-assisted-suicide-scotland-bill-[as-introduced]-

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Assisted Suicide (Scotland) Bill

[AS INTRODUCED]

An Act of the Scottish Parliament to make it lawful, in certain circumstances, to assist another to commit suicide; and for connected purposes.

PART 1

LAWFULNESS OF ASSISTING SUICIDE

1 No criminal liability for assisting suicide

(1) It is not a crime (of any kind) to assist a person to commit suicide.

(2) Subsection (1) applies only if the requirements of section 3 are complied with.

(3) Subsection (2) does not limit the circumstances in which, apart from this Act, a court can find that a person who has assisted another to commit suicide has not committed a crime.

(4) The references in subsections (1) and (3) to assisting a person to commit suicide include references to assisting the person in an attempt to do so.

2 No civil liability for assisting suicide

(1) Assisting a person to commit suicide does not give rise to civil liability.

(2) Subsection (1) applies only if the requirements of section 3 are complied with.

(3) Subsection (2) does not limit the circumstances in which, apart from this Act, a court can find that a person who has assisted another to commit suicide is not subject to civil liability.

(4) The references in subsections (1) and (3) to assisting a person to commit suicide include references to assisting the person in an attempt to do so.
PART 2
Safeguards

Essential safeguards

The requirements of this section are that—

(a) the person who is to be assisted—

(i) has made a preliminary declaration under section 4, and
(ii) has made a first request for assistance under section 8 and a second under section 10,

(b) the preliminary declaration and both requests have been endorsed in accordance with those sections and the facts that the declaration and requests have been made have been recorded in the person’s medical records under sections 5 and 13 respectively,

(c) the person complies with the 14 day time limit stipulated in section 17 for the act of suicide (or attempted suicide), and

(d) the assistance meets the requirement in section 18 that the cause of death is (or, in the case of an attempt, would have been) the person’s own deliberate act.

Preliminary declaration

A preliminary declaration—

(a) must be in the form set out in schedule 1,

(b) may be made only by a person who—

(i) is registered as a patient with a medical practice in Scotland, and
(ii) is at least 16 years old, and

(c) must be signed by that person in the presence of a qualified witness who then signs a witness statement in the form set out in schedule 1.

A “qualified witness” is anyone who—

(a) is at least 16 years old, and

(b) is not disqualified under schedule 4 from being the witness.

A preliminary declaration is “endorsed” when a registered medical practitioner signs a note in the form set out in schedule 1.

Recording of making of preliminary declaration in medical records

This section applies in relation to an endorsed preliminary declaration.

If the practitioner who endorsed the declaration is in the medical practice with which the person who made the declaration is registered as a patient, then that practitioner is to record in the person’s medical records that the person has made the declaration and the date when the person signed it.
(3) If the practitioner is not in that medical practice, then that practitioner is to notify a registered medical practitioner in that practice of those facts.

(4) The practitioner so notified is to record those facts in the person’s medical records.

6 Preliminary declaration, witness statement and medical practitioner’s note to be in one conventional document

(1) A person’s preliminary declaration and the associated witness statement and medical practitioner’s note are to be contained in a single document.

(2) Enactments authorising documents in electronic form do not apply to that document.

7 Cancellation of preliminary declaration and record of cancellation

(1) A person who has made a preliminary declaration which has been endorsed may cancel it by written, signed and dated notice given to a registered medical practitioner in the practice with which the person is registered as a patient.

(2) That practitioner is to record in the person’s medical records the fact that the declaration has been cancelled and the date the notice was signed.

(3) A cancellation under subsection (1) has effect as from the date the notice is signed.

8 First request for assistance

(1) This section applies in relation to a first request for assistance.

(2) It must be in the form set out in schedule 2.

(3) It may be made only by a person who—

(a) is registered as a patient with a medical practice in Scotland,
(b) is at least 16 years old,
(c) has, at least 7 days before signing the request, signed a preliminary declaration which has been witnessed and has not been cancelled, and
(d) has, after reflecting on the consequences for the person of the considerations set out in subsection (4) and in the light of that reflection, concluded that the quality of the person’s life is unacceptable.

(4) Those considerations are that the person—

(a) has an illness or condition of the kind described in subsection (5), and
(b) sees no prospect of any improvement in the person’s quality of life.

(5) The kind of illness or condition referred to in subsection (4)(a) is—

(a) an illness that is, for the person, either terminal or life-shortening, or
(b) a condition that is, for the person, progressive and either terminal or life-shortening.

