

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

### **Doctors for Assisted Suicide**

#### **Introduction**

This evidence is being submitted on behalf of the organisation Doctors for Assisted Suicide (DAS). DAS are a group of practicing and retired doctors in Scotland from multiple disciplines who support the Assisted Suicide (Scotland) Bill which is currently being considered by the Scottish Parliament.

At the time of the launch of DAS on 2 June 2014, the organisation had 26 confirmed members and will be actively seeking additional members from across the medical professions in Scotland. We are confident that this number will be significantly higher by the time the Health & Sport Committee considers its oral evidence.

#### **Responses to Questions**

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?

We agree with the general purpose of the Bill, in particular the role of the facilitator in overseeing the final stage of the process.

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 that this Bill provides a number of welcome safeguards compared to the previous Bill. In particular the initial registration is an appropriate and useful means by which a person is able to indicate that they would or might pursue assisted suicide.

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. Comment.

The provisions of the Bill would regularise practice that most likely takes place outside the law at the present time. However we believe that more clarity is required about what the facilitator is and is not allowed to do.

4. The Bill outlines a three stage declaration and request process that would be required to be followed by an individual seeking assisted suicide. Comment on the process.

The three stage declaration and request process seems thorough.

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?

We agree with this and, in addition, welcome the fact that no time limits are laid down by the Bill. Doctors are often inaccurate in predicting how long someone has to live. In addition, distress that may last a longer time requires at least as much attention as short-lived distress.

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

We particularly welcome the requirement for mental capacity. The Bill should perhaps include a statement that, if there is any doubt, the opinion of a consultant psychiatrist should be sought. Some of our members felt that the lower age limit of 16 years was too low, preferring 18 years, whilst other members wanted to keep it at 16 years. It is perhaps worth noting that requests from teenagers where assisted suicide is available are very rare.

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

We acknowledge that currently some doctors opposed assisted suicide and there are large numbers who are undecided. Many of these are likely to be willing to fulfil their roles if the Bill becomes Law. In addition, not only GPs but hospital practitioners could be involved. It is important to be aware from the experience of other countries and states in the USA where assisted suicide or dying has been made legal, that the numbers involved are likely to be very small.

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

We welcome the fact that the Bill states clearly that the cause of the (other) person's death must be that person's own deliberate act. Thus euthanasia will remain a crime.

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

We welcome the introduction of licensed facilitators whose role is clearly laid out in the Bill and suggest that doctors might have some role to play in their training.

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

As assisted suicide will result in a sudden death, we feel it is appropriate that there be police involvement.

11. Do you have any other comments to make about the Bill?

We strongly believe that patients should have the choice about when and how they die. Making assisted suicide legal gives doctors the opportunity to support patients to make that choice and thereby improves the care that we can offer. This choice should not be denied to the few people to whom it would give immense comfort.

With the adequate safeguards included in the Bill, it would make assisted suicide available whilst reducing any danger of inappropriate pressure being applied.

Evidence from other areas where there are similar provisions e.g. Oregon USA suggests that there is no risk of a 'slippery slope' whereby the limits to the law become more lax over time. In particular, there is no evidence that where assisted suicide has been introduced there is an increase in euthanasia.

Evidence from Oregon and other areas suggests that patients often choose to live longer when they know that assisted suicide is an option.

There are limits to the effectiveness of palliative care. With even the best care, some patients suffer intolerable pain, loss of dignity and severe misery. Making assisted suicide available as another option of care would improve end of life care and ensure that the end of life is more tolerable for more people.

We have all seen the pain and distress of many patients in the last few weeks and days of dying. This situation also distresses their relatives and carers who may then have to cope with a request for speeding the process towards its inevitable end. This can become a point of friction between them.

The safeguards included in this Bill will allow all participants to find a way, discussed in advance; to ease this situation and this will be within the law, a dignified path for all concerned.

It is very important that the Bill includes a statutory requirement for data collection as in Oregon, USA.

## **Conclusion**

There are a number of members DAS who would be happy to give oral evidence to the Health and Sport Committee considering the Bill, based on their clinical practice.

## **Doctors for Assisted Suicide**