The Committee have asked for comments, particularly on the following points:

- whether someone should be able to request end-of-life assistance from a registered medical practitioner

People already request end-of-life assistance from registered medical practitioners. More often, relatives will ask for end-of-life assistance. The issue is not whether it should be possible to request this, but what is the most compassionate and caring response to such a request. I would feel duty bound to refuse the request, and I would not be able in all conscience to recommend another clinician who might look favourably on such a request. This would put me in breach of the law.

- the requirements for age and connection with Scotland set out in the Bill. The Bill states that anyone requesting an assisted death must be 16 years of age or over and have been registered with a medical practice in Scotland for at least 18 months

It is unclear what particular conditions this Bill aims to cover. Clearly it is constructed in a way which would not cover dementia or slowly progressive medical conditions, where the estimated life expectancy is difficult to measure.

- the two categories of people who would qualify to be assisted under the terms of the Bill. They are individuals who have been diagnosed as terminally ill and find life intolerable or those who are permanently physically incapacitated to such an extent they are not able to live independently and find life intolerable

"The real problem is to define when human life is worth living and when it has to be eradicated," This is a quote from Mengele, who represented what the far end of a ‘slippery slope’ could be.

What are the definitions of terminal illness? Who makes a decision for an individual patient? In a way we all have a terminal illness, called life! Many illnesses are slowly progressive rather than predictable in their deterioration. It would be a huge responsibility for a clinician to say that patient X has less than six months to live, at a stage before they are incompetent to make independent decisions on their own future, and thus not covered by the bill. Parkinson’s disease and MS would often be accompanied by a degree of cognitive impairment in the terminal phases, meaning that the patient would not be able to make a competent decision.

What is the definition of intolerable? My daughter finds life intolerable because I won’t buy her an iPOD. Some people find life intolerable because of their families (who in the event of this bill becoming law might suffer even more intolerable family pressures). I worked for over 10 years as a consultant in an acute medical ward, and was constantly struck by the amount of unhappiness
and social distress in society, which manifests itself in heightened perception of physical symptoms. For example, grandparents who don’t see their grandchildren because of family break ups, the impact of alcoholism, drugs etc. Assisted dying should not be an option for people who need compassion and support from society to enable them to live worthwhile lives.

What makes life intolerable for someone with illness, and who defines this? Inability to toilet independently? The attitudes of nursing and medical staff? The attitude of family? Pain? An Act which encourages them to end life?

- the two-stage consent and verification process to be followed for an eligible person to receive end of life assistance
  - Doctors do not have training in killing patients. I have hastened death when it has been inevitable by treating symptoms (pain, distress). I have never actively ‘killed’ a patient, and in 20 years as a physician, I have never had a patient who has wanted actively to die. Patients may lose interest in life, and fade away, but this is often part of the natural process of separation from the world. About 15% of stroke patients die before discharge from hospital. I am always committed to providing loving, compassionate care to ensure that suffering is minimised (in my experience, sudden death is the most distressing in terms of symptoms; ‘chronic’ death where symptoms are managed is usually calm and allows families the time to come to terms with the inevitable. This Act does absolutely nothing to affect these situations.
  - A doctor who does not have specialty knowledge, access to all medical records, and the ability to discuss the case with the usual medical practitioner would not have sufficient safeguards to provide a correct decision. We all know what might happen: a Dignitas type clinic, a GMC registered practitioner who honestly believes (like Kevorkian) that they have a mission to help relieve suffering and help people die. A partner who is a registered psychiatrist, a fee, and then the difficulty of saying no when criteria are not met, and when what people or relatives want is yes. All countries with assisted suicide have difficulties ‘policing’ violations of legislation.
  - A month is not a long time, and depressed patients may take longer than a month to respond to anti-depressants.
  - How are doctors to receive licensing and revalidation of their competencies? The GMC is a UK wide organisation, and thus activity on one side of the border will be legal and yet illegal on the other side of the border.
  - All patients who wish to end their own life should be seen, not by a psychiatrist, but by a palliative care doctor, who can knowledgeably explain all options to deal with very severe symptoms or disease.

- the level and nature of safeguards in the Bill.
• We know that the NHS is not a fail safe environment, and that errors happen continuously. There is no reason to expect that protocols and pathways outlined in the Bill would not be violated (deliberately or accidentally). This is accepted to be the case in other countries.
• All cases would have to be notified to the Procurator Fiscal (as currently happens for certain deaths in hospital). This should happen before the event, and the method of death (which is not defined in the bill) clearly described. (If it is the PF office in Aberdeen, that should use up at least half a day on the telephone!)

Mary Somerset
12 May 2010