End of Life Assistance (Scotland) Bill

Mervyn R Currie

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

No, on grounds of morality, my Christian faith and the role of registered medical practitioners. To be able to request end of life assistance is to degrade the value of a life. Everyone is special, a unique individual made in the image of God. Improvements in healthcare and particularly palliative and hospice care enable improved quality of life, enable emotional and spiritual needs to be addressed, and finally to allow natural death with dignity. For someone to have their life ended prematurely is not dying with dignity, far from it. It is depravity of a very low order.

Medical practitioners’ role is to support and preserve life, health and wellbeing. For them to have to assist in ending life is fundamentally opposed to their duty of care to their patients. This is quite different to the case of stopping artificial prolongation of life for those in a persistent vegetative state. It is not surprising that the BMA does not support assisted suicide. Medical practitioners will be placed in an invidious position and for many there will be a real dilemma of conscience.

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

While I disagree with the main provisions of the bill the age of 16 is much too young to be allowed to request such a terminal (sic) decision. A period of 18 months or longer is a necessary provision to avoid assisted suicide tourism from other countries within and outside the UK.

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

No. While I disagree with the main provisions of the bill my main concern with this wording is the phrase “and finds life intolerable” which is not defined in any objective verifiable way. Someone with either of the two qualifying conditions could simply say “I find life intolerable” because they have difficulty in accepting help from others. The phrase “and finds life intolerable” needs to be very specifically defined.

4. 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. Two weeks is far too short a period from the first to the second and final formal request for something with such far-reaching and final consequences as ending of life.
5. Do you consider the level and nature of safeguards as set out in the Bill to be appropriate?

No. The role of both medical practitioners is stated as neutral while in their calling they are required to support and preserve life. They should require to seek to persuade the person to consider further alternatives including palliative and hospice care, not just to discuss these alternatives.

The safeguards as stated are still prone to a process of creep where eventually elderly and vulnerable people and their friends who will be witnesses will succumb to pressure to eliminate elderly and vulnerable people because they are a burden on society.

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

Yes, as below.

a) It is not surprising to see moves in this direction of assisted suicide given the ease with which early life can be terminated since the 1960s. Given the way that application of the Abortion Act has been eroded there is every likelihood that the rather ill-defined safeguards in this bill will be eroded over time to the point where many elderly and disabled people will feel pressure of being a burden on others, regardless of not having a terminal illness or being permanently physically incapacitated, and want to ask for end of life assistance.

b) Evidence from the Netherlands where assisted suicide is legal with precautions shows the system is open to abuse. Relatives of my wife work in the medical profession in the Netherlands.

c) There is no provision in the bill for medical practitioners to refuse on grounds of conscience to be served with a formal request for end of life assistance, to have to consider such requests, or to refuse to assist in ending someone’s life. Can they refuse to accept a formal request on grounds of personal conscience? If so, can the requesting person then serve the formal request on another medical practitioner until they find one who is willing to accept it? These are unsatisfactory. Provision should be made for medical practitioners to refuse to participate on grounds of conscience. Also a limit should be specified to how many times a requesting person can make a formal request to a medical practitioner after others refuse.

d) “Appropriate means” to end life are not defined. They should be or qualifications should be stated for such means.

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