

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).

Andrew Bentley-Steed

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

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 required to protect medical professionals and to ensure that a person's wishes are not subject to delay from family members who may disagree.

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

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.

Having not considered it until reading the consultation document, I very much like the inclusion of a 14 day period which gives the terminally-ill person the chance to reconsider. I also think it very important that the circumstances and documentation record each instance of assisted dying for research purposes.

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.

I would prefer such a body to not be an arms-length organisation but attached to the government's own audit office.

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

All medical professionals should of course be allowed to exempt themselves from such a request in line with their own moral and religious convictions but these beliefs should not obstruct a patient from making - or being able to fulfill - the request. Fellow professionals, able to access a patient's medical records, should be in a position where they are able to give the required approval even from a remote office where the cause of terminal illness requires expert consultation. In the majority of cases, I would have thought that a simple referral should suffice.

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.

Providing palliative care not only carries an emotional cost but requires many hours of extra care and this is about more than keeping someone alive, this is about reducing - never quite managing - excruciating pain in the patient, and the emotional harm to loved ones. The distress to medical professionals is never accounted but these people are not machines and those I've known have often turned to forms of self-medication that are deeply harmful such as alcohol. The administration and provision of a sometimes complex array of medications must surely be exorbitant and only of benefit to the shareholders of pharmaceutical corporations.

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?

Neutral (neither positive nor 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.

For humanists such as myself, I would take comfort in being able to decide on a time and place for my end, a choice that would ultimately be mine alone to make after discussion with my wife. However, the benefit to those who are able and willing must be offset against those who are bound by the terms of their faith, whether as someone who may otherwise have chosen to end their own life if they were free to do so, and those who are sufficiently disabled that they would not be able to end their own life but would remain dependent on help and therefore, according to the safeguards included in this consultation, would not be able to take advantage of this legislation as currently proposed.

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

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)?

Members of my family have historically died after enduring long battles with cancer. It is never pretty. There is no dignity and the lasting emotional harm to family members who are unable to help but must watch - and listen - helplessly as someone they love endures great pain would surely never have had to be endured in a compassionate society. Not everyone will take advantage of this legislation but the option to say farewell in relative comfort and dignity, able to meet the inevitability of our own end knowing that those we leave behind will have fond memories of our passing, is surely integral to the values of what every great society of people aspires to achieve. We do not get to choose much in our lives but surely the comfort in which we depart and the ease of our passing, should be made available if we are able to say farewell to joy with the proper humility of someone who has consciously enjoyed the blessing of life.