End of Life Assistance (Scotland) Bill

Rev Douglas Somerset

- Do you agree a person should be able to request end of life assistance from a registered medical practitioner?
- Are you satisfied with the requirements for age and connection with Scotland as set out in the Bill?
- Are you satisfied with the two categories of people who would qualify to be assisted under the terms of the Bill?
- 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?
- Do you consider the level and nature of safeguards as set out in the Bill to be appropriate?
- Do you have any other considerations on the Bill not included in answers to the above questions?

My answers to the first five questions are 'No'. Here are my reasons.

1. The deliberate taking of one’s own life or the life of another is morally wrong and is a form of murder.

2. The bill would put pressure on people who do not wish to die, but who realise that they are a burden to their families, to end their lives. The bill shows no ‘compassion’ to this group of people, which is a group that any of us might soon be in. This is probably a far bigger group of people than the group of terminally-ill people who wish to die.

3. The bill would put the physician in the very difficult situation of making the subjective judgment of whether another, possibly unknown, person ‘finds life intolerable’. What do you? Just take their word for it? Are you a very harsh person if you conclude that they are exaggerating and don’t really find their life intolerable?

4. The bill would require the physician to know whether various people (witnesses, psychiatrists) are relatives or beneficiaries of the person who wishes to be killed. How is the physician supposed to obtain this information? Through a genealogist? A lawyer?

5. What is the physician supposed to do if the attempted killing does not work, for example if the patient vomits after taking the poisonous drugs which were intended
to bring death? Physicians may be highly trained for other duties but they have no training for this one, and untrained people are likely to botch things.

6. I understand from speaking to physicians that while it may be possible to say whether a cancer patient is likely to die within the next six months, it far more difficult to predict whether other sorts of patients (e.g. MS) may die within six months. What is the physician supposed to do in doubtful cases?

7. Although the bill appears to have various safeguards, who would be in a position to investigate whether these safeguards were actually being observed? What if the patient, witnesses, psychiatrist, and physician were all prepared to bend the rules a bit? Suppose that an organisation like Dignitas were to set up a clinic in Edinburgh. Doubtless they could provide witnesses, a psychiatrist, and a physician who were happy to play along. What redress would the general public, or even a family member, have in these circumstances?

8. The Bible teaches that after death those who do not trust in Christ go to a place of eternal conscious torment where they are punished for their sins. The true compassion is to try to stop people precipitating themselves into such a genuinely intolerable situation.

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