End of Life Assistance (Scotland) Bill
Dr Robert M Gifford and Dr Fiona J Gifford

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

No, from neither a registered medical practitioner, nor anyone else.

As medical practitioners who have trained and worked in Scotland, we feel strongly that euthanasia and physician-assisted suicide, as suggested by this Bill, undermine what it is to be a doctor in general, and what it to care for the dying specifically. We are proud of the NHS in Scotland. This Bill (or any legalising euthanasia) would mark the end of decades of progress in improving quality of life at the end and would signify a paradigm shift for medical practitioners, from medicine to poison.

In recent years we have seen huge improvements in the alleviation of symptoms, be they physical, psychological, social or spiritual, and in providing quality of life for the dying. The West of Scotland now has some of the best hospices in the world (in spite of being vastly oversubscribed and under funded).

As those who care for the dying day in, day out, we feel that most people, including those who push this kind of legislation, have no idea what it will be like for them at the end. A recent study of doctors’ experience of end of life issues suggested that only 0.16% percent of patients had made any request to die and that none had requested physician-assisted suicide (1). The same paper went on to suggest that only 2.6% of doctors felt a change in the law would be of any benefit.

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

No, no-one should be able to request killing regardless of age or connection with Scotland.

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

No, the criteria are ambiguous and the safeguards are inadequate. The Royal College of Psychiatrists has expressed profound concerns about the types of assessment and exclusions put forward along psychiatric lines. The qualifications of being ‘not able to live independently’, presumably meaning independent from medicines, and ‘finding life intolerable’ could apply to almost any patient in the West of Scotland, from a 16-year old asthmatic to a 60-year old with an irregular heart rhythm.
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?

No, no process could ever be sufficient to avoid abuses or unintended outcomes.

For example, we quite regularly come across patients whose families state to healthcare staff, in confidence, that they wish their relatives were dead. There are a wide range of motives; pragmatic, financial, religious. Many are understandable. But this Bill does not nor could not ever prevent emotive coercion from friends and family to cause a patient to make a (sustained and verifiable) request to die.

In addition this Bill proposes euthanasia not physician-assisted suicide.

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

No. No safeguards could be adequate to prevent unintended outcomes.

The Bill would put pressure on vulnerable patients and their families; it would result in overt and covert family conflict and suffering; it would give unacceptable power to doctors and put medical practitioners under undue pressure; it would put pressure on health boards to seek financial savings by killing instead of funding the ongoing development of high quality palliative care.

The complex internal workings of healthcare systems, the ever-changing relationships between healthcare professionals, and the diverse and fluid perceptions of life and death held by patients and relatives would unavoidably lead to pit falls, loop-holes and deaths taking place against patients' best interests.

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

Yes. As well as undermining healthcare, being unnecessary and dangerous, we hold that this Bill is:

**Immoral**
Legalising a process that permits or requires an individual to act with the intention of killing another person is immoral (2). Does legitimising killing not undermine the public's perception of the value of human life?

**Unethical**
It goes against both historical and contemporary ethical frameworks. As the Hippocratic Oath states, “I will not give a deadly drug to anybody who asked for it, not will I make a suggestion to this effect”. This has been the consensus
among Scottish doctors in their long and prestigious history and remains so today.

Rejected by the medical profession
In 2002 the World Medical Association declared, “Physician-assisted suicide, like euthanasia, is unethical and must be condemned by the medical profession” (3). Because it is unethical, the British Medical Association and all of the medical Royal Colleges (including the Royal Colleges of Physicians and Surgeons of Edinburgh and Glasgow) are opposed to physician-assisted suicide and euthanasia in principle and practice.

Impossible to regulate safely
In 1994 Lord Walton of Detchant, the chairperson of the Select Committee on Euthanasia described his concerns as follows; “We concluded that it was virtually impossible to ensure that all acts of euthanasia were truly voluntary and that any liberalisation of the law in the United Kingdom could not be abused. We were also concerned that vulnerable people - the elderly, lonely, sick or distressed - would feel pressure, whether real or imagined, to request early death” (4). These words remain true and relevant in Scotland today.

Only a beginning
Both Holland and Belgium have legalised euthanasia and have witnessed the gradual spread of so-called “mercy killings” to those who have not requested them, including the killing of children (6).

Conclusions
We urge you, for the sake of the people of Scotland, the caring professions and our patients, please do not support this Bill.

References
(2) “GP is disciplined for willingness to help friend commit suicide”, British Medical Journal, 2005; 331: 717.

Dr Robert M Gifford, trainee in General Practice
Dr Fiona J Gifford, Specialty Trainee in General Medicine
12 May 2010