

## **Assisted Suicide (Scotland) Bill**

### **Church and Society Committee of the United Reformed Church's Synod of Scotland**

This is the response of the above Committee to the consultation on Assisted Suicide (Scotland) Bill following discussion at its meetings of 19th April 2012 and then 30th April 2014.

1. Do you agree with the general purpose of the Bill to make it permissible, in the circumstances provided for, to assist another to commit suicide?

Yes, we supported the last Bill and support this one. We believe that under certain circumstances people with a terminal illness have the right to end their lives and to seek assistance to do so.

2. Do you have any views on how the provisions in this Bill compare with those from the previous End of Life Assistance (Scotland) Bill?

We believe the eligibility criteria are simpler. We welcome the removal of the disability criterion which some found offensive in the last proposal.

3. The Bill precludes any criminal and civil liability for those providing assistance, providing the processes and requirements set out in the Bill have been adhered to. Do you wish to make any comment on this?

Given the purpose of the Bill it would be strange if it did not preclude such liability.

4. The Bill outlines a three stage declaration and request process that would be required to be followed by an individual seeking assisted suicide. Do you have any comment on the process being proposed?

We think pre-registration is appropriate and recognise the parallel with patients in other circumstances who have clearly indicated a competent advanced refusal of resuscitation. We have no problems with the timescales, which seem reasonable. We are happy with the chain of documentary evidence discussed.

5. Do you have any comment on the provisions requiring that the person seeking assisted suicide must have a terminal or life-shortening illness, or a progressive condition which is either terminal or life-shortening?

As stated above in '2' we welcome the removal of the disability criterion which some found offensive in the last proposal.

6. Are you satisfied with the eligibility requirements as regards age, capacity, and connection with Scotland as set out in the Bill?

Yes we are. We believe the connection with Scotland as described would stop Scotland attracting those who would come from outwith to end their lives and would ensure that their medical records were available. We are aware that some

would like to start a debate around the matter of age, but we recognise that there is controversy around UK Government policy on age for recruiting to armed forces and age for deployment to theatres of war, and similarly there is concern among many that Scotland's 'age of criminal responsibility' is controversially low. As and when we get a coherent and consistent policy on responsibility and age this legislation could subsequently be amended if need be.

7. Do you have any comment on the roles of medical practitioners and pharmacists as provided for in the Bill?

We trust that guidelines on lethal dosages and their storage and shelf life will be given.

8. Do you have any comment on the means by which a person would be permitted to end his/her life under the Bill?

No.

9. Do you have any comment on the role of licensed facilitators as provided for in the Bill?

In principle we believe a facilitator would be desirable and that problems associated with recruitment, training and licensing would not be insuperable. We foresee practical problems arising from facilitators having long periods when their services are not required and their becoming 'rusty'. We can envisage the process working in an urban environment, but believe some thought needs to be given to its application in small island communities and sparsely populated rural communities.

10. Do you have any comment on the role of the police as provided for in the Bill?

No.

11. Do you have any comment to make about the Bill not already covered in your answers to the questions above?

We wondered if it was envisaged that a facilitator should receive a fee. We had no strong opinion either way but thought it might colour public perception.

We had been unsure about the suggestion of filming as suggested in the 2012 consultation. Setting up a fixed camera might have been less intrusive than hand-operating, but there remained questions about the patient's privacy and dignity, and also questions about regulating subsequent use and accessing of the film.

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