End of Life Assistance (Scotland) Bill

Professor Alasdair MacLullich

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

No. I do not consider that the arguments in favour of individual rights override the massive potential risks and damage to society and the practice of medicine that the legalisation of assisted suicide would cause.

It is certain that many older people will feel under pressure to kill themselves because they feel that they are a burden to their families or to society. This pressure could arise explicitly from family members but more commonly it could be an internal decision which might never be discussed. If assisted suicide becomes an option then there can be no doubt at all that doctors will sometimes collude in killing a patient because that person believes they are a burden or worthless. Indeed, feelings of being burdensome or worthless could readily contribute to a person finding their life ‘intolerable.’ There can be no guarantee that this will not happen, no matter what procedures or safeguards are put in place. Surely the certainty that this will sometimes happen is enough to override any other consideration.

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

Not applicable.

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

No. Even where there is discussion and the person appears to have expressed a clear intention, who can say for sure that there is not an element of cognitive impairment and/or potentially reversible depression? Neither cognitive impairment nor depressive symptoms are categorical; these problems overlap with normality. It is virtually impossible to be certain about normality and abnormality where there is mild cognitive impairment and/or changes in mood. Therefore, the determination of capacity is not an exact science. Where a person’s life is at stake the risks are simply too great.

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, for the reasons expressed above.

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

No, for the reasons expressed above.
Do you have any other considerations on the Bill not included in answers to the above questions?

(1) Evidence of the errors, abuses and the inevitable easing of criteria for assisted suicide/euthanasia/involuntary euthanasia in places like The Netherlands and Oregon should be clearly presented to all those considering this bill.

(2) I believe that the doctor-patient relationship would be fundamentally altered and harmed if a ‘treatment option’ is to end the life of the patient.

Professor Alasdair MacLullich
12 May 2010
(Please note that I am the Professor of Geriatric Medicine at the University of Edinburgh, but am responding as an individual. I am not responding on behalf of any institution or other individual.)