End of Life Assistance (Scotland) Bill

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As a paediatric registrar I am deeply concerned about the implications of any possible change in the current legislation, for the doctor-patient relationship. The trust which is built up, sometimes over several years, between healthcare professionals and patients (and family members), undergirds all aspects of medical care. Without this trust any quantitative measure is, I believe, of little value. It is precisely this trust which is in jeopardy, from such a legislative change.

If anyone considers this an over-reaction, we need only to consider the precedents. In the Netherlands, the tight regulations around this change to medical practice have been eroded steadily by the year. According to an investigative committee from the house of lords, 54% of Assisted Suicide cases have gone unreported. There was a very clear stipulation that physician assisted suicide and not euthanasia was to be practiced. This distinction has become so blurred that, by some estimates, the majority of PAS cases are now deemed to contravened this directive.

I have several colleagues and friends who work in palliative care, both in a paediatric and general medical context. Without exception, they state that, were this bill to be passed, the very nature of their relationship with patients would change. They also tell me that, provided appropriate services are accessed, physical pain can be managed. What is needed is better access to end of life care. As for emotional, psychological and spiritual suffering, it is of paramount importance that such patients are affirmed, valued, and identified with in the loneliness of a time when they feel least dignified and least valued. Sometimes an extremely important distinction has to be made between dignifying the patient and dignifying their expressed wishes. The statement of the wish to die is a recognised phase in the recovery of patients from life-limiting injuries. It is also a well documented stage in the experience of those facing a terminal diagnosis. If such a patient is to live on and be granted appropriate support, they almost invariably retract these wishes.

Although I cannot pretend to have suffered to any degree approximating an individual with a life-limiting or terminal illness, I too have expressed the wish to die. A few years ago my clinical depression was severe enough to express this wish to family, friends and healthcare professionals. I am deeply grateful to each of them for affirming my value when I felt worthless and giving me hope when I had none of my own.

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