

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).

Friends at the End SCIO works to increase public knowledge about end of life choices, and supports people to die with dignity and compassion.

We provide comfort and support to those suffering distress towards the end of their lives. Our team can assist with documentation including Advance Directives, Advance Care Statements, and Powers of Attorney.

Our long-term aim is to see the passing of assisted dying legislation in Scotland. Until this happens, we will work to ensure everyone has a good death within the current legal framework.

The response to this consultation was considered by a group of clinicians who serve on the Board of Trustees of Friends at the End and has been approved unanimously by the other members of the Board.

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).

Friends at the End SCIO

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.

We believe that legislation is the only option for mentally competent, adult dying Scots to be given the choice of a safe and legal assisted death in their own country. The lack of legal protection means that many dying Scots are taking the decision to either travel abroad to places like Dignitas in Switzerland for an assisted death, or are taking matters into their own hands and taking their own lives behind closed doors at home in often violent and distressing ways. Legislation is the only way to protect people who wish to have the option of an assisted death in this country, provided very strong safeguards were implemented, as set out in this consultation.

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.

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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.

Although we are fully supportive of the proposed process for assisted dying, and think a 30-day period of reflection is reasonable in most cases, some more thought needs to be given to the minimum time for reflection for someone expected to die within a few days. It might be wise to leave this to the doctor, patient and patient's family to decide between them rather than have an absolute minimum number of days enshrined in law, but if a minimum is insisted upon, we would suggest three might feel about right.

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 discussion on safeguards is most impressive and we have nothing to add.

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.

We are strongly of the view that there must be a very robust process of prospective audit of all assisted deaths (and all requests for assisted deaths even if they are not carried out) to ensure that all the procedures have been carried out correctly, to explore any problems along the way (particularly early after the legislation becomes law), and that all the professionals involved and the family can have their say. This audit should be independent, perhaps carried out by a university which can pull in expertise from medicine, the law, sociology, disability community and lay people.

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

There should not be any problem with allowing conscientious objection, anymore than there is with termination of pregnancy where procedures have matured over many decades.

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.

The picture is complex and a number of factors need to be considered. We envisage this service being offered to patients for free as part of the NHS. There would, therefore, undoubtedly be a cost to the NHS in setting up the service, training up healthcare professionals to deliver the service, and either setting up a new regulatory body or putting resources into a pre-existing governing body to monitor the service. On the other hand, there might be a potential cost saving to the NHS as the patient would not require ongoing palliative or hospice care.

The number of people accessing assisted dying would likely be small, perhaps 100 a year in Scotland, and so any costs are also likely to be small. However, additional thought needs to be given into how healthcare professionals and others involved in the process enhance and retain their professional competencies, given they may be infrequently asked to provide this service. Training would be another cost to the NHS. If called to give evidence later in the legislative process, we would be happy to talk in more detail around the complexity of cost.

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 things stand at the moment, there are no protections in place for anyone at the end of life. The introduction of such legislation will potentially have a positive impact on all protected groups, particularly disabled people.

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?

Please explain the reasons for your response.

As proponents for a change in the law in Scotland, we have studied evidence from jurisdictions around the world where similar legislation has been passed. We strongly believe that there is sufficient scientific evidence to support assisted dying as a safe, compassionate and dignified option at the end of life for those with a terminal illness. This proposal enhances people's rights and therefore adds to a strong and just society. The additional costs of such a service are likely to be small and so the effects on the economy would be minimal (see 7 above).

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)?

There is no detail of the practical procedures around prescribing medication (and what medication, and whether oral or intravenous), just how the healthcare professional (HCP) obtains it, whether the HCP might be a nurse or a doctor, whether the medication is used the day it is taken to the patient, whether the HCP has to be present in the room at the time of death and so on. This whole procedure will be new to everyone involved, and it will not be something which is done commonly — if there are only 100 assisted deaths in Scotland every year, a GP is unlikely to be involved more than once every 30 or so years. There does therefore need to be some sort of central and expert resource that professionals can call on for advice and help, particularly in the early years after AD becomes legal. However, we are sure that doctors, nurses, pharmacists and other professionals would rise to the challenge if properly informed, trained and supported.