

# Assisted Dying for Terminally Ill Adults (Scotland) Bill

## Introduction

A proposal for a Bill to enable competent adults who are terminally ill to be provided at their request with assistance to end their life.

The consultation runs from 23 September 2021 to 22 December 2021.

All those wishing to respond to the consultation are strongly encouraged to enter their responses electronically through this survey. This makes collation of responses much simpler and quicker. However, the option also exists of sending in a separate response (in hard copy or by other electronic means such as e-mail), and details of how to do so are included in the member's consultation document.

Questions marked with an asterisk (\*) require an answer.

All responses must include a name and contact details. Names will only be published if you give us permission, and contact details are never published – but we may use them to contact you if there is a query about your response. If you do not include a name and/or contact details, we may have to disregard your response.

Please note that you must complete the survey in order for your response to be accepted. If you don't wish to complete the survey in a single session, you can choose "Save and Continue later" at any point. Whilst you have the option to skip particular questions, you must continue to the end of the survey and press "Submit" to have your response fully recorded.

Please ensure you have read the consultation document before responding to any of the questions that follow. In particular, you should read the information contained in the document about how your response will be handled. The consultation document is available here:

[Consultation Document](#)

[Privacy Notice](#)

I confirm that I have read and understood the Privacy Notice attached to this consultation which explains how my personal data will be used.

On the previous page we asked you if you are UNDER 12 YEARS old, and you responded Yes to this question.

If this is the case, we will have to contact your parent or guardian for consent.

If you are under 12 years of age, please put your contact details into the textbox. This can be your email address or phone number. We will then contact you and your parents to receive consent.

Otherwise please confirm that you are or are not under 12 years old.

*No Response*

## About you

Please choose whether you are responding as an individual or on behalf of an organisation.  
Note: If you choose "individual" and consent to have the response published, it will appear under your own name. If you choose "on behalf of an organisation" and consent to have the response published, it will be published under the organisation's name.

an individual

Which of the following best describes you? (If you are a professional or academic, but not in a subject relevant to the consultation, please choose "Member of the public".)

Member of the public

**Optional: You may wish to explain briefly what expertise or experience you have that is relevant to the subject-matter of the consultation:**

My mother died of Breast Cancer in 2013 after it recurred about 18 months after her initial treatment was completed. The NHS were generally wonderful, as was the Marie Curie Hospice - but the final end of her life was much more traumatic than it needed to be, despite this excellent care.

Please select the category which best describes your organisation

*No Response*

Please choose one of the following:

I am content for this response to be published and attributed to me or my organisation

Please provide your Full Name or the name of your organisation. (Note: the name will not be published if you have asked for the response to be anonymous or "not for publication". Otherwise this is the name that will be published with your response).

Justin MacNeil

Please provide details of a way in which we can contact you if there are queries regarding your response. Email is preferred but you can also provide a postal address or phone number.

We will not publish these details.

**Aim and Approach - Note: All answers to the questions in this section may be published (unless your response is "not for publication").**

Q1. Which of the following best expresses your view of the proposed Bill?

Fully supportive

**Please explain the reasons for your response.**

The proposal seems to contain adequate safeguards to assure that "Assisted Dying" would be exactly that - and not creep into "Involuntary Euthanasia".

Q2. Do you think legislation is required, or are there other ways in which the Bill's aims could be achieved more effectively? Please explain the reasons for your response.

I believe legislation is by far the best way to achieve the Bill's aims and guarantee that the right to a peaceful death is not easily removed, once granted, without a proper societal consultation.

Q3. Which of the following best expresses your view of the proposed process for assisted dying as set out at section 3.1 in the consultation document (Step 1 - Declaration, Step 2 - Reflection period, Step 3 - Prescribing/delivering)?

Fully supportive

**Please explain the reasons for your response, including if you think there should be any additional measures, or if any of the existing proposed measures should be removed. In particular, we are keen to hear views on Step 2 - Reflection period, and the length of time that is most appropriate.**

A 14 day reflection period where the expected longevity of the patient is longer than 30 days seems reasonable. Death is irrevocable, so should not be chosen lightly. However, discretion on the part of the Doctors, where the patient's suffering cannot be adequately alleviated, to shorten the "reflection period" - at the patient's request - should be allowed.

Q4. Which of the following best expresses your views of the safeguards proposed in section 1.1 of the consultation document?

Fully supportive

**Please explain the reasons for your response.**

The proposed safeguards seem adequate without involving massive needless bureaucracy.

Q5. Which of the following best expresses your view of a body being responsible for reporting and collecting data?

Fully supportive

**Please explain the reasons for your response, including whether you think this should be a new or existing body (and if so, which body) and what data you think should be collected.**

It is good to be able to assess the outcome of such a change and discover any unintended outcomes, and to keep health outcomes records from being unduly skewed in population level public health research.

Q6. Please provide comment on how a conscientious objection (or other avenue to ensure voluntary participation by healthcare professionals) might best be facilitated.

Physicians (and other HCPs) should be able to register their objection with the oversight body or their professional body. Where a person's attending physician is such a conscientious objector there should be a mechanism for them to request a HCP who is not an objector. An "opt out" scheme for HCPs is preferable to an "opt-in" scheme - as has been concluded with organ and tissue donation, which is a similarly emotive area.

## Financial Implications

Q7. Taking into account all those likely to be affected (including public sector bodies, businesses and individuals etc), is the proposed Bill likely to lead to:

no overall change in costs

**Please indicate where you would expect the impact identified to fall (including public sector bodies, businesses and individuals etc). You may also wish to suggest ways in which the aims of the Bill could be delivered more cost-effectively.**

Costs to businesses and individuals are likely if anything to be lower than an unplanned but long-drawn-out death (less absence by close family members, for example). Costs to health service providers similarly might be expected to be a little lower, as end-of-life care is fairly expensive and would be likely to be slightly reduced - countering this there would be additional costs for an oversight/recording and reporting body, the need to two (rather than one) doctors to be involved in the patient's exercise of their rights under the bill, etc. Overall I would expect little change in total cost (possibly an insignificant saving).

## Equalities

Q8. What overall impact is the proposed Bill likely to have on equality, taking account of the following protected characteristics (under the Equality Act 2010): age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation?

Neutral (neither positive nor negative)

**Please explain the reasons for your response. Where any negative impacts are identified, you may also wish to suggest ways in which these could be minimised or avoided.**

This is not really an "Equality" issue - other than equality between humans and (pet) animals, who are more often afforded a dignified death.

## Sustainability

Q9. In terms of assessing the proposed Bill's potential impact on sustainable development, you may wish to consider how it relates to the following principles:

- living within environmental limits
- ensuring a strong, healthy and just society
- achieving a sustainable economy
- promoting effective, participative systems of governance
- ensuring policy is developed on the basis of strong scientific evidence.

With these principles in mind, do you consider that the Bill can be delivered sustainably?

Yes

**Please explain the reasons for your response.**

End of life care is generally resource intensive, so if there is an impact it is most likely to be a positive one in terms of reducing resource usage.

## General

Q10. Do you have any other additional comments or suggestions on the proposed Bill (which have not already been covered in any of your responses to earlier questions)?

I would urge all parliamentarians to grant Scots the same freedom from pain and suffering enjoyed in several other "advanced" parts of the world. To religious objectors I would say that a loving God, should they exist and take an interest in Human affairs, should have little to object to in the contents of this Bill.