While I do not doubt Margo MacDonald’s good intentions in promoting this Bill, on balance I consider these to be seriously misplaced. Consequently, I am writing out of deep concern regarding the potential difficulties that legislation of this sort, no matter how well drafted, would inevitably present, both for those charged with the responsibility of trying to enact it and for society as a whole.

The ambiguity that it would create for the role of medical staff regarding their fundamental ethos of good medical practice in supporting, maintaining and preserving life, while being asked to make decisions relating to the removal of such support and being instruments in the premature ending of life, would be completely undermining to the position that society and their profession places on them.

The introduction of the termination of life as an ‘option of treatment’ would present an ongoing dilemma to the professional conduct and personal conscience of medical staff – placing them in an invidious position (for example, between a potentially vulnerable patient and relatives). Their ability to maintain, and to be seen to have, the independent and confidential role society places on them would be fundamentally compromised. This raises serious questions including:

- Can a patient trust the advice and judgment of medical staff for whom a form of lawful killing is seen as a potential recommended ‘treatment’?
- Why is it being assumed that the elderly, confused, and mentally unstable over the age of 18 who can be expected to be more likely to be stressed, depressed, confused, or suffering from dementia be able to take such decisions in a balanced way – rather than seeking treatment which may restore a reasonable quality to the end of their life?
- How is it possible to ensure that acts of euthanasia are truly voluntary - and not abused by external influence?

While all legislation will have imperfections in its application, they generally do not raise matters for which life and death itself are central. Consequently, the answers to these questions have to be addressed in advance or we have the prospect of changing from a difficult to an intolerable position – thereby simply creating even more intractable dilemmas which further amendments will only serve to entrench and complicate in later attempts to address problems which flow from its application.

It may seem that the above views lack compassion, but the converse is the case. Emphasis needs to move on assisting people to die with dignity, rather than to provide a means of ending their lives prematurely within the law. Much progress has been made in Scotland in caring compassionately for the
terminally ill in hospitals and hospices. In comparison, there is nothing dignified in ending life prematurely - even to relieve suffering.

In conclusion, while the above comments are by no means exhaustive, I consider that the important concerns that they raise are sufficient to set aside what are perceived to be the ‘advantages’ of passing such legislation. There is a need for politicians to recognise that there are some matters that cannot be ‘solved’ by passing new legislation and are best left as they are – and for us, as a society of whatever political persuasion, to recognise that sometimes this is ‘as good as it gets’ and politicians should be allowed to exercise wisdom rather than feeling obliged to respond to every demand/request for new laws.

I would suggest that the wisest decision is not to progress this bill and would ask that this be given serious consideration.

Thank you for this opportunity to contribute to this debate.

David Harrison, MRTPI