End of Life Assistance (Scotland) Bill

Alasdair H B Fyfe

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

No. I do not agree that it should be legal for a person to request a medical practitioner (or any other person/practitioner) to assist their suicide or deliver voluntary euthanasia.

This possibility would profoundly alter the unique trusting relationship that has been possible for centuries, between patient and doctor. The one who previously was only the “giver of life,” would also become the “bringer of death”.

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

No. Age – requirement is irrelevant as I believe assisted suicide or euthanasia should not be legalised at all.

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

While I understand the desire for persons who are suffering to have that suffering relieved, I am definitely not in agreement that the way forward is to legalise assistance to kill. Rather, the way forward is to improve and equalise palliative-care resources within our country, so that patients are given the possibility, through good care, of “dying with dignity”

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?

Given that I do not agree with assisting suicide, voluntary or involuntary euthanasia, the whole question re verification and consent is irrelevant. It is also well-known that longstanding pain or suffering goes along with depression and anxiety, and patients often “wish they were dead”; only for this feeling to be reversed once symptoms are relieved by good palliative care, and depression is treated.

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

Not at all. If, sadly, this Bill were passed, the safeguards would be almost impossible to enforce or monitor. Our experience tells us that the letter of the law would be stretched to the limit and beyond, so that vulnerable persons in our society would become at risk.
Do you have any other considerations on the Bill not included in answers to the above questions?

Yes – see the following.

Withdrawal of treatment vs. assisted suicide

As a longstanding member of the medical profession (39 years), it has often fallen to me and my colleagues to deal with patients who are suffering and dying. Decisions to discontinue treatment are made on consultation with at least one other clinician, and with the appropriate relatives. When our treatment is only serving to “prolong the dying” of the patient, then withdrawal of treatment I believe is an ethical and morally justified choice. Sometimes the drugs used for relief of pain may result in the “shortening” of a dying patient’s life. But – withdrawing treatment to allow a person to die in dignity, or giving treatment with the prime purpose of relieving pain, are an ethical world apart from actively assisting someone to die, or committing euthanasia, even if this is “voluntary.”

Taking someone’s life is an immoral act

Our law has recognised that for centuries. No matter the circumstances, killing a person remains an immoral act, and is a criminal offence.

Dying with dignity does not equate to euthanasia

In our society we have long recognised the “sanctity” of human life. To equate assisted suicide or euthanasia with “dying with dignity” is a dangerous and deceptive link. Surely our society would aim to help every person die with dignity, primarily through expert and compassionate care, taking into account the whole person, and his/her family? Surely we all should be fighting for the best palliative care for every patient, not seeking to end their life because resources are not good enough?

Legalising assisted suicide or euthanasia crosses a fundamental gulf, and immediately the message given is that human life is devalued. What was previously unimaginable and abhorrent becomes legal, then becomes usual, then becomes routine, and ultimately becomes the norm. (c.f. the Abortion Act of 1967. What was previously regarded as offensive and “murder” has become totally accepted, and is performed much more widely that was ever envisaged by Lord Steel)

The real danger of the “slippery slope”

So with assisted suicide – at present it is being proposed with “tight safeguards” for a very, very few patients. But – time will change that perspective too. The safeguards will be liberally interpreted and we will find that patients with “lesser” symptoms will request assisted suicide, or patients will be euthanized without request.
Are you aware of the “Grongingen Protocol” in the Netherlands? It is legal now for patients < 10 years with severe disability or suffering to be euthanized. This is not assisted suicide or voluntary euthanasia, this is involuntary euthanasia.

And how can this happen - children’s lives being taken? Simply this … when we take the legal step of authorising assisted suicide or voluntary euthanasia, it is not too long before this is just accepted practise, and then we move to the next step – involuntary euthanasia of the weak and vulnerable.

Experience in other countries with similar legislations, such as 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.

The fears for the vulnerable in society

If we pass this Bill, frail elderly patients will be vulnerable. Perhaps they will feel a burden to family or society, and feel they ought to go down the route of assisted suicide or voluntary euthanasia. Perhaps even financial constraints may force them to request an early death.

It is not beyond the bounds of possibility for younger relatives to “put the idea” into the elderly relative’s head, for their own financial benefit of inheritance.

The Bill’s definitions are vague

Almost any health problem could be used to justify an individual meeting the criteria for being killed. For example, anyone who is dependent on others or on medication 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? Looking to medical practitioners suggests lethal medication, but other means such as strangulation or shooting are included.

There is no conscience clause

This bill would establish the right to be killed on demand when the criteria are met. At one end of the spectrum, any doctor not willing to participate in killing
patients could conceivably be sued, and at the other end of the spectrum, doctors who are unwilling to kill may find themselves unemployed.

**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).

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.

**Laws made on the basis of the exceptional make poor laws**

In Scotland around 37,000 people die every year. No-one likes the thought of the dying-process, yet the huge majority face death with dignity and courage. Many of these will face pain and suffering in different measure, yet we never read their stories in the front pages of newspapers, or see them interviewed on the TV. These unsung “heroes” are the norm, and they all die with dignity, recognising that death is part of life.

A few prominent or famous people face the same issues of these “ordinary” people, yet they demand the law is changed, and they are given full media-cover and print-space.

Please do not legislate on the basis of the very small minority, when the “ordinary” main in the street accepts what is inevitable with grace and courage.

Please, please do not go down this route of legalising assisted suicide or voluntary euthanasia. If the Bill is passed, we will have crossed a fundamentally enormous moral gulf which will be destructive to human dignity and to our society.

Thank you for your careful consideration of this response.

Alasdair H B Fyfe M.B. Ch.B. F.R.C.S
7 May 2010