End of Life Assistance (Scotland) Bill

Patricia Duncan

Why assisted suicide is wrong

My I state right away that I feel the issue being debated should be that of the availability and quality of care and support which can be accessed by disabled and elderly people to enable them to have the best life possible. None of us should have to live with the worry of whether we will receive this as our physical, and perhaps mental, abilities decline, and assisted suicide should never be part of the equation.

I have been disabled from two years of age with Rheumatoid Arthritis which has now reached a stage whereby I have very limited movement and am dependent on others for my everyday needs. On top of that, I have the added dimension of being ‘elderly’. But, despite the difficulties, life is sweet.

I worked for 31 years as a Copy Editor with a wonderful group of disabled people – some blind, some with life-limiting conditions, some with illnesses which made daily life a constant misery. All, however, had a zest for life which was infectious.

One young man stood out. Eventually, the only thing he could do by himself was speak but, with the use of a computer programme, he dictated material for Braille magazines. Outside work, as his physical abilities deteriorated, he continued to explore new outlets. At one stage, a pony and trap, until he crashed; then lace making. His hair changed colour frequently, courtesy of his very patient Mother. His love of life was profound. He died, aged 32.

It was not, however, just their disabilities which linked these people; it was the effort they had to make to access the medical and social support they all needed to enable them to lead what the majority of people would term a ‘normal’ life. We all seek this - an equality which, sadly, can be hard to find.

As I said at the start, age adds another dimension and, though my instinct told me life might become more difficult, I had not any idea of the reality. Medically, I have been fortunate with first-class treatment and excellent nursing but, whether we like to admit it or not, attitudes can and do change towards older people. Judgements begin to be made about our quality of life. Personally, though I do not get out very often – transport being a real problem – I have a good and interesting life. Do not make assumptions about me. Even terminology such as ‘bed-blocking’ seems to be a pejorative term applied mainly to elderly people.

Nevertheless, I can understand the dreadful fear of having to surrender your independence, your dignity and, for some, your very survival, into the hands of others. How vulnerable would you feel?
Link age and disability, though, and the level of vulnerability increases. ‘How will I cope?’ ‘Who will look after me?’ ‘Will there be anyone who can speak for me?’ These are questions I have heard often – even from young, perfectly able people.

It is infinitely sad but understandable that people will see how others are affected and, thinking ‘I would never like to be in that situation’, will decide to support this Bill. They should think again.

Medical expertise is available. The medical fraternity must be free to use it to enable even those with most severe problems to live their lives as fully and as pain-free as possible. The Hospice movement’s quality of care should be the aim of Doctors and nurses alike.

Care is available but the quality is very variable -- I am lucky in having three great people but I have had some real turkeys. Standards need to be raised.

To go down the road of assisted suicide would be wrong. As a Christian, I cannot support it, but aside from my own views I am aware of the dangerous pressures -- some intentional, some not – which can and will be put on those least able to withstand them.

We do not need a Bill such as this. What we do need is an increase in care provision, whether medical or social; in funding for care in the home; for palliative care; for better standards of care.

We need to support the law as it is. To do otherwise is to let down disabled and elderly people.

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