I hope you will excuse the simplicity of these comments. I have no training in medicine or law. I am an ordinary citizen with no special expertise in these areas. I will therefore have to use simple, blunt language.

I believe the End of Life Assistance Bill is problematic in at least five ways:

Firstly, it assumes that doctors know how and what to give someone in order to make them die. Thus, in order to comply with the terms of the Bill, medical students in Scotland would have to be trained to kill adult humans. I dare say that, as doctors, most already know in general terms what and how much of a drug would kill someone, but in order for the Bill to work efficiently, such general knowledge would have to be finessed. It seems counter-intuitive that medical students should be trained to kill patients. The common understanding of medicine and medical care is that these practices help people either to recover their health after illness or accident, or, if this is impossible, to give patients such drugs as make untreatable pain supportable. At most, with palliative care, doctors may learn how to enable patients to die with the least suffering possible. But for medical students to be given training in actually ending the life of adult human beings is a new departure in the understanding of the term ‘medical care’. It would seem to many to contradict the notion of medical training for it to include training in how to kill people.

Second, it seems that, under the provisions of the Bill, all of the dealings between patient and doctor would be so private that it would be very difficult or impossible to assess whether all the procedures had really been followed. The same is the case with the psychiatrist. It would be difficult and in some cases impossible for persons outside the loop to check whether patients who had undergone this procedure had been of sound mind, absolutely advertent in what they were doing, or fully understood the terms. The main point here is not that a legal nightmare could ensue, if a irate family discovered too late that a doctor had administered the ‘death drugs’ to a relative and were not convinced that the proper procedures had been followed (for instance, if they believed the relative was not of sound mind), and therefore decided to sue. That is a possible and indeed likely outcome. The main point here is rather that no-one at all would be able to check up on cases. We would only ever have the doctor’s (or psychiatrist’s) word for it that the patient was of sound mind, fully advertent, and understood the terms. The lack of transparency concerning many cases over many years would inevitably undermine trust in the medical profession. Both of my parents are aged. My mother has a terminal condition (emphysema). I shudder to think that, without my knowledge, a doctor could give my mother a fatal dose, and that I would have no way of knowing whether her consent to this was genuine, or whether she was actually of sound mind at the time. She has panic attacks, and feels badly about the amount of care she requires. If on two separate bad days
she signed the form asking for ‘end of life assistance’, I would have no way of knowing whether this was something she actually wanted to do, or whether the doctor had given her encouragement in that direction. The Bill assumes that the general public resides a very great trust in the medical profession, a trust so complete that, on a doctor’s word for it, every relative of a person whose death was assisted by a doctor would automatically assume that the consent must necessarily have been genuine.

Thirdly, the Bill requires that we put this trust in the medical profession while simultaneously undermining the basis for this trust, that is, the assumption that the goal of the medical profession is to help people get well or to make pain tolerable. We commonly, at present, think of doctors as people who work to help us restore our health when we are sick, or at least help us to find ways of coping with irredeemable pain. That is the reason why we trust them, that their job is restoring our health. Once part of their job becomes helping to kill people, this trust will be lost. Many illnesses, including, for instance emphysema, make people a bit paranoid (emphysema does this because of the difficulty in breathing). If old people begin to distrust and fear their doctors, as people who may encourage them to seek assistance to end their lives, that would be a bad thing. It would damage the doctor – patient relationship. For surely, doctors would have to outline ‘ending your life’ as one of the options available to a very sick patient. They would have to list it in any explanation of the options open to a patient, otherwise the patient could claim that they had been left uninformed and had to suffer needless intolerable pain. But, if the doctor *did* mention it, as one of a range of options open to a sick or terminally ill patient, the patient might well fear that they were being actively encouraged to take that road. Many patients would live in fear of their doctors. And rightly so, for if ‘ending your life’ was one of a range of available treatments, would every single doctor succeed in never making it sound to a patient like the best way forward?

Fourthly, the Bill seems to be proceeding negatively. It notes, accurately, that many terminal conditions are extremely painful, and make life sometimes feel intolerable. Since this is the case, we should put as much money as possible into research into these conditions. We should be thinking of ways to find money to fund research into, for instance, motor neurone disease, rather than thinking of ways to enable doctors to kill people who have it. We need to think more about how we want to finance health. Do we want to finance it merely by paying for the NHS, or do we want to finance it by putting as much of our available resources as we can into medical research? In short, it seems to me that the solution to the problem of people suffering apparently intolerable pain is to fund research into the diseases for which we currently have little or no treatment. The positive approach would be to find out how to make life better for those suffering these diseases, especially by curing them. The negative approach is treating life itself as a disease. Alzheimer’s was incurable a decade ago, and now researchers like Aberdeen’s Professor Claude Wischik are on the threshold of finding a cure for it. I believe the Scottish Parliament would be much better off thinking of ways to find the money to fund medical research into serious illnesses, than in finding ways to legalise euthanasia for those who have these illnesses.
Maybe, for example, more money should go into research, and less into the NHS as such. There’s no point in just asking, ‘where’s the money coming from?’ (as Mrs Thatcher used to say). If there was a serious will to find the money for this research, because it was believed to be for the common good, the money would be found.

Fifthly, it is not true, as some have said, that this Bill does not legalise euthanasia. The Bill speaks both of the doctor’s providing ‘assistance’ and of the doctor’s ‘administering assistance’ in a patient ending his or her life. For a doctor to ‘administer assistance’ in the termination of a life is for the doctor to practice euthanasia.

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