End of Life Assistance (Scotland) Bill

Alison Walker

My sister died of a brain tumour some years ago. She died peacefully, with her pain well controlled and in a restful and comforting environment in a hospice in Glasgow, where friends and family could come and spend time with her and say their goodbyes. At no point was she in distress, and it was a very important and valued time for the family, really helping us to grieve and to be comforted and to say goodbye to her.

My friend died a few years ago from bowel cancer, in a hospice in Edinburgh. Again, she was looked after with respect and tenderness in a lovely atmosphere and not in pain, and friends and family look back on it as a blessed time – it still makes me cry sometimes, but I know everything was done well and her life was completed in a way that feels right – it was a good death.

These were deaths with true dignity, and although they brought grief it was a privilege to be part of the process. There was such an acknowledgement of our humanity and of supporting each other and death being a normal, though sad, part of life.

I would urge the committee to direct government towards vastly increasing the palliative care services, rather than putting resources into unnatural death – I cannot conceive of it as being more dignified. I watched in horror the programme where a man’s assisted death in Holland was filmed. It was a clinical procedure and seemed to me anything but dignified in comparison to the care given in hospices. It was the way on might treat an animal, not a human being.

I’ve also read that the proposed Bill is frighteningly vague about many things, such as a definition of finding life ‘intolerable’ – many people in many circumstances find life hard to tolerate and feel suicidal. The safeguards in the Bill are not sufficient – I would be very worried about old or sick or depressed people deciding they are a burden on others (and in some circumstances being subtly pressurised into this decision) and applying to die. Evidence from Holland and from Oregon shows that this does happen – the law is abused and it is very hard to stop it.

Lastly, I am very concerned for the medical profession. The BMA does not support assisted suicide, but doctors would be expected to carry it out – and I understand there is not even provision for them to opt out of it by a ‘conscience clause’. This is entirely unacceptable. I think the vast majority of caring people would be very loth to have to give killing medication to anyone in any circumstance where there is an alternative – and palliative care is a very robust alternative; it just needs greater funding.

Alison Walker (for Alison and Barrie Walker)

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