I would like to express my significant concern at the End of Life Assistance Bill which is currently being considered by the Scottish Parliament. I, in no way, wish to diminish the distress and difficulty which many individuals and families face with terminal or life-long illness. However, I believe it is surely better for the State and medical practitioners to uphold life rather than become involved in, and accomplices to, premature death.

I will now comment on some of the difficulties of the Bill. I do this not to suggest specific weaknesses which, if addressed, would make the Bill acceptable to me, but to point out some inherent problems with the State legalising assisted premature death.

Firstly, the Bill states in 4(2) that the requesting person must, either because of a terminal illness or a permanent incapacity, find life “intolerable”. How is this “intolerable” factor to be judged? Many people who have no illness or incapacity find life intolerable – why exclude them from this Bill? Also, the provision 4(2)(b) for anyone with a permanent physical limitation which renders them dependent on others covers a huge number of people including, potentially, the blind, deaf and those in wheelchairs. Under the terms of this Bill someone who accidentally loses their sight and thereafter struggles with the adjustment in their life would be covered under the provisions of this Bill. The problem in this area is who should decide if a life is better ended than continued?

Secondly, I find it very concerning that responsibility is put on doctors to be involved in the whole process of approving someone to be covered by this Act. To ask a doctor, involved in doing their best to preserve life and enhance the health of people, one day to sit down with their patients and discuss possible suicide techniques (section 7 (1)(d)) seems a very strange approach. Not only that, but the doctor must then be present at the suicide itself, overseeing the process (section 11(6)). How will doctors who do not approve of suicide be expected to work under the provisions of this Bill? I don’t think it is reasonable to expect healthcare professionals also to be put in a position of giving advice on either how to live healthier or die quicker. This concern is surely supported by the continued objections that medical bodies and the BMA have to assisted suicide.

As I said, these observations are just two issues in what I think is a worrying Act for Scotland to adopt. It is far better if the State is involved in preserving all life, while supporting carers and assisting with palliative care, rather than legislating that some lives are best ended sooner rather than later.

Kenneth McBain
25/04/2010