constitutes, or what must be the extent of, permanent physical incapacity. If these categories: permanent physical incapacity, not able to be independent and life intolerable are not intended to be inseparably understood together, the looseness of the wording is even more alarming.

If this Bill should become law, and a patient requests that medication be given to assist their suicide, there appears no means for a doctor to opt out, who objects conscientiously to the requirements of this Bill.

There is also no indication in the Bill as to what means of assisting someone's suicide would or would not be legal. Can the assumption (if it is the assumption), that it would be by medication, be left unspecified in an issue as serious as this??

Have not the Westminster and the Holyrood Parliaments already discussed this several times in the relatively recent past, and come to a mind that this should not be allowed in this country. While clearly it is open to any individual to reopen a subject, the considered mind of both Houses has already been carefully expressed and confirmed. This Bill flies in the face of that.

I strongly hope and urge that this Bill will not be allowed to go further, and certainly not become law in Scotland.
I appreciate the opportunity to submit these points to you and your Committee.

Rev Dr Ben Johnstone
21 April 2010