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

No. The doctor/patient relationship would be adversely affected if this Bill became law. On a practical level the Bill makes no comment about the level of competence which a doctor will need to demonstrate. How would this be decided? Nor does it deal with education and training in how to end a life and there is no mention of personal and professional support for doctors who participate.

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

No. I would be seriously concerned that a 16 year old would be given the scope to end their lives.

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

No. The scope of the Bill as drafted extends to a significant number of people when in fact it is actually addressed to a minority who subjectively feel ‘intolerable despair’

4. 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. The views, feelings and wishes of patients change over time and may alter frequently during the course of an illness. Patients who wish to get assistance to die because of distressing physical symptoms often change their minds when these symptoms are addressed through appropriate palliative care. There are difficulties in assessing the mental capacity of some patients and not all doctors are aware of the possibilities of palliative care.

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

The safeguards in the Bill fail to acknowledge uncertainties in clinical practice and are unlikely to prevent vulnerable people who seek to end their lives because they feel a burden to others or who cannot see a reasonable alternative.
6. Do you have any other considerations on the Bill not included in answers to the above questions?

The Bill fails to recognise the involvement of other professionals in the proposed process and focuses on the role of doctors. Pharmacists could also be involved in the process. There is no provision for practitioners who would choose to opt out of this process and the Bill does not provide adequate legal protection for practitioners who choose to engage around the final act of assistance e.g. if a community pharmacist were called upon to dispense a lethal draft of medication for a patient how could they be sure that the whole process had been carried out according to the letter of the law?

The principles of assisted dying are contrary to the principles of palliative care and the two are not compatible. Palliative care services are highly developed in the U.K. but are less so in countries which permit assisted dying.

As a hospital pharmacist working in this field I see how patients benefit from high quality palliative care. However this is not available to all. I am encouraged by 'Living and Dying Well' the national action plan for palliative and end of life care and feel that the Scottish Government should actively promote excellence in palliative care and adequately fund palliative and end of life care.

Eileen M Grant
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