End of Life Assistance (Scotland) Bill

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I am writing to you, as Clerk to the Parliamentary Committee considering the above Bill launched by Margo McDonald MSP, to express my deep concern about it.

I have been a Consultant Geriatrician since 1983 and since 1994 have specialised in the care of patients with Parkinson’s Disease, the condition from which Ms McDonald unfortunately suffers. None of the hundreds of patients with Parkinson’s Disease whom I have cared for over the years have ever requested assisted suicide—or indeed have even mentioned the possibility to me. In addition, none of the hundreds of other elderly patients suffering from other chronic diseases (some of them terminal) that I have cared for, have ever requested this either.

With good palliative care, the physical, mental, spiritual and social needs of patients suffering from such conditions can almost always be effectively met. Helping them to kill themselves is never the right answer for them. They are often depressed and treating the depression can make a big difference to their outlook on the future, even when they have not got long to live. Indeed, many of the patients assisted to die by “Dr Death” (Jack Kevorkian) in America in recent years were later shown not to be terminally ill but rather suffering from depression.

Doctors should never be placed in a position where they can be asked to kill their patients. No matter what arguments are put forward for doing this, the bottom line is that they are being asked to commit murder. Doctors are healers and have a duty to do their utmost to alleviate a patient’s suffering, but no doctor has a duty or a right to deliberately kill them. Indeed, there is little evidence that doctors currently help patients to end their lives, despite claims to the contrary by supporters of euthanasia.

The legalisation of assisted suicide could very well constitute a slippery slope, leading to both voluntary euthanasia and non-voluntary euthanasia. There is plenty of evidence of widespread abuse in those places where assisted suicide and euthanasia have been legalised. In addition, patients may be put under pressure to ask for assisted suicide so as not to be a burden, financially or otherwise, to their relatives or the healthcare system.

I sincerely hope that the Committee will refuse even to consider allowing assisted suicide to be legalised. I, and many of my colleagues, feel that this is an extremely important issue.

With many thanks for your attention.

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