End of Life Assistance (Scotland) Bill

Dr Lorna Nunn

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

No. We should not change the law to make it acceptable for one person to kill someone else.

It seems to me that the proposed Bill deals not so much with the 'right to die' (which has already been looked at in the UK and European courts) but about the 'right to be killed' by someone else. We will all die at some point, so it is difficult to see how this can be argued as a 'right'.

I am a General Practitioner. Medical practitioners have now, as well as for hundreds of years, acted to try to heal, not to harm. In all parts of the health service and society we work so hard to try and help people whose reduction or loss of meaning and purpose leads them to want to commit suicide. This legislation would make suicide more acceptable and decrease our society's commitment to caring for the weak and vulnerable. The passing of the proposed legislation would bring a fundamental change in the doctor-patient relationship, especially for vulnerable people. It takes courage to speak to a doctor about thoughts of suicide; some patients might fear divulging this to their doctors. Dr Harold Shipman was a registered medical practitioner. We cannot guarantee that human beings always act in a truly good and altruistic manner; legislation like this is wide open to abuse, please see below.

Doctors are already incredibly 'powerful' people. This would shift the balance even further in an unhelpful way.

There is no doubt that a small number of people will persist in their request to die. However with good palliative care and attention to the needs of the individual, persistent requests are extremely rare. Moreover if we change the law to account for this small number, we will create a culture of death, where many people may feel they have a duty to end their lives. We should be investing heavily in good palliative care.

Many rules and laws are made to protect individuals and society, for example driving on the left hand side of the road. If we have a small number of people driving on the right, because they want to, this will inevitably have consequences. Public safety would be severely affected by bringing in legislation to allow assisted suicide and euthanasia. Simply because we want to do something does not automatically mean we should be able to do it.

From my understanding of the law in other parts of the world, this Bill would introduce a Netherlands type law. 1 in 40 of all deaths in the Netherlands are from physician assisted suicide. This would equate to far more deaths in Scotland than originally envisaged. I would urge the committee to look into the
data from the Netherlands.

Economic pressures are becoming more of a concern. I am fearful that many people, especially older people, will feel pressure to end their lives as they perceive they are a 'drain' on resources.

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

No. As outlined above I am against this legislation in principle. Even if I agreed that it might be desirable legislation, how would we guarantee that the age would not be reduced in future? In the Netherlands, where euthanasia and assisted suicide have been legalised, there have already been cases of newborn babies being euthanased, as well as many cases of involuntary euthanasia; that is where the individual has not asked for their life to be ended.

It would be possible to be registered as a temporary resident in several different GP practices whilst still not being fully resident in Scotland. In my practice we have a large Eastern European population and we have temporary residents who visit Scotland regularly in order to see other members of their family.

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

No.
The terms are so broad that very many people are potentially included. Many teenagers go through stages of feeling that life is not worth living. I would guess there are probably thousands of Scottish people who live with conditions such as arthritis, diabetes, strokes. Whilst as doctors we try to predict the course of illnesses, it is not possible to do this accurately all the time.

- The Bill outlines a two-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 think it would be very difficult, if not impossible, to be sure that someone is not acting under any undue influence. Also, what kind of influences would be included? This is very subjective.

Point 7.1.d states that the designated medical practitioner must discuss 'the forms of end of life assistance which may be provided'. In the Bill nothing is set out as the mechanism of death. Doctors are not trained to kill patients. If nothing is specified, perhaps some medical practitioners would be able to justify hanging or shooting, or some other means of death.

None of us makes our decisions in a vacuum; we know for example that many elderly people make decisions after consulting with their families. However the
The abuse of elderly people is worst within families.

A 15 day period between the first and second formal requests is extremely short. Many people after a diagnosis of cancer for example, are in shock, and fearful about the future. It can take many weeks, if not months, to come to terms with illness. Hospital stays for people with depression can easily run to weeks if not months. Most of us dealing with loss / change in circumstances, even if not related to our health, find it takes a period of adjustment.

As a GP, not a Psychiatrist, I am not an expert in determining the 'capacity' of an individual. I do know that it can be a very complex and difficult thing to determine. Also, it can be difficult to determine at times whether or not someone is depressed, or suffering from another mental health problem. If we were to add alcohol/drugs into the scenario, it can be even more difficult.

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

No, I believe this legislation would put many vulnerable people at risk.

There is no requirement to register deaths. Alarmingly, in the Netherlands where doctors should be registering deaths, I believe that 46% of euthanasia deaths are not reported. There is no way of auditing deaths.

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

I was confused with section 1 – it does not refer anywhere to the 'designated practitioner'. Instead it would not be 'a criminal offence or a delict for a person'... Who is that person? The designated practitioner, or someone else?

In point 3.1, the designated medical practitioner could potentially ignore the informal request that the requesting person no longer wishes assistance. There do not have to be any other witnesses to this.

In point 5.1.c and 5.2.b, the 'interest' referred to could mean that private clinics could be set up to provide assisted deaths. In fact, I could carry out assisted suicide for patients in my own home, away from the public (see point 11.5).

At no point in the Bill does it state that the registered medical practitioner is the one to actually administer the means of death. See especially 11.4 and 11.6. (and also 1.1a and 1.1b). So, it could be possible for a third party (?who) to be involved, who would have protection from prosecution.

For those medical practitioners who may not wish to be involved, there is no provision of some kind of 'conscience' clause.

In conclusion I think this is a dangerous Bill which puts a large number of vulnerable people at risk. I call upon the committee to reject any attempt to legalise assisted suicide and euthanasia in Scotland.