I am concerned that the proposed Bill is a threat to vulnerable people and would be a step backwards from the creation of a responsible caring society.

I ask you to please consider the following points:

1. The wide framework, within which all legislation takes its place, must protect the most vulnerable members of society. In order to achieve that goal, lawmaking involves stronger more able members of society giving up what they consider to be their rights, for the wider good and to protect those who are vulnerable. To use a trivial example, this is the case when an able driver equipped with first class reactions and ABS is denied his preferred driving style, in case a vulnerable child might run into the road.

2. In the current case, there is a high danger that those who suffer from depression or other mental illness might make a premature decision to end their lives. (This is believed to have been the case in a significant proportion (about 15%) of those using this option in the state of Oregon.) Medical physicians are not trained to make assessments of such conditions which may be supplementary to the terminal condition they are treating.

Those who see their continuing care rapidly diminishing their own savings and their family's valuable resources may also be tempted to see themselves as a 'burden' and to make such a premature decision.

3. Individuals in society cannot live with complete autonomy. All individuals depend on society and society on them. All individuals enjoy the privileges of being nurtured by a wider society and also have responsibilities to that society. Society asks its members to make sacrifices for the sake of the well being of the whole. It is a noble and responsible duty of every citizen to make such sacrifices as are necessary to ensure that others are protected. This might involve me in refusing the wish to end my life when it would be comfortable for me, in order to ensure that the sanctity of the lives of others are cherished and that more vulnerable members of society than I are protected.

4. In a loving society, all family members and neighbours, not to mention those involved in caring professions, learn to love through the experiences of pain in the lives of others. As a Christian I believe that I live to love and to be loved. This involves, as much as possible, alleviating the pain of others, and also involves allowing myself to be loved by those who must learn to show patience and compassion. If I become a short-tempered, foul-mouthed shadow of the respectful individual I now strive to be, I will still be loved by family and professionals who will be growing in their patient compassion through their experience of my humiliation. This I see in the lives of family members to whom I minister (and professionals) in times of terminal illness.
Even after I have passed beyond the point of personal conscious participation in the lives of others, or beyond conscious contribution to their lives, or beyond consciousness itself, my life will still have value as the recipient of love and as a contributor to growth in compassionate care in the lives of those around me. This is a process of growth which is for the good of those around me and of our wider society and in which I will take my part until the moment of my death.

5. Death as a recipient of compassionate human love is death with dignity. This should be assisted by the best possible palliative care, to which resources ought to devoted. The impetus to devote resources to palliative care is diminished when assisted suicide is made available as an option.

With best wishes for your consideration of this difficult and emotive subject.

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