(6) A first request is “endorsed” when both the statements referred to in section 9 have been made; and the date of endorsement is the date on which the second of them is signed.
9 **Endorsement of first request: medical practitioners’ statements**

(1) The statements mentioned in section 8(6) are two statements each made by a different registered medical practitioner.

(2) A statement must be in the form set out in schedule 2 and, in particular, the practitioner making it may do so only if, in the opinion of the practitioner—

(a) the person making the request has capacity within the meaning of section 12 to make it,

(b) the person has—

(i) an illness that is, for the person, either terminal or life-shortening, or

(ii) a condition that is, for the person, progressive and either terminal or life-shortening, and

(c) the person’s conclusion under section 8(3)(d) that the person’s quality of life is unacceptable is not inconsistent with the facts then known to the practitioner.

(3) The statements must be made at different times.

(4) It is for the practitioner who makes the first of them to refer the matter of the making of a second to another practitioner; and the second statement may be made only on such a reference.

(5) For the purposes of subsection (2)(b), it is enough to state an opinion—

(a) that the person has an illness or condition of the kind described there,

(b) that the illness or condition is terminal or life-shortening, without further identification, in either case, of which of the two it is.

10 **Second request for assistance**

(1) This section applies in relation to a second request for assistance.

(2) It must be in the form set out in schedule 3.

(3) It may be made only by a person who—

(a) is registered as a patient with a medical practice in Scotland,

(b) has made a first request which has been endorsed and has not been cancelled, and

(c) has, after reflecting on the consequences for the person of the considerations set out in subsection (4) and in the light of that reflection, concluded that the quality of the person’s life is unacceptable.

(4) Those considerations are that the person—

(a) has an illness or condition of the kind described in subsection (5), and

(b) sees no prospect of any improvement in the person’s quality of life.

(5) The kind of illness or condition referred to in subsection (4)(a) is—

(a) an illness that is, for the person, either terminal or life-shortening, or

(b) a condition that is, for the person, progressive and either terminal or life-shortening.

(6) The request may be signed by the person only after the expiry of 14 days beginning with the date of endorsement of the person’s first request.
(7) A second request is “endorsed” when both the statements referred to in section 11 have been made; and the date of endorsement is the date on which the second of them is signed.

11 Endorsement of second request: medical practitioners’ statements

(1) The statements mentioned in section 10(7) are two statements each made by a different registered medical practitioner.

(2) A statement must be in the form set out in schedule 3 and, in particular, the practitioner making it may do so only if, in the opinion of the practitioner—

(a) the person making the request has capacity within the meaning of section 12 to make it,

(b) the person has—

(i) an illness that is, for the person, either terminal or life-shortening, or

(ii) a condition that is, for the person, progressive and either terminal or life-shortening, and

(c) the person’s conclusion under section 10(3)(c) that the person’s quality of life is unacceptable is not inconsistent with the facts then known to the practitioner.

(3) The statements must be made at different times.

(4) It is for the practitioner who makes the first of them to refer the matter of the making of a second to another practitioner; and the second statement may be made only on such a reference.

(5) Neither of the statements relating to a person’s second request need be made by a medical practitioner who made a statement in relation to the person’s first request.

(6) For the purposes of subsection (2)(b), it is enough to state an opinion—

(a) that the person has an illness or condition of the kind described there,

(b) that the illness or condition is terminal or life-shortening, without further identification, in either case, of which of the two it is.

12 Capacity

(1) For the purposes of sections 9(2)(a) and 11(2)(a), a person has capacity to make a request if the person—

(a) is not suffering from any mental disorder (within the meaning of section 328 of the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13)) which might affect the making of the request, and

(b) is capable of—

(i) making a decision to make the request,

(ii) communicating the decision,

(iii) understanding the decision, and

(iv) retaining the memory of the decision.
(2) However, a person is not to be regarded as lacking capacity by reason only of a lack of or deficiency in a faculty of communication if that lack or deficiency can be made good by human or mechanical aid (whether of an interpretative nature or otherwise).

Procedural matters

13 Recording in medical records of making of requests and associated statements

(1) If the practitioner who made the second statement in relation to a first or second request is in the medical practice with which the person who made the request is registered as a patient, then that practitioner is to record the following facts in the person’s medical records—

(a) that the person has signed the request,

(b) the date it was endorsed,

(c) the date the facts referred to in paragraphs (a) and (b) are recorded in the person’s medical records.

