

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 Gardiner

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.

It's about choice. Currently, other people's choices prevent those who are terminally ill from dying when they wish to. That's cruel and unfair. It's rarely seen in this way because it is the status quo, but the fact is people are currently being coerced into dying in ways they do not wish to, at a time when they are at their

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weakest and most vulnerable. I have direct personal experience of close family members dying in hospital. My only wish is that individuals are given a choice in ways that have been proven safe and ethical from experiences in other countries. It's about compassion and autonomy. I have medical knowledge and know that some natural deaths can never be made 'good'. Drugs have their limits. Some hugely distressing processes of dying cannot be controlled without very heavy sedation or general anaesthetic which must be permanent and constantly monitored. The prospect of some of these symptoms - the distress and loss of dignity they entail - is a terrifying prospect for people (the majority in Scotland, going by surveys) and for those that they love. The current situation is cruel and unnecessary. Those campaigning against change are campaigning to stop people having what they desperately want. We will surely look back and wonder why it took so very long and why so many people had to yield to a process which denies them control, autonomy and dignity, because we were not brave enough to approach this subject in a calm, rational and compassionate way.

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, legislation is required because the current position is a mess which leaves people confused and frightened at a crucial time (this applies to both the dying person and their loved ones). Those assisting someone dying, by e.g. travelling with them to Switzerland (if they can afford it), may be prosecuted - or they may not. The process of deciding whether a crime has been committed may take a very long time. The current position represents a failure of the state to engage with this issue in a way that guides citizens and has compassion at its heart. While the apparent 'room for interpretation' can accommodate some of the actions people may take, such as committing suicide, these actions are themselves often desperate, violent and dangerous, and leave a legacy of trauma and horror in those witness to them, not to mention the torture leading up to the decision which will totally preoccupy a dying person when they should be experiencing some spiritual peace and solace. The current law enables (even dictates) fear, anxiety and shame. It is irrational and not fit for purpose and expert legal opinion supports this.

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. It's important the reflection period if present should be flexible, however, as some people may come to the decision late in their disease process and should not have to wait too long simply to satisfy this criterion (which should not be a barrier). However, I also believe that a change in law will result in much more advance thought, discussion and planning about death, itself a good thing, and that the reflection period will not be a barrier once assisted dying is established as an option for those who choose to have it. It does have a slightly patronising sense to it, which bothers me, but I can see that may help allay some fears when the idea of AD is new in this country.

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.

The safeguards give a lot of influence to doctors which medicalises the decision more than I would personally prefer. However I realise the need for safeguards to be in place and for the death to be

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

supervised though this could be at a distance, e.g. the HCP need not be in the room. Generally the safeguards seem proportionate and measured.

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.

This is a hugely important issue for our society. It's important we both evidence what I believe will be the success of assisted dying legislation, and also identify areas where process or education could be improved. Such a body is also a tangible and visible recognition of the fact that we are talking and caring about death in an open manner which robs it of its fears and taboos. It will make our society a better and more open one.

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

Practitioners could be asked at the point of annual professional registration renewal what their position is, or they could change this at any time if they chose. Another view is, since healthcare professionals serve society, if society votes for assisted dying, participation could be made an opt-out process, i.e. there is an assumption that participation would be part of the normal 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:

don't know

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.

I view this question as relevant but less important as it is a moral issue for me and I believe the proposed Bill needs to be advanced no matter what the cost. I suspect it might be cost neutral or bring about a reduction in costs overall. Many dying people are, against their wishes, occupying hospital beds and in receipt of drugs and intensive monitoring. That would be a cost 'saving' but the key thing is giving people what they wish, as facilities must be available for those who prefer to die in hospital without any active assistance. Since that appears to be a minority, though, there will be extra capacity generated in hospitals. There will be costs in set up, administration and ongoing reporting, but these would not seem onerous and hugely outweighed by the benefit to society as a whole of adopting a more compassionate approach. It is also hard to quantify the feelings of security and well-being that would be generated by a Bill, and the benefit of enabling people to live well knowing that they can also die well in the way they would wish. That does not have a monetary value but needs figured in because of what it says about the kind of society we are living in.

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.

We all face death but currently only those who have the financial means at their disposal can have the kind of death they wish (or at least some element of control over their death: most people would probably prefer not to have to travel to die, but that is currently the only option available and results in people dying sooner than they need to). So in the broadest sense, the Bill promotes equality in this area. It is the ultimate personal decision and the Bill just needs to make sure that everyone has access and that it upholds an individual's right to choose how they wish regardless of protected characteristics.

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.

This in fact is the main strength of the Bill for me - it enables all of these principles just by being present in society, regardless of how many people choose to use assisted dying. Evidence shows people want this and evidence from other countries shows it can be delivered ethically, sustainably and with ripple-out benefits including better palliative care. The Bill will have profound effects on well being and a sense of autonomy for citizens, a be a demonstrable example of how citizens are respected by the state as autonomous individuals. We have many examples of this working in other places backed up by solid evidence.

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)?

It removes the coercion that currently forces people to die in places and in ways that neither they nor their relatives wish for. People opposing the Bill can also die in the way they choose; what they must realise in that their personal convictions and beliefs, no matter how passionately held, should not be imposed on others when it has been proven that the state can deliver assisted dying for those that wish this in a

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compassionate and responsible way. The Bill makes a larger statement about what Scotland is as a nation and the values we believe in and will contribute to the sense of a humane and just society.