

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".)

Professional with experience in a relevant subject

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

Doctor currently working in oncology

Please select the category which best describes your organisation

No Response

Please choose one of the following:

I would like this response to be published anonymously

If you have requested anonymity or asked for your response not to be published, please give a reason (Note: your reason will not be published):

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).

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.

Working as a doctor in oncology, I see terminally ill and dying people every day. The palliative care teams are wonderful, and many patients die a peaceful death with their symptoms controlled with oral medicines or syringe drivers. Others however do not, and have uncontrolled pain, secretions or terminal agitation. Many patients with head and neck or lung tumours which invade large blood vessels can die from a catastrophic haemorrhage, which is visibly distressing to the patient and those around them - living with a tumour that is a ticking time-bomb for a fatal haemorrhage can be a terrifying way to spend the last few months of life. The option of assisted dying could provide peace of mind to many with terminal disease, and encourage them to maximise their remaining time, knowing they alone are in control of their dying process. Patients can choose to decline curative treatment; patients can be given life shortening medicines in palliative care; patients can even choose to commit suicide without legal repercussions. Assisted dying should be available to terminally ill adults with capacity, on grounds of compassion and patient autonomy.

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 required. No doctor will prescribe a lethal dose of a drug without cast-iron legal protections and NHS guidance, for fear of losing our licence to practise, prosecution and imprisonment.

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)?

Partially 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.

In step 1, for clarification, it is a psychiatrist, not a psychologist, who would make a formal assessment of capacity if this is in doubt. I think the reflection period is reasonable - as an additional safeguard I believe the patient who is seeking assisted dying must be the person to re-request assisted dying after the reflection period i.e. healthcare professionals will not make contact to ask if this is still their wish. It will also be necessary for a DNACPR form to be in place before prescribing the assisted dying drugs, to prevent unwanted resuscitation.

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

Partially supportive

Please explain the reasons for your response.

I do not believe the HCP should have to remain present for the dying process - the patient may prefer to be amongst family or friends, or indeed alone. Clearly the HCP must witness the administration of the medicine, but should be able to leave after that if the patient wishes. Clarity is also needed regarding administration. Some patients will be unable to swallow tablets or have terminal nausea and vomiting. In this case the patient will have to be cannulated by a HCP and be provided with a syringe of injectable medicine, and the patient shown how to inject this. If the patient is immobile or lacks sufficient strength or dexterity, a mechanism whereby the patient presses a button to administer the medicine must be available so as not to discriminate on grounds of physical ability.

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

Fully supportive

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

Precedent is set by abortion law. Healthcare professionals are free to object and refuse, but must make a timely referral to another professional who will be able to provide the service.

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 increased from legal processes and administration time. Costs saved from community and hospital palliative care requirement. Likely to be cost neutral over time.

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 per previous response, those with physical disabilities preventing their ability to take a tablet or inject a drug should be provided with a simpler way of administering the medicine i.e. pressing a button that controls an electronic syringe driver.

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

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)?

No Response