(2) If that practitioner is not in that medical practice, then that practitioner is to notify a registered medical practitioner in that medical practice of the facts set out in subsection (1)(a) and (b).

(3) The practitioner so notified is to record in the person’s medical records those facts and the date they are recorded.

14 Each request and associated statements to be in one conventional document; back-up copy

(1) A person’s first request and the associated statements are to be contained in a single document.

(2) A person’s second request and the associated statements are to be contained in a single document.

(3) Enactments authorising documents in electronic form do not apply to those documents.

(4) A photocopy of such a document bearing to be certified as a true copy by either of the practitioners who made a statement contained in it or by a notary public and signed and dated by the practitioner or notary has the same effect as the original.

Cancellation of requests

15 Cancellation of first or second request and record of cancellation

(1) A person who has made a first request which has been endorsed may cancel it by written, signed and dated notice given to a registered medical practitioner in the practice with which the person is registered as a patient.

(2) Cancelling a first request has no effect on a preliminary declaration.

(3) A person who has made a second request which has been endorsed may cancel it by written, signed and dated notice given to a registered medical practitioner in the medical practice with which the person is registered as a patient.

(4) Cancelling a second request has no effect on a preliminary declaration or a first request.
(5) The practitioner to whom a notice of cancellation is given is to record in the person’s medical records the fact that the request to which it relates has been cancelled and the date the notice was signed.

(6) A cancellation under subsection (1) or (3) has effect as from the date the notice is signed.

**Signature by proxy**

16 **Signing by proxy of preliminary declarations, first and second requests and cancellations**

(1) This section applies where a person intending to make or cancel a preliminary declaration or a first or second request—

(a) declares to a proxy that the person is blind or unable to read, or unable to sign the person’s name, and

(b) authorises the proxy to sign the declaration, request or notice of cancellation (the “document”) on the person’s behalf.

(2) A document signed by the proxy—

(a) in the presence of the person, and

(b) in accordance with subsection (3),

has the same effect as if signed by the person.

(3) The proxy is to add, after the proxy’s signature, the proxy’s full name, address and qualification to sign, and a statement that the proxy has signed in that capacity (for example, John George Smith, 2 Ivy Street, Edinburgh, EH00 1AA, Solicitor, signing as proxy).

(4) A proxy may not sign a document unless satisfied that the person understands its effect.

(5) A proxy may not sign a document on behalf of a person in relation to whom the proxy is disqualified under schedule 4.

(6) A “proxy” means—

(a) a solicitor who has in force a practising certificate as defined in section 4(c) of the Solicitors (Scotland) Act 1980 (c.46),

(b) a member of the Faculty of Advocates,

(c) a justice of the peace in Scotland,

(d) in relation to a document to be signed in a place outwith Scotland, a notary public or other person with authority under the law of that place to sign or otherwise execute documents on behalf of persons who are blind or unable to read or to sign.

**The act of suicide**

17 **The act of suicide: time limit**

(1) This section applies in relation to a person who has made a second request the making of which has been recorded in the person’s medical records under section 13.

(2) The person must ensure that, if any act of suicide (or attempted suicide) follows on that request, it takes place within the period of 14 days beginning with the day when the making of the request was so recorded.
Assisted Suicide (Scotland) Bill
Part 2—Safeguards

Nature of assistance

18 Nature of assistance: no euthanasia etc.

(1) Nothing in this Act authorises anyone to do anything that itself causes another person’s death.

(2) Accordingly, assistance must not be such as to infringe the requirement in subsection (3).

(3) That requirement is that the cause of the other person’s death must be (or, in the case of an attempt, would have been) that person’s own deliberate act.

Licensed facilitators

19 General functions of licensed facilitators

A licensed facilitator is to use best endeavours—

(a) to provide, before, during and after the act of suicide (or attempted suicide) by the person for whom the facilitator is acting, such practical assistance as the person reasonably requests,

(b) to provide the person with comfort and reassurance,

(c) to be with the person when any drug or other substance or means dispensed or otherwise supplied for the suicide of the person is taken or used by the person,

(d) as soon as practicable after the expiry of the period of 14 days referred to in section 17(2), to remove from the person any such drug or other substance or means still in the person’s possession.

