End of Life Assistance (Scotland) Bill

Christopher Brannan

I do not agree that a person should be able to request assistance from a registered medical practitioner in order to end their life.

While some people are very vocal in advocating that they should be able to request such assistance and see this as something positive, to permit this would have a number of negative consequences.

Although there appear to be strict criteria for granting a request and these are seen as safeguards, once the principle is established, it is quite likely that, in the future, out of ‘compassion’ for people in circumstances other than those envisaged by the current Bill, the strict criteria will be relaxed so that the group of people enabled to ask for assistance will be extended and, possibly, further extended later.

Once something is established in law it becomes the standard. If, therefore, doctors are actually trained in how assist people to die or how to administer the poison themselves (euthanasia), it is likely that there will be people in the health profession who will feel justified in acting without reference to the process established by law or to manipulating it in order to assist someone to die. It is always possible to find loopholes in legislation. It would seem that in countries where assisted dying is legal, there are failures of this kind. The situation in these countries needs to be very carefully and objectively assessed.

While Terry Pratchett’s address on the subject of assisted dying was eloquent, I have listened to an equally eloquent and more persuasive address by a man who had been injured severely in a car crash 33 years ago and who, as a consequence, requires 24 hour care. Having himself faced life being intolerable, he is nonetheless opposed to the principle of physician assisted dying. He commented that if the principle were to be accepted and he were to be admitted to hospital, he would have great difficulty trusting his doctors as they might make a value judgement as to the value of his life given his condition. Perhaps someone in the medical profession would judge his life to be intolerable. Other people might feel a similar fear.

He said that he had experienced times when life had indeed been intolerable but, in enduring the situation, had come to an acceptance of his limitations and then had found possibilities had opened up for him (He has written books on and teaches philosophy). This process of adjustment had taken time. In his opinion, under the proposed Bill the time from making the first request to the time when a person might be assisted to die, would be two months. Not a sufficiently long time to come to a new more positive understanding of the condition.
Although Terry Pratchett suffers from a degenerative condition which is somewhat different from the above, I think it would be unwise to allow him to take his own life. We have seen an enormous development in Palliative Care in recent times in Britain (I understand that we are much more advanced in such care than countries where physician assisted dying is legal). Palliative Care respects the life of the person and aims to enable a person to live as well as they can until the time comes to die. It is Government policy to enable people to live and die well which means expanding palliative care. This respect for life would be undermined by the principle of physician assisted dying.

While a psychiatrist must be involved in the process of assessing a request for assisted dying, it is not so much to enable the person to work through the problems as simply to certify that the person is able to make a free decision.

I do not agree that a young person aged 16 should be given this option.

I do not agree that doctors should be trained to assist people to die. The purpose of their profession is to help people to live.

I believe that doctors should have a conscience clause to allow them to opt out of what appears to be a proposed duty to tell people that assisted dying is an option and indeed to be involved in the process.

Christopher Brannan