Assisted Dying Bill
There seem to be lots of safeguards – two doctors, psychiatrists etc etc - has the NHS got the staff and resources? Trying to get psychiatric help currently involves huge waiting lists – for drug and alcohol addicts, for the depressed, suicidal, anorexics, autistic children, Asperger’s syndrome – where are the psychiatrists to come from?

Will anyone take any notice as standards slip and one doctor signs off lots of grandmas? (Remember Harold Shipman – lots of people thought his Sudden Deaths were a bit funny but whistleblowers are so viciously treated that nobody made a big fuss)

Standards will slip – remember how difficult it was to be to get an abortion? Now it is long-stop contraception -“Oh, I had a termination, it would have ruined the holiday and messed up the insurance” “Now it is possible to terminate a healthy baby almost up to term “I couldn’t cope with a cleft palate/club foot” “

Soon we will go over to “Grandma’s cold could turn to pneumonia which she could die of – let’s invoke the Assisted Dying and have it done before our holiday” or “Let’s push for it in this tax year” –

What about the handicapped? How soon before treatment is routinely withdrawn?

This Bill would put upon a doctor the requirement to act as an executioner, not a healer. We are too conscience-stricken by “respect for life” to execute vicious criminals – indeed great trouble is taken to prevent them killing themselves - but the old and sick are OK to kill?

How comos mentis do you have to be to make an “Assisted Dying” declaration? What about pressure from family? Again, we are so concerned about “the right to make their own decisions” that people once regarded as feeble-minded are allowed and even encouraged to have sexual relationships – could they opt for Assisted Dying in a moment of despair, or under pressure?

We are told that “palliative care” is much improved but in practice it is difficult to get the medical profession to take pain seriously enough. If assisted dying becomes available they will be even less inclined to bother to refer patients to pain clinics, to order the splints or physiotherapy or monitor the drug doses, that could make life pleasanter. So much “cheaper in the long run” to advocate a “dignified death”.

The resources that assisted dying will require, to implement all the safeguards suggested, would be better spent on training doctors in palliative care.
If someone really wants to kill themselves, let them do it. Don’t resuscitate, let them die.

From [Redacted]

I have made a unsuccessful attempt to email the very complex address I was given. Hereewith the hard copy.

AG Murton