End of Life Assistance (Scotland) Bill

Laura Thomson

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.

Firstly, it puts the medical practitioner in an extremely difficult ethical and moral situation. There is no “conscience clause” according to this bill which means that practitioners may be made to carry out this “treatment” against their will. I would argue that that is more of a breech of human rights than denying an individual the right to prematurely end their life.

Secondly, it provides an option that some patients, particularly the elderly, disabled and vulnerable may feel “obliged” to take because they feel they are a burden on society. I think that this is wrong.

Thirdly, the role of a doctor, as I have been taught throughout my medical training as a student is to preserve life, not to end it. This would go against everything that we have been taught as trainee doctors.

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, age and nationality regardless.

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

No, these categories are far too vague, are wide open to exploitation by practitioners and relatives and are just plain dangerous.

Almost any health problem could be used to justify an individual meeting the vague “criteria” for being killed. For example, anyone who is “dependent” on others or on medication to any degree would come within its scope (including those with almost any physical or mental health problem, no matter how treatable).

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.

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. Regardless of the fact that I disagree with the Bill in principle, there are not enough safeguards to protect vulnerable people such as the elderly, depressed patients, or those with other psychiatric illness, and physically disabled individuals.

Experience in other countries with similar legislation, e.g. 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. Capital punishment dropped out of favour partly due to the impossible task of avoiding miscarriages of justice. It would be no easier to avoid killings never envisaged nor intended by euthanasia legislators. In the absence of any formal reporting or monitoring the system would be open to abuse, and a Scottish Harold Shipman could be the result. The safeguards in the Bill are totally inadequate to safeguard the public, and no amount of rewriting can achieve the desired level of safety. The timescales specified are woefully short and, while capacity is taken account of, mental disorder is not even mentioned. Patients with schizophrenia, depression and obsessive-compulsive disorder could meet the criteria and have capacity, but would this mean it is OK to kill those with treatable mental illnesses?

Do you have any other considerations on the Bill not included in answers to the above questions?

- Killing people is immoral. The law recognises this, as it should. Alleged compassion as a motivation cannot justify an immoral act.

- All doctors promise to “first do no harm” to their patients. Sanctioning killing by doctors as a “treatment option” makes doctors dangerous. Doctors are consistently rated as trustworthy by the general public, but making them killers would weaken this vital trust.

- Dying with dignity is what doctors aspire to help their patients to do, but not by giving up on life and hastening their deaths. Killing people, even at their own request, diminishes the inherent dignity of human beings. Dying with dignity does not equate to assisted suicide. There are reports from countless individuals who have been with loved ones through the palliative care system and would maintain that their relatives have been allowed to experience a dignified death. 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. Dying at the hands of another individual, whether it is “consented” or not, is not, in my mind, dignified.
- Laws protect us and inform the public conscience. Removing even some of the laws preventing killing would alter the public’s perception and result in more people who are currently undecided seeing suicide as a legitimate option. Euthanasia is cheaper than palliative care and, in a health system with finite finances, access to high quality palliative care would be likely to suffer as an unintended and undesirable consequence.

- The right to self-determination is often cited as justifying the right to assisted suicide. However, individual autonomy can never be absolute in society. We all have to accept limits on our behaviour for the sake of others. The minority who wish euthanasia should not create laws that would put a larger number of people under pressure to request killing.

- 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 means would be used to kill? Involving medical practitioners suggests lethal medication, but other means such as strangulation, shooting or asphyxiation are potentially included.

- This Bill would establish the right to be killed on demand when the criteria are met, but allows no grounds on which doctors may object to being forced to kill. It is conceivable that doctors who are not willing to participate in killing patients could be charged/sued, while others may simply find themselves out of a job.

- Historically and currently the overwhelming majority of doctors do not support euthanasia, including their professional bodies (the Royal Colleges and the British Medical Association). Doctors killing patients is unethical in the extreme.

- 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.

- 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.
Conclusion

I would earnestly ask for the government to please consider the above and ask that they would 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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