End of Life Assistance (Scotland) Bill

Evangelical Alliance Scotland

1.0 Introduction: The Evangelical Alliance Scotland is the largest body serving evangelical Christians in Scotland and has a membership across the UK including thousands of individuals, over 700 organisations, over 3300 churches across 79 denominations. The mission of the Evangelical Alliance Scotland is to unite evangelicals to present Christ credibly as good news for spiritual and social transformation. We firmly believe in a pro-community agenda with tolerance and respect at the forefront of a transforming culture.

1.1 The Evangelical Alliance Scotland is a member of the steering group of the Care Not Killing Alliance (CNK). We therefore endorse and support their submission to this consultation.

1.2 The Evangelical Alliance Scotland welcomes the invitation to submit our views on the End of Life Assistance (Scotland) Bill and thank the committee for their willingness to hear from all perspectives including those of the faith community.

1.3 As well as thousands of churches, part of whose ministry it is to provide pastoral support for the most vulnerable in society, there are a number of member organisations of the Evangelical Alliance whose members are involved directly with palliative care including the Nurses' Christian Fellowship Scotland and the Christian Medical Fellowship.

1.4 In writing this response the Evangelical Alliance Scotland would like to express our overwhelming compassion, concern and sympathy towards any individual who is suffering from any spiritual, mental or physical illness which would cause them to contemplate ending their life. We recognise the personalised nature of this proposed legislation and hence the difficulty of any individual, organisation or governmental body to understand, appreciate and act upon the specific and individual suffering of those in such a situation. We hope that this concern resonates throughout our submission.

1.5 We want to earnestly express our concern as an alliance of organisations, churches and individuals to the principles that lie behind the bill. Our response therefore focuses on the underlying principles of the legislation and then addresses some of issues raised by the points outlined in the call for evidence.

2.0 Principle Concerns: First and foremost, as a faith-based organisation, representing thousands of Christians across Scotland, we have fundamental moral objections to the Bill. We do not believe it is the “right” of any individual to end his or her life. Life and the right to life is a gift from God which should only be given and taken by him. We believe in a God who desires us to be in relationship with him, each other and creation, ultimately requiring us to respect and value that which God has made. It is in terms of this latter point that the dignity of humans - so widely quoted as the source of all human rights - is understood by most evangelical Christians. The current law rightly recognises that the lives of
all patients in whatever physical condition are worthwhile and meaningful, even if the patient has lost all sight of this themselves. Assisted suicide ultimately denies human dignity and undermines the value of human life.

2.1 **As a faith-based organisation** the Evangelical Alliance Scotland recognises that many individuals in our society do not share our beliefs. But it should not be assumed that because many with a religious faith oppose assisted suicide, all opposition must therefore be faith-based. Opposition to legislation of assisted suicide and euthanasia is not restricted to the faith-community but also to many within the medical and caring professions. The majority of Medical Royal Colleges and the British Medical Association have, after consulting with their members, declared their opposition to a change in the law. Examples such as this clearly indicate that the debate over assisted suicide cannot, and should not be generalised between those with a religious faith and those without. Instead opposition stems from much wider concern over public safety.

2.2 **The principle of autonomy** is supposedly at the heart of the Bill - “that a person has the right to determine the quality of his or her own life and its values, unrestricted by the moral, cultural, religious or personal beliefs of others."\(^1\) This rests upon the notion that a decision to have assisted suicide will only affect that particular individual. This is a false notion. The principle of autonomy is extremely individualistic and fails to take into account the interconnectedness of all individuals within our society. The choice of an individual may also seriously affect and damage the society in which they live.

2.3 **The principle of autonomy** is also erroneous within the Bill because those we would assume as autonomous, “persons able to live independent lives without the need for any assistance”, would not qualify under the provision of the Bill.\(^2\) The principle and target of the bill is dependency, not autonomy. The sick, disabled and elderly who might make this decision will do so precisely because they feel they are placing an unfair burden on others - a decision made based on their relationships with others, whether positive or negative. Their primary but hidden motivation maybe a wish to spare others. Their decision will therefore have an affect on those caring for them. A person being a burden on society or more specifically those that care for them is contrary to the principle of autonomy, as someone who is truly independent, cannot be a burden.

2.4 The right to die contained within this Bill could quickly become a duty to die because the individual may feel they are a burden on their families or carers.

2.5 **The principle of a dignified death** is also supposedly at the heart of this Bill, but there is no indication within the Bill, or accompanying documentation, what is intended by this, and the term is used extremely loosely and without true regard to other means of dying with dignity. Dignity is presented as objective and only embodied by assisted dying. It is always important to accept that death is a natural process and therefore doesn’t necessarily equate to medical failure.

\(^1\) Page 2, The Proposed End of Life Choices (Scotland) Bill Consultation, Margo MacDonald Document, Dec 2008.

