End of Life Assistance (Scotland) Bill

Christina Ronayne

As a registered nurse with many years current experience, I am deeply unhappy about the proposals in this bill. I do not agree that a person should be able to request end of life assistance from a medical practitioner (or anyone else) in any circumstances. I have cared for many patients and their families during the final hours, days and weeks of their lives and have always remained conscious of the immense privilege that this has been. I fully believe that this final journey, from life to death is the most important, for the traveller, and for those who journey with them. It is a period of deep growth, profound relationships, reconciliation and renewal.

As an example I will share with you an experience I had at work last week. A patient had suffered a cardiac arrest 3 days previously, after being treated for cancer for the previous 18 months. They had attended for a check up for fear that the cancer had returned. The patient was now on intensive care although it was felt that treatment was now futile. I contacted the patient’s family and explained the plan of care. When they visited I had cared for the patient in as complete a manner as possible, he was washed, shaved, comfortable, I had removed all unnecessary equipment and tried to make the surroundings as comfortable for the family. When the family arrived, they were understandably upset, but had been expecting the end of their relative’s life for days, since the initial cardiac arrest, their comment was “but you wouldn’t do this to a dog, why can’t we end this now”. At this point I had no idea of the faith background of this family, however I felt it important to share my view of the importance of this final period for the patient and the family. I shared that my life is lived “for” that final journey, that it is so important for everyone present that I feel it should not be hurried, that it is a journey that is only made once. I also shared my personal belief that this was all part of the immense love of God for all of them individually. The relationships within the family changed, there was a huge peace, the day passed in such a relaxed manner, with the family present and much laughing, crying and sharing, a celebration of a life lived. For me that is what care of the dying means, helping the patient and family to celebrate the fullness of life, not cut it short.

I feel that age is irrelevant in this discussion, when faced with a life changing terminal illness is anyone, at any age able to fully understand the ramifications of ending that life.

To restrict the bill to those aged 16 and over and registered with a Scottish medical practice is still not acceptable in my eyes, as explained above I do not believe that being over 16 enables one to take this decision competently, and the lack of exclusive NHS involvement makes one foresee the existence of medical practices dealing exclusively with assisted suicide, not a pleasant thought. In this technically advanced era is it not better to invest resources, financial and research based, in improving the care and treatment, of those with terminal illness, improving pain and symptom control, improving support
for carers, so that no one feels the overwhelming burden of suffering and distress rather than plan for the easy” option of ending life?

The consent process is very detailed, but from experience I see that no matter how detailed and apparently safeguarded such a process may be there is always the risk that it will be subject to peer pressure, by this I mean patients, realising that they are a “burden” to their families feeling pressurised into seeking assisted suicide. And it is entirely possible that the 2\textsuperscript{nd} check by doctor and Psychiatrist becomes a tick box only formality as happens in many cases with the fetal termination process, the 2\textsuperscript{nd} medical practitioner may never actually see the patient, only signs the form.

It is incredible that the issue of conscientious objection has not been fully discussed in this bill, this will need to encompass all members of the medical team, not only the medical practitioner and there will need to be real safeguards to prevent anyone unprepared to me involved in this process from being devalued in a professional or personal manner.

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