End of Life Assistance (Scotland) Bill

Miss Leeza Mundaden

I oppose the bill in principle - morally, ethically and religiously.

Do you agree a person should be able to request end of life assistance from a registered medical practitioner?

No. The fundamental purpose of the medical profession is to heal and cure, never to do harm. We cannot have a law which overthrows the Hippocratic Oath which has been sworn upon for thousands of years. Knowing that my doctor has the option to offer me death over treatment or comfort will cause a major crack in our doctor-patient relationship. I will not be able to trust a doctor with my innermost distresses, fears and ailments, leave alone my life. I have read the bill and found no conscience clause which causes worry regarding the rights of doctors as opposed to just the rights of patients. All the doctors I know among family and friends are against the bill. What will protect them? I would like to believe that no doctor is driven by financial gains, but an open door can even tempt a saint. Also, I believe that unless we as human beings have done everything in our power to relieve or alleviate suffering through means of palliative care and true compassion, the debate over euthanasia cannot commence.

Are you satisfied with the requirements for age and connection with Scotland as set out in the Bill?

No. I remember being a 16 year old. The main features of someone this age are usually immaturity, impulsiveness and foolhardiness. A decision with such grave consequences cannot be entrusted to someone so young for who even a broken heart can seem like the end of the world. Why is the universal age of maturity not applied?

Are you satisfied with the two categories of people who would qualify to be assisted under the terms of the bill?

No. The bill’s definitions of terminally ill and permanently physically incapacitated include almost 40% of the people living down my street. Medical prognosis is a highly inaccurate science and so arriving at ‘6 months left to live’ is a very vague term and cannot be used as a criterion. Also, most able bodied people live life dependently up to varying degrees just because we are social beings. The definition of physically incapacitated would then include even the blind, deaf and immobile who are otherwise healthy and happy. Most of the people falling in the ambit of the bill are the most weak and vulnerable who need utmost protection from the law – even from themselves, not the final push off the bridge. A law having ‘death’ as a consequence cannot be based on such frivolous criteria.

The bill outlines a several stage consent and verification process that would be required to be followed for an eligible person to receive end of life assistance. Are you satisfied with this process?
No. To start with the doctor does not need to be someone who has known the patient personally – merely a medical history sheet cannot be the basis for making a life and death decision. Because the ‘designated doctor’ will be the same person in both requests, there is no chance for a second independent opinion. The odds of someone accepting the first request and refusing the second is highly unlikely. The same goes for the psychiatrist because it is not mandatory for him/her to be a different person in the second request. There is no requirement for the patient to be rigourously assessed for depression which is often the cause for being suicidal. The two witnesses may or may not be the same people; this again poses a problem for obtaining independent second opinions. Hence, the process might as well be a single stage procedure because the second request would work just as a formality and in doing so prolong the suffering for someone who is desperate to die.

Do you consider the level and nature of safeguards as set out in the bill to be appropriate?
No. The vagueness of the bill in terms of defining criteria and the structure of the two stage process make up a deadly combination for skidding down the slippery slope at full speed. Moreover, there is no provision for a regulatory body. Who will take the responsibility of checking if the law is being complied with? Does the onus of reporting lie on the death-doctors themselves? The time scale given if calculated shows that the time span from the first request to the final act can be as short as 19 days if all goes well and 60 days at the most. I know people who have taken 10 years to change their decision to want to die. Such a tight deadline can pressure the weak into making a hasty and incorrect decision.

Do you have any other considerations on the bill not included in answers to the above questions?
Once again, here is a bill challenging the dignity of human life; this time we're trying to get rid of life at the other end of the cycle. Dignity of life is intrinsic and present in every human irrespective of the medical, physical, mental or physical condition. There is no dignity or compassion in killing someone, no matter the means, no matter the cause, no matter the premises.

For people who are tight for money, this bill would come across as the solution to spending the family fortune. People can be driven to thinking that their staying alive is too much of an extravagance and they ‘ought’ to die.

The basis of every human rights declaration in the world is disregarded once the law accepts that its alright to kill some people as their lives are not as worth living and they deserve lesser protection against harm. Such a law will weaken the prohibition on killing.

If autonomy is the fixation of the authors of this bill why must I be terminally ill or disabled to express my wish to be given assistance in dying? When the privilege is granted only to some and not to others, it is not called autonomy; it is called prejudice.
People will still assist in suicides as they do, but there is law in place to deal with each case individually. This should remain untouched, why make a 'one size fits all' law just to succumb to the desperations of few? I doubt any judicial system would have the time to deal with the number of cases once killing is legalised. This will only result in more abuses going unnoticed, even if they do, the subject would be long dead.

I am a devoted Catholic. This bill is so flawed that I do not even need to preach the social teachings of my Church to justify my views. But if I had to then I stand by the belief that God has the supreme and sole power to take away life as he gives it, human life is sacred and no circumstance can justify the intentional lawful killing of one person by another save in the case of capital punishment.

Finally, what exactly is the bill attempting to legalise? Not once does it use the words ‘assisted suicide’ or euthanasia’ but instead makes rich use of highly subjective terms like ‘dignified death’ and ‘finding life intolerable’. If a law is being proposed, there should be no room for euphemism or pink frosting. Is it because the truth in black and white would be too scary? Either way, assisted suicide or euthanasia is wrong in principle. Some moral boundaries should never be crossed.

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