

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 volunteered as a Samaritans Listener for several years, and was also Director of a Samaritans branch in Scotland.

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).

Louise Matheson

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 believe every person who is terminally ill has a right to a death which is as pain-free as possible, and to pass on peacefully and positively to the next world (or to nothing, whatever it be that the individual believes) surrounded by loved ones, who do not have to witness suffering of that person, but can comfort them and be with them. Death is an inevitable part of life which we all must accept and a "good death", dying with dignity, without prolonged suffering is surely what we would all wish for ourselves and others.

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 absolutely required, as that is the only thing which will protect those who are party to someone who is being assisted in their death when terminally ill.

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.

I believe there are arguments for the period of 14 days to be considerably shortened (no more than 7 days), but am pleased to see that there are circumstances where that period could be shortened. The reason I believe that 14 days is too long is that the individual will likely have considered this situation and discussed it with a loved one beforehand; growing numbers of people make living wills for instance, and whilst it is possible that more reflection time may be needed for some people, for many, particularly at that stage, 14 days is a long time.

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.

I am fully supportive and keen that this turns into a Bill and is ultimately passed into law, however, my one concern is for people who have a form of terminal dementia, where it may not be possible for them to be deemed competent by that point.

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.

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

I think, initially, this should be a new body, although it may eventually be combined with an existing body (NRS) but, for a period, to understand and scrutinise and give the situation more profile, and enable better public awareness and comfort with the process, it should be a small body, or dedicated section of NRS. Data to be collected should include all of the usual death certificate data, expected death date without assisted dying, and a description of the expected quality of remaining life/death without the medication having been taken, plus anything unexpected about the process (e.g. Failure of medication, unexpected reaction to medication). Some data wouldn't necessarily need to be publicised, but would obviously be accessible under FOISA

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

Some form of professional register - which I don't think should be available for the public to access - as much about those willing to be involved in the process as not. It needs to be ensured that each health board area has access to sufficient HCPs who will support assisted dying, so that there is parity of provision across the country. Someone in Leverburgh needs to be able to get the same access as someone in Edinburgh or Glasgow, for instance, and for the medication to be used in the location they wish to die.

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 increase 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 inevitably be costs, however these will be offset somewhat by reductions in costs associated with dealing with violent suicide, failed suicide attempts. The costs must be met by public finance, be it the cost of the drug, the cost of flying an HCP to a remote location (which I think would be rare), the cost to a pharmacy etc. Just as they are for other health treatments on the NHS.

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 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.

I believe there is a small percentage of the population who are terminally ill, but do not have mental capacity at the relevant time, who will not be able to access the process. However, I do not believe this negative impact outweighs the need to prevent the current discrimination against all those who wish to

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?

have assisted dying and their loved ones; with the first step of an Assisted Dying Act, it may be that there are subsequent developments to enable and support those who do not have capacity at the relevant point in time, to do so in future - e.g. Through the process of making a living will become less taboo and more accessible.

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.

Being able to die with dignity, in a clean, safe, comforting managed fashion, when the choice to life has been taken away from us, is in fact a definition of each if these five bullet points.

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