

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).

Not Dead Yet is a U.S. national disability rights organization formed in 1996 which opposes legalization of assisted suicide and euthanasia as forms of discrimination against older, ill and disabled people. The organization is run by disabled people.

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).

Not Dead Yet

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.

If assisted suicide is legal, some people's lives will be ended without their consent, through mistakes and abuse. No safeguards have ever been enacted or even proposed, that can prevent this outcome, which can never be undone.

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 regarding legislation to legalize assisted suicide or euthanasia. On the other hand, legislation to ensure that people's needs for quality medical care, pain relief and in-home personal care services are met would be beneficial.

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.

It's become common knowledge in Oregon that if your doctor says no, call the main organization that supports assisted suicide—today it's called Compassion & Choices but it used to be known as the Hemlock Society—and it will refer you to assisted-suicide-friendly doctors. In early years, they acknowledged having been involved in between 75% and 90% of Oregon's reported assisted suicides. Shopping for another doctor who says yes, will get around the law's weak safeguards.

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.

While life expectancy predictions are notoriously unreliable, the choice not to include a time-frame in the proposal's definition of "terminal" means including people who could live for many years. The Oregon Public Health Division assisted suicide reports show that non-terminal people received lethal prescriptions every year except the first. In 2019, at least one person lived 1503 days. This does not take into account the individuals who took the drugs quickly but may have survived if they waited. In Oregon, there is no requirement that the doctor consider the likely impact of medical treatment in terms of survival.

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

Fully opposed

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.

As in U.S. states, the Scottish proposal would require that deaths by assisted suicide be listed on death certificates as caused by the underlying illness. A system of oversight which requires dishonesty from the outset cannot serve transparency or justice. Oregon officials have admitted publicly that they can't assess the extent of non-reporting or non-compliance with the law. The system relies on voluntary self-reporting by doctors, with no verification or investigation. In this system, claims of "no problems" are unsupportable. What doctor, or abusive family member, will report their own wrongdoing in an assisted suicide?

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

The requirement that doctors with conscientious objections make effective referrals to colleagues open to assisted suicide requests is deeply concerning, requiring meaningful participation in the process despite claims to the contrary. In the U.S. and Canada, economic pressure to conform is already being felt by providers that do not want to participate, through media articles, funding policies and litigation.

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.

As assisted suicide proponent Derek Humphrey admitted 20 years ago, "economics, not the quest for broadened individual liberties, will drive assisted suicide to the plateau of acceptable practice." A report issued when Canada was in the process of widening its euthanasia law, calculating multi-million dollar savings if more people could take up euthanasia, and a paper from the University of Strathclyde suggesting that "the economic costs of denying assisted dying should not be ignored; they should not be the key driver of any legal change, but it would be irresponsible not to consider them." The cheaper option would cheapen human lives.

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.

Groups that are subjected to discrimination in society are often the victims of economic oppression, robbing them of options to receive optimal healthcare and other supports to live a good life. These same

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groups will be harmed by yet another public policy that serves the desires of the privileged who may be less concerned about abuse and neglect. In addition, barriers to euthanasia for children have been challenged in Canada and overturned in Belgium; and substantial concerns from within the disabled community that "if assisted suicide is legal, lives will be lost due to mistakes, abuse, lack of information, or a lack of better options; no current or proposed safeguards can change that."

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.

The proposal attempts to justify legalising assisted suicide before ensuring equitable access to fully-funded palliative care, and adequate financial support for dignity in living. Such mis-prioritisation endangers individuals who are already devalued in 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)?

In Oregon, Pain Is Not the Issue, Unaddressed Disability Concerns Are -- The top five reasons doctors give for their patients' assisted suicide requests are not pain or fear of future pain, but psychological issues that are well understood by the disability community: "loss of autonomy" (91%), "less able to engage in activities" (90%), "loss of dignity" (74%), "burden on others" (47%) and "losing control of bodily functions" (43%) (page 12).

These reasons for requesting assisted suicide pertain to disability and indicate that over 90% of the reported individuals, possibly as many as 100%, are disabled at the time of their assisted suicide request. Three of these reasons (loss of autonomy, loss of dignity, feelings of being a burden) could be addressed by consumer-directed in-home long-term care services, but no disclosures about or provision of such services is required. Some of the reported reasons are clearly psycho-social and could be addressed by disability-competent professional and peer counselors, but this is not required either. Moreover, less than 4% of patients who request assisted suicide were referred for a psychiatric or psychological evaluation (and only 3 patients in 2020), despite studies showing the prevalence of depression in such patients. Basically, the law operates as though the person's reasons don't matter, and nothing need be done to address them.