

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).

North west Pro-life

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.

I am fully opposed to this proposed Bill for the following reasons:

1. Because I believe it is morally wrong for one person to provide the means for another person to kill themselves as would happen if a doctor or a nurse delivered life-ending drugs to another person, even

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

with their consent. The UK already has a form of assisted dying called palliative care as renowned professor and medical doctor Lord Robert Winston remarked in his opening statement on the recent assisted dying debate in the UK House of Lords and what is being proposed in this Consultation instead is euthanasia – the act of deliberately killing someone which is morally wrong – since there is no time-limit on the term "terminally ill". Societies that encourage killing leads to more killing.

2. People who are elderly and suffering from illnesses can be unclear about their health but be pressured by their families or even doctors to believe they are a burden on others.

3. Rich people with long-term illnesses may already be a target for family members. They can use the guise of compassion but in reality, are angling to be beneficiaries of wealth which can corrupt.

4. Some once terminal illnesses can now be managed without disease progression with many new treatments approved each year so that, if the proposals are permitted, people could have many comfortable years to live with their families and loved ones denied them.

5. Patients with chronic (but not terminal) illnesses could stop or reduce treatment to hasten a terminal illness prognosis if a Bill was introduced causing unnecessary alarm and distress to family and healthcare staff.

6. If permitted the grounds for assisted dying will expand for example people with disabilities who are not in pain or dying, psychiatric/dementia patients and children who are not competent enough to declare for themselves a decision to die will needlessly die, as has been seen in other countries and jurisdictions such as America and the Netherlands.

7. The long-term effects on other family members of a relative effectively committing suicide could be very detrimental and to society as a whole seen as a further attack on the family structure by unqualified politicians who can be ignorant about the consequences of their policies unable to understand that "cause and effects" are sometimes not obvious. It is clearly obvious many of the anti-life consultations are not written by politicians but by lobby groups who see money and profit as their primary goal.

8. The proposed Bill could lead to more discrimination in society with people with disabilities targeted by able-bodied people not to be alive. Unpleasantness towards those who are different is already apparent within society which this proposed Bill could make worse.

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.

1. Legislation is not required. The healthcare profession already cares for people with terminal illnesses with the UK's palliative care system regarded in 2015 as the best of 80 countries around the world (with further improvements identified) meaning an assisted dying law is unnecessary (<https://www.nationalhealthexecutive.com/News/uk-has-best-palliative-care-in-the-world-but-services-still-inadequate-for-some>).

2. Trying to reduce the numbers of people taking their own life unassisted may not be achieved through this proposed Bill. Countries that permit assisted dying appear to culturally shift to more suicides overall, especially among those who are elderly (Jones DA, Paton D. How Does Legalisation of Physician-Assisted Suicide Affect Rates of Suicide? South Med J. 2015 Oct;108(10):599-60. Doi:10.14423/SMJ.000000000000349. PMID: 26437189) which is a possible example of how "cause and effect" is not necessarily obvious to politicians and would lead to a worse society instead.

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

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)?

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 deliberate killing of another person is wrong and by definition a "reflection period" will likely result in discussion between family members where in many cases the vulnerable patient will be exposed to coercive behaviour and/or reflect that they are a burden to their family, the National Health Service, and others and so could make a wrong decision depriving them of their life. It is well known that even basic care givers are shown a video as part of their training of the perils of family members coercing patients such as because they stand to inherit money, and doctors are trained to "do no harm" as part of the Hippocratic oath which prescribing a lethal cocktail of drugs contradicts.

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.

The proposed Bill states that only doctors who wish to be involved in assisted dying would participate so automatically they would be biased in favour of the premise that could influence the patient.

During the suggested waiting period of 14 days, there are no safeguards that can fully prevent a person who may be in a confused state of mind about their health, possibly in unfamiliar or unwanted settings such as a hospital ward or nursing home thinking that their best option then is death. It is impossible to safeguard against a family member influencing a vulnerable patient's thoughts if they so wished that could lead to the mistake of an early death.

