I am a third year medical student at Edinburgh University and I am writing independently in regards to the End of Life Assistance Bill.

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

No. It has never been, and never should be, the duty of a doctor to kill, or assist in the intentional death of a patient. To suggest that this should become part of the duty of a registered medical practitioner is to oppose hundreds of years of medical practice and the ethical standards it has maintained thus far. I plead to you to not introduce this role to the medical profession. I stand with the British Medical Association, The Royal College of Physicians and the Medical Defence Union in opposition to this bill.

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

No. I echo my previous statement in fervent opposition to assisted suicide no matter the adjustments made to this bill. I wish to stress that my comments on the specifics of the bill in no way reflect any level acceptance towards assisted suicide. I do not agree that a person should be able to request assistance to end their life from a registered medical practitioner.

I do, however, highlight some issues with the current bill. The bill outlines the need to be registered for 18 months with a Scottish medical practice. This short amount of time is surely open to abuse and “suicide tourism” as we see in Switzerland.

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

No. I echo my previous statement in fervent opposition to assisted suicide no matter the adjustments made to this bill.

The bill outlines people with “terminal illness” roofed at 6 months and also “those who find life intolerable”. Even from my limited clinical experience as a medical student I can appreciate that prognoses are time and time again proven to be wrong. I have witnessed many patients live far longer than their given prognosis and there is absolutely no evidence base to suggest that the chosen 6 months is a sensible amount of time. These decisions are being made by those without clinical experience or understanding. (I feel the strong stand of the association for palliative medicine, which represents the expert views of over a thousand doctors working in palliative medicine, highlights the flaws of this bill.)
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?

No. I echo my previous statement in fervent opposition to assisted suicide no matter the adjustments made to this bill.

The bill outlines a process whereby two formal requests are to be made with a minimum time of 15 days between requests. During my clinical attachments in a variety of specialties I have seen bad news be broken to patients. It can take weeks, if not months, if not years for patients to come to terms with bad news about their health. This short amount of time puts emotionally vulnerable patients under danger of never learning to wrestle through the difficulties of a diagnosis and encourages them to look to euthanasia instead.

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

No. I echo my previous statement in fervent opposition to assisted suicide no matter the adjustments made to this bill.

No matter how carefully the safeguards are worded they cannot realistically expect them to prevent abuse and to protect vulnerable individuals in our society. In our studies in first year of medical school we learned that most cases of elder abuse occur within families. The basic medical assessments outlined in the bill cannot expect to address the subtle yet malign ulterior motives and pressures that could come from family members or other external influences. I think this bill may help a minority of people in terrible situations but at the cost of putting a large majority of vulnerable people in danger of abuse or under pressure from a “duty to die”.

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

Yes please see below.

Vulnerable at risk

It is the duty of a doctor to look after people who are sick. Doctors are encouraged to be holistic in their practice, recognising the psychosocial aspects of patient care and thereby helping patients in coming to terms with their condition. Providing sick people with the option of euthanasia is very dangerous. Miss Davis, a public spokesperson for disabled rights, on many occasions attempted to kill herself and said that if euthanasia had been an option given to her she would have taken it. Having battled through those tough years she looks back and reflects that if she had; “I would have missed the best years of my life.”

It is very clear that the NHS is under substantial economic pressure. If euthanasia is the best choice economically may I ask what sort of pressures
does that put on doctors in their decision making; and more importantly what pressure does it put on individuals who require expensive palliative care?

**Holland**

In Holland psych patients have been euthanized on many occasions. This is despicable and portrays a negligent approach to the care of psych patients. A psych consultant at the Royal Edinburgh was horrified at the prospect of his patients being eligible for assisted suicide and reflected that many of his patients would inevitably use this resource, instead of looking to the care his multi-disciplinary team can provide.

A report in 2001, commissioned by the Dutch government, revealed that in around 900 of the estimated 3,500 cases of euthanasia, the doctor had ended a person’s life without there being any evidence that the person had made an explicit request. Furthermore, in 2005, the Netherlands legalised the non-voluntary euthanasia of severely ill newborns.

If we study the use of AS and euthanasia in Holland we see how easily we start on a very slippery slope. Please, please stop this before we see such lack of appreciation for the lives of others with impairments, whether mentally or psychologically, in our own country.

**Palliative care**

It troubles me that this bill is being backed by a largely political campaign and yet in actual fact a very small minority of doctors agree with it. I plead you to listen to the voices of doctors who have years of experience working day in and out with patients. The association of palliative medicine for Scotland has voiced its strongly anti-assisted suicide and euthanasia stand as have the other major bodies representing Doctors in the UK (BMA, MDU, RCP etc).

In the UK we deal with death very poorly. It is seen as somewhat of a taboo subject, especially in hospitals, and I feel this reflects the lack of attention that is paid to the wider social aspects of dying. To introduce assisted suicide would be to embrace the failings of our society in how we value the elderly and disabled. To reject this bill at the first possible opportunity is to recognise these failings, to begin developing a more holistic approach amongst the medical profession and to send out a message to disabled people that society values and respects them. We should not even tread upon the slippery slopes of assisted suicide but turn our attention back to palliative medicine and how we can better support people medically, socially and psychologically through chronic debilitating conditions.

Thank you for your time in reading my submission.

Alasdair Campbell
11 May 2010