End of Life Assistance (Scotland) Bill
Lloyd Samuel John Thompson

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

No. Doctors are trained to improve the quality of life by curing disease or providing control of symptoms for chronic, incurable disease. The hypocratic oath specifically states that doctors should not give a deadly drug, even if asked for it.

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

No. No person should be allowed to request physician assisted suicide or euthanasia, regardless of their age. Regarding the connection with Scotland, registration with a medical practice for at least 18 months prior to the request would not rule out residents of other UK or indeed any other countries who had two homes; and given the impossibility of policing patient registrations, would not rule out the fraudulent applicant who really lives in another country. Since Scotland has devolved health powers, it must accept a corresponding responsibility to the citizens of other UK countries where the acts proposed are illegal and no legislation is pending.

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

No. The estimation of “number of months left to live” is dreadfully inaccurate, especially when dealing with such short time constraints as 6 months. Since the science of defining such time scales is inaccurate, I find it unacceptable that such a serious and irreversible decision should be based upon it. Additionally, good palliative care with responsible administration of analgesia (e.g. morphine) has actually been shown to increase survival time in some cases.

There is no definition of what should be considered “intolerable”, and I find this worrying. I consider this bill to be a very dangerous one if it were to become law. I therefore find it abhorrent that such a dangerous law should be written with such vague and ill-defined language.

There is no mention of whether an enforced period of palliative care must be undergone by the patient before the request for euthanasia or physician assisted suicide can be made. Many palliative care specialists will state that when adequate palliative care has been provided by a specialist, requests for assisted dying are rare.

Regarding the category of those who are ‘permanently physically
incapacitated to such an extent as not to be able to live independently and [who] finds life intolerable’, this is again written in a vague and illdefined manner and could be interpreted to include those who suffer from conditions that include respiratory problems (e.g. COPD, asthma), cardiac problems (e.g. angina) or even a functional problem (i.e. a collection of symptoms with no demonstrable organic cause, e.g. fibromyalgia). This would place several thousand people in Scotland as eligible for assisted dying and therefore would open them to coercion and also more subtle pressures to request assisted dying, when they would otherwise have lived happily.

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 processes outlined by the bill open to abuse and contain no procedural direction on how the involvement of doctors should be documented. This makes audit of the process impossible and therefore would make abuse of the system incredibly difficult to detect.

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

No. I think it is impossible for a doctor, or any professional, to be certain whether a patient is acting entirely of their own will or not. A doctor can not safeguard against patients seeking assisted dying for perceived altruistic reasons for example, where they see their death as the “honourable” thing to do for the benefit of their family. Although there may not be any detectable external coercion by the family, this internal coercion with the patient would be virtually undetectable.

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

Yes. This bill is clearly proposing euthanasia as well as physician assisted suicide.

Legalising assisted suicide or euthanasia is morally wrong. It is also dangerous and unnecessary. If we truly wish to provide suitable “end of life assistance”, we should be ensuring that adequate palliative care is provided for all terminally ill or physically disabled patients. I am not just talking about pain relief, but also adequate support for living, etc.

Sadly in our society, disability has been the subject of certain amount of stigma. Please to not contribute to this stigma by creating a law which would enshrine the philosophy that those who suffer from a physical disability should have the option to have their life ended by a medical professional.

Also, the bill does not contain any “conscious clause”. Given the nature of the bill, there will be many medical professionals who, for reasons that are not solely related to religion or faith, will not wish to participate in euthanasia.
The Bill’s purpose is ‘to enable a person to die with dignity and a minimum of distress’. This is what I am currently being trained for, along with many other healthcare professionals. We are seeking to do this without such dangerous legislation. It is also the belief of many doctors (see BMA stance) that euthanasia is completely unnecessary to this end. Palliative care, if provided adequately, virtually eliminates persistent requests for a premature death.

Also, Ms Macdonald claims that in the small number of countries where assisted suicide is permitted by law, it has accounted for only one in every two thousand deaths. However, the basis of the statement remains, to my mind, uncertain.

For example, a select committee of the Westminster Parliament has investigated the death rate from assisted suicide by using the American state of Oregon and also the Netherlands as case studies.

Oregon has a law which only allows physician assisted suicide and not euthanasia. Here, physician assisted suicide is only permitted for the terminally ill and the death rate is one in 714 deaths. This therefore translates as around 80 deaths a year in Scotland (assuming the death rate in Scotland to be around 55,000/year). The other worrying trait observed in Oregon was that since the law was passed 13 years ago, the rate of assisted suicide has risen steadily. In 2008, the number of people who committed suicide using drugs supplied by their doctor was nearly four times greater than the number then the law was passed.

However, the state of Oregon cannot be used wholly as an example of what things could be like in Scotland if Ms Macdonald's bill was passed, as Ms Macdonald's bill additionally permits euthanasia and furthermore permits a greater scope rather than limiting itself to those suffering a terminal illness. It allows those who are ‘permanently physically incapacitated to such an extent as not to be able to live independently’ and who ‘finds life intolerable’.

Similar legislation to that being proposed by Ms Macdonald exists in the Netherlands, and the select committee mentioned above found that one in every 38 deaths occurred as the result of this legislation. If translated to Scotland, this would become a rather terrifying number of 1,500 deaths in Scotland every year.

Therefore, Ms Macdonald's estimations were wide by a staggering 3,000%. It is this which I wish to point out as I fear she is misleading the people of Scotland with this bill.

Conclusion

This Bill is a dangerous and unnecessary one. If it were to become law, it would place many thousands of vulnerable people at risk. It does not take much imagination to think of the poor old dear who is permanently disabled and feels as if she is a burden on her family and who could decide for
“honourable” reasons to request for her life to be ended. Surely this is not the type of society we want to become? We should be seeking to protect those who are vulnerable, not seeking to provide the legal framework to kill them.

I also believe that this bill proposes an immoral act. Murder (i.e. the intentional taking of an innocent human life by another human) is illegal, and rightly so. We defend innocent human life in every aspect of the law, and therefore we uphold its sanctity and value. Enacting this bill would undermine this, and would seek to devalue human life (and, sadly, especially the life of those who are terminally ill or permanently physically disabled).

Therefore, in summary, I urge you to reject this Bill in principle and in its entirety. I welcome the debate about end of life issues but would urge you to steer clear of such dangerous and destructive aspects and rather to focus on palliative care and on ways in which the end of life can truly be improved, rather than abruptly ended.

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