

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

Other (e.g. clubs, local groups, groups of individuals, etc.)

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).

Better Way

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 Better Way campaign opposes assisted suicide and euthanasia as wholly detrimental to ensuring a caring and just society.

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

Supported by experts in various fields, our campaign calls for ethical alternatives to assisted suicide that will help terminally ill citizens and others implicated by a change in the law.

We call for greater palliative care provision; better suicide prevention; more support for elderly people; and increased work to tackle disability inequality.

Our concerns pertaining to doctor-assisted suicide and euthanasia are based on the experience of other jurisdictions that have introduced these practices.

Safeguards supposed to prevent coercion and abuse have failed. Laws have been incrementally extended. And structural inequalities have become more deeply entrenched.

There is evidence that suicide prevention in wider society is undermined by doctor-assisted suicide, which creates a pernicious exception for certain groups.

And there is expert testimony stressing that the process of assisted suicide itself is deeply traumatic to patients – not painless, peaceful, and dignified as some proponents suggest.

With evidence of such harms, affecting the most vulnerable and disenfranchised groups in society, we believe it is unconscionable for MSPs to risk the same outcomes in Scotland.

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 legislation is not required.

Palliative care alleviates patient suffering at the end of life. The challenge facing our society is ensuring that every patient has access to the tailored support they need.

This is not the case at present. The Scottish Partnership for Palliative Care notes that palliative and end of life care is often "invisible in policies, plans [and] strategies".

And it identifies a wide range of "deficiencies" with current palliative care provisions which have been "identified by stakeholders and represent scope for real improvement."

Improving palliative care provision must be a priority for legislators, particularly in the wake of the coronavirus pandemic, which has compounded existing structural challenges.

Research published in the journal Palliative Medicine notes that the average growth in palliative care services has stalled in countries where assisted dying is legal.

Notably, Belgium and the Netherlands experienced no growth in palliative care services from 2012 to 2019. Canada has also seen a detrimental impact to conventional care.

Assisted suicide is not compatible with good and improving care provision and must therefore remain off the statute book.

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. Declarations of terminal illnesses are notoriously fraught. The Royal College of Pathologists has said that

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)?

misdiagnosis of a terminal illness occurs in about 5% of cases.

There are problems in assessing what factors anxiety and depression or other forms of mental illness play in contributing to decision-making.

Symptoms are often subtle and underlying and patients may be unwilling to be transparent about their feelings due to societal stigma around mental ill health.

Doctors, and even specialists, can miss existential issues such as hopelessness that may influence a patient's decision.

The idea that a patient is a burden to family members or society as a whole is often cited as a motivation for accessing assisted death in other countries.

Doctors are also ill-equipped to identify signs of coercion or duress which are often subtle, and not willingly identified by the patient.

And capacity is a significant challenge. Doctors group KADOH notes that after 15 years, the Mental Capacity Act is still not fully implemented.

In terms of prescribing and delivering medication, no indication has been given of the drugs that would be administered to patients.

Dr Joel B Zivot FRCP(C) MA, a practicing anaesthesiologist and intensive care doctor who supports Better Way notes that methods used in other jurisdictions are traumatic:

"I am 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.

"Laws in Oregon, like those proposed in the UK, require patients to take the drugs themselves, which rules out any form of general anaesthetic.

"Often patients are handed anti-sickness and anti-seizure tablets but nothing more in preparation, meaning they're very much awake as the assisted suicide process begins.

"Without a general anaesthetic, many will be in great discomfort, even if outwardly they don't appear to be suffering.

"There are countless examples of people who have discovered just how messy, painful and distressing it can be as they watched their loved ones go through the process."

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

Please explain the reasons for your response.

Better Way considers the idea of safeguards to be a misnomer. As explained in the previous section, there are numerous problems with the measures described.

In addition, evidence from overseas demonstrates that safeguarding measures are often and perhaps inevitably corroded over time.

Our campaign undertook a study of Canada – a country that has many parallels to our own in terms of its history, culture, and legal and political framework.

It has been just five years since the very first patient died under Canada's Medical Assistance in Dying laws. In that short time, the regime has radically changed.

The numbers choosing to die have soared. Eligibility for MAiD has been vastly expanded. Those opting out

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

on conscience grounds have been forced to comply.

The shape of legislation in European nations like Belgium and The Netherlands has also changed significantly since being introduced.

No assurance can be made by this Parliament that Scottish legislation would not be expanded, and safeguards diminished or dispensed with over time.

