

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

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

I am not a professional medic, however I worked on telephone help lines dealing with people in mental and physical distress and I attempted to provide comfort and advice to the distress that many people felt. I had a Partner who died in the early days of the AIDS epidemic and I nursed him through mental decay, dementia and death caused by a brain tumour. I lost over 30 friends to AIDS in the 1980s-90s and was often the last person to comfort them and attend their death beds. I have been HIV+ for over 30 years and, at the same time, I have developed what one Consultant described as 'a spectacular range of co-morbidities' including heart disease, atrial fibrillation and Diabetes. I have suffered 3 heart attacks, the last one in mid-Summer 2021. I was with my father when he dies of a heart attack and later helped nurse my mother as she died from a series of progressively more debilitating strokes. Nevertheless I am not now, nor have I ever been, suicidal; BUT I know that many of my friends _ and I - would feel comforted to know that if suffering becomes intolerable at life's end we could be allowed a dignified and relatively pain free end.

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).

Scott McIntosh, unaffiliated

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.

Persons should have the maximum autonomy over their own bodies and should be as entitled to medical assistance when they need to end their lives as they are entitled to assistance to live their lives.

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.

Criminal and civil laws against assisting a suicide could be repealed, with the state neither supporting nor seeking to punish Assisted Dying. The medical Professional Bodies could also take no stance on the matter, allowing each medical professional to make an individual decision. However, this may leave the timid and the uncertain feeling that people were exposed to arbitrary decisions and so the State may think fit to set limited rules to define the circumstances under which Assisted Dying may be carried out. However, such regulation should be 'light touch' and clearly intended to protect the weak and feeble from exploitation.

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.

The Bill seems to strike an acceptable balance. However, the Reflection Period may impose frustration and unnecessary suffering on those seeking deliverance. It may be that the period could be shortened for those suffering intolerable pain, the situation should be reviewed periodically by an independent Commission.

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

Partially supportive

Please explain the reasons for your response.

The conditions may represent the furthestest liberation acceptable in the current state of public opinion. Nevertheless, consideration should be given to providing assistance to those experiencing unacceptable physical or mental anguish but have a longer life expectancy, or who are suffering from geriatric exhaustion.

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.

No legislation is perfect or eternally appropriate. It is important to have access to data that will allow a calm and informed discussion of possible improvements or reform in the light of experience.

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

Assisted dying is often referred to as 'Voluntary Euthanasia' and it is important to emphasise that the process is voluntary - both for the patient and for the Doctors and Nurses directly involved at the point of death. Medical Authorities and Administrations should recognise that these medical professionals have the right to participate, or not to participate, without external pressures or exhortations.

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 overall change 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 will be costs associated with the provision of facilities, drugs and staff appropriate for the performance of acts of Assisted Dying. Savings will be made in reducing the costs of nursing and medicating to terminally ill. However, this Bill should not be examined on utilitarian or financial grounds; it is the duty of the State and the Health Service to provide succour to the infirm at all stages of life, part of this support is to mitigate suffering. It is uncivilised to leave terminally ill people unsupported and in pain. A good death is part of a good life and it is the duty of society to seek to identify and support every way to do this.

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?

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 Act will apply to everyone. Everyone is entitled to aid to minimise the pains of life AND of death.

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.

It is recognised that the greatest 'cost' of medical care is concentrated in the last years of life, it makes no environmental or economic sense to incur these 'costs' in merely extending the life of a person for whom living has become an intolerable burden. Assisted Dying has been a subject of discussion for decades, this Bill is being consulted upon here, it will be discussed in Parliament, this represents a huge amount of popular participation, but the time must come for discussion to end and for the state to 'do the right thing' by its citizens, that time will come at the end of the current Parliamentary process. Scientific evidence has shown that there are cases where physical and mental anguish cannot be eliminated by drugs, medical practice shows that there are cases where treatment is hopeless, we all know that every one of us will die. Rational, scientific examination shows that delivering a good 'end of life experience' is a humane way of treating our fellow-citizens. We cannot let rational decisions be thwarted by superstition, ignorance or fear.

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 I support the Bill