

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 have experience as a Samaritan volunteer.

Please select the category which best describes your organisation

No Response

Please choose one of the following:

I would like this response to be published anonymously

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).

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.

In my family my great aunt was "encouraged" by her only child to move to a nursing home and give him powers over her affairs. He took full advantage of this. We, the rest of the family (brothers, sisters, the son's wife) were unaware of what was happening until it was too late. In many cases it would be a simple matter for family members to "encourage" vulnerable people to "request" suicide.

Dr. Scott Peck (Author of, among others, The Road Less Travelled) commented that as a MEDICAL doctor, although he was aware of people who had died in pain, in all the cases that he knew of none of them NEEDED to die in pain. I reject the idea that assisted suicide is an answer to pain. Good palliative care should ensure that pain is controlled.

I am also concerned of the "slippery slope" and the "safeguards". Doctors who are old enough to remember told of the early days of abortion and all the safeguards for women and that objecting medical staff need not be involved. These safeguards/promises have clearly not been met, and I see no reason to believe that assisted suicide safeguards will be adhered to either.

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 believe that legislation is completely unnecessary. We should be supporting and caring for vulnerable people, not giving them lethal drugs to assist suicide. I think this is especially important where there are mental health issues. Many people have felt suicidal at various times in their lives and would gratefully accept assisted suicide. Months or years later they are living happy fulfilling lives. Passing this bill would allow - even encourage - unscrupulous people to "encourage" the vulnerable to ask for assisted suicide.

I think the current law provision is effective. There have been cases of, for example, family members helping someone commit suicide. These people know that they are taking a risk of being investigated and prosecuted. Therefore they would generally only do so if they were absolutely convinced that they were acting only in the dead person's best interest.

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.

I think that NO process can, let alone would, protect vulnerable people from coercion. My mother had Parkinson's for several years before she died and it would have been easy for we children to suggest that she would suffer less and be "at peace" if she asked for "the blue pill". Having visited old/dying/frail people (as a volunteer visitor) I am aware of how easy it would be to "suggest" a "quick and painless" death.

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

Fully opposed

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

Please explain the reasons for your response.

I think I have provided enough comments above covering this issue.

- Safeguards could NEVER be adequate
- Even knowing that assisted suicide is an option would put pressure on some people to opt for it - even if they only think that this is what their families/society in general want.

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.

Just collecting and analysing data may be interesting, but wont address possible abuse.

Being a statistician I am all to aware of the issues around collecting meaningful data, carrying our appropriate analysis, the uses of data and how data can be mis-used. How would you, for example, find out the real thoughts and reasons behind a vulnerable person's agreement to commit suicide?

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

From what nurses have told me about "conscientious objection" relating to abortion, I don't think that it could be adequately facilitated.

The idea that patients can be passed onto a doctor that is willing to take part in assisted suicide already implicates the doctor who tells the patient who to talk with. Indeed, providing information on how someone can go down the route of assisted suicide is tacitly helping.

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 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.

The very question itself causes me great concern.

Yes, it is cheaper to help people commit suicide than provide palliative care - so are we now putting a value on human life? That very fact is dehumanising.

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.

What this says to me is that some lives are not worth living and that we can help people end their lives. This particularly applies to older people, but also to those who are depressed/suffer from mental illness and disability.

As a civilised country I believe that we should be valuing, supporting, caring for and nurturing life and help people to see the value of their life.

I suspect this view, or something like it is held by groups such as Mencap, Scope, Action on Elder Abuse etc.

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.

This is another question that seriously concerns me.

Care of our fellow human being should not even be considered next to "environmental limits" a "sustainable economy" etc. Indeed these are themselves coercive points. Pressure would be put on people to ask for assisted suicide because it is "too expensive" for society to look after me. Because I don't want to be "a burden" (and how often have I heard that comment) to my family or society and so on.

A strong, healthy and just society looks after its citizens full stop. It does not just look after the fittest.

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)?

In my albeit limited experience of friends, as a Samaritan and as a visitor of the sick, I see this bill as a danger to vulnerable people.