End of Life Assistance (Scotland) Bill

Kimberly Little

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

No. It should never be legal for one person permit another to end their life.

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

No. No one should ever be allowed to permit anyone else to die of any age.

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

No.

From a medical perspective, deeming someone as “terminally ill” may be an incorrect diagnosis, and a prediction of how long life will be can never be certain.

Finding “life intolerable” is a subjective statement that will be very susceptible to perversion. This may be a temporary state and a patient is unable to be aware of how they will feel as their illness progresses.

4. 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. A timeline cannot be given to decide how a person will progress in their illness or mental state no matter what current state they are in. Palliative care is set in place to prevent patients from feeling that life is “intolerable” and while it may be difficult to provide symptom control, it is the physicians job to strive towards this, not to end life.

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

No. I recognise that the safeguards attempt to provide protection against many issues for patients considering voluntary euthanasia, however no law will ever be free from perversion. For example, by introducing assisted suicide as an option, patients may now feel undue pressure from family members or healthcare professionals to end their life, or equally relationships will now be under strain as a person ends their life where all family members are not agreed that this is the best option.
6. Do you have any other considerations on the Bill not included in answers to the above questions?

It is a doctor’s first and foremost duty to care and not kill. As a healthcare professional, I am deeply concerned that if assisted suicide were introduced, suicide would become a therapeutic option for patients instead of aiming to provide good palliative care as a patient comes to end their life. Many people are unaware of the palliative care facilities available in Scotland and the rest of the U.K. and so it is my concern that the main campaigners for this bill represent the “worried well” who frankly have no idea what they will feel like when facing the end of life. I think it speaks volumes that the vast majority of palliative care physicians are speaking so loudly against this bill - if anyone should be familiar with the end of life, it is them, and yet they want to promote life and alleviation of symptoms.

I believe current palliative care is sufficiently providing dignity in dying. By raising the possibility of assisted suicide we are discrediting palliative care and to attempt to take control of life’s end into our own hands begins to raise questions of our value of life. Patients will still feel fearful, death may still be traumatic and of an unknown duration, family members may dispute the decision - how does this promote any more dignity than what we already have?

Furthermore, I have concerns that if the bill were to be passed, the further motions that would inevitably be put in place for patients who do not meet the set out criteria due to age or lack of capacity leading to questions of discrimination. Will doctors then have the right to determine who lives and who dies?

Whilst the proposed bill may permit assisted suicide for a small population of volunteering individuals, it will inevitably effect a much larger population who have until now been protected from such dangers.

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