End of Life Assistance (Scotland) Bill

David Miller

It is with great excitement and anticipation tempered by trepidation that I will graduate in a month and join the medical profession as a junior doctor on the 1st August 2010. I eagerly await the opportunity to finally fulfil my aspiration to become an active member of the clinical team and positively engage with patients helping them through their ill health. It is concerning me that at such an early stage in my career, the very reason I choose to pursue this career, helping people, is potentially under threat. I write to register my concerns with the proposed end of life bill due to the potentially irreversible damage I envisage it will have on the sanctity of the doctor-patient relationship.

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

I am of the opinion medical practitioners are providers of positive healthcare interventions to improve symptoms, treat disease and where this is not possible palliate symptoms. The Hippocratic Oath embodies the principle of practicing medicine— that is Do No Harm.

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

The complexities of each individual's life, needs, family mean it is wholly unworkable to define a set of criteria that makes one suitable of not for assisted suicide. I do not consider the power to decide one’s suitability for death a decision any earthly being capable of making. In addition, instilling such criteria inevitable leads to a devaluing of the lives of those deemed “suitable” for assisted suicide. I cannot fathom how the life of someone who is disabled or over the age of 16 is any lesser that those deemed “unsuitable”. I believe that the ability to cast decisions on another’s fate as regards assisted suicide is cannot be differentiated from murder.

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

No, I cannot see any reason when it is acceptable to kill another individual, no matter how pure the motives are. Of the terminally ill patients who’s care I have been involved with, I have not seen any circumstances where good quality palliative care cannot be utilized to ensure a dignified and more symptom free period of life they can share with their family prior to death.

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?

Having analysed the proposals I do not think any measure of verification process can safeguard against an irreversible fate as untimely assisted death.
Do you consider the level and nature of safeguards as set out in the Bill to be appropriate?

Whilst not legally qualified to professionally comment, I cannot imagine any form of legislation could safeguard against the most vulnerable in society from being influenced, cajoled or abandoned to the fate of assisted suicide. It is impossible to safeguard the sanction of death.

In conclusion, I believe the eyes of the world are yet again on Scotland as to the outcome of this bill. I can only hope that it is not my home that is responsible to redefining the role of doctors irreversibly. I joined the profession to help people and I know from experience that even those in the most unimaginable positions of illness still find value to their life, they still mean something to their family and they still have an opportunity to contribute to society, not be abandoned by a consumerist societies ideals of healthcare. As a civilised society we owe it to each other to look after, care and love those who its only to easy to neglect as a burden and push down the road of assisted suicide.

I would urge our government to invest its time and effort in ensuring those terminally ill are afforded proper care rather than have their very humanity dismissed by sanctioning their death.

David Miller
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