I have a number of concerns relating to this bill.

Firstly, I do not agree that a person should be able to request end of life assistance from a Registered Medical Practitioner.

- Palliative care medicine is improving continually and it allows for holistic care; not only physical symptoms but also mental, emotional and spiritual concerns. These would not be addressed under this bill.
- In addition, resources within the NHS are scarce and these would be diverted to assisting the suicides of the few and away from the provision of palliative care for the many.
- Assisted suicide would undermine the doctor-patient relationship. It may mean that people decline admission to hospital for fear they may be assisted to die.
- Although the bill stipulates several conditions that are required to be met before physician-assisted suicide can take place, these will slowly be eroded putting vulnerable people at risk and in countries where assisted suicide is legal, many of these deaths are now not reported.
- Human life is intrinsically valuable and elderly or disabled people may feel pressure to opt for assisted suicide especially if they feel a burden to their family or society – to agree with such a viewpoint means that we agree that their life is of lesser value.

I am not satisfied that the requirements for age and connection with Scotland as set out in the bill. This may lead to suicide tourism, even though the period to be registered with the same General Practice is 18 months.

The two categories of people who would qualify to be assisted under the terms of the bill are also unsatisfactory. They require some judgement to be made by the doctor as to the tolerability of life which is subjective and in addition, the doctor may not know the person well depending on previous attendance at the practice. Furthermore it is notoriously difficult to make judgements on how long someone is likely to survive their illness as it is influenced by so many factors.

In addition to the concerns outlined above, I also have some further concerns with the safeguards in the bill.

- Although there are a number of checks to be carried out, they do not go far enough – they have to be carried out in a short period of time. Given a longer period of time, a person may have changed their mind due to, for example, better control of symptoms.
- If the General Practitioner of a person objects to assisted suicide due to conscientious, for example, the Registered Medical Practitioner consulted secondly perhaps would not know the applicant very well, a
requirement surely to make judgements on the tolerability or otherwise of a person’s life.

- When someone revokes their request, to what extent should this be taken, for example, immediately before the administration the means of death the person expresses some anxiety, does this constitute withdrawal of request?

Other concerns include:

- I am unsure how it is determined someone is not related to the person requesting assisted dying, would this then require legal searches?
- The registered medical practitioner has no one to discuss the case of the person requesting assistance, with no option for a second opinion as the psychiatrist only assesses competence.
- What if the person requesting assisted suicide lives in a remote part of Scotland? Their General Practitioner may be single-handed and may object to assisted suicide.
- How would training be introduced in medical school? This would increase the content of an already overburdened curriculum.

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