The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

MEETING OF THE PARLIAMENT

Wednesday 27 May 2015

Session 4

Wednesday 27 May 2015

CONTENTS

Scottish Parliament

Wednesday 27 May 2015

[The Deputy Presiding Officer opened the meeting at 14:00]

Portfolio Question Time

Finance, Constitution and Economy

Full Fiscal Autonomy

1. Murdo Fraser (Mid Scotland and Fife) (Con): To ask the Scottish Government whether full fiscal autonomy remains its policy. (S4O-04364)

The Deputy First Minister and Cabinet Secretary for Finance, Constitution and Economy (John Swinney): The Scottish Government will continue to make the case for full fiscal responsibility. However, as the implementation of the Calman commission proposals has demonstrated, the transition to full fiscal responsibility and the agreement of the detailed fiscal framework that would be required to underpin it would take a number of years to complete. Therefore, the Scottish Government's immediate priority is to ensure that the Smith commission agreement is implemented in full, and that responsibility for employment policy, including the minimum wage, welfare, business taxation, national insurance and equality policy are devolved to the Scottish Parliament. Those are the powers that this Parliament needs to improve competitiveness further, to create jobs and to lift people out of poverty.

Murdo Fraser: Why has the Scottish Government renamed its policy "full fiscal responsibility"? By what date does it want to see the policy implemented?

John Swinney: The Government's position is that the people of Scotland should be in control of their own affairs. That position, whatever we call it, has never changed; that is exactly our position.

As I have indicated, the Government supports full fiscal responsibility for Scotland. It would take time for that to be implemented, and it would require the consent of the United Kingdom Government. In the short term, what we will argue for—we will have more information on this tomorrow with the publication of the Scotland bill—depends on the extent to which the UK Government is prepared to implement the conclusions of the Smith commission. We will use the opportunity that was created by the meeting that the First Minister and I had with the Prime Minister and the Secretary of State for Scotland a couple of weeks ago to advance the arguments for further power beyond the Smith commission's conclusions.

Jackie Baillie (Dumbarton) (Lab): The cabinet secretary may be aware that House of Commons research published today shows that Scots benefited last year by almost £1,600 a head more in public spending than people in England, which clearly demonstrates the Barnett formula's benefit to Scotland. Does the cabinet secretary agree that, were he to achieve full fiscal autonomy, or whatever he chooses to call it, that would mean the end of the Barnett formula for Scotland?

John Swinney: As Jackie Baillie will be aware, the financial arrangements that Scotland operates will change as a consequence of the Smith commission. If she has not worked that out, I suggest that she goes away and does some research, because the issues will change as a consequence of the fiscal framework that will be put in place arising out of the Smith commission; I thought that the Labour Party supported that. Perhaps there will be another change of position by the Labour Party on that question. It would not surprise me if that was the case.

Jackie Baillie: Oh, for goodness' sake! Try answering the question.

The Deputy Presiding Officer (Elaine Smith): Order.

John Swinney: Jackie Baillie omitted from her question that full fiscal autonomy also comes with a range of economic powers and responsibilities to strengthen Scotland's economic performance. We demonstrated just yesterday how we used the Scottish Parliament's existing powers to improve Scotland's economic competitiveness through the Scottish business pledge. We seek other ways of doing that through wider financial responsibility, which, of course, would come with full fiscal responsibility.

Kenneth Gibson (Cunninghame North) (SNP): Does the cabinet secretary agree that we should pursue fiscal responsibility with purpose, coupled with a comprehensive economic strategy that would include the public, private and third sectors working in partnership to develop and implement a range of transformational policies, which will deliver an export-based increase in growth and address inequality by increasing economic participation to that of the top five advanced economies?

Murdo Fraser: Who wrote that question?

The Deputy Presiding Officer: Order, please.

John Swinney: Mr Gibson has certainly done Jackie Baillie a public service by explaining some of the opportunities that arise out of exercising

those wider economic powers to strengthen Scotland's economic performance.

Mr Gibson has set out an illustration of some of the additional powers that would become available to the Scottish Parliament if we had greater financial responsibility. Of course, we will use every lever at our disposal to strengthen our country's economic performance within the existing settlement, but if we acquire further powers, which is the basis of the discussions that I will have with the UK Government, we will have those opportunities to strengthen the Scottish economy into the bargain.

Office for Budget Responsibility (Meetings)

2. Chic Brodie (South Scotland) (SNP): To ask the Scottish Government when it last met the Office for Budget Responsibility. (S4O-04365)

The Deputy First Minister and Cabinet Secretary for Finance, Constitution and Economy (John Swinney): Scottish Government officials are in regular dialogue with the Office for Budget Responsibility on a range of issues, including the production of devolved tax forecasts, which the OBR publishes at each United Kingdom fiscal event.

Chic Brodie: In the OBR's fiscal outlook of 2014, when considering Scotland's new Calman taxes, it said that its forecasting methodologies were "work-in-progress"—that is, incomplete. In its fiscal outlook for 2015, it said on the methodologies that nothing had changed. On that basis, how confident is the Scottish Government that, in applying the remaining attributable portion of the Barnett contribution, we are not being, or will not be, short changed?

John Swinney: Mr Brodie's question gets to the heart of the issue around block grant adjustment, which is an inherent part of the Calman commission proposals and will of course feature in the Smith commission proposals. As I explained to Parliament during the passage of the budget, the Office for Budget Responsibility arrived at a particular estimate of the effect of the devolution of stamp duty land tax and landfill tax to the Scottish Parliament, and the Scottish Government arrived at a different estimate, which was of course verified independently by the Scottish Fiscal Commission. Those were different numbers, and they illustrate the gap, which is the danger that Mr Brodie has highlighted.

The Government agreed a conclusion to the discussions on the issue with the United Kingdom Government, and I shared and confirmed that with Parliament. Of course, that was a one-year settlement, and we will have to embark on the discussions for further arrangements in relation to the adjustment of the block grant to take into account the devolution of the taxes.

Constitutional Changes

3. Kenny MacAskill (Edinburgh Eastern) (SNP): To ask the Scottish Government what plans it has to meet the United Kingdom Government to discuss proposed constitutional changes. (S4O-04366)

The Deputy First Minister and Cabinet Secretary for Finance, Constitution and Economy (John Swinney): On 15 May, the First Minister and I met the Prime Minister, the Secretary of State for Scotland and the parliamentary under-secretary of state. At that meeting, the Prime Minister and the Secretary of State for Scotland made clear commitments that the forthcoming Scotland bill will implement the Smith commission in full. We will test that commitment when we see the Scotland bill tomorrow.

The Prime Minister also undertook to consider Scottish Government proposals for devolution beyond the measures in the Smith commission. We will put those proposals to the UK Government, and I will meet the secretary of state to discuss the next steps.

Kenny MacAskill: I welcome the declaration by the Scottish Government that it will defend the measures in the Human Rights Act 1998 and its principles. Will the Government now modify its position on prisoner voting, to adhere to the European Court of Human Rights rulings that it endorses?

John Swinney: The Scottish Government does not have legislative competence to change the position on prisoner voting. Once the Scotland bill delivers the Smith recommendations to transfer all powers to the Scottish Parliament in relation to elections to the Scottish Parliament and local elections in Scotland, it will be for this Parliament to consider all the relevant franchise issues. The Scottish Government has no proposals to amend the rules on prisoner voting.

Lewis Macdonald (North East Scotland) (Lab): Does the cabinet secretary acknowledge that the Smith agreement, supported by the Devolution (Further Powers) Committee's critique of the UK Government's draft clauses, provides the right basis for both devolving welfare benefits and retaining the benefits of the Barnett formula?

John Swinney: The Scottish Government supports the Smith commission proposals, which give some additional responsibility to the Scottish Parliament. As Mr Macdonald well knows, because he sat through the evidence that the Devolution (Further Powers) Committee heard, that committee's conclusion was that the United

Kingdom Government's draft clauses do not translate the proposals from the Smith commission in full and with the necessary legislative effect.

It might have been helpful if Mr Macdonald and his colleagues had made that point before the election and not after it. I seem to remember them suggesting that the Government was somehow picking a fight where no fight needed to be picked on that question. However, I am glad that he has now arrived at a more sensible and considered position on the issue. We look forward to having Mr Macdonald's support as we press the United Kingdom Government to devolve in full the responsibilities that were envisaged by the Smith commission agreement last November.

North Ayrshire (Economy)

4. Kenneth Gibson (Cunninghame North) (SNP): To ask the Scottish Government what steps it is taking to boost the economy of North Ayrshire. (S4O-04367)

The Minister for Business, Energy and Tourism (Fergus Ewing): "Scotland's Economic Strategy" reaffirms our commitment to increasing sustainable economic growth for all of Scotland, which is essential to achieving a more productive, cohesive and fairer country. Our continued investment in infrastructure, regeneration and business support is helping to boost North Ayrshire's economy.

Kenneth Gibson: I thank the minister for that reply, although I would like to have heard more specifics. Will he tell members what impact Scottish Government actions to boost the North Ayrshire economy have had on employment and specifically on youth employment?

Fergus Ewing: The work of private companies, supported by Scottish Enterprise, business gateway, the Scottish Government and local authorities, has had a salutary effect. I can inform the member that, just in the past year, the employment rate—the number of people in work—has increased by 10 per cent to 70 per cent.

Those are statistics, but a 10 per cent increase in the number of people in jobs in Kenneth Gibson's part of Scotland shows that we are managing to achieve success. There is much more work to do, however, and we will work with Mr Gibson, who strongly advocates economic success for his part of Scotland.

The Deputy Presiding Officer: Question 5, in the name of Joan McAlpine, has not been lodged, for understandable reasons.

Interconnectors to Islands (Socioeconomic Benefits)

6. Mike MacKenzie (Highlands and Islands) (SNP): To ask the Scottish Government what socioeconomic benefits would arise from providing interconnectors to the islands. (S4O-04369)

The Minister for Business, Energy and Tourism (Fergus Ewing): There would be huge benefits. First, interconnectors would be able to meet up to 5 per cent of Great Britain's electricity demand by 2030. Secondly, the development of the projects and the associated infrastructure would bring jobs and investment to the regions. Viking Energy has estimated, for example, that the direct annual income to Shetland associated with its project would be £30.8 million.

I have written to the new Secretary of State for Energy and Climate Change, Amber Rudd, to highlight the strategic importance of that workstream for Scotland and of her department's continued participation in the Scottish island renewables delivery forum.

Mike MacKenzie: Does the minister agree that, in addition to the socioeconomic benefits, the significant renewable energy generation capacity in Scotland's islands can help to keep the United Kingdom's lights on and help the UK to meet its climate change targets? Does he agree that the supply chain will produce significant numbers of well-paid jobs and careers, not only in our islands but throughout Scotland and the rest of the UK?

Fergus Ewing: That is not an overstatement. To put it differently, without continued expansion of the renewable energy output in Scotland, the UK will have great difficulty in meeting its climate change targets. In fact, some might argue that it would be impossible for the UK to do so.

We need a balanced mix of electricity generation and supply, but we believe that harnessing the islands' potential in renewables is essential. Generally speaking, the islands are the best place for wind energy, as well as being the home of marine energy—wave and tidal power.

All in all, I am hopeful that the constructive work that took place with the previous Secretary of State for Energy and Climate Change, Ed Davey, will continue with Amber Rudd. We are totally committed to working in a constructive fashion to deliver a solution that will release our islands' enormous potential.

Liam McArthur (Orkney Islands) (LD): I thank the minister for his comments and for contacting Amber Rudd, particularly in relation to the forum's continuing work. Can he update Parliament on where discussions are at with the UK Government and the European Union about an interconnector, reflecting the research and development nature of

the work that is being carried out by the European Marine Energy Centre, which is in my constituency?

Fergus Ewing: I cannot and should not speak for the UK Government, but I can say that, before the general election, there was a reasonable modus operandi. As far as I am aware, the island renewables delivery forum was the only subject-related working group to involve the Scottish and UK Governments. Getting round a table with Ed Davey, his officials, our officials and others was a useful and constructive way to do business.

I have therefore suggested to Amber Rudd that that modus operandi should continue. We pursue the issues in a non-partisan way—as Mr McArthur is aware—because of the enormous prize for the people whom he represents and for those who are represented by Tavish Scott and Dr Allan in the northern isles and the Western Isles.

I believe that the Prime Minister gave an undertaking in a letter to Councillor Angus Campbell that the islands' potential would be delivered, so we look forward to the implementation of that prime ministerial pledge.

"Oil and Gas Analytical Bulletin"

7. Gavin Brown (Lothian) (Con): To ask the Scottish Government when it plans to publish the next "Oil and Gas Analytical Bulletin". (S4O-04370)

The Deputy First Minister and Cabinet Secretary for Finance, Constitution and Economy (John Swinney): In collaboration with stakeholders in the industry, we are analysing the fiscal changes that the Chancellor of the Exchequer announced in the budget and assessing what impact the reforms will have on future investment and production—and, in turn, on tax revenues. When that analysis is complete, we will publish an updated "Oil and Gas Analytical Bulletin".

Gavin Brown: The analytical bulletins were described as being part of a series and were previously published every few months. Why has a bulletin not been published for more than a year?

John Swinney: For the simple reason that was in the answer that I just gave Mr Brown: there have been significant changes in the tax arrangements for the North Sea, and the Government is considering them in consultation with stakeholders to determine their effect. I would be the first to accept that the chancellor made significant changes in the March budget and it will take time to assess their effect, given their significance and what we hope will be their beneficial effect on the North Sea regime, which we will discuss with stakeholders. As I said, when the material is complete, we will publish an updated bulletin.

Jackie Baillie (Dumbarton) (Lab): I think that many companies in the oil industry have already assessed the impact of the changes that were made in the budget. However, it is a year since we had the last oil and gas bulletin and it is two months since the budget. Nicola Sturgeon as First Minister has made her own commitment to publish the bulletin, so when will we see the revised bulletin?

John Swinney: The updated bulletin will be published when the Government has completed the analytical work that we are undertaking. I made the point to Mr Brown that we have to acknowledge the significance of the changes that the UK Government made. Jackie Baillie says that companies have analysed the impact of the changes; many companies that we are talking to are considering their investment plans as a consequence of the changes to the regime. We need to undertake that analytical work properly to ensure that we can provide Parliament with a clear and substantiated analysis, which will be published when the work is complete.

East Lothian (Tourism)

8. Iain Gray (East Lothian) (Lab): To ask the Scottish Government what it is doing to support East Lothian Council's efforts to promote the area as a tourist destination. (S4O-04371)

The Minister for Business, Energy and Tourism (Fergus Ewing): The Scottish Government supports all areas in working to achieve the industry-led ambition for Scotland to be a first-choice tourism destination. East Lothian's stunning assets are extensively marketed and supported by VisitScotland in a variety of ways, which include featuring in the brilliant moments marketing campaign and financial support for events such as the Scottish open.

Iain Gray: I thank the minister for that response. One of the countless compelling reasons for visiting East Lothian is John Muir's birthplace in Dunbar, as well as the John Muir way, which the former First Minister opened not long ago.

Last week, I hosted in Parliament a delegation from the John Muir Association of Martinez, California, which was John Muir's home in America. The association is keen to seek opportunities to publicise the John Muir way in the United States and to work with the national parks administration there to increase tourism between Muir-related sites in Scotland and America. Can the Scottish Government provide any support for such a project?

Fergus Ewing: Iain Gray is right to promote the attractions of John Muir and his links to Scotland. He is the founder of national parks in the world, including Yosemite in the USA. John Muir's history and achievements were celebrated last year, as Mr Gray mentioned, and activities were supported by the Scottish Government, which worked in partnership with East Lothian Council and others. We are happy to consider how best to continue that work and I undertake to write to VisitScotland to raise Mr Gray's point and to revert to him after I have done so.

Local Government Taxation System

9. Jayne Baxter (Mid Scotland and Fife) (Lab): To ask the Scottish Government what planning and modelling it has carried out regarding the future of the taxation system for local government. (S4O-04372)

The Deputy First Minister and Cabinet Secretary for Finance, Constitution and Economy (John Swinney): The Scottish Government, jointly with the Convention of Scottish Local Authorities, has established the commission on local tax reform to identify and examine fairer systems of local taxation as alternatives to the council tax. That work is due to report in the autumn, and I note that the commission has recently issued and promoted a call for evidence.

Jayne Baxter: Council tax has been frozen in Scotland for eight years in a row. A Fife Council consultation found that 71 per cent of residents would support a halt in the council tax freeze in order that extra money raised could be spent on vital local services. However, support for that increase falls to 36 per cent if the Scottish Government were to impose a £4.6 million penalty on Fife Council for doing so. Will the Scottish Government consider removing the penalty if Fife Council decides to increase council tax this year?

John Swinney: To be honest, I think that Jayne Baxter answered her own question. Her question contained the fact that the Scottish Government essentially compensates local authorities for not increasing the council tax. We provide local authorities with £70 million across the country to enable them to freeze the council tax. That sum was set at 3 per cent of the collectable amount back in 2007. Of course, inflation has varied from year to year and is now significantly below the 3 per cent that we provide local authorities with as compensation in respect of their agreement not to increase the council tax. The proper financial support has been given to local authorities to support the freeze in the council tax.

Jayne Baxter must also remember that members of the public who pay the council tax have benefited from having at least one bill that has not gone up at a time of extreme pressure on household finances, particularly for public sector workers who have had their pay constrained, inevitably, by the financial pressures with which we have wrestled.

The council tax freeze is properly funded by Government and is a contribution to the ability of hard-pressed families across the country to manage their household budgets.

Devolution (Further Powers)

10. Bill Kidd (Glasgow Anniesland) (SNP): To ask the Scottish Government whether it will provide an update on its proposals for a widening of the powers suggested by the Smith commission. (S4O-04373)

The Deputy First Minister and Cabinet Secretary for Finance, Constitution and Economy (John Swinney): At our meeting on 15 May, the Prime Minister undertook to consider Scottish Government proposals for devolution beyond the Smith commission powers. We will put those proposals to the United Kingdom Government and I will meet the Secretary of State for Scotland to discuss the next steps.

Bill Kidd: With regard to the implementation of new tax-raising powers, has consideration been given to the need to vary the Barnett formula on a timescale that is agreed between the Scottish Government and the Westminster Government rather than in the arbitrary manner that has been proposed by some unionist politicians?

John Swinney: It is an explicit recommendation of the Smith commission that a fiscal framework has to be put in place to deal with the financial implications of the changes to our powers that are envisaged by the Smith commission proposals. That fiscal framework is now the subject of discussion between the UK Government and the Scottish Government. I have made it clear to the UK Government that a legislative consent memorandum on the Scotland bill cannot be considered until such time as we have a clearly acceptable fiscal framework and, for that to be possible, agreement must be reached that the fiscal framework is in the interests of Scotland and the UK. That is what I will be pursuing as I take forward the interests of the Parliament and Scotland in the negotiation process.

Devolution (Further Powers)

11. Annabel Goldie (West Scotland) (Con): To ask the Scottish Government whether it has a timescale for the procurement of evidence and engagement in civic consultation in relation to the further powers it is seeking in addition to the Smith commission proposals. (S4O-04374)

John Swinney: The Scottish Government will set out proposals for devolution beyond the Smith commission powers to the United Kingdom Government and I will meet the Secretary of State for Scotland to discuss the next steps. The Scottish Government is clear that the process that follows and any timetable for action should allow for full engagement with the people of Scotland.

Annabel Goldie: On 14 May, when I asked the cabinet secretary about this issue in the chamber, he replied that seeking evidence and engaging in consultation

"would be advantageous and beneficial."—[*Official Report*, 14 May 2015; c 3.]

What kind of timescale or structure does he have in mind?

John Swinney: During the Smith commission process, an extensive amount of information was supplied by members of the public and a variety of stakeholders from across Scotland. The Smith commission did its level best to consider all the issues raised but, clearly, it was not possible to do full justice to all that material in the limited time that was available to us. However, the Scottish Government has been considering that material since last November, and we have had various discussions with interested parties. The election debate also discussed a number of those questions.

We have a broad cross-section of opinion that will enable us to inform the further proposals that we will make to the UK Government, but I accept the necessity for further consultation once the proposals are to hand. That is exactly what the Scottish Government will do in light of our discussions with the UK Government.

Scottish Futures Trust (Debt)

12. Ken Macintosh (Eastwood) (Lab): To ask the Scottish Government what the Cabinet Secretary for Finance, Constitution and Economy's position is on reclassifying Scottish Futures Trust debt as public borrowing and how much he expects the total to be. (S4O-04375)

The Deputy First Minister and Cabinet Secretary for Finance, Constitution and Economy (John Swinney): The Scottish Futures Trust does not hold any public sector borrowing that is at risk of reclassification. Borrowing associated with the non-profit-distributing programme is contained in the special purpose vehicles that have been set up for individual NPD and hub projects. As I have previously advised Parliament, the Scottish Government and the Scottish Futures Trust are working to resolve the current classification issue without the need to call on any contingency arrangements.

Ken Macintosh: I thank the cabinet secretary for his reply but hope that he recognises the worry that all members of Parliament and people in Scotland will feel about the potential ramifications of reclassifying substantial sums of debts that run into the hundreds of millions, if not billions, of pounds. Does he believe that the additional borrowing will come out of the borrowing powers that are coming the Scottish Parliament's way, is he asking the Treasury for additional borrowing powers, or does he believe that the Treasury should absorb or write off all the debt?

John Swinney: In the last part of my answer, I said that the Government and the Scottish Futures Trust are working to resolve the current classification issue without the need to call on any contingency arrangements. That is without a doubt my preferred position and I am working to secure it.

I acknowledge the parliamentary interest in the question, which is why I reported in full to the Parliament when I had sufficient information to be able to give a comprehensive explanation of the issue with which we are wrestling. The matters are still being discussed by the Scottish Government, the Scottish Futures Trust and the Office for National Statistics and I expect that it will be some time before that process concludes. I have made some contingency arrangements with HM Treasury for the handling of any potential implications—I stress the word "potential" because I am trying to avoid any implications whatsoever—for the last financial year, 2014-15.

We expect to see the issue resolved so that we can properly take steps to resolve any outstanding questions for the current financial year. I stress that the Government is working with all its energy to resolve the issue without the need to call on any contingency arrangements.

Jackie Baillie (Dumbarton) (Lab): The Scottish Futures Trust helpfully provided the Scottish Parliament information centre with a list of the eight capital projects that have been delayed as a result of the reclassification of debt, but I have heard that more projects, such as Our Lady and St Patrick's high school, have been delayed. How many more capital projects have been delayed? Will the Scottish Futures Trust cover the cost of delays beyond those of the original eight?

John Swinney: We must be careful about terminology here. Eight hub projects—six schools and two healthcare projects—have been affected. Projects in the pipeline will be affected by the discussions that we are having with the ONS. We are endeavouring with all our energy to resolve those discussions as timeously as possible. When I am in a position to provide Parliament with further information, I will report accordingly.

Devolution (Tax-raising Powers)

13. Colin Keir (Edinburgh Western) (SNP): To ask the Scottish Government what issues it needs to address in light of the devolution of additional tax-raising powers. (S4O-04376)

The Deputy First Minister and Cabinet Secretary for Finance, Constitution and Economy (John Swinney): As I indicated earlier, negotiation of Scotland's updated fiscal framework is one of my highest priorities for the months ahead. I will continue to make it clear to the United Kingdom Government that an acceptable fiscal framework is essential to allow the Scottish Government to recommend that the Parliament consents to the new Scotland bill. The Devolution (Further Powers) Committee's interim report highlighted the need for greater clarity on key components of important issues in relation to the need for shared information to support negotiations. I look forward to working constructively with the new UK Government to make rapid progress on those issues.

Colin Keir: Does the cabinet secretary have any concerns about the fact that the Auditor General for Scotland lacks statutory involvement in the audit process in relation to dealing with HM Revenue and Customs and the reporting process?

John Swinney: We covered some of that ground at the Public Audit Committee meeting this morning when we looked at some of the reporting and scrutiny arrangements. Where there is to be some form of shared institutional basis for acting that will affect the Scottish Government's spending power, it is important that there are arrangements to exercise appropriate scrutiny of all those questions. Some of the questions are not for me, but for the Auditor General and others to resolve, to ensure that they are satisfied that the proper and full audit arrangements can be put in place to fulfil the necessary reporting requirements and standards of the Parliament.