20 Reporting to police

Where a licensed facilitator knows or believes—

(a) that the person for whom the facilitator has been acting has died as a result of taking or using any drug, substance or other means dispensed or otherwise supplied for the person’s suicide, or

(b) that the person has attempted to commit suicide in that way but has not died,

the facilitator must report that fact or belief to a constable as soon as practicable.

21 Licensed facilitators: disqualifying relationships and minimum age

(1) A licensed facilitator may not act as such for a person in relation to whom the facilitator is disqualified under schedule 4.

(2) A person under 16 years old may not be a licensed facilitator.

22 Licensing of facilitators

(1) The Scottish Ministers may, by order, appoint—

(a) a person or a body, association or group of persons to be the licensing authority, or

(b) persons or bodies, associations or groups of persons to be licensing authorities, for facilitators.
(2) The Scottish Ministers may, by regulations, provide for—
   (a) the suspension or revocation by the Scottish Ministers of an appointment,
   (b) the grounds on which an appointment may be suspended or revoked,
   (c) the procedure for granting licences,
   (d) the checking and training of applicants for licences and the training, supervision
       and inspection of licensed facilitators,
   (e) the suspension and revocation of licences, whether by the Scottish Ministers or a
       licensing authority,
   (f) the grounds on which licences may be suspended or revoked,
   (g) appeals and the grounds and procedure for appeals or different appeals or classes
       of appeal, and
   (h) such other matters as the Scottish Ministers think appropriate.

(3) An order under subsection (1) is subject to the affirmative procedure.

(4) Regulations under subsection (2) are subject to the negative procedure.

23 Directions and guidance

(1) The Scottish Ministers may issue directions about how licensed facilitators are to act in
    pursuance of this Act.

(2) A licensing authority must use its best endeavours to ensure that those directions are
    complied with by the facilitators to whom it has granted licences.

(3) A licensing authority must have regard to any guidance issued by the Scottish Ministers.

(4) The Scottish Ministers must publish any such directions or guidance.

Savings

24 Savings for certain mistakes and things done in good faith

(1) If a person, when acting in good faith and in intended pursuance of this Act, makes an
    incorrect statement or otherwise does anything inconsistent with the Act (including an
    omission) but has not been shown to have been careless in doing so, then—
    (a) the person does not, in that respect, commit a crime (of any kind) or incur any
        civil liability, and
    (b) the statement, act (or omission), and anything done or omitted to be done on the
        basis of it, is to be treated as in conformity with the Act.

(2) If—
    (a) a person, when acting in good faith and in intended pursuance of this Act, provides any assistance (the “assisting” person), and
    (b) another person makes or has made an inaccurate statement or does or has done
        anything inconsistent with this Act (including an omission),

the assisting person does not, in respect of that assistance, commit a crime (of any kind)
or incur any civil liability.
(3) Nothing done by a person when acting in good faith and in intended pursuance of this Act is affected by—

(a) any incorrect statement carelessly or knowingly made, or

(b) any other thing carelessly or knowingly done that is inconsistent with this Act (including an omission).

PART 3

COMMENCEMENT AND SHORT TITLE

25 Commencement

(1) This section and sections 22, 23 and 26 come into force on the day after Royal Assent.

(2) The rest of this Act comes into force at the end of the period of 6 months beginning with that day.

26 Short title

The short title of this Act is the Assisted Suicide (Scotland) Act 2014.
**SCHEDULE 1**
(introduced by section 4)

FORM OF PRELIMINARY DECLARATION, WITNESS STATEMENT AND MEDICAL PRACTITIONER’S NOTE

“PRELIMINARY DECLARATION OF WILLINGNESS TO CONSIDER ASSISTED SUICIDE

1. I declare that if I become/am* eligible to seek the assistance to commit suicide that is made lawful by the Assisted Suicide (Scotland) Act 2014, I am willing to consider whether to request it.

2. I make this declaration voluntarily and, in particular, I have not been persuaded or similarly influenced by another person to make it.

3. I understand that I can cancel this declaration at any time.

4. I am registered as a patient with the above medical practice.

5. I am at least 16 years old.

6. To the best of my knowledge, ................................................................., the witness to my signature of this declaration is at least 16 years old.

7. To the best of my knowledge, he/she* is not disqualified from being my witness under schedule 4 to the Assisted Suicide (Scotland) Act 2014 (disqualification of relatives, persons standing to gain and certain doctors and nurses), nor do I expect him/her* to become so disqualified.

8. I understand that the assistance to commit suicide that is made lawful by that Act can be obtained by me under that Act only if I have started off by making this declaration.

