End of Life Assistance (Scotland) Bill

Dr S Ruth McAdam

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

No. As a registered medical practitioner myself, I find this idea totally abhorrent. I, together with all medical practitioners in this country, have made a promise to “first, do no harm”. For the law to be changed to allow, or indeed to require, doctors to provide assistance to end life would fundamentally change the relationship of trust which is vital between doctor and patient. It has been clear in previous debates that the vast majority of medical practitioners and all the Royal Colleges of Medicine do not support assisted suicide.

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

No. I do not believe that the law should allow any person to request end of life assistance from another person. The law should safeguard human life, and especially that of the most vulnerable, who may be at risk from other people.

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

No. The wording of the Bill could be interpreted to include tens of thousands of seriously ill or disabled people in Scotland, people who are in a particularly vulnerable state and may well feel at times that their care is a burden to others. In addition there is no definition of what it means to find life “intolerable”.

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. I do not believe that the law should allow any person to request end of life assistance from another person.

Do you consider the level and nature of safeguards as set out in the Bill to be appropriate?

No. I do not believe that the suggested medical assessments would be sufficient to discern that the patient is not under external pressure to request assisted suicide, nor do I believe that the burden of these assessments should be placed on medical practitioners.

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

The methods by which life would be legally terminated are not identified.

The Bill places responsibility for providing 'end of life assistance' on the shoulders of Scottish doctors, for whom it contains no 'conscience clause'. I do not wish to be compelled to participate in ending the life of any of my patients.

Enabling a person to die with dignity and the minimum of distress is the aim of all medical practitioners who are involved in end of life care. I do not agree that assisting patients to take their life is the way to achieve this aim, but providing good medical and palliative care is.

The wording of the Bill makes it ambiguous in intention. It is not at all clear that only assisted suicide and not euthanasia is envisaged.

The Bill contains no specified procedures by which doctors would report their involvement with an assisted suicide. This makes meaningful audit of how the law was working impossible and leaves doctors open to accusations of abuse.

This Bill would change the value which our society puts on human life. For us to accept assisted suicide or euthanasia means we agree that some lives no longer have any meaning, value or worth.

I believe that having assisted suicide legislation in place would send a message to vulnerable, ill, and elderly people that they should take up the option of assisted suicide so as not to be a burden. These are the very people whom a compassionate and just society should be protecting and caring for.

Euthanasia and assisted suicide are cheaper than palliative care. Our health system has finite finances. It therefore seems likely that access to high quality palliative care would be likely to suffer as an unintended and undesirable consequence of this Bill.

Permissive legislation such as this is likely in time to be seen as a right which can be demanded. In giving a small number of people this right, the rights of medical practitioners who believe that taking human life is ethically and morally wrong would be disregarded.

From my own experience of being involved in palliative and end of life care of many patients during more than 20 years as a general practitioner in Scotland, it is clear to me that the wishes people sometimes express, while in relatively robust health, regarding ending their own life if certain medical circumstances were to arise, are very often not maintained when these circumstances do arise. Most people find that they do want to “live until they die”, even if they have become frail and live with some degree of distress or pain. It therefore seems to me to be impossible to draft legislation on the basis of how it is imagined one might feel in circumstances not yet experienced, and our existing laws provide protection when these circumstances arise.
In addition, it is common for people to experience a period of depression as they become more ill and recognise that their life is irretrievably changed. During this period people may well express a desire that their life would end, however with support and treatment of depression many people will recover from this and come to a state of acceptance regarding their situation, often finding that there is still much to enjoy and value in their life. It would be an appalling failure of medical care to accede to requests for assistance in ending life in these circumstances, and I do not think one could ever be sure that the person would not change their mind given a little more time and support, or a change in drug treatment or care provision.

When people do, from time to time, make a request for assistance to end their life, at present I view it as an indication that I need to spend time with that person exploring their reasons for such a request and finding ways to ease their distress. The safeguard at present is that not only do I not wish to provide such assistance but the law does not allow me to. This provides a boundary within which we can conduct such discussions and plan their care. For this boundary to be removed would place both the patient and the doctor at risk of unethical and harmful behaviour, which I believe would be damaging to our society.

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