I have grave concerns about this bill, which I have already put in writing to my MSP Nicol Stephen. Having received a copy of the draft legislation from Mr Stephen in his reply and also having attended last night’s public meeting at the Citadel in Aberdeen, I believe more strongly than ever that to pass this bill would be wrong and that it would be detrimental to our sick and elderly people, our doctors and health care personnel and society in general.

First and foremost, to take somebody’s life, or to provide the means for them to end it, is essentially participating in murder and this goes against the Hippocratic oath sworn by medical professionals. Furthermore, there is no provision for doctors who conscientiously object to providing such assistance, which means they could be prosecuted for refusing to go against the very reason they entered the profession.

I note that the bill has provisions intended to ensure that only those who request end of life assistance voluntarily and meet a number of conditions can actually receive it, however these appear to me to be superficial. You need only look upon the measures put in place for the 1967 Abortion Act when it was passed - these ‘safety measures’ have eroded as time has passed, so much so that if a GP refuses to give the go ahead for the abortion this can be challenged using ‘human rights’. According to the draft legislation a request for end of life assistance would require to be signed by a doctor, a psychiatrist and two witnesses after the patient was fully briefed on the implications of the decision and what can go wrong. But there is currently pressure from the pro-abortion lobby for the requirement for a request for this to be signed by two doctors to be scrapped and for women to be given ‘non-judgemental’ counselling which does not cover the complications that can arise during and after an abortion. It is therefore not unreasonable to assume that in time the safeguards will disappear and we could eventually go down the road of compulsory euthanasia. I believe in Holland there are now many ‘physician assisted suicide’ cases that go unreported.

There are a number of complications that could potentially occur with the provision of end of life assistance that are not covered by the legislation, for example what should be done if death does not occur after the lethal drug is administered.

A lot of responsibility would be placed on doctors, which they are not qualified to deal with. Firstly a doctor, as well as a witness to a request, would be unaware as to what was happening between a patient and their family and friends and so could not be absolutely certain that the patient is acting voluntarily. If the family was instructing a patient as to what to say to the medical professionals is it reasonable to assume that sending them to a psychiatrist would reveal that they were under pressure? If a patient approaches a doctor and states that they consider life to be intolerable, the
doctor could easily be suspected of co-ercing them if they immediately inform them of the end of life assistance option, but on the other hand could be accused of malpractice if they did all they could to inform the patient of alternative options.

The timescale by which a patient requesting end of life assistance receives the assistance is also questionable. According to the draft legislation there could be as little as two months between a patient making their first request and the death taking place. On hearing the testimony of a gentleman who became permanently incapacitated following an accident 33 years ago, I understand patients can feel depressed and find their situation intolerable for periods of three months to two years before coming to accept their circumstances and finding value to their lives once again. Therefore to allow them to die before giving them a chance to go through the psychological process of coming to terms with an illness or disability is truly a waste of life – Note; the gentleman contributed greatly to society even in his incapacitated state. After coming to terms with his situation, he published two books giving his testimony and encouragement and help to people in similar situations.

I understand patients as young as 16 would be considered mature enough to make a request for end of life assistance, which seems very young to make such a major decision. Also the categories falling eligible are currently only those with terminal illnesses who are expected to live for 6 months or less or irreversible degenerative or incapacitating conditions, but I understand Margo MacDonald originally intended to include ‘others with no incurable or incapacitating condition who find life intolerable’. As with the safeguards, surely there is no guarantee that the scope of eligible conditions could not be expanded in the future and could eventually include the category just described, which would include people with mental health conditions or problems in life that make them feel depressed and suicidal, and who could come to live normal lives with the help of psychiatrists and social workers. Therefore to allow such people to end their lives with the help of physicians would be a gross neglect of our social responsibility towards people in difficult social situations.

The field of Palliative Care Medicine is continually improving, providing control of painful symptoms and counselling to help with the emotional and spiritual needs of patients reaching the end of their lives as well as their families. In countries where assisted suicide and euthanasia have been legalised, this branch of medicine has become neglected and patients with incurable or disabling conditions have begun to feel like a burden and under pressure to end their lives. I read the testimony of a patient from Holland, who decided to come to the UK to receive palliative care after being continuously pressured to take lethal drugs, which confirmed this.

The media is constantly giving the argument that the majority of people in this country support an end of life assistance bill but I would question whether people really know what they are voting for as the implications I have outlined above never appear to be highlighted in the media. A number of high profile cases in the press are manipulating public opinion and generating a lot of
compassion towards people who are suffering, which I certainly share, but at the same time it would be wrong to create a culture where people in difficult situations are made to feel of no value to society. To have compassion should be to make them feel loved and to ensure everybody who would fall eligible for palliative care is given access to this as well as the appropriate psychiatric help they and their families need at such difficult times.

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