End of Life Assistance (Scotland) Bill

Fiona Mitchell

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

No. I think that this is an unfair request to make of a doctor. This is particularly the case as there is no conscience clause. A doctor who did not feel able to assist is still obliged to make a reference to a doctor who would be willing to provide end of life assistance. I think that if the Bill became law, this could damage the relationship of trust between doctor and patient.

I also fear the possibility that people might begin to feel obliged to ask for assisted dying through some sense that they are a burden – financially or emotionally – to their relatives and/or the state.

The legalisation of assisted suicide/euthanasia potentially gives a message that it is bad to be dependent on others or disabled. It also encourages the idea that others can make judgements as to the quality of life of another individual. Our society already seems to have an unhealthy idea that only perfection is to be valued. There is an idealisation of youth and physical perfection and attractiveness. This is evidenced by the increasing popularity of cosmetic surgery and the abortion of babies with conditions such as Downs Syndrome and cleft palate.

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

The age limit of 16 is very low, particularly given the fact that many people requesting assisted dying are depressed.

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

No. Determining the life expectancy of a terminally ill person is not an exact science. As regards the second ground, that one is unable to live independently, there appears to be an implied value judgement – there is a danger of suggesting that anyone who is dependent on others is better off dead.

These grounds make no reference to depression. I think that there is a danger that depressed people, whose depression could be cured by treatment, may opt for assisted dying.
The Bill outlines a several stage consent and verification process that would require to be followed for an eligible person to receive end of life assistance. Are you satisfied with this process?

No. There are many practical difficulties with the procedure and a great responsibility is placed on doctors to establish such things as that there is no undue influence being applied and that no-one involved has a conflict of interest.

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

No, I do not – indeed it is part of my objection in principle that any such system is open to abuse and to unintended, adverse consequences.

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

I believe, as a moral principle, in the sanctity of life but even if I did not, I would oppose this proposed legislation for practical reasons. These can be summarised as follows: - the possibility of abuse; damage of the doctor/patient relationship; the ‘slippery slope’ i.e. the danger that the right to die becomes a duty to die and that assisted dying is extended on an involuntary basis.

I fear that once a limited right to what is, in effect, euthanasia is granted, then it will inevitably be expanded and safeguards will be relaxed. The abortion legislation in this country is an example of how a limited right has been greatly expanded. I worry that euthanasia will then be expanded on an involuntary basis, say, to severely disabled babies. I also worry that if assisted dying is legalised that less resources may be dedicated to palliative care or even to care of the elderly.

I would say that I have some experience of these matters as I have worked as an auxiliary nurse in a hospice for a year; my mother lived with cancer for 11 years; my grandfather had Parkinson’s disease for many years; and I have been a Samaritans volunteer for 7 years. I am a solicitor and a Christian.

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