Do you agree a person should be able to request end of life assistance from a registered medical practitioner?
The law as it stands does not prevent some-one from asking. The issue is how the person and the respondent react, and how the relationships of patient, relatives, carers and doctor will be affected by s/he agreeing or refusing. Trust depends on knowing that they share an understanding on the intrinsic value of life, the wrongness of suicide and the doctors commitment to do all in their power to conserve life. This bill requires a change in these core beliefs on which we as a society depend. Such a request depends on all parties concerned having made these changes, otherwise one party or more will be hurt and feel a sense of betrayal. As it is impossible (quite apart from whether it is desirable) for everyone in society to suddenly make such drastic changes in their deepest beliefs and attitudes, a new level of uncertainty and mistrust will enter society.

Are you satisfied with the requirements for age and connection with Scotland as set out in the Bill?
If passed, I think these would be a minimum. I also think the doctor should have regularly attended the person him/herself for a minimum period of six months.

Are you satisfied with the two categories of people who would qualify to be assisted under the terms of the Bill?
The term intolerable is too open. Everyones life is intolerable at times. Consistently intolerable with no possibility of relief is closer to the mark.

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?
The process itself seems carefully thought through, but the basis for it is not acceptable, as it undermines fundamental beliefs essential for maintaining a healthy caring society.

Do you consider the level and nature of safeguards as set out in the Bill to be appropriate?
I think the Bill should state that the designated practitioner should physically meet the patient at the second request and discuss again all the items in Section 7(1).

Do you have any other considerations on the Bill not included in answers to the above questions?
The proponents of the Bill are being swept along by demands for the rights of certain individuals without properly considering the effect on society as a whole. It is easy to stand up for one or two individuals who are suffering. It is much harder to describe how a society depends on shared values and mores,
or to envisage how the subtle altering of those values and mores will influence our overall attitudes to life, to community and ultimately to the value we put on our own individual lives. That is why, for millennia, this has been the task, not of politicians and commentators, but of philosophers and theologians who have dedicated themselves to seeking meaning and understanding of life, suffering and death.

It is a matter of concern that the Committee in its call for written evidence fails to identify this effect on society's values and mores as an issue to be commented on. Is it the Scottish Parliament's intention to alter these fundamental tenets of our society: the belief in the intrinsic value of life, the wrongness of suicide, and the duty to care for others, particularly in the case of? This is the most important matter that the Committee and the Parliament need to consider.

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