End of Life Assistance (Scotland) Bill

Dr Janet MacMillan

I am writing to express my views about the End of Life Assistance Bill proposed by Margo MacDonald MSP. I am strongly opposed to the proposal to legalise ‘End of Life Assistance’ in Scotland. I believe that the proposed bill is bad for people, for doctors and for Scotland.

As a doctor involved in the provision of health care in Scotland, I feel qualified to comment on this proposed bill, on my own behalf and on behalf of my patients. In addition to my professional experience over the last 16 years, the last 10 of which have been in General Practice, I also have personal experience of seeing a close family member endure great suffering. My father died from cancer of the spinal cord at the age of 54 and as I watched him deteriorate and finally die after an illness of approximately 5 years, I also witnessed the huge difference that can be made in alleviating a person’s suffering though timely and appropriate intervention. As a practising Christian and as an individual who may in future benefit from palliative care support, I wish to express my concerns about the proposed bill.

In response to the questions raised in the ‘call for evidence’ section of the Scottish Government website, I would like to make the following specific points:

- I do not agree that a person should be able to request end of life assistance from anyone, least of all from a medical practitioner. Assisted suicide strikes deep into the relationship between a doctor and their patients; having trained to care for patients, we have no desire to end our patients’ lives. It contravenes the principle summarised by the phrase “first, do no harm” and spirit of the Hippocratic Oath, as well as being fundamentally immoral.
- I do not consider that there is any age or any connection with Scotland when it would be appropriate to consider assisted suicide. Far from affirming human value and dignity, assisted suicide undermines the value of human life and could be taken to imply that some lives no longer have meaning, value or worth. The value of human life is absolute and does not depend on an individual’s age, status, circumstances or abilities.
- I do not consider that any person should be qualified to kill another. No procedure or safeguards would make this acceptable, no matter how rigorous. Aside from this, the parameters used to define those eligible for assisted suicide and the consent and verification process which has been suggested are not sufficient to protect the vulnerable and are so vague that they could potentially refer to a significant proportion of the population. This deficiency therefore makes the bill not fit for purpose, as one of its stated main aims is “to establish who is eligible to receive an assisted death”. The law currently prohibits assisted suicide to
protect people in vulnerable positions – this bill clearly removes that protection.

- The physical, social, psychological and spiritual needs of dying patients are most appropriately met through good palliative care (and in that setting, requests for assisted suicide are extremely rare). I believe that as doctors we have a responsibility to promote health and minimise suffering, but there are no situations where some form of palliation is not possible and where assisted suicide could be considered justifiable.

- Rather than considering this proposal, the Scottish Parliament would serve the population of Scotland far better by funding appropriate palliative care services in hospital and community settings for both malignant and non-malignant conditions. The National Audit Office report into dying in Scotland highlighted that Palliative Care services vary widely across the country and there is always room for improvement.

- Depression may impair judgement, and is under-diagnosed in the context of terminal illness.

- Patients often express a desire “not to be a burden” to their families – they may feel under pressure to pursue assisted suicide because of such perceptions, which may lack any substance in reality. In particular, it is possible that the availability of assisted suicide as an option might cause the elderly or infirm to feel that they are being “selfish” by not considering this route as a means of “making life easier” for their relatives.

- In countries where assisted suicide is permitted, there is evidence of the abuse of the regulations. The concept of the “slippery slope” from assisted suicide to voluntary euthanasia, to non-voluntary euthanasia is very real in this context.

- None of the Royal Colleges of Medicine support assisted suicide and the majority of doctors are opposed to it.

The broad scope of the bill means that the definition of those who might be eligible to request assisted suicide would include many people who are to some degree dependent on others with non life-threatening disabilities. From a personal point of view, my husband has spina bifida and functions as a fully contributing member of society who lives life to the full and does not allow his disability to prevent him from achieving his ambitions. For example, he is a Physics teacher in a highly successful secondary school in the west end of Glasgow. Most people who know him do not consider him to be disabled. Neither he nor I would wish to be part of a society in which his intrinsic value as a human being was in any way considered as being diminished, or where he might feel under pressure to consider assisted suicide due to any distorted perception that he might be viewed as a burden to others.

As a practising doctor, I am opposed to the expectation implicit within this bill that I should participate in any process that might contribute to the death of any of my patients, with no mention of the possibility of a conscientious objection clause. As a citizen of this country, I am opposed to the concept of humane killing as being an integral part of a so-called civilised society. Therefore, I cannot express my concerns about this bill strongly enough and
its potential repercussions on the medical profession, the people of Scotland and society as a whole.

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