

Proposed 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.

on behalf of an organisation

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".)

No Response

Please select the category which best describes your organisation

Third sector (charitable, campaigning, social enterprise, voluntary, non-profit)

Optional: You may wish to explain briefly what the organisation does, its experience and expertise in the subject-matter of the consultation, and how the view expressed in the response was arrived at (e.g. whether it is the view of particular office-holders or has been approved by the membership as a whole).

I am the spokesperson, National coordinator and Co-founder of the Australian group "Christians Supporting Choice for Voluntary Assisted Dying". Our aim is to make MPs aware of the fact that a significant majority of Australians who designate themselves as Christian do support this end of life choice as an act of compassion for the terminally ill. Members join the group because they support this view.

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).

Christians Supporting Choice for Voluntary Assisted Dying (Australia)

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.

Five states in Australia have now passed a Voluntary Assisted Dying Act. (VAD) VAD has now been an end of life choice, in addition to palliative care, for two years in Victoria, used by relatively few dying people but providing great comfort and peace of mind to those given approval to access this choice. It is now also active in Western Australia. We feel sure that the residents of Scotland would benefit from having the same choice.

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.

Legislation is needed as this provides the necessary principles behind the law, a framework for access to the choice, and penalties for any attempted abuse of the law.

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 short period of time for reflection should be appropriate. It needs to be born in mind that the person 'reflecting' has in most cases been through many weeks or months of treatment for their terminal illness, most often cancer. This has already given them time to reflect on what the suffering will be like in the final stages of their dying. Whatever reflection period is passed in the Law, ideally there would be provision for the person to have the opportunity to request a shortening of the period if it is obvious that death is imminent and they find their suffering intolerable.

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 safeguards generally are similar to those under the various VAD Acts in Australia. A wait of 7 - 10 days for 'reflection' would be preferable to 14 days, but the proviso for a shorter period is noted. Self administration is an important safeguard but does exclude some terminal people who would otherwise merit access eg if they can no longer swallow - an option to consider is that an IV line is set up that the patient activates by rotating a wheel or even using eye movement.

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

Fully supportive

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

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.

I do not know which body could be applicable in Scotland but suggest a body specific to VAD be established for collecting data. Data collected would be similar to that collected by Oregon and Canada.

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

A healthcare professional must have the right to opt out of VAD participation. If refusing to accept a VAD request, the healthcare professional should be obliged to state that refusal immediately to the patient raising the issue of access to VAD, and be obliged to refer that patient to an established separate Body eg a 'Care Navigator Service'. This service would provide a point of contact for the community, health practitioners and health services across Scotland who seek information about or assistance with voluntary assisted dying.

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.

No response.

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?

Positive

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.

As the aim of the legislation is to give CHOICE to an individual who is terminally ill and approaching death there should be no negative aspects. If a person does not agree with the VAD choice for religious or any other beliefs or reasons, they simply do not initiate the rigorous application process. No person who opposes VAD should be able to say that their beliefs against should take precedence over the wishes and beliefs of a person who believes in the VAD choice.

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?

Unsure

Please explain the reasons for your response.

A VAD law should not affect environmental limits. It should have a positive effect on ensuring a just society.

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)?

- The evidence from Inquiries in Australia and elsewhere with a VAD law and Reports on the use of the law clearly show the benefits to the dying person and the grieving family. The Reports from Victoria (Australia) show no evidence of coercion- and to quote Chairperson Justice Betty King - believe me, I have looked.
- It is noted that reliable surveys have support for VAD by religious people in Scotland at 82%, which clearly shows the religious bodies and church hierarchy who oppose this choice are not representative. Religious support in Australia is around 75%.
- Studies have shown palliative care is enhanced when a VAD law is enacted. Palliative Care Australia commissioned a study which found no adverse effects from a VAD law and if anything PC was advanced or enhanced. It is accepted that the best palliative care can never adequately relieve all end of life suffering. Access to VAD is palliative in its own right, as getting the 'green light' to an assisted death provides great peace of mind. In a seeming paradox, this peace of mind can help the patient actually live longer and have a better end quality of life than a person who does not request VAD assistance..
- It would be helpful to include the Principles that are behind the provision of VAD. See the Principles listed in the VAD Acts of each Australian State.
- It should be included in the Bill that VAD is not suicide. As the illness is terminal the patient cannot choose to live. It is not a choice between life and death. VAD is a informed choice between two ways of dying made by a rational person.
- A benefit of VAD legislation is that it brings a discussion on death, dying and the preferences and wishes of a terminal person out into the open. Overall it enhances discussion with family, and the patient's doctor and trust in the doctor.
- Given the remote areas of some parts of Scotland, as with some remote areas of Australia on an even larger scale, it would be useful to have suitably trained and qualified nurse practitioners involved.