

Assisted Suicide (Scotland) Bill

Muslim Council of Scotland (MCS)

Introduction

Islamic Beliefs

Our main objection to this Bill is based on our strong belief on the sanctity of life and the complete rejection of any interference with it. These objections were detailed in our responses to the 2010 Bill and we are briefly repeating them here:

There are moral values for Muslims that do not change because they are grounded in teachings of God.

The Islamic Laws are based on the protection of the life, faith, family, wealth and honour.

Life is the greatest gift from God and to tamper with it or interfere to end it is the most serious sin and an act of ingratitude against the creator.

This applies whether it is the person's own life or someone else's life.

God has given life and it is not for physicians, or others, to end a person's life early.

This belief is the part of our community's practice of their faith, which is also protected by the European Convention of Human Rights (ECHR) and other conventions.

This belief affects all of us including those working in the medical profession.

Principle Objections

The conclusions of the 2010 Committee made it clear that the moral and ethical issues should be considered before the practical proceedings.

As this Committee agreed in 2010 it is not a question of autonomy, but one of societal responsibility.

The public made it clear, and MSPs decided overwhelmingly, that they did not want assisted suicide.

The civil Society's duty is to protect the vulnerable not just facilitate their demise to save the trouble of looking after them.

A civilised society must sometimes constrain the freedom of its members especially to protect the very basis of its civilisation which is the equal, immeasurable and inherent value and worth of all its members without exception.

The carefully argued case about dignity and worth etc at the 2010 Committee stage of the last Bill, is completely ignored by the proposers of the present Bill.

While the Bill is claimed not to allow euthanasia, however in practice it will lead to euthanasia.

Legalising assisted suicide changes the culture surrounding care for sick and vulnerable and would be a catastrophe in terms of how our society confronts illness

and disability.

Legalising assisted suicide will create a culture which will undermine the efforts to prevent suicide especially with the young who are mentally vulnerable but physically able to commit suicide.

In the pre-Bill consultation of this Bill two thirds of the respondents were opposed to the principle of this bill.

The new Bill does not address these issues, assumes them irrelevant and deals only with the practical details.

Now we turn to the specific 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 do not agree with the purpose of this Bill.

First of all, this Bill is wrong in principle as explained in our introduction above and ascertained by this Committee only three years ago after wide consultation and scrutiny.

It will harm the public in general, the relation between the public and medical profession, and reduce the security of vulnerable people within society.

As for the practical issues, Lord Faulkner was quoted to say that “No safeguard is water tight”. The safeguards represent a moving target as evidenced by the proposers own admission; they are confident that, once it has been seen to operate effectively for a number of years, there may be an opportunity for further developments in the law’,

Evidence shows that wherever assisted suicide is legalised, it inevitably leads to increasingly more people becoming eligible to end their lives prematurely, the recent example of Belgium’s extension of euthanasia to children confirming that in this area the slippery slope is real.

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?

The new Bill is even weaker on details such as mental health examination and time to reflect.

For example, the issue of mental and psychological capacity, the Bill does not require any examination or involvement of mental health experts.

Previous studies have shown that around 25% of Oregon patients requesting assisted suicide are likely to be suffering from depression or anxiety, yet only 2% were referred to psychological testing.

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?

The Bill gives an open and easy exit for anyone who does assist in suicide with no consideration or deterrent to those who may abuse the system.

It even removes culpability for 'incorrect' and 'inconsistent' actions 'in good faith' and contains no penalties for abuses or 'careless' errors, nor any suggestion of how such might be investigated.

The Bill does not require any oversight body to monitor the application with all the various areas open to abuse, intentionally or unintentionally in a the procedure.

This easy approach lends little protection to the general public and may be incomputable with Article 2 of the European Convention on Human Rights (ECHR).

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?

All aspects of this Bill are subordinated to the principle of making the securing of assisted suicide as easy and efficient as possible. We express particular concern about the following:

1. There is no counselling or advice, alternative treatments considered or supportive care required to be given.
2. The very completion of a declaration could alter the entire future dialogue between patient and doctor as medical issues arise
3. There is no procedure for the making and communication of a cancellation.
4. There is no indication of the time the witness is required to have known the individual, the Bills text can be interpreted as few minutes
5. The declaration requires no action by the doctor, and effectively makes the doctor an accomplished witness
6. In the requests, the doctor need only confirm that the patient's understanding of the situation 'is not inconsistent with the facts currently known to me'
7. There is no reason given to explain why the second Doctor is chosen by the first.
8. The waiting periods is too short and nothing is required to be done to help the individual proceed or otherwise.

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?

Currently, health and social care professionals do all they can to enhance quality of life and do not see the termination of life as a solution to patients' health concerns.

