

# 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.

an individual

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".)

Member of the public

Please select the category which best describes your organisation

*No Response*

Please choose one of the following:

I would like this response to be published anonymously

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).

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 supportive

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.

I think it's clear that the current options in palliative care, while world-leading, do not manage everybody's suffering at the end of life, meaning many die needlessly painful/undignified deaths, and autonomy to choose at the end of life should include assisted dying for those who are terminally ill or intolerably suffering alongside palliative care.

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)?

Partially supportive

**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.**

I believe that there should not be a time limit on when you can access an assisted death, if you are incurably suffering or terminally ill it shouldn't be that you are bound to an arbitrary amount of time until you can access it. Autonomy over your body and your suffering should mean that you can access it when you feel the suffering is no longer managed/manageable. Furthermore, doctors estimates of time left can be wildly incorrect and just that - estimates. Anybody with a terminal illness or who is incurably suffering should be able to access this as and when they feel is right for them. I believe doctors and nurses should be able to prescribe with options so the patient can choose what best suits them, be it self administration through a drink or IV fluids if they prefer this or are unable to drink.

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

Fully supportive

**Please explain the reasons for your response.**

These safeguards are tried and tested elsewhere in the world.

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

Fully supportive

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

In similar ways to abortion and other issues of conscientious objection and decisions around personal autonomy.

## 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.**

Some costs may reduce - NHS/medical and palliative care for keeping people alive longer than they wish. Some costs may increase - initial training and setup, support for those involved if they should need it such as counselling and money to educate the public and raise awareness of the options and how to access it. Charities that work with those with terminal diseases may see an increase in cost for those who need information or assistance accessing an assisted death. Overall, I think costs will either remain similar or slightly fall in the NHS and in palliative care and costs for public and private sector will stabilise once the general public is educated on it and its part of normal end of life planning.

## 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?

Slightly positive

**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.**

It may have some positive benefits for equality, more autonomy and more control over yourself can lead to better equality. There are health inequalities at the moment with race, disability, belief, gender and age certainly. There are also socio-economic issues, those who are poorer have fewer options at the end of life. If this was brought into healthcare it would improve this and increase options for all, not just like the current situation where it's dependant on who can pay large sums to go abroad. I would hope legalising this in Scotland would give more equality to women, people of colour, religion and age.

## 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?

Yes

**Please explain the reasons for your response.**

A strong healthy and just society should have control over their lives, suffering and death. Not the state.

## 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*