Edinburgh and South-east of Scotland (Economy)

14. Sarah Boyack (Lothian) (Lab): To ask the Scottish Government what discussions it has had with stakeholders regarding boosting the economy of Edinburgh and the south-east of Scotland. (S4O-04377)

The Minister for Business, Energy and Tourism (Fergus Ewing): Ministers meet stakeholders regularly, across a range of portfolio interests, to discuss boosting the economy of Scotland.

Sarah Boyack: I will ask specifically about the city deal for the south-east of Scotland. My understanding is that there are key issues in relation to housing, skills and investment in infrastructure that the local authorities are pursuing under the leadership of the City of Edinburgh Council. What support does the Scottish Government offer that process? Does the minister acknowledge the project's importance, given that the Glasgow city deal expects to generate 15,000 construction jobs, with the prospect of 28,000 permanent jobs once construction is completed?

The Deputy Presiding Officer: Can I hurry you along, please?

Sarah Boyack: What key offers is the Scottish Government making to its partners as it pulls together the city deal?

Fergus Ewing: The six leaders of the Edinburgh and the south-east of Scotland city region wrote to the Cabinet Secretary for Infrastructure, Investment and Cities on 1 April, outlining plans to develop an ambitious city deal for the region. The cabinet secretary responded positively on 22 April, welcoming the approach. Preliminary discussions with Scottish Government and Scottish Futures Trust officials have taken place. The Scottish Government adopts a very positive approach to these matters, which are not being handled by me. They could unleash huge benefits for Edinburgh and the environment.

It is reasonable to say that, as Sarah Boyack knows, there has been massive investment in those areas, including the Forth replacement crossing, the Edinburgh to Glasgow rail improvement programme, the Royal hospital for sick children, NHS Lothian's redevelopment of the Royal Edinburgh hospital campus, the national centre for the Scottish National Blood Transfusion Service and three schools. There has been massive investment in Edinburgh—quite rightly so—and that will continue. We take a positive approach to those matters.

West of Scotland (Economy)

15. Stuart McMillan (West Scotland) (SNP): To ask the Scottish Government what it is doing to assist the economy in the west of Scotland. (S4O-04378)

The Minister for Business, Energy and Tourism (Fergus Ewing): The Scottish Government has been doing many actions in economic developments, including supporting businesses, helping young people, investing in infrastructure and working with others. However, we always want to see what more we can do.

Stuart McMillan: The minister will be aware of recent announcements from DBApparel and Manpower in Inverclyde, which are proposing to transfer some jobs overseas, and RBS and Poundstretcher, which are proposing to close some of their operations in Inverclyde. What can

the Scottish Government do to try to stop companies moving jobs overseas and to secure more investment into Inverclyde? Will the cabinet secretary agree to meet me and the new Inverclyde MP to discuss those matters?

Fergus Ewing: I am happy to meet both members. We use every practical lever to persuade companies not to relocate jobs from Scotland, if we have the opportunity so to do. I am aware of the recent announcements that Mr McMillan has brought to our attention and which we know about from the enterprise network; they have obviously caused a great deal of hardship to the people whose jobs are affected. However, we are delivering the most competitive business tax regime, with 1,001 business premises in Inverclyde paying zero or reduced rates.

Just this morning, I was delighted to hear Mark Harvey of Ernst & Young saying that Scotland has, for the third successive year, been the most successful part of the United Kingdom outwith London in securing inward investment with 80 projects, with the number of manufacturing projects increasing from 15 to 31 and with more scientific research projects than at any time in the past decade. I cannot name them all, because time does not permit, but I know that one of those projects is Concentrix in Gourock, with 500 jobs, and there are many others. Although there are challenges and problems, there are also opportunities and we are grabbing them with both hands.

Levenmouth (Economy)

16. Claire Baker (Mid Scotland and Fife) (Lab): To ask the Scottish Government how it is supporting the economy of Levenmouth in Fife. (S4O-04379)

The Deputy First Minister and Cabinet Secretary for Finance, Constitution and Economy (John Swinney): The Scottish Government is committed to boosting economic growth and tackling inequality in Scotland. Across Levenmouth, we continue to support economic growth with investments in infrastructure, regeneration and business support.

Claire Baker: As the cabinet secretary knows, the closure of Tullis Russell Papermakers, the recent closures on Leven High Street and the uncertainties surrounding Burntisland Fabrications are creating significant challenges for the Levenmouth economy. This afternoon, the Levenmouth rail campaign is holding a conference to put together a business case for the infrastructure. Does the cabinet secretary share my view that supporting the Levenmouth economy is not just about the reactive measures that have happened recently but also about investment in future growth? Will he work with the Cabinet Secretary for Infrastructure, Investment and Cities to see whether we can achieve improved transport links for the area to support the economy in future?

John Swinney: I agree with Claire Baker's points. It is for those reasons that we set up the task force, which, together with Fife Council, looks at the wider range of economic issues that are facing the Fife economy. Claire Baker has quite rightly talked about the issues around Tullis Russell, Sphere & Turret and BiFab in the central Fife area, but there are other issues in Longannet and west Fife and other questions with which we are wrestling. We will certainly look positively on proposals that come forward. I have been pleased with the progress that we have made with the task force, as is the Cabinet Secretary for Infrastructure, Investment and Cities, who is here, and I have already discussed a number of infrastructure projects that may be of significance in the Fife economy and we will be happy to engage on those questions.

North East Scotland (Economy)

17. Christian Allard (North East Scotland) (SNP): To ask the Scottish Government what it is doing to ensure that North East Scotland has a diverse economy. (S4O-04380)

The Minister for Business, Energy and Tourism (Fergus Ewing): We use all available levers to create the economic conditions to enable the economy of the north-east to thrive. Working closely with a wide range of partners, including the enterprise agencies, Skills Development Scotland and local councils, we work to ensure that businesses of all sizes and sectors can access the support that they need to grow.

Christian Allard: I was thinking particularly of the traditional sectors such as the fishing and food industries. With the skipper expo in Aberdeen this week, does the minister agree that attracting the next generation of skippers to the fishing industry is important to our diversity and that every opportunity to support their training and development should be taken?

Fergus Ewing: Yes, of course I do. Fishing is part of Scotland's traditions and cultures, and nowhere more so than in the north-east of Scotland. We are determined to continue to work with the fishing industry to restore the identity and status of fishing as an occupation of choice for young people in our coastal communities.

Wave Energy Scotland (Location)

18. Liam McArthur (Orkney Islands) (LD): To ask the Scottish Government what discussions it has had with Highlands and Islands Enterprise

regarding whether Wave Energy Scotland should be located in Orkney. (S4O-04381)

The Minister for Business, Energy and Tourism (Fergus Ewing): The Scottish Government has tasked Highlands and Islands Enterprise with establishing and operating Wave Energy Scotland. The location of Wave Energy Scotland is therefore a matter for HIE.

Liam McArthur: The minister will be aware of the investment initiatives and activities that are taking place in France, Sweden, Australia, Ireland and elsewhere. Although WES has the potential to be part of a United Kingdom response to drive the industry through the difficulties that it has experienced, that will clearly not be enough. Can the minister advise us what other initiatives are under consideration and will he agree to meet me, Councillor James Stockan and other local stakeholders when he is in Orkney next week, to discuss how the islands that I represent can remain at the forefront of what is happening in the wave energy sector?

The Deputy Presiding Officer: Please be brief, minister.

Fergus Ewing: I am happy to meet Liam McArthur. I am not quite sure where, but I will be in his constituency at the convention next week and if there is an opportunity to meet him there I will certainly do that. I think that we have a shared objective on all these matters.

Assisted Suicide (Scotland) Bill: Stage 1

The Presiding Officer (Tricia Marwick): The next item of business is a debate on motion S4M-13258, in the name of Patrick Harvie, on stage 1 of the Assisted Suicide (Scotland) Bill. I will try to call all members who wish to participate in the debate, and it is my intention that it will be a balanced debate.

I welcome members of the public to the gallery, but I draw their attention to the code of conduct that applies during debates. I remind them that this is a meeting of the Parliament that is held in public; it is not a public meeting. Therefore, I do not expect any interventions at all from the gallery while the debate is going on.

14:41

Patrick Harvie (Glasgow) (Green): I express my gratitude for the opportunity to bring the bill to the stage that it has reached today. In doing so, I thank the Health and Sport Committee, the Justice Committee, the Delegated Powers and Law Reform Committee and the Finance Committee for the work that they have done to inform Parliament of their consideration of the bill. I also thank Parliament officials Andrew Mylne and Louise Miller; the campaigners from Friends at the End and the my life, my death, my choice campaign; and Amanda Ward, who has acted as my adviser during the bill process.

There are also colleagues from across the political spectrum who have expressed their support either for me personally in taking the issue forward or for the principle that the Assisted Suicide (Scotland) Bill embodies, and I thank them all. However, in doing so, I could hardly fail to acknowledge that it was never supposed to be me who was in charge of the bill. When Margo MacDonald asked me whether I would serve as second member in charge of the bill, I agreed on the basis that she knew that her condition gave her good days and bad. On a good day, she was still very good, but she knew that it was possible that she would not be here to bring the bill to the Parliament, or that she might simply be unwell and unable to attend a committee meeting. I agreed to act as understudy in that sense, and my role has grown since we lost her.

Members will be well aware not only of Margo's long-standing commitment to the issue but that the bill is by no means the only example of her commitment to an issue that might divide opinion and be uncomfortable for members and members of the public to debate. That is the first thing that I want to recognise about the bill: it addresses an issue that is inherently complex, difficult and, for

many of us, uncomfortable to talk about in politics or in our own lives.

In inheriting the bill, I will fulfil the commitment to present it as best I can to the Parliament, but I am also very aware of the flexibility that that position gives me. The Assisted Suicide (Scotland) Bill is not a bill that I drafted but the bill that Margo MacDonald drafted, and I can see that parliamentary scrutiny has already shown examples of areas where it can be improved. Most bills can be improved through parliamentary scrutiny, and that is certainly true of this one.

Whatever view members take of the detailed operation of the legislation were we to pass it, I hope that all members understand the basic principle and accept the idea that human beings have a right to make a decision in the circumstances of, for example, a terminal or life-shortening illness. I hope that members will give the bill the opportunity to go forward to the next stage, when we can begin to debate the amendments that may be lodged.

I think that, during our consideration of the bill, the case has been made clearly that a change in the law is justified and that the current law is not only inadequate but unclear. Members who have looked at the exchange of evidence between the Lord Advocate and legal experts such as Professor James Chalmers will have struggled—as anybody would—to come up with a clear, comprehensible understanding of what the current law actually means.

In Scotland, no one who is faced with a terminal illness or with one of the other conditions that would be captured by the bill's provisions and who feels the need to ask for assistance to take control at the end of their lives, and no one who is asked by a friend or loved one for such assistance, is being given any clarity about what actions might be subject to prosecution or what the charge might be. In fact, after an exchange of evidence between Professor Chalmers and the Lord Advocate, Professor Chalmers stated:

> "It at least leaves open the possibility that provision of the means of suicide would be regarded as the legal cause of death. If the provider knew the purpose for which the means were provided, they would almost certainly have the necessary *mens rea* for murder, or at least culpable homicide."

Is that really the treatment that we expect to see put into practice in all such circumstances? Under the current law, any person who offers that assistance is left subject to the possibility of being prosecuted for murder or culpable homicide.

The case for a change in the law is very strong, but is the proposed change the right one? Does the bill capture the change that those who agree that there is a need for change want to see? As I have said, there are clearly areas in the bill where there is room for improvement. I thank those who have pointed out some of those areas, and if the bill at stage 1 is agreed to, I will work with them to ensure that there are amendments to address areas such as better recording and reporting of information. In that regard, the most obvious and simple example is that of reporting to the procurator fiscal instead of the police in all circumstances.

There is perhaps some room for improvement around the clarity of definitions—for example, of specific acts that the licensed facilitator may or may not undertake. There could be a danger that we might go too far in the direction of having very prescriptive definitions, which would be for the regulations that the bill calls for. Some of the arguments around the lack of clarity in the bill are overstated; the bill should be compared with the law as it stands and not with some imagined world in which no grey areas exist. The bill asks us to acknowledge and engage with the inherent complexity of the subject, and rejecting it will not remove those grey areas from our lives or from the way in which the law and medical practice deal with us at the end of our lives.

There have been some suggestions on how to improve the bill in relation to the need to take care that dangerous prescription drugs do not fall into the wrong hands. We all share that concern, and by no means do I think it beyond our wit to come up with a solution.

There is a debate to be had about issues of scope and eligibility. Some may feel that the arguments relating to terminally ill people are sufficiently different, and that they can accept the bill covering terminally ill people but not others. Personally, I do not agree with that approach, but the only way to debate that difference of approach is to agree to the general principles of the bill and debate amendments at stage 2.

On the time limits that are built into the process for making a request for assistance, the Health and Sport Committee has quite rightly acknowledged that there is a balance to be struck between having a recent test of mental capacity and ensuring that people do not feel pressured to act on the option of assisted suicide before they feel truly ready. In the bill as introduced, a final 14-day time limit ticks away after the second request for assistance, and if that time limit is reached, the means for someone to act on their decision to seek assisted suicide is taken away.

There are other options. The committee suggested some options for change, and in my response to the committee's report, I suggested another, which is to require that the second request for assistance be renewed at the 14-day

time limit, rather than its simply falling away completely.

People of good will can come together and make the bill better in all those areas.

There are concerns that unite supporters and opponents of the bill. Many of us have been asked why we are focused on the right to die and not on the right to live. I think that supporters and opponents of the bill can be absolutely on the same page in relation to the commitment to and support for high-quality medical support and palliative care and, in particular, the social, economic and physical factors that ensure that disabled people are able to live full lives. None of us would disagree in those areas, and I do not think that there is any evidence from other jurisdictions in which a system of assisted suicide exists that such a system undermines the political, practical or financial commitments that are given to those priorities.

However good the availability of those facilities is in our society, they do not, even under the best conditions that we could imagine, overcome the issues that the bill raises or answer the concerns of those for whom palliative care and other forms of support are not or may no longer be adequate when they reach a certain point. The bill seeks not to narrow down but to widen the choices that people have before them.

Another area of concern that should unite us is the question whether a right to die becomes a duty to die—I refer to vulnerability and the risk of coercion. I agree that the risk of coercion can never be eliminated: that is true under the current legislative framework, and it would be true under any legislative framework. It cannot be assumed that the absence of a legal route to assisted suicide provides protection from coercion—indeed, the opposite may be true.

It is not possible to be definitive about the number of terminally ill people who commit suicide in Scotland each year, but it is reckoned to be in the dozens—perhaps in the order of 50 people. That is an estimate. Currently, people make that decision and exercise that choice not only in a legal vacuum, but without the ability to do so in a supported way and without giving those who care for them—their family and friends, and the medical and professional carers around them—the opportunity to explore with them proactively the alternatives that may exist. We are leaving people to make those decisions in that vacuum and in the absence of the care and support to which they are entitled. The bill cannot be capable of entirely removing the risk of coercion, but I believe that, should coercion exist, people are more vulnerable now than they would be under the bill.

There are other concerns that I understand but cannot accept as reasons to oppose the bill. Some arguments are religious, of course. There are those for whom life is a gift from their god. I do not have that world view and cannot take that viewpoint. However, the legislation is secular and it would bind all of us, whether or not we choose to subscribe to a religion. In any case, there is a range of views among the religious communities in Scotland and around the world on the question of assisted suicide.

Others have argued that passing the bill would in some way normalise suicide in the wider sense. Again, from the jurisdictions that have a system of assisted suicide, I see no evidence to suggest that attempts to prevent suicide in the wider population have been undermined. I think that people know the difference between suicide in the wider sense and people's ability to take control if they are facing the end of their life.

The committee suggested that passing the bill would be in some way crossing the Rubicon. I disagree. We are human beings engaged in the moral and ethical complexities around the end of life, whichever legal framework we choose. Do we allow people to end or refuse treatment or to make other active choices, even in the knowledge that that will end their life? Yes, we do. Do we facilitate those choices, giving practical and emotional assistance when people need it? Yes, we do. Are those ethically and morally straightforward and uncomplicated choices? Not at all. Every day, medical professionals face many practical—not theoretical—situations in the real world, and the bill asks us not to imagine or wish them away but to engage positively with them and respect human beings' right to make a decision in the context of the relationships and care around them.

I ask members who see the case for a change in the law, whether or not they are convinced by the detail of the bill, to let us go on after today to debate the detail, make changes if necessary and send a clear signal that society is moving away from a paternalistic approach to care at the end of life towards one that empowers people to make their own informed decisions and which respects people on those terms.

I move,

That the Parliament agrees to the general principles of the Assisted Suicide (Scotland) Bill.

[Applause.]

The Presiding Officer: I call Bob Doris to speak on behalf of the Health and Sport Committee. Mr Doris, you have around 11 minutes.

14:56

Bob Doris (Glasgow) (SNP): My role as deputy convener of the Health and Sport Committee in this afternoon's debate is to present to the chamber the committee's findings and its recommendations to Parliament on the Assisted Suicide (Scotland) Bill. The Parliament's mace at the front of the chamber bears just four words: wisdom, justice, compassion and integrity. Those are the ideals to which the people of Scotland expect their MSPs to aspire. This bill is not one that divides people along political lines; the decision on it will be based on individual members' consciences, and the importance of individual members ensuring that they apply the four attributes that are engraved on our mace to their decision this afternoon is therefore heightened.

I am sure that Margo MacDonald would have endorsed such an approach, and I take this opportunity to place on record the committee's recognition of Margo's commitment, personal investment and social conscience in pursuing this change to the law over many years. The committee's consideration of the bill has involved the examination of complex moral and legal issues, and it has been admirably informed by the Scottish Parliament information centre, the Parliament's legal office and Dr Mary Neal, the committee's adviser on the bill, whom I thank for her assiduous contribution to the committee's work.

We received more than 900 written submissions alone, the vast majority of which were from individuals—Presiding Officer, I hope that you will agree that that kind of engagement makes a positive contribution to the work of our nation's Parliament. The committee would like to thank everyone who provided written and oral evidence as part of its consideration of the bill's general principles. The proposed legislation touches lives in a deeply personal way, and we pay particular thanks to those who provided personal accounts of their experience of caring for seriously ill loved ones or of being present in the lead-up to their deaths.

Many in favour of the bill argued that it is compassionate to provide relief from intolerable suffering or distress and cruel to refuse it. Jennifer Buchan of the Humanist Society Scotland spoke movingly of her experience, saying:

"I am a nurse who has worked in hospitals and in the community. I have worked with people who have dreaded the time when living would become unbearable for them. I have sat on the beds and held the hands of people who have asked me to help them to go every day for weeks, and I have not been able to do that: I have had just to sit by their beds."

In contrast, however, the committee received evidence of other ways to respond compassionately to suffering. Dr Sally Witcher from Inclusion Scotland believed that negative attitudes toward illness, old age and disability already existed and were a factor in creating demand for assisted suicide. She told the committee:

"Much of the support for bills such as this one is driven by a profound fear of becoming disabled, ageing and becoming ill. Rather than say that we should make it easier for people with that profound fear to end their lives or let them feel confident that they could do so should that terrible thing happen ... we need to challenge those negative attitudes and have public policy that ensures that, when people are old, ill or disabled, they get the best quality of life possible, and that the right sort of support is available to enable full and independent living as equal citizens for as long as possible."—[*Official Report*, *Health and Sport Committee*, 3 February 2015; c 9, 44.]

The committee acknowledges that a desire to be compassionate towards those who are suffering is a key factor that motivates the bill and its supporters. It also acknowledges the concerns of opponents of the bill, who argue that although that aim is laudable, it carries with it risks that they consider to be too high—the risks associated with crossing a legal and moral Rubicon. The committee notes that the bill's opponents believe that there are other ways of showing solidarity with and compassion for those who are suffering distress, short of helping them to commit suicide.

Autonomy is a key underlying principle of the bill. The member in charge of the bill described the bill as

"the continuation of a decades-long change in healthcare and medical practice that has involved a considerable move away from a slightly top-down approach—as some witnesses acknowledged ... to one that is much more focused on patient empowerment, patient decision making and the principle that each of us has the right to determine major choices about our own lives."—[*Official Report, Health and Sport Committee*, 17 February 2015; c 3.]

In contrast, Dr Stephen Hutchison of Highland Hospice told the committee:

"We function as a relational and interdependent society ... Therefore, we need to look at choice with responsibility. To me, that puts a completely different emphasis on the issue, as it is then not about what the individual chooses and demands. That is part of the equation, but it has to be balanced with careful scrutiny of the implications for the rest of society and, in particular, for the vast numbers of frail, vulnerable and frightened people whom we look after."—[*Official Report, Health and Sport Committee*, 27 January 2015; c 5.]

Patrick Harvie: I did not agree with everything that Dr Hutchison said in evidence, but I did agree very strongly with the point that Bob Doris cites—that human beings are relational in nature. Is it not clear, though, from many instances—including the instance from south of the border that has been in the newspapers this week—that even when people have the ability to choose assisted suicide, if that is in accordance with their own wishes, they

do so in the context of their relationships with the people around them, and that a respectful notion of that is one that embraces their ability to make a choice in context?

Bob Doris: I thank the member in charge of the bill for that intervention. I am sure that Mr Harvie will realise that I am restricted in what I can say because I am speaking on behalf of the committee. He has put his point on the record. It is reasonable to say, I think, that the point that the committee is making is that making an independent choice does not necessarily have no consequences for other people in society, be they frail, elderly or terminally ill people. I believe that that is what the committee concluded in relation to that area, but I thank the member for putting his views on the record.

The committee concluded that, if assisted suicide were to be permitted, robust safeguards would be required to protect the rights of others, including some of the very vulnerable people whom I have just mentioned. Safeguards to address public safety considerations would also be necessary. The committee was not persuaded that the principle of respect for autonomy on its own requires assisted suicide to be legalised.

I turn to the concerns about a lack of definitions in the bill. Our committee noted the concerns about the fact that, for example, no definition is given of "euthanasia" or "assisted suicide". We found that surprising. In addition, the bill does not specify a means of suicide; it seems to be widely assumed, including by representatives of pharmacists' professional bodies, that the bill envisages the ingestion of a lethal dose of drugs. However, the bill refers to

"any drug or other substance or means".

That further complicates attempts to establish what the line between assisted suicide and euthanasia might look like in practice. The committee appreciates that, for some people, that gives rise to concern that, because the bill does not define either term, it does not specify precisely which actions it intends to shield from liability. It can be argued that that is further obscured by the lack of clarity in the bill regarding the means of suicide.

The terms "terminal" and "life-shortening" appear in the bill. Those terms are absolutely central in delineating the range of persons who would be eligible to receive assistance in ending their lives if the bill were to pass into law, yet neither of them is defined, and "terminal" entails nothing specific in terms of remaining life expectancy.

In its submission, Doctors for Assisted Suicide said:

"We ... 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."

However, David Stephenson QC of the Faculty of Advocates observed:

"It therefore seems to follow"

from the lack of definition

"that any illness that shortens a person's expectancy of life is life shortening. The Faculty of Advocates' submission pointed out that many everyday conditions are likely to be life shortening. For example, type 2 diabetes can shorten life".—[*Official Report, Health and Sport Committee*, 13 January 2015; c 26.]

The committee considers that the bill's failure to define those key terms leaves far too many people potentially eligible to receive assistance.

The bill does not provide for a general clarification of the law on assisted suicide. Assisted suicide that took place outside the scope of the bill would still be dealt with under the common law. The common law, and any uncertainty therein, would remain the fallback position. It is in that context that we must view section 24, which provides protection from liability for those who make incorrect statements or who do anything else that is inconsistent with the legislation as long as they are

"acting in good faith and in intended pursuance of this act"

and have not been "careless". That is what is commonly called a savings clause. The rationale behind section 24 is the sense that it would be undesirable if people who made minor or technical errors in complying with the procedure that is set out in the bill were at risk of being charged for a common-law crime. The term "careless" is not defined, nor is the phrase

"acting in good faith and in intended pursuance of this Act".

In this regard, the committee concluded:

"It seems clear that in numerous respects, some of which go to the heart of the Bill's purpose, the language of the Bill would introduce much uncertainty. In the context of a statute that makes an exception to the law of homicide and permits one person to assist in the death of another, such significant uncertainty must be unacceptable and would require to be addressed should Parliament approve the Bill at Stage 1."

