

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).

The Christian Institute

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.

The Christian Institute is fully opposed to the principle of the Assisted Dying for Terminally Ill Adults (Scotland) Bill. In the consultation document, Liam McArthur argues that his Bill is compassionate and would remedy an injustice. We do not believe that helping people diagnosed with a terminal illness to kill themselves is compassionate or just.

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

- All life is valuable

Legalising assisted suicide would seriously damage the principle that all human lives are equal in value or worth. If a society decides that it is appropriate to help some people to die, it is saying in effect that certain people's lives are worth less than others. This is very dangerous. Once Scotland decides that killing yourself is an acceptable choice for some, where do we draw the line? A just and civilised society can only exist if it is based on the premise that each individual has the same value and worth. Each person must believe this about themselves too.

But assisted suicide would inevitably plant the idea in the minds of some of the most vulnerable in our society that they are worth less than others. Thankfully, there were strong objections when Lord Sumption controversially suggested that some people's lives are less valuable. [1] The value of a human life is not based on perceptions of someone's autonomy, contribution or capacity. Once we start ranking the value of people's lives in this way, we breach a fundamental principle which protects everyone: that all lives are of equal value. Conceding this principle will have far-reaching consequences for our society. The law must not affirm the idea that some lives are not worth living. It sends the terrible message to suffering and vulnerable people – who are made in God's image and worthy of respect – that they have a duty to die.

Many disabled people are understandably fearful about what the future may hold for them and do not want the law changed. [2] The Chief Executive of Scope, which campaigns for the rights of disabled people, said that many disabled people "too often" are looked on as a burden and as if it is not worth their being alive. [3] Where assisted suicide is legal, concerns about being a burden become a matter of life and death. Over half of those in Oregon who died by assisted suicide in 2019 and 2020 cited the fear of being a burden on others as a reason for ending their lives. [4]

Although Liam McArthur's Bill makes terminal illness a criterion for assisted suicide, it can be difficult to define or decide what qualifies. As Baroness Campbell says, "for many disabled people a chest infection is a terminal illness unless treated. The disabled person dependant on a ventilator is terminally ill if the ventilator is switched off." [5]

Caring for terminally ill people can be expensive. The consultation document notes that in Canada it is estimated that assisted suicide could cause health care spending to be reduced across the country "by between \$34.7 million and \$138.8 million". [6] The fact that assisted suicide will inevitably save money in Scotland is a fact which will unavoidably find its way into the minds of vulnerable people weighing up their options.

The percentage of Scotland's population comprised of elderly people is growing. Marie Curie estimate that by 2040 nearly 11,000 more people annually will need some palliative care support. [7] It is unlikely that bringing in an assisted suicide law will help such people get the care they need. There is a danger that assisted suicide is seen as a cheaper alternative to palliative care, reducing the incentive to invest in the more expensive option.

Evidence that vulnerable and elderly people are not always treated with respect emerged during the pandemic. Age Scotland reported that it had received multiple complaints from people who had had a Do Not Attempt Resuscitation (DNAR) order applied to them without their knowledge. [8] The Equality and Human Rights Commission (EHRC) found that voices of older people in care homes were ignored and that their right to equal and respectful treatment had not been properly taken into account. The EHRC also noted the addition of DNAR notes to residents' care plans against their wishes or without consultation. Care home residents were also denied access to vital health services during the first wave of the virus, the EHRC said. [9] The Law Society of Scotland strongly criticised the blanket issuing of DNR forms, which they describe as part of a wider "culture of unnecessary de-personalisation". [10] According to the British Institute of Human Rights, over 40 per cent of healthcare workers said it was assumed disabled or elderly patients with DNRs did "not have mental capacity" to discuss their treatment. [11] These scandals show that we need to be strengthening protections for vulnerable people towards the end of their lives, not weakening them.

