

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:

Personal experience of relatives requiring end of life palliative care

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.

Experience of prolonged end of life situation, on two occasions. I believe this can be attributed to hesitation off healthcare professionals to administer too much morphine at any time which may have been seen as speeding up the natural process and understandably GPs and nurses have a fine line to manage. In my experience what could have been a peaceful passing ended up being drawn out for over a week, all of the family being stressed and remembered as a traumatic period in our lives. Experiences like these leave people with underlying feelings of concern - 'did they suffer while sedated and couldn't say anything? did they die of thirst or hunger? did we help kill them slowly? I ask these questions of myself often and worry for my own or another loved ones passing

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 healthcare professionals and the public require clear guidelines / legislation to manage end of life situations - healthcare professionals should not have to worry that they 'have given too much medication' or that the patient went 'too quickly' this places too much responsibility on the professional more so than the persons wishes

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.

Given the concerns of politicians and some public that any legislation could have an adverse result, I believe this more limited approach may be more acceptable given the safeguards included in the proposal. IRO Step 2, my concern is that 2 weeks in agonising pain maybe too long. Perhaps the individual could set the time frame for reflection, maybe with some guidelines / advice, when completing the paperwork, surely they are best placed to determine this period.

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.

Well thought through. Sufficient number of independent professional involved. My question would be - is it envisaged that an individual would occur a cost for these reports - if so , how does this impact equality for those who can't afford it.

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

Partially 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.

Data could be responsibility of an NHS special board. Would this body also be responsible for handling/complaints/ concerns/point of contact for enquires

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

Healthcare professionals GPs, nursing staff can opt out. People should never feel this is a requirement of their job

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:

some reduction 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.

From a personal perspective, I can see that the impact would have been reduced palliative care costs,(district nursing teams, GPs OOHs and In hours, Carers (care package), Pharmacy, medication and less time off work for those caring and dealing with bereavement, less long term impact of the mental health of families and friends coping with traumatic end of life experience of a loved one

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.

Unsure. Have mentioned concern of personal cost to individual or family. Those representing protected characteristics

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.

I believe this Bill deserves the consideration of a progressive Government who listens to the concerns and needs of its people, and finds workable solutions for the minority of those people who have yet to be convinced of the merits of such a Bill to provide individuals (in certain circumstances) with the right to choose how to end their life

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)?

Make assurances that data will be reviewed continuously and monitored. Set up / promote channels / processes for public and professionals to report concerns/ improvements. The onus will be on all politicians to vote on the evidence and the overall support from the public to have the right to decide. As an elected representative, Personal opinion should have no place in this decision. I recall the 2016 Bill, shortly after an MSP admitted that following a personal experience they would have changed the way they voted - to yes, it is an emotive subject therefore I would urge politicians to vote with the evidence, particularly if this is something they have never experienced