A number of witnesses raised concerns about the potential for coercion of vulnerable people if the bill were to become law. The committee suggests that, should the Parliament approve the bill today, the member in charge may wish to consider some of the suggestions from witnesses regarding measures aimed at minimising the risk of coercion. However, the committee notes the observation by the British Medical Association that that will in no way guarantee the absence of coercion in the context of assisted suicide.

I will not have time in my speech this afternoon to discuss issues that the committee raised in relation to the conscience clause, although perhaps other members will do so; in relation to the role of the licensed facilitator, which is a very important matter that I am sure other members will talk about; or in relation to various other areas.

In the short time that I have remaining, let me reiterate the final conclusions of the Health and Sport Committee. We recognise

"the strength of feeling expressed by those who have given evidence both in support of and in opposition to the general principles of the Bill ... The Committee believes the bill contains significant flaws. These present major challenges as to whether the Bill can be progressed. Whilst the majority of the Committee does not support the general principles of the Bill, given that the issue of assisted suicide is a matter of conscience, the Committee has chosen to make no formal recommendation to the Parliament on the Bill."

The Presiding Officer: We now move to the open debate. I will first call Shona Robison, to be followed by Christian Allard. I ask for five-minute speeches throughout the open debate.

15:08

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): As other members have done, I recognise the work of the late Margo MacDonald to ensure that the issues in the bill have been presented to Parliament. I also acknowledge Patrick Harvie's role in progressing the bill as member in charge—the "understudy", as he described it—following Margo's death.

Whatever the outcome of the debate, I commend the raising of this important and sensitive issue in Parliament and the mature discussion that has taken place over recent months. The importance of the issue being debated today is reflected in the number of people in attendance, both in the chamber and in the public gallery. I am aware that many MSPs want to speak in the debate, so I will keep my comments on behalf of the Government as brief as possible.

The Government believes that the current law is clear, and that it is not lawful to assist someone in committing suicide. The Government has no plans to change that. Notwithstanding the Government's view, Government ministers will, like other MSPs, be entitled to vote on the bill according to their conscience. Therefore, I will now speak personally.

After careful consideration, I have concluded that I will vote against the bill for many reasons that are informed mainly by the areas of concern that the committee highlights in its report. In doing so, I appreciate and have sympathy for all the individuals who expressed their views about the bill and what they would want for themselves when faced with a terminal diagnosis. It is hard not to have sympathy with those views. However, in reaching my personal conclusions, I noted the committee's many concerns.

The Health and Sport Committee's stage 1 report recognised that the bill contained significant flaws that

"present major challenges as to whether the Bill can be progressed."

It considered that the bill does not clarify the existing law and that it offers no advantages over the current legislation.

I was struck by the committee's concerns that there are insufficient safeguards, unresolved issues about timescales, public safety concerns and inadequate provisions regarding the role of licensed facilitators, and that the bill might result in individuals facing the prospect of additional fears through a change in societal attitudes, including the real prospect of pressure to end their lives. The committee also noted the bill's failure to define key terms, and I am concerned that those omissions might leave far too many people eligible.

Many of us lose a loved one to a terminal or incurable illness, whether it is a member of our family, a friend or a much-loved colleague. Coming to terms with death and the process of dying involves a complex set of reactions that can involve intense levels of distress and fear of loss of control, functioning and, of course, dignity. It is very important that we work to address those fears and ensure that everyone receives the best palliative and end-of-life care available and that dignity is preserved through personalised and compassionate care.

Everyone should receive high-quality, comprehensive palliative care that is uniquely tailored to their symptoms, fears and life circumstances. We must focus on further improvements to that palliative and end-of-life care, building on what we have at the moment. We must ensure that it is provided for a wider range of conditions throughout Scotland.

Neil Findlay (Lothian) (Lab): One of the clearest points to come out of the process is that end-of-life care is not good. I do not say that in any partisan way. It should concentrate all our minds.

Shona Robison: As I acknowledged, a lot of work is under way to improve palliative and end-of-life care. In a moment, I will say more about the framework that is being developed. However, we can agree that that is something that we can focus our attention on.

Our commitment to develop a new framework for action was made in recognition of the need to ensure equity of access to palliative and end-of-life

care no matter where someone lives or, indeed, what clinical condition they have. It will provide a focus on improvement and how we can best support teams across health, social care and the third sector to implement improvements. It must also include support for our staff to engage directly with people's fear of death and dying, to provide care, comfort and compassion that are built on respect and to value every life in Scotland.

I pledge to the Parliament that I will engage members with the framework as we develop it. I am happy to bring it back to the Parliament in recognition of members' interest in palliative and end-of-life care, and I make a commitment to do that.

I praise the way that our Parliament has dealt with this difficult and complex issue in the past and today in our debate. Despite the strongly held views on both sides of the debate, we have been able to conduct it constructively and sensitively.

15:14

Christian Allard (North East Scotland) (SNP): I thank all the people who contacted all the members of the Parliament. I got my good share of post and emails from both sides of the argument. I hope that I answered them all, but some arrived at the last minute today and I did not have time to answer. Many of them came from my constituents in North East Scotland.

The lead committee examined the bill in its entirety, as we heard. I am a member of the secondary committee—the Justice Committee—which focused its scrutiny on the bill's criminal and civil liability aspects, particularly the legal and practical application of its provisions on human rights issues.

From the outset, I had reservations about the bill. In our report to the lead committee, we noted the bill's unusual approach in defining what is not a crime rather than what is a crime. That was always my main concern. I may not be against the honourable intentions of the many members who I am sure will support the bill, but I am definitely against its principle, which is

"an Act of the Scottish Parliament to make it lawful, in certain circumstances, to assist another to commit suicide; and for connected purposes."

I shared my frustration with the member introducing the bill. Such important legislation requires to be drafted carefully, with appropriate protection levels. The bill did not satisfy all my concerns.

After reading the stage 1 report, it is my opinion that, despite Patrick Harvie's willingness to listen—he has done a lot of listening—lodging amendments will not do. It is the bill itself that is not fit for purpose. The bill's principle is flawed. The bill's objective to provide

"a means for certain people who are approaching the end of their life to seek assistance to end their lives at a time of their own choosing, and to provide protections in law for those providing that assistance"

was never achievable. More research was undertaken to provide clarity, but more questions were asked. We sought more certainty; we found more incertitude.

I was pleased to read in the Health and Sport Committee's stage 1 report that David Stephenson QC of the Faculty of Advocates made the following statement when he gave evidence:

"If we criticise the existing system for uncertainty, we should do our best to remove uncertainty when creating a legislative regime."—[*Official Report*, *Health and Sport Committee*, 13 January 2015; c 14.]

We have a system in place, and the lack of legislation on any matter should never automatically be seen as a problem.

The bill attempts to redefine law that does not exist in the first place. David Stephenson QC told the Justice Committee:

"My concern is that there would be a danger that individuals would fall through the gaps and would, due to uncertainty, find themselves exposed to prosecution."—[*Official Report*, *Justice Committee*, 20 October 2014; c 12.]

I cannot see how people will know if they are protected when they act to assist in bringing about the end of a life.

The task that the member has given himself is impossible to complete, given how the bill was originally designed. The bill was flawed from the outset. If I could have helped, as Patrick Harvie repeatedly asked us to, I would have helped. The reality is that, historically in Scotland, there has been little prosecution of people who have assisted suicides. In England and other countries that is a statutory offence. We do not have such a law.

The bill does not provide a general clarification of the law on assisted suicide. The member in charge has clearly fallen at the first hurdle. The present law may not be perfect but, in my view, the bill is back to front and we must reject it at stage 1.

15:18

Mary Fee (West Scotland) (Lab): I speak in support of the Assisted Suicide (Scotland) Bill. I welcome and respect that the debate will invoke passion, reason and arguments based on ethics, morality and religion.

When talking about death, we must remember that each person treats death differently through a

wide range of emotions and feelings such as, but not limited to, fear, reluctance and, importantly, acceptance. To be diagnosed with a life-changing illness leads one to accept that death is not a choice, but a reality, and how one faces death can make a difference.

Even with the greatest palliative care, an illness can still make life insufferable for some. Legislating for assisted suicide is a matter of not only choice and dignity for those wishing to use the powers, but equality.

Exercising the power to ask a doctor for the option to seek assistance to end suffering, where medicine and care cannot, places an enormous level of trust with the practitioner and would give the recipient control of their own destiny.

The level of and access to care will always be paramount to easing pain while medical advances are researched, and that should not suffer as a result of legislating for assisted suicide. There is no evidence to suggest that allowing assisted suicide would be a detriment to access to palliative care.

I support Patrick Harvie's point in his response to the stage 1 report that he is

"open to proposals to amend the Bill"

and will work with

"those which seek to strengthen it or to improve definitions without being too prescriptive."

With that in mind, the only way to have that further input is to agree to the bill at stage 1. The principles of and motive for the bill are clear, yet there is always room for improvement with any proposed legislation.

I move on to the specifics of the bill. Part 1 would remove the possibility of a person facing charges of criminality after assisting in the compassionate suicide of another. It is important to understand the distinction between assisted suicide and euthanasia. There are massive differences between what is proposed and euthanasia, so for anyone to equate the two, as has happened throughout the wider discussion and consultation, is an unfair disservice to those who are suffering and who wish to end their life.

I note, however, that the Health and Sport Committee report showed that further clarification of the difference is needed, because of what Stephen McGowan from the Crown Office called a fine line. I hope that we can take the bill to stage 2 so that we can further distinguish the terms "assisted suicide" and "euthanasia".

Part 2 deals with safeguards, which is where members have the greatest reservations. For some, there can be no assurances that the safeguards are as strong as they would like, which is why it is important that the debate continues. The criteria for considering assisted suicide are pertinent to the proposed safeguards. I have read in communication from constituents that they are worried that children might be exposed to assisted suicide. That is contradictory to what the bill sets out to secure, which is a right for adults who are over 16 years of age with a diagnosis of an illness or progressive condition that is terminal or life-limiting and which will reduce life quality, without any sign of improvement. I believe that the bill contains comprehensive measures to protect those who wish assisted suicide as well as the facilitators, the witnesses, the practitioners and the families.

Many of us who have lost a loved one will have witnessed them suffer pain and endure agonies that we would not wish on anyone. The bill is really about allowing dying people the dignity of choosing for themselves. I hope that we can continue the debate by agreeing to the principles of the bill.

15:22

Nanette Milne (North East Scotland) (Con): I say at the outset that I will not support the bill. Five years ago, I voted against Margo MacDonald's End of Life Assistance (Scotland) Bill, having been a member of the committee that scrutinised it at stage 1. As a member of the current Health and Sport Committee, I have studied the evidence that has been presented to us at stage 1 of the successor bill. I determined to approach it with an open mind, to give full consideration to all the evidence that was put before us and to listen carefully to all those putting the case either for or against the proposed legislation. The bill would allow protection from prosecution for a person who was licensed as a facilitator to assist someone who had capacity and a life-shortening or terminal illness that to them had become intolerable to take their own life. It would not allow euthanasia.

As previously, I found the help that was given to us by the committee clerks, SPICe and our adviser absolutely invaluable, and I put on record my thanks to them and to the many witnesses who gave evidence to us for their assistance throughout the stage 1 scrutiny of the bill. In the end, after lengthy and very careful consideration of all the evidence, as shown in our committee report, we decided not to make a specific recommendation to the Parliament but rather to allow members to come to their own conclusions.

Personally, as a former health professional, the idea of actively and deliberately hastening death by assisting someone to die is deeply disturbing. I share the view of many professional colleagues that legislating for that would risk undermining

patient trust in doctors and medical advice, and I cannot come to terms with what is proposed.

There have been significant improvements in palliative care in recent years, and in my view that is the way forward: to enable the vast majority of patients to experience a dignified and comfortable death in the place of their choice when that inevitability arrives.

I accept that there will be a few patients—and indeed they are very few—for whom palliative care cannot be 100 per cent effective, but I am not convinced that that is sufficient reason to legislate for what some see as a merciful act, and nor are the palliative care specialists who deal personally with those very difficult and complex cases.

Persistent requests for assisted suicide or euthanasia are extremely rare if people are given good care that addresses their physical, psychological, social and spiritual needs. I sincerely believe that to achieve a good death is as vital a part of healthcare as any care that a patient receives throughout life, and that good palliative care is far preferable to legally assisted suicide.

Unfortunately there is at present a gap in palliative care provision, and many people who would benefit from that form of holistic end-of-life care are therefore not considered for it. Like the Marie Curie organisation, I believe that palliative care should be planned as soon as an illness is deemed to be terminal, which could mean death within days, weeks, months or even years. That could apply to people with a wide variety of conditions such as chronic obstructive pulmonary disease, heart failure and dementia—and, of course, cancer and progressive neurological conditions.

As MSPs, we should be giving serious consideration to end-of-life care, as the Health and Sport Committee plans to do, and Government should be persuaded to put more resource into the holistic care of the terminally ill.

I simply cannot agree with the basic concept of the Assisted Suicide (Scotland) Bill. However, even if I could support its underlying principles, I note that the proposed legislation is flawed in many respects and would require significant amendment if it were to get past stage 1. I cannot address the shortcomings of the bill in the short time that is left to me, although I have no doubt that those issues will be highlighted by my colleagues, as they have been by the deputy convener of the Health and Sport Committee.

I will finish by referring to a letter that I received some months ago from a constituent who has been tetraplegic for nearly 40 years following a road accident. He gives a very moving account of his battles with depression and despair as he gradually adapted over time to his changed life—an adaptation that he achieved only after undergoing prolonged counselling and receiving help to find and develop new avenues of activity.

He expresses his dismay that young people with paralysis like his, following sporting injury, can resort to assisted suicide in Switzerland. He says that they still have mind and voice and probably other capacities, depending on the exact level of injury, but they would need the sort of care that he received to bring them to terms with an alternative way of life. My constituent is therefore appalled that the bill does not insist on medical and psychiatric assessment before someone starts along the path to assisted suicide, and that it provides no requirement for counselling or for filling the gap in cases where someone's only experience has been of some unsuitable medical facility without any experience of rehabilitation.

His closing words are:

"I beg you to reject this Bill. Above all, do not destroy the trust between patients and the medical profession. Hospitals must not become places where patients fear those who care for them. The aim must be to help the family in their supporting role, and to strengthen counselling, rehabilitation and hospice facilities."

Presiding Officer, I rest my case.

15:28

Mike MacKenzie (Highlands and Islands) (SNP): I thank all those organisations that sent briefings indicating their concerns about the bill. I especially thank all the many constituents who wrote to me, including those on both sides of the issue: those who are keen to see the bill passed and those who are not. I very much respect both viewpoints, and the fact that assisted suicide is a difficult issue for everyone, and for all of us here in the chamber this afternoon.

My principal argument this afternoon is that we owe it to all the people who have written to us, including those who are concerned about the issue and those who may fall under the scope of the legislation—indeed, we owe it to everyone—to scrutinise and debate the issue properly. In order to do that, we need to take the bill all the way through the parliamentary process.

We owe it to all those people to vote yes today, so that we may do full and proper justice to this most difficult of issues, and so that, whatever the outcome is, we can all look our constituents in the eye and explain to them exactly why we voted as we did.

I also thank my colleagues on the Health and Sport Committee, who provided an excellent service on behalf of the Parliament and of the public in shedding light on the issues that are causing most concern in relation to the bill. I hope

that during the committee's discussions I was able to articulate my position adequately, which is that if we have it within our means to relieve suffering, we should do so. That is my default position.

I acknowledge the arguments that have been made against the bill. There are concerns that the bill may result in the lowering of the standard and the availability of palliative care. I would argue the opposite. Perhaps it will give an added impetus to palliative care, especially from those who do not believe in the principle of assisted suicide. If the bill is passed, they will have the opportunity to persuade anyone contemplating assisted suicide against that, and to provide them with palliative care.

The bill does not call for psychiatric assessment to be automatic but neither does it rule it out and that option will be available if it is felt to be necessary in the opinion of either of the two doctors who have to sign off the request for assisted suicide. We either trust our doctors or we do not. I trust them.

There are those who criticise the bill because it is not specific enough—because it is vague or uncertain in some areas. I think that that is a strength rather than a weakness. Our criminal law is comprehensive, complex and sometimes confusing. Few of us are experts in criminal law and yet ignorance of the law is no excuse. It behoves us, therefore, to stay well on the right side of the law, as the vast majority of us do. That moral hazard is necessary. That uncertainty will ensure that anyone participating in the process of assisted suicide will stay well on the right side of the law.

Perhaps the issue that concerns me most is the possibility of coercion. It seems that some people take a dim and dark view of their fellow citizens. I am afraid that I do not share that view. I think that, in the main, we are good and we are moral. Nevertheless, I do not accept that it is beyond our intelligence, our wit and our wisdom in this chamber to provide safeguards against coercion and against a number of other criticisms that have been made about the bill.

It is beyond dispute that there is avoidable suffering across Scotland. Palliative care is not always effective and it is not nearly as widely available as it ought to be. Suffering can only be understood and defined by those who are suffering, not by those who are not.

We pass many bills in this chamber that are subject to considerable amendment. I am sure that this bill can be amended in ways that will deal with most, if not all, of the concerns.

We may not be able to reassure everyone that the bill is fit to pass into law, but to my mind, we owe it to everyone—we owe it to all those who are suffering or who face the prospect of suffering and we owe it to Margo MacDonald, whom we held in high esteem as a person of integrity, common sense and wisdom—to give it our best effort, and that means voting yes this afternoon.

15:33

Rhoda Grant (Highlands and Islands) (Lab): I add my thanks to those of other members who have already spoken. This is an emotive debate and people will be passionate about the view, either for or against the bill, that they hold. It is my hope that, regardless of their stance, people will respect a differing viewpoint and the reasons for which it is held.

I am instinctively against the general principles of the bill. I believe that life is precious. We only have one life. However, life is not always easy, which is why we have a suicide reduction strategy. We recognise that, too often, people come to a stage in their lives where, for whatever reason, they do not seem to wish to go on. As a society, we recognise that and put supporting mechanisms in place to try to help people through those difficulties, believing that suicide should not be an option. Many who have been in such a position and have overcome those feelings have gone on to live fulfilled and happy lives.

The bill changes that belief in relation to people with a life-limiting condition. It also presupposes that the final days of their lives cannot be happy and fulfilling or that they cannot continue to be a source of strength and inspiration to loved ones.

Patrick Harvie: The member suggests, as others have, that in passing the bill we would in some way undermine efforts to reduce suicide in the wider population. Is she able to point to any jurisdiction in which some form of assisted suicide has been put into law where there is evidence of an impact that undermines suicide prevention in the wider sense?

Rhoda Grant: If, on the one hand, we see suicide as a bad thing and as something to be prevented but, on the other, single out a proportion of society for whom it is a good thing and a thing to be encouraged, it is clear that that changes our relationship with suicide.

There are challenges in managing life-limiting conditions—in relation to pain control, for example, and, indeed, the loss of personal control—but surely we must manage those challenges to ensure that everyone's last days are fulfilling. Good-quality palliative care must be a right but, as others have said, we fall way short in that regard. We need only compare the availability of maternity care with that of palliative care to see the difference. We need the same quality of care leaving the world as we do entering it.

The bill would change the way that our society views suicide, making it a right rather than something that should be prevented. It is argued that suicide prevention strategies will remain, but certain people will be excluded from them under the bill. There is no requirement for them to seek help. Judgments will have to be made about the quality of life and what is subjectively seen as unacceptable alongside a life-limiting illness. The bill excludes people with a mental illness, who are deemed to lack capacity to make such a decision. Could that be discriminatory? If someone has a mental illness that is incurable and is causing suffering, they will be unable to use the bill. However the bill does not consider the impact of a terminal diagnosis on a person's mental health and on their ability to face the future.

The bill is often compared with the Assisted Dying Bill in Westminster, but our law is different. Suicide is a crime in England; it is not a crime in Scotland. Therefore, there is an argument that assisting someone to commit suicide is not in itself a crime in Scotland. That is a grey area that the bill seeks to clarify. The argument is whether the assistance was the cause of death. If it was, that could lead to a charge of culpable homicide. However, it was clear from evidence to the Health and Sport Committee that the bill would not necessarily protect someone assisting another person's suicide from being investigated and charged. For example, if there was a suspicion that the person committing suicide was coerced, even if they fulfilled the requirements of the bill, the person who assisted them could still be investigated and charged under the common law.

There are many aspects of the bill that make it unworkable, as is acknowledged by those who support its aim. I argue that clarifying the law in this way could have a number of unintended consequences and could lead to more prosecutions rather than fewer; indeed, it could lead to an increase in suicides in Scotland.

We fear death. Fear of the unknown is natural, but although a lot is known about death, it is seldom discussed, which makes the fear even greater. If our death was given the same focus and care as our birth is, a lot of that fear would be removed. We need to learn to deal with death and to appreciate it as a consequence of life.

I urge members to vote against the general principles of the bill.

15:38

Liam McArthur (Orkney Islands) (LD): Shortly after first being elected in 2007, I sat in the chamber listening to a members' business debate that was led by my former colleague Jeremy Purvis. He was the sponsor of an earlier bill that was aimed at achieving many of the same objectives as the one that we are considering this afternoon. I had no intention that evening of speaking or making an intervention; I just wanted to listen. I remember coming away genuinely proud, as I am today. I believe that this is how our Parliament should be.

The exchanges then were unencumbered by false consensus or by political rancour, in the main. Those participating did themselves and the Parliament great credit by arguing their case passionately, with sincerity and conviction, even where those convictions had evolved over the years.

That bill fell, but the late Margo MacDonald then took up the cudgels. Without any disrespect to Jeremy Purvis or, indeed, Patrick Harvie, even now Margo remains posthumously synonymous with the issue and these proposals.

A charismatic advocate for change, Margo nevertheless took care to nurture cross-party support. Patrick Harvie continued that approach, and I thank and pay tribute to him. I also thank and pay tribute to the my life, my death, my choice campaign and others for all that they have done to progress the bill since Margo's untimely death. I thank, too, the Parliament's committees for their diligence and, in particular, the Health and Sport Committee for producing the lead committee's report, which seeks to reflect the divergent views of its members while identifying areas of legitimate concern.

Although it is an improvement on its predecessors, the bill is certainly not perfect, as Patrick Harvie acknowledged. There are those who feel that it goes too far and others who believe that it does not go far enough. My constituents, whose generally measured and thoughtful input I have greatly valued, fall into both camps and pretty much all places in between. I am grateful to the many groups and organisations that have contacted me. I respect the positions that they have taken, but I am acutely aware that, within and between different faith and disability groups, as well as across the medical and legal professions, individuals hold individual views for and against change.

As members are aware, I am supportive of the general principles of the bill. That support does not stem from direct personal experience of a loved one left suffering unduly at the end of their life, although I have close friends for whom that ordeal was very real and unbearably painful to witness. Over the years, I have come to the conclusion that the status quo is no longer tenable, that change is necessary and that finding ways of allowing individuals dignity in death, as in life, is now essential. Growing numbers of people in Scotland have reached that conclusion, often, I suspect,

based on their direct experience of what has happened to a family member or good friend.

Of course, majority public support is not in and of itself reason enough to change the law in such a complex, sensitive and profoundly emotive area. However, it must give us confidence that we should have this debate, that there is an appetite for a move away from the status quo and that, hopefully, there will be patience as we explore a solution that can command the broadest possible support and confidence.

The crux of the bill for me and for many of those I speak to on both sides of the debate is the issue of safeguards. The three-stage process, with cooling-off periods between each, the need for uninvolved witnesses, the requirement for two independent doctors and four separate consultations, the presence of a facilitator and the compulsory reporting of cases to the police set a very high standard of protection.

I understand why people express specific concerns about those who suffer from poor mental health, but general practitioners are accustomed to diagnosing and treating depression and assessing mental capacity. Any suggestion that an individual is suffering from a mental illness will bar them from entering the assisted suicide process. In doubtful cases, a GP can refer a patient to other doctors, including a psychiatrist, for an opinion. I believe that those safeguards will ensure that the vulnerable are protected, but would welcome proposals about what might reasonably be done in addition.

I do not accept the argument that the bill represents a slippery slope. It will allow individuals—only those who are terminally ill, I would argue—to seek assistance in bringing their life to its conclusion, while giving legal protection to those who provide such assistance.

I also struggle to see why support for the bill might imply a lack of commitment to palliative care. Such care will still be the preference for the vast majority, and Marie Curie was right to point out that, at present, at least 11,000 people are missing out on that care every year. That must be addressed, regardless of the bill.

