6 May, 2010

The End of Life Assistance Bill Committee
The Scottish Parliament
EDINBURGH
EH99 1SP

Dear Sir,

I write in response to your invitation to the public to express views on the End of Life Assistance Bill about which I am very unhappy.

First of all I believe that to help sick people to end their lives would be for doctors a betrayal of the Hippocratic Oath, which has for very many centuries enabled patients to trust their doctor and the treatment the doctor prescribes.

I do not believe that doctors should be placed in the position of being able to assist a patient who wishes to end their life. Being able to assist would in all probability lead to doctors being put under pressure to assist, even if they felt in all conscience unable to do so. Patients would otherwise be put in the position of having to seek out a doctor who does not know them, but has no conscientious objection. I note that two doctors would be involved in the process: is the National Health Service to expend money and the time of the doctors it employs in assisting patients to end their lives? When the NHS has to prioritise its spending, should it spend money on assisted suicide when the time and money could be spent in helping other patients regain their health?

My concern about assisted suicide is increased by what I know of patients who suffer from psychiatric illnesses. Such patients can and do commit suicide unaided, no doubt because they regard their lives as 'intolerable'. We expect medical practitioners to do all they can to prevent this. Once such patients have appropriate medication they no longer find their lives 'intolerable' and are grateful that their suicide attempts were frustrated.

The whole idea of life being 'intolerable' is not one that can be measured by anyone and perhaps least of all by the sufferer in advance. Margo MacDonald is asking that legislation be passed regarding a situation which she has not yet experienced – she is no doubt influenced by a couple of high profile cases which we all know about thanks to the publicity they have had. I do not believe that these cases show that there is overwhelming support for the measure – they are the exception rather than the rule.

It can only be worrying to older people as well as the chronically sick, to think that their families might regard them as an intolerable burden and that the only decent thing to do is to seek help in terminating their lives. Surely vulnerable people should be assured that they are valued and helped to live life to the full even if they have physical limitations. The hospice movement has done such a lot in this sphere and done it so well. Surely it would be better to improve care for the vulnerable than to opt out and encourage them to give up thinking positively about their situation.
I know that the phrase 'dying with dignity' sounds impressive, but what does it mean? Why should dying due to a lethal dose of a drug be described as 'dignified'? I seriously doubt if death is ever 'dignified'. I am sure that women giving birth would not choose the word 'dignified' to describe how they felt at the time. We have to face the fact that we cannot feel 'dignified' at any and every moment of our lives. It seems more likely that they mean that the period leading up to death would seem to them to be more 'dignified' if they could call a halt when they chose. I do not see that there is any obvious logic to this. Surely our intrinsic dignity (as compared with our sense of dignity) is not purely a matter of being able to control our bodies. Surely there is more to personhood than having a body that functions well?

I hope that it will be helpful in the deliberations of the Scottish Parliament to have this response.

Yours sincerely,

Miss Janet A F Houston