

# 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.

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).

Elizabeth Miller

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.**

I think assisted suicide is ethically wrong and must be opposed. It demonstrates a lack of respect for the dignity of human life, and given that we know suicidal ideation can spread, it risks increasing the suicide rate substantially. A study by Brunel University found that 61% of over 65s felt that society sees them as a

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burden, and 57% felt that the media encouraged people to think that elderly people are "problem for society." These statistics demonstrate the danger in allowing assisted suicide - elderly people are already vulnerable to feeling like they are a burden or perceived as such, and so could be put under pressure to end their lives. The family of Peter Farquhar, who was poisoned by a man who wanted to inherit his estate, has warned that permitting assisted suicide puts older people at an increased risk of the same fate. Allowing assisted suicide puts people at risk of being pressured or coerced into ending their lives and makes them increasingly vulnerable to unscrupulous family members or strangers. It also will create further pressure on people with disabilities, rather than including them in our society as we ought to. We should be focusing on providing good end of life care for people, rather than encouraging them to take their own 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.

I think legislation is required to prohibit assisted suicide and euthanasia.

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.**

In the first case, current abortion law requires that two doctors sign off on any request for an abortion yet we know this provision is often ignored. The same thing would happen with assisted suicide; it would come to be routine and doctors would not bother checking in great detail, and so people who are not freely choosing would be missed until it was too late to save them. You can see numerous cases where consent is questionable for assisted suicide and euthanasia from Belgium and the Netherlands, which suggests this would be a problem in Scotland as well. I do not think this process provides suitable safeguards to ensure that the people are properly consenting; it would be very easy for doctors to sign these as a matter of routine and not examine the details.

I also believe this process will undermine trust in doctors and medical professionals. Why would you trust, especially as a disabled or elderly person, that a doctor who oversees suicides of people just like you would really work to restore you to full health? Furthermore, given the pressure the NHS is perennially under and the costs associated with an increasingly elderly population, there is a danger that assisted suicide will be used as a cost saving measure, as in this case from Canada - <https://nationalpost.com/news/canada/denied-assisted-life-by-hospital-ontario-man-is-offered-death-instead-lawsuit>.

It also seems unlikely that the law would actually stop at the terminally ill; it seems far more likely that Scotland would follow the horrid precedent set by countries like the Netherlands and Belgium, which between them permit euthanasia for issues like depression and alcoholism, and allow the euthanasia of children.

Since you specifically asked about the reflection period, I do not think it is sufficient to ensure free consent. 14 days is hardly sufficient time to decide on a paint colour for your front room, much less decide if you will kill yourself. Also, how would you ascertain that they have chosen that freely?

Finally, I take great exception to step 3 with regard to noting the cause of death. Recording anything other than assisted suicide as the cause of death is not merely dishonest, it is fraud which will keep the system from any form of accountability. The interests of 'watching the watchers', as it were, necessitate that you must list the primary cause of death as assisted suicide, because that is the primary cause of death. Failing to do so creates an inbuilt system of cover-ups which means that adequate scrutiny of those in the medical profession could not take place.

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.**

As previously mentioned, the Abortion Act requires the signature of two doctors, like your provisions, and there has been widespread abuse of this law. Dr Vincent Argent testified to Parliament's Select Committee on Science and Technology that he has witnessed doctors 'signing batches of forms before patients are even seen for consultation; signing the forms with no knowledge of the particular patient and without reading the notes; signing forms without seeing or examining the patients; signing forms after the abortion has been performed; faxing the forms to other locations for signature; use of signature stamps without consultation with the doctor"

(<https://publications.parliament.uk/pa/cm200607/cmselect/cmsstech/1045/104507.htm>). It seems highly unlikely that the provision requiring two doctors for assisted suicide would be taken any more seriously than doctors seem to be taking the provision of the Abortion Act. It is only a safeguard if doctors do their duty properly, but human nature shows us that over time, compliance with this will slip, leaving people's lives at risk. Furthermore, 14 days is not a sufficient time period to reflect. Additionally, you say that directly ending someone's life will remain illegal - I would ask for how long, since this is clearly heading towards euthanasia? And furthermore, how would we know that the person truly took the medication themselves? How would you protect against a Dr Harold Shipman or a Dr Jane Barton (<https://www.bbc.co.uk/news/uk-england-44547788>)?

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

Neutral (neither support nor oppose)

**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.**

There must be a body, accountable to the public, which reports accurately how many people are killed by assisted suicide and it must be recorded as the primary cause of death. The fact that you do not wish to record it as such indicates a discomfort with the ethics of your proposal. However, I oppose the introduction of assisted suicide in all cases.

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

No medical staff (not just doctors, including nurses, admin staff, cleaning staff, etc) should be made to participate in any way in assisted suicide. This must be enshrined in law. It is unconscionable to force people to participate in what their conscience may tell them is morally wrong. It may be facilitated by writing a provision into the legislation that the medical staff have a right to object to be any part of the process at all, and this must be respected.

## 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 increase in costs

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:

**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.**

I would expect the impact to fall on the body that collects and analyses the data, on doctors and whichever part of the NHS is due to take on this process. My suggestion would be not to proceed with this bill, primarily on ethical grounds.

## 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.**

This bill will almost certainly have a negative impact on equality as it will cause increased and disproportionate risks to disabled people and the elderly. Pressure will almost certainly be put on elderly, sick and disabled people to seek out assisted suicide for any number of reasons, and it will make our society less tolerant of the old, the sick and the disabled. It will cause society to be a less welcoming place for those people and will have a disastrous impact on equality. It will also cause discrimination against some religious groups, mainly those who oppose suicide, assisted suicide and euthanasia on moral grounds, as they will be drummed out of the medical profession on the basis of their religious views. It will make Scotland less equal and less safe for many.

## 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.**

The fact that you are bringing the issues of the environment and economy into this is indicative of the problem. These will likely be some of the grounds on which vulnerable people will be pressured into seeking assisted suicide. This isn't an issue of scientific evidence or environmental living, it is a matter of ethics and morals.

## 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 vehemently oppose this bill. It will put the lives of the vulnerable at risk, it will make Scotland less equal and is a bad ethical decision.