End of Life Assistance (Scotland) Bill

Rev. Nigel Anderson

I am writing to you to express my opposition to the proposed Bill. I find the whole idea of assisted suicide utterly degrading and fraught with spiritual, ethical and psychological difficulties. As a Minister of religion I am wholly opposed to any involvement in ‘playing God’ with another’s life and so usurping the will of God in the ending of human life: Jeremiah 10: 23 I know O Lord that a man’s life is not his own. According to a long biblical tradition and one shared by other faiths such as Judaism and Islam God is the creator, sustainer and taker away of life.

However there are other reasons other than the purely spiritual for opposing this Bill. There is the ethical reason. The foundational aspect of the Bill, the principle of autonomy, whereby a person is deemed to have “the right to determine the quality of his or her own life and its value, unrestricted by the moral, cultural, religious, or personal beliefs of others” ignores the crucial fact that humans exist in relationships and in community. We are dependent on one another to a greater or lesser extent throughout our lives. Ending an innocent person’s life, even with the purpose of reducing the amount and length of suffering is not justified, especially when good palliative care is available. Our common humanity is best represented and supported by that kind of care and not by deliberately ending a life.

If this Bill were to be enacted it would lessen the willingness of those in the caring professions to care sacrificially for those suffering from disabling, debilitating and terminal illnesses. This, in turn, begs the question: would members of the medical profession who, because of conscience, refuse to end another’s life, be disciplined for refusing to participate? There is no mention in the Bill of a conscience clause for doctors and other health workers who do not wish to partake in “end of life assistance” on conscientious grounds. The unacceptable inference is that it is a doctor’s duty to consider a request for “end of life assistance” and to refer the person to a doctor who has no objection to the procedure.

Also, as far as eligibility is concerned, surely the minimum age set at sixteen years and not the age of majority, is too young for such a momentous decision. Moreover, there is so much to give much cause for concern regarding the two categories of person eligible: viz: (1) a person who “has been diagnosed as terminally ill and finds life intolerable” and (2) a person who is “permanently physically incapacitated to such an extent as not to be able to live independently and finds life intolerable.” These definitions are extremely vague. “Terminally ill” is notoriously difficult to predict accurately. The category of persons with permanent physical incapacity who are not able to live independently would include a very large number of people with, for example, progressive neurological disorders, paralysis, severe heart or lung disease and people with many other disabilities, both congenital and acquired. This widens the ambit of the Bill to include people whose life expectancy may not be significantly reduced and is really an affront to all persons with
disabilities who are dependent on others. “Finding life intolerable” is a very subjective judgment and depends on many unspecified factors – psychological, emotional, physical, spiritual and social. This is very unsatisfactory, as this state of mind may well fluctuate over time.

Then there are the psychological aspects to the ending of a life by another. Firstly, concerning the psychological effects of the doctor carrying out the procedure. The longer term psychological effects of his administering the lethal dose or whatever other means are considered “humane” are impossible to determine. Furthermore, there is the psychological effect of the death of a loved one on those who are left behind. There is no guarantee that such loved ones will have peace of mind regarding the actions taken by another to end a loved one’s life. As with abortion, the psychological scars following the deliberate termination of life can be severe on the one who originally assented to such an action; likewise for close family - indeed for those who had cared for the deceased individual - there is no certainty that there would be no trauma following a tacit or active assent to the assisted suicide of an individual.

I would urge the Committee therefore to reject this Bill as having no place in a civilised, caring society where community is highly valued and where life is precious and not for others to determine when and when not to terminate on the basis of vague and ill-defined criteria.

Rev. Nigel Anderson
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