- Assisted suicide can never be safe

The experience of other countries which have legalised euthanasia or assisted suicide is that the number of deaths under the laws increase year on year and eligibility criteria expand over time. This would inevitably be the case in Scotland as well. The McArthur Bill is in fact worryingly broad compared to many assisted suicide laws, in that there is no specified life expectancy in the Bill. This means that people who

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

could go on to live for years will be able to access assisted suicide.

In the Netherlands, the key criterion of "unbearable suffering" is now understood much more widely. There has been a marked increase in euthanasia cases for dementia (from 12 in 2009 to 162 in 2019) and for patients with psychiatric disorders (from 0 in 2009 to 68 in 2019). [12] Hundreds of euthanasia cases have involved elderly people who were not seriously ill but had conditions associated with normal old age. [13] Euthanasia has become so accepted that there are attempts to open it up to those who are simply "tired of life".

In Belgium, the 2002 law on euthanasia was initially confined to adults. But this was extended in 2014 to allow euthanasia for children with no lower age limit. Euthanasia is now used much more broadly than in its early years. It is now applied to people with the first symptoms of chronic diseases like Alzheimer's, patients suffering from depression, and older people suffering a combination of complaints. [14] Euthanasia has become embedded in end-of-life care in Belgium and is increasingly seen as a viable option.

Canada only legalised euthanasia in 2016, but has already scrapped the requirement for a person to be terminally ill and will extend it to those with mental illness from 2023. [15] A court determined that the restriction to the terminally ill was 'incompatible' with Canadian human rights and equality laws. That this happened so quickly after the original legislation shows how soon 'safeguards' can be eroded once the principle is abandoned.

The US state of Oregon is particularly instructive for us. Oregon is often cited as a good model for Scotland and the UK to follow in drafting assisted suicide legislation. An examination of the statistics should give pause for thought:

- Of the 245 people who died under the Death With Dignity Act in 2020, only three were referred for psychiatric evaluation to check their mental competency to make the decision. [16]
- Of the 245 who died, five suffered "complications" at time of death – but this information is only recorded when a health professional is present. In 71 per cent of cases it is simply not known whether the patient's death was straightforward. [17]
- In 2020, patients took as long as eight hours to die, with that information unknown for over four in ten. [18]
- Some patients have a relationship with the prescribing doctor for less than one week before death. [19]

Even so-called safeguards can never guarantee that there will not be bending or abuse of the law. And if there is, it is some of the most vulnerable who will suffer.

[1] The Guardian online, 17 January 2021, see <https://www.theguardian.com/law/2021/jan/17/jonathan-sumption-cancer-patient-life-less-valuable-others> as at 21 December 2021

[2] Not Dead Yet UK briefing note, February 2019, pages 5-8, see <http://notdeadyetuk.org/wp-content/uploads/2019/02/not-dead-yet-uk-briefing-note-as-polls-feb-2019-final.pdf> as at 21 December 2021; 'Disabled people like me fear assisted suicide: it suggests that some lives are less worth living', Jane Campbell, The BMJ Opinion, 6 February 2019, see <https://blogs.bmj.com/bmj/2019/02/06/disabled-people-like-me-fear-legal-assisted-suicide-it-suggests-that-some-lives-are-less-worth-living/> as at 21 December 2021

[3] Scope, Press Release, Scope concerned by reported relaxation of assisted suicide guidance, 20 January 2018

[4] Oregon Death with Dignity Act: 2020 Data Summary, Oregon Health Authority Public Health Division, February 2021, page 12

[5] 'Disabled people like me fear assisted suicide: it suggests that some lives are less worth living', Jane Campbell, The BMJ Opinion, 6 February 2019, see <https://blogs.bmj.com/bmj/2019/02/06/disabled-people-like-me-fear-legal-assisted-suicide-it-suggests-that-some-lives-are-less-worth-living/> as at 21 December 2021

[6] Trachtenberg, A J and Manns, B, 'Cost analysis of medical assistance in dying in Canada', Canadian Medical Association Journal, 2017, 189(3)