The right to life is not the same as a duty to live. The bill is about providing dignity, respect and choice at the end of life. I hope that Parliament will agree this evening to allow the bill to proceed to the next stage. If it cannot be satisfactorily amended at stage 2, there will still be an opportunity to vote it down at stage 3. I believe that we owe it to those who are looking to Parliament to reflect the public's desire for change at least to allow that debate and those detailed deliberations to take place.

15:44

Dave Thompson (Skye, Lochaber and Badenoch) (SNP): I welcome the opportunity to take part in today's debate and I thank all those within and outwith Parliament who have been and are involved in it.

To put my position into context, I have lost close family members to breast cancer, pancreatic cancer, stroke, dementia and suicide. I have a Christian faith but I do not argue against the bill today from a faith-based perspective, although there are strong moral, theological and spiritual reasons to oppose it.

I accept that it is difficult to argue against a person retaining control of their fate as their health declines, but I believe that writing assisted suicide into law would achieve the opposite effect, as control would subtly be placed in the hands of a third party.

Another important factor that we must bear in mind is that not everyone is good, so we cannot be sure that people will not succumb to pressure to end their life from unscrupulous, selfish or financially motivated parties.

Patrick Harvie: As I acknowledged in my opening remarks, I accept that such circumstances as Dave Thompson describes take place. The question for us is not whether they should take place, but whether we should allow them to take place in a legal vacuum and without people having the ability to seek support in a well-defined and well-regulated way. Passing or rejecting the bill will not avoid the threat of coercion in certain circumstances, but passing it will give us some legal clarity about how best to identify and remedy such situations.

Dave Thompson: I do not accept the premise of that point. The cabinet secretary mentioned that that legal point has not been accepted.

As the Health and Sport Committee heard, we humans are relational—we are community dependent, and our decisions affect the views and decisions of others. In a society in which sporadic thoughts of self-harm and suicide are common, I do not believe that we can allow the law to increase pressure on people to end their life. Even affected individuals who are surrounded by family who care for them may still feel like a burden. The drip-drip effect of that on a person's psyche could be very potent in their decision-making processes, and some may feel that they have a duty to die. Those who are terminally ill often experience mental health problems such as depression. Depression is an illness and many sufferers report feeling suicidal when they are in the depths of despair. However, with support and treatment they are often later grateful that they did not act on such thoughts when they were in that dark place.

We must not allow irreversible decisions to be made when a person is extremely vulnerable; instead we must support and help them in every way possible.

Enacting the bill would be a retrograde step, particularly when good palliative care is available. We must strengthen that care, not erode it. We must not normalise suicide. Since 2011, the Scottish Partnership for Palliative Care has been advocating greater uptake and awareness of the choices and mechanisms, through the good life, good death, good grief alliance, which I support. Doctors and nurses—those potentially charged with administering assisted suicide—are overwhelmingly against the proposal, which ought to serve as a warning to those making the case for it. The bill fundamentally conflicts with the principles of medical care.

At a Health and Sport Committee meeting in January, it was argued that, when considering any legislative proposal, it is essential to reflect on not only the rights that may be conferred on benefactors, but the negative or harmful aspects. In that context, the availability of assisted suicide would add to the psychological distress of patients when they are extremely vulnerable. Members should not just take my word for it. Dr Stephen Hutchison, a former consultant at the Highland Hospice, is "100 per cent" sure that the availability of assisted suicide would compromise the care of patients.

I recognise the intentions of the bill in aiming to introduce additional choice, subject to conditions, for people with terminal, life-shortening conditions. None of us wants to see another human being, or ourselves, in prolonged and severe pain. However, enshrining assisted suicide in law would take us into dangerous territory. It would short-cut proper compassion and destroy our social responsibility. It would be the thin end of a large wedge: the policy memorandum that accompanies the bill explicitly looks forward to widening the categories of those eligible for assisted suicide, which confirms my fears.

Although I accept the good will of those who support it, the bill would put us on a trajectory to a society that no longer places value on life, no longer values the disabled and no longer values the elderly or ill. Where would it end? The bill may well have been introduced in compassion, but it is a dangerous bill and I cannot support it.

15:49

Graeme Dey (Angus South) (SNP): Until a few days ago, I was very much undecided about how I would vote come decision time tonight. To be honest, I am still not 100 per cent there yet, although Patrick Harvie's response to the stage 1 report and his remarks today have gone some way towards persuading me that we ought to allow the bill to move to stage 2 so that the amending that it undoubtedly requires can take place.

Like many people, I am instinctively inclined towards the principle of individuals having the right to decide whether to end their life when confronted by an intolerable end to that life, and that conviction was only strengthened by the loss of my father some six months ago. Watching a loved one die, albeit not in quite the circumstances covered by the bill, inevitably has a bearing on one's views on such matters. I recall at various times over those awful three days telling myself that I would absolutely support the bill when the opportunity arose, and yet I find myself torn, because the bill as drafted contains, as we have heard, a number of serious flaws.

I do not intend to rehearse each area of concern, especially as colleagues across the chamber have already highlighted some of them and others are seeking the opportunity to contribute to the debate. Instead, I want to focus on what is, for me, a critical issue—respecting the views of health professionals who, for perfectly understandable reasons, would not wish to involve themselves in any way in the assisted suicide process.

Last year, the Parliament found a means of reconciling conflicting opinions on equal marriage, by framing the Marriage and Civil Partnership (Scotland) Act 2014 in such a way as to ensure that faith groups or individual celebrants who, because of their genuine, deeply held convictions, did not want to be involved in the process could not be compelled to carry out marriages. We were right to do that.

In the case of the Assisted Suicide (Scotland) Bill, we are told that a majority of doctors and many pharmacists and psychiatrists are opposed. On all sides of the argument, there appears to be a recognition that some kind of opt-out would be appropriate. Even the my life, my death, my choice campaign, which supports the legislation, has admitted:

"It is important that no doctor should be forced to take part."

Of course, we do not have the option of making statutory provision in this area, and seeking to deliver protection for individual practitioners' rights of conscience through professional guidance would not provide a cast-iron protection. In principle, it might be possible under section 104 of the Scotland Act 1998 for a United Kingdom minister to deliver a conscience clause, and I therefore welcome Patrick Harvie's commitment to explore that option if the bill's general principles are agreed to later today, because for me it is

essential that medical practitioners should not be forced to participate in a process that runs contrary to their beliefs.

However, having said all that, if we were able to respect the views and rights of medical practitioners, where would that leave us in protecting individuals from coercion or influence in coming to a decision? I was struck by the comments of Professor David Jones when he pointed out in evidence to the Health and Sport Committee that people are vulnerable not only to coercion but to influence, which could include their own subjective sense of becoming a burden.

As both the Health and Sport Committee and Mr Harvie have acknowledged, the risk of coercion can only ever be minimised—it can never be eliminated completely—but in seeking to respect the rights of medical practitioners might we be reducing protection against coercion or influence compared with what might result from introducing a bill without a conscience clause? I think that there is a dilemma there. It has been suggested that perhaps only a small number of doctors would be willing to play a part in delivering the aims of the bill. If that is the case, where is the local knowledge of patients and their circumstances that might identify where a vulnerable individual is being leaned on or is being influenced by their own concerns about becoming a burden on family? The days of each of us having our own GP within a practice have all but gone; even if those days were still with us, there would be no way of removing entirely the possibility of coercion or influence being at work. If people found themselves having to trawl around for a GP who would be willing to participate, the possibility of coercion or influence not being picked up on would increase.

I therefore welcome Patrick Harvie's indication that he would be willing to discuss possible amendments in the area of coercion, although I accept that it is a difficult issue to address when we must surely accept in the first instance that, above all else, we have to provide medical practitioners with a conscience clause.

As I indicated at the beginning of my speech, I have been quite conflicted in my views on the bill. I do not believe that, as drafted, it is a particularly good piece of legislation. I am one of those whom Patrick Harvie described as not being convinced of the detail of the bill. However, I am now inclined to support the principles at decision time, in the hope that the parliamentary process can thereafter make it fit for purpose, and without in any way committing to supporting it at stage 3.

15:54

Michael McMahon (Uddingston and Bellshill) (Lab): Presiding Officer,

"Legalising assisted suicide is a slippery slope toward widespread killing of the sick".

Those are not my words, nor are they the words of any anti-euthanasia group or religious leader. They are the words of Professor Theo Boer, an academic in the field of ethics who himself had previously argued that good euthanasia law would produce relatively low numbers of deaths.

Professor Boer is based at Utrecht University and has been a member of a review committee charged with monitoring assisted suicide deaths in Holland. He is a one-time advocate of assisted suicide who, based on the evidence that he now has available to him, believes that the very existence of a euthanasia law turns assisted suicide from a last resort into a normal procedure.

Assisted suicide is now becoming so prevalent in the Netherlands, according to Professor Boer, that it is, as he says,

"on the way to becoming a default mode of dying for cancer patients".

Having monitored the situation in Holland for the past 12 years, Professor Boer now admits that he was wrong to have believed that regulated assisted suicide would work. We should not dismiss that conclusion today. Instead we should, as others have done this afternoon, advocate greater awareness of the so-far-untapped potential of good palliative care. Too many terminally ill people are not receiving the care that they need at the end of life, and that can have a detrimental impact on the quality of life that they have in their last years and months. Action needs to be taken on that situation, but the bill is not that action.

Proponents of assisted suicide often refer to autonomy as if it was a generally accepted principle on which to base the bill. In fact, the law exists to protect us all, and it often curtails individual autonomy in order to safeguard others.

There is undoubtedly still much work to be done to ensure that people retain as much control as possible as they approach the end of their life and that they receive the best possible care. That is why I believe that the focus on end-of-life issues must be on addressing unmet need and ensuring that people do not miss out on the palliative care that they should get.

Legalising assisted suicide is a retrograde and negative step that does not promote good care or challenge the lack of the medical assistance that is required to die with dignity. What will address that is a good palliative care approach. Done properly, that is active, holistic care of people with advanced progressive illness that is delivered in a wide

range of settings, including hospices, using both specialist palliative care and more generalist care.

Many people who are faced with a terminal illness fear the future, and that is understandable when they are not certain to access such palliative care. Our task, therefore, should not be to cultivate any fear that may exist but to promote a culture in which people with terminal illnesses know that, whatever their future, they will benefit from having access to palliative care and end-of-life care.

I began by quoting Professor Boer from Holland and I will also finish with his words. In 2007, he concurred with the views that are expressed by supporters of the bill. He wrote that

"there doesn't need to be a slippery slope when it comes to euthanasia. A good euthanasia law, in combination with the euthanasia review procedure, provides the warrants for a stable and relatively low number of"

deaths from

"euthanasia."

Boer noted that, at that time, most of his colleagues drew the same conclusion. Now he says:

"But we were wrong - terribly wrong, in fact ... I used to be a supporter of the Dutch law. But now, with twelve years of experience, I take a very different view ... don't go there. Once the genie is out of the bottle, it is not likely to ever go back in again."

I urge Parliament today to heed the words of Professor Boer: "don't go there."

15:58

Jackson Carlaw (West Scotland) (Con): As a co-sponsor of the Assisted Suicide (Scotland) Bill, I have to say that I have wrestled with the content of anything that I might say in its support this afternoon more than I have with any other speech that I have given in this Parliament. In five minutes, there is really not an opportunity to make the detailed argument that one would like to make, so one falls back slightly on generalities.

It is a significant issue of substance that we in this Parliament are entrusted to resolve, and one on which we defer to our conscience. The most recent example of such an issue was equal marriage. Outside the chamber, in participating in the public debate, there have been some familiar faces on the other side of the argument as I have gone around. One consistent view that I have come across is the "the end of the world is nigh" tendency. That debate was, of course, a life-and-death matter for some; this is literally a life-and-death matter.

I should say that some members might want to leave at this point, because this morning I received a very violent and abusive phone call from a member of the public who told me that if I spoke in support of the bill in the debate this afternoon, I was doomed, in every sense of the word, and that a greater force would strike me down in the course of my speech. In the circumstances, I sat very deliberately next to Mr Fraser, believing that a bit of rough justice would be appropriate. [*Laughter*.]

However, I have read about 20-year-olds who might be fed up with life queueing round the block because they would want to opt for assisted suicide; I have heard about all those greedy relatives who would apparently coerce all their loved ones into assisted suicide—as Patrick Harvie said, they could do that now outwith the framework of the law; and I have heard people say that it would be the end of palliative care. There must be a much more measured debate, and I am grateful for the tone that has been struck in the chamber this afternoon.

I think that the nadir of all of this came in a debate in which I was engaged with the Care Not Killing organisation. After a bloodless PowerPoint presentation on nine points, the person said as a tenth point to an audience of elderly people:

"This was all initiated by Hitler during the second world war. I draw no conclusions from that; I leave you to draw your own."

That is absolutely shameful. I think that all sides in this argument, irrespective of their perspective, would want to ensure that, were the bill to be passed, the post-legislative scrutiny and everything that the Parliament did thereafter were designed to ensure that there was no coercion and that the legislation operated entirely in the spirit that was intended.

As Patrick Harvie said, this is Margo MacDonald's bill and, respecting that, he has not brought forward amendments. However, if members read the exemplary evidence that he gave to the Health and Sport Committee on 17 February, they will see that it is perfectly apparent that the proponents of the bill are open to a series of amendments being lodged to make a better piece of legislation. There are many suggestions from the Law Society of Scotland that make perfect sense and to which I will return.

I respect that many colleagues might be opposed to the bill for different reasons: some through conviction and some through faith. I am an unconfirmed agnostic, as I have said before, so I cannot share an objection based on faith, but I have noticed that many of faith are, in fact, supporters of the principles of the bill. Some are opposed to the bill either because they object to its aims, or because they object to the particular workings of the bill as drafted—that is why I support the calls by Mike MacKenzie, Liam McArthur, Mary Fee and others to allow the bill to proceed to stage 2, specifically because we have been here before.

If we are not to keep coming back to the Parliament with this issue, we have a duty to those—we understand it to be the majority of the population—who are sympathetic to the bill's aims to create as workable a bill as we can and then let the Parliament divide on the principle of whether the bill should go forward. If we do that, outside of the Parliament Scotland would know that the bill is not passing—if it is not passing—not because there are some clauses in it that people are not sure are workable, but because members do not agree with it. I think that a far clearer and greater service would be done if we went to that phase.

I have heard talk of palliative care, but I had a constituent who suffered from vascular Parkinsonism and endured a distressing end, with her family, and suffered a death that she had sought to avoid. I say to those who talk about palliative care that, first, we have relied on the voluntary sector far too much and that, with an ageing population, we will have to invest much more heavily in palliative care as we go forward. However, for some of the 80 people—just 80, and not the thousands who benefit from palliative care—who might exercise the option of assisted suicide, their particular condition is one that is not relieved by the palliative care option and the bill would give them the option to choose.

Jean Clement-Smith Carlaw, my late grandmother of some 20 years now, was a passionate advocate of this cause and helped shape and inform the convictions that I eventually settled upon—grandparents are great things; they have lived long and have seen much. I speak today in her name—she endured, unfortunately, the very end that she sought to avoid—and in the name of many others who are suffering today and those who hope not to have to suffer in the future.

16:04

John Mason (Glasgow Shettleston) (SNP): Thank you for the opportunity to speak, Presiding Officer.

It is clear that the subject divides opinion, and I think that most of us can accept that there are arguments on both sides. None of us wants to see unnecessary suffering, of course, especially if the person is close to us. Death is not a subject that many of us are comfortable talking about, but maybe our society today is unusual in that respect, as our culture in previous times seemed and other cultures these days seem more comfortable with the whole process of dying, and even within our society there is a variety of customs.

Against the desire to reduce suffering and manage one's own death, it is clear that there is a range of arguments against assisted suicide. We are hearing a number of those arguments, but I want to concentrate on a couple of them. First, I want to concentrate on the impact on our suicide prevention strategy. The committee's report on that topic, in paragraphs 269 to 280, was good. It is clear that we have problems with suicides, especially in Glasgow and the west of Scotland. Over the four years from 2009 to 2012, there were 3,059 suicides. Some 73 per cent of them were male suicides. The highest number of deaths was in the 40 to 44 age group, but there were more than 150 male suicides in the 20 to 24 age range. Glasgow has the third-highest suicide rate in Scotland; it had 17.2 such deaths per 100,000 over those four years.

It is tragic to hear those figures. People feel that ending their life is the only way out of their problems, be they financial, health, relationship problems or whatever. We need to do all that we can to show such vulnerable people that there are other and better ways of sorting out their problems.

I cannot put things better than the committee did in paragraphs 275 and 276 of its report, in which it said:

"enacting a Bill of this kind would undermine the aim of preventing suicide in two ways: (i) by seeming to contradict the wider suicide prevention message, or by watering it down with exceptions, and (ii) by 'normalising' suicide: this argument is that when law permits a practice, this is perceived as endorsement, and as society absorbs that endorsement, the general perception of the practice changes."

I note Patrick Harvie's comments on his not seeing evidence in other jurisdictions of increases in suicide generally, but we have been given evidence that shows Oregon's suicides increasing, certainly in comparison with Scotland's suicides, which, thankfully, have been reducing in recent years.

Patrick Harvie: Is the member asserting that that increase has coincided with the introduction or the uptake of legislation on assisted suicide? Having looked at the figures, I see no connection whatever.

John Mason: My general argument is that the issue is very difficult. If we are changing the atmosphere on suicide and moving from a position where suicide is always regrettable and a tragedy to saying that it is sometimes acceptable, it is difficult to go somewhere else and say that sometimes it is okay and sometimes it is not.

I did not read out paragraph 276, which says that we could send out a message

"both to society at large, and to vulnerable individuals—that not all lives are equally worthy of protection, or equally valuable or worthwhile".

That is my main concern in that area.

The second issue that I want to focus on is coercion. Paragraph 194 of the committee's report says:

"the Committee notes the observation by the BMA that there is no way to guarantee the absence of coercion".

Paragraph 186 refers to Professor David Jones saying that there is also the wider area of influence. That concerns me more. In particular, the point about some individuals, especially elderly ones, not wanting to be a burden rings true with me from my experience. The danger in normalising suicide is that that opens up possibilities for vulnerable older people whom we should be constantly reassuring that they are not a burden.

When it comes to coercion or influence from third parties, let us be blunt: there have always been people who have wanted to end other people's lives for a variety of reasons. Families stand to get an inheritance if an elderly relative dies earlier, and even the national health service and social work departments of councils stand to make financial savings in care costs if a patient dies sooner rather than later. Will every accountant who works for those organisations be totally non-pressurising on staff or patients? We do not know.

John Finnie (Highlands and Islands) (Ind): Will the member take an intervention?

John Mason: No, not at this stage.

The Finance Committee did not spend much time on the financial memorandum. I wonder whether we should have looked into that angle in more detail, as it is clear that there could be financial implications for a number of groups.

In summary, I will vote against the bill. We must have compassion for those who are suffering, but we must also remember the many whose lives could be threatened by such legislation.

The Deputy Presiding Officer (Elaine Smith): As a general point, I ask members to try to keep to their five minutes. We would not want any members not to get the opportunity to speak.

16:09

Elaine Murray (Dumfriesshire) (Lab): Like many members, I have been thinking long and hard about how I should vote tonight, and in doing so, I am grateful to constituents who have contacted me to describe their or their family's experiences and to express their views. I am also grateful to the Health and Sport Committee for its helpful and considered report.

I have no religious, moral or ethical objections to assisting terminally ill people to decide the time and manner of their passing, should they wish to take that decision. Someone who is on that final journey and irrevocably on the path to death has, I believe, the right to decide to shorten that journey and to have assistance in doing so, if required.

That said, I believe that the provisions on life-shortening conditions should be removed. One of my constituents, Dr Alison McKendrick, the rehabilitation consultant at Dumfries and Galloway royal infirmary, wrote to me last December to describe her professional concerns about the inclusion of life-shortening conditions. Most of her patients have such conditions, but the period of time involved can range from six months to 30 years. In her letter, which she has given me permission to quote, she says:

"In the last few weeks we have had a young patient on the ward wishing to die and actively considering suicide. Her disabilities meant she couldn't carry anything out, but her pain and distress at the awful situation she was in was heart-breaking. We supported her with sympathy and medication and time. It was a very hard few weeks and her requests to die were repetitive. Her situation looked bleak in terms of prognosis and it was this reality that had hit her hard.

Today I watched her slowly wheel herself down the ward in therapy with a huge smile on her face, she was so proud of her achievement. Her prognosis remains similar, her pain is still there, but she has grieved and started to adjust expectations and has found that life is still good. For all of us, patient, family and team, I am so glad that we didn't have the option to give up and take the 'easy' way out and give her what she was requesting."

Dr McKendrick has encapsulated my principal concern about this bill, although I have other concerns that I will outline later if I have the time.

Grief is not a mental health condition but a natural reaction to loss, whether that be the loss of health and mobility, a loved one or an important relationship. Someone suffering severe grief and the anger that can go with it might feel that their life was unacceptable and might wish to die. However, in all those cases in which someone's grief was so unbearable that he or she was suicidal, our reaction would not be to help them kill themselves. Instead, we would want to assist the person through their grief and towards the realisation that although life might never be the same it could still be fulfilling. We should not treat ill health and disability any differently in that respect.

I therefore consider that the bill's scope should be restricted to people who are terminally ill and whose death is imminent and irreversible and that the bill should contain a definition of terminal illness that says, for example, that two medical practitioners must agree that the patient is unlikely to live more than six months and that there is no reasonable prospect of stabilisation or remission.

I have other concerns. For example, I think that 16 is too young to be a licensed facilitator or

preliminary witness. In other legislation passed by the Parliament, someone under 18 is defined as a child. Moreover, although we do not permit 16-year-olds to buy alcohol or tobacco, the bill as drafted would allow a 16-year-old to assist with suicide.

I also agree with witnesses who expressed concern about the 14-day window of opportunity between the recording of the second request for assisted suicide and the act of suicide itself. I understand that the intention is to prevent any significant deterioration in the person's capacity between making the second request and the act, but it is possible that the short timescale could make the person feel obliged to go through with the act in the belief that, if they did not, they would not get the chance at a later date.

I also consider that there should be legislative protection of conscience. No medical professional should feel obliged to participate in any of the procedures that would be required if the bill were to be passed. Their objections might be founded in their faith, but they might not and there should be no requirement to provide a reason for not being prepared to take part. Unwillingness to do so should be enough.

If this were stage 3 and the bill was like this, my decision would be straightforward: I would be voting against it. However, for me as for Graeme Dey, the question at stage 1 is whether the bill can be amended to take account of my concerns. I am not sure that it will be amended to fully take account of those concerns in the way that I would wish, but I believe that I should allow this bill to proceed to stage 2 to enable those discussions to take place. I will therefore vote for the bill tonight.

16:14

Alison McInnes (North East Scotland) (LD): I come to this debate as a liberal and as a humanist. As a liberal, I seek always to balance the fundamental values of liberty, equality and community. As a humanist, I try to resolve ethical issues through reason, reflection and empathy rather than by petitioning a higher being, although of course I respect others who live their lives according to religious scriptures.

As other members have done, I have had many representations on the matter. Indeed, many constituents on both sides of the argument have shared with me deeply personal stories about the value of life and about their family members' experience at the end of life, and I thank them for that.

I think that everyone is agreed that compassion, the dignity of the individual and the alleviation of pain and suffering should be at the forefront of our consideration, but there is profound disagreement over whether legislating for assisted suicide is a safe way forward. Some have argued that the bill will allow a small number of people—difficult cases—to be helped at the end of their life, but the bill is cast very widely and includes life-shortening illnesses. Those people argue that the bill will bring certainty and clarity to the law, yet there is a lack of definition of key terms such as "assistance" and of the role of facilitators. Some people say that there are robust protections against abuse and coercion, while many others warn that the safeguards are "totally illusory".

The significant flaws in the bill and the major challenges to progressing it are set out clearly in the stage 1 report. The questions and caveats in the report illustrate graphically just how dangerous it is to try and make the state the gatekeeper of who can die at a time of their own choosing and who cannot.

Today, we need to decide whether we agree with the principle of assisted dying. Do decisions about the timing and manner of death sit exclusively with the individual? Is the value of a person's life no more than the value that they ascribe to it? Is it equivalent only to a possession that can be given away, or, as many of us—both of faith and of no faith—believe, is the intrinsic value of life more profound than that? Are some rights so profoundly ours, as the liberal philosopher Locke argued, that we cannot give them up even with consent? If the right to life is paramount, is it not the case that we inevitably weaken the prohibition against killing if we countenance state-assisted suicide in some circumstances?

