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)

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).

Christian Concern

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 opposed

Please explain the reasons for your response.
There is no such thing as 'assisted dying'. This is a covert proposal for assisted suicide

First of all, we are opposed to the wording of the proposed bill as relating to 'assisted dying'. There is no such thing as 'assisted dying'. The proposals clearly related to helping a patient to commit suicide. As will become clear below, this wording is designed to get round the current law and evade accusations of

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assisting suicide.

As a matter of principle, there is no need to legalise assisted suicide, it is wrong to do so, and it is always a slippery slope towards further wrong and abuse.

Assisted suicide ('dying') is not a valid treatment option alongside palliative care

People tend to suffer at the end of life due to lack of access to palliative care, and due to limitations on their ability to live with adequate support, financial and social.

Making assisted suicide legal would turn it into a 'treatment option' even though killing is not medicine, indeed it runs contrary to it. The purpose of medicine and healthcare is to save life not to end it.

Suicidal ideation is changeable

Doctors and healthcare workers will be pressured to make decisions about which people with any degree of suicidal ideation should be allowed to commit suicide. Suicidal ideation is on a continuum but is changeable.

The first footnote to the consultation document says this:

"The use of 'suicide' in this context is not appropriate, given that the person will only be able to request an assisted death if they have a terminal illness that will end their life i.e. the choice to live has already been taken away, the choice of an assisted death allows the inevitable dying process to be less traumatic."

The problem here is that a terminal illness is ascribed personal agency in taking a person's choice to live away. This is a sleight-of-hand that would set a very bad precedent in law for dealing with not only illnesses but also insurance claims based on unforeseen illnesses.

Some people are more at risk of suicidal ideation than others

There is a great deal of evidence that has been studied internationally over the past century on suicide and suicidal ideation. A paper published last month in the British Journal of Psychiatry found that people who experience a parent committing suicide are at increased risk of suicide and attempted suicide. Thus, there is a real possibility that legalising assisted suicide (even if it is dishonestly glossed as 'assisted dying') could increase the risk of suicide among those people's children.

Broad Scottish definition of 'terminal illness' risks making legislation more dangerous

The proposals would allow assisted suicide for anyone in Scotland with a terminal illness. The legal definition of 'terminal illness' in Scottish law is a terminal illness that will end a person's life from which that person is 'unable to recover'. This definition is incredibly broad and includes illnesses with which people can by now live for decades such as diabetes.. Back in the 1990s requests for assisted suicide for HIV rose in the Netherlands, and doctors working with such patients tended to support assisted suicide more. Nowadays treatment of HIV has improved markedly.

Legislation would inevitably alter medical and healthcare policy decisions

Legalising assisted suicide would affect the financing of medicine and healthcare in Scotland. There would be an inbuilt temptation to spend less on end-of-life care, but also on medical research on illnesses currently deemed to be terminal.

History shows laws would soon be extended to children

In practical terms once laws are passed on assisted suicide for adults, they have been extended to children, as in Belgium. Belgium legalised euthanasia in 2002 for adults, and for children in 2014. The conditions for which illnesses are included have also been broadened. Physician-assisted suicide has been legal for adults in the Netherlands since 2001, and even though it is still illegal for children, several cases have been recorded. There is a growing lobby of doctors in its favour.

Proposals rest on misunderstanding of life and death

The proposals make the common assumption of all pro-assisted suicide campaigners, that people should have 'control' over when and how they end their lives. They consider such control to be a human right of

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

which people are currently being deprived.

This fundamentally misunderstands the nature of death, which is that it is ultimately outside of our control. In this it parallels the fact that none of us have any control over the circumstances of our conception and birth. What we do have responsibility for collectively is how other people around the person who is considered at risk of dying is to be treated. The fundamental worldview inherent in this consultation document, that of proprietary individualism which considers the human body to be akin to one's property disposable at will, is therefore shown to be completely incoherent.

Proposals would lead to rifts within families

Such legislation will cause huge rifts within families, with the most vulnerable being considered a burden worth sacrificing.