*Delete as appropriate

Signed..........................................................................................date of signature..............
WITNESS STATEMENT

Full name of witness..........................................................................................................................

Address...........................................................................................................................................
 .........................................................................................................................................................
 .........................................................................................................................................................
 .........................................................................................................................................................

Postcode..................................................

Date of birth.................................................................

1. ................................................................................................................................................ signed the above preliminary declaration in my presence.

2. ......................................................................................................................................................

3. I am at least 16 years old.

4. ..................................................................................................................................................

5. ..................................................................................................................................................

6. ..................................................................................................................................................

*Delete as appropriate

Witness’s signature.................................................................date of witness’s signature.....................

NOTE BY REGISTERED MEDICAL PRACTITIONER

Full name of medical practitioner.....................................................................................................

Address of medical practice..................................................................................................................
 .........................................................................................................................................................
 .........................................................................................................................................................

Postcode..................................................

1. I am satisfied that the above preliminary declaration and witness statement conform with schedule 1 to the Assisted Suicide (Scotland) Act 2014.

2. On the basis of the facts known to me, I have no reason to believe that anything stated in the above preliminary declaration or witness statement is false.

Signed...................................................................................date of signature..............................
FORM OF FIRST REQUEST AND MEDICAL PRACTITIONERS’ STATEMENTS

“FIRST REQUEST FOR ASSISTANCE IN COMMITTING SUICIDE

[Formal details and medical practitioner's statements]

1. I ask for the assistance to commit suicide that is made lawful by the Assisted Suicide (Scotland) Act 2014.

2. I make this request voluntarily and, in particular, I have not been persuaded or similarly influenced by another person to make it.

3. I understand that I can cancel this request at any time.

4. I understand that the assistance I am asking for can be obtained by me under the Assisted Suicide (Scotland) Act 2014 only if I have made a preliminary declaration and this first request, and then followed them up with a second request.

5. I have reflected on the consequences for me of the considerations set out in paragraph 6 below and, in the light of having done so, I have concluded that my quality of life is unacceptable.

6. Those considerations are that—
   (a) I have an illness or condition of the kind set out in paragraph 7 below, and
   (b) I see no prospect of any improvement in my quality of life.

7. The kind of illness or condition I have is—
   (a) an illness that is, for me, either terminal or life-shortening, or
   (b) a condition that is, for me, progressive and either terminal or life-shortening.

Signed........................................................................................................... date of signature..........................
FIRST REGISTERED MEDICAL PRACTITIONER’S STATEMENT ON FIRST REQUEST

Full name of medical practitioner..............................................................

Address of medical practice........................................................................

Postcode..................................

1. I have discussed with ........................................................................... the
   nature and effect of the above request.

2. To the best of my knowledge, he/she* is making the request voluntarily and, in particular,
   has not been persuaded or similarly influenced by any other person to make it.

3. I am satisfied that—
   (a) he/she* has signed a preliminary declaration which has been endorsed,
   (b) it was signed at least seven days before he/she* signed the above request,
   (c) the fact that the declaration has been made and the date when it was signed have been
      recorded in his/her* medical records, and
   (d) he/she* has not cancelled it.

4. I am of the opinion that he/she* has capacity (within the meaning of section 12 of the
   Assisted Suicide (Scotland) Act 2014) to make the above request.

5. I am satisfied that he/she* is registered as a patient with a medical practice in Scotland.

6. I am satisfied that he/she* is at least 16 years old.

7. I am of the opinion that he/she* has an illness that, for him/her*, is either terminal or life-
   shortening or a condition that, for him/her*, is progressive and either terminal or life
   shortening.

8. I am of the opinion that his/her* conclusion (as set out in the above request) that his/her*
   quality of life is unacceptable is not inconsistent with the facts currently known to me.

*Delete as appropriate

Signed..............................................................date of signature..................

Note: under section 9(5) of the Assisted Suicide (Scotland) Act 2014, it is enough to state an
opinion that the person has an illness or condition of the kind mentioned above and to state that it
is terminal or life-shortening without, in either case, identifying which of the two it is.
SECOND REGISTERED MEDICAL PRACTITIONER’S STATEMENT ON FIRST REQUEST

Full name of medical practitioner...........................................................................................

Address of medical practice........................................................................................................

Postcode................................................................................................................................

1. I have discussed with ........................................................................................................ the
   nature and effect of the above request.