The phrase "condition which for the person is terminal or life-shortening" is extremely broad in its scope and gives wide scope for eligibility. Most progressive conditions will have a life-shortening effect in an undefined way. There should be a better way of defining this life shortening, unfortunately there is no scientifically agreed measure,

nor there is one for quality of life.

Legalising assisted suicide will not only compromise the work of palliative care professionals but also other professionals working with people with lots of chronic or life-shortening diseases.

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

Young people at 16 year olds might be subject to emotional pressures and usually easily disturbed and certainly need advice and counselling to make such a major decision.

Thus we think 16 is too low to make this decision.

The Bill does not require a certain capacity for making the preliminary declaration.

At first and second requests, there is no mandated or recommended psychiatrist (or indeed physical) assessment and only that the individual has not already been diagnosed with a mental disorder, which is a guarantee of having no disorder.

We believe these assessments have to be made at the time of the declaration and requests.

Regarding connection with Scotland, the Bill does not specify any period which is open to abuse as medical tourism.

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

The Bill removes responsibility from doctors, repeatedly absolving them from blame with no prescribed checks and no penalties. Doctors are no longer making clinical decisions but sociological ones, and are expected to rubber stamp.

A doctor's involvement with someone who is distressed enough to want suicide must be given the time and space to have a real dialogue. Doctors have to gain a deep understanding of the patient's problems, and seek to address it, rather than just agreeing with the person's wishes.

However this Bill asks Doctors to simply endorse the weight of patients' personal perceptions, with no requirement of a genuine doctor-patient dialogue which is needed to reach a better outcome.

It is also important that there is no conscience clause in the Bill for Doctors, in spite of the overwhelming opposition by the majority of healthcare professionals and their professional bodies.

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

The Bill does not also define the actions or materials which are considered as **assistance**.

The Bill does not specify the means to be used for causing the suicide, instead it lists some drugs etc but give no restrictions, thus leaving the door open for any other methods

This could lead to euthanasia since some person will not be able to do it themselves and the facilitator may think it is part of his assistance role.

Thus the wording of the Bill would make it legal to assist someone to hang themselves, apply suffocation, electric shock, etc since there is no exclusions are made in the Bill.

These cases easily progress assistance to become euthanasia.

We note also that limiting the Bill to assisted suicide would leave those physically incapable of ending their lives without a means of doing so, which goes against the logic of the Bill.

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

The definition of facilitation is so vague and impractical. How much time the facilitator will spend with the person to satisfy the requirement that “the facilitator be present at the suicide”. To be consistent the time should be the full 14 days prescribed in the procedure.

It is also unrealistic to expect the facilitator to deliver care in a real sense if he/she is contracted to a person unknown to him/her previously for the sole purpose of assisting to suicide.

This situation has to be compared to Palliative care which has a much more wholesome and global involvement with the patient and their family, and lots of attendant issues

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

It is well known that in any country where assisted suicide has been legalised the safeguards initially introduced are gradually breached. It is generally accepted that in Netherlands and Belgium, where assisted suicide is legal, many deaths by assisted suicide are not reported to the authorities

The police are granted no real role, this situation is inadequate. and may not be in compliance with Article 2 of the ECHR.

Reporting without monitoring and oversight provisions are not enough to prevent abuse. There is no enforceable procedure to govern the procedures.

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

The Bill’s so-called safeguards assume that those who will request assisted suicide

will know their own minds beyond doubt. However in today's individualistic society the pressures on sick, disabled and elderly people to avoid placing 'unfair burdens' on others are very great. Maintaining the law's protection of this silent and vulnerable majority is more important than giving choices to a minority of strong-minded and highly resolute people.

This Bill is wrong on the moral principle and whatever procedures are introduced will not make it right. The proposed safeguards and procedures are lacking in many areas as explained in the response to the specific questions. A summary of the main points follows:

1. No counselling or advice whether from elders, faith leaders, medical personal etc.
2. Loose and relativistic terms such as 'life-shortening condition' are open to abuse
3. There is no scientific evidence to support the process of the Bill, eg; there is no satisfactory definition of quality of life, it depends wholly on the individual
4. Licensing doctors to kill would damage the doctor-patient relationship,
5. Doctors need not know or examine the patient.
6. Patients' beliefs about their condition cannot be objectively confirmed by the doctor
7. No assessment by a psychiatrist is required
8. There is no conscience or opt-out clause for doctors.
9. The present palliative care will be compromised by this Bill.
10. The Bill does not define the 'means' of suicide and the assistance to be offered.
11. The safeguards are defective with no reporting or oversight provisions
12. There are no penalties for misapplication or abuse.

This Bill is not needed, has no moral principle and not safe in details.

Muslim Council of Scotland calls upon the Scottish Parliament to reject this Bill at the earliest opportunity.

Muslim Council of Scotland