The End of Life Assistance (Scotland) Bill Committee
T3.60
Scottish Parliament
EDINBURGH
EH99 1SP

Dear Sirs,

I write re the written evidence from individuals requested re the above Bill.

1. I agree that a person should be able to request end of life assistance from a registered medical practitioner.

2. I am satisfied with the requirements for age and connection with Scotland as set out in the Bill.

3. I am satisfied with the two categories of people who would qualify to be assisted under the terms of the Bill.

4. I am satisfied with the procedure which the Bill outlines re a several stage consent and verification process that would be required for an eligible person to receive end of life assistance under its provisions.

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

6. Other considerations relevant to the Bill not included in answers to the above questions:
   [a] Provisions and safeguards have been built into the Bill after careful scrutiny of End of Life legislation elsewhere in the world, thus making them as relevant and secure as it is currently possible to be.

   [b] Where End of Life legislation exists elsewhere, no serious increase in Assisted Deaths has been observed; and no serious abuse of the laws has occurred.

   [c] CHOICE in most events in life is available to adult human beings, including choice re whether to refuse or accept medical intervention in treating serious conditions. The only area where choice is denied is in End of Life Decisions where many people suffer in ways which would bring prosecution for cruelty were the same conditions meted out to an animal in distress. The granting of individual choice which the passing of this Bill would bring, would give many people great peace of mind; although, as in States where similar legislation already applies, many of these would not in fact need to exercise that choice in reality.

   [d] The Bill would PREVENT the current increase in the number of premature deaths of people with degenerative diseases, who tend to go to Dignitas in Switzerland, or take their own lives in other ways WHILE THEY STILL HAVE THE NECESSARY PHYSICAL CAPABILITY. If such people could be sure that End of Life Help would be available if and when they needed it, beyond their own physical capability to carry it out, they would live longer and in far greater peace of mind than is currently the case.
[e] Poll results in recent years increasingly show at least 75% of the people involved support the view that a mentally competent adult suffering unbearably from a terminal illness should be allowed to receive medical assistance to die, after they have consistently requested this or have registered it as their choice in a Living Will when they were mentally competent.

[f] Living Wills are held, or known about, by an increasing number of people today and, the development of a secure legal base for the implementation of these would also be of great assistance to thoughtful people who wish to maintain choice and control over their own lives right to the very end.

[g] The "Palliative Care argument" is pointless for most people because:
   [i] Palliative care is not widely available, and its uneven availability is usually restricted to cancer sufferers only.
   [ii] Palliative care is not effective in all cases, despite what those who argue for it say.
   [iii] Pain is not always what makes life unbearable in end-of-life situations. For very many sensitive people, loss of dignity and/or independence is far more distressing and unbearable, thus fully justifying their desire for End of Life Assistance to Die in terminal illness or in severe and irrevocably incapacitated conditions.

Ms E S Macfarlane
9 May 2010