End of Life Assistance (Scotland) Bill

Dr Jack A Macfie

My background and interest in this bill is that I have worked for nearly 30 years in General Practice in Scotland, and retired relatively recently.

My experience in General Practice makes me strongly agree with the first point for responses to the Bill, namely that a person should be able to request end of life assistance from a registered medical practitioner.

We must be aware that whilst skilled palliative care will meet the needs of the great majority of patients, it does not provide all the answers, and that even despite such care some patients can have a very distressing end to their life. Furthermore, quite apart from distressing symptoms, some terminally ill patients hate the very idea of having to endure the ordeal of their inevitable decline, their dependence on others and their loss of control over their own circumstances. Such patients can reasonably ask, “What is the point of enduring all this suffering when I am going to die anyway in the near future?” And if these patients request assistance to end their life, I think doctors need to be prepared to meet their patients’ requests. It is after all a fairly fundamental human right that we should be able to control our own mode of dying rather than have this decided and controlled by others.

At its heart this Bill is about compassion for patients and respect for self autonomy, and opponents of the Bill should therefore have very good reasons for opposing it. In my view there are no such reasons, but I recognise that some people will oppose the Bill because they are concerned about “the slippery slope”, by which they mean that some patients may feel pressurised or coerced into inappropriately seeking assisted dying. That understandable concern needs to be dealt with by strict safeguards and legislation, but the fear of inappropriate use of legislation regarding End of Life Assistance is not in its self a good and proper reason for simply denying this legislation to all terminally ill people.

Other people will oppose the bill because they think it will reduce investment in palliative care. This is not so and we must be clear that assisted dying is not a substitute for palliative care but an alternative option for the dying patient. Palliative care will remain the treatment of choice for the great majority of patients and we need to increase investment in it, not reduce it.

With regard to the second point for responses to the Bill, I am satisfied with the requirements for age and connection with Scotland as set out in the Bill.

With regard to point three, I am satisfied with the two categories of people who would be qualified to be assisted under the terms of the Bill. In this submission, however, I have only discussed terminally ill patients because issues relating to assisted dying occur predominantly in this category.
With regard to points four and five, I am satisfied with the consent and verification process proposed in the Bill and consider the level and nature of safeguards appropriate.

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