

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).

Our organisation - Glasgow Reformed Presbyterian Church - is engaged, as part of its remit to communicate the good news of Jesus Christ by word and action, in helping those who are old and weak or vulnerable and in pain. This means that we have considerable experience in dealing with those who are terminally ill. This response is on behalf of the office-bearers of the church and may also be taken to represent the members of the church.

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).

Glasgow Reformed Presbyterian Church of Scotland

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.

1. There can be no 'safe' way to help patients kill themselves.
 2. Legislation of this kind will pressurise the vulnerable for fear of being a financial/emotional/care burden (see the experience of Oregon where over half of those who chose this option in 2019 and 2020 did so for this reason).
 3. Sadly, some relatives are only too quick to urge this kind of solution to ease a burden on themselves.
 4. This kind of legislation begins a process of thinking which progressively cheapens the view of life and normalises the killing of self. Already vulnerable people will get the message that their lives are not valued and are therefore, not worth living.
 5. Irrespective of difference in medical systems, cases have appeared in the U.S. of insurance companies refusing to fund treatment to terminally ill patients while being willing to fund their assisted suicide. NB - the issue here has nothing to do with private/public medicine but with the way terminally ill people begin to be viewed by a society which has legislated in this way.
 6. A step of this kind will inevitably lead to a reduction in resources for palliative care - which has improved enormously and is at the point where a painless death should be normal with the right kind of care (possibly less painful than some cases of assisted death?). Already, palliative care is so expensive that the pressure to choose assisted dying is bound to become significant.
 7. The pressure to widen the categories of patients whose life can be ended begins almost immediately once this kind of legislation is passed - as can be seen in the experience of other countries which have gone down this path - e.g. Canada. The initial presentation of the measure is usually pitched to envisage those at a very extreme place of suffering. However, it soon widens out to include others and logic would seem to find no way of eventually excluding any who are depressed and feel they can't go on.
 8. Last, and first in importance, this measure goes against the 6th commandment 'You shall not murder'.
- 7.

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 legislation is required. Instead, more investment needs to be made in palliative care (already amongst the best in the world in the UK) and other resources to help the vulnerable.

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 is too difficult to be certain that an expressed wish to die has been without coercion or duress. Additionally, the time allowed for possible reconsideration is extremely short.

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.

Any category of person discriminated against in society is likely to come under more pressure. For example, where sex-selective abortion is made available, countries which view females as less desirable than males would eliminate a far higher number of female children. Disabled people are rightly alarmed at this legislation - but so should any marginalised people group.

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