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

15th April 2010

Dear Sirs

End of Life Choices (Scotland) Bill

I write to express my very serious concerns over the End of Life Choices (Scotland) Bill and the long-reaching and perhaps as yet unforeseen impact that the introduction of such a Bill would have on the people of Scotland.

At the heart of civilised society lies the desire and will to care for others, that care extending from before birth to the point of death and even beyond, taking care to ensure that the body of the deceased is treated with respect and dignity.

- An essential part of that intrinsic and long established desire to care is the need to ensure that death is faced with dignity in its own time with the assurance given to the individual that everything possible will be done to relieve pain and discomfort along the way. Medical professionals are engaged to preserve life and whilst recognising that there are times when this is not a medically sustainable possibility, should this Bill be passed, the relationship between patient and doctor would be irreparably damaged and trust seriously undermined.

- Doctors and carers need be trusted not to end life if our society is to value the life of the individual and protect the integrity of our medical personnel. We see in recent criminal cases how society views with abhorrence the taking of a vulnerable life by someone who is charged with their care. (e.g. killing of vulnerable elderly by nursing home staff.) We cannot allow a legalisation of killing or the assistance of someone’s suicide without irreparably diminishing the respect and trust of our caring professionals.

- There are many cases in the public domain where ill or disabled people who at some point in their lives would have chosen to end their lives and who subsequently changed their minds and have since taken a full and rewarding part in society. Under the terms of this Bill those people would be lost to society, to their families and friends and of course would themselves be missing out on life itself. (e.g. Alison Davis, National Co-ordinator No Less Human. See footnote re her response to Lord Joffe’s Bill.)

- It would be anomalous, were this Bill to be sustained in law, that a society that strongly disapproves of the death penalty for those who take life through criminal action would approve of the ending of life in non-criminal circumstances.
- This Bill also alarms me because of where it may lead to with regard to young people who often pass through very difficult physiological transitions during which suicide appears the only logical way to them of solving their problems or ending their hurt. With care and concern they can in the main be brought through this period.

- In many people periods of depression can last for years and certainly far longer than any 15 day period and the true settled will of an individual can rarely, if ever be determined.

- For society to accept assisted suicide means that it decides that some lives no longer have any meaning, value or worth, yet life is a very precious gift where each person is unique and therefore of intrinsic and immeasurable value to society. Baroness Campbell is someone who has achieved much with her life and has contributed greatly to society despite seriously limiting and painful illness. As a society we would be much the poorer had her life at some stage been terminated.

- Life cannot simply be treated as something to be disposed of when the perceived usefulness of that life is no longer appreciated, either by the individual, or by some other outside observer. Support and not suicide should be the course of action that is taken when a person seeks to end their life.

- In the course of my work I meet many people, usually elderly although not exclusively so, who do not wish to become a burden to their loved ones or to the medical, nursing and caring professionals that often support them. The danger to them is that they can so very easily succumb to insidious pressures into requesting an end to their lives for the perceived good of those supporting them.

My own father came through similar times after a serious breakdown in his health and wished an end to his life. Added to his physical health burden was depression following the death of his wife, my mother, a year previously. This depression was undiagnosed by the hospital doctors who were content to accept his wish to die by instigating a 'no resuscitation' policy for him had his physical condition deteriorated. There may or may not have been a hidden issue over pressure on bed space although the Health Minister of the day denied this was the case.

It was only after much intervention on my part that this policy was overturned. Subsequently my father did recover to a point where his life was seen to be of value to himself and of course had always been of value to his family and friends.

My concern at that time was just how many other elderly people could be found to be in that situation and if they had no one to argue their case would an early death have been avoided.

- The Bill is intended to 'enable a person to die with dignity and a minimum of distress'. This is already provided through good health care and particularly through palliative medicine. It is this good palliative care that needs promoting and strengthening.

- The desire for an absolute right to choose the manner and time of one's death undermines the commitment of society to give support in times of difficulty and ill health. Additionally it encourages the abandonment of the sick, the elderly, the vulnerable and the handicapped and devalues human life in all its diversity and would in addition devalue us as a society.

Therefore I urge the Committee to recommend the rejection of this Bill.
Yours Faithfully

Anonymous

Footnote: “I have several severe disabilities and use a wheelchair full time. I also experience severe spinal pain which is not always well controlled, even with morphine.

I object to euthanasia because, had it been available when I wanted to die, 19 years ago, when doctors wrongly believed I was terminally ill, I would have been robbed of the best years of my life. Of course, no one would ever have known that the future held something good for me, and thus the fallacy would have been preserved that sick and disabled people are “right” to want to die and should be helped to die....

I think that if euthanasia were legal, doctors would take at their word people like me who would qualify for euthanasia under the rules proposed and who say they want to die.

Lord Joffe’s Assisted Dying for the Terminally Ill Bill proposes a 14 day “cooling off” period in which a person may change his or her mind about being killed. I wanted to die for ten years. Would any doctor really wait that long if euthanasia were legal and the patient qualified for it? I think not.” Alison Davis. The Times letters page 7.10.2004