End of Life Assistance (Scotland) Bill

P Whitley

The scope of the Bill is incredibly broad. It would offer assisted suicide to people who are to some degree dependent on others and would include those with life threatening and non life-threatening disabilities, and those with relatively common conditions such as, for example, insulin-dependent diabetes, heart or lung disease. Tens of thousands of seriously ill and disabled people throughout Scotland would fall within its remit.

The Bill purports to allow assisted suicide (where a patient is provided with lethal drugs by a physician for self-administration). In fact it goes much further. It would also legalise euthanasia (where a physician administers lethal drugs to a patient directly).

The drafting of the Bill is vague and full of euphemisms and ambiguities. Among others, there is no definition of what it is to find life 'intolerable' and the methods by which life would be legally terminated are not identified.

The bill is not clear on what means can be used to end a person's life. One might assume that it is envisages lethal drugs but this is not specified and therefore the 'means of administration might conceivably include gas (carbon monoxide or helium), hanging, a bullet or a push off a cliff.

Safeguards are seriously defective. Among others, there is real doubt that the suggested medical assessments would be sufficient to discern that the patient is not under external pressure to request assisted suicide.

The Bill contains no specified procedures by which doctors would report their involvement with assisted suicide. This makes meaningful audit of how the law was working highly problematic.

It places responsibility for providing "end of life assistance" on the shoulders of Scottish doctors, whom it contains no 'conscience clause' and the majority of whom would not be prepared to participate in implementing the proposals of the Bill.

The Bill is intended to 'enable a person to die with dignity and a minimum of distress'. This is already provided through good health care and particularly palliative medicine.

General Points

The vast majority of medical practitioners and all the Royal Colleges of Medicine do not support assisted suicide.
The Scottish Parliament has already had two opportunities to discuss assisted suicide. On both occasions the legalization of assisted suicide was convincingly rejected.

For society to accept assisted suicide or euthanasia means it agrees that some lives no longer have any meaning, value or worth.

Having assisted suicide legislation in place sends a message to vulnerable, ill, and elderly people they should take up the option of assisted suicide so as not to be a burden.

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