[7] Holyrood online, 30 November 2021, see <https://www.holyrood.com/comment/view,associate-feature-getting-it-right-for-everyone-at-end-of-life> as at 21 December 2021

[8] The Times online, 8 November 2020, see <https://www.thetimes.co.uk/article/age-scotland-chief-calls-for-review-into-number-of-do-not-resuscitate-orders-cnfdg2h> as at 21 December 2021

[9] Equality in residential care in Scotland during coronavirus (COVID-19), Equality and Human Rights

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

Commission, December 2020, pages 4 and 10

[10] Submission by Law Society of Scotland, Scottish Parliament Equalities and Human Rights Committee inquiry into the impact of COVID-19 pandemic on Equalities and Human Rights, 26 May 2020, page 16

[11] Frustrated, Angry and Unfair: Staff Experiences of DNAR Decision-making in 2020, The British Institute of Human Rights, February 2021, page 18

[12] Regional Euthanasia Review Committees: Annual Report 2019, March 2020, page 12; Regional Euthanasia Review Committees: Annual Report 2009, May 2010, page 5

[13] The Times online, 19 July 2020, see <https://www.thetimes.co.uk/article/dutch-mp-backs-euthanasia-for-over-75s-who-are-tired-of-life-z8bdp6685> as at 4 August 2021

[14] Jones, D A, Gastmans, C and MacKellar, C (Eds), Euthanasia and assisted suicide: lessons from Belgium, Cambridge University Press, 2017, page 102

[15] Global News online, 17 March 2021, see <https://globalnews.ca/news/7703262/canada-senate-passes-bill-c-7/> as at 4 August 2021; 'Should Mentally Ill Patients Have the Right to Euthanasia?', Psychology Today, 21 April 2021, see <https://www.psychologytoday.com/ca/blog/finding-purpose/202104/should-mentally-ill-patients-have-the-right-euthanasia> as at 6 August 2021

[16] Oregon Death with Dignity Act: 2020 Data Summary, Oregon Health Authority Public Health Division, February 2021, page 11

[17] Ibid, page 12

[18] Ibid, page 13

[19] Ibid, page 12

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.

The stated aim of Liam McArthur's Bill is to make the end of life more compassionate. However, the reality is that assisted suicide is the ultimate in hopelessness. Assisted suicide advocates give the impression that in order to have a death free from pain you must have assisted suicide. That is not the case.

Dr Carol L Davis and Baroness Finlay of Llandaff explain: "with modern analgesia pain is much easier to control than once it was". [1] Consequently, as data from Oregon shows, concerns about pain or lack of control of pain is well down the list of reasons given by people seeking fatal drugs. [2] They concluded: "It is high time that the argument that 'assisted dying' is necessary to avoid a painful death is exposed as a fallacy."

A better, more compassionate solution to the suffering of terminally ill people would be substantial investment to improve access to high quality palliative care. The UK has been rated among the best in the world for care at the end of life, [3] but this is not everyone's experience. We should be focusing on ensuring that everyone has the best care possible at the end of life, not encouraging people to give in to despair.

If assisted suicide became normalised, and with inevitable pressures on NHS funding, there would be pressure to reconsider even the existing palliative care spending.

Assisted suicide campaigners claim that it allows people to avoid painful and undignified deaths. This has been strongly disputed. Dr Joel Zivot, an associate professor of anaesthesiology and surgery in Atlanta, Georgia, says he is "quite certain that assisted suicide is not painless or peaceful or dignified. In fact, in the majority of cases, it is a very painful death." [4] His conclusion is based on examining the autopsies of people executed in the US using similar drugs to those used in assisted suicide.

