End of Life Assistance (Scotland) Bill

Judith King

I have four interests in this subject:

1. As a qualified nurse with much experience of Intensive/critical care, Coronary Care and Accident Service as well as general nursing including terminal care.
2. As a teacher of ethics on the Diploma of Medical Receptionists and Secretaries.
3. As a daughter of a mother who suffered from suspected PSP, the ugly sister to Motor Neurone Disease. The condition portrayed on the BBC drama “A Short trip to Switzerland”.
4. As someone with an incurable chronic illness but which is not life threatening.

As a nurse and teacher I feel we have muddied the waters regarding allowing-to-die and actively killing. To me there is a huge difference between the two and we mix them at our peril. People who wish to be allowed to die should be allowed to have autonomy on their bodies and die with dignity, especially when much traumatic surgery has already been endured and further treatment will not help. Also I believe that pain relief is key, even if it hastens death; this is not actively causing death but giving the best quality of life for as long as life is there.

Patients who request, or it is felt should not be resuscitated should have the same right. Medical intervention is not always the best option and sometimes in ITU part of the stress on staff is whether we did a patient any favours if he were left long term in a coma. Of course you wouldn’t know that initially and so no amount of effort is spared in saving the life in the first instance and worth it for those who make a full recovery. It is known that it is easier to put someone on a ventilator than to take them off because of the ethical issues as against the practical ones.

I have an elderly friend who is almost suicidal with pain sometimes and a drug called voltarol, which is readily available, works to restore her mood and her quality of life easily (she would not commit suicide but there is a level of pain that makes life feel unbearable and is a known medical fact). She is not prescribed this drug because it may damage her kidneys and cause renal failure. If I were her I would be tempted to take the risk but the GP, scared of being found negligent I suspect, will not prescribe it. This is the sort of dilemma we have created and if life for many sufferers was worth living we would not need this debate. I suggest that giving a drug that may cause harm (but may not) is totally different from injecting something that will only cause harm which is the step you get to if people are in too much pain to want to live. Let us treat the disease even if the dosages of drugs needed may shorten the life.
My mother died slowly from a disease that robbed her of movement, speech, the ability to eat solids, she choked easily; it was a nightmare to watch. I suggested to her once that I would understand if she wanted to give up the fight and slip away. There was no suggestion that we would endorse suicide just that she could give up the fight and we would understand. Despite all the limitations on her she was very hostile to the idea and just because I wanted her to not suffer any more did not mean that she wanted die, despite believing she would be going to a better place. I think we are wrong to decide what would be best for other people, even those we know well. I saw one man who could only communicate with blinks of the eye who when asked if he wanted to die (something most of us would sympathise with) gave an adamant no.

My fear with the assisted suicide bill is that vulnerable people, without the force of character of my mother, with life limiting disease, will worry at the cost of nursing home fees or that they are being a nuisance as most of us do not want to be a worry or a trouble to any one else and feel duty bound to opt for this. I have seen some very selfish families during my career and sadly do not believe the best interests of the patient are always a first priority.

As a nurse I found it very hard to be made to work on abortion lists whilst working in a Day Surgery Unit. We need to be careful that the National Health Service isn’t used as a National Death Service. Often the staff on the Day Surgery Unit were assumed to be servants with no personal feelings. One poor Doctor had his whole weekend ruined knowing he would have to kill 13 babies on Monday morning. He had no particular religious belief but it wasn’t what he became a Doctor to do and in all the debates you hear on “Woman’s right to choose” “Babies right to live” no one ever asks the medics about their choice because they work for the NHS. I was not particularly against abortion until I had to be involved with it, I was transferred to the unit and had to look after these women. My fear is the same would happen if we start whittling away at the other end of life and it would be assumed staff would just serve despite their own opinions and consciences.

My feeling is that if we have good terminal care, if we honoured nurses and care assistants in Nursing Homes who make life worth living for the disabled so they can pour out care to others we will see a lot of this apparent need disappear. For this reason I supported Roseanna Cunningham on Proposed Palliative Care Bill. I know there will be some that are not simple but in the nursing process dying is an act of living and is an important stage, not an inconvenience. There is a right time to die and if it is premature some of the precious relationships restoring activities do not happen. I have seen it and feel quality of life is more important than needing to assist in a suicide. My mother’s death, when it came was beautiful. I am so glad it wasn’t rushed and she was then ready to go and serene I would wish such a death for everyone.

When I was first diagnosed and severely ill with ME I felt I had no right to life and was just using up resources on a limited planet. I would be one of the types of patients most vulnerable to persuasion to take the choice to die, and feel I should do that as a responsible adult. Fortunately this was not an
option. That gives no chance for breakthroughs in medicine or just improvement in health when things get better naturally. I have gone on to live, work and enjoy life. I do not see how there could be adequate safeguards to prevent that happening and there will be more premature deaths should this go through.

Thank you for allowing me the opportunity to join this discussion.

Judith King
7 April 2010