I do not accept that there is a right to die. Patrick Harvie has acknowledged that autonomy is not absolute—we are not entitled to exercise freedom that undermines or endangers the freedom of others. There is a reciprocal principle that operates; we need to have choice with responsibility. In his evidence, Dr Stephen Hutchison of the Highland Hospice argued that the issue cannot only be about what an individual chooses and demands but that

"it has to be balanced with careful scrutiny of the implications for the rest of society and, in particular, for the vast numbers of frail, vulnerable and frightened people whom we look after."—[*Official Report, Health and Sport Committee*, 27 January 2015; c 5.]

For me, that is where the bill founders. It utterly fails to address the very real risk that, in vulnerable people's minds, the right to die will become a duty to die. If we value the principles of equality and community as well as that of autonomy, it seems to me that the state must not sanction assisted suicide.

Many of those who are lobbying for change have argued that allowing assisted suicide will not

harm those who find it morally wrong. They have argued that it is a case of each to their own and that assisted suicide will be just one more option, but changes in the law bring about changes in the way we understand ourselves and our place in the world. In elevating the status of individual autonomy, we reduce the status of those who are dependent. Allowing assisted suicide would, over time, change the way we view and treat the elderly, the disabled and the infirm.

Inclusion Scotland has argued persuasively that much of the support for the bill is driven by a profound fear of becoming disabled, of ageing and of becoming ill. I agree with that and with the organisation's conclusion that, rather than saying that we should make it easier for people with that profound fear to end their lives, we need to challenge those negative attitudes and have good public policy that ensures that everyone has the best possible quality of life.

Greater importance needs to be placed on prioritising wide access to good palliative care. Dame Cicely Saunders, who was the founder of the modern hospice movement, said:

"You matter because you are you. You matter to the last moment of your life and we will do all we can to help you die peacefully, but also to live until you die."

We should be doing everything possible to make that the reality for everyone at the end of their life.

It is precisely because there is an inalienable right to life for everyone, equally, that the so-called right to die for some cannot be countenanced. I will not support the bill this evening.

16:20

George Adam (Paisley) (SNP): I thank the Health and Sport Committee for all the work that it has done for this very difficult and passionate debate in which there are people for and against. I welcome the debate, and I urge the Parliament to follow Patrick Harvie's lead and allow the bill to progress. We need to allow this idea to develop further and, as with any other bill, be discussed in full at stages 2 and 3. Is it not correct that we use the full parliamentary process to challenge and test this potential legislation further? I take on board the points that Jackson Carlaw made—he mentioned the fact that we have already had a debate on these proposals in the chamber. Is there not a case for taking it to its full conclusion?

I understand that the proposal can stir passions on both sides of the debate. Many people will say that I am coming at the debate from a very personal perspective. I cannot help that—it is the way I am hard wired, and it is the person I am. As members all know, my wife, Stacey, has multiple sclerosis. Ironically, we are having this debate on world MS day.

There are an estimated 11,000 people in Scotland with MS, and 100,000 in the UK. It is a neurodegenerative condition that affects the brain and central nervous system. As I have said before, there are three types of MS—and this is related to today's debate. There is relapsing remitting MS, which Stacey had when we first met. There is primary progressive MS, which effectively means that the person starts in a bad place and gets worse as time goes on, potentially dying as an outcome. There is also secondary progressive MS, which Stacey currently has.

Primary progressive MS affects about 10 to 15 per cent of people diagnosed with MS. Like others, we may find ourselves in that position one day. We have had that discussion as a family. We have discussed what would happen if we ever got to that position. It is a difficult debate for anyone to have. Stacey and I have discussed it—when I say that we have discussed it, I mean that I have been told of Stacey's opinions on it, and I have been told exactly what her preferred option is if she were to deteriorate so badly.

I can be as positive about our life together and our future together as I like, but it is not me who is living with the condition and potentially having to deal with any dramatic changes in the illness. I am not the one who is going through the changes. I can be there, and I can be supportive, but I am not the one who is going through it. Those are things that Stacey and her family have spoken about for years.

Don't get me wrong—those who know Stacey know that she loves life. One of her most endearing, attractive qualities is her sheer lust for life. However, what happens if she is so ill that she no longer has that quality? What happens if she cannot enjoy the very basic parts of life? What happens if she becomes terminally ill? Those are questions that we continually have to ask as a couple.

One of the reasons why we support the bill is Stacey's admiration and love for Margo MacDonald. Margo passionately believed in this bill. I believe that it is for Margo's sake that we need to take the bill, at the very least, to the next stage.

There appears to be no middle ground in the debate—you are either for it or against it. At the moment, we are talking about people getting the choice to end their life if they are physically unable to do so. If we do not do that, are we not saying that some members of our community are to live their last days on earth in constant, extreme pain? Is that just, and is that right?

No one likes to talk about death, because we are all too aware of our own mortality. Let us consider those who are suffering—and I mean

suffering. We often do not like to use the word "suffering" in the Parliament, but we are talking about people who are living at the end of their lives with extreme, excessive pain day by day, hour by hour, minute by minute and second by second. They need to have that choice about how they leave us.

No one knows how we would deal with the situation ourselves, should that day come. I do not even know whether I could go through with Stacey's wishes—I do not know whether I would want to go down that route or whether I would be able to let go at that point. I do not know what my emotional state would be at that time. Is that not the point? Is the debate not about choice and the ability to have the option, should the individual choose it? Furthermore, the bill states that the decision on the final action would be agreed on by at least two doctors and the patient.

Like many of my colleagues, I have had letters and emails from constituents. I had one from a woman whose parents died of cancer over a 10-year period, both in complete and utter agony. Her father would not have chosen to take the route in the bill, but her mother had said that she would because she had experienced the pain and anguish. That family could only watch their parents and grandparents suffer during that process, and that woman promised that she would never allow her own family to go through that.

We need to take the debate forward and discuss the bill further. The bill is not about faith—either faith in the proposed legislation or religious faith. It is about equality and choice. It is about our people, communities and families. It needs to pass stage 1 so that the discussion can continue.

16:25

Neil Findlay (Lothian) (Lab): I apologise, Presiding Officer—hearing about Stacey, lust and George Adam has put me off my stride, but I will try my best to continue.

I pay tribute to the work of the late Margo MacDonald, to Mary and Peter who worked in her office and to Patrick Harvie for continuing that work and getting the bill to where we are today.

Assisted suicide is without doubt the most difficult issue that I have had to consider in 12 years as an elected politician. So it should be, because it is about life and death itself. It is about the fundamentals of human existence and whether, when our time ends, our body gives up of its own accord or life is brought to an end deliberately and artificially with someone else's help.

I am deeply torn over the proposal and have been for many years. Time and information have made it no easier for me. From initially being certain that I would vote against the bill, I am now not at all clear. I have listened very carefully to the debate and had many conversations with constituents. Like others, I have been lobbied by both sides. I have asked for their opinion on social media and many people have provided their comments, offered their opinions and shared family experiences.

Friends and relatives who work in the health service, family members, doctors, patients, nurses and charities have all offered a wide variety of views. I thank them all for taking the time to do so. Most of them have done it respectfully, but a minority of those who offered an opinion did their side of the debate a disservice by presenting their views simplistically, bluntly and in a black and white, dismissive way.

This is not simple. It is not black and white. People with other views should not be dismissed, because this is too important to be presented as a polarised "I'm right and you're wrong" issue. Neither is it the case that people who oppose assisted suicide or support it lack compassion or have a monopoly on it. All of them want what is best for people at the end of their lives, including themselves, and to suggest otherwise is disingenuous.

Patrick Harvie has indicated his willingness to make changes to the bill to address a range of concerns. There are important process issues and technicalities relating to the bill but, for me, it is not about technicalities. It is about human life, how we choose to treat our sick and dying and how we face up to our own mortality and that of our loved ones. Those are the most profound of issues, and simplistic answers simply will not do.

In my conversations with people about the bill, the personal stories from health professionals—who, let us not forget, care for the dying every day—and the families of loved ones have been powerful, honest and humbling. It is almost impossible to discuss the issue without humanising it through personal experience. That is exactly what makes it so difficult.

We have all been told of relatives who are suffering lingering, painful deaths with families who are desperate to end that suffering, but we have also met or been told of people who are just as desperate to milk every last second out of a life well lived and who would do it all over again if they could. We all have our own powerful personal experience to back up our positions.

One thing that has come out of the debate is that we have begun to talk about death—something that we all avoid until it confronts us. Well, we cannot avoid it any longer. Death, end-of-life care and, indeed, the provision of wider social

care, which is one of the biggest scandals in our country, are firmly back on the political agenda and more prominent in the public's consciousness. We have the sponsors of the bill and those who have participated in the debate to thank for that.

Whatever happens today, we must as a society go on to debate how we provide and pay for high-quality, respectful and dignified end-of-life care. We must address the issues of inequality in death just as we address the gross inequalities in life. We should accept that end-of-life care is simply not good enough, despite the often Herculean efforts of hospice, NHS and social care staff.

With so much doubt and conflicting emotion in my head over the bill, I should abstain. I will not do that, because that would be the easy way out of an extremely difficult situation. My head tells me to support the bill, but my heart and soul, and my personal experiences, tell me not to support it. Whichever way I vote—whichever way we vote tonight—a lot of caring, compassionate, good people will be disappointed. They have contributed to this great debate. I thank them for that, despite them torturing me with their opinions.

16:31

Mary Scanlon (Highlands and Islands) (Con): It is just over a year since Margo MacDonald passed away. It is on days such as these that I expect to turn around and hear her intervening on a subject that she cared so passionately about. Indeed, very few speeches reached their allocated five minutes without an intervention from Margo.

Although I signed Margo's original motion to get her bill debated in Parliament, I always told her that I would not support the bill unless everything that could be done was done to minimise or eradicate the abuse or the exploitation of the principles underlying end-of-life assistance, which is now termed "assisted suicide".

Like others, I thank the Health and Sport Committee for its due consideration of the bill. I have read its report cover to cover.

I convened the cross-party group on chronic pain for many years after Dorothy-Grace Elder left the Parliament. Like many other members, I spoke in the previous debate on assisted suicide. I raised the issue of uncontrollable pain in the context of, as Neil Findlay has just mentioned, the fear of pain. I reminded members at that time, which was five years ago, that chronic pain services had improved but that there was still some way to go. I remain of that view.

I watched a friend's mother in dreadful pain in the lead-up to her death. The pain was caused not by her dementia or by her medical condition but by the NHS and its poor and inadequate bed-sore management. That should not happen with good nursing care.

I commended Nicola Sturgeon and the Scottish Government for their living and dying well strategy five years ago. However, today, I say that that strategy is definitely not being implemented in a dignified and respectful manner with the minimum of distress, as promised. If more training, energy and resources were invested in high-quality pain management and we had equality of access to pain services, we might not have the fear of pain, whether that is related to terminal illness or otherwise.

Paragraph 4 of the policy memorandum to the bill states:

> "The fear of a protracted, painful and undignified death is very real for many people, whether or not they have themselves been diagnosed with a terminal illness or condition ... not everyone can be assured of a 'good death' in which pain is kept at bay and a reasonable quality of life is maintained until the end ... their final months or years are dominated by pain or discomfort."

The policy memorandum itself is giving us the fear of pain. The Government should be focusing much more on services that bring reassurance to patients, rather than this policy memorandum heightening the fear of pain.

I heard what the health secretary said about the living and dying well strategy. I am sorry, but I must say that better palliative care was promised five years ago.

My second point relates to what was described five years ago as undue influence and is now classed more accurately as coercion. As others have said, there is no doubt that it can be difficult to interpret the wishes of a terminally ill patient if they are delirious, confused, in pain or, as in many cases, depressed. How can a clinician be absolutely confident that a request for a life to be ended sooner does not arise from a person's state of mind or that that state of mind is not treatable?

The coercion need not even come from a third party. If a person is made to feel that they are a burden to their family, the health service, their care home or the state—many older people feel that—they could be unduly influenced by that. How can any doctor who is faced with an adamant patient be sure that the patient is seeking to shorten their life because it is intolerable, when there may be other reasons of greater influence? The committee that considered the previous bill accepted that it would not necessarily be possible to determine with absolute certainty that there was no undue influence. This time, the Health and Sport Committee has again raised serious issues relating to coercion.

I will vote against the bill. That is not where I started—I had hoped that I might have voted for

the bill this time, but I cannot. It does not provide clarification of the law on assisted suicide. It does not define key terms such as "terminal" and "life-shortening". I am concerned that the bill does not distinguish adequately between assisted suicide and euthanasia, as stated in paragraph 139 of the Health and Sport Committee's report. The British Medical Association stated that it is hard

"to conceive of a way in which a doctor could be certain that there was no coercion."—[*Official Report*, *Health and Sport Committee*, 3 February 2015; c 49.]

The policy contradictions between preventing suicide on the one hand and passing legislation that would provide for some suicides to be assisted and facilitated leaves me with much discomfort. For those reasons, I regret to say that I cannot support the bill.

16:37

Dennis Robertson (Aberdeenshire West) (SNP): If anyone could have influenced me to support the bill, it would have been Margo MacDonald, but she failed to do so. That is strange because, when the previous bill on the subject was debated in Parliament, I was not a member of Parliament, and I was astonished by the vote—I could not think why so many people had voted against Margo's bill.

This time, I thought that I could support the bill. As a member of the Health and Sport Committee, I put on record my thanks to my colleagues on the committee for the way that the evidence sessions were held and to the clerks and all who provided evidence, including the witnesses who came to the committee. I listened carefully to that evidence and asked questions. It was during that time that I started to ask myself, "Can I support the bill?"

I started to reflect on personal issues. Maybe for parliamentarians, bringing personal issues to the chamber is not the best way to legislate. However, in considering the briefings that we have had from various organisations, in reading the correspondence that I have had from individuals and in the many meetings that I have had with those on both sides of the argument, I had a nagging doubt in my head, and it remains. I am a bit like Neil Findlay, who said that he was trying to come to terms with his heart and soul, which tell him to vote against the bill, while his head maybe tells him something different.

I started to reflect on personal issues. My mother was given a few weeks to live, but that extended to many, many months. I remember sitting at her bedside when she died—I was the only person with her. In the weeks coming up to her death, she had asked to be freed and had said, "Let me go." It was not because she was in pain. Her reason for wanting to go, and wanting to be free, was that she had started to see the pain, grief and despair of her family. Her concern was not for herself but for her family: the people whom she had cared for and loved throughout her life. We, as a family, did not want to let go. It was not really her wish to die: she had said that only because she did not want to see us suffering that pain.

I also remember my daughter. We have talked about coercion today. Coercion did happen in respect of my daughter, and it was from me. She wanted to die. She said on several occasions, "Let me die—I can't live with this illness. You need to help me die. Please help me die." I did not. I held her. I held her in my arms and gave her what we in the north-east call a bosie, and I said no, I could not do that. I loved her too much, and I wanted her to live.

I did not want my daughter to live in agony, with suffering. I wanted her to get well, and to see a way through her illness. That is where I come to a dilemma. Should we embrace life to the full? Should we embrace it to the point at which our love overcomes the pain and the suffering? It is very difficult.

Jackson Carlaw made a good point when he said that the bill has been to Parliament before and is now with Parliament again. However, that does not mean that it cannot come back to Parliament again. If a bill is brought back, it would have to be stronger than the bill that is before us now. It would have to show that there is care and compassion, and it would have to ensure that all the aspects that we are asking questions about in relation to this bill are answered.

I might then, perhaps, come to terms with the ways of helping people to let go with the love, dignity and respect that they need.

16:42

Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP): I thank the Health and Sport Committee for its considered report, and I commend the member in charge of the bill for his sensitive and thoughtful presentation of the argument for the bill to proceed. Indeed, I thank all the members who have contributed to the debate, and of course I thank Margo MacDonald for her commitment and grit, not least in the face of her own debilitating condition.

I support the purpose of the bill as introduced

"to make it lawful, in certain circumstances, to assist another to commit suicide".

However, I stress that I entirely respect the views of those who, on moral, ethical, religious or any other grounds, cannot accept that purpose, no

matter what processes and procedures are in place.

My arguments in favour of the bill proceeding to stage 2 will, I hope, persuade those who are in doubt. Those difficult questions, which I shall call the moral questions, together with the procedures that form the major part of the bill, deserve further testing. The issues around the processes and procedures were addressed by the Justice Committee as the secondary committee, and it reported to the Health and Sport Committee on 8 January.

On the moral questions, I start from the autonomy of the person: my rights over my body, which remain until, but not beyond, death. I am persuaded that, if a person has an illness that for them is terminal, as detailed in schedule 2 they should have the option—the option, I stress—to be assisted, in advance and subject to procedures and protections, in ending their life, if and when they are physically unable to do so themselves but would have done so if they had had the physical capability.

The word "terminal" is problematic, but the term "life-shortening" is even more problematic. However, we are debating the bill at stage 1, and imperfections in legislation at stage 1 are the norm. Indeed, in my 16 years in Parliament, I have seen legislation exiting Parliament and going into our courts after stage 3 still bearing blemishes.

Procedures regarding inter alia capacity, informed consent and the ability to withdraw that consent were scrutinised by the Justice Committee to test the concerns of many that, even if one is persuaded that the individual's choice over that last act should be available, there is a question around whether we can be assured that the process and those procedures would not be open to, or unintentionally capable of, abuse.

Here are a few of those concerns. As I have already said, there is the issue of the interpretation of the terms "life-shortening" and "terminal". Also, the definition of capacity has to be consistent with existing legislation when it is tested in the courts. As has been raised already, there is a lack of clarity in the bill as to whether everyone with a mental illness would be excluded. I note that Patrick Harvie was open to looking into that point when he came to the Justice Committee. There is also the need to clearly define recording requirements and ensure secure storage of drugs or other substances between prescription and use or retrieval if required.

Issues that others have raised include the 14-day time limit between issuing the prescription and the act itself, which might put pressure on the individual to proceed.

A range of issues were raised concerning licensed facilitators. For example, there was concern that they could unwittingly fall foul of the provision that they should not act if they were to gain financially from a person's death. Someone might be a beneficiary in a will and not know about it. Also, is 16 too young? Consideration should be given to whether a conscience clause for professionals should be in the guidance, in codes of practice or on the face of the bill, which I would support.

As regards human rights, there is a conflict between the views of the Scottish Human Rights Commission and the Law Society. Professor Miller of the SHRC said:

"From a human rights point of view, the real test will be whether the person exercised free will and whether the decision was based on information that was sufficient to satisfy us that the person who was seeking to bring an end to their life did so with free will."—[*Official Report, Justice Committee*, 28 October 2014; c 16.]

However, the Law Society suggested in its submission that the bill may be

"in direct contrast, and possibly incompatible"

with human rights law—in particular,

"with Article 2 of the European Convention on Human Rights ... the right to life."

Does the bill enhance or undermine human rights? I think that we should test that. I support, in principle, the right of each one of us to choose or not to choose to end our own life with assistance, in certain limited circumstances and within the strict confines that should be explored in the bill. I hope that enough members will support the bill at stage 1 tonight to test whether or not it can be amended. Let us find out.

I think that the time is right to further test the proposition. At the end of her life, Margo MacDonald needed and received excellent palliative care. For her and for us, it is not about palliative care versus assisted suicide. The proposition is that assisted suicide should be an option—only an option, no more than that.

16:47

Siobhan McMahon (Central Scotland) (Lab): I thank the many people across Central Scotland who have contacted me to express their views on the bill. I understand and respect all the views that have been expressed to me. However, it will come as no surprise to anyone who has contacted me in these past few months to know that I will be opposing the bill at decision time.

I would like to focus my remarks on the issue of disability. I have a number of concerns regarding the bill but the most worrying part is to do with the

definition of life-shortening conditions. As the CHAS submission states,

"the phrase 'life-shortening' is unclear because a young person can have a condition (for example, cystic fibrosis) which will shorten life but could nevertheless allow them to live for several decades more".

My disability is life-shortening. As a result of my condition, I will in all probability die before someone of my age should do. When I die, I will in all likelihood have lost all function of my right arm and leg and will have come to rely on those around me to feed, clothe and bathe me as well as assist me with my toilet needs. I will also be in considerable pain. That will not come as a surprise to me or to my loved ones. However, I aim to prove the medical professionals wrong.

When I was born, my parents were told that I would not walk or attend a mainstream school or indeed do anything worthy with my life. My dad's recollection is that he and my mum received a list of all the things that I would not be able to do in my life. Thankfully, that has not been my experience to date. My prognosis has been wrong so far, so who is to say that it will not be wrong in the future? To give me the choice to end my life based on that prognosis or indeed on my health would simply be wrong and signal to me that my life is worth less than the lives of my able-bodied peers. It would validate societal attitudes towards those of us who are disabled, and that is simply wrong.

I believe that, if passed, the bill would reinforce the concept that my life and those of others with life-shortening conditions are not worth living and are not of the same value as those without those conditions. That is a societal perception that I have come across throughout my life and it is one that I am constantly challenging. I believe that passing this bill would give that notion credence. I further believe that it reinforces the stereotype that disabled people are a burden and do not contribute to society. As I have highlighted many times in my speeches, particularly during disabled history month, that stereotype could not be further from the truth and must not be given validity today, tomorrow or at any time in the future.

I think that it would be remiss not to note that there is not one disability organisation that is supporting assisted suicide. There are, of course, some organisations that have remained neutral on the matter, but I find it extremely significant that the bill has failed to attract support from that section of society.

Patrick Harvie: Will the member give way?

Siobhan McMahon: No, thank you.

A survey by the disability charity Scope found that 65 per cent of people surveyed and three quarters of young people believe that disabled people are often seen by the public as a burden on society. In addition, the survey also found that 76 per cent of 18 to 34-year-olds with a disability have experienced someone explicitly making negative assumptions or comments about their quality of life in relation to their disability. We have only to consider the attitudes that disabled people have faced as a result of the welfare reforms that are currently taking place and the role that the media has played in demonising that section of our society to see that this feeling has merit. I strongly believe that the proposals that we are discussing today add to that view.

I have further concerns regarding the bill that I do not have time to discuss in detail but which I would like recorded today. They include the fact that the proposals do not contain a conscience clause that would protect medical professionals who do not wish to take part in assisted suicide and the fact that the bill does not define what assistance actually is—who will determine that and how? I am also concerned about the fact that a 16-year-old could act as a facilitator for the suicide and the fact that the act of suicide must occur within 14 days of the second request being made. I endorse some of the questions that the Law Society of Scotland has asked regarding that matter, including the questions of how the period of 14 days is to be monitored; whether the person will be advised that that time limit is about to expire; how the information will be given; whether that will place a person under increased pressure to end their lives; and, finally, what happens if the person asks for more time.

Returning to the crux of my argument, however, I believe that, if passed, the bill would imply that the only solution to pain, life-limiting conditions and terminal illness is to offer assisted suicide. However, there is another way. We could invest in palliative care services so that they become something that we can rely on, no matter what our condition is. Marie Curie estimates that 11,000 people miss out on palliative care each year in Scotland. It has also found that people with a terminal illness other than cancer, such as dementia, are less likely to be referred to palliative care. The time to take action on this matter is now. The solution to this problem is investment in our palliative care services, our NHS, our social care and our welfare benefits. The solution to this horrendous problem will not be found in the bill.

It is not a medical condition that makes disabled people's lives intolerable; it is the lack of social care, health services, accessible housing, transport and well-funded welfare benefits. I would urge action to be taken to address those problems, and I hope that the bill will be rejected by Parliament tonight.

16:53

Kevin Stewart (Aberdeen Central) (SNP): As he took his seat after his speech, Dennis Robertson said, "It's nae easy," and he is absolutely right. I have thought longer and harder about this piece of proposed legislation than I have about any other that we have dealt with in this Parliament. The bill is far from perfect and, in my opinion, there is much room for improvement to ensure that all possible safeguards are in place.

I thank those who have scrutinised the bill. I have read the report of the Health and Sport Committee and the *Official Report* of the Justice Committee's deliberations, and I have carefully read all the correspondence that I have received on the matter. Other jurisdictions have already considered the issue and many have scrutinised similar proposals. Rather than repeat some of the things that have been said today, I would like to look at some of the evidence from elsewhere.

