End of Life Assistance (Scotland) Bill

Rose Ann Kiehlmann

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

No.

1. As a doctor practising for the last 17 years whose patients included those with Parkinson's disease and other I can imagine how distressing it is to receive that diagnosis, but should Frank or James or Mary be able to request me to "provide end of life assistance. Justifiable - it is distressing to know we will deteriorate inexorably, become physically dependent, why not hasten the process – it would also be cost effective. Even so, as Judge Brian Barker at the Old Bailey said: "You cannot take the law into your own hands and you cannot take away life, however compelling you think the reason."(1)

2. Hard cases make bad law – this is a hard case and would make a bad law. To quote Mario Conti, Archbishop of Glasgow

"Laws need to be objective in their statement of principle. It is wrong in principle for someone to take their own life; it is wrong in principle for someone to help them to do so. Attempted suicide is no longer a criminal offence; assisted suicide should remain one; the law should not be changed - the good of society demands that it be not changed. Mercy can be shown in the administration of justice".

The repercussions are monumental – if passed we would be the society that legalized killing. When widely civilizations are judged on their care of the infirm, we would have judged them unfit to live. Even a young person of 16. We would not put resources into care of these people as it would become the “choice” to die. Just like women with unplanned pregnancies say– that the only choice offered was abortion. Just like we have rushed clinics in which these vulnerable women have no time to express deep complex emotions – again experience relayed by an Obstetric consultant friend- and we have not developed services to adequately care for their needs – the same would come true for the "end-of-lifers"

3. Should someone be able to compel me to take their life? No the doctor-patient relationship relies on trust. While doctors as a profession are vilified in the press individuals relate a high degree of confidence in their practitioners. Would this continue if they knew I would kill them if they so wished? Of course not. It is not a level playing field – we may talk about these issues round the dinner table or at the pub but as a doctor who has been seriously ill I know how vulnerable I felt, how lacking in control and how nice it would have been to know I could ask someone to end my life. NO!!! it was not nice it was terrifying. Yet there I was –a doctor in full possession of my faculties. These
people are extremely vulnerable and we send a harsh, threatening message if we say it’s ok to kill them.

Dr Brian Keighley, Chairman of the BMA in Scotland, said: “If doctors are authorised, by law, to kill or help kill they are taking on an additional role which we believe is alien to the one of care giver and healer.

“The traditional doctor-patient relationship is founded on trust and this risks being impaired if the doctor’s role encompasses any form of intentional killing.”

I am sorry to say that particularly in Elderly Care it is not uncommon for the families of patients rather than the patients themselves to ask the doctor assist in ending their mother’s/ father’s sister’s / brother’s life. Usually the patient wants to carry on. States that they would have thought unbearable previously are not so when actually experienced. Fear and particularly the fear of pain plays a huge part in people’s worries. Knowledge that with good care these fears can be addressed is comforting and is realistic and they change their minds about wanting to die(2). Palliative care today ensures that people can be kept comfortable. I agree with the 16 palliative care specialists who wrote to an open letter to The Times newspaper.

Unfortunately it is often the people looking on from the wings – relatives, carers that are more distressed than the person concerned. It is the lack of these individuals to cope that pushes for termination of life. And often these will seek to influence a vulnerable person to agree . I have seen that more times than I care to remember – not just relatives but also medical staff.

‘permanently physically incapacitated to such an extent as not to be able to live independently’.”

Many disabled people of all ages fit this category and are cared for by dedicated carers and family who themselves find the work fulfilling – though undoubtedly they need more respite and recognition The Bill may SEEM reasonable but is in fact dangerous – a boon to those who would seek to influence the vulnerable and those seem as economically unviable – and it would creep into society’s mindset that this is a correct way of thinking just as now the majority of abortions are given to mothers who feel another child would diminish the funds they could spend on those they already have – economic arguments again driving what is deemed reasonable.

References
(1) the Catholic Herald 12 January 2010
(2) The Times April 2010

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