

Assisted Suicide (Scotland) Bill

Highland Hospice

Highland Hospice provides specialist palliative care and advice for patients with advanced, incurable disease and a short life expectancy, regardless of diagnosis.

In 2010 we submitted evidence to the parliamentary committee scrutinising the End of Life Assistance (Scotland) Bill. Having given thorough consideration to that Bill, we view the current Bill as almost identical in purpose (save for the exclusion of euthanasia) and closely similar in detail.

We have contributed to, and endorse the response to the Committee from the Scottish Partnership for Palliative Care.

Q1 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?

It is a founding principle of palliative care that we should help patients 'to live until they die', and 'to neither prolong life nor hasten death'. Clearly this is fundamentally at variance with the general purpose of this Bill, with which we therefore cannot agree. With the engagement of our multiprofessional team, our objective is to optimise symptom and disease control and provide the best possible care in the terminal stages of life in the hospice, or to facilitate that elsewhere. In the profound and supportive relationships which we develop with our patients, matters of deep personal distress, including a wish for death, can be, and often are, raised without fear that care might be compromised or that death might be accelerated. We believe that the experience of high quality care overrides a persistent wish for accelerated death in all but the most exceptional circumstances. The availability of assisted suicide, and the short time in which the whole process set out in the Bill could be accomplished, would undermine this.

Q2 Do you have any views on how the provisions in this Bill compare with those from the previous End of Life Assistance (Scotland) Bill? taken together with

Q9 Do you have any comment on the role of licensed facilitators provided for in the Bill?

Preliminary declaration

The development of safeguards is an acknowledgment that this Bill creates risk for some members of society and paragraph 56 of the Policy Memorandum recognises the possibility of coercion. A preliminary declaration may give an appearance of reliability as a safeguard. However it seems entirely possible, if not indeed probable, that a vulnerable person could be coerced into making a preliminary declaration, and subsequently to complete the process. Furthermore, since the preliminary declaration can be made when the person is ill and as little as seven days before the first request, we do not believe that this provides meaningful protection against coercion. This Bill has the potential to exacerbate the problem of elder abuse in our society, (www.elderabuse.org.uk). It is not difficult to predict that pressure on the elderly frail person to consider assisted suicide could be encouraged by its availability, particularly if the demands or expense of care create challenges for a family.

Licensed Facilitators

Our multi-professional involvement is comprehensive and inclusive of close family and friends both during the patient's illness, and beyond. We are therefore experienced in the care of patients and relatives and are familiar with the range of distress and psychological trauma experienced by many at such a momentous time. Palliative care provides a more wholesome and life-enhancing relationship with the patient and family than would be required of the Licenced Facilitator, whose role by contrast would be solely focussed on the person's death.

Euthanasia is not permitted under this Bill, but we are concerned by the statement in the policy Memorandum to the effect that the extent of the assistance provided by the Licensed Facilitator will "vary greatly according to their illness or condition (for example, whether they are physically capable of lifting a cup to their lips unaided)". This comes dangerously close to euthanasia.

Q5 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?

Although patients with advanced incurable cancer by definition have a terminal or life-shortening illness, the concept of a progressive condition which is 'either terminal or life-shortening for the person' is vague. There is a wide range of conditions which could be terminal or life shortening but which are amenable to treatment, (e.g. vascular, respiratory, renal, neurological, and metabolic conditions as well as some infectious diseases). It is disturbing to think that distressed or frightened patients with such conditions might avail themselves of assisted suicide rather than the effective treatments which are available. We have indicated above how assisted suicide could undermine our work in palliative care. This provision could equally undermine the work of our colleagues in many other fields of medicine.

Q7 Do you have any comment on the roles of medical practitioners and pharmacists as provided for in the Bill?

The Bill itself does not specify the actual means of achieving suicide and does not even mention pharmacists. The Policy Memorandum assumes that a doctor will prescribe a lethal medication and that a pharmacist will dispense it. The assumption that 'a large majority of doctors and pharmacists' would exercise this duty without objection is presumptive and unfounded. Doctors in the majority remain opposed to assisted suicide and recent evidence indicates that only a minority would be prepared to be involved (McCormack et al. Palliative Medicine 2011; 26(1) 23–33). Given the likelihood that relatively small numbers of people, at least initially, would wish to avail themselves of assisted suicide, medical experience in this practice would be so diluted that it would be challenging to establish the high standard of expertise which is required for every other area of medical practice. A doctor's duty should be focussed on careful diagnosis, appropriate investigation, and thoughtful management, not the acceleration of death.

Q8 Do you have any comment on the means by which a person would be permitted to end his/her life under the Bill?

This Bill states that suicide would be achieved when 'a drug or other substance or means dispensed or otherwise supplied is taken or used by the person'. This

statement is alarming, and appears to give unrestricted license to the means of achieving suicide, all the more disturbing when one person is franchised to assist the death of another by such means.

Conclusion

For the reasons given in this statement and in our response to the previous legislative attempt, Highland Hospice remains opposed to the legalisation of assisted suicide as proposed in this Bill.

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