

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).

Knockbain Free Church of Scotland is a Christian church in North Kessock, Inverness with approximately 70 members and numerous more adherents attending our weekly worship services. As church leaders and members, our Christian faith affects all of our life, not just a Sunday at church. Our minister and elders are regularly involved in pastoral care which includes accompanying people in the final stages of their life and supporting families and communities who grieve. Our experiences in this area provides an important insight into issues around living and dying well. We also have members involved in healthcare and caring professions, including pastoral work in healthcare settings.

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).

Knockbain Free 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. As a Christian Church we believe that human beings are made in God's image and likeness and this gives an inherent dignity, worth and value to each one of us. As Christians, while we recognise that not everyone will share our beliefs on the origin of human dignity, we would point out that the inherent dignity of every human being has also been recognised internationally. For example, the Universal Declaration of Human Rights begins with these words:

"Whereas recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world..."

Proposals for assisted suicide fundamentally undermine this principle. They make clear that society no longer believes that certain lives are worth living. We believe that the principle of universal human dignity demands that we treat human life with the utmost respect and this prohibits the deliberate ending of an innocent human life, including one's own. It also prohibits assisting others to end their own lives. Our responsibility is to protect human life, especially at its weakest and most vulnerable, and our humanity is best shown in our mutual care for one another to reduce suffering and to give appropriate support right up to the end of life. This includes making palliative care available to all who would benefit from it.

2. We feel that changing the law would put pressure on some of the most vulnerable in our society to end their lives for fear of being a financial, emotional or care burden on their families or the state. Research has shown that in 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. None of the jurisdictions allowing assisted suicide collect or report the data necessary to determine if people choosing to consider 'assisted dying' are safe from abuse and coercion. Our fear is based on report of abuse and that there could never be sufficient safeguards to prevent this type of abuse.

3. Suicide prevention is a hugely important area of work and has been highlighted as a concern due to rise during the pandemic. The Scottish Government has rightly made clear in their "Suicide prevention action plan: every life matters" that: "no death by suicide should be regarded as either acceptable or inevitable." Suicide is a tragedy and many throughout our nation do excellent work to reduce suicide. Introducing assisted suicide contradicts this work and gives the clear message that there are certain circumstances where suicide is the best option. We must not give such a mixed and harmful message to our society when there is always help and support available.

4. An additional concern relates to existing palliative care which would be fundamentally undermined or devalued when Scotland provides excellent palliative care. The proposals would also fundamentally alter the patient / doctor relationship. The first principle of medicine is to do no harm. There is an over-riding duty of care. But introducing proposals to allow healthcare professionals to be involved in assisted suicide would alter this relationship and in some cases erode public confidence in the healthcare profession

5. While the desire of the legislative proposal is to limit assisted suicide to certain clearly defined categories the experience in other jurisdictions has been clear incremental extension of assisted suicide into other categories including children and those suffering from mental health concerns. There is also evidence of a huge increase in the number of people receiving assisted suicide. Liam McArthur rightly desires to limit the application of assisted suicide but no parliament can bind a future parliament and our concern is that it is much easier to extend it to other areas.

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.

We do not believe the legislation is required. Instead, we should seek to become a more compassionate society by investing in more holistic palliative care as the best means of achieving dignity in dying. The compassionate approach is to provide better end of life care but not to simply seek to end the person's life.

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.

We believe that the current law strikes the right balance and does not require this legislation. The law rightly declares that it is wrong to assist someone to end their life but also shows compassion and mercy to those who have done so by usually not prosecuting as it is not in the public interest. This does allow prosecutors to fully investigate the whole circumstances of a death and thereafter prosecute a case where there is evidence and they believe it is in the public interest, for example where there was abuse - which provides the safeguards required.

Turning to the question of whether there are other ways in which the bills aims could be achieved more effectively. The experience of those involved in end-of-life care is that most care is excellent – physical suffering and other symptoms can be effectively addressed in up to 95% of patients, with appropriate medication, when treated by healthcare professionals with the relevant expertise. Scottish Palliative Care Guidelines are a helpful resource – the biggest challenge is proper resourcing of palliative care. The objective of improving end of life care could be achieved by increasing palliative care resources. In particular it would be helpful to ensure people can access the correct care without delay, no matter where in Scotland they might be based. All hospices are currently run by charities and are always in need of more support. The NHS should provide more funding for hospice care. In addition to this more funding should be provided for palliative care nurses who can help where patients are based further away from hospices. General nursing staff can also be given more training in relation to palliative care. We feel that more generally work can be done to educate the general public about death and palliative care to help take away some of their fears and misunderstandings

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 biggest fear is that the process is all too mechanistic and dehumanising. It gives the wrong impression that this is a simple process to follow, when in reality it would be incredibly traumatic for both the patient and family and friends. A 14 day reflective period sounds like a sensible safeguard, however, it fails to take account of the fact for many the decision over that 14 day period will go back and forth as people wrestle with such a difficult decision. What happens if at day 14 the person has decided not to go ahead and then changes their mind on day 15? We also note there is no reference to what support is given to friends and family during the process nor what their role is in the process.

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.

There are no number of sufficient safeguards that could be adequate in our view. The proposals do not outline any sufficient safeguards and that concerns us greatly. There are concerns around capacity of individuals and their vulnerabilities. Additionally, whilst it may be for 'terminal illnesses' it is very difficult to decide whether an illness is terminal or not and that could cause difficulties for doctors completing diagnoses on patients.

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.

As we do not approve of the principle of assisted suicide we do not approve of the creation of this kind of body. However, we would also point out that the existence of such a body will not prevent abuse

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:

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.

There is evidence from Canada that assisted dying reduces healthcare costs. We are deeply concerned that there might be a financial motivation for allowing assisted suicide in the face of an under resourced health service. You cannot put a financial measure on human 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.

Legalising assisted suicide would completely undermine the equality in value and worth of all lives in Scotland. We are deeply concerned that this legislation will result in undue pressure being placed on the elderly and the disabled to end their life. We note the opposition to assisted suicide by a significant proportion of the disabled community. These proposals fundamentally reduce the value we place on the elderly and disabled in our society – this cannot be right in a compassionate and caring society. There were reports that during the pandemic 'Do Not Resuscitate' orders were inappropriately applied to vulnerable people. In some cases it was simply assumed that elderly and disabled people did

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"not have mental capacity" to discuss their treatment. We should be strengthening protections for such people, not making it easier for them to die.

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.

We fundamentally believe the proposals in this consultation would result in the people of Scotland living in a society that is more unjust and less compassionate.

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 are concerned that the name of this bill is misleading and could be associated with positive palliative care and not the assisted suicide/euthanasia which is the main aim. This bill promotes death and not life. The bill devalues human life, places undue pressure on the vulnerable and is open to abuse and incremental extension. We believe life is a gift from God and those suffering deserve our compassion and care and should not be assisted by the state to end their lives.