There is no safeguard against a bad reaction to the lethal drugs resulting in a very painful and prolonged death that could be avoided.

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.

Whilst it may seem that the creation of a body to report and collect data is acceptable, the reality is that over time the staff at the body will come to support the aims of any implementation of assisted dying thereby rendering it biased and so will become part of the problems as outlined.

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

Even if a patient mentioned assisted dying then a healthcare professional would automatically have to become involved/make a decision either by ignoring the request or informing others and so conscientious objection is impossible. Creating centres specifically for those wanting assisted dying will create a "closed shop" which will be a law unto itself as has been seen in other anti-life areas, such as induced abortion, resulting in prolonged lies, misinformation, only including quantitative and qualitative data when it suits (as seen in the Consultation document of quotes from disability groups), poor quality care, cancelling

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opponents etc. about the process. If healthcare professionals can act without integrity then the public can see any government, politician or public figure can also act without integrity to the detriment of society.

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:

some 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.

To propose a law on one ground that human life can be ended in order to save costs is deeply offensive and is symptomatic of a Parliament that disrespects human life the consequences of which are currently seen such as in record domestic abuse and drug death reports (<https://www.nrscotland.gov.uk/files/statistics/drug-related-deaths/20/drug-related-deaths-20-pub.pdf>). These are the types of "cause and effects" consequences politicians do not comprehend. Over time, families coping with those who have taken their own lives will increase the cost of the proposed Bill of more therapists, psychiatrists etc. but overall, a reduction in costs may be expected.

Non-patient facing NHS managers who only examine figures and budgets could decide a tariff of ending a life has a lower cost than continuing treatment leading to more unnecessary deaths.

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.

Age - Older people are more likely to bear the pressure of choosing to end their lives prematurely (see question 1). Disability – Disabled people fear assisted suicide and, as mentioned, the proposals could lead to more discrimination against them. Religion – the proposed Bill is another attack on the religious beliefs of others (that have been adjudged as estimable over centuries) but is designed to divide and create a more secular society (where moral values can be less regarded) in which politicians can instead indoctrinate the public more easily not only that taking human life is acceptable in certain circumstances but in other policy areas to their own ends. I have previously demonstrated to the Scottish Government that secular countries have worse outcomes than religious ones.

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.

1. In no way does assisted dying ensure a "strong, healthy and just society" with the question having connotations of Nazi Germany which killed the disabled and infirm to create an Aryan race and it is deeply shameful to even publish such a question in a public consultation. Perhaps the question is a tacit recognition of Scotland's problems that politicians just want to go away because they have no other solutions.

2. As Elon Musk stated recently, the biggest threat to human civilisation is population collapse, not overpopulation, which certainly overrides any threats to the environment of more people living longer some of whom may have a long-term terminal illness but can be full participants in society.

3. Unfortunately, as was shown by the Scottish Government's response to its Early Medical Abortion at Home Consultation, thousands of responses containing strong scientific evidence from people with genuine concerns for women's safety and the preventable deaths of unborn children were discarded which demonstrates a bias that aligns with the ignorant unqualified beliefs of politicians which is not sustainable and does not ensure policy is developed on the basis of strong scientific evidence.

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)?

If Scottish and British politicians condone, promote, and encourage appalling violence such as that of taking a life by assisted dying then at some point they must accept the premise that they themselves could be a cause of the deep unpleasantness and violence within society since, as has been seen throughout human history, violence begets violence. Therefore, they must act to stop all forms of violence against the elderly, sick, disabled and unborn to comply with United Nations International Covenant on Civil and Political Rights (ICCPR) Article 6.1, that came into force on the 23rd March 1976, which states, "Every human being has the inherent right to life. This right shall be protected by law."

The Scottish Government, UK Government and politicians should recognise they rarely, if ever, know better than dedicated qualified experts and hard-working healthcare staff who frequently oppose in great numbers proposed Bills such as this and listen to them instead of the anti-life lobby groups who seem plausible but who are beholden to money and are absent when subsequent problems in society become apparent.