I am a medical student at the university of Edinburgh and so my responses to the following points come from the standpoint of someone who may be called upon to carry out the procedure.

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

  No I do not. I entered the field of medicine to help save lives not to end them. It is all well and good saying that I have the right not to partake in the procedure but it is not as simple as that. In the areas of medicine where this will be most relevant (long term chronic illnesses) doctors will have built up a rapport and relationship with patients. This puts them in a very difficult position – do they say no on the basis of moral beliefs and hand over their patient to someone they don’t know at a time when they need the most support? Or do they condone it and swallow their morality in order to be there for their patient. It is not a decision I ever want to have to make.

  This bill also assumes that we know how to kill people well. I emphasise well – yes we know how not to kill people but do we know how to painlessly and quickly kill people. I think not. How would you teach this will one of my clinical skills lessons alongside, advanced life support, hand washing, insulin administration be euthanasia?

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

  o Yes it is vital that patients can not pop up from England if it were to come through.

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

  o No. I think that the definition of intolerable is too vague. It could allow the opening of flood gates. For many people their perception of intolerability can change as well. When you are first diagnosed or first have the traumatic injury often you struggle to come to terms and the future may seem intolerable. Give patients a few months and as they adapt to their new lifestyle things suddenly seem tolerable and actually good and enjoyable.
• 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?
  
  o No it doesn’t consider the time patients may take to come to terms with their illness. It doesn’t take into account low points in their illness.

• Do you consider the level and nature of safeguards as set out in the Bill to be appropriate?
  
  o No I think that many patients could feel under pressure if not directly subversively from family members. I agree many OAPs already feel a burden but at least at the moment they don’t have to worry about whether or not they should euthanize themselves in order to cease to be one. Being a burden I agree is no new thing but providing new pressures to not be a burden can not be positive.

• Do you have any other considerations on the Bill not included in answers to the above questions?
  
  o I think that the main argument for the bill is autonomy. Therefore to restrict the bill to the chronically ill and those finding life intolerable seems discriminatory! Autonomy here does not work as an argument as we should all then have the right to book a GP appointment and ask for euthanasia irrespective of our health status!
  
  o At the moment the legislation is tight firm but it allows judges to exercise discretion. This means that in the emotive and very painful cases judges can make a wise decision on how to prosecute families. It is better to have this than a law which can be exploited.
  
  o If the legislation goes through it reflects hugely on our society. It tells people that the only life worth living is one which is ‘healthy If you have a disability you should want to die if you are infirm life is worthless. It will compound an already awful attitude within society which says that infirmity and disability must been that you have a poor quality of life.
  
  o Finally some doctors may be happy to euthanize patients but can we really tell what the psychological implications may be down the life. I implore you to really think about what it is that you are asking of doctors. It is hard enough to loose a patient when you have done all you can to keep them alive but to kill them just corrupts the basic premises of the medical profession.

Alice Gerth
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