

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".)

Academic with expertise in a relevant subject

Optional: You may wish to explain briefly what expertise or experience you have that is relevant to the subject-matter of the consultation:

Now retired, consultant & senior lecturer, anaesthetist with major commitment to intensive care and teacher of professional aspects (ethics, communication) to medical students

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).

Gordon Drummond

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

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

Please explain the reasons for your response.

Clinical and personal experience have shown me that although we can, and in many cases do, provide palliation of symptoms in dying people, this doesn't address the basic presumption that "others know better" than a person with a terminal condition who wishes to choose when and how to die. The first ethical precept that is taught to student doctors, and reinforced by guidance from the General Medical Council, is that we should respect the autonomy of the patient. Such a precept over-rides religious and political beliefs in our representatives. I have seen people die well, and many other people die terribly: they could have died far better if they, their loved ones, and their professional carers, were not burdened by the present laws. Other countries with similar legal systems have successfully introduced legal processes that allow assisted dying, and not encountered practical problems. On the contrary, if a new Bill were passed in Scotland then a number (not all, by any means) of those people who seek assistance will be able to die at a time of their own choice, and others may be able to continue their lives with the comforting thought that the choice was available.

Restricting a competent individual's choice for assisted dying is not the act of a moral, and compassionate legislature: such a legislature should have no authority to impose such restrictions on its subjects.

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.

Yes, legislation is needed. An appropriate procedure for application, approval, and (if chosen) carrying out assisted dying is part of almost all existing Assisted Dying legislation. It is inappropriate and misleading to argue that more, better palliative care is sufficient. My personal professional observations are that palliative care works well in some, "sort of works" in others, and fails miserably in the remainder - even when delivered by adequate levels of expert professional staff. Providing "more" palliation will not resolve the wishes of people to choose when to die - a right which should not be denied, since we have the means to provide it.

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.

In my view, professions infantilise patients too much. Most of the patients I have met are able to decide matters for themselves, as long as they have a chance to consider the facts and ask questions.

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.

This draws on experience in other jurisdictions and seems a satisfactory compromise between practicability and fully comprehensive.

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.

Existing bodies (or preferably, one body) are better: Public Health Scotland are experienced and accredited, regularly audited, and well-established repository for healthcare data.

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

I agree with the Bill's suggestions: these are in line with other circumstances where CO is accepted.

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.

The Canadian experience should be studied to provide evidence. It has been well described, and is referenced in the Bill.

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.

The evidence in the Bill is that women are currently discriminated against with regard to terminal care: this Bill may improve the situation.

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.

The Bill addresses all of the above principles in a positive way.

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)?

This matter has taken far too long to be addressed: its time has come. The previous parliamentary response was that the legislation presented to them was not well crafted, but that cannot be said of this Bill. The current position is untenable and shameful, and Scotland needs to move forward with the proposals urgently.