\(^2\) Explanatory Notes, Paragraph 22.
2.6 We would argue that assisted suicide as envisaged by this Bill is less dignified than dying naturally because of the lengthy process e.g. the requirement to submit to a formal protocol, the possible substantial costs, scrutiny of one’s own mental health and the extensive obligatory consultations. This process must all take place at a time in life which is already deemed to be intolerable.

2.7 The Bill assumes throughout that the alternative to assisted dying is undignified and “cruel” (see para. 62 in the Policy Memorandum). This makes unfortunate claims against our very good palliative care system suggesting that health care without assisted dying is undignified and cruel.

2.8 We recognise that presently natural death for some people might be undignified, but we should be putting all our strengths into changing the care and support for these individuals through better palliative care. Britain is no doubt a world leader on palliative care, but we can and should do better.

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

3.1 The Bill makes a number of unsubstantiated assumptions about medical practitioners, with no clear evidence that the medical profession has been consulted about the paradigm shift in the care of patients that will no doubt take place.

3.2 The Bill requires that members of the medical profession play a vital role in the process of end of life assistance. But legalising physician assisted suicide would compromise the doctor-patient relationship which involves the ethical principle of beneficence. It is important that vulnerable patients should always be able to trust those who care for them that they are acting in their best interests, even if the patient is unaware of those interests at any particular moment. Doctors are healers and should never have a duty or pressure to help people end their life. The requirement of the medical profession to intentionally end life will fundamentally change the relationship between medical professionals and those in society that they serve. As the General Medical Council has stated, for a doctor to hasten a patient's death 'would have profound implications for the role and responsibilities of doctors and their relationships with patients'.

3.3 While a conscience clause might enable medical practitioners to opt out on principle or moral grounds, this would present practical problems in rural areas where alternatives may not be readily available.

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

4.1 The scope of the Bill is particularly worrying, making it applicable to the majority of seriously ill and disabled people throughout Scotland. The Bill lacks clear definitions of the two categories of people who would qualify therefore creating ambiguity as to what is actually legislated for.

4.2 The Bill is drafted around the wishes of a small minority of determined individuals but could easily result in its application to a much larger number. While the creation of such a law would provide a facility for a

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3 House of Lords Paper 86-II (Session 2004-05), page 112.
minority of determined and self-reliant individuals to end their lives, it could also easily result in many others, who are depressed or suffering from feelings of guilt at the burden they are inflicting on their families, following a similar course of action. People may feel under pressure to ask for assisted suicide in order to not to be a financial or other burden to their families or health care system.

4.3 There is clear ambiguity within the Bill as to what constitutes life being intolerable, automatically leaving this test as a subjective one (see paragraph 21 of explanatory notes). There does not seem to be any basis of criteria by which intolerability should be assessed. It would be extremely difficult for a medical practitioner to make an objective judgement of intolerability for the patient, particularly in the course of an obligatory assessment within the protocol for the procedure. Intolerable or unbearable suffering is not an absolute or a clearly defined entity.

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

5.1 The Bill has no indication of the actual process by which life may be terminated. We may assume it to be the administration of lethal drugs, but there is nothing in the Bill to exclude other forms of killing of assistance with suicide.

5.2 Ambiguity lies in the requirement to assess whether a request for ‘end of life assistance’ is being made voluntarily and without external influence. But it would also be necessary for a doctor (albeit extremely difficult) to ensure that the application is not acting on internal pressures; for example a desire to remove him of herself as a care burden.

5.3 The Bill intends to safeguard against the pressure of others to check that the person ‘is not acting under any undue influence’ when making the decision. This would be an extremely difficult test to make as influence comes in many guises. It is near possible to provide a legal process which can check whether a vulnerable person, dependent on the care of others, is acting freely.

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

6.2 In the current financial climate where budgets are continually being squeezed, there is extreme danger that assisted suicide might be seen as the “cheaper” option instead of extending palliative care for a patient. While unlikely, we would be extremely concerned if end of life assistance might be encourage, endorsed or promoted to reduce the costs of an NHS or health board.

6.3 The drafting of the Bill includes the possibility of euthanasia (where a physician administers lethal drugs to a patient directly) as opposed to assisted suicide (where self-administration by the patient is required). The Bill should make sure it states this clearly by defining exactly what it means by “end of life assistance”. One of the recommendations of the 2005 House of Lord Select Committee on Lord Joffe’s Assisted Dying for the Terminally Ill Bill was that “a clear distinction should be drawn in any future bill between assisted suicide and voluntary euthanasia”. This has clearly not been made. The Bill goes beyond an Oregan-style Bill
(therefore contributes to the invalidity of the estimates of numbers of people who could die under this legislation (Explanatory Notes, paragraph 87-89)). A more accurate comparison would therefore be with Holland.

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