End of Life Assistance (Scotland) Bill

David Lundie

I am writing to recommend to the committee that they do not allow the End of Life Assistance (Scotland) Bill to continue to the next stage. My evidence is drawn from a comparative study into attitudes to disability and the self-concept of people with disabilities in the UK and USA, and a philosophical analysis of the issues, on which I have previously published (Lundie, 2009).

In my published work on disability, I drew on the idea of cultural capital from the work of Michael Apple and my practical experience drafting and implementing disability policy in a University environment, to point out that, in education, as also in health and palliative care, diverse subjects may respond very differently to sameness of treatment. In consequence, we cannot treat any one objective state of affairs in the world as being the ‘ideal’ for equality of opportunity for all persons, coming as we all do from diverse embodied perspectives. What may appear to the outside observer, particularly the white middle-class able-bodied observer, to be an objectively ‘better’, ‘more equal’ or ‘more empowering’ state of affairs, may, from the perspective of a different subject, with different cultural capital, be far different. ‘Treating them all the same’, in education as in this difficult area of law, is not equal at all.

In my other work, I drew upon a rhetorical analysis of disability law, comparing the medical-administrative focus of UK disability legislation with the rights focus of the Americans with Disabilities Act, conceived as it was as an extension to the Civil Rights Act. In in-depth case study interviews, American University students echoed the rhetoric of rights, and the effect of the rhetoric itself in empowering individuals, despite negligible differences in practical accommodations between the UK and US contexts, was striking. The rhetoric of this bill, with its criteria of being incapable of “living independently” and of “finding life intolerable”, again deeply contested and highly subjective terms, which may seem to the able-bodied observer to be clear-cut but are, in reality, far from it, runs the risk of damaging the self-concept and, perversely, lowering the quality of life of the elderly and people with chronic and terminal conditions. The medicalisation and problematisation of dependence, and their conflation with an intolerable quality of life, are potentially deeply damaging concepts. I made further use of the observation from the bio-ethicist David Gems that certain changes to a person, such as can be associated with acquiring a disability or terminal condition, can make directional and identity-transforming claims on an individual’s life goals, rendering void their previous self-concept, and prior notions of what would count as ‘intolerable’. Such fluidity and individuality in human flourishing renders any pre-conceived supposed ‘safeguards’ in a Bill such as this, pre-conceived from a particular embodied standpoint, inadequate.

To put these arguments into simple terms, while to those who stand ‘inside’ the rhetoric of autonomy and empowerment, the provisions of this Bill may appear to be welcome, we must beware the risk of assuming that all people
will view the same provision with the same social resources at their disposal. There are few of us in Scotland who do not know people, particularly of an older generation, who view their social role in very different terms, and who may feel pressurized by the social climate such a law creates, to view their lives as burdensome on others, quite the opposite of empowering them. More profoundly, such a law threatens to create a climate in Scotland’s future where a narrow conception of quality of life, defined by those with the social and cultural power to manipulate it, comes to dominate and damage the autonomy and rights of people with disabilities and chronic conditions, placing externally defined criteria of ‘quality of life’ as the legal judge of the value of life itself, and negating the very ‘autonomy’ it claims to defend. There are no conceivable safeguards which would prevent the cultural violence against ill or disabled people inherent in euthanasia from seeping into and damaging Scottish society.

There are many other arguments which could be made against this Bill, such as its impracticality, the pressure it would bring to bear on doctors and psychiatrists, as well as the moral unacceptability of the state-sanctioned termination of a human life. All of these arguments have, I am sure, been better made by those with the relevant expertise and experience. I hope that you will take these observations on the potential damage to the role and rights of people with disabilities and chronic conditions which this Bill’s provisions, and its’ rhetoric, could do to Scotland’s traditionally caring and accepting culture into account in considering your decision. It is my view that there is no alteration that can be made to this Bill that will make it immune from these charges, and I ask the Committee not to allow it to proceed to the next legislative stage.

About the author:

David Lundie is a doctoral student at the University of Glasgow, currently researching the handling of controversial moral and religious issues in UK secondary education as part of a large Economic & Social Science Research Council project. He has published on the subjects of moral education and disability education, and holds a Masters with Distinction from the University of Durham and a BA(Hons) in Philosophy and War Studies from King’s College London.

References:


Lundie, David (2008) Ideology, Individuality and Independence: Disability Education in Rhetoric and Experience – a case study of the impact of the

David Lundie