End of Life Assistance (Scotland) Bill

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I am writing to provide evidence regarding the above Bill.

In response to the points suggested –

1. I do not agree that a person should be able to receive end of life assistance; it would be impossible to prevent people from requesting this if they felt this was desirable. Palliative care continues to make enormous advances in relieving suffering at the end of life. With more funding in this area of work, yet more progress would be made. With adequate funding arrangements in place providing adequate services, there is little need for suffering to be intolerable in end of life conditions. There is a danger that this step may lead to the beginning of the creation of a “perfect” society, that people with disabilities will feel, and may be, pressurized into this. Society is enriched by having the privilege to care and to learn from those cared for. Suffering will affect everyone at some time and is an essential part of being human.

2. As I do not agree that end of life assistance should be provided, then the question of age is irrelevant, except to say that teenagers even over 16, affected by hormonal imbalances of adolescence, often have periods of blackness and feel that life is intolerable (ref the high suicide rate in this group), and therefore are at risk of requesting this with regards to their feelings at the time. The safeguard of making the request twice and two separate psychiatrists reports is not sufficient.

3. This point is irrelevant (see 1 above)

4. This point is irrelevant (see 1 above)

5. The safeguards are not sufficient. An older person who felt a burden on their family, could quite easily negotiate these safeguards, thus seeking to end their life against their own wishes, out of a misplaced sense of obligation.

In my work as a nurse, primarily with older people at the end of their lives, I have encountered many people “wishing to die” and then as life nears its end, discovering that life is precious and not wanting to die. While the Bill suggests that end of life assistance would not be given if the patient at any time gives notice (however informal) to the doctor that they no longer wish it, a person may have lost the ability to communicate this or may make this decision after they have taken an irrevocable step in administering the drug.

In my opinion the safeguards can never be enough.

6. There is no information in the Bill about conscientious objection for staff. Staff in medical services already find themselves under pressure to participate in procedures to which they have an objection on ethical
or religious grounds and therefore there is no reason to think that this would be different.

It is placing an intolerable burden on medical staff, who have to continue to care for families and relatives after the event (see “I still have to face the living” letter by a GP in the letters page in the Sunday Herald 07/02/10).

I am writing this as a Registered Nurse who has worked for thirty years with older people at the end of life, many of whom had the seemingly “intolerable” suffering associated with dementia. It is possible to help people feel that life is worth living. Surely it is better to invest resources in improving the quality of life, than to invest resources in ending it. I do not however believe that we should struggle to preserve life at all costs, there comes a time when nature should be allowed to take its course. One result of introducing legislation has been that doctors are often afraid to let nature take its course and fight to preserve life at all costs. The introduction of yet more legislation is likely to result in still less flexibility for those who have to make decisions in these difficult situations.

I am also writing this as Christian, who believes that human beings are more than collections of cells, but that each person is uniquely precious and a precious part of the community of the human race and that each person no matter how disabled has a purpose in life. Suffering becomes intolerable when people do not feel precious. As I said earlier, resources should be invested in improving quality of life and providing compassionate care, not ending life.

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