SAMH is grateful for the opportunity to respond to the Committee on the Assisted Suicide Bill. We provided a detailed response to the previous End of Life Bill in 2009, setting out concerns about the Bill as then drafted. The present Bill is quite different and therefore most of our previous concerns no longer apply. We are therefore providing a brief response highlighting some issues which we believe should be addressed. However, as the Bill does not specifically relate to mental health, we have taken no view on whether or not assisted suicide should be permissible.

Definitions
The Bill defines those who can access its provisions as those who have an illness that is either “terminal or life-shortening”. We would like to see a definition of “life-shortening” provided. It is well established that people with serious mental health problems have a shorter life expectancy than others, dying on average more than ten years earlier. We do not think that there is an intention that this Bill should apply to people who have a mental health problem but do not have a terminal condition, therefore we believe that it is vital that the phrase “life-shortening” should be clearly defined.

Means of suicide
Section 40 of the Policy Memorandum states

“Although it is envisaged that prescribed drugs will be the normal method used, the Bill is drafted widely enough to allow for the use of other substances or means, should those be preferred or become available.”

We are unclear about the meaning of this and would welcome clarification on whether there is any intention to limit the means of suicide which can be chosen.

Psychological support
We are disappointed to see that the Bill does not make provision for people to be offered psychological support at any stage. We believe that this provision should be introduced, both to assist people through this very difficult process and to ensure that every opportunity is explored to be absolutely certain that the person is sure of their decision.

Carolyn Roberts
Head of Policy and Campaigns
SAMH, June 2014

1 Scottish Government, Mental Health Strategy 2012-15