I wish to register my deep concern regarding what I consider to be a most dangerous development in end of life outcomes as proposed in the Bill put forward by Margot McDonald. As a long serving clinician at Aberdeen Royal Infirmary, who has not infrequently come in contact with vulnerable individuals who might reasonably be expected to come within the remit of the Bill, I can only re-iterate my observation of the overwhelming sense of desire by terminally ill patients to sustain their life rather than be considered for voluntary euthanasia, even at times of severe pain or distress.

The difficulty in end-of-life care lies elsewhere. More than anything, I have often been struck by the fact that, despite great compassion conveyed by many of the health care professionals to individuals experiencing this end-of-life distress, there has been a lack of high quality palliative care for the severely ill and dying.

It seems illogical to me to fill this gap in palliative care simply by hastening the demise of the affected individual by shortening the process of dying. Where is the evidence that dying during the process of assisted suicide is any better /less painful / more dignified than that dying by natural causes?

Apart from the many additional risks to the elderly and infirm population that this Bill would bring, from first principles the thesis that each individual has the right to choose when to terminate their life is an extremely dangerous premise to allow to be established, given the extreme variations in mood, mentality, perception, suggestibility and other factors which assail even the healthiest of us. Under certain circumstances, the cult of suicide can be promulgated within communities as has been demonstrated over the years in several instances, particularly in the latter half of the twentieth century.

What is needed, as I have stated above, is better end-of-life care, and our communities and the NHS should work towards providing this for all members of our society. This would remove the need for a Bill, such as has been proposed.

I have taken opinion from several of the profession bodies of which I am a Fellow and several have reiterated their objections to this Bill from many standpoints. This includes the Royal College of Physicians and Surgeons of Glasgow and the Royal College of Physicians (London). I am expecting similar opinion from The Royal Society of Edinburgh.

Together with colleagues and professionals in the Grampian Region, as a member of a group termed the Better End-of-life Care Group –Grampian, I am registering my strong objections to this Bill from first principles based on the flawed logic that what is being proposed is better than what we already have. However, the Bill has highlighted the deficiencies in palliative care and I would
urge you as MSPs to seek ways to improve this aspect of health care rather than support the abject proposal of simply hastening life’s end.

Finally, with regard to the specific questions which you have asked to be addressed my responses are as follows:

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

If by end of life assistance, you mean that a person can request that their doctor provide them with the means to kill themselves or that the medical practitioner actually, physically, assist in the process of a person killing themselves, then my answer is no.

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

I am very dissatisfied with this and that Scotland appears to be “leading the way” in the UK in this process.

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

In view of my reply to question 1, clearly my reply to this question must be no.

**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?**

As for question 1, No.

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

This is one of the particularly disturbing aspects since the terms of the safeguards are particularly vague

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

My reply to this question is addressed in the text of the letter above.

Professor John V Forrester MB ChB, MD (Hons), FRCS(E), FRCOphth, FRCS(G), FRCP(E), FMedSci, FRSE, FIBiol, FARVO