On 21 October 2004, Professor Sir Graeme Catto said at a meeting of the House of Lords Select Committee on the Assisted Dying for the Terminally Ill Bill:

"Legislating to enable doctors to assist patients to die, whether directly or indirectly, goes further than to acknowledge that in some circumstances it would be generally regarded as humane to end a person's life. A number of issues, apart from the wider issues of society's attitude to the value of life, need to be considered. These include possible effects on patients' trust in the medical profession; the impact on the development of palliative care and on the psychological effects for individuals."

First, let us look at trust in the medical profession, which Professor Catto mentioned and which has been raised with me by a number of opponents of the bill. The Netherlands has legalised assisted dying and yet it has the highest rate of trust in doctors of any country in Europe: 92 per cent of Dutch people trust their doctors. Surely that shows that enacting assisted dying legislation will not necessarily erode that trust.

On the development of palliative care, Professor Catto told the House of Lords committee:

"I think the two things need not be in conflict. It would seem to me it would be perfectly possible to proceed along the lines being considered on the Assisted Dying Bill without in any way impeding the progress and desirable developments in palliative care. I do not see that there is a necessary conflict between these two."

I share Professor Catto's view, and I am quite sure that everyone within and outwith the chamber, no matter what side of the debate they are on, wants to see continued improvements being made to palliative and end-of-life care. I do not think that there is any conflict there at all.

During the run-up to the debate I have had numerous conversations with people who are for and against the bill. I have read many pieces of correspondence, reports and articles, many of which have touched me greatly. The third issue that Professor Sir Graeme Catto raised in the House of Lords select committee was about the psychological effects on individuals, and many of the emails, letters and articles that I have mulled over have touched upon the psychological effects of not allowing assisted dying.

In a heart-wrenching article in the *British Medical Journal*, consultant dermatologist Tess McPherson tells the harrowing tale of her mother Dr Ann McPherson's long battle with cancer and the devastating effects that the final weeks of pain and suffering had on Ann and her family. In the piece, Tess McPherson says:

"It is an honour to care for someone you love, but it no longer felt honourable to try to care for someone who wanted to be dead."

I urge everyone who has not read that article to do so. Patrick Harvie has recognised that the bill requires amendment, but we can do that only if we allow it to proceed to stage 2.

I will finish with a quote from a constituent:

"Of course, this Bill has a long way to go to ensure that adequate safeguards are in place to ensure that vulnerable people should not feel pressurised in any way, but it has to start somewhere - you will know that a large majority of people in Scotland support a change in the law. I gather the Bill needs to pass to Stage 2 where amendments can be discussed fully and openly."

I hope that colleagues will agree to allow those discussions about amendments to take place at stage 2 and will vote accordingly today. Doing that does not commit me or anyone else to vote in favour at stage 3, but it will allow the debate to continue to see if we can formulate a bill that has all the right safeguards and protections in place.

16:58

Nigel Don (Angus North and Mearns) (SNP): We can be absolutely clear that this is not easy. I am grateful to Patrick Harvie for the way in which he has brought the bill forward and to the committee for the way in which it has interrogated it and its lucid report.

If we need to have a bill on assisted dying, we need to ensure that it is focused on the actual problem. I am therefore grateful that paragraph 49 of the committee's report says that the current lack of clarity in the law is no justification for enacting the bill and that whether the law needs to be clarified can be regarded as a separate issue.

The bill is drafted too widely. I am entirely with Dr Elaine Murray, Siobhan McMahon and other members that anything that talks about a progressive life-shortening condition is surely far too wide. All the correspondence that I have had with my constituents and the many other bits of

correspondence that we have all had show that the real issue is suffering at the end of life.

We recognise that it may not be terribly easy to know when we have got there, but people very often do. The bill as it stands seems to me and many others to undermine the value of life by allowing some shortening of life to be justification for suicide. That seems to be entirely wrong.

We need to address issues of the end of life. As many members have said, the answer to that is clearly palliative care, and I do not need to repeat that. I am grateful to Nanette Milne for pointing out that most of the time that works. However, she recognises—and I am grateful for her expertise—that sometimes it does not. The doctors to whom I have spoken on this agree with that view. They say that sedation is something that they can provide, and in their view that is a better route forward for those for whom genuine pain relief is not available. I have not heard any further comments on that: it seems that we could do with some research and advice on that issue.

The major point on which I will focus is the argument that I have heard several times—I will not read out the list of members who have made it—which is that we ought to pass the bill today and allow it to proceed so that we can amend it at stage 2. Let us be clear: we could amend it at stage 2. There would undoubtedly be many amendments, on which evidence could be taken. I have no doubt that the committee could fairly and reasonably weigh them and I have no concerns about it being a relatively small committee.

The point that I make to the chamber is that once we get to the end of stage 2, even if we have in front of us the perfect answer we will not know that and we will not be in a position to take evidence that will tell us whether that is what we have. I am with Dennis Robertson on that point. He is the only voice who has expressed it in this way: although we may believe that there is a bill in there, trying to get out, and that there is a legal point that must be addressed, we need to turn down the bill, which is what I propose to do, and ask those who have reflected on what has gone on to try to introduce another bill in due course.

I know that that would build in a delay, but we should be able to get to the point at which, at stage 1, the committee can report in terms other than saying that the bill has “significant flaws” and “major challenges”. At that point we would be in a position to ask whether there were amendments that we needed to make. I am most uncomfortable with the idea that we go through stage 2 to try to deal with significant flaws and major challenges and then hope that, at the end of the day when we get to stage 3, we can decide whether we have a good enough product. I do not think that the process allows us to do that, which is why I commend to members the rejection of the bill, in the hope that in time we can bring something correct back to the chamber.

17:03

Jean Urquhart (Highlands and Islands) (Ind): This Parliament has never shirked its responsibility in dealing with a number of controversial subjects that have brought about societal change. In bringing them to this chamber we hear many differing and often strong opinions, which inform and allow for the best kind of debate. As other members have done, I thank the many individuals, organisations and groups who took the time to articulate their reasons for offering their support for or objections to the Assisted Suicide (Scotland) Bill.

I will support the motion today for various reasons. I have listened to the different contributions to this debate, all of which have been very considered and many of which have been quite powerful. My instinct is that there should be a bill of this nature. I must set aside my reasons for that and join with those who are asking for the bill to be passed, even though their instinct is that it should not, or that it should not come into law.

Agreeing the general principles of the bill today will allow for greater debate and perhaps for more public involvement in what is, for most of us, an issue about which we feel strongly. It is really not an issue that we can be uncertain about in the end, as it were, if you will excuse the pun, Presiding Officer.

My main reasons for supporting the bill are, first, for the want of choice and fairness, secondly, as an act of human kindness and compassion, and thirdly, out of respect for any individual and his or her needs and beliefs. I, too, spoke to Margo MacDonald at some length about her bill, and I am pleased to have heard her name checked so often today, because she is synonymous with the bill and her desire was to see it become law.

To an extent, the bill as drafted may still be far from perfect, and what is clear from the Health and Sport Committee’s report is that there are still many questions to be answered and many details to be clearly articulated and understood by everyone. On such an important issue, the devil really will be in the detail. However, I believe that all of that can and should happen.

The right of an individual to be released from life at their own request should be acknowledged as their choice, and they should be supported. It would appear that the majority of people in Scotland, if we are to believe recent reports in journals and newspapers, now broadly agree that it is a matter of choice.

Scotland has an ageing population, many of whom will suffer degenerative conditions. The debate about the quality of life and how we can live it will continue for years to come. Meantime, anyone who out of compassion and love wants to help a friend or relative to die will remain open to prosecution, and inevitably more and more people who can afford to do so will travel abroad in order to have their wishes met. That cannot be right.

I acknowledge the views of those who are of a religious faith—I am not—and they do appear, judging by my mailbox, to be the largest group opposing the bill. They have their reasons for doing so, and I can respect that. They would never consider using the permissions that the bill would allow, and that is their right, but I would ask that they respect those of a different belief. It would be very wrong if the bill were to fail today on any religious grounds.

The problem will not go away, but rather will increase, and therefore the bill is timely. There is a strong feeling across the country, I believe, that recognises that and supports the generality of the bill.

Every contribution in the chamber today has been interesting, thoughtful and considered, and the Parliament is surely here to allow the debate to continue and not to shut it down prematurely. Please, let us not shut down this important debate. I urge members to support the motion.

17:08

Dr Richard Simpson (Mid Scotland and Fife) (Lab): Patrick Harvie, the proposer of the bill, has made an eloquent case for a change in the law, and it is absolutely right that members in this chamber wrestle with the issue, but the Health and Sport Committee has an extensive list of concerns, which were summarised well by the deputy convener, Bob Doris.

The bill has two main principles. The first is that the person must be diagnosed with an illness or progressive condition that is terminal or life-shortening. The second is that the person must have the legal capacity to make the decision.

Those two principles create for me two immediate problems. Lord Falconer's Assisted Dying Bill, debated in the House of Lords, did get as far as stage 2, and that was, in part, a reflection of its much more tightly drawn set of basic principles. That bill still had difficulties with definition, but at least it sought to limit its application to those in the terminal stage of an illness. The bill that we are considering, in including life-shortening conditions, is far too widely drawn.

I will give a couple of examples. Diabetes is a life-shortening condition, on average, and the complications of poorly controlled diabetes are unpleasant. Amputations or even repeated amputations might make someone feel that life is intolerable, yet we know that many amputees enjoy a full life, and the improving situation with prosthetics is improving the quality of life. That is an important point. Many of these things are about improvement.

Patrick Harvie: Will the member give way?

Dr Simpson: I apologise to Mr Harvie. I think that I know the point that he wants to make, but I might let him in later.

Those with a severe and enduring mental illness also have, on average, a much shorter lifespan, but if their lives are intolerable it is mainly because we as a society are still to support them adequately.

I have particular sympathy for those with neurological conditions because the palliative care that we offer is not yet good enough. My close friend's son was diagnosed with motor neurone disease at the age of 30. The doctors gave him two years as a likely maximum lifespan. Eleven years on, he is on a ventilator and is PEG fed but is fully supported. He has been in that situation for more than two years. During the past few years, when he has essentially been entirely dependent on other people, he has funded a neurological research centre at the Edinburgh royal infirmary, developed a voice bank for those who lose their voices as part of the process—Christina McKelvie, Alex Salmond and I have contributed to that—and established Euan's guide for the disabled. Looking in from the outside, his state looks totally intolerable, yet he is, like Gordon Aikman and Melanie Reid, an inspiration. The contributions of these individuals are vital to our society, and they are making them in part because of the problems that they are facing.

However, they, like all of us, have a fear of dying, although not of death itself. We will all have come to our own conclusions about what death means, but the process of dying is one that is feared. That is part of the human condition and, as many speakers have said, it is exacerbated by the quality of our palliative care being wholly inadequate, despite the fact that we have a hospice system in Scotland. I am proud to be one of the group of people who founded Strathcarron Hospice in the late 1970s, but we still have a huge way to go in achieving good palliative care.

It is clear that the bill is massively flawed, given the failure to define assisted suicide against euthanasia, the failure to define terminal as opposed to long-term life-shortening conditions, the failure to define unacceptable suffering, the

failure to adequately protect those with undiagnosed depression and to fully define the capacity tests, and the failure to adequately protect vulnerable adults from being manoeuvred into assisted suicide.

Many people with disabilities have periods of self-doubt, depression or even despair, and the bill would not be a step forward in supporting them. The line between assisted suicide and euthanasia is a fine one, and the bill fails at the first step to clarify that. It would not remove the uncertainty in the current law as regards causation, nor does it make it clear what actions are to be protected and by whom. It does not protect doctors, and there are serious issues about young adults, as the Children's Hospice Association Scotland reminds us in its briefing. The conflict of interest for that community and the Parliament between our desire for suicide prevention and assisted suicide is a difficult one.

I acknowledge that the supporters of the bill believe in autonomy as an absolute and believe that compassion should lead us to support assisted suicide, but similar laws in other countries have been expanded gradually over time. The bill, unfortunately, will not do and it is not capable of amendment. I will vote against it, but if the Parliament decides that it should proceed, I will strive for the decision to be a court decision and not one that is made in relation to the current bill.

17:14

Colin Keir (Edinburgh Western) (SNP): Like a number of speakers, I started off with a speech and I have been scribbling notes as the afternoon has gone on. I have ended up with something that is slightly different from what I started with.

I will begin, though, by thanking my colleagues on the Health and Sport Committee for the way that they handled the deliberations on the bill. We all have different views and different strengths of view on the bill, but the deliberations were handled very well and I believe that the committee report that came out was fair and measured. I thank, too, those who came to the committee as witnesses. Doing so was difficult for many of them and some of them had rather torturous stories of personal relationships. As Jean Urquhart said, there were also those from the religious side of life who hold very strong views on the bill and were very much against it.

If the bill as it is written was being handed out as a stage 3 bill at this moment in time, I could not possibly support it. However, like others, I believe that it is possible to amend the bill. In that respect, I commend Patrick Harvie for a very good speech that showed how inclusive the bill that Margo started is. Margo obviously had problems because of the physical difficulties that she had. Having sat down with her on many occasions to talk about the bill, I believe, as Mike MacKenzie said earlier, that we owe it to not only those who are suffering, but those who sent in evidence as part of the consultation on the bill to give it full parliamentary scrutiny—that is vital.

Like it or loathe it, I imagine that the issue underlying the bill will keep coming back in future parliamentary sessions. As a member said earlier—I do not remember who it was—the issue will come back and if we do not take the bill at least to the point at which we can say, "Well, it really does need completely rewritten," then we are just stacking up more trouble for next time out.

As far as religious beliefs go, I fully respect the people who hold those beliefs. I do not have those beliefs, but I believe that the inner strength that comes with those beliefs brings out very strong feelings in many and that this is a highly emotional time for them.

On a personal note, my father had a neurological degenerative disease, and from being a very big, burly guy, I found him at the end to be almost like someone in a photograph of Auschwitz. When you see someone in that state crying and asking to be helped, and they have been someone whom you and your family have looked up to for strength, it is absolutely horrifying.

The palliative care that my father received when the Sue Ryder Care Centre in Greenlaw was opened was excellent. The problem was, of course, that at that time in the 1990s there was no place in Edinburgh really suitable for the type of illness that my father had, so it meant a rather long drive for us down south to Greenlaw and back again.

Everybody here is of an age—none of us is a teenager—when we all have such stories and all know of people who have them, and it hurts. It is not just the families who are hurting; as I think Michael McMahon said, people who are in pain look at their families and see the pain that that causes them. That is of course a valid point, so we should not be scared to offer people the option of taking the type of action proposed by the bill, particularly as some of them will never take it.

I note that the time that I was given for my speech has gone very quickly, but I will say that there are no two ways about it: there are controversial issues around the bill. I have skipped through most of my notes for this speech and, much to my surprise, I find myself now coming down on the side of wanting to see the bill expand into what we can make it. How far can we go with it? Surely the clarification problems in the bill around legal and medical matters and the actions of the proposed facilitators can be overcome.

I will leave it at that as I have run out of time.

17:19

Murdo Fraser (Mid Scotland and Fife) (Con): We debate many matters of great importance in the chamber, but we seldom have to discuss the fundamental issues that we are wrestling with this afternoon: issues of life and death, of suffering and of the nature and quality of human existence. Throughout the debate, members have raised matters of detail in connection with the bill, but I would rather address the issue as a matter of principle. What sort of people are we? What sort of society do we want to be? What does our response to the bill tell us about the nation that we seek to represent?

At the heart of the debate is essentially a philosophical question, which Alison McInnes acknowledged in an excellent speech. Who owns our life? Who has the right to take decisions over it? Do we have the right to take our own lives?

In his famous poem "Invictus", the Victorian poet William Ernest Henley wrote:

"It matters not how strait the gate,
How charged with punishments the scroll,
I am the master of my fate,
I am the captain of my soul."

For anyone who takes an essentially liberal view of the world, as I try to do, the notion of sovereignty over one's life makes sense. As Christine Grahame said, surely it should be up to the individual—and the individual alone—to decide not just how to live but how to die. Laws should be made that complement and assist that decision.

I sense that Jackson Carlaw is starting to fear a lightning strike again, so let me quickly state that, although I find that idea superficially attractive, it seems—even to someone with a liberal outlook on life—too extreme a form of individualism to claim that the action of taking our own lives is for us entirely alone and that it cannot have an impact on those around us. Nearly four centuries ago, the dean of St Paul's, John Donne, wrote:

"No man is an island ...
Any man's death diminishes me,
Because I am involved in mankind".

We regard suicide as a social ill. The Scottish Government has a suicide prevention strategy for good reason. Suicide can have a devastating effect on those who are left behind, and only those who have experienced the loss of someone close in that way can fully appreciate the pain and loss that are generated. We may be individuals, but we cannot pretend that we can unilaterally take decisions on our actions in so serious a matter without considering the effect on wider society.

The Health and Sport Committee strongly made the case that much more needs to be done to provide palliative care to those in end-of-life situations. I entirely agree with that conclusion, which has been echoed many times during the debate. Even so, I believe that those of us who oppose the bill should be gracious enough to accept that palliative care, however excellent it is, will not be the entire answer in every case. No matter how good it is, there will still on occasion be pain, distress, suffering and grief, but surely that is part of human existence—it is as much a part of it as peace, joy and happiness. Just because there is pain and suffering, that should not mean that a life is regarded as no longer worth living or without any value.

In a powerful contribution to the debate, the Scottish Council on Human Bioethics stated:

"legalising assisted suicide means that it is the whole of society, and not just the person wanting to die, which is accepting that a person has lost all value, worth and meaning in life. This would have a brutalising effect on society, and dangerously undermine the legal protection established in the concept of equal and inherent human dignity".

It is little wonder that so many disability rights groups oppose the bill, as Siobhan McMahon reminded us. Many human beings have lives that are far from perfect and many live daily with disability, pain and suffering, but that does not make them any less human or any less entitled to human dignity. To pass a law that says that those who are suffering should be entitled to assistance to kill themselves suggests that the Parliament believes that some lives are worth less than others.

I started by saying that how we handle the bill is a measure of the sort of society that we want to be. The question that we have to ask is: have we really become a society that says that the best answer that we can provide and the best that we can do for those in suffering in end-of-life situations is to help them to kill themselves? Is that really the best that we can offer? That sounds to me to be a desperately cold and soulless society, and I think that, in Scotland today, we are better than that.

For all those reasons, I oppose the bill.

17:24

Mark McDonald (Aberdeen Donside) (SNP): At the time of Margo MacDonald's passing, I said that I would remember quite fondly how, whenever she or I was called to speak in the chamber, we would find ourselves exchanging a furtive glance to work out whether the Presiding Officer had said "Mark" or "Margo". I cannot help but think that, today of all days, I would have welcomed the opportunity to exchange that glance. It is a great

testament to her work on and dedication to the legislation that we have got to this stage. I also pay tribute to Patrick Harvie, who has taken on the bill and brought it forward.

I pay tribute to the members of the Health and Sport Committee, who have done a fine job of scrutinising the bill. I do not necessarily share all the committee's concerns, but it has done its work diligently and I appreciate the fact that, although the majority of committee members clearly did not support the bill, the committee took what I believe to be the correct approach of looking dispassionately at the bill and asking, "What, from our perspective, is required to make this a workable piece of legislation?" As I said, I pay tribute to the committee for taking that approach.

Many members have spoken from a range of experiences that have shaped their views on the bill. Of course, that is only natural; our views as human beings are the accumulation of absorbed experience, whether that be the professional experience of the medical professionals we have in the chamber, personal experience of situations that have affected us, our families or our loved ones, or our beliefs, which are shaped by our faith or lack of faith. All those things are playing a role in today's debate—which is as it should be, given that we will vote this evening according to individual conscience.

I have openly said for a number of months that I am in favour of and will vote in favour of the bill at stage 1. That is not to say that I think that the bill before us is the finished article or is perfect; I believe that elements of it require to be amended and, if the motion is passed this evening, I will consider whether to lodge amendments to it. I am particularly concerned about the inclusion of the phrase "life-shortening", which, as members have pointed out, leaves too wide a scope for applying the legislation. However, I do not believe that the inclusion of that term is in and of itself a justification for rejecting the bill at stage 1. The bill is amendable, and I do not share the view that some subscribe to that it is beyond amendment or salvation.

My good friend and colleague Dennis Robertson spoke of his personal experience with his mother, who although given weeks to live lasted significantly longer than that. When I was 16, my grandfather was diagnosed with lung cancer and given six months to live, but he died long before that prognosis. We can never be 100 per cent sure that a person will live for the length of time that doctors have stated, which is why we have to look at the issue through the best judgment of medical practitioners. That is what the bill and other such forms of legislation seek to do.

Above all else, this is about empowering the individual. There has been much literary quotation in the debate, but I come back to a quote from my great literary hero, Atticus Finch in "To Kill a Mockingbird", who said:

> "You never really understand a person until you consider things from his point of view ... until you climb into his skin and walk around in it."

With the greatest of respect, that is impossible in this situation. We will not for one second be able to fathom what an individual who has reached an intolerable stage at the end of their life feels about the circumstances in which they find themselves—until we find ourselves in the same situation. I hope that that happens to none of us but, if that time comes, we will have to look at ourselves and ask whether, when we had the opportunity to put in place a system to give effect to those individuals' wishes, we did the right thing.

This is the second great moral question that the Parliament has faced in this session. The last time, I voted in favour of same-sex marriage, because I asked myself what I would say to a family member in that situation who wanted to get married if I had voted against their right to do so. For the same reason—that I could not look a family member in the eye if, at the end of their life, they wished to take this option and I had voted to deny them the right to do so—I will vote in favour of the bill and seek to amend it at stage 2.

17:30

Paul Martin (Glasgow Provan) (Lab): Some time ago, Margo MacDonald advised me that her method of seeking public opinion was to visit her local hairdressers. That is not a method that I have followed but, from the public opinion that I have sought locally on assisted suicide, I take issue with the point that Patrick Harvie and other members have made that public opinion is in favour of changing the law. Well over 70 per cent of the representations that I have received have been opposed, for a number of reasons, to the law being changed.

I commend the Health and Sport Committee for its diligence in producing a report of considerable importance and Bob Doris for his excellent speech on it. The committee recognised that there are a number of flaws in the bill that is before us. It carried out a comprehensive consultation exercise and received evidence from experts across the world; it is not the first time that the Parliament has received such evidence.

I draw the Parliament's attention to paragraph 71 of the report, which says:

> "there is a need for a thorough investigation and scrutiny of current provision and future plans for palliative care in Scotland."

Is it not a poor reflection on the Parliament that, after 15 years, we continue to have the same

debate about palliative care? The cross-party group on palliative care, which is convened by Michael McMahon, has existed since the Parliament's early years. There have been many reports on how we deliver palliative care, yet we still cannot get it right. I am not making a partisan point, but surely the issue is one that must be taken up by the current Government.

Marie Curie—whose hospice was in my constituency when I represented Glasgow Springburn—and the other organisations that provide similar services do excellent work and they are to be commended for the work that they have done over the years in supporting patients at the end of life. I know that this is not the day to focus on palliative care, but surely we should take the opportunity to make the point that the necessary resources should be put in place. I would welcome a response from the Government on that. I do not want to hear any more about frameworks or working groups; I want the Government to tell us about real action that it is taking to move forward on the issue.

I have absolutely no doubt that protecting those who are vulnerable is a vision that is shared by every member of the Parliament. I have no doubt that Patrick Harvie is putting forward his proposals to support those who, in a particular context, are vulnerable, but I do not accept that his bill would do that. Indeed, I think that it could make people even more vulnerable.

I issue a caution to members of the Government's party in relation to the suggestion that we could somehow amend the bill at stage 2, which I think would set a significant precedent. Is it seriously being suggested that we should continue with consideration of every member's bill that comes before us, the principle of which we do not accept and in which there are a number of flaws? We would be setting a very dangerous precedent, and I think that it would be wrong for the Parliament to proceed in that way.

Unfortunately, although constructive and robust points have been made in the debate, I have heard nothing from Patrick Harvie or other members to convince me to vote for the bill, and I urge members to vote against it.

17:34

Jim Eadie (Edinburgh Southern) (SNP): It is a privilege to follow the many fine speeches that have been made this afternoon on both sides of the debate. I agree with Patrick Harvie that there is a need for legal clarity, and that the law as it stands is unfit for purpose. It is my view, sincerely held, that the status quo is no longer an option. I believe that the people are ahead of the politicians in their consideration of the issue and in their growing support for assisted dying.

No one in the debate, on either side of the argument, has come to a view lightly; I did not. I signed Margo MacDonald's bill to allow the debate to continue, although I was not then minded to support it. I have now changed my mind.