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.

No, this legislation is entirely unnecessary and counterproductive in every way possible.

What people actually require is fully-funded palliative care, and support for living with disabilities, terminal and chronic illnesses.

The consultation document dismisses such concerns by saying that in jurisdictions where assisted suicide is legal, funding for palliative care has increased, citing a few figures. This does nothing to illustrate how this funding has been earmarked and distributed. It is a cynical deflection manoeuvre.

The proposals are curiously silent about the negative effects of assisted suicide legislation on relationships within families.

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 opposed

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 jurisdictions where assisted suicide is legal, such as Oregon, the phenomenon of 'doctor-shopping' has arisen. Patients who are refused assisted suicide by their own doctors may then be led through the procedure by other doctors who did not previously know them. The proposed process would be open to abuse like this and therefore mean that assisted suicide is available on-demand by approaching those doctors who are active in promoting this.

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

Fully opposed

Please explain the reasons for your response.
Proposed referral system would change the nature of the medical profession

It is very concerning that any two doctors (not only surgeons or hospital consultants or family doctors)

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

could be included within this definition of 'doctors'. This would make the proposed law apply to the entire medical profession, unlike the Abortion Act. This would fundamentally change the nature of the entire medical profession in Scotland.

Proposed referral system would change the nature of the psychological profession

Why is referral to only one psychologist being proposed to help these doctors come to a decision? Psychologists are meant to help people build resilience not give in to suicidality by deciding whether they would be better off committing suicide. As with medicine, these proposals risk fundamentally changing the nature of the psychological profession in Scotland.

Implausibility of claim that doctors' referrals would stave off pressure or coercion

It is implausible to claim that two doctors can ensure that a patient makes the decision 'without pressure or coercion' does not make sense, given that there will be pressure from within the medical profession if this legislation is passed, as the Scottish Government controls NHS Scotland. Pressure is bound to come from those recommending budget cuts and savings, as this academic paper has admitted.

'Life-ending medication' undermines the nature of medicine

It is very concerning that 'life-ending medication' is referred to, as this is a contradiction in terms. Medication by its very nature pertains to medicine, whose purpose is to save or extend lives, not end them. Such dishonesty must not be allowed to creep into policymaking and legislation.

Proposals would change the nature of the pharmaceutical profession

It is also extremely concerning that this 'life-ending medication' is to be stored in a pharmacy, as this draws local pharmacies across Scotland into the business of assisted suicide. As with medicine and psychology, there is a real risk of fundamentally altering the very nature of the pharmaceutical profession in Scotland. Pharmacists should be given the ability to conscientiously object and therefore opt out of stocking life-ending treatment.

Proposals are silent on what happens if lethal drug dose does not work

The 'safeguards' say 'the person must administer the life-ending medication themselves'. What happens if the person changes his or her mind at the last minute? Who will come to undo the effects? Given that assisted suicide will be legal, will there be any helplines willing to take calls from such persons to help them reverse their decision? What if the 'life-ending medication' does not work?

By leaving such questions unasked and therefore unanswered, these safeguards attempt to get round the fact that it is assisted suicide, not 'assisted death' that is under consideration here.

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

Fully opposed

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.

The fundamental problem with this question is that the proposed bill would legalise 'assisted dying', when it is really assisted suicide that is under consideration. Legislating for 'assisted dying' would mean that data would record deaths as due to the terminal illnesses of the patients rather than the truth that they were helped to commit suicide by the use of drugs. This would enable concealment of the true scale of assisted suicide on death certificates.

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

The Right to Life is enshrined in the Human Rights Act.

It is very concerning that it is proposed that a conscientious objection by a doctor should require a patient to be referred to a doctor agreeing with assisted suicide. This makes conscientious doctors, those keeping to the core principle that medicine is for saving lives, unable to exercise that core principle thoroughly.

The proposal to require a conscientiously objecting doctor to refer a patient to a pro-death doctor fundamentally undermines the purpose of medicine which is to preserve life. Once set in law this will become a precedent for serious abuse on the part of doctors.

