End of Life Assistance (Scotland) Bill

Dr Jane Pinkerton et al

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

- In principle we are opposed to the idea of assisted dying.
- Why is it assumed that the medical profession ought to be involved in this work? Most of us have worked hard to qualify as doctors to care for people, to seek to cure and support them through illness, not to kill them.
- We are all governed by the General Medical Council’s guidance:

http://www.gmc-uk.org/guidance/good_medical_practice/duties_of_a_doctor.asp

Good Medical Practice: Duties of a doctor.

“Patients must be able to trust doctors with their lives and health. To justify that trust you must show respect for human life and you must:

- Make the care of your patient your first concern
- Protect and promote the health of patients and the public”
- Is there an argument for a new “profession” of life ender eg. executioner?

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

- No comments

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

- Category (a) “has been diagnosed as terminally ill and finds life intolerable”. Our considerable clinical experience tells us that predicting survival time for someone who has a terminal illness is very difficult. It is particularly difficult to judge timescales when people are dying from non-cancer diseases eg heart failure, respiratory disease or general age related frailty.
- Category (b) “is permanently physically incapacitated to such an extent as not to be able to live independently and finds life intolerable”. This
seems a very vague description and could be open to very loose interpretation.

3. *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. There should be a holistic multidisciplinary assessment involving experienced practitioners in the fields of social work, palliative care and spiritual care as well as an assessment of physical and psychological problems.

- The time frame is very short. For example if part of the problem the person is experiencing might be depression, it can take longer than a month for treatment to be effective.

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

- We are concerned that despite these “safeguards” terminally ill people may consider themselves a financial, physical and emotional burden to their families and the state. They may feel pushed towards making a decision to end their lives because the proposed legislation exists.

5. *Do you have any other considerations on the Bill not included in answers to the above questions?*

- GMC guidance states that patients must be able to trust doctors. Taking part in the proposed legislation would undermine that trust.

- It has often been said that a nation’s greatness is measured by how it treats its weakest members.

- Excellent palliative care for all is a much more laudable and ethical way forward for Scotland.

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