Objections to the End of life assistance Scotland bill.

- **End of life assistance may not be provided if the requesting person no longer wishes it, but end of life assistance can be reapplied for subsequently.**

- My objection to this particular part of the bill stems from the fact that if cancelling a request then reapplying, the requesting person has demonstrated changeability which may be due to a lack of commitment/uncertainty. If wavering or there is an underlying reason for this uncertainty there are no extra measures available for support or enquiry as to why this might be, thus possibly endangering patients who feel afraid to express fears or show “weakness”.

- **People can request suicide over the age of 16**

- People 16 or over will be able to say whether they live or die but are currently unable to vote, drive or drink, so are they really responsible enough to make that decision? Teenagers are well known for being the most emotionally unstable or going phases of taking an unhealthy interest in death.

- **Suicide is available for those who find life “intolerable”**

- Defining intolerable is impossible, some people may think that they can’t live without the use of one hand but when actually faced with that life they are able to live relatively normal and unrestricted lives. Competitors in the Paralympics may have thought at some point that they couldn’t live on in their condition but have managed to overcome their disability, perhaps after a period of depression and difficulty coping, but, with support, they come through the difficult times to lead full, useful, vibrant lives.

- Many conditions such as diabetes and Maple Syrup Urinary Disorder (MSUD) are highly dependent on their medication and strict diets, yet many manage to live fulfilling lives. My flatmate has MSUD and lives off disgusting medication, weekly doctors visits, cannot consume any alcohol or extra protein without the risk of instantly going into a coma (which has happened many times before) and becoming brain damaged, and yet she has won a law scholarship, is in the top 10 in her year, competes with her event horse at a very high level and is a gift to dramatics. She would have the right to say her life is intolerable but has chosen to fight on with the support of her doctors, friends and family and would feel that it would be too easy to take the “cop out” option during one of her low periods (that may well last more than a
month) and so miss out on a very active life that she enjoys very much the vast majority of the time, not to mention causing indescribable grief to her family.

- Misdiagnosis of terminal disease may result in the patient feeling they want to end their life while they are free of pain before the disease progresses, while in fact they are healthy/ have a cureable disease

- The government should be focussing on additional methods of support for people who are suffering from grievous injury or illness, not ways of removing these often inspiring people from society!

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- Patient should see two different psychologists, seeing the same individual twice does not constitute a second opinion

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- The patient should meet with the doctor who will carry out the assistance, as this is not specified by the bill

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- The method of ‘assistance’ is not mentioned and may include hanging and shooting as well as morphine overdose and, whilst this is unlikely, I feel that the wording in the bill needs to be tightened up.

I hope you will take some of the points I have raised into consideration when examining this Bill, and it is my hope that you will reject it as the danger to society it is.

Anonymous
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