

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 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).

Marilyn Schofield

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

Please explain the reasons for your response.

I have witnessed both of my elderly patients approach death and both suffered greatly. I begged for palliative care for my father whilst he was to be discharged from hospital. The response was that he was a long way from end of life. He died 2 days later after discharge, in agony with no more than paracetamol (which he couldn't swallow) for pain relief. He had Myeloma and a fractured spine and dementia. In

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hospital I had to ask 4 different doctors and nurses if he could have a scan or x-ray to find out why he had excruciating back pain. This was ignored and he was being made to walk when he was in obvious agony. Eventually a doctor did a scan, only to find out that he had myeloma and a fractured spine. Despite this, he received no morphine or proper pain relief and was discharged . I witnessed him choking to death and in obvious agony in his body. The kindest, bravest man in my world would have died with more dignity if he were an animal.

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.

Legislation is required to give doctors more power to assist in death, without risk of prosecution , but still have secondary professionals with them to act as witnesses to make sure there is no abuse of this power .

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 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. Step 2 should be given deep consideration, consulting with more than one of the persons family or friends , to make sure no objections are made before continuing with help in dying with dignity and as pain free as possible. In depth explanations of what the patient will experience whilst given treatment would help.

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

Fully supportive

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

Fully supportive

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.

A new body of medical professionals and some members of the public, who have headed campaigns for assisted dying, would be a good mix of views. For every person who receives assisted dying, the medical professionals (more than 1) who carried it out should be in a report, along with names of next of kin (more than 1) who gave permission . The wish of the patient (if conscious and articulate) should be reported. If not conscious or articulate , proof of a previous wish to receive assisted dying should be given. It would help if the general public could fill in a form , whilst they are of sound mind, what their wishes are for their death. The proof of this should be recorded in any final reports.

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

Healthcare professionals who wish to be recorded as willing to assist in dying, should be on record in each hospital and specialised wards, as well as an overall , national NHS register of professionals at all hospitals willing to participate. Any professionals who object to assisting death should also be registered so they are not approached .

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.

When a life is brought to a quicker end , the cost of looking after that person for months and maybe years is spared.

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?

Neutral (neither positive nor 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.

A person from a family of certain religions or beliefs, that do not believe in assisted dying, may never agree to their loved one having their death brought to and end prematurely. However, the patient might change their minds whilst suffering greatly, and may wish to go against these beliefs and their family, and should be allowed to do so, if at least 2 professionals could give good reason that this would be the kindest action. People have a right to change their minds.

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.

There is no reason to believe otherwise if all legislation and safety nets are in place.

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)?

I feel it is difficult to represent people who are unable to speak for themselves due to a disability or being unconscious long term. Where a person is suffering greatly, with no hope of any quality of life being resumed, their next of kin (more than 1) should be consulted to act on their behalf , as long as no motives other than that of wanting what's best for their loved one, exist.