

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:

A close relative with a degenerative condition begged to die almost every day for several years until they were no longer able to speak. (It was another two or three years before they actually died.) While still able to speak, the only days when they did not beg to die were when they believed they were already dead and in Hell.

Another relative, in hospital in their 90s, died after refusing food & water for more than a week, apparently in great distress, although the hospital assured us that they were sedated and not suffering.

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).

C. McLeod

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 wholeheartedly support the proposed Bill. My only reservations are that the precautions mean it is too restrictive to benefit many people who are suffering, or who are afraid that they will suffer in future. As a result, even if the Bill becomes Law, a few people will continue to die prematurely by suicide or travelling abroad; many more will continue to endure prolonged suffering and degradation; and almost everyone will live in fear that this is how they will spend their final years.

I welcome the fact that the Bill does not attempt to impose a fixed period of expected life for an illness to be deemed 'terminal'. However, I would prefer to see assisted dying available to anyone with a serious degenerative condition with no prospect of recovery who has made a legally valid advance directive stating their preferences and who maintains that view consistently, even if their mental capacity deteriorates after signing an advance directive, and/or they are not able to self-administer the medicine. I hope that if the proposals become Law, experience will enable the safeguards to become less restrictive at some future date.

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.

Absolutely essential.

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.

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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.

The precautions are too restrictive to benefit many people who are suffering, or who are afraid that they will suffer in future. As a result, even if the Bill becomes Law, a few people will continue to die prematurely by suicide or travelling abroad; many more will continue to endure prolonged suffering and degradation;

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

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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.

It is also important that anonymised summary data on numbers of people passing each stage of the process must be published openly.

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

No Response

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.

Although impossible to quantify while the expected level of take-up is unknown, it is likely to result in a reduction in costs of healthcare and long-term social care for those patients who take up the option of assisted dying. These savings are likely to outweigh the regulatory and legal costs of implementing the proposals, but may be fairly modest, as in most places where assisted dying is legal, the numbers of patients taking advantage of its availability is lower than might be expected.

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)

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)?

Some objectors to assisted dying think that elderly or terminally-ill people will feel pressurised by their relatives to opt for assisted dying. However, there is a small but growing number of people who do not have close relatives and who fear that their solicitors or other appointed representatives with power of attorney will endeavour to keep them alive as long as possible, to impose ongoing charges for managing their affairs (which are likely to be more lucrative over the long-term than those for winding-up the patient's estate). There may be very few unscrupulous solicitors who would take advantage of vulnerable people in this way, but it is one more area of concern; if there is any pressure to influence elderly or terminally-ill people, it may not all be one-way.