

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.

on behalf of an organisation

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".)

No Response

Please select the category which best describes your organisation

Third sector (charitable, campaigning, social enterprise, voluntary, non-profit)

Optional: You may wish to explain briefly what the organisation does, its experience and expertise in the subject-matter of the consultation, and how the view expressed in the response was arrived at (e.g. whether it is the view of particular office-holders or has been approved by the membership as a whole).

Church LIFE Group, which includes members with life-limiting, progressive illnesses, and others who are former senior NHS employees, including in palliative and rehabilitative care.

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).

St Helens LIFE Group

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.

- a. Vulnerable people must be protected from pressure to take their own lives. There is no possible way that legislation can cover every situation where pressure could be applied.
- b. The lives of disabled & dying people have value and worth. eg: Abortion legislation as it stands discriminates against people who have, or are suspected to have disabilities.
- c. Trust in the clinician-patient relationship must be preserved. How can a patient trust a clinician who could easily have conflicting issues influencing their judgement? The former, so called "Liverpool Care Pathway" was abused in an appalling way in our direct experience, where an elderly patient had all food and drink withdrawn, following admittance through A&E after experiencing her second collapse in 6 weeks. Once on the Geriatric Ward, the LCP was - thankfully - withdrawn. When the Minister visited the patient the following morning, she was sitting up in bed, feeding herself her morning porridge!
- d. We must prevent future extension to children, people with non-terminal illness and those who are simply struggling, overwhelmed by life.

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.

This legislation is absolutely NOT required. It would be a travesty; a reproach upon Scotland; an assault on human dignity and then rights of the individual to receive NHS care free from at the point of need "from cradle to grave".

This legislation, or anything similar, would rapidly be used like the Abortion Act 1967, which so quickly exceeded and went so far beyond all that Sir David Steel MP ever intended. The evidence of what would happen is perfectly clear from what has happened already in other countries where so called "assisted suicide" - a itself a contradiction in terms - has been introduced.

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.

The regulations and process drafted are very similar to abortion regulations and procedures as they were first introduced. Those regulations and procedures have proved to be wide open to abuse. These regulations and procedures would be also. In time, they would be diluted to end of life "over-the-counter", as has happened with abortion.

There are no possible safeguards that can be introduced at the outset to avoid or prevent this happening in future, as so called "assisted dying" is made available to an ever increasing range and number of people.

"Death certificates are public documents, and in the interests of privacy, the primary cause of death would be noted as the underlying illness from which the person died. It is envisaged that the paperwork and the potential creation of a reporting and oversight body would satisfy public health awareness, research and resource allocation requirements."

It is a quite appalling prospect to consider that documents in the Public domain would be routinely falsified, and supported by legislation to do so.

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.

The two doctors / personal administration approach to "Assisted suicide" is as open to the same type of abuse that has been seen with abortion.

Legislation has proved to be horribly ineffective at making sure women are (a) properly advised and counseled; and (b) have ready access to alternative approaches to aborting their baby. Assisted suicide would very quickly become a significant private sector industry, just as has happened with abortion.

There are no possible safeguards against such risks in the short, medium or long-term future.

There must be extremely serious doubt about whether any doctor who has taken the Hippocratic oath could morally or ethically engage in the unnecessary, premature end of a patient's life.

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.

The Department of Health is responsible for monitoring Abortion data in the UK and the Clinical Quality Commission for monitoring and regulating standards care at abortion clinics. Perhaps due to lack of capacity with so very many pressing needs, neither has proved to be reliable or robust about monitoring the diverse number of providers and the sheer scale of procedures being undertaken, for regulating either the collection of correct data, or the quality of the care - including advice - being provided.

There is nothing whatsoever about this proposal to suggest that the process and procedures for "assisted suicide" would be any different.

On a personal note, many years ago I cared for a relative suffering acute, persistent back-pain for 5 years, according to doctors, without hope of recovery. faced with the hopelessness of her condition, with even the strongest painkillers ineffective, a number of times my relative longed "to end it all".

While she would not have been covered by these proposals as currently drafted, it would surely not be long before patients like here were.

The tragedy in her case, had that been the scenario, is that after 5 years she was referred to a different consultant who tried a new procedure, which fused parts of her spine and brought her pain down to tolerable, controllable levels - in time without the need for routine medication.

Given the direction and intention of these proposals, my mother could well have killed herself almost 50 years before she eventually passed away.

The prospect of any such facility for others like her to do so, through the NHS is appalling and horrific.

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

The rights of doctors, medical professionals, and nurses, to opt out the abortion industry, whether within the NHS or elsewhere, is available.

However, this has not protected some Christian NHS employees from discrimination, simply for expressing their views.

How any legislation concerning "assisted suicide" could do so, when legislation regulating abortions cannot, is not only unclear, but objectively impossible to imagine,

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 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.

As a former senior finance officer in the NHS, I speak from personal experience of the way that finance can drive, or at very least influence the delivery of care.

Tragedies arise when cost of care becomes the motivation, or at least a significant factor in end-of-life decisions.

The Hospice industry is wholly opposed to assisted suicide, because it risks demeaning the individual, and places potential - and certainly real - limits to the amount of care we, as a society, are prepared to give.

But costs are not simply financial; they are ethical, moral and human costs also to supporting the premature removal of some of the most vulnerable members of the communities where we live, at one of - if not THE - most difficult time of their lives.

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.

Extremely negative.

It will be the most vulnerable, perhaps most often the elderly and the disabled, who will be most severely affected by these proposals if they were to come into law.

Just as a woman experiencing the trauma of an unwanted pregnancy is vulnerable to - what has become - the standard solution to her "problem"; to artificially abort her baby. Just so, in the trauma of protracted, terminal illness, and all manner of reflections on "what is best", assisted suicide inevitably leads to the similar misinformed and misguided outcomes.

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.

Reducing human lives to a range of factors impacting upon sustainable development sounds like 1930's fascist, or 1950's communist propaganda.

Is that it, then? Each of us evaluated according to whether our life-situation has a positive or negative impact on sustainable development?

This truly is an absolutely appalling question to pose in a consultation on the premature end to human lives!

The inclusion of "financial cost" as the only cost to be considered, is bad enough.

But including this section on sustainability reveals a mind-numbing insensitivity and crass consideration of the ethical, moral, and personal issues involved.

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.