End of Life Assistance (Scotland) Bill

Lucille McQuade

I DO NOT agree a person should be able to request end of life assistance from a registered medical practitioner. Some people who are in pain or suffering from a debilitating illness may feel they want to end their life due to depression. This state of mind can change and once they had decided to end their life, there may be no turning back.

This would also put an unfair burden on the medical profession who have been trained to save lives and care for people and not to end their lives. Also, without a conscience clause where the medical practitioner could opt out, they may be compelled to help someone die, when this would be against their beliefs.

I am not satisfied with the two categories of people who would qualify to be assisted under the terms of the Bill. Once you start legislating for one group or section in the community to have the right to end their lives, you would have other groups claiming it was discriminatory. In other countries where Assisted Suicide and Euthanasia has been introduced, the sections permitted to carry this out soon become wider and wider. Killing some groups soon leads to the killing of other groups.

I certainly do not agree that the level and nature of safeguards as set out in the Bill are appropriate. Once society accepts Euthanasia as good medical treatment, safeguards do not matter anymore and the number of lives lost under this law will keep expanding. Countries which have legalised assisted suicide have also testified to having major setbacks in terms of safeguards being enforced.

I have grave concerns about the Doctor/Patient relationship and the power this would give to Doctors, deciding the fate of their patients.

I believe we really have to look at the effect this would have on society and whilst a small number of people are in what they would deem to be awful situations, we need to look at the broader outcome for society, should a law like this come into force.

Also, if there were to be a law on assisted suicide, elderly and disabled people could feel they are a burden and that it would be better for them to die.

There is a real risk if this is accepted in society that less money would be spent on palliative care and cures for diseases if there was an easier, cheaper option.

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