End of Life Assistance (Scotland) Bill

Coral Simpson

My comments regarding the End of Life Assistance (Scotland) Bill (SP Bill 38)

Lawful to provide assistance under this act.

Section 3 (1) :-

In clinical reality the "designated practitioner" may be unavailable to the patient after formal request stage. In the real world the patient may not get an opportunity to informally let the designated practitioner know that they no longer wish to have "assisted suicide" and may be pressurised by the process of the system to continue with the "assisted suicide" as a result.

Under section 4 (1) :-

In Switzerland that has relaxed assisted suicide laws is moving to recognise that "assisted suicides" are inappropriate for the very young because they are not psychologically developed enough to be sure on making a reliable decision regarding the rest of their lives. Theoretically personality may not be fully developed until nearer age 25 years and this may affect a young person's decision making about "assisted suicide".

5 Requirements related to designated practitioners and psychiatrists

(2) b What is a "reasonable fee". This is wide open to abuse for instance regarding those with Dementia or Alzheimers or who are just vulnerable because they are so ill and weak. I heard a case of a door to door salesman charging an elderly person with Dementia #6,000 for a household item - tea towels and they got away with it. Cannot verify the truth of this case but think it is blatantly obvious that fee requirements that are abusive could slip through under this law.

Requirements relating to first formal request

Consideration of first formal request by designated practitioner

6 (2) Regarding witness being employee of care home. My mother is in a home and she has recently had allegedly incidents of being hit, kicked and shouted at by employee of the home. It is not safe to assume that staff who know person well are suitably vetted and trained to be a witness for such a serious undertaking.

7 (2) This section does not guide practitioner on how to vet what is voluntary or about undue influence. In the real world it is impossible for designated person or any other person to be sure that there is no undue influence or that the request is truly voluntary. Abusive influences can influence someone into not wishing to say that they are being abusively pressurised into "assisted
such abusive influences happen frequently in domestic violent and child abuse situations. There are not very rare cases of domestically abusive men coercing women into abortions that they do not want and the women are traumatised as a result. This section is just not in touch with reality.

9 Consideration of capacity etc by psychiatrist

9 (3) I am assuming this bill then excludes those with Dementia and Alzheimers from "assisted suicide". It cannot be relied upon that they can process information in accordance with this section. Otherwise the practitioners are wide open to civil suits and the civil suits would be justified.

Some general comments. There is no mention of a special register of medical, psychiatric and nursing staff who are registered to practice "assisted suicide". It is thoroughly inadequate to assume general nurses, doctors or psychiatrists are suitably trained, experienced and motivated to practice "assisted suicide". In my past experience as a nurse, I frequently heard both doctors and nurses making prejudiced and ignorant comments about mentally ill patients on medical wards who had made attempts on their lives such as "I wish he/she would just finish themselves off" said in anger about what practitioner saw as waste of resources.

Essentially such staff had too little training and understanding of mental health issues. Please note that Oregon has allegedly killed patients who were clinically depressed and were not properly vetted regarding their clinical depression prior to the "assisted suicide".

Every "assisted suicide" should be permanently traceable to every practitioner involved and the written record of every "assisted suicide" should be freely and accessibly available for the public. And every practitioner involved should be on an assisted suicide practitioner register that is freely and accessibly available to the public, and media. It should be possible to strike practitioners off "assisted suicide" register. Particularly patients undergoing any kind of treatment should be able to immediately if a practitioner practices "assisted suicides". No practitioners other than those on the "assisted suicide" register should be able to practice "assisted suicide". All patients should be able to decline to be treated in any clinical way ie not just "assisted suicide" by a practitioner who practices "assisted suicide". So in other words patients should not be coerced by the system to be treated by "assisted suicide" practitioners for general clinical conditions that do not involve "assisted suicide".

Thank you for reading my challenging comments. Although I believe this bill will have been submitted with sincere intentions, I am passionately in opposition to assisted suicide partly because I think it is unrealistic to think society could ever control these practices. I have put comments to improve the law in case it ever got on the statute. If it ever did, to me that would be a very sad day because I believe it would be the start of state permitted wrongful deaths. As other countries experience shows, these practices cannot be controlled. I would not consider nursing again if it ever became law on the
statute books because I cannot stomach being around the practices that will include instances of manslaughter or murder.

I have real experience of working with people!

Please consult Care Not Killing website.

Please would you consider my comments and I would appreciate a reply please.

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