End of Life Assistance (Scotland) Bill

Nurses’ Christian Fellowship of Scotland

Nurses’ Christian Fellowship of Scotland exists to support practising and non-practising Christian nurses, midwives and health visitors, who have experience in a wide range of settings and levels in the health care sector, including care of the terminally ill and other vulnerable groups, and their families.

As a Fellowship, we believe that matters of life and death should properly lie in the power of a Higher Authority; that God is the giver and taker of life, and it is not for us to decide when a person (including ourselves) lives or dies. No human being is wise enough, or good enough, for that responsibility; it belongs to God alone. For this and the following reasons, Nurses’ Christian Fellowship of Scotland is opposed to ‘The End of Life Assistance (Scotland) Bill’.

Whilst we are sympathetic to those whose plight has resulted in this Bill, we believe that the Bill is so broad and the proposals so flawed that it appears to include both those suffering from life threatening as well as non life threatening illnesses. There is merely a broad statement, but no clarity on the methods to be used to assist someone to die, ‘end of life assistance’ means assistance, including the provision or administration of appropriate means, to enable a person to die with dignity and a minimum of distress’. The Bill does not specify how this assistance may be achieved; will it be the administration of oral drugs, injection with a lethal substance or some other manner? Who knows!

It is noted that the requesting person either ‘has been diagnosed as terminally ill and finds life intolerable or is permanently physically incapacitated to such an extent as not to be able to live independently and finds life intolerable’. Many people live with long term disabling conditions, which, whilst not being terminal illnesses, do mean that they are incapable of independent living, if however anyone is capable of living independently to others in society. These people would therefore be able to request assistance in dying when in reality they are still able to live a full and meaningful life with appropriate support.

The definition of ‘terminally ill’ is given in the notes accompanying the Bill ‘as a person who suffers from a progressive condition and whose death can be reasonably expected as a consequence within 6 months’. However as some patients can survive longer than the requisite 6 months stated in the Bill, how then can life expectancy be predicted?

Furthermore no legal definition has been given in the Bill for the phrase ‘finding life intolerable’; this phrase is not fully explained in the accompanying notes either. This is a very subjective issue, as no two people will define the word ‘intolerable’ in the same way.
The safeguards within the Bill assume that the requesting person is free from any external pressure or manipulation. This is perhaps reasonably easy to detect if the person vocalises these opinions, but there are more subtle pressures the person may feel e.g. the pressure of paying for care home fees or the feeling of becoming a burden to the family, which in truth may not be the case. Many vulnerable people already develop suspicions about the good intentions of their relatives, and these thoughts may be increased during illness. Therefore, the safeguards within the Bill should be robust enough to eliminate any possibility of any manipulation real or otherwise.

Trust is essential in the patient/carer relationship. This trust includes not only confidence in the carer’s competence and integrity, but also in their intention to stand as a patient’s advocate, when things which are humiliating, painful and/or life threatening are happening. As experienced nurses, we are only too well aware of these difficult situations when faced with people expressing the wish to die and asking for help to do so. Yet, at other times, they would assert that the expressed wish was a cry for help and understanding, rather than a firm intention. We believe that the knowledge that a professional could legally assist them to die would undermine the trust relationship which is so essential at these times. The existence of legislation permitting assisted dying could only break down the trust between the patient and carers.

The responsibility for implementing the process of assisted dying lies with medical staff, however there is great concern that there is no conscientious objection clause contained in the Bill. Autonomous practitioners should be able and be permitted to opt out of participation if it is against their ethical and moral beliefs.

Palliative care services are able to provide end of life dignity and minimise the distress caused by terminal illness and/or long term disability. This care can take place at home or in a more formal setting such as a hospice, with support from suitably qualified professional staff. It is essential that this service be available to all who require the service throughout Scotland.

In summary, Nurses’ Christian Fellowship of Scotland cannot support this Bill as it will not only leave the population of Scotland vulnerable to abuse at a difficult time of their life, reduce their trust in those who care for them but also put health care professionals, who seek to provide good health care at every stage of life, in very compromising and difficult professional situations.

Note: The word ‘nurse’ in this document does not refer exclusively to the professional nurse but is to be understood in its generic sense.

Nurses’ Christian Fellowship of Scotland
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