

The Assisted Suicide (Scotland) Bill

The Assisted Suicide (Scotland) Bill seeks to legalise assisted suicide (but not euthanasia) for mentally competent adults (16+) with terminal or life-shortening conditions.

Key aspects:

- The Bill applies to anyone over 16 and registered with a medical practice in Scotland
- They must have an illness or progressive condition that is terminal or life shortening (no time-limit) for them, and which makes their quality of life unacceptable to them
- They must make a preliminary declaration and then two requests for assistance. Each request must be at least 14 days apart and endorsed by two medical practitioners
- A person has capacity if she is not suffering from a mental disorder which might affect the request, and is capable of making, communicating, understanding and remembering a decision to make the request. There is no automatic referral to a psychiatrist
- The act of suicide must take place within 14 days of the second request, so as to avoid deterioration in capacity. The cause of death must be the person's own deliberate act
- Licensed facilitators will provide practical assistance before, during and after the suicide

Official Summary of the the Assisted Suicide (Scotland) Bill

*A Bill to make provision for an Act of the Scottish Parliament to make it lawful, in certain circumstances, to assist another to commit suicide; and for connected purposes.*¹

Introduced by the late Margo MacDonald in November 2013, the Bill is being taken forward by Patrick Harvie MSP with written evidence taken by the Health and Sport Committee in late 2014 and oral evidence heard in January and February 2015. First stage debate is expected in late April or early May 2015. The secondary committee is the Justice Committee.

Care Not Killing is opposed to this bill *both in principle and in detail* on the grounds that it is uncontrollable, unethical and unnecessary, and we are urging MSPs to reject it when it comes for debate to the floor of Parliament. We outline our specific concerns in this leaflet.

General arguments against the legalisation of assisted suicide and euthanasia

- Any change in the law to allow assisted suicide would place pressure on vulnerable people to end their lives for fear of being a financial, emotional or care burden upon others. This would especially affect people who are disabled, elderly, sick or depressed. The right to die can so easily become the duty to die. Current legislation also protects vulnerable relatives from being subtly coerced into assisting a suicide against their better judgement
- The pressure people will feel to end their lives if assisted suicide is legalised will be greatly accentuated at this time of economic recession with families and health budgets under pressure. Elder abuse and neglect by families, carers and institutions are real and dangerous and this is why strong laws are necessary
- Experience in other jurisdictions, such as Belgium, the Netherlands and the American states of Oregon and Washington, shows that any change in the law will lead to 'incremental extension' and 'mission creep' as some doctors will actively extend the categories of those to be included (from mentally competent to incompetent, from terminal to chronic illness, from adults to children, from assisted suicide to euthanasia). This process will be almost impossible to police
- Euthanasia deaths in the Netherlands have increased by 13-20% per year from 2006 to 2013². Euthanasia now accounts for over 3% of all Dutch deaths. In 2013 there were 42 reports of people who underwent euthanasia because they suffered severe psychiatric problems and 97 cases with dementia. A *Lancet* study³ indicated that in 2010, 23% of all euthanasia deaths were not reported and that 12.3% of all deaths were related to deep-continuous sedation. Under the Groningen protocol 22 babies with spina bifida and hydrocephalus were euthanised over a seven year period⁴
- In Belgium which legalised euthanasia in 2002 there has been a 500% increase⁵ in euthanasia deaths over ten years between 2003 and 2012. High profile cases include Mark and Eddy Verbessem (deaf and blind twins)⁶, Nathan/Nancy Verhelst (depressed following gender reassignment)⁷ and Ann G (anorexia)⁸. Organ donation euthanasia is already practised in Belgium and the country extended euthanasia to minors earlier in 2014
- The present law making assisted suicide illegal is clear and right and does not need changing. The penalties it holds in reserve act as a strong deterrent to exploitation and abuse whilst giving discretion to prosecutors and judges in hard cases. It has both a stern face and a kind heart
- Persistent requests for assisted suicide and euthanasia are extremely rare if people are properly cared for so our priority must be to ensure that good care addressing people's physical, psychological, social and spiritual needs is accessible to all. Patients almost always change their minds about euthanasia when they experience good care. A good doctor can kill the pain without killing the patient