I pay tribute to all my constituents who have contacted me on the issue. I have received profound personal testimony. I have also received sound, rational, reasoned and evidenced arguments from constituents who are in favour of the bill, and, equally, from constituents who are opposed to it. I thank each and every one of them.

Supporters of the bill wish, first, to end suffering and pain and the palpable distress that they cause the individual and their family. Supporters of the bill also passionately believe in good palliative and end-of-life care that allows people to die with dignity and in a way that is properly resourced across the country.

No one who believes in the principle of assisted dying believes that vulnerable people should be pressured or coerced into ending their lives prematurely. I remember the excellent care that my own mother received. My sister and I will for ever be grateful to the staff of St Margaret's hospice in Clydebank for the way in which they cared for our mum in her dying days.

There is no evidence that assisted dying will lead to the erosion of palliative care. On the contrary, the European Association for Palliative Care has found that palliative provision has improved in Luxembourg, the Netherlands and Belgium. Indeed, Belgium has introduced a universal right to palliative care, alongside the right to die. After eight years' experience of the Death with Dignity Act, the Oregon Hospice Association, which had opposed the legislation, stated:

"absolutely none of the dire consequences that had been predicted had occurred".

Indeed, the percentage of terminally ill people in Oregon receiving palliative care rose from 22 to 51 per cent.

However, I accept that there are questions—serious, searching questions—for the proponents of the bill. First, why have life-shortening conditions, as well as terminal illness, been placed at the heart of the bill? Elaine Murray and Nigel Don made that point well.

What further steps are necessary, particularly by way of legislation, to ensure that a conscience clause is put in place, allowing for and enshrining the right of doctors and nurses to opt out if they do not wish to carry out tasks pertaining to assisted dying? I am mindful of the fact that the regulation of our health professions is currently reserved to

Westminster, hence the requirement for legislation under section 104 of the Scotland Act 1998.

How do we ensure that the legal safeguards are stringent and robust, such that no one is subject to undue pressure? How do we ensure that, in allowing for the autonomy of the individual to take their own life in specific and regulated circumstances, we do not erode the autonomy of vulnerable people? Can we strengthen the legal protections so that there are appropriate penalties if the bill is contravened? Issues to do with psychiatric assessment of capacity and the 14-day window have also been raised, and I believe that they need to be explored further.

None of those questions and issues is, in itself, a reason to oppose the bill today. Each of them is a reason for further scrutiny of the bill and further investigation and discussion of its contents at stages 2 and 3.

Anyone who has sat at the bedside of a loved one knows what a deeply personal and profoundly moving experience that can be. I had that experience with my father. I remember spending the last night of his life in his hospital room, sleeping in a camp bed beside him. During the early hours of the morning, the alarm went off and the nurses came to change his drip and to change him. I remember lying there sobbing and begging for his release.

I do not know if my father was in pain or how much pain he was in, as he was heavily sedated, and I do not know if he would have wanted to end his own life at that point. I do know that his last days and hours were as comfortable as the doctors and nurses were able to make them, but I also know that his quality of life had deteriorated to the extent that he could not eat, could no longer speak and could not go to the toilet.

Is that the dignified death that we would choose for ourselves if we had the choice? Of course the right to die should never become a duty to die, but the issue is surely one of dignity and autonomy for the individual.

The conclusion that I have come to is that, in denying people who are terminally ill and of sound mind the choice to end their lives after meeting strict legal safeguards, we as a society are—albeit in a small number of cases—extending human suffering. I cannot and do not believe that that is acceptable any longer. For that reason, while respecting at all times the views of others, I will vote for the bill.

17:40

Stewart Stevenson (Banffshire and Buchan Coast) (SNP): I find myself the 32nd speaker in the debate. It is a well-balanced, well-organised debate and the Presiding Officers deserve congratulations.

I recognise the integrity of members who are on the other side of the argument from me. How we support our fellow citizens as their faculties decline with age, infirmity or disease is a genuine issue that grows greater with time as medical science and practice change.

I agree with Patrick Harvie's sentiments, if not all his words, when he criticised the present arrangements as

"the most open and ill-defined legislative framework that we could possibly have".—[*Official Report*, *Health and Sport Committee*, 13 January 2015; c 12.]

However, I have come to a different answer to that conundrum from him. As the last speaker before him, I will try to sum up some of my responses to what has happened in the debate.

In particular, I found fascinating Richard Simpson's description of the contribution of a profoundly disabled individual who was dying. He emphasised the significance of that person's contribution. I and, I think, others in the debate fear that a measure such as the bill might deprive us all of the benefit of such opportunities.

I took from what Alison McInnes said—not her words—that she was concerned about the normalisation of suicide. Again, that concern applies to many of us.

George Adam, who is on the other side of the argument from me, powerfully said that the potentially bereaved should not oblige the terminally ill to live on. That is an absolutely fair point. Liam McArthur expressed it slightly differently when he said that the right to life is not a duty to live.

Michael McMahon powerfully informed the debate by quoting Professor Boer's journey from support for assisted suicide, through examining the practical effects, to opposition to it.

From the start, my instinctive reaction was to oppose the proposal. I was brought up in a doctor's household, steeped in support for life, compassion and assistance for the dying, so it could hardly be otherwise.

My father was proud to live and work under the strictures of the Hippocratic oath that he took as a medical student, which not all medical students took or take. The origin of that oath in a Greek cult that focused on excluding patients from doctors' decisions about their future and keeping secret the details of the medicines used in their treatment is hardly an encouraging basis for decision making.

By the time my father took the oath, it was seen more simply and had discarded its primary objectives of protecting the physician's monopoly

and preserving the secrecy of his or her methods. It used to say:

"I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect."

The physicians who continue to wrestle with the issue are, in the bill, confronted with a choice between helping people who can have a quality of life before them and assisting people who wish to leave life a bit early.

In the past, it was simple enough—doctors did not need to struggle to maintain life when life itself would not do so. Those without perception of the world in which we live and those without prospect of resuming a meaningful quality of life need not be treated. Nature could follow its course.

Nanette Milne mentioned the doctor-patient relationship. At critical times in our lives, our relationship with doctors is very asymmetric. We throw ourselves into their hands, and we may be insensible of the life-sustaining or life-threatening actions that they have taken to promote what they understand to be our best interests.

I congratulate those who have wrestled with the issue in committee. They have risen to the challenge, and their report is a model of clarity, with integrity of reasoning. It informs us and, like many of the speakers in the debate, it makes it clear that, at best, the bill leaves unanswered questions. Others have described it as fatally flawed, and I share that analysis.

This is not a whipped debate; rather, it is one in which we must all individually engage with what is before us. We must make our individual decision and be accountable for it. We are talking about people's lives.

I have talked with the dying about their end. I have agreed actions, and inaction, with relatives and friends about their future and about my future. I have sat at the bedside of death. I have laid out the dead. For me, death is no passing stranger—I will not be alone in the chamber in saying that.

At the end of what has essentially been a discussion with myself, I have found that it boils down to the simplest of questions. How would I feel if I knew that the doctor approaching me to provide treatment in my extremity had assisted another to an early exit from life when I so eagerly wanted to stay? Even the slightest appearance of a doctor's bias towards death would damage my relationship with that professional. Therefore, I will follow my instincts and vote against the bill.

17:47

Patrick Harvie: I am very grateful for the many thoughtful and considered speeches that have been made on both sides of the debate by members from across the chamber.

I highlight in particular Alison McInnes and Murdo Fraser, who made speeches against the bill. Although they clearly disagreed with my position, they did so in a particularly thoughtful and nuanced manner. Jackson Carlaw also made a thoughtful and nuanced speech, but trust him to make the chamber laugh even in the middle of a debate on such difficult topics. He did so without ever undermining the seriousness of the subject.

As I said in my opening speech, there are shared concerns. There are shared concepts, too, which are equally important to those who support and those who oppose the bill. That includes the place of compassion and the need to ensure that that is shown meaningfully and relates to people's needs. It also includes the value of life, and the need to ensure that all our lives have equal value. Why do all our lives have equal value? It can be difficult sometimes, given the subject, to put that into words. For many people, it is precisely because we have feelings and that we are thoughtful, intelligent and relational beings capable of exercising agency in our lives that our lives have value and should be valued equally. For many people, denying that agency represents a denial of the true value of our lives and the equal value that should be afforded to us all.

There are those who have cited serious concerns, which I place a high level of importance on, about social and cultural attitudes and the practical, physical and economic circumstances that people live in, which can imply the devalued status of some people's lives. Supporters and opponents of the bill share that concern. Agreeing to the bill is not an alternative to reinforcing our commitment to the social, economic, cultural and physical conditions that allow people to live

"full and independent"

lives

"for as long as possible",

as one member put it. That prompts the question, then what? The discomfort in the debate is a recognition that many of us will face difficult circumstances at the end of life and, even with the highest level of social provision and the best level of medical and palliative care, there will come a point at which we are no longer able to live that full and independent life. At that point, do we have the right to make a decision?

Siobhan McMahon, Rhoda Grant and others questioned whether the bill is too broad, particularly in including those with life-shortening conditions. One member cited type 2 diabetes. It is clear that there is a debate to be had about the scope of eligibility under the bill. However, as the bill is drafted, it is not a simple tick-box exercise in which we say that, if someone has a life-shortening condition, they are therefore eligible.

The test is that two medical practitioners have to certify that a person's quality of life is unacceptable to them; that that is consistent with what is known about the condition from which the person suffers; and that they see no prospect of improvement. The bill is about someone who has reached the end of the life that is of an acceptable quality to them.

Hanzala Malik (Glasgow) (Lab): Like many other members, I have been debating the issue long and hard, and the point that the member has just made is exactly the one that I get stuck at. He said that practitioners make a decision about whether someone's life is unacceptable, but it is not their choice—

Patrick Harvie *rose—*

Hanzala Malik: I am not actually finished. Does the member want me to sit down, or can I continue?

Patrick Harvie: It is fine.

Hanzala Malik: Thank you. There are many issues. There is a lot of fear in people's hearts and minds that the decision is likely to be made by others. That is the fear that people have.

Patrick Harvie: I understand the member's point, but he is quite wrong in his reading of the bill. The judgment about the acceptability of a person's quality of life would be for the person to make. That is abundantly clear. The medical practitioner would have to certify that that judgment is consistent with the facts of the condition, as known to them.

Bob Doris and various other members have given personal stories from their lives and from correspondence from constituents on the issue. Those stories have been given in support of and in opposition to the bill. All members will have constituents on both sides of the debate. One story that Elaine Murray cited related to a patient with a life-shortening condition. If the bill is agreed to at stage 1, we may discuss whether to restrict eligibility to those with terminal conditions. However, the person whom Elaine Murray talked about clearly would not have been able to secure a statement from medical practitioners saying that they had no prospect of improvement in their condition.

Members have cited a range of objections, and I will not have time to address every single one of them. Shona Robison talked about the need to improve palliative care. Again, I say that nothing in the bill prevents us from doing just that. In fact, as Jim Eadie and Mary Fee argued, there is no contradiction at all between providing a system of assisted suicide and investing in high-quality palliative care. As we have seen from Oregon, the Netherlands and Belgium, increased investment in and uptake of palliative care are consistent with passing legislation on assisted suicide.

Bob Doris: I want to provide some clarity about the committee's stage 1 report. In today's debate, we have heard evidence both for and against the bill based on the experience in Oregon, with different pieces of evidence directly contradicting each other. For the Parliament's information, I point out that the committee agreed that

"while experience in other jurisdictions can be informative and can provide a limited basis for reflection",

nonetheless

"the Committee acknowledges that experience in other jurisdictions 'cannot be read across automatically into the Scottish context.'"

It is important to stress that point in the debate this afternoon.

Patrick Harvie: I thank Bob Doris, and I note that, in my response to the committee's report, I acknowledged the conclusion in that paragraph. However, it is clear that, if we are seeking evidence on the impact of assisted suicide provisions either on palliative care provision or on the alleged normalisation of suicide more generally, there is no such evidence.

Nanette Milne raised the question of undermining trust in doctors and the medical profession, which I think Kevin Stewart answered very well. There is no substantive evidence from other countries to show a negative impact on the doctor-patient relationship.

Some members talked about the requirement for a psychiatric assessment to be mandatory. That element was included in Margo MacDonald's previous bill and was subject to criticism, as it was argued at the time that such a facility should always be available but not mandatory. We may discuss in future whether there are particular circumstances in which such an assessment should be a normal expectation, but it is difficult to accept that one bill is criticised for making it mandatory while another bill is criticised for not doing so.

Liam McArthur mentioned that Margo remains posthumously synonymous with the bill. I acknowledge that that is the case, and it probably always will be. He also spoke about the balance of views that exists in favour of the legislation, not just among the public at large but among religious communities, the health professions and disabled people. There may be a great many organisations representing those interest groups who are opposed, but the balance of views among the public is very clear: consistent opinion polling over many years has shown a strong degree of public support for the legislation. That includes the Scottish social attitudes survey, and I believe that

research by Disabled Activists for Dignity in Dying shows that there is strong support among disabled people too. It is also worth noting that the bulk of the case law that has developed the argument both north and south of the border has been prompted by disabled people.

In proposing the bill, I am not asking anybody to approve of suicide, nor am I asking anyone to welcome the thought that any person in any circumstance would take that choice. However, we have seen, over decades and generations, a gradual change in the culture of patient care, away from the doctor-knows-best paternalistic model towards one that empowers people to make informed decisions about their own lives and their own care.

Autonomy is not an absolute, and Dr Simpson knows very well that the proponents of the bill have not claimed that it is. It never has been. We are social and relational creatures and we live our lives in context, but it is not because we are forced to; rather, it is because of who we are. If we widen the choices that people have before them, we will still be social, relational human beings making our choices in the context of the love and care of those around us if we are fortunate enough to have it.

Of course autonomy is not an absolute, but it is a factor that has been increasingly important as we move away from the paternalistic model of care. When could it possibly be more important than when we face the end of what we define for ourselves as a tolerable quality of life with no prospect of improvement? Should only the wealthy have the right to assert their own wishes and have them respected, albeit in unfamiliar surroundings such as Switzerland, far from the warmth of their own home?

Neil Findlay and Murdo Fraser both acknowledged the most profound issue that the bill raises. It is about life and death. In recognising that, the bill asks us to engage with difficult and uncomfortable issues, and those issues do not go away if we fail to pass the bill. The bill may represent only one way of engaging positively with those issues, but I appeal to members, whether they intend to support amendments in one direction or another and whether they intend to support or oppose the bill at stage 3 if it is amended, to let it pass at stage 1. Let us see a strong show of support for the principle that the bill embodies. In the end, we will have sent a very clear signal—even if the bill were to fall at stage 3—that the law as it stands should not last; it must change. I appeal to members who see the basic argument in favour to give us their support at stage 1.

Business Motion

18:00

The Presiding Officer (Tricia Marwick): The next item of business is consideration of business motion S4M-13265, in the name of Joe FitzPatrick, on behalf of the Parliamentary Bureau, setting out a business programme.

Motion moved,

That the Parliament agrees the following programme of business—

Tuesday 2 June 2015	
2.00 pm	Time for Reflection
followed by	Parliamentary Bureau Motions
followed by	Topical Questions (if selected)
followed by	Scottish Government Debate: Scotland Can Do
followed by	Business Motions
followed by	Parliamentary Bureau Motions
5.00 pm	Decision Time
followed by	Members' Business
Wednesday 3 June 2015	
2.00 pm	Parliamentary Bureau Motions
followed by	Portfolio Question Time Rural Affairs, Food and Environment; Justice and the Law Officers
followed by	Scottish Conservative and Unionist Party Business
followed by	Business Motions
followed by	Parliamentary Bureau Motions
5.00 pm	Decision Time
followed by	Members' Business
Thursday 4 June 2015	
11.40 am	Parliamentary Bureau Motions
11.40 am	General Questions
12.00 pm	First Minister's Questions
followed by	Members' Business
2.30 pm	Parliamentary Bureau Motions
followed by	Scottish Parliamentary Corporate Body Questions
followed by	Scottish Government Debate: Making Progress on Changing Scotland's Relationship with Alcohol
followed by	Business Motions
followed by	Parliamentary Bureau Motions
5.00 pm	Decision Time
Tuesday 9 June 2015	
2.00 pm	Time for Reflection

followed by	Parliamentary Bureau Motions
followed by	Topical Questions (if selected)
followed by	Scottish Government Business
followed by	Business Motions
followed by	Parliamentary Bureau Motions
5.00 pm	Decision Time
followed by	Members' Business
Wednesday 10 June 2015	
2.00 pm	Parliamentary Bureau Motions
followed by	Portfolio Question Time Health, Wellbeing and Sport
followed by	Scottish Government Business
followed by	Business Motions
followed by	Parliamentary Bureau Motions
5.00 pm	Decision Time
followed by	Members' Business
Thursday 11 June 2015	
11.40 am	Parliamentary Bureau Motions
11.40 am	General Questions
12.00 pm	First Minister's Questions
followed by	Members' Business
2.30 pm	Parliamentary Bureau Motions
followed by	Scottish Government Business
followed by	Business Motions
followed by	Parliamentary Bureau Motions
5.00 pm	Decision Time—[*Joe FitzPatrick.*]

Motion agreed to.

Parliamentary Bureau Motions

18:01

The Presiding Officer (Tricia Marwick): The next item of business is consideration of three Parliamentary Bureau motions. I ask Joe FitzPatrick to move en bloc motions S4M-13266, on approval of a Scottish statutory instrument; S4M-13268, on designation of a lead committee; and S4M-13269, on the remit of a committee.

Motions moved,

That the Parliament agrees that the Enhanced Enforcement Areas Scheme (Scotland) Regulations 2015 [draft] be approved.

That the Parliament agrees that the Local Government and Regeneration Committee be designated as the lead committee in consideration of the Footway Parking and Double Parking (Scotland) Bill at stage 1.

That the Parliament agrees that the remit of the Welfare Reform Committee is—

To monitor the implementation of the UK Welfare Reform Act 2012 and other social security legislation as it affects provision in Scotland and to consider relevant Scottish legislation and other consequential arrangements.—[*Joe FitzPatrick.*]

The Presiding Officer: The questions on the motions will be put at decision time, to which we now come.

Decision Time

18:01

The Presiding Officer (Tricia Marwick): There are four questions to be put as a result of today's business.

The first question is, that motion S4M-13258, in the name of Patrick Harvie, on the general principles of the Assisted Suicide (Scotland) Bill, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, George (Paisley) (SNP)
Baxter, Jayne (Mid Scotland and Fife) (Lab)
Beamish, Claudia (South Scotland) (Lab)
Beattie, Colin (Midlothian North and Musselburgh) (SNP)
Biagi, Marco (Edinburgh Central) (SNP)
Campbell, Roderick (North East Fife) (SNP)
Carlaw, Jackson (West Scotland) (Con)
Dey, Graeme (Angus South) (SNP)
Dornan, James (Glasgow Cathcart) (SNP)
Eadie, Jim (Edinburgh Southern) (SNP)
Fee, Mary (West Scotland) (Lab)
Finnie, John (Highlands and Islands) (Ind)
FitzPatrick, Joe (Dundee City West) (SNP)
Gibson, Kenneth (Cunninghame North) (SNP)
Gibson, Rob (Caithness, Sutherland and Ross) (SNP)
Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
Harvie, Patrick (Glasgow) (Green)
Hilton, Cara (Dunfermline) (Lab)
Hume, Jim (South Scotland) (LD)
Johnstone, Alison (Lothian) (Green)
Keir, Colin (Edinburgh Western) (SNP)
Kidd, Bill (Glasgow Anniesland) (SNP)
Lochhead, Richard (Moray) (SNP)
MacDonald, Angus (Falkirk East) (SNP)
MacDonald, Gordon (Edinburgh Pentlands) (SNP)
MacKenzie, Mike (Highlands and Islands) (SNP)
Maxwell, Stewart (West Scotland) (SNP)
McArthur, Liam (Orkney Islands) (LD)
McDonald, Mark (Aberdeen Donside) (SNP)
McLeod, Fiona (Strathkelvin and Bearsden) (SNP)
Murray, Elaine (Dumfriesshire) (Lab)
Scott, Tavish (Shetland Islands) (LD)
Stewart, Kevin (Aberdeen Central) (SNP)
Torrance, David (Kirkcaldy) (SNP)
Urquhart, Jean (Highlands and Islands) (Ind)
Wilson, John (Central Scotland) (Ind)

Against

Adamson, Clare (Central Scotland) (SNP)
Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
Allard, Christian (North East Scotland) (SNP)
Baillie, Jackie (Dumbarton) (Lab)
Baker, Claire (Mid Scotland and Fife) (Lab)
Baker, Richard (North East Scotland) (Lab)
Bibby, Neil (West Scotland) (Lab)
Boyack, Sarah (Lothian) (Lab)
Brodie, Chic (South Scotland) (SNP)
Brown, Gavin (Lothian) (Con)
Brown, Keith (Clackmannanshire and Dunblane) (SNP)
Buchanan, Cameron (Lothian) (Con)
Burgess, Margaret (Cunninghame South) (SNP)
Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
Constance, Angela (Almond Valley) (SNP)
Crawford, Bruce (Stirling) (SNP)
Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
Davidson, Ruth (Glasgow) (Con)
Don, Nigel (Angus North and Mearns) (SNP)
Doris, Bob (Glasgow) (SNP)
Dugdale, Kezia (Lothian) (Lab)
Ewing, Annabelle (Mid Scotland and Fife) (SNP)
Ewing, Fergus (Inverness and Nairn) (SNP)
Fabiani, Linda (East Kilbride) (SNP)
Fergusson, Alex (Galloway and West Dumfries) (Con)
Findlay, Neil (Lothian) (Lab)
Fraser, Murdo (Mid Scotland and Fife) (Con)
Goldie, Annabel (West Scotland) (Con)
Grant, Rhoda (Highlands and Islands) (Lab)
Gray, Iain (East Lothian) (Lab)
Griffin, Mark (Central Scotland) (Lab)
Henry, Hugh (Renfrewshire South) (Lab)
Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
Hyslop, Fiona (Linlithgow) (SNP)
Ingram, Adam (Carrick, Cumnock and Doon Valley) (SNP)
Johnstone, Alex (North East Scotland) (Con)
Kelly, James (Rutherglen) (Lab)
Lamont, Johann (Glasgow Pollok) (Lab)
Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)
Lyle, Richard (Central Scotland) (SNP)
MacAskill, Kenny (Edinburgh Eastern) (SNP)
Macdonald, Lewis (North East Scotland) (Lab)
Macintosh, Ken (Eastwood) (Lab)
Malik, Hanzala (Glasgow) (Lab)
Marra, Jenny (North East Scotland) (Lab)
Martin, Paul (Glasgow Provan) (Lab)
Mason, John (Glasgow Shettleston) (SNP)
Matheson, Michael (Falkirk West) (SNP)
McCulloch, Margaret (Central Scotland) (Lab)
McDougall, Margaret (West Scotland) (Lab)
McGrigor, Jamie (Highlands and Islands) (Con)
McInnes, Alison (North East Scotland) (LD)
McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
McLeod, Aileen (South Scotland) (SNP)
McMahon, Michael (Uddingston and Bellshill) (Lab)
McMahon, Siobhan (Central Scotland) (Lab)
McMillan, Stuart (West Scotland) (SNP)
McNeil, Duncan (Greenock and Inverclyde) (Lab)
Milne, Nanette (North East Scotland) (Con)
Paterson, Gil (Clydebank and Milngavie) (SNP)
Pearson, Graeme (South Scotland) (Lab)
Pentland, John (Motherwell and Wishaw) (Lab)
Rennie, Willie (Mid Scotland and Fife) (LD)
Robertson, Dennis (Aberdeenshire West) (SNP)
Robison, Shona (Dundee City East) (SNP)
Rowley, Alex (Cowdenbeath) (Lab)
Russell, Michael (Argyll and Bute) (SNP)
Scanlon, Mary (Highlands and Islands) (Con)
Scott, John (Ayr) (Con)
Simpson, Dr Richard (Mid Scotland and Fife) (Lab)
Smith, Drew (Glasgow) (Lab)
Smith, Elaine (Coatbridge and Chryston) (Lab)
Smith, Liz (Mid Scotland and Fife) (Con)
Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
Stewart, David (Highlands and Islands) (Lab)
Sturgeon, Nicola (Glasgow Southside) (SNP)
Swinney, John (Perthshire North) (SNP)
Thompson, Dave (Skye, Lochaber and Badenoch) (SNP)
Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
Wheelhouse, Paul (South Scotland) (SNP)
Yousaf, Humza (Glasgow) (SNP)

The Presiding Officer: The result of the division is: For 36, Against 82, Abstentions 0.