Doctors and pharmacists should be allowed to conscientiously object and therefore opt out of all participation in the process of ending someone's life.

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:

a significant 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.
There is evidence that some in the medical field consider assisted suicide to be a valid means of cutting healthcare costs. This wholly cynical approach fundamentally undermines the very nature of medicine and healthcare, which is that money should be spent on saving lives not ending them. Effectively this would entail budgeting to end some lives, with the goalposts constantly having to be moved as medical research results in some illnesses ceasing to be deemed 'terminal'. However, any such future research would inevitably come too late for those already killed by prior assumptions. In the meantime, cost-cutting exercises will have led to cheapening human life overall.

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?

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.
Discrimination on grounds of age is an obvious risk with any legislation to bring in assisted suicide. Discrimination against older people is likely to increase, especially those who are retired and no longer earning an income from work. Those older people living alone are much more vulnerable to subtle pressures to succumb to assisted suicide.

It is well-established that people with disabilities are very concerned about moves to legalise assisted suicide, as a message would be sent to the health and social care sectors that their lives are not worth living, or are better off cut short.

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?

Assisted suicide for children soon follows assisted suicide for adults, and sends out the entirely wrong message that some children's lives are not worth living.

It is concerning that this consultation document notes with interest that a disproportionate number of those taking up assisted suicide are white. The clear implication is that non-white people need to be persuaded of the rightness of assisted suicide.

The notorious case of the assisted suicide of post-operative female-to-male transsexual Nathan (formerly Nancy) Verhelst in the Netherlands in 2013 should serve as a warning. This person underwent assisted suicide due to regretting 'sex-change' (gender reassignment) surgery. This in turn had been sought as Verhelst was rejected as a girl by her mother at birth, a causal factor in the development of gender dysphoria that is not uncommon. It is evident that Nathan/Nancy Verhelst was not made aware of any social and medical support for those regretting gender reassignment and wishing to detransition at the time. When we look at Scotland today, and the Scottish Government's stated commitment to criminalise 'LGBT conversion therapy', the current proposal to legalise assisted suicide would put many more people at risk of going down the path trodden by Nathan/Nancy Verhelst. This is because criminalising 'gender identity conversion therapy' would deprive people such as Nancy was, suffering psychologically due to parental and familial rejection merely for being born as a member of one particular sex, of the kind of psychotherapy that would help them come to accept themselves as members of their sex. Thus the current proposals risk discriminating against patients on grounds of their biological sex.

There are numerous other cases from Belgium of people who underwent assisted suicide from the same doctor due to psychological suffering. A pair of adult male Belgian twins fearful of going blind were killed.

A Belgian woman suffering from anorexia who was sexually abused by her psychiatrist sought help from another psychiatrist in 2013. The latter permitted her to undergo assisted suicide.

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?

No

Please explain the reasons for your response.
It is impossible to ensure 'a strong, healthy and just society' by legalising assisted suicide. The manifest injustice of the proposals have already been made clear. Ensuring health requires more research on illnesses currently deemed 'terminal', not legalising assisted suicide for those suffering from them. Ensuring access to properly-funded palliative care and means of assisted living for those with illnesses (including disabilities) considered terminal should be a first priority.

It is all too obvious that these proposals are linked to reduction of that part of the population deemed a 'surplus'. If Scotland wants to maintain a demographic balance (given that it has an ageing population), what it needs is a replacement-level birth-rate. Therefore, it is better off encouraging younger marriage and childbearing.

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)?
Given that we are in the midst of the Coronavirus pandemic, with the resulting major pressures on the NHS, it is highly irresponsible to introduce proposals to legalise assisted suicide. Already too many patients have had to endure deferral or cancellation of major treatments, and some have died as a result. Morale has suffered in the population at large and in the medical and healthcare professions. Legalising assisted suicide will only exacerbate this problem as well as breeding the cynicism that is all too evident in the consultation paper.