End of Life Assistance (Scotland) Bill

J R Pilley

I wish to make a submission concerning this Bill.

I oppose this Bill and have great concerns about:

1. The safety of the Bill for vulnerable people;
2. The implications of the Bill on Health policy for patients with terminal illness;
3. The effect of the Bill on how lives are valued.

1. My mother died recently. In her last few months, she began to feel that she was a burden on us. This was not true. Nevertheless, she persisted in this belief and asked if she could have anything to “end things quickly”, all this apparently to tidy up her affairs conveniently. If this Bill comes into law, how long before old people or others with terminal illness feel it is their duty to surrender their lives, merely for the convenience of others?

2. The life expectance of patients with head and neck cancer has not increased significantly since the late 1940’s (McGurk: & Goodger, British Journal of Oral and Maxillo Facial Surgery, V38, P209-220). However the quality of a patient’s life has improved out of all recognition, but at considerable financial cost to the NHS. The cost is far greater that the cost of drugs to bring about an assisted suicide.

If this Bill is accepted, how long before there will be a social pressure for patients with terminal illness to “do the decent thing” and opt for assisted suicide, so other patients whose treatment is deemed to be “more cost effective” can benefit from “scarce NHS resources”?

3. Everyone’s life is “terminal” and the value of a life is not proportional to its length. A letter quoted from the Times Online 23 September 09, written by a specialist in palliative care medicine makes this clear. The letter was written when the Crown Prosecution Service was preparing new guidelines over “assisted suicide”.

“I recall, from a year or two ago, a lady screaming at me as she jabbed her finger into my chest. She was newly diagnosed, had intolerable cancer pain and she wanted me to kill her.

“People do not cross me! I warn you, I will have my way! I am not interested in your views or opinions. Your job is to give me what I want and I want an overdose.”

Even after 20 years as a palliative medicine specialist, I shudder still to recall this confrontation.

We managed the pain and the months passed. Eventually we got over the
conflict as she saw the fruit of visiting places, seeing people and resolving deep issues.

“We only got here because you were more stubborn than me,” she quipped. She continued to cling to life. There were ups and downs in the closing weeks as she faced some tough stuff from the past, but a lot of living had been done after our fateful clash in outpatients.

My deep concern with the CPS’s policy on assisted suicide is that during the phases of anger, fear and frustration that litter our life journeys a key safeguard has been undermined for both patients and carers.

That safeguard has given the opportunity for hope to rise and transcend for so many of my patients over the years. It is not just the disabled and frail who are at risk, we all are.

Being human means that we not only suffer, but we also hope — we have the wherewithal to see life as more than a disposable garment.

Compassion — "bearing or suffering with", walking the road together, carrying the burden of witness — for me was real, that's my job. For her living was made possible by our mutual protection from a law that says unambiguously that it is wrong to be part of killing another even if the person thinks it is in their best interest.

She had rather more time than we had expected, but it was also a deeper time. Why? Because she had transcended her fear and suffering to a deeper place of understanding and richness. It had taken time for the hope to rise.

If assisted suicide becomes negotiable, as Kier Starmer's interim protocol suggests to some, I have little doubt that many will collapse in the face of the challenge that we had faced safely together, lives will not be fulfilled as they might and society will be the worse for it."

I would be pleased if this submission can be brought to the attention of the committee.

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