End of Life Assistance (Scotland) Bill

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We urge you not to take any further steps to enact this Bill. We do recognise the extremely difficult personal and social issues which Margo Macdonald MSP, as proposer, is seeking to remedy, but do not believe her proposed approach is the right one.

We are aware of the submission from the Church of Scotland, Church and Society Council and support all the points made by the Council, who submitted on behalf of tens of thousands of active church members, many of whom have specialist knowledge and experience in this area. We do not personally have any such expertise, but are nevertheless deeply concerned by the proposals - which we suggest would have long-term social effects much wider than intended, and so are fundamentally flawed. These flaws are inherent in the thinking which underpins the bill, and not related to the proposed detailed wording, and so we will not comment on that.

1. As emphasised strongly in the Church & Society submission, the proposal is based on a view that every individual has the right to decide their own fate. Whilst we realise this is perhaps true in the ultimate, we believe that making such decisions without regard to the feelings, views and relationships each person has with others is completely the wrong way to view our society, and the value that each person contributes to it. They themselves may feel they have little or no value – but is that the reality? We suggest not, and that human love is expressed above all in caring for those who can respond much to it. The politician who said ‘there is no such thing as society’, is today seen as seriously mistaken (though her quote in context does emphasise that all individuals are linked via families, so possibly this famous quote isn’t quite what she intended?).

2. We ourselves have not experienced the effects of a suicide, but we have seen the impacts on friends and others. We cannot believe that surrounding such a decision with the required bureaucratic safeguards and involving medical expertise will avoid all these impacts. In effect, we would be expecting those responding to the request to agree with the patient in their self-centred view of humanity: ‘if you think you are too much of a burden on us, or to yourself, then we agree too – you don’t have enough value to us to make continued life worthwhile’. This is indeed a slippery slope down which we do not wish to take any steps at all, as we believe all individuals have equal intrinsic value as humans (and we think most in society hold this view when pushed, whether or not they justify it, as we do, as members of a faith community.)

3. History is full of examples of individuals who did believe it worthwhile to rescue or prolong the life of individuals whom many would judge had little or no individual ‘worth’ – and without exception we tend to honour such examples, whilst often wondering whether we ourselves in similar
circumstances would have the courage to act as they did. In contrast, we are very ready to condemn persons who do nothing when they see others in danger. If we legalise the assisted suicide of individuals who are ill or old and so wish to die, how will that affect society’s longer-term views about whom it is worth ‘saving from danger’? And what will be the resulting social effects? – we suggest they would be seriously negative.

4. Though not medically qualified, we have close family members and friends who are both doctors and nurses. Through them we are aware that, when choosing among areas in which to practise professionally, physicians with the highest personal values and ethics now consistently avoid UK maternity services, as they know they would be pressured to agree to abortions virtually on demand. We believe that, if this Bill were to go forward, exactly the same would happen for geriatric and degenerative disease specialities. Given the hugely increased future demand for excellent geriatric care and the inner resources it so often requires, is that an acceptable consequence?

5. We greatly welcome every increase in medical knowledge and ability to cure ill-health, including the growth of effective palliative care mentioned in the Church & Society submission. Nevertheless we are disturbed by any view that implies medicine is a ‘cure’ for every form of suffering, or that individuals have an intrinsic ‘right’ to a trouble-free existence. We believe that such attitudes weaken society and increase self-centredness. The proposed Bill seems to us to be solidly grounded on this highly undesirable and mistaken approach.

We certainly do not wish to suggest that, as medical ability to prolong life increases, there are no moral dilemmas to face or very distressing situations in which individuals are involved. We do believe that, if society decides to support those distressed by these situations in every way possible – providing appropriate medical, social, emotional and spiritual care – that is a much better and more sustainable response than to seek ways of permitting assisted suicide.

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