[1] The Times, 6 November 2020

[2] Oregon Death with Dignity Act: 2020 Data Summary, Oregon Health Authority Public Health Division, February 2021, page 12

[3] The 2015 quality of death index: Ranking palliative care across the world, The Economist Intelligence Unit, October 2015

[4] The Spectator online, 18 September 2021, see <https://www.spectator.co.uk/article/last-rights-assisted-suicide-is-neither-painless-nor-dignified> as at 22 December 2021

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.

The consultation states that the declaration (step 1) by the terminally ill person that they wish to access assisted suicide must be made "without coercion or duress". However, the reality is that it is impossible to guarantee this. In fact, it is likely that in many cases there will be at least some element of compulsion felt by the patient, whether external or internal. The very fact of making assisted suicide legal means that it will always be an option which many people will feel they have to consider. The only way to guarantee the absence of coercion and duress is not to make it an option in the first place.

The consultation document makes the incredibly dangerous suggestion that doctors could be able to approve an assisted suicide request remotely, for example via Zoom. Allowing remote approval means it would be much more difficult to detect whether a person is really making the decision voluntarily and without "coercion or duress".

The consultation document also states that the patient's declaration must come after they have reached a "clear and settled intention". But, as the College of Psychiatrists of Ireland points out, this criteria is also impossible to define. [1] People can change their minds on any issue at any point. People who have terminal illnesses need a clear, firm law to protect them in their darkest moments. They certainly do not need the law to affirm their belief that their life is not worth living.

After the initial diagnosis of a terminal illness, a person may well have immediate feelings of despondency, which could lead to suicidal feelings. But given time patients can get used to living with a serious illness or disability, and even regain a quality of life. A study of over 8,000 Irish adults showed that, over time, people who express a wish to die do change their minds, and the likelihood of a change in mind increases as time goes on. [2]

The period for reflection suggested in step 2 is 14 days between the declaration being signed and the prescribing of lethal drugs. This is far too short a period given the gravity and irreversible nature of the decision.

[1] Physician Assisted Suicide and Euthanasia: Position Paper, College of Psychiatrists of Ireland, December 2021, page 8

[2] Briggs, R, Ward, M and Kenny, R A, 'The 'Wish to Die' in later life: prevalence, longitudinal course and mortality. Data from TILDA', Age and Ageing, 2021, 50, pages 1321-1328

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

No Response

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

No Response

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

No Response

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 Response

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.

The Bill would have a negative impact on the lives of the elderly and those who are disabled. As stated in answer to question 1, the simple fact of legalising assisted suicide means that a judgement is made that some lives are not worth living. This will make elderly people feel even more vulnerable and under pressure to consider the impact or burden they may be having on those around them, either financially, emotionally or in the sense of needing care. Paralympian Baroness Tanni Grey-Thompson said: "there is no safe law for assisted suicide and disabled people are particularly vulnerable if such a law is passed". [1]

The Oregon data for 2020 shows that over 90 per cent of those accessing assisted suicide cited being less able to engage in activities making life enjoyable and losing autonomy as reasons to end their lives. [2] Obviously, disabled and elderly people are among those with the most dependence on others in society. However, the concept of autonomy must not be allowed to undermine the intrinsic worth of human life. Autonomy flows from the dignity of human life, not the other way round. Many of the disabled and elderly people in Scotland will be dependent to a greater or lesser extent on others for their daily lives. Their autonomy is limited. But this does not make their lives of less value. The autonomy of all of us is limited in some ways throughout our lives. As babies and young children, we were all dependent on others, and it's a simple fact of human existence that as we get older we become more dependent again. A lack of autonomy is no reason to end a life, and no reason to introduce this law.

[1] Mail online, 13 May 2018, see <https://www.dailymail.co.uk/news/article-5723103/Guernsey-assisted-suicide-plans-opposed-church-leaders-Baroness-Tanni-Grey-Thompson.html> as at 21 December 2021

[2] Oregon Death with Dignity Act: 2020 Data Summary, Oregon Health Authority Public Health Division, February 2021, page 12

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 Response

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