Margo MacDonald's End Of Life Assistance (Scotland) Bill is posited on two false premises:

1. that man has the right to do what he likes with his life and that that includes the right to determine the time and the means of its termination.

   This is contrary to the Scriptural teaching that we hold our lives in trust from God to whom also we are accountable for our stewardship of them; that “our chief end is to glorify God” and thus “to enjoy Him forever” (Shorter Catechism Qn.1); and that, in whatever we do we must do all to the glory of His name (1 Corinthians 10.31). He sovereignly determines the moment of our entry into the world and also the moment of our exodus from it. (Ecclesiastes 8.8). The contrary view – “It is my life. The time and means of my dying are my private affair. I claim the ‘right to die’.” – resonates with the falsity of Satan’s reasoning with Eve: “You shall be as gods.” (Genesis 3.4)

2. that death brings an end to all sufferings and pain.

   Again, Scripture speaks of a hell with its torments to be shunned and a heaven with its consolations to be sought. If we die the death of the unrighteous it were better for us that we had never been born.

We agree with Alzheimer Scotland who have already pointed out that though the consultation paper claims a consistency with palliative care, the change of law which it proposes is at odds with the widely accepted World Health Organisation definition of palliative care which intends neither to hasten nor postpone death; we would claim that there is a vast difference between deaths which result from a progressive administration of pain killing drugs by conscientious doctors intent on honouring their Hippocratic Oath and those deaths that accrue from a lethal dosage of drugs put in the hands of a patient by a medical practitioner with the avowed intent of terminating life – it being necessary to distinguish between a maximal dose and a lethal dose.

Certainly, however, every assistance must be given to those in our society who face acute pain and suffering, both physical and psychological, often with consequent loss of self-esteem, to enable them to live well and to die well. We would make the following suggestions:

a) More investment ought to be made into the research and provision of palliative care.

b) We must as a society make more effort to relieve the fears of those who see themselves on the threshold of an illness, Alzheimer sufferers
for example, whose debilitating effects they know will be progressive – fears maybe concerning the management of personal hygiene in the later stages of such an illness, fears maybe of becoming an excessive burden on others. We must become a more caring society; financial and practical resources must be made available to enable individuals, families and communities to anticipate and to deal compassionately with such fears. There must be a more integrated and holistic approach to the help provided in the community and that provided in the home; for example, such persons must be helped to explore talents and to use gifts which were previously hidden from them.

c) There must be a transparent and open relationship between doctor and patient.

d) The gospel message of death being a stepping-stone to a glorious new life through a crucified and risen Redeemer must be made known.

Free Church of Scotland (continuing)
Public Questions Religion & Morals Committee