End of Life Assistance (Scotland) Bill

Matthew Flynn

As a second year medical student in Glasgow and a part time employee in a residential home for the elderly, I have given much thought to the issue of assisted suicide, and despite the questions I wrestle with on unnecessary suffering, the End of Life Assistance (Scotland) Bill alarmed me extremely.

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

No, no one should be able to request end of life assistance from anyone else.

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

No, no one should be eligible to gain assistance to die, and I point out that the age requirements outlined in the bill includes many young adults who undergo transient periods of suicidal thoughts and who would abuse, and thus be abused by, any leniency in the law regarding assisting suicide. Also “restrictions” outlined could invite foreigners and other Britons to move to Scotland upon the diagnosis of terminal illness or physical incapacity months or years in advance to take advantage of any leniency in Scottish Suicide law.

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

No, every life is worth living and as soon as one person is allowed to die then the equality lobby would seek to widen it for all people as (quite rightly) we should all have equality of opportunity. This bill is furthermore unnecessary and dangerous:

‘Diagnosis of terminal illness’ (as a person who suffers from a progressive condition and whose death can be reasonably expected as a consequence within 6 months): Even given the correct diagnosis, many patients today live for several years after such a diagnosis, and the diagnosis itself may be flawed.

‘Finds life intolerable’ is both vague and an unacceptable reason for assisted suicide. Two weekends ago during a bug I had severe dehydration and I found life completely intolerable but the severity of symptoms immediately decreased with the application of a 7-Up. Thus the physical intolerability is often transient and modern medicine is often more than up to dealing with it. More importantly, the bill implies that it is at the discretion of the person rather than the doctor to declare their life intolerable, so for a suicidal person, this is interchangeable with ‘wants to die’ as they are not going to rule that decision against themselves.
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 am not satisfied with any process enhancing a person’s eligibility for assisted suicide. The bill rightly does not assume the good intentions of the family of the individual but it can be the same doctor all the way through making the decisions on capacity etc., and he may not have the best of intentions himself. No legislation can enforce integrity on the part of the doctor except the prosecution of all persons assisting suicide.

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

No, the only safeguard which will work is the prosecution of anyone who assists a suicide. I further attest that no law can safeguard against the abuse of such a volatile piece of legislation that would leave the death of an individual to the discretion of those around him.

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

There are many flaws with the Bill but I do not suggest an amended version be put before the parliament, as Suicide and assisted suicide are wrong in principle.

As a medical student I condemn assisted suicide. In future I want to provide care for patients and will treat suicide as an illness of the mind that needs as per my education in first year requiring careful treatment and counselling. I neither want to administer a lethal dose to someone or to deal with patients doctor-shopping to find one that will. I want healthcare to be patient centred, but patient autonomy does not stretch to require a doctor to do what is harmful, whether he is willing to or not. We are an interdependent society, and increasingly so with an ageing population and I will seek to protect my patients, even against themselves, as is my duty. The fact that killing is wrong is an absolute, stated the Hippocratic Oath and the teachings of major world faiths. We’ve not discovered ‘new better morals;’ suicide is an abandonment of moral code and ones soul.

I face many elderly dependants in my line of work who are often terminally ill or suicidal or demented. One lovely lady claims to be suicidal on account of worrying for her house and lack of communication with her sons, being a burden on people and this is compounded by a hardening of the arteries in her brain which gives her depression like symptoms for which she is on medication. What she requires is to experience love despite the fact her family is gone, to know that she is not a burden (I’m dependent on her for my job), to get the correct treatment for her depression and take some time to make sense of her life and to explore it’s big questions before she dies. Unfortunately she could end up requesting assisted death when we and he
family actually owe her loving care and all the benefits of the healthcare system.

Last term I completed a Student Selected Component in Spiritual care in Medicine. Often people wish to die when they have no meaning in their life to live for, or to ‘explore death.’ Spiritual care is on the increase these days as our society becomes more ‘spiritualised,’ and terminal illness becomes more prominent in an ageing population. It should be coming in to play just where people are turning to assisted suicide. Spiritual care and finding meaning is a crucial aspect of a peaceful death, and questioning of if your life has been for nothing, the existence of a higher power ect., is an important stage of life would be lost by anyone ending their life prematurely.

Therefore I urge you not to support this Bill or any future Bills seeking to make a change in the law.

Matthew Flynn

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