End of Life Assistance (Scotland) Bill

Anne Deeney

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

I do not agree that a person should be able to request assistance to end their life. It seems a contradiction that doctors whose profession calls on them to do everything in their power to keep each person in their care alive as long as possible should be asked to take someone’s life prematurely.

Nobody has the right to choose when to end the life of another, and no one person’s life is worth more or less than that of another.

I also don’t believe assisted suicide to be an honourable way to die, and I know that if anyone in my family chose to take this path I would not be at peace, as they had taken the easy way out, and their time to die may not have come for several more years.

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

Age 16 or over; been registered with a medical practice in Scotland for at least 18 months prior to making that request.

It is sensible that only those of a certain age should be ‘eligible’, and that the Bill should only be open to those living in Scotland, however it is all too easy for these boundaries to become more fluid, and for children diagnosed with terminal illnesses to be granted the option to die earlier.

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

Those who are terminally ill, for example cancer patients, may find themselves being offered assistance to die rather than receiving access to medication such as chemotherapy, or to palliative care.

Those who are permanently physically incapacitated but have no wish to end their lives may feel themselves a burden on their families who already lead busy lives, and thus make the decision to be assisted in dying in order that others can be ‘freed’ from the responsibility of looking after them.

People with chronic conditions such as diabetes and COPD may feel that the suffering they experience is far greater than that experienced by somebody with a terminal illness, and also wish to be allowed to die.

The initial diagnosis of a terminal illness could lead to mental health problems in which the patient struggles to come to terms with what they have just found...
out. Such problems could increase the chance that this person will seek End of Life Assistance.

I feel that in our culture there is too much of a desire to find the easy way out once something gets difficult, however this is not always a healthy attitude and often we can become stronger in fighting the trials that are put before us. Those who find life intolerable may, understandably, be suffering from distress, but with time they may realise that they have many things to be positive about.

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?

While patients must make a formal request in writing to have their life terminated when they feel the need, there is no guarantee that they will feel this way in years to come. Increasing severity of their condition could leave the patient unable to make a decision, and doctor’s may simply decide to terminate a person’s life on the basis of written evidence, when the patient perhaps cannot communicate that he or she no longer wishes to have his or her life taken away.

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

Any Bill that sets out to legitimise killing our fellow human beings puts us on a slippery slope which will lead to assisted dying which is carried out without consent, or to people being convinced that death is the best way for them.

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

A friend who lives in India tells me that in his culture there are no nursing homes, as families look after their elderly relatives. These are our parents and grandparents who brought us into the world and fed us and educated us and stood by us in times of need. It is then such an injustice that while they have invested so much in us we should dismiss their lives, whatever state of ill health they may be in, as being worthless, or worth less than ours as healthy individuals.

Medical research need no longer be carried out if we can just kill off people with rare, untreatable diseases.

Palliative care is a very feasible alternative which aims to give people the best possible quality of life as they near the end. People are allowed to die with true dignity, knowing that they have not hastened the dying process, and having received such high levels of care in order that they will feel esteemed and at peace.
Each person has the power to kill themselves through suicide whenever they want, but in asking for this Bill to be passed which gives us the ‘right to choose’ it actually gives the state the right to choose when to die, giving them a mechanism in which the state can choose who dies and who lives.

At a time when there is an increasingly ageing population, and there are going to be strains on the NHS it would be dangerous to bring in a bill which gives doctors the power to end lives of those deemed unworthy to be kept alive, in what would become a convenient cost cutting venture.

Anne Deeney
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