

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".)

Professional with experience in a relevant subject

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).

Dr Stephen Hutchison

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 find it repugnant that the proposal implies that assisted dying is the principal means to a dignified and compassionate death, and that the alternative is a "prolonged and painful death". There is also the implication that the process of dying can be sanitised by the availability of assisted dying. Having worked as a palliative care consultant, I can vouch for the fact that the vast majority of my patients had a dignified death and compassionate care, and it was exceptionally rare for my patients to request assisted dying.

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

Where that did occur, the distress would be addressed in supportive discussion and reassurance as to the continuing availability of good clinical and supportive care.
It is appalling to imply that increased funding for palliative care is contingent on the legalisation of assisted dying, for instance in the Australian example. If the Scottish Government recognise a need to extend the availability of palliative care, that should be done now.

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 not required. The aims of the proposal (to improve the care of dying patients) should be furthered by extending the scope and availability of palliative care, not by legalising assisted dying.

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)?

Partially 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.
No such law can exclude the possibility of coercion. We know that people being coerced or abused will often conceal that fact. As with termination of pregnancy, it is highly likely that in time, the process will become perfunctory. I am not reassured by the apparent freedom for doctors to conscientiously object to the process and to distance themselves from it, given that there would remain an obligation to refer the patient to a practitioner without such objections. In other words a doctor who conscientiously objects would still be expected to facilitate the process.

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.
I do not believe that the safeguards proposed in this consultation are significantly different from those proposed in previous legislative attempts. Evidence elsewhere is of progressive relaxation of safeguards and incremental extension of the criteria for assisted dying.

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

Partially opposed

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.
Reporting and collecting data sounds laudable but cannot bring back the life of someone for whom the process was judged to be improper.

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

Conscientious objection should mean that there is no expectation or obligation to be involved in the process at all. As a doctor with decades of experience in palliative care, I would find it distressing to facilitate the process even if I was not actually administering it, knowing, as I do, what goes on in the minds of patients with advanced and incurable disease, and knowing that palliative care will, for the great majority, prove to be sufficient for the needs of my patients.

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:

don't know

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.

However it is a huge concern that elsewhere, the cost of assisted suicide may be covered by the health care system, but not the cost of ongoing palliative care.

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?

Unsure

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

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?

Please explain the reasons for your response.

The particular points made about the difficulties envisaged for patients from remote areas is likely, in my view, to be another factor leading in time to relaxation of the supposed rigours of the process.

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 was appalled at the statement in the introduction that "an end to the current blanket ban on the right to a compassionate death is long overdue". There is no blanket ban on the right to compassionate death. I spent several decades of my life providing just that.

The definition of terminal illness is problematic. i.e. progressive disease leading to death and from which recovery is not possible. There are many chronic conditions (for instance diabetes, chronic lung disease, multiple sclerosis) which would be consistent with this definition but for which effective treatment is available.