Motion disagreed to.

The Presiding Officer: The next question is, that motion S4M-13266, in the name of Joe FitzPatrick, on approval of a Scottish statutory instrument, be agreed to.

Motion agreed to,

That the Parliament agrees that the Enhanced Enforcement Areas Scheme (Scotland) Regulations 2015 [draft] be approved.

The Presiding Officer: The next question is, that motion S4M-13268, in the name of Joe FitzPatrick, on designation of a lead committee, be agreed to.

Motion agreed to,

That the Parliament agrees that the Local Government and Regeneration Committee be designated as the lead committee in consideration of the Footway Parking and Double Parking (Scotland) Bill at stage 1.

The Presiding Officer: The next question is, that motion S4M-13269, in the name of Joe FitzPatrick, on the remit of a committee, be agreed to.

Motion agreed to,

That the Parliament agrees that the remit of the Welfare Reform Committee is—

To monitor the implementation of the UK Welfare Reform Act 2012 and other social security legislation as it affects provision in Scotland and to consider relevant Scottish legislation and other consequential arrangements.

Islamophobia and Racist Graffiti

The Deputy Presiding Officer (Elaine Smith): The final item of business is a members' business debate on motion S4M-12934, in the name of Hanzala Malik, on growing Islamophobia in Scotland and graffiti on the new Central gurdwara Glasgow. The debate will be concluded without any question being put.

Motion debated,

That the Parliament is concerned at the reported growing Islamophobia in Scotland and notes calls for cross-party action to ensure community cohesion, with funding made available to enable a range of outreach events that will help communities live together; understands that Sikhs are often victimised by extremists who believe that they are Muslims, which causes a divide between Muslims and other ethnic minorities, and notes calls for all faiths to come together with a view to cleaning the racist graffiti from what it considers the gorgeous new Central Gurdwara Glasgow and all other religious buildings in Scotland.

18:04

Hanzala Malik (Glasgow) (Lab): It is an honour to bring this motion for debate, as the vandalism of the Central gurdwara in Glasgow was a deeply hurtful incident for many reasons.

At the end of March, the Sikh religious building was defaced by vandals with the words, "No Shariah", a Nazi symbol and another anti-Islam message that would be inappropriate to repeat here today. All the communities were in complete shock that such disgraceful words were put on the walls of this great Glasgow gurdwara. The Sikh community behaved with great dignity. Charandeep Singh commented that there is a "climate of rampant Islamophobia".

Today, out of respect to our Sikh community, I wear the siropa that was presented to me by the ministers of the holy gurdwara of Nankana Sahib, the birth place of Guru Nanak in Pakistani Punjab, as a mark of respect to the delegation from Scotland that was in Pakistan for the Glasgow to Lahore cycle challenge to raise funds for the sick children's hospital in Glasgow.

Calls to have dialogue with the police and local and national politicians to create an inclusive society and to celebrate the contributions that are made by Scottish ethnic minorities went out to the country. It is shameful that the iconic gurdwara has been vandalised. However, it is not an unusual case. I still remember the fire-bombing of a gurdwara in Kent after the 7/7 London terrorist attacks, and the jeers at turban-wearing Sikh men from racists at the time.

As a Muslim, I totally condemn this hateful attack on the beautiful new Central gurdwara in Glasgow, as it is a place of Sikh worship and

community engagement. The attack totally disrespects places of worship. The gurdwara has also been a most welcome addition to the religious, cultural and architectural life of Glasgow.

It is clear that the targeting of Muslim communities by bigots and propagators of hate should be challenged by all of us. No community should suffer from or be at the end of hate crime. I fully agreed with Alex Neil's statement in the wake of the incident. He said:

"Acts like this only reveal the ignorance of a few individuals who do not respect or appreciate Scotland's rich diversity."

However, actions are needed to minimise the chance of this kind of incident happening again in the future. As Mr Neil has equalities as part of his portfolio, I would like to know what he is doing to root out racism and racial discrimination in Scottish society. In 2013, I asked a parliamentary question about when the Scottish Government would update its 2008 to 2011 race equality statement. At that point, Mr Neil said that it would be published at the end of the summer of 2013. Two years later, I am still waiting for the statement—I do not know who is writing it. Not only am I waiting for it; the communities are, too.

That pretty much sums up how much of a priority the current Scottish Government gives to the racial equality agenda, which is already a step down from actually talking about racism. Please note that my criticism of the Scottish Government is just and is based on evidence, not hearsay—I am not plucking these views out of the sky.

This episode is a sad reminder that religious and ethnic minorities face public ridicule and criminal attacks, as well as many indirect acts of discrimination. We must recognise the severity of this issue.

The public and politicians need to follow up and root out discrimination of all kinds, at any stage and at any level; otherwise, we will continue to witness such heartless incidents up and down Scotland. Racists do not care whether someone is Hindu, Jewish, Muslim or Sikh: to them, if you are different, you will do. They use any excuse.

Once again, I call upon the Scottish Government to step up to its responsibilities and actually do its duty to protect all its citizens equally. The Government has a responsibility. It needs to be aware that many people, particularly shopkeepers, taxi drivers and others who are working at the front line face regular incidents of racism. Many of them have given up reporting incidents because they feel that the police do not take them seriously. Many people have complained that, when they phone the police to complain about racial discrimination or racist incidents, the police do not turn up for days because it is not an emergency.

Such an attitude means that people lose confidence while the people who perpetrate such acts gain in confidence. Therefore, on the one hand, people are getting disheartened and losing confidence and, on the other hand, we are encouraging people to continue to perpetrate those crimes because there is no comeback on them and they think that they can walk away. It is therefore imperative that we deal with the issues in our communities rather than just talking about them.

Protecting people's religious freedom and ethnic background is important. Humza Yousaf and I are proud products of this country but, even today, we face discrimination. Humza has been through a high-profile incident recently. We therefore know for a fact that it is happening. We do not need additional evidence; we need the Government to roll up its sleeves, get some money and do some work.

We need to educate our communities. I assure members that we do not need to go to the schools and say that we need to teach our children because the schools are doing a wonderful job. It is us adults who need teaching.

18:12

Kenny MacAskill (Edinburgh Eastern) (SNP): I thank Hanzala Malik for bringing his motion to the chamber. He has an impeccable track record in pursuing such issues, although I take issue with some of his more political comments, which are, perhaps, undeserved. I occasionally disagree with the political position of many members on the left and the right, but we have always been united in condemning racism and Islamophobia. We did so after 9/11 and we do so today—that is how we stand. There are clearly issues to discuss, which is why we are here today. I am sure that Hanzala Malik will reflect on that.

I am, however, delighted to support Hanzala Malik today because his motion talks about two of our most vibrant and cherished communities—the Sikh community and the Islamic community. They are a long-standing part of Scotland, and we have to cherish and look after them. I know the Central gurdwara in Glasgow, and Hanzala Malik's comments about its magnificence are quite correct. I have only visited it once so I do not know it as well as I know the gurdwara in Leith, which I visit regularly. I know the community in Edinburgh very well indeed, and attended the Vaisakhi ceremony a few weeks ago.

The Sikh community in Leith has not been here for just one or two generations; it is now into its fourth, fifth and sixth generations, and the

community through on the west coast of Scotland probably has a longer lineage. The Sikh community in Edinburgh arose from two brothers and is now a vital part of communities throughout the city, especially in the Leith area, and we need to look after it.

The same—and more—applies to the Islamic community because of its greater numbers. Many in that community came from the Indian subcontinent, but others came from elsewhere. We need to look after and cherish them. They are as valid and vibrant a part of Scotland as I am, or as any member in the chamber is. That is how it has to be and why we need to ensure that action is taken. No doubt the minister will comment on that.

In Scotland, we do not have to be able to trace our lineage to 1314 to be able to claim Scottish ethnicity. The Islamic community and, indeed, the Sikh community perhaps have more of a lineage in Scotland than many white Christian communities that have come more recently. Whether people are Spanish, Polish, Italian or Indian, and whether they are able to claim their lineage back to 1314 or earlier, they are all equally as Scots—but no more so—as people from the Islamic or Sikh communities, and that is why we have to cherish them.

We face challenges with Islamophobia and racism, and Hanzala Malik is right to make sure that the Government is held to account. However, it is certainly my view that the Government and other authorities are doing everything that they can to address those challenges. That was accepted by the Sikh community with regard to the gurdwara, but we need to be ever vigilant.

The ignorance is unbounded. The tenor of the graffiti showed an inability to differentiate between Sikhism and Islam—never mind that it portrayed Nazi symbols. That is entirely unacceptable and, as a chamber, we must reiterate that and say that the full force and weight of the law will be brought down on those who carry out racist or Islamophobic hate crime. Equally, we must make it quite clear that the Sikh and Islamic communities are vital parts of Scotland. We cherish them and we hold them dear. They make Scotland a better place. We will not be divided in any way: we stand with them and for them, because they are us.

18:16

Malcolm Chisholm (Edinburgh Northern and Leith) (Lab): I congratulate Hanzala Malik on lodging the motion. I am sure that I speak for everyone in the chamber when I say that we all condemn the appalling combination of hatred and ignorance that we saw in the graffiti on the gurdwara in Glasgow. We must challenge that, and we must challenge all forms of racial and religious hatred. The motion focuses on Islamophobia, which we know has been a problem for several years.

Like Kenny MacAskill, I emphasise how much we value and celebrate the contribution of the Sikh and Muslim communities, and of all other ethnic minority communities living in Scotland today. I represent Leith, so I know about the Sikh community's particular connection with Leith over many decades. I say, as I have said on many occasions, how much I value the contribution that that community has made to Scottish life.

The motion refers to Islamophobia in particular, so I will concentrate on that. In 2011, there was a very interesting and important report from the Scottish Government about the experience of being a Muslim living in Scotland. It is sobering, when we read that report, to realise the extent of the problems that Muslims confront every day in Scotland. The report found that, despite identifying as Scottish, Muslims living in Scotland experienced feelings of otherness and difference, resulting from experiences of religious and racial discrimination.

The report also cited research by Hussain and Miller in 2006, which found that almost half the majority community in Scotland were identified as holding Islamophobic attitudes. That shocked me. I remember 2006 well, because I was Minister for Communities then, as I was in 2005. I did quite a lot on the issue in the wake of the London bombings in 2005. We know that there was an increase in Islamophobia at that time, which other events since have perhaps reinforced. We must challenge Islamophobia wherever we find it.

The words of David Haines's brother are very inspiring. Members may remember that David Haines was a British hostage who was murdered by Islamic State militants. The important point that his brother emphasised was that Islam was not to blame. We have to keep saying that. It is obvious to us and to the majority of people in Scotland that the atrocities that are committed by a few are used as part of the campaign against Muslims in Scotland. David Haines's brother said:

> "The Muslim is not to blame for Isil, nor is it the fault of people of Middle Eastern descent. The attraction of complete control and the use of terror as an implement of population control has widespread appeal to many disenfranchised throughout society. I have become aware of a number of verses in the Koran that I feel particularly apt at this time: 'Since good and evil cannot be equal, repel thou evil with something that is better'."

We need to challenge the ignorance about the Muslim religion that is shown—not least by the graffiti—when many of the people who are filled with that hatred cannot even tell the difference between Islam and the Sikh religion. We have to

tell the truth about the Muslim religion, because every Muslim who I know—and it does not surprise me to say this—is of course absolutely as appalled by acts of terrorism as anybody else in society.

Hanzala Malik emphasised education, and he is probably right: there are a lot of positive things going on in schools. However, in preparation for the debate I read a report by the National Association of Schoolmasters Union of Women Teachers on equality matters and the steps that should be taken to tackle Islamophobia in educational settings. It emphasised that

"school and college leaders have a critical role to play in ensuring that issues related to Islamophobia are identified and addressed appropriately and effectively."

Nobody is born a racist. We all know that people learn those attitudes as they grow up in society. Challenging them in school is absolutely fundamental, because it is in schools that people can be challenged when they are young.

Yet clearly, we as politicians have a responsibility as well. As my time is up, I end by quoting the secretary of the Glasgow gurdwara, Charandeep Singh, who said of the incident that triggered this debate:

"This sad incident should energise our political leaders and fellow citizens to continue to campaign to root out such hateful beliefs."

The Deputy Presiding Officer: Thank you. Before we move on with the debate, I remind members to lift their microphones and speak into them, otherwise there is difficulty hearing in the chamber, and I do not like to interrupt members' speeches.

18:21

Jamie McGrigor (Highlands and Islands) (Con): I congratulate Hanzala Malik on securing this evening's debate. I pay tribute to him for the good work that he does in consistently speaking out against Islamophobia and, indeed, religious intolerance more broadly, and for raising issues that some wish would just disappear without a debate.

It is our job in this place to meet racism head on. Bad things happen when bullies are left to run riot. The people who do such things display a brutish ignorance that is similar to the Nazi gangs in their treatment of the Jews in the 1930s.

Let me begin, on behalf of the Scottish Conservatives, by joining in the strong condemnation of the perpetrators of the racist graffiti on the Central gurdwara Glasgow and, indeed, by condemning any incidents of racist or religiously intolerant graffiti on any religious building. I note from the news yesterday the dreadful anti-Catholic graffiti that has been sprayed on St Andrew's Roman Catholic church in Livingston.

Members from across the political spectrum can rightly unite in our condemnation of such behaviour, and the police should be robust in trying to apprehend those responsible, as I am sure that they will do, and in ensuring that their crimes are subject to due legal process. I agree with the sentiments of Hanzala Malik's motion in relation to the particular victimisation of those in our Sikh communities who are targeted by extremists who are so ignorant that they cannot even tell the difference between Muslims and Sikhs.

I recognise the concerns about growing Islamophobia in Scotland and note the many organisations, including the Church of Scotland, the Muslim Council of Britain and the Scottish Council of Jewish Communities, that have spoken out against it. All of us as MSPs have a role to play in speaking out and informing our constituents that the extremists who give Islam a bad name, and in doing so attract significant media coverage, are a tiny, unrepresentative minority who simply do not speak for or represent the vast majority of peace-loving Muslims who live and work in our communities.

We also need British Muslims at all levels to continue to speak out in support of democracy, moderation and tolerance, as the Muslim Council of Britain consistently seeks to do. I am pleased that at the recent general election in the United Kingdom we saw an increase in the number of British Muslims being elected as MPs and, significantly, more Muslim women being elected. They have a very important role as we go forward.

Tackling the causes of Islamophobia will involve many approaches and long-term strategies, including education—which is crucial—and, of course, international co-operation and working to resolve the many international challenges that we continue to face in the middle east and elsewhere.

Those are massive challenges with no quick or easy solutions, and Hanzala Malik is right to call in his motion for "community cohesion" and "outreach events", which can be really important in local communities. His motion talks of "growing Islamophobia", and it is all the more disappointing that that should exist when we Scots now have our own Scottish Parliament whose basic principles are all about fairness, tolerance and equal opportunities. In the past, the UK has had a worldwide reputation for religious tolerance compared with much of the rest of the world, so in the new Scotland we should be enhancing and improving things rather than the reverse.

I again commend Hanzala Malik for bringing this debate to the Parliament, and I wish those from the Sikh community who are involved in the Central gurdwara every success as they prepare for its official opening later in the summer.

18:25

Sarah Boyack (Lothian) (Lab): I, too, congratulate Hanzala Malik on securing this debate and bringing the subject to the chamber tonight. I welcome the debate because, on one level, it is our opportunity to show solidarity with the Sikh community and to stand shoulder to shoulder with it against the horrendous abuse that it has faced with the defacing of the Central gurdwara in Glasgow. The debate is also important because the issue affects many of our constituents in their day-to-day lives. Our response has to be a statement about what kind of society we are and the kind of society we should strive to build, with community cohesion, respect between communities, understanding between people of different faiths and none, and understanding of the contributions of people from different ethnic communities.

We must all stand against the racist graffiti. It is a symptom of intolerance and a lack of knowledge, and it is abuse that must not be tolerated. Whether it is Islamophobia, anti-Semitism or anti-Catholic abuse, it is important that we challenge ignorance and stand up for the communities that have been attacked.

The cross-party action that is referred to in Hanzala Malik's motion is symbolic on one level, but it must be backed by action. We are all leaders in our communities and we all have the opportunity to support a range of groups that work hard in our communities—whether they are racial equality groups or interfaith groups—to promote community cohesion, respect, understanding and friendship between different communities.

I consulted community leaders and representatives in advance of this debate because I wanted some of my constituents' views to be heard. A common thread was that the state, whether at the Scottish or local council level, needs to do more to support the work of interfaith and racial equality groups. Their observation is that less resource is available and that the financial pressures and cutbacks are making their work harder—not necessarily for one-off events, but in their long-term, day-to-day work to build cohesion.

Suggestions included more interfaith events to bring together people of different faith groups to work with each other, but also broadening that out to the general public so that more people understand the great religions that we have represented in Scotland and how they are changing with time in response to links in society. Another suggestion was support for interfaith groups and investment in the skills that they bring, so that we can build that cohesion together.

I also heard that there should be support for the work of racial equality councils so that people from different religious faiths and ethnic communities can be supported in their work. There are lots of great initiatives across the country. If I just talk about the pride that we have in Edinburgh, we have the Edinburgh and Lothians Regional Equality Council, the Welcoming Association, the Edinburgh Mela, the Just Festival and the Edinburgh Interfaith Association, and I could name others across the different religious communities. It is important that we support those organisations, but also that we make more demands on our mainstream public services so that they take leadership in being anti-racist and against the discrimination that people from different faiths experience.

We need more work in schools so that people from different faiths are brought into schools to meet pupils at a much younger age. I do not know whether the minister saw the article in *The Guardian* last week about racial and religious intolerance among schoolchildren. It would be interesting to parallel that work in Scotland, because I sometimes think that we imagine that attitudes are much more liberal than they often are in practice.

We need more work with the police so that people are protected from racist intimidation and violence, and hate crimes are acted against. For example, there are shop workers in my constituency who experience racist abuse and assaults. A price needs to be paid for such acts and we need to ensure that they are given more attention.

I will finish on our culture. One of my constituents asked, "What about our soaps? What about the dramas that are shown on television and how the news reports conflicts?" Much more could be done to promote religious tolerance, more knowledge and support for our faith communities in what can be a difficult world. There are lots of good ideas, but the issue needs us to work together across the parties and it needs more funding. Political support is also needed, not just at parliamentary level but at local authority level, so that all our communities feel that they are part of our Scotland and have a place here, and are respected and included in everything that we do.

18:30

Jean Urquhart (Highlands and Islands) (Ind): I, too, congratulate Hanzala Malik on bringing the debate to the chamber.

Islamophobia is not an issue that can be glossed over or sidelined. Since 9/11, Islamophobic attacks—verbal and physical—have been on the rise. Islamophobia can affect many people, not just those who are practising Muslims, and it provides a gateway for racist ideologies to generalise and for far-right groups to grow. However, Islamophobia as a phenomenon cannot be reduced to the fantasies of racists trying to stir conflict in our communities; rather, it is something that has been at work in various ways and undertaken by a range of actors.

We have seen a process of demonisation that has left a legacy of discrimination and the spreading of false ideas about Islam. Sections of the media have been vociferous in their negative portrayal of Muslims. In 2007, a study commissioned by the then London mayor, Ken Livingstone, found that in just one week's news coverage, 91 per cent of articles in national newspapers about Muslims were negative. In many ways, Islamophobia has become institutionalised as part of the war on terror narrative. The cycle of blame and generalisation must be broken. The rise in hate crime is closely linked to the war on terror and the associated rhetoric. That has been shown by screeds of research and evidence gathering. For example, research conducted by the University of Exeter showed that

"the major motivating factor for violence against Muslims is a negative and false belief that Muslims pose a security or terrorist threat."

To combat that, we need a combination of education and ideological opposition to those who seek to exploit international tensions, often driven by western foreign policy, to suit their own ends, whether that be to incite racism, divide our communities or build the case for cutting our civil liberties. A survey sponsored by the Joseph Rowntree Charitable Trust found that 80 per cent of British Muslims had experienced discrimination, up from 45 per cent in the late 1990s. Discrimination against Muslims in Britain is going from bad to worse. Unemployment among Muslims in Britain is 17 per cent, against a national average of 8 per cent, which is higher than the rate for people of any other religion. In addition, more than 1,000 Muslims in the UK have been detained without charge under antiterror laws, but only a handful of those have been convicted of terrorist offences.

Here in Scotland, we also have challenges regarding Islamophobia. Alastair McIntosh, who is a fellow at the Centre for Human Ecology and co-author of studies into racism in Scotland, has said that Islamophobia is also a problem in Scotland. He says:

"Muslims in particular are having a hard time ... and they all seem to get tarred with the same brush. It would be true to say Islamophobia is a problem in this country."

However, this is an area that we should be looking to take a lead on in UK terms. While recognising that we face big hurdles to get to a place where Muslims are free from worry about receiving threats or suffering prejudice from others, whether that be from other members of the community, in the workplace, from the media or, indeed, from certain politicians, we should be looking to positively combat that by building strong intercommunity bonds. Muslims play a huge role in Scotland and are firmly part of our culture, economy and society. I have to say that the Muslim community in the Western Isles, which is largely Gaelic-speaking, is a fine example and makes a massive contribution to the Highlands and Islands area that I represent.

We must stand as one in the face of all prejudice, and that means standing shoulder to shoulder with Scottish Muslims in what has been a very difficult period in which they have suffered unjust slander and widespread discrimination.

I support Hanzala Malik's motion, particularly because it is cross-party and is not about attacking the Scottish Government. Let the Parliament—let all of us—support it and deal with the problem that he has cited.

18:35

Ken Macintosh (Eastwood) (Lab): I, too, thank my colleague Hanzala Malik for bringing forward this important debate.

In some ways, we are all proud of the progress that Scotland has made in tackling Islamophobia, racism and prejudice, certainly over the course of my lifetime. However, I suspect that, although many of us would like to take more pride in Scotland's reputation for tolerance and understanding, we are equally mindful of the harsh day-to-day reality for many Muslims, Sikhs and other ethnic communities in this country. Abuse, name calling, assaults and racist graffiti are, unfortunately, the all-too-common experience for many of our fellow citizens, and an atmosphere of worry, anxiety and fear is the all-too-common result.

Residents of my local authority area, East Renfrewshire, for example, are proud of our good community relations. We are home to a small but long-established Sikh community as well as a more substantial and growing Muslim community. For the most part, we enjoy the benefits of living in

a vibrant, multicultural neighbourhood, but we are not blind to our failings.

One of my biggest frustrations in 16 years of serving the local community is the difficulty that we have encountered, which we still face, in building a new mosque to meet the needs of residents. We have the groundbreaking Woodfarm education centre and the more recent facilities in Newton Mearns and the Hurlet, but so far every attempt to agree on a new purpose-built facility has run into the sand.

There are many and varied reasons why each of those separate projects has so far failed to deliver, but in each and every case, there has been at least an element of cultural, ethnic or racial prejudice and hostility. If I feel politically frustrated at having my hopes thwarted, it is not difficult to imagine how a peaceful, law-abiding and hard-working Muslim who lives in East Renfrewshire and is made even in some small way to feel unwanted and unsupported must feel.

The hostility can be far more explicit than that. Three months ago, following strong political backing from the leader of East Renfrewshire Council, Jim Fletcher, we were able to open the first Muslim cemetery in the area to meet the long-standing and growing need of local families. Within a matter of weeks, the sign that indicated the location of the new Muslim burial lairs was covered in racist graffiti.

Such incidents are not just offensive; they are deeply worrying. I am sure that I do not have to convince anyone in the chamber that we have to root out that kind of behaviour. We have a long way to go in doing so both locally and nationally, and I, for one, would like our Parliament and our Government to lead by example. I have no doubt whatsoever that, across party lines, we share the same agenda and the same desire to build a tolerant, compassionate and understanding society, but taking on deep-seated prejudices is challenging. It requires drive and energy. As my colleague Hanzala Malik pointed out, the Government is still consulting on the new framework for race equality in Scotland. It does not send out a strong signal if we have allowed the previous framework to lapse.

I recently met tell mama, which records anti-Muslim bigotry and specifically aims to tackle