

# 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:**

Both parents died of terminal illness.

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).

Allan Pringle

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?

Partially supportive

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

**Please explain the reasons for your response.**

Whilst an assisted dying bill may be broadly welcomed, having been frustrated by numerous safeguarding failures in the past, particularly in the case of my mother, my concerns lie with the essential safeguarding measures which will need to be put in place, monitored and controlled, and how effective these may ultimately prove to be.

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.

Yes, there are good reasons to have such legislation in place and I can't see any alternative route by which the Bill's aims could be achieved more effectively.

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

**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.**

My concerns remain with the specific details and controls during the declaration stage; specifically the detail of processes which the draft document too readily brushes off as of no concern, or already well understood.

I also note that there appears to be no provision regarding how the patient makes their preference for the timing of the prescribing / delivering stage be known, or how, once this preference is documented, the system will monitor the patient to ensure that timing is met, or how an unexpected deterioration in health which would make it impossible for the patient to confirm their declaration (during step 3) would be handled.

A reflection period of two weeks sounds reasonable, but the shortening of this period may be problematic - in my mother's case she was given two weeks to live, and continued quite happily for a further 3 months before having to enter a hospice care setting.

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

Neutral (neither support nor oppose)

**Please explain the reasons for your response.**

Fully supportive in principle, BUT having been exposed to multiple failures in application and control of existing safeguarding measures remain sceptical on how effective they may be in practice.

e.g. #1 My father presented with no pain. On diagnosis of his cancer, he was very clear that he wanted no interventions or treatment. During one hospital visit, however, when he was becoming more confused and less able to advocate on his own behalf, he signed a form which he "didn't know what it was for". Next day a radioactive needle was implanted (which he'd effectively authorised without understanding what he was authorising), resulting in the remaining months of his life spent in excruciating pain. (This may be considered a failure on two levels - no allowance made for reduced capacity, and no cognisance of his previously stated preference on treatment).

e.g. #2 My mother was on regular medication. When she initially fell ill, the GP, on a house call, was horrified to discover that she had not filled her (essential) prescriptions for over 2 years, or had been seen by a doctor over a similar timescale. The note which was (hastily) added to her record that "patient voluntarily stopped medication" isn't really a true reflection of what actually happened.

e.g. #3 On receiving final cancer diagnosis, mother sent home with a care package in place.

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

- a. Care provider offered (and accepted) contract without benefit of full disclosure regarding the severity of her physical condition, limitations, or broader care needs.
- b. Social work department put in charge of ongoing care and support, but file never forwarded to the local office so key case worker unaware she had been sent home.
- c. Continuing refusal to acknowledge that her (certified) lack of capacity meant she was not appropriate person to be making decisions on the care being provided (resulting, on several occasions, being treated inappropriately, all be it with best of intentions).
- e.g. #4 (Non medical - but safeguarding failure related) My nephew, over a period of six months, managed to extract all his gran's savings from the bank, including cashing in the savings bond which was augmenting her pension; despite the banking and insurance industry safeguards which are "guaranteed" to protect the customer / investor from such activities.

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.**

Absolutely essential requirement. Critically, the body must be REQUIRED to monitor individual Health Care Providers (HPC) and have powers to investigate where number of assists are higher than may be expected on average across all HCPs working in areas with similar population and demographic profiles.

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

There should certainly be no expectation placed on any HCP to participate, particularly in the step 3 of the process (prescribing / delivering).

It could be argued, however, that conscientious objectors may have an invaluable role to play at step 1 (declaration), specifically in the independent doctor role and ensuring that the patient fully understands the process that they are embarking upon.

Of course, it could be claimed that a conscientious objector may be tempted to use such a position to place undue pressure on the patient to reconsider completely. This, again, could be monitored by the responsible body - but only if the number of persons initiating the process then voluntarily dropping out prior to confirming consent / pulling out during step 2 (reflection period) is recorded. An unusually high drop out rate where a specific conscientious objector is associated with the case should prompt an investigation / consideration of whether that HCP is suited to continue in that role.

## 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.**

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:

I imagine that the greatest saving will be in palliative care sector which may go some way towards offsetting the additional costs associated with establishing the responsible body.

## 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.**

Uncertain how the bill could be affect stipulations within the Equality Act.

There may be disparity in take up across a variety of protected characteristics, but that is likely to be more a reflection of different belief systems across these groups, rather than on availability (or otherwise) of the service provision to that group. (This assumes, of course, significant investment in ensuring that the roll out allows supporting literature in a range of languages, at a variety of locations, 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?

Yes

**Please explain the reasons for your response.**

Primarily from an "equality of access to available services" perspective.  
Of the five bullet points highlighted above, only the last seems applicable?

## 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.