End of Life Assistance (Scotland) Bill

Dr John-Paul O'Sullivan

Please consider the following as part of your evidence for the End of Life Assistance (Scotland) Bill.

I am grateful for this opportunity to respond to the proposed legislation and I make my response as a Scot, a Christian & a trainee in General Practice working in the NHS. I have divided my response into 2 parts for ease of reading:

i. A Concise Personal Response

ii. A Specific Response to the consultation paper’s questions

Thank you for taking the time to consider my evidence.

1. Concise personal response

I am deeply concerned about assisted suicide being legalised in Scotland. The main reasons being given in support of assisted suicide are as follows:

(a) Individuals have a right to it (and we must respect their autonomy),

(b) A majority of people want it,

(c) We need it and

(d) We can supervise it safely.

I believe that these arguments are flawed and would encourage you to consider the following:

(a) Autonomy – individuals have a “right to die”

The consultation paper simply assumes that we all have a “right to die” without justification & it’s terminology is misleading:

The consultation is really about the “right to kill oneself” and the “right to be helped to kill oneself”, not the “right to die"

The “right to refuse life-saving/sustaining/prolonging treatment” is distinct from the “right to kill oneself” (suicide)

The “right to kill oneself” (suicide) is distinct from the “right to be helped to kill oneself” (assisted suicide)

The “right to be helped to kill oneself” (assisted suicide) is distinct from the “right to be killed on request” (euthanasia)

Individuals' rights and self-determination (autonomy) cannot be absolute within society. I would argue that radical levels of individualism in society are likely to lead to anarchy and not liberty in fact. For example, in the UK we do not support the autonomy of individuals to drive on whichever side of the road they please.

Individuals who wish to die do not have the right to demand that other
individuals must help them. Respecting this wish would require compromising
the autonomy of another (the proposal is for Doctors to assist with suicide &
while proponents argue that ‘safeguards’ including a ‘conscience clause’ be
put in place, experience teaches that such safeguards are frequently
insufficient – see below).

(b) Consensus – the majority of people want it

If you believe the opinion polls, a majority of people are in favour of assisted
suicide e.g.
For example an opinion Poll for Sunday Times 08.11.’09 – Should the
law be changed to allow people with chronic illnesses to die if they wish
to end their lives: 68% Yes, 8% No, 24% Don’t Know
However it is interesting that medical opinion does not seem to share the
same confidence in assisted suicide e.g. Palliative Medicine 2009;
23:205-12 – Should doctors should be allowed to end the life of
someone with an incurable, terminal or painful illness: 34% of doctors
said ‘Yes’, 64% of doctors said ‘No’.

In any case, the majority are not always right. For example a majority of Nazis
believed that killing Jews and disabled people was right and millions died in
process of correcting their mistake in World War II.
Majority opinion is not a sufficient basis for legalising assisted suicide,
especially in such a serious and specialised matter with far-reaching
consequences for all.

(c) Necessity – we need it

A major underlying assumption is that death is a necessary part of the relief of
suffering, with no justification for this belief being given.
Individuals who are suffering unbearably want relief from their suffering
It may be assumed by the individual (and/or their carers) that death is the only
way to achieve that relief and therefore death may be requested
However, this does not necessarily mean that the individual wants to die –
rather, they do “not want to go on living like this” (consultation paper, page 2)
It is their suffering they want to end, not their life
It is their suffering we need to deal with, not their life we need to end
Palliative care has grown up in this country over the past 40 years or so as a
specific response to this type of suffering. It is still a speciality in it’s infancy. It
does not enjoy the same funding as other mainstream NHS specialities and
so its resources are limited. There are a rising number of patients who require
adequate palliative care and I believe you would support these patient’s best
by supporting palliative care in Scotland, not assisted suicide.
Assisted suicide robs individuals of their dignity rather than preserving it. It
means that, rather than dealing with suffering, we judge that an individual’s
death is worth more than their life.
As a Christian, I still believe in the concept of sanctity of life (it is evident that a
number people in our society no longer share this view). I believe that human
life is the most precious commodity on earth and that ending it deliberately
and prematurely tramples on a person’s human dignity rather than respecting
It is impossible to know if death ends all suffering as no one can provide definitive evidence of what happens after we die. Death may end physical and/or psychological (emotional) suffering but suffering can also be spiritual. As a Christian I believe that death is not the ultimate end and that I will stand before God to give an account of my life after I die. Many other Christians hold this belief too. Jesus Christ taught that for those who fall short of God's perfect standards, some form of suffering will follow death. Therefore death may not may not relieve suffering, but rather increase it. Doctors and Christians oppose assisted dying because they care, not because they don't.

Drawing all of these points together, I hope that you will agree that assisted suicide is not necessary to deal with suffering – it ignores the real problem, it robs individuals of their dignity and it may actually increase their suffering.

(d) Safety – we can supervise it adequately

A powerful argument against the legalisation of assisted suicide is that it will inevitably lead to abuses and the deaths of some who did not request it. This appears to be the experience of countries like Holland who have already legalised assisted suicide. Many suggest that voluntary euthanasia in the Netherlands has now given way to nonvoluntary and even involuntary euthanasia. Assisted suicide legislation based on the establishment of a “right to be helped to kill oneself” will lead to the establishment of a “right to be killed on request”, i.e. euthanasia. This is because individuals who lack the physical ability to kill themselves with help under the terms of assisted suicide legislation will argue that the law discriminates against them by denying them the “right to die”. If there is a “right to die”, then individuals who lack the physical ability to kill themselves even with assistance should have whatever help they require from a third party. This will establish the “right to be killed on request”, i.e. euthanasia

Experience with abortion legislation in the UK reveals that the apparently restrictive terms of the 1967 Abortion Act are interpreted to allow abortion practically on demand. 200,000 human lives are ended by doctors every year in the UK through abortion – over 6 million since 1967. How many people will be killed in the next 40 years in Scotland if assisted dying is legalised? A conscience clause will not protect doctors or other healthcare professionals from employment discrimination. Despite the fact that a conscience clause exists in the 1967 Abortion Act, doctors who are unwilling to participate in abortion still find it difficult to pursue careers in obstetrics & gynaecology. Therefore even if a conscience clause is added to the proposed legislation, the legislation itself may still hinder doctors (and other health care professionals) who wish to work in specialities like geriatrics, oncology and palliative care as well as general practice. Legally requiring doctors to help their patients to kill themselves changes the core philosophy of medicine and contradicts historical codes of medical ethics. Legalising physician-assisted suicide would make doctors the most dangerous individuals in the country, the only ones who could kill with the law on their
sides. This would inevitably destroy the most important aspect of the relationship with our patients – trust.

As a trainee GP, I meet patients on a regular basis who “don't want to go on living like this”. A doctor's response must always be to listen and to care by dealing with the underlying suffering and not simply by ending the sufferer’s life.

2. Response to consultation paper's questions

1. Please specify any concerns that you have with the proposal and how these could be addressed.
   See my concise personal response (above)

2. What are your views on using the definitions of adult and incapable as set out in the Adults with Incapacity (Scotland Act) 2000.
   Acceptable

3. By whom should reporting mechanisms be administered?
   Irrelevant - assisted dying should not be legalised in Scotland

4. What period, within which death is diagnosed should a patient be entitled to request assistance to die?
   Irrelevant - assisted dying should not be legalised in Scotland

5. What would the financial burdens on the NHS, public sector, and medical organisations or private organisations arising from this Bill be?
   Irrelevant - assisted dying should not be legalised in Scotland

6. Do you have any further comments to make?
   Please consider the points made in my concise personal response (above)

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