End of Life Assistance (Scotland) Bill

Rev Iain C Murdoch

As a parish minister for 18 years, a significant part of my work has been to come alongside and support the dying, the depressed and the bereaved. I spend a lot of time with the terminally ill and increasingly, also in helping families and friends in the aftermath of suicide. Some 35 years ago, I myself struggled for 3 years with depressive illness and constant suicidal thoughts but with support, recovered, but I cannot now overestimate the short-term and long-term anguish caused by suicide. Like the medical professionals, I also seek to bring healing, promote life, and give support and comfort to the dying and those who care for them. I rage against the reality of pain, indignity, powerlessness and frustration, experienced by too many but I do not believe that active euthanasia should be legalised; and I am aware of how precious the last months and days of life can be to the dying, and to their family and friends.

The experience of pain and distress is less common than previously as techniques and standards of palliative care based on the experience of the hospice movement and others are now practised in many hospitals, hospices and homes throughout Scotland. Healthcare professionals, politicians and general public must now all adopt the insights of Palliative Medicine, the branch of medicine concerned with relief of symptoms when cure is no longer possible, whether in cancer or in other terminal illness: Accept the importance of dignity, autonomy and comfort at the end of natural life. And allow choice! No one should have to be admitted to hospital or be subjected to invasive treatments, if it is not their choice. Increasing but still small numbers of people in Scotland in 2010 are now allowed and enabled to die naturally and peacefully at home – what most people would want.

I also want choice - informed by honesty about the seriousness of the illness and the risks and likely results of different options for treatment. Allowing the natural end of life, there should be a partnership of doctors, nurses and carers with patient and family, and absolute respect for the individual patient. Skilled use of drugs can control pain or nausea but not tiredness.

“Euthanasia” in its original Greek sense means “a good death” (something we would all desire for ourselves and our loved ones), but the End of Life Assistance (Scotland) Bill seeks unnatural killing of vulnerable people by others. No one, including health professionals, should be encouraged or authorised to deliberately kill another person. That would be “a slippery slope” with huge potential for misunderstanding, mistrust and expediency. The medical profession and all major religions in Scotland are united in their respect for the sanctity for life; yet this does not require us “to strive officiously to keep alive”. In a civilised society, the law’s prohibition of deliberate killing protects doctors, nurse and carers, and the most vulnerable, who without this absolute protection, may be made to feel that they are a burden to their family or friends or the state.
Despite increasing financial pressures, please reject this bill and instead, promote good palliative care. More can and must be done to increase understanding, improve training and good practice, and provide practical support to patients and their families to allow a natural, and a peaceful death.

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