End of Life Assistance (Scotland) Bill

Dr J Martin Leiper, FRCP

I write as a consultant physician in Palliative Medicine working full time in Scotland for 24yrs.

**Do you agree a person should be able to request end of life assistance from a registered medical practitioner?**

I do not agree. I think this is a fundamental breech of trust between doctor and patient.

I think it is bad medicine and changes the relationship between doctor and patient permanently.

It is dangerous as many patients and their doctors wish open communication about the nature of suffering without risk of obligation to offer or receive euthanasia.

Legalisation will remove effort and resource in palliation of symptoms and distress.

Euthanasia is not a treatment.

**Are you satisfied with the requirements for age and connection with Scotland as set out in the Bill?**

No. I am concerned that teenagers may request on impulse and then start a process that they may feel obliged to continue.

**Are you satisfied with the two categories of people who would qualify to be assisted under the terms of the Bill?**

I am not satisfied.

“has been diagnosed as terminally ill and finds life intolerable”- Prognostication is a very inexact science. Whilst an estimated prognosis of 6 months is useful and pragmatic to define terminal illness for financial benefits and care planning it is far too inexact for irrevocable decisions to end life.

“is permanently physically incapacitated to such an extent as not to be able to live independently and finds life intolerable”.

This is extremely dangerous as patients (and their doctors) fluctuate in mood, symptoms, independence and outlook.

“Some days I want to live some days I want to die”
“……finds life intolerable”. Doctors should not and cannot judge if life is intolerable enough to qualify. But this is exactly what the bill proposes.

The Bill outlines a several stage consent and verification process that would be required to be followed for an eligible person to receive end of life assistance. Are you satisfied with this process?

I am not satisfied. This is most dangerous.

Firstly that “the registered practitioner” may not know the patient. We already know that many doctors will opt out from statements from the Royal College of General Practitioners, British Geriatric Society, the Association for Palliative Medicine and the BMA.

Indeed the Bill may create doctors and psychiatrists that specialise in euthanasia in Scotland. This may be in private practice and outside the NHS.

Such practitioners are unlikely to be skilled or knowledgable in palliation.

The patient, doctor and family may have no experience of palliative care.

Do you consider the level and nature of safeguards as set out in the Bill to be appropriate?

I find the medical safeguards non existent.

“Intolerable” is impossible to assess.

Two consultations with a doctor and then with a psychiatrist are too few.

A fee may be involved so there is incentive for the doctors.

There is no guidance on the method of ending life. Some methods we know can be distressing, prolonged and incomplete.

Do you have any other considerations on the Bill not included in answers to the above questions?

I am greatly concerned that legalisation will create pressure on the ill and vulnerable to perceive themselves as a burden.

I am greatly concerned that the Explanatory Notes state that end life will be less costly than on going care (p13). This is inappropriate.

I am greatly concerned that legalisation will offer an option for doctors to offer to patients they perceive as finding life intolerable.

I am greatly concerned it gives the medical profession too much power in accepting or rejecting a patient’s request to end life.
Legalisation will reduce effort and resource in hospices and palliation.

It carries a message that those who are ill or disabled may have lives not worth living.

Dignity is how we regard patients. It is more than offering death.
Dr J Martin Leiper, FRCP
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