End of Life Assistance (Scotland) Bill

Dr Hugh Wynne

Introduction

I am a former Chairman of the Voluntary Euthanasia Society of Scotland (now EXIT), currently Secretary, & a Past President of the World Federation of Right to Die Societies, a former Committee Member of the Voluntary Euthanasia Society (now Dignity in Dying), & currently Technical Adviser, & a former Convener of Friends At The End.

Over 30 years involvement with the campaign for the right to choose a dignified death, I have extensive experience of the matters addressed by The End Of Life Assistance (Scotland) Bill.

Personal Comments On The Points Invited

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

Yes, but there should be alternatives to the need for the two formal written requests for those people who cannot write.

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

Not entirely.

Residents in Scotland aged 12 to 16 should be able to make a request if supported by a parent or guardian.

People must have been registered with a medical general practice for 12 months, the latest month of which must have been in Scotland. Note that terminally ill or seriously disabled people may move to be near relatives & or friends in Scotland.

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

Yes.

4. The Bill outlines a two-stage consent & 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?

Yes, but normally there should be no requirement for a psychiatrist. An experienced medical general practitioner, one registered for at least 10 years, should be ample. Medical general practitioners deal routinely with patients
with mental health & mental capacity problems, & they are normally considered capable of making sound judgements on these issues.

Psychiatrists are very expensive to engage, & increasingly hard to find. Patient appointments have to be made many weeks ahead. This situation is likely to become worse.

Only if the designated medical practitioner had doubts about the mental health or mental capacity of the person, should the second designated medical practitioner be psychiatrist.

5. **Do you consider the level & nature of safeguards as set out in the Bill to be appropriate?**

Yes.

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

Yes. Numerous opinion polls in Scotland, the UK, & internationally show that some 80% of people believe laws should be revised to allow assisted dying.

In light of the complexity of some of the issues, & the potential for misunderstanding, I should be happy to offer to give oral evidence to your Committee, if there may be any purpose to be served.

Eur Ing Dr Hugh Wynne  
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Secretary, World Federation of Right to Die Societies  
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