

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).

Bios Centre

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.

Respect for the lives of all innocent people, without exception, is a foundational principle of civilised societies. The Bill egregiously discriminates between healthy suicidal people - who will continue to be supported and helped to value their own lives - and seriously ill suicidal people - whose lives will not be

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

valued by their society nor effectively protected. The Bill is naive in its reliance on 'safeguards' which have failed conspicuously in legislatures where assisted suicide or euthanasia has been legalised, but more fundamentally, it breaches the principle that innocent lives should be respected and suicide discouraged, not assisted.

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.

Those with life-limiting conditions need the timely, empathetic support of palliative care practitioners, also in the initial stages of their illness when they may have undue fears about what the future holds and doubts about what palliative care is able to achieve. Good palliative care is holistic and responds to other needs than the suppression of pain and discomfort, important as these are. Above all, the person should see in practice that his or her life is still regarded as having value. People should not, when they are at their lowest ebb, receive the message that doctors and other influential people see their lives as so lacking in value that suicide is offered as a solution.

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.

We are opposed entirely to the proposal, but would highlight some particular concerns: the fact that the waiting period can be shortened depending on life expectancy, the fact that the patient need have no actual experience of palliative care (let alone sufficient experience to judge what it can do for him/her) and the fact that death would be misleadingly reported as due to the person's pre-existing illness and thus risk being hidden to some extent from scrutiny. With regard to the illness, we note that the person may be very recently diagnosed with a life-limiting condition with which he/she could nonetheless live for decades and may be making the choice for suicide in relative ignorance and in a state of deep emotional turmoil.

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

Neutral (neither support nor oppose)

Please explain the reasons for your response.

We support these safeguards only in the sense that the proposed legislation would be even more harmful without them. We do not regard them or indeed any safeguards as adequate, since assisted suicide is in itself an abuse. The safeguards rely on self-reporting by involved practitioners who are likely not to know the patient and who may be ill-equipped to identify pressure and coercion, not least as the patient may wish to give the impression of meeting the requirements even if he or she does not in fact meet them. The Bill shows little consideration of the complexities of human relationships (ranging from elder abuse to simple misperceptions e.g. that one is a burden), or the power of new norms, expectations and cultural contexts to pressure people in the direction of assisted suicide. As stated earlier, we also strongly object to the possible shortening of the waiting period, to the fact the person may have many years to live and may be very recently diagnosed, and to the fact that the person must be told of palliative care options but need have no experience at all of trying such options.

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

Fully 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.

If such a body is established, it should be empowered to investigate infractions and bring these to the attention of criminal authorities as well as professional bodies - even though this may be unlikely as the system relies on self-reporting. There should be no requirement that those investigating be themselves assisted suicide practitioners or even supporters of assisted suicide; on the contrary, they should be as widely separated as possible from those involved in assisted suicide in order to provide an independent view.

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

No health care professional or other individual should be required to facilitate assisted suicide in any way, least of all by referring to a compliant practitioner. For a conscientious objector, this is like being asked to refer to a practitioner willing to carry out, say, capital punishment or torture. Those unwilling to be personally involved in practices seen as harmful and unethical are often rightly reluctant to arrange for another person to carry out those very practices.

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:

don't know

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.

This question is objectionable, as likely to create perceived pressures to approve such legislation on grounds of cost-effectiveness, further devaluing the lives of those at risk.

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 will adversely affect older and disabled people, due to the social message that certain lives i.e. medically vulnerable lives should not be legally protected. It will adversely affect those identifying as LGBT, who are more at risk of suicide, and those with mental illnesses, including those who may not

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qualify for assisted suicide (assuming the law is strictly adhered to) but whose vulnerability to unassisted suicide at least will be heightened by societal acceptance of assisted suicide (as research by David Albert Jones and David Paton published in the Southern Medical Journal would appear to suggest). The Bill will also adversely affect those individuals and institutions with religious or other beliefs excluding involvement in assisting suicide who will be under pressure to conform in some way to what they regard as deeply harmful to their patients.

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 Bill is inherently unjust, in depriving physically ill individuals of the protection society offers to physically well individuals who are suicidal. It flies in the face of strong scientific evidence, in the form of decades of adverse experiences from legislatures which have legalised assisted suicide and euthanasia, where increasingly, lives of mentally ill people, those with dementia, those 'tired of life' and children are also being terminated, while unassisted suicides also seem to be increasing. Such a change to the law will change the culture of dying forever, and the way in which vulnerable people generally are regarded.

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)?

Legalising assisted suicide will have serious effects on society's attitude to those suffering in our midst, greatly reinforcing the view that such individuals may or should be eliminated as opposed to supported in living their lives. We will become less tolerant of those who suffer - less likely to see them as valuable members of society whom we might assist in their struggle. The search for meaning of society as a whole, including during periods of human suffering that many experience at one or other part of their lives, is likely to be compromised.