

# 'Assisted Dying for Terminally Ill Adults (Scotland) Bill' – guide to the consultation

## HOW TO RESPOND

The consultation document can be found at [bit.ly/asconsult2021](https://bit.ly/asconsult2021)

The deadline for responses is Wednesday 22 December.

You can respond using the online form at [bit.ly/asrespond2021](https://bit.ly/asrespond2021)

Alternatively you can respond by email or post:

- Email: [liam.mcarthur.msp@parliament.scot](mailto:liam.mcarthur.msp@parliament.scot)
- Write to: Liam McArthur MSP, Scottish Parliament Edinburgh, EH99 1SP

If you email, include your response as an attachment.

*If you respond by email or post you should include confirmation that you have read and understood the Privacy Notice contained in the consultation document.*

## RESPONDING USING THE ONLINE FORM

On the first page, you will need to tick the box to confirm you have read and understood the Privacy Notice.

There are then a series of compulsory questions about you. This includes specifying whether you are responding as an individual or on behalf of an organisation. If you are a church leader and you are responding on behalf of your church, please select "on behalf of an organisation". You will also have to give a name and a way to be contacted, but you can ask for your response to be kept anonymous.

Question 1 is compulsory. We suggest also answering questions 2, 3 and 8.

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

Please answer 'Fully opposed'.

*You could make some of the following points in the text box, using your own words:*

- There is no 'safe' way to legalise helping patients kill themselves. So-called safeguards can never be adequate.
- Changing the law would put pressure on the vulnerable to end their lives for fear of being a financial, emotional or care burden. Over half of those in Oregon who died by assisted suicide in 2019 and 2020 cited the fear of being a burden on others as a reason for ending their lives.
- The experience of other countries is that, once assisted suicide is allowed, there is always pressure to widen the categories of patients whose lives can be ended. For

example, Canada scrapped the requirement for a person to be terminally ill within just a few years of legalising assisted suicide.

- The title of the proposed Bill is misleading. Many people will think assisted dying refers to palliative care, when the Bill is actually about giving people lethal drugs with which to kill themselves.
- Doctors involved in caring for terminally ill patients and the elderly do not want assisted suicide to be legalised. The Association for Palliative Medicine of Great Britain and Ireland and the British Geriatrics Society are against it, as are the majority of British Medical Association members involved in palliative care or geriatric medicine.
- Introducing assisted suicide would risk undermining motivation to invest in palliative care. Caring for terminally ill people can be expensive. Vulnerable people could feel increased pressure to end their lives because they worry they are costing society too much money.
- Asking doctors to be involved in assisting people to die fundamentally changes the doctor-patient relationship and risks eroding trust in the medical profession. Trust in a doctor is fundamental to our health system.
- It is likely that doctors would be instructed to make sure their terminally ill patients were aware that assisted suicide was an option. Vulnerable people will perceive the option of medical suicide as a duty.
- In 2020 the Royal College of GPs – the largest of the royal colleges – voted to maintain opposition to assisted suicide.
- The Bill would alter society's view of those in vulnerable circumstances by signalling to the sick that an assisted suicide is something that they ought to consider.
- In the US there have been cases of medical insurance companies refusing to fund treatment for terminally ill patients but offering to fund their assisted suicide.
- The drugs given to people to kill themselves can cause intense suffering. One expert says he is "quite certain that assisted suicide is not painless or peaceful or dignified. In fact, in the majority of cases, it is a very painful death".<sup>1</sup>
- Changing the law on suicide will inevitably affect how vulnerable people view their own worth, and how they are viewed by others. We should be offering patients hope and care, not hopelessness and death.
- No one should feel that they would be better off dead. The law must not affirm the idea that some lives are not worth living.
- The proposed Bill is extraordinarily broad. It would open up assisted suicide to someone who has a diagnosis of terminal illness but is still expected to live for many years.
- Allowing assisted suicide will lead to cases of vulnerable people asking for assistance taking their lives because of subtle pressure applied by greedy and manipulative relatives or friends.

**2. 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 is a free text box only. Say that you disagree with the aim of the Bill, which is to legalise assisted suicide.

Liam McArthur says he wants to make “the end of life” more “compassionate”. If this is his aim, the answer is better and more widespread palliative care – not this Bill.

