

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:

During my lifetime, I have been present at the death of several people, including both my parents. I have witnessed both good deaths and very sadly and most disturbingly unnecessary painful and distressing deaths of terminally ill people here in Scotland.

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).

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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

Please explain the reasons for your response.

I believe that terminally ill, mentally competent adults have the right to determine when and how they would like to leave this world. By having control they no longer have to fear the unknown. They are reassured that they will not have a painful death. They can make arrangements to ensure that the people that they love and who they wish to be present whilst they die, are around them. No one will be forced into a horrible situation of attempted possibly failed suicide, and no one will have to end their life prematurely by travelling abroad to ensure the care and death experience that they choose to use. By enabling safe, legal, legislation both patients their families and doctors can be protected - and no one ever again need die an inhumane death in Scotland - either alone or in full view of their family.

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 absolutely believe that legislation is essential. I also believe that unless a person has actually experienced watching a loved one die in distress and agony in Scotland whilst they are dying and under the professional care of medical staff - they simply would not believe that it is possible or that it is happening, but it is !!! I would not wish anyone or any family to experience what I had to watch and what my father and mother had to endure in the last stretch of his terminal illness.

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.

I agree that the patient requires to be assessed both medically and psychologically by at least two separate doctors. A 14 day period of reflection seems reasonable, however I assume that there is not a 'cut off point' from when the patient makes their wishes clear and when they finally decide to implement their decision. Personally from having watched terminal illness and the possibility of an agonising death, I know that I would want the reassurance of knowing that I could access the required medicine if/when I felt that I was ready to escape my pain and suffering. At the point of a terminal illness I would wish to make my feelings clear that I want a pain free death - and that that option would be available to me should I decide to implement it. I would also like my wishes about who should be there taken into account.

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

Partially supportive

Please explain the reasons for your response.

I think that two separate people (doctors?) should interview the patient about their desires for an assisted death. Most fears around assisted suicide are that the patient may have been coerced by family members or another. Despite the person medically being terminally ill and requiring help to ensure a pain free death - the most important part of the process is ensuring that this is their own idea/wishes and that they are fully competent and aware of their proposal.

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 think that the collection of all information with regards to assisted dying should be confidentially recorded, overseen, and regularly reported on so that there is full proof system ensuring efficiency of procedures and protocols, effective dissemination and distribution of the care, and that all legal requirements are fully adhered too. Palliative care, as excellent as it is - can still vary depending upon the belief system of your carers. Some professional doctors and healthcare professionals are anti assisted death - there has to be clear distinctions made between those professionals who are willing to ensure that a persons wishes are fully enacted and those who will not enact those wishes.

I believe that a new body should be created - one which learns from Countries who have experience already in providing this type of care. I also believe that this body requires to be medically trained in order to ensure the correct procedures were undertaken correctly and efficiently.

Information such as signed detailed patient interviews, key stages in the procedure, any family wishes should be noted, type of illness, progression of illness, stage of illness, full medical record of the patient including doctors rationalisation into why they believe that the patient is of sound mind should be recorded. Although there may be an extensive list of information and procedures required to allow for safe and effective implementation, I'm sure that good solid consultation with doctors and legal representatives should be able to draw up a safe and effective route for both patients and doctors. - Learn from successful well established working methods used in other countries.

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

I think that timing is extremely important here. As we all know doctors are in short supply both in hospitals and GP surgeries.

When a person makes it known that they wish to have assisted dying available to them - at the time they decide to die - it is going to be essential that that patient is not 'coupled' with a Dr who is a conscientious objector (through religious or personal beliefs). It should be very clear to Doctors and GPs that they do not have to participate in assisted dying if it is against their wishes. However, collection of information from the patient may still be possible/required - the actual act of handing over the necessary medicine should not be compulsory.

Each Dr or healthcare professional should be identified and recorded as either pro or against assisted dying - and therefore, timetabling of staff should always ensure that there will always be someone on hand who would be willing to help a patient die in their hour of need - should a painful death experience occur rapidly.

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 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.

All necessary consultation periods, investment in legal and medical expertise. Identification and rollout of changes and procedures, consultation and training of staff. Publicity, recognition of changes - as in organ donor opt out scheme.

Body responsible for ensuring safety of procedures and standardisation of care across whole of NHS

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:

services in Scotland - Hospitals, Home deaths, Care Home deaths etc.
Possibility that effective, legal, fully trained, centres (not unlike Dignitas) made available as part of hospital complex.

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?

Positive

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.

In death we are all equal. Terminal illness brings us all closer to that point than we ever think possible. No matter how we live our lives - absolutely everyone deserves the opportunity to decide how they wish to die. Some people will simply let their illness take its course without concern of how they will actually die. Other people may be consumed with fear, not necessarily with their terminal prognosis but 'how' they will actually die. By not offering people the opportunity to decide for themselves, we are taking control of their lives/deaths away from them. An assisted dying bill, safely and compassionately implemented evens up the playing field. At last those patients who are fearful and who would like the opportunity to end their own lives will have the right. Those who need protected the most will finally get that protection.

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.

Any system which restrains the rights of its people to have control over their own choice when it comes to dying is not compassionate or inclusive. To deny a person control over their choices at such a vital point in their journey through life is extremely sad and quite cruel. Each and every one of us should be allowed to say how we wish to die when confronted with a terminal illness. The one thing that most people agree on is 'no pain' - sadly not all conditions can be controlled by pain relief medications, therefore why are we allowing people to die in pain, distressed and in agony whilst we stand by and watch? The aftermath of witnessing such a death on any family is a lifelong sentence - only recognised and believed by those families who have experienced it.

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)?

Only that I pray that The Assisted Dying Bill is finally accepted by The Scottish Government as a progressive, compassionate legislation- and the belief that they themselves as a Scottish Government have the ability to pull together the necessary expertise to ensure that any such Bill will be developed and initiated with the failsafe legal and medical concerns and recommendations that will ensure safety and compassion for the terminally ill in Scotland. Once again, Scotland can lead the way in compassion for those who require it the most.