- Hard cases make bad law. In a free democratic society we accept limits to our own freedom in order to safeguard the interests of vulnerable others. The primary function of the law is to protect the vulnerable many, not to grant liberties to the determined and desperate few
- British Parliamentarians have rightly rejected the legalisation of assisted suicide and euthanasia in Britain three times since 2006 out of concern for public safety – in the House of Lords (2006 and 2009) and in Scotland (2010) – and repeated extensive enquiries have concluded that a change in the law is not necessary
- The current law is working well. The number of British people travelling abroad to commit assisted suicide or euthanasia is very small (243 at the Dignitas facility in 11 years) compared to numbers in countries that have legalised assisted suicide or euthanasia. With an ‘Oregon’ law Scotland would have 140 deaths a year and with a ‘Dutch’ law over 1,525
- If assisted suicide or euthanasia is legalised any ‘safeguards’ against abuse, such as limiting it to certain categories of people, will not work. Instead, once any so-called ‘right-to-die’ is established we will see incremental extension with activists applying pressure to expand the categories of people who qualify for it. Any ‘right to die’ granted selectively to some people will be ripe for legal challenge under equality law by those who fall outside its boundaries and ‘mission creep’ will be inevitable
- The vast majority of UK doctors (about 65% in most surveys) are opposed to legalising euthanasia along with the British Medical Association, the Royal College of Physicians, the Royal College of General Practitioners, the Association for Palliative Medicine and the British Geriatric Society
- All major disability rights groups in Britain (including Inclusion Scotland, Disability Rights UK, SCOPE, UKDPC and Not Dead Yet UK) oppose any change in the law believing it will lead to increased prejudice towards them and increased pressure on them to end their lives
- Public opinion polls can be easily manipulated when high media profile (and often celebrity-driven) ‘hard cases’ are used to elicit emotional reflex responses without consideration of the strong arguments against legalisation. But this public opinion is uninformed, uncommitted and unconvincing. UK-wide polling suggests that ‘support’ for legalised assisted suicide falls from 73% to 43% after consideration of five key arguments⁹

1. <http://bit.ly/1fbgzir>
 2. <http://bit.ly/1nMlHDR>
 3. <http://bit.ly/1rRTGWC>

4. <http://bit.ly/1u2ET11>
 5. <http://bit.ly/1teGqjv>
 6. <http://bit.ly/1wanbIK>

7. <http://bbc.in/1v9nXkT>
 8. <http://bit.ly/1tBtmV2>
 9. <http://bit.ly/1uQSV0V>

Specific critiques of the Assisted Suicide (Scotland) Bill

- Loose and relativistic terms such as 'life-shortening condition' mean that tens of thousands of seriously ill and disabled people throughout Scotland would be eligible
- Licensing doctors to end life would fundamentally alter the doctor-patient relationship
- The Bill fails to define the 'means' of suicide leaving assisters effectively able to use any means of suicide currently used in Scotland
- So-called 'safeguards' are seriously defective with reporting and oversight provisions unenforceable even where they exist
- There are no penalties for contravention
- Doctors need not know or examine the patient
- No assessment by a psychiatrist is required
- Patients' beliefs about their illness/condition may not be true and are not required to be objectively confirmed by the doctor
- The 'savings' clause protects all errors and omissions made 'in good faith'. This will inevitably encourage some to act outside the bill's provisions as we have seen with the Abortion Act
- There is no conscience clause for doctors, despite widespread medical opposition to assisted suicide

Care Not Killing – www.carenokilling.org.uk/scotland

Assisted Suicide (Scotland) Bill – www.scottish.parliament.uk/parliamentarybusiness/Bills/69604.aspx



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