You could make one or two of the points below, in your own words:

- The choice to die very quickly becomes a duty to die. This is the very opposite of compassion.
- True compassion for those who are terminally ill means valuing their lives, giving them hope and supporting high quality palliative care for all who need it.
- It is wrong to suggest that assisted suicide is the only solution when someone is suffering extreme pain. With modern medicine, pain is now much easier to control.
- The UK has been identified as having some of the best palliative care in the world. The focus of campaigning should be on making this more widely available.
- This Bill does not give people a real choice. It does not guarantee universal palliative care, offer adequate support to those with progressive conditions, or remove the fear of being a burden. All are essential to support a dignified end of life with manageable pain.

**3. 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)?**

Please answer ‘Fully opposed’.

You could make one or two of the following points, in your own words:

- It is impossible to be sure that a person’s expressed wish to die is “without coercion or duress” (as required under step 1). The very existence of assisted suicide as an option will put pressure on people to consider it when they may not have otherwise.
- Diagnosing a terminal illness, as required in order to request assisted suicide, is not always straightforward. Mistakes can be made.
- A footnote in the consultation document implies that doctors would be able to sign off a person’s request for assisted suicide via video link. This is completely inappropriate for such a serious conversation, and could mean the doctors miss signs of coercion or duress.
- Step 2 suggests a required “reflection period” of 14 days before a doctor prescribes lethal drugs. Given the gravity and irreversible nature of the decision, this is far too short to be a genuine “reflection period”.
- A study of over 8,000 Irish adults showed that, over time, people who express a wish to die do change their minds, and the likelihood of a change in mind increases as time goes on.<sup>2</sup>

**NB - Question 6:** Medical professionals who object to assisted suicide must not be compelled to participate in the process in any way. However, at this stage it is vital to establish opposition to the entire principle of the Bill, rather than discuss conscientious objection. Therefore we suggest not answering this question.

**8. 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?**

Please answer ‘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.**

Say that the Bill would negatively impact elderly and disabled people, and would send a message that their lives are not worth living.

You could make some of the following points, in your own words:

- Vulnerable people, including the elderly and disabled, need a clear, firm law to protect them in their darkest moments.
- Some advocates for assisted suicide and euthanasia in the UK and elsewhere want assisted suicide for terminally ill patients to be the first step. They think it should be made legal for those thought to be suffering in any way, including with old age or disability.
- Leading disability rights groups (including Inclusion Scotland, Scope and Not Dead Yet) oppose changing the law.
- Pam Duncan-Glancy, the first permanent wheelchair user elected as an MSP, has said she is “deeply worried” by the proposals, calling them “dangerous for disabled people”.<sup>3</sup>
- Paralympian Baroness Tanni Grey-Thompson has said there is no safe law for assisted suicide and disabled people are particularly vulnerable if such a law is passed.<sup>4</sup>
- No so-called safeguards can make a vulnerable or disabled person feel equally safe and equally valued if the law is changed in this way.
- During the pandemic ‘Do Not Resuscitate’ orders were inappropriately applied to vulnerable people. In some cases it was simply assumed that elderly and disabled people did “not have mental capacity” to discuss their treatment.<sup>5</sup> We should be strengthening protections for such people, not making it easier for them to die.
- It is impossible to guard adequately against the abuse of the very elderly and the very ill by greedy and manipulative relations and friends.
- Many people with terminal or progressive conditions are alarmed by the focus on autonomy, which devalues those whose autonomy is limited.

## REFERENCES

1. *The Spectator online*, 18 September 2021, see <https://www.spectator.co.uk/article/last-rights-assisted-suicide-is-neither-painless-nor-dignified> as at 25 November 2021
2. Briggs, R, Ward, M and Kenny, R A, *The ‘Wish to Die’ in later life: prevalence, longitudinal course and mortality. Data from TILDA, Age and Ageing*, 2021, 50, pages 1321-1328
3. *Daily Record online*, 21 June 2021, see <https://www.dailyrecord.co.uk/news/politics/assisted-dying-plan-scotland-branded-24362230> as at 25 November 2021
4. *Daily Mail online*, 13 May 2018, see <https://www.dailymail.co.uk/news/article-5723103/Guernsey-assisted-suicide-plans-opposed-church-leaders-Baroness-Tanni-Grey-Thompson.html> as at 25 November 2021
5. *Frustrated, Angry and Unfair: Staff Experiences of DNAR Decision-making in 2020*, The British Institute of Human Rights, February 2021, pages 3, 4 and 18