

# 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 was born with a disability (Spina Bifida). This necessitated me using elbow crutches to get around but I have led an active life as a Physics teacher since 1989 despite my disability. Within the last few years I have been diagnosed with the degenerative and incurable interstitial lung disease Idiopathic Pulmonary Fibrosis. In January of 2021 I also caught Covid, despite shielding, which has resulted in me requiring medical oxygen 24/7 and I am currently wheelchair-bound as exertion results in significant de-saturation of my oxygen levels.

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).

Kenneth MacMillan

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 am strongly opposed to this Bill as I feel that it implies that some lives (potentially including my own) are less valuable than others and that having certain conditions makes some peoples' lives less worth living. Since becoming ill with Covid and suffering the consequent loss of independence, I have at times, to be honest, felt like a burden on my friends and family. I am therefore deeply concerned that people in a similar position who are perhaps less robust in their psychological state, could feel pressurised into seeking to end their lives by means of 'assisted dying' to alleviate this situation.

My wife is a GP and I am highly concerned that the nature of her relationship with some of her patients could be irrevocably altered for the worse if this legislation was to become law. It would change her relationship from one of an assumed 'duty of care' to do no harm to a much more utilitarian model of reducing potential or perceived suffering through the ending of a life that it perceived by some to be 'no longer worth living'. Deciding what constitutes 'unbearable suffering' is highly problematic and places medical practitioners in impossible situations where they could be strongly pressurised into acting against their conscience, on the basis that a person's wishes should be deemed to take priority over other possible non-lethal medical interventions to relieve suffering. This in my view sets a dangerous and unwelcome precedent.

Furthermore, over time, there would be an increasing normalisation and therefore prevalence of assisted suicide, which is a concern borne out by the statistics in places where assisted suicide is already legalised such as Oregon state in the US and countries like the Netherlands, Belgium, Luxembourg and Canada (see for example the following article in the Guardian <https://www.theguardian.com/news/2019/jul/15/euthanasia-and-assisted-dying-rates-are-soaring-but-where-are-they-legal>). Just because several counties are choosing to legalise this option, doesn't make it ethically correct - a majority of people choosing an option in a group of people doesn't automatically make it correct!

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 do not believe that legislation permitting assisted suicide is either necessary or desirable. Instead, properly funding palliative care facilities on the NHS would be a far better option. I am shocked at the number of hospices that are highly dependent on charitable fund-raising activities to provide finance for the valuable and beneficial services that they provide for people with terminal conditions. This is a situation that, in my opinion, should be seriously addressed before even contemplating introducing assisted dying legislation.

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.**

Not all terminal illnesses are easily diagnosed. Even when this is the case and pain and suffering are clearly a factor in a person's thinking, ensuring that a decision to consider assisted dying has been an entirely voluntary decision, without any external pressure (perceived or otherwise) being exerted on the individual concerned is highly problematic with any degree of real certainty. This considerable level of doubt makes the introduction of this proposed legislation highly undesirable in my view.

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 I mentioned in one of my previous replies, the evidence from other countries where assisted dying has already been legalised, is that the number of people opting for this route rises significantly and disproportionately over time. This (in my opinion) inevitably leads to an erosion of whatever safeguards are originally put in place with the best of intentions, such that they become almost irrelevant or unworkable in practice. This concern is also borne out by the fact that at present we effectively have a situation where abortion is available 'on demand' in this country despite the initial introduction of several 'safeguards' in the original legislative framework.

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

Fully 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.**

This body would not be necessary if this legislation was not passed.

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

While conscientious objection would be seen by many (including me) as a vital safeguard for medics, I am deeply concerned that these protections would be eroded over time by the demands placed on medics to participate as the practice becomes increasingly normalised. There is also the distinct danger of an erosion of these safeguards as a consequence of potential decisions by Courts, resulting in pressure being applied to medics to participate against their conscience.

## 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 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.**

In footnote 124 on pages 28-29 of the consultation document, it is conceded that it would be cheaper to end life than provide properly funded palliative care in the way that I outlined in one of my earlier answers. This is an extremely poor and distasteful reason (albeit not the main reason) for introducing this legislation.

## 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.**

As I mentioned previously, I feel that this legislation would have the very real potential to have strongly negative impact on the elderly, or those suffering from degenerative conditions and the disabled (such as myself). People in these categories are more likely to feel pressured into considering assisted dying as a solution to their situation and the 'burden' that they are imposing on their friends and family, or indeed the NHS. This proposed legislation is therefore entirely counter-productive in promoting equality for these groups. The argument that it increases autonomy and freedom of choice is, in my view, utterly spurious and disingenuous. Instead, what should be being considered is improving the provision of properly resourced, researched and funded palliative care.

## 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.**

For the many reasons that I have outlined in my replies to previous questions, I don't think that this Bill has any realistic links to sustainability. Indeed, several of the principles outlined in this question seem to run entirely counter to what this Bill seeks to achieve. I cannot see how legalising assisted dying ensures 'a strong, healthy and just society' other than through the removal of those who are not deemed to fit that criterion. To me, this smacks of a very negative 'survival of the fittest' utilitarian philosophy, whereby those considered 'weak' or 'damaged' in some way (however that is determined) should be able to be removed from society by having the option of ending their lives which are deemed by some to be 'no longer worth living'. This idea should have no place in a truly strong, healthy, just and participative society. Similarly, I am not remotely convinced of any scientific basis for introducing assisted suicide as a better alternative to improved psychological and medical interventions to help those who are struggling with their current conditions.

## 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)?

For the many reasons that I have outlined in my responses above, I respectfully ask that this legislation is not enacted.

