End of Life Assistance (Scotland) Bill

Hazel Naughton

The following is my submission on the 6 key questions regarding the above Bill.

1. Do you agree a person should be able to request end of life assistance from a registered medical practitioner?

No. I do not agree that a medical practitioner or any other member of the Health Services should be permitted to assist in what amounts to suicide or euthanasia.

Whilst truly sympathising with those who are faced with severe pain and loss of dignity I believe it is the challenge to society to seek to alleviate their suffering, both physical and mental. As we grow older (and I am 75) we do indeed fear to be a burden on our relatives and on society. I believe that this bill would encourage us to believe this. On the other hand, we have all been encouraged in our own lives by the examples of courageous living and courageous dying under difficult conditions. When we see a person struggling to make the very best of every minute of the gift of life, it is a tremendous encouragement to all of us to overcome any current lesser difficulties. If it were possible to give up whenever we chose we would lose the courage, the stamina, the very life blood of our society. We show our compassion by caring for those who are suffering and by fighting for the relief of their suffering.

We come into this world weak and dependent on others, and we leave it weak and dependent on others. This is the natural cycle of life. It is extremely dangerous to meddle with this by social engineering. Because the truth is that however many safeguards there might be, if this Bill were passed, it would start as a trickle and in a comparatively short time end as a flood. Once the norm had been set it could not be stopped. It might take a few years, a few decades, but gradually the value of life would be irrevocably undermined.

2. Are you satisfied with the requirements for age and connection with Scotland as set out in the Bill?

No. It is shocking to suggest that a sixteen-year-old adolescent, at a time of crisis, e.g. a serious accident or a deep depression, can have the right to request his/her own death. The teenage media at times glamorises suicide and even murder. For a youngster in a highly charged situation to be given the opportunity to request his/her own death legally could sound very attractive – except that they do not have the opportunity to wake up again and find they have made a mistake. At the time of crisis they will declare that they are rational - but would they have made that decision in six months’ time, a year’s time? A young person going through a crisis needs the solid support of their parents, friends, medical staff, society, to give them the courage to
fight on, to pick up their own lives and fight through to a better future than the terrible time they are experiencing in the present.

The anguish of parents in this situation doesn’t bear considering. Parents need the support of society which says that euthanasia and assisted suicide are against the law, and they need the support of doctors whose training and whole philosophy and whose vision has been based on saving life, not giving up on it and destroying it.

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

No. These two categories appear to be strictly limited in order to get the Bill onto the Statute Book. It was the same with the abortion bill. The categories of people were at first strictly limited, but now it is more or less abortion on demand. The same thing would inevitably occur with the End of Life Bill. Once the principle of assisted suicide and euthanasia had been accepted for limited categories of people, the categories of people would very soon be increased and more and more people would become eligible.

4. **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.

a) Except for the case of patients in a Care Home the Bill gives no guidance as to whether the doctor or the witness should know the patient, how long the interview should last.

b) The time is far too short. Two months and you are dead. Some patients, e.g. those seriously injured in an accident, can take many months to adjust to their situation. Soldiers with horrendous injuries from warfare (and the media keeps very quiet about these), need a very great deal of time and care to learn to adjust to their situation. Are we therefore to bring our young men and women home from the war and then after two months allow them to be killed or kill themselves before they have the chance to learn how they can be supported and encouraged to find a new life? This is not a caring society that lets them fight for us and then abandons them after a short two month process rather than staying with them.

This whole process strikes me as being close to the Nazi solution of removing people who do not fit into the “ideal” society. Because it will undoubtedly eventually amount to that. People will feel they are a burden on the state, and on their families, and feel they should offer to relieve their families and the state of this burden.

This process on offer is far to easy to access for someone determined to commit suicide. This is especially so when the process is so very short.
5. Do you consider the level and nature of safeguards as set out in the Bill to be appropriate?

No. It is not possible to have safeguards. If a scheming person were trying to encourage an elderly person to die, they could perfectly easily overcome any safeguards. If a person were temporarily out of their mind with distress the time is far too short. If the media felt we had too many elderly people they could very easily increase their negative output. The only genuine safeguard against abuse is the strength of the legal system. Our legal system currently does not permit assisted suicide or euthanasia, and it must be maintained as it stands.

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

a) None of us know how our lives will end. Most of us older people as we approach the end of our lives will have anxieties to a greater or lesser extent. What I in my mid seventies ask for is a health service whose staff I know I can trust to do the very best to help me live as well as possible within the limits of my physical state, and then when it is time to die, to help me die with as much dignity as is possible. As I grow older it is possible that I may have irrational fears. I want the freedom to be able to go into hospital and know it is illegal for them deliberately to end my life. But if this Bill goes ahead I can no longer have the certainty that doctors will have my wellbeing at heart. I will know of the shortage of funds, the shortage of beds, the shortage of staff. How then can I be certain that a doctor who has agreed to co-operate in euthanasia or assisted suicide is not the doctor assigned to my case, how can I be sure that he may not decide to “help me on my way” when the state has permitted that doctor to do that very thing. I may unwittingly give a sign that I wish someone to help me to commit suicide. In my anguish I may moan “if only someone would help me to die”. But then when the pain has been relieved, I wish to live again. Supporters of the Bill can well say that that would never happen. How can I tell when my mind is temporarily clouded.

b) What is desperately needed is more facilities for Palliative Care. We need more beds (when my husband was dying there was not a bed available), more staff in a wide range of disciplines, and more research into pain control.

c) This Bill is grossly unfair to doctors who have taken the Hippocratic Oath to uphold life at all costs. It would make the Hippocratic oath meaningless. What would replace it? If this Bill were passed it would destroy the whole concept of medical care, and destroy a tradition which has existed for the past 2000 years. The founders of the Bill talk about safeguards but once the principle of the Hippocratic Oath has been abolish (as it would have to be) there would be no safeguards, no end to the slippery slope downhill, in the same way as legalised abortion has in some states now allowed a baby to be killed as he/she emerges into the light of day. At present doctors know their duty as outlined in the Hippocratic Oath. Without the safeguard of that oath they would be thrown back onto their personal consciences, causing them
endless turmoil as to whether they were doing right or wrong. Our doctors deserve better than that, they need our support, and we need their support.

In my opinion this is a very dangerous Bill, and must be unconditionally rejected.

Hazel Naughton
9 May 2010