2. To the best of my knowledge, he/she* is making the request voluntarily and, in particular,
   has not been persuaded or similarly influenced by any other person to make it.

3. I am satisfied that—
   (a) he/she* has signed a preliminary declaration which has been endorsed,
   (b) it was signed at least seven days before he/she* signed the above request,
   (c) the fact that the declaration has been made and the date when it was signed have been
       recorded in his/her* medical records, and
   (d) he/she* has not cancelled it.

4. I am of the opinion that he/she* has capacity (within the meaning of section 12 of the
   Assisted Suicide (Scotland) Act 2014) to make the above request.

5. I am satisfied that he/she* is registered as a patient with a medical practice in Scotland.

6. I am satisfied that he/she* is at least 16 years old.

7. I am of the opinion that he/she* has an illness that, for him/her*, is either terminal or life-
   shortening or a condition that, for him/her*, is progressive and either terminal or life
   shortening.

8. I am of the opinion that his/her* conclusion (as set out in the above request) that his/her*
   quality of life is unacceptable is not inconsistent with the facts currently known to me.

* Delete as appropriate

Signed..........................................................................................................................date of signature..............................

Note: under section 9(5) of the Assisted Suicide (Scotland) Act 2014, it is enough to state an
opinion that the person has an illness or condition of the kind mentioned above and to state that it
is terminal or life-shortening without, in either case, identifying which of the two it is.”
FORM OF SECOND REQUEST AND MEDICAL PRACTITIONERS’ STATEMENTS

“SECOND REQUEST FOR ASSISTANCE IN COMMITTING SUICIDE

Full name..........................................................................................................................................................................
Address................................................................................................................................................................................
.........................................................................................................................................................................................
.........................................................................................................................................................................................
Postcode.................................................................

Date of birth.................................................................................................................................

Medical practice (name and address).................................................................................................................................
.........................................................................................................................................................................................
.........................................................................................................................................................................................

1. I ask again for the assistance to commit suicide that is made lawful by the Assisted Suicide (Scotland) Act 2014.

2. I make this second request voluntarily and, in particular, I have not been persuaded or similarly influenced by another person to make it.

3. I understand that I can cancel this second request at any time.

4. I understand that the assistance I am asking for can be obtained by me under the Assisted Suicide (Scotland) Act 2014 only if I have made a preliminary declaration, a first request and this second request.

5. I understand that this second request is the final step in the procedure for obtaining that assistance.

6. I understand that the assistance I am asking for will be lawful under that Act only if any act of suicide (or attempted suicide) following this second request takes place within the period of 14 days beginning with the day the making of this request is recorded in my medical records.

7. I have arranged to have the services of a licensed facilitator.

8. I have reflected on the consequences for me of the considerations set out in paragraph 9 below and, in the light of having done so, I have concluded that my quality of life is unacceptable.

9. Those considerations are that—

   (a) I have an illness or condition of the kind set out in paragraph 10 below, and
   (b) I see no prospect of any improvement in my quality of life.

10. The kind of illness or condition I have is—

    (a) an illness that is, for me, either terminal or life-shortening, or
    (b) a condition that is, for me, progressive and either terminal or life-shortening.

Signed.................................................................................date of signature..........................
FIRST MEDICAL PRACTITIONER’S STATEMENT ON SECOND REQUEST

Full name of medical practitioner........................................................................................................

Address of medical practice..........................................................................................................................

Postcode..........................................................

1. I have discussed with ......................................................................................................................... the
   nature and effect of the above request.

2. To the best of my knowledge, he/she* is making the request voluntarily and, in particular,
   has not been persuaded or similarly influenced by any other person to make it.

3. I am satisfied that—
   (a) he/she* has made a first request,
   (b) the fact that the first request has been made and the date when it was endorsed have
       been recorded in his/her* medical records,
   (c) he/she* has not cancelled it, and
   (d) the above request was signed by him/her* at least 14 days after his/her* first request
       was endorsed.

4. I am of the opinion that he/she* has capacity (within the meaning of section 12 of the
   Assisted Suicide (Scotland) Act 2014) to make the above request.

5. I am satisfied that he/she* is registered as a patient with a medical practice in Scotland.

6. I am satisfied that he/she* is at least 16 years old.

7. I am of the opinion that he/she* has an illness that, for him/her*, is either terminal or life-
   shortening or a condition that, for him/her*, is progressive and either terminal or life-
   shortening.

