End of Life Assistance (Scotland) Bill

Jillian O'Brien

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

No, no-one should have the right to request help to kill themselves from anyone, especially a registered medical practitioner.

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

No, there should be no laws passed which allow one person to kill another, no matter what reasons are cited, nor what parameters are defined.

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

No, there should be no laws passed which allow one person to kill another, no matter what reasons are cited, nor what parameters are defined.

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?

No, there should be no laws passed which allow one person to kill another, no matter what reasons are cited, nor what parameters are defined.

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

No, no legislation, no matter how detailed, can possibly safeguard vulnerable members of society.

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

Yes – see the following.

I am a GP in the Southside of Glasgow. I fully support the statement below. Please do not legalise any form of assisted suicide or euthanasia in Scotland.

Jillian O'Brien MBChB, MRCGP, DRCOG
Legalising assisted suicide or euthanasia is in principle immoral, and in practice dangerous and unnecessary.

**Killing is immoral**

Killing people is immoral. The law recognises this, as it should. Alleged compassion as a motivation cannot justify an immoral act.

**Medical practitioners should not kill**

All doctors promise to “first do no harm” to their patients. Sanctioning killing by doctors as a “treatment option” makes doctors dangerous. Doctors are consistently rated as trustworthy by the general public, but making them killers would weaken this vital trust.

**Legalising euthanasia is antithetical to our culture and aspirations**

The Scottish government has made it an aim to reduce suicides, as rates in Scotland are higher than in other countries (e.g. England). It would be ironic if we then enacted laws that not only allow allowed suicide, but actually cause individuals to be killed by the very establishment that currently protects them. Much of my work as a psychiatrist involves managing patients who attempt to end their lives by suicide. Currently the legislation grants powers to doctors to preserve life until such time as the person is able to recover. This bill would mean that, along with other doctors, I would be powerless to save the lives of some of my patients who would meet the Bill’s criteria for “assistance”.

**Dying with dignity does not equate to euthanasia**

Dying with dignity is what doctors aspire to help their patients to do, but not by giving up on life and hastening their deaths. Killing people, even at their own request, diminishes the inherent dignity of human beings.

**The right to be killed on demand should not be established**

People should not have the legal right to require that a third party will kill them or assist their suicide. This Bill would not simply allow people to have assistance with suicide; it would establish the right to be killed by a doctor on demand when certain criteria are met. Experience with abortion legislation in the UK demonstrates unambiguously that even criteria intended to be tight can be interpreted to justify actions beyond that intended by the legislators. Laws that permit ultimately establish rights that are demanded.

**Legalising euthanasia would increase demand for it**

Laws protect us and inform the public conscience. Removing even some of the laws preventing killing would alter the public’s perception and result in
more people who are currently undecided seeing suicide as a legitimate option. Euthanasia is cheaper than palliative care and, in a health system with finite finances, access to high quality palliative care would be likely to suffer as an unintended and undesirable consequence.

**Autonomy has limits and cannot justify the legalisation of euthanasia**

The right to self-determination is often cited as justifying the right to assisted suicide. However, individual autonomy can never be absolute in society. We all have to accept limits on our behaviour for the sake of others. The minority who wish euthanasia should not create laws that would put a larger number of people under pressure to request killing.

**The Bill would put pressure on vulnerable people**

In a society where killing is seen as a legitimate option, vulnerable people are likely to feel pressure to request it rather than be a continued burden on their family. Other issues may also put pressure of vulnerable patients, including fear of suffering and concerns about finances, etc.

**Euthanasia cannot be safely regulated**

Experience in other countries with similar legislation, e.g. the Netherlands, has shown that it is impossible to prevent abuses from occurring. Legalising euthanasia in the Netherlands has resulted in involuntary euthanasia for both adults and children, with no prosecution for doctors even when they have acted outside the law. Capital punishment dropped out of favour partly due to the impossible task of avoiding miscarriages of justice. It would be no easier to avoid killings never envisaged nor intended by euthanasia legislators. In the absence of any formal reporting or monitoring the system would be open to abuse, and a Scottish Harold Shipman could be the result. The safeguards in the Bill are totally inadequate to safeguard the public, and no amount of rewriting can achieve the desired level of safety. The timescales specified are woefully short and, while capacity is taken account of, mental disorder is not even mentioned. Patients with schizophrenia, depression and obsessive-compulsive disorder could meet the criteria and have capacity, but would this mean it is OK to kill those with treatable mental illnesses?

**The Bill’s definitions are vague**

Almost any health problem could be used to justify an individual meeting the vague “criteria” for being killed. For example, anyone who is “dependent” on others or on medication to any degree would come within its scope (including those with almost any physical or mental health problem, no matter how treatable).

The bill includes euthanasia as well as assisted suicide, i.e. requiring a doctor to kill a patient on demand when the criteria are met.
What is “intolerable”? This will vary from person to person, and therefore anyone could justify euthanasia because their life is “intolerable”. As a subjective criterion it cannot be robustly challenged.

What means would be used to kill? Involving medical practitioners suggests lethal medication, but other means such as strangulation, shooting or asphyxiation are potentially included.

There is no conscience clause

This Bill would establish the right to be killed on demand when the criteria are met, but allows no grounds on which doctors may object to being forced to kill. It is conceivable that doctors who are not willing to participate in killing patients could be charged/sued, while others may simply find themselves out of a job. This happened to me with regards to abortion, despite the Abortion Act having a conscience clause.

http://news.bbc.co.uk/1/hi/scotland/961169.stm

Euthanasia is unnecessary

Palliative care allows people to die with dignity without killing them. When suffering is addressed, few patients persist in requesting helping to end their lives.

Other medical, legal and ethical considerations

Historically and currently the overwhelming majority of doctors do not support euthanasia, including their professional bodies (the Royal Colleges and the British Medical Association). Doctors killing patients is unethical in the extreme.

Euthanasia and assisted suicide have been considered previously by both the Scottish Parliament and in Westminster. On each occasion it has been agreed that legalising euthanasia or assisted dying would not be in the interests of the Scottish or British public.

Legalising euthanasia or assisted suicide does not enhance human dignity. Rather, by acting as if some lives are not worth living, it robs people of dignity and implies that they are to be treated like animals.

The Bill would allow those with mental illnesses to be killed

As noted above, patients with most mental illnesses could conceivably meet the “criteria” and demand the right to be killed or to kill themselves, situations in which the Mental Health (Care and Treatment) (Scotland) Act 2003 currently allows doctors to intervene to patients’ benefit. The vast majority of patients who are supported until their emotional problems and psychiatric symptoms are addressed choose to live given sufficient time, and many go on to enjoy fulfilled lives. This can take weeks, months or occasionally years, and
the Bill’s minimum period of 15 days is woefully inadequate in allowing sufficient time for the problems leading to a desire for death to be addressed.

**Psychiatrists and other medical practitioners must not be expected or required to participate in any process that kills people**

As a practising general adult psychiatrist and a Member of the Royal College of Psychiatrists and Royal College of General Practitioners I am opposed to being expected or required to participate in any process that will lead to the death of any of my patients.

**Conclusion**

Please, please, please do not legalise any form of assisted suicide or euthanasia in Scotland. Once the law creates the right to be killed on demand by doctors when you meet the criteria, there will be no way back.

Dr T Everett Julyan
NHS Consultant in General Adult Psychiatry, North Ayrshire
BSc MBChB DGM DRCOG MRCGP MRCPsych PGDip(CBP)
30 April 2010