End of Life Assistance (Scotland) Bill

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

The law should not allow requests for ‘end of life assistance’ to be granted, where this phrase means ‘assistance to commit suicide’, or ‘administration of treatment by another person with the intention of causing death’ (i.e. euthanasia).

There are several reasons for this answer:

1) Both assisted suicide and euthanasia are unnecessary. The factors that lead someone to feel that their life is ‘intolerable’ can be addressed positively with practical measures addressing factors (e.g. pain, physical dependence, fear) in ways that demonstrate to individuals that their lives are about more than their disability.

2) Both assisted suicide and euthanasia are dangerous. Firstly, they would be extremely difficult to police. Secondly, the rationale for assisted suicide/euthanasia requires the assumption that there is a category of people whose lives are not worth living, usually due to the lack of certain factors (e.g. independence, mental or physical ability, short expected duration).

If passed, this Bill will reinforce this perception within society, and discourage promotion of equality and assistance to people who lack degrees of independence and ability. It will also encourage vulnerable people to think that they might belong in this category, and seek help to die rather than help to overcome factors underlying their feelings of hopelessness.

3) Both assisted suicide and euthanasia are unethical. This is recognised by the Hippocratic oath, and by the British Medical Association and medical Royal Colleges.

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

No. There should be no law passed giving the endorsement of Scottish law to the assistance of suicide or euthanasia, whatever age requirements or connection with Scotland.

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

No. The requirements of subsection (2) make the scope of this Bill extremely broad. This is very concerning.
Subsection (2)(a) includes people who are terminally ill and who ‘find life intolerable’. The term ‘intolerable’ is ambiguous, not defined in the Bill, and should be clarified.

Presumably ‘intolerable’ means ‘thinking or feeling that life is not worth living’. But this is a subjective perception rather than a fact, related to many factors, and the perception may change if these factors are addressed. The proper response to someone who ‘finds life intolerable’ should be to find out why they feel this way, help to address practical needs, and ultimately through this to demonstrate that the person’s life is worth living because they are valuable in themselves and not because of any previous feature of their life – whether it is independence, physical or mental strength, or any other thing by which they define the ‘tolerability’, or ‘worthiness’ of their life.

Subsection (2)(b) includes anyone who is permanently unable to ‘live independently’ and also ‘finds life intolerable’. The two phrases are not necessarily related, and so would include people with disabilities who find life intolerable for reasons other than their disability. For example, a teenage girl who needs a wheelchair because of cerebral palsy, who says she finds life intolerable because she is being bullied. She may state this persistently without being clinically depressed or lacking capacity.

This example illustrates several points:

1) Many people are permanently unable to live independently, including insulin dependent diabetics, asthmatics, and those with any form of permanent ‘disability’. Subsection 2(b) is not only extremely broad, but also vague, since ‘independence’ is not defined.

2) The proper response, surely, to the teenager in the example above, would be to sympathise with her, investigate the cause of her pain, and take practical action to address it. In doing this, we would help her see that although it is understandable to feel life is not worth living, in reality she is wrong about this - her life is about so much more than the factors causing her hopelessness (which in this case is the words and actions of others). This is demonstrated through taking action to relieve her suffering and doing our best to treat its causes.

The thought that anyone should be permitted to respond by agreeing with her and helping her to die is shocking, and almost inconceivable – but this would be legal if the Bill becomes law. Such a use may seem completely against the spirit of the Bill, and one may feel certain that no doctor would ever agree to participate, but with all due respect, such certainty is naïve.

The same choice of responses applies to people who feel life is intolerable for other reasons. Sympathise but compassionately disagree, and affirm the worth of an individual by addressing factors that make their life seem intolerable; or agree – your life is not worth living, so we will help you to die.
3) Subsection (2) articulates an existing tendency in society to define the value of life in terms of independence, physical capacity, and expected duration. If this Bill becomes law, it will reinforce this tendency, and people who lack these attributes will be increasingly tempted to feel that their lives are intolerable, in part because society tells them so. The teenager above could be led to feel that her physical incapacity is something which ought to make her feel as if her life is intolerable, because society allows the assistance of suicide for people like her. Instead of using laws to reinforce this trend we should legislate to reverse it, as is being done with issues like inequality and disability.

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. The consent and verification process is impractical. It is not clear how the designated practitioner can adequately satisfy themselves that a patient is making a voluntary request and not acting under any undue influence. Neither is it clear how the designated practitioner can adequately satisfy themselves that the patient truly does feel their life is intolerable.

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

No. There are no specific reporting procedures required by the Bill. It is also doubtful that the consideration of first and second requests could identify all cases where decisions are not being made voluntarily or without undue influence. A law resulting from this Bill would be very difficult to police.

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

Yes.

A majority of doctors are opposed to physician assisted suicide and euthanasia, but there is no conscience clause for doctors to refrain from taking part.

The phrase ‘end of life assistance’, as used in the title of this Bill, is euphemistic and ambiguous. It could reasonably mean any kind of ‘assistance’ that happens to be at the end of life, including palliative care, or current best practice in terms of medical and nursing care. This Bill is proposing physician assisted suicide and euthanasia. Use of euphemistic language will cause unnecessary confusion in public discussion – something that such a controversial subject certainly does not need.

The questions above emphasise the importance of people acting without undue influence. However the Bill itself, if made law, will act to influence people to judge whether their lives may be intolerable and lead them to act
out of a misplaced sense of duty because they feel they are a burden on others.

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