End of Life Assistance (Scotland) Bill

C.A.B. Johnston

I am writing because I am very concerned about the End of Life Assistance bill being considered in committee in the Scottish Parliament. I have carefully read the bill and also looked at the explanatory notes and I am dismayed as the primary purpose of the bill is to legalize the taking of life from persons who will apparently be shown to request it.

I have been a medical practitioner for over 40 years and find it very disturbing to see a bill labeled as “Assisting” a patient when it is designed to enable a medical practitioner to actively take the life of a patient. This is quite incompatible with the ethos the medical profession in Scotland has had over the years.

I do know where people are coming from when they ask for this bill and do understand their feelings. The feelings which make this kind of request often occurs in patients in various stages in many different illnesses and greater visual awareness of what happens in hospital encourages this concern in the general population. That does not mean it is their genuine feeling when they understand the situation and facts more fully. Depressed and vulnerable and dependent people frequently express these feelings from time to time. The expectation that we should control everything in our lives including what we cannot is also becoming more widespread and feeds this attitude. The medical profession traditionally works to protect people from harm and I would consider it is the duty of the state to do so also.

Another thing the public frequently misunderstands is the enormous difference between stopping life support activity for a patient who has no possibility of recovery and the active intervention to take the life of a patient. There is a very clear distinction in the mind of a medical practitioner where the former will be a routine activity occurring every day in the medical teams associated with cardio-pulmonary resuscitation. A healthy participation by the patient who is informed and may write a living will about his wishes in this matter is also a routine practice today.

The Bill comes across as requesting less activity for really needy patients than the many recent previous bills attempting to allow assisted suicide in our country. In fact the kind of patients who could be put away with this act, which I as a doctor would consider wicked, are much greater and more diverse than in previous bills that have been submitted. The vague definition of terminal illness is open to stretching enormously. The term intolerable is left specifically undefined so that it becomes meaningless apart from the fact that it has an emotive content likely to attract public sympathy for the motives of the bill. The safeguards look most insecure to me and I am extremely concerned about the important role given to just one medical practitioner. The procedure to protect vulnerable patients from abuse is looser even than what is required to section or commit a patient to a psychiatric institution against their will. I have no doubt they will be able to recruit medical practitioners to
this activity particularly if they can expect reasonable fees for the work as suggested in section 5 but I fear the effects and divisive attitudes among medical practitioners which would be destructive of our attitude to help patients.

I am concerned the bill would change the face of medicine in this country and destroy our enormous respect for human life. It would put a great strain on doctors whose conscience would be offended. It would undermine trust in the medical profession and would create fear of doctors among patients as has happened in the Netherlands. It is unnecessary. The palliative care services in this country are very good and such a bill does not appreciate their work but rather undermines it. It would be a disaster for Scotland if we went along this road.

One of the most distressing things in our society is the generation of fear among people that they are in serious danger of suffering a very distressing death from serious painful or disabling disease from which they could easily be saved if the medical profession would only get off their backsides and put them out of their misery before it happened. It is far from the truth to suggest that many people suffer in this way in this country and particularly when they have chronic conditions for which there are good facilities available to help. Patients who have been through treatment in intensive care units using what looks like very distressing invasive treatments and those who recover after these situations only very rarely have seriously unpleasant memories and are nearly always extremely grateful for the efforts that have been made for them. I believe the current wave of public opinion seeking this option is built on unfounded fear and their desires, though sincere, are because they have been seriously misguided and have no idea of the far reaching consequences of such an approach. The Scottish government should stand firm on this as they have stood firm against public opinion demanding the re-introduction of capital punishment. To take the life of another person is a most terrible thing and does indeed devalue that most precious thing we have, a human life. I do hope the committee will do the right thing and not allow this bill to go any further.

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