End of Life Assistance (Scotland) Bill

Rachel Muir

• *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.

As a medical student and a Christian, I believe euthanasia and physician assisted suicide are ethically wrong.

• *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

**Killing is wrong**
The law rightly recognises that the taking of a life is wrong, regardless of the motive behind it. Alleged compassion as a motivation cannot justify an immoral act.
I am not arguing that life should be preserved at all cost, but there is a definite difference between not prolonging a life as it would mean prolonging suffering and deliberately killing someone.

**Medical practitioners should not kill**
As a doctor, you promise to “first do no harm” and the principle of non-maleficence is stressed again and again throughout medical school. Knowing that the doctor could prescribe medication or indeed administer medication designed to end their lives will cause a break-down of trust between the patient and their doctor.

**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 psychiatrists’ work 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 doctors would be powerless to save the lives of some of my patients who would meet the Bill’s criteria for “assistance”.

**All life has value**
The Bible teaches that all life has value, not because of a person’s achievements, abilities, potential nor lifespan, but because we are created in the image of God and he loves us. Therefore, society has a duty to protect the lives of those who are vulnerable and to support those who need help.

**The vulnerable, disabled, ill and elderly will be put under pressure**
For society to accept assisted suicide or euthanasia means it agrees that some lives no longer have any meaning, value or worth. Having assisted suicide legislation in place sends a message to vulnerable, ill, and elderly people that they should take up the option of assisted suicide so as not to be a burden.

I quote here some of the open letter from leaders of disabled people’s movement in UK and USA as it is just as relevant for this bill as when written addressing concerns about Lord Falconer’s amendment.

“Disabled people who experience progressive conditions understand far more than non-disabled people about what it is live with these pressures. We know what is acceptable as disease or disability progresses, and for the huge number of us who say no to assisted suicide, it is because we fear the changing culture such an amendment would bring. People without experience of disability, including our friends and families cannot predict what each stage of our personal journey will mean. Furthermore, financial and emotional conflicts of interest will always present an added burden to the situation. A law decriminalising assisted suicide would undoubtedly
place disabled people under pressure to end their lives early to relieve the burden on relatives, carers or the state.

These concerns are not side issues that only affect disabled people. We are like society’s ‘canaries in the coalmine’ who can often see the dangers of potentially discriminatory legislation before others, as it impacts on us even before the deed is done. We are scared now; we will be terrified if assisted suicide becomes state-sanctioned.

The existing law, with the penalties it holds in reserve, causes potential assisters and those wishing to die, to think very carefully before acting. The discretion within the current law enables judges to exercise compassion in hard cases. What is not broken does not need fixing."

**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.

**Dying with dignity does not equal euthanasia**
The Bill is intended to 'enable a person to die with dignity and a minimum of distress'. This is already provided through good health care and particularly palliative medicine. When suffering is addressed, few patients persist in requesting helping to end their lives.

**Palliative care will be neglected**
One of my major concerns is that the passing of this bill would mean funding for palliative care would decrease, as it would cost more. This has in fact happened in the Netherlands: Els Borst, who served as Health Minister for the Netherlands from 1994 to 2002, proposed the country's infamous euthanasia bill. She now admits the legalization of euthanasia came "far too early and admitted that the government did not give enough attention to palliative care and support for the dying.

**The law as it stands now offers protection**
Furthermore, the law as it stands just now is very clear and does give protection to those who are vulnerable, as Lord Carlile of Berriew argues in this British Medical Journal article: [http://www.bmj.com/cgi/content/extract/339/aug05_1/b3169](http://www.bmj.com/cgi/content/extract/339/aug05_1/b3169) (BMJ 2009;339:b3169)
It is impossible to prevent abuse
The Scottish Parliament has already had two opportunities to discuss assisted suicide. On both occasions the legalisation of assisted suicide was convincingly rejected. Evidence from the Netherlands and the US state of Oregon – where assisted suicide is currently legal – shows that it is impossible to prevent abuses from occurring.

Alex Schadenberg, executive director of the Euthanasia Prevention Coalition points out the "slippery slope" occurring in the Netherlands, which the country's politicians deny, he says, through "a systematic cover-up." "How can you say there is no slippery slope in the Netherlands - knowing that you now allow euthanasia for newborns, and you went from originally just the terminally ill, [and] now it's also for those who are mentally ill?" he asked. "You have allowed your definitions to wander so wide that you haven't even noticed it."

The scope of the Bill is incredibly broad.
It would offer assisted suicide to people who are to some degree dependent on others and would include those with life-threatening and non-life-threatening disabilities, and those with relatively common conditions such as, for example, insulin-dependent diabetes, heart or lung disease. Tens of thousands of seriously ill and disabled people throughout Scotland would fall within its remit.

The Bill is ill-drafted
The drafting of the Bill is vague and full of euphemisms and ambiguities. Among others, there is no definition of what it is to find life 'intolerable', and the methods by which life would be legally terminated are not identified.

The safeguards proposed in the Bill are seriously defective.
Among others, there is real doubt that the suggested medical assessments would be sufficient to discern that the patient is not under external pressure to request assisted suicide.

There is no conscience clause
In addition, the vast majority of medical practitioners and all the Royal Colleges of Medicine do not support assisted suicide. However, this bill places responsibility for providing 'end of life assistance' on the shoulders of Scottish doctors, for whom it contains no 'conscience clause' and the majority of whom would not be prepared to participate in implementing the proposals of the Bill.

Conclusion
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.

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