8. I am of the opinion that his/her* conclusion (as set out in the above request) that his/her*
   quality of life is unacceptable is not inconsistent with the facts currently known to me.

*Delete as appropriate

Signed.................................................................................................................. date of signature..................

Note: under section 11(6) of the Assisted Suicide (Scotland) Act 2014, it is enough to state an
opinion that the person has an illness or condition of the kind mentioned above and to state that it
is terminal or life-shortening without, in either case, identifying which of the two it is.
SECOND MEDICAL PRACTITIONER’S STATEMENT ON SECOND REQUEST

Full name of medical practitioner: .................................................................

Address of medical practice: .............................................................................

..........................................................................................................................

Postcode: ........................................

1. I have discussed with ..................................................................................... the nature and effect of the above request.

2. To the best of my knowledge, he/she* is making the request voluntarily and, in particular, has not been persuaded or similarly influenced by any other person to make it.

3. I am satisfied that—
   (a) he/she* has made a first request,
   (b) the fact that the first request has been made and the date when it was endorsed have been recorded in his/her* medical records,
   (c) he/she* has not cancelled it, and
   (d) the above request was signed by him/her* at least 14 days after his/her* first request was endorsed.

4. I am of the opinion that he/she* has capacity (within the meaning of section 12 of the Assisted Suicide (Scotland) Act 2014) to make the above request.

5. I am satisfied that he/she* is registered as a patient with a medical practice in Scotland.

6. I am satisfied that he/she* is at least 16 years old.

7. I am of the opinion that he/she* has an illness that, for him/her*, is either terminal or life-shortening or a condition that, for him/her*, is progressive and either terminal or life-shortening.

8. I am of the opinion that his/her* conclusion (as set out in the above request) that his/her* quality of life is unacceptable is not inconsistent with the facts currently known to me.

*Delete as appropriate

Signed: .......................................................... date of signature: .........................

Note: under section 11(6) of the Assisted Suicide (Scotland) Act 2014, it is enough to state an opinion that the person has an illness or condition of the kind mentioned above and to state that it is terminal or life-shortening without, in either case, identifying which of the two it is.”
Assisted Suicide (Scotland) Bill
Schedule 4—Disqualifying relationships: witnesses, proxies and licensed facilitators

SCHEDULE 4
(introduced by sections 4, 16 and 21)

DISQUALIFYING RELATIONSHIPS: WITNESSES, PROXIES AND LICENSED FACILITATORS

1 As respects—

(a) a person signing a preliminary declaration under section 4(1),
(b) a person who has made a second request under section 10,
(c) a person intending to have a document signed by proxy under section 16,

the individuals specified in paragraph 2 are disqualified from being the witness, a licensed facilitator or, as the case may be, the proxy.

2 Those individuals are as follows—

Family relationships

(a) the person’s spouse, civil partner or cohabitee,
(b) the person’s parent or grandparent and any spouse, civil partner or cohabitee of that parent or grandparent,
(c) the parent of the person’s spouse, civil partner or cohabitee and any spouse, civil partner or cohabitee of that parent,
(d) the person’s child or grandchild and the spouse, civil partner or cohabitee of that child or grandchild,
(e) the person’s brother, sister, nephew or niece and the spouse, civil partner or cohabitee of that brother, sister, nephew or niece,
(f) the person’s aunt, uncle or cousin, the child of that cousin and any spouse, civil partner or cohabitee of that aunt, uncle, cousin or cousin’s child,

Financial etc. relationships

(g) anyone who will gain financially in the event of the person’s death whether directly or indirectly and whether in money or money’s worth,

Medical and nursing relationships

(h) where the person has an illness or condition such as is described in section 8(5), any registered medical practitioner or registered nurse who has provided treatment or care for the person in relation to that illness or condition.

3 In paragraph 2, “cohabitee”, in relation to a person, means another person who is living with the person as if married to, or in civil partnership with, the person.

4 The family relationships set out in paragraph 2(b) to (f) include—

(a) relationships created by adoption or by marriage,
(b) relationships of the half-blood, and
(c) step-family relationships (step-children, step-brothers, step-sisters, step-cousins and so on).
Assisted Suicide (Scotland) Bill
[AS INTRODUCED]

An Act of the Scottish Parliament to make it lawful, in certain circumstances, to assist another to commit suicide; and for connected purposes.

Introduced by: Margo MacDonald
Supported by: Patrick Harvie
On: 13 November 2013
Bill type: Member’s Bill