End of Life Assistance (Scotland) Bill

Eleanor Love

As a medical student studying in Aberdeen, I am writing regarding the end of life Scotland act, and the questions posed by the committee considering the act. As a future GMC registered medical practitioner there are a number of concerns I have with the Bill, the most pressing of which, I have listed below.

1. Firstly, in accordance with the first point the Committee request evidence on, I do not agree that people should be able to request assisted suicide. The availability of this ‘service’ has the potential to destroy the trust on which is built the doctor/patient relationship, as well as exposing vulnerable people to risk.

2. Secondly, regarding the age limit, I am worried that people aged 16 are allowed to request suicide. As everyone knows, the teenage years are the most emotionally and psychiatrically unstable with individuals at greater risk of low self esteem and suicidal tendencies. It has been my experience that individuals can go through periods of low mood for periods longer than a month/15 days (as the time stipulated in the bill for max ‘cooling off’ period) with the ability to appear perfectly at ease in company. In making suicide much easier, pain free, and accessible, these people would be at increased risk.

3. Pertaining to the two categories of people qualifying for assistance, I am concerned with the ambiguity surrounding the terms “physically incapacitated” and finding life “Intolerable”. Many people find, given a period of adjustment, that they are perfectly able live a full varied life after, say, paralyzing injury, despite going through an initial period of depression which may last up to several years, but is, essentially overcome.

4. The consent and verification process I think could be improved by having the second psychiatric assessment carried out by a second psychiatrist to enable a new and possibly broader perspective of the patient’s situation, maximizing the likelihood of any problems being identified in time.

5. Fifthly, relating to the level and nature of safeguards, I’m also concerned by the fact that any registered medical practitioner can be approached. If the patient knows the practitioner in a non-professional setting eg. As a friend, they could also approach them as a friend, thus putting pressure upon the practitioner. The approach of a patient to a younger practitioner (eg. a FY1 or 2) is also legal, but they may not have the clinical experience and expertise to comprehensively elicit any underlying reasons why a patient might be an inappropriate candidate for this service.
My final concern is that the implement of any act pertaining to such irreversible consequences is always open to abuse, no matter how many safeguards are put in place, and that many vulnerable people could be placed at risk.

Thank you for your consideration.

Eleanor Love
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