The only assurance against these scenarios is keeping assisted suicide off the statute book.

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.

We do not support the legislation. A body would not be required if it is withdrawn.

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

If the legislation was to be implemented, we would support a complete right for all relevant medical practitioners not to participate in any part of the process.

Article 9 of the European Convention on Human Rights and Resolution 1763(2010) of the Parliamentary Assembly of the Council of Europe should be upheld.

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.

Evidence from overseas does suggest a reduction in healthcare costs due to the introduction of assisted suicide or euthanasia.

At the end of last year, a report by the Canadian Parliamentary Budget Officer noted that extending the law to include citizens whose deaths are 'not reasonably foreseeable' could lead to increased healthcare savings of \$149m – almost £87m – in 2021.

Given the cost discrepancies between palliative and end-of-life care and doctor-assisted suicide, there is a real danger of overall care provision being undermined.

Budgets are already stretched, and an ageing population will put increasing pressure on services. By contrast, providing for an 'assisted death' is far less burdensome.

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:

Cash-strapped NHS trusts could come under pressure to incentivise assisted dying as a way of easing pressure services.

Changing the law to allow assisted suicide in the context of a currently unacceptable level of palliative care provision could also compound the existing 'postcode lottery'.

Patients in some areas could feel enabled and empowered to live, helped by an excellent level of care, and others feel that 'assisted dying' is the only path for them.

We strongly believe that the better solution is investing in palliative care with a view to ensuring that every patient in the UK can access the help and support they need.

We must also invest in a culture change, countering fear and misunderstanding about the end of life.

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.

Legislating for assisted suicide would compound structural inequalities faced by the elderly and the disabled people's communities.

In the UK, some of the worst affected people during the COVID-19 pandemic were elderly people in care homes, isolated from loved ones. Even before the pandemic hit, we were facing an epidemic of loneliness in care homes, and in wider society.

Lonely older people suffering from a terminal illness would be some of the most at-risk people if an 'assisted dying' law was to come into force. Cut off from love, support, and community, they may feel that an 'assisted death' is the only option.

Vulnerable older citizens are also some of the most common victims of abuse, including financial coercion by loved ones. If assisted suicide is legalised, there is a danger that more abuse would be perpetrated against older people.

Warning of an impact upon disability equality, Dr Miro Griffiths a Leverhulme Research Fellow in Disability Studies, and spokesperson for the Better Way campaign has said:

"Assisted dying' legislation places emphasis on interventions to facilitate and accelerate an individual's death whilst ignoring systemic social injustices. It also diverts attention away from policy interventions that should provide people with support to participate in their communities, and access sufficient palliative care at the end of their life. We have arrived again at a debate about 'dignity in death' before we have truly established dignity in life.

"In saying this, I am not ignoring the prevalence of pain, distress, and fear that can – sometimes – accompany health conditions, illnesses, and impairments. I am aware this exists, and I experience it personally. I am arguing that we cannot pass legislation and policy measures based on a tiny number of individuals' anecdotal experiences. We must always consider the broader contexts associated with policy and law.

"Disabled people's human rights violations are real. Disabled people are denied opportunities to participate

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?

in their communities. Disabled people do not receive sufficient support to have a valued, respected role in society. If the Assisted Dying Bill was not to pass these issues would still exist. If the Assisted Dying Bill was to pass, these issues would likely be compounded, as would inequalities faced by other groups."

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.

Better Way believes assisted suicide is antithetical to the pursuit of a strong, healthy, and just society. It would open the door to serious and irreversible harms, compound existing structural inequalities, and damage the caring ethic in our society that requires preventing suicides by all citizens, regardless of the situations they are facing in 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)?

We wish to note our disappointment about the misleading language used in the title of the Bill and the consultation document. It often features in the wider debates about assisted suicide and has been coined by activists seeking to distract from what is involved.

'Assisted Dying' is misleading. Polling demonstrates confusion about its meaning ranging from the withdrawal of life-sustaining treatment to end-of-life care. It is, in fact, the administration of lethal drugs to a person in order that they may take their own life.

Elsewhere, the document describes lethal drugs for administration to patients as "medicine". This implies that the drugs are beneficial and harmless, which they are not.

The rhetoric of activists should have no place in official documents. We recommend the bill be renamed the: 'Assisted Suicide for Terminally Ill Adults (Scotland) Bill'.

And we suggest the terms 'lethal drugs' or 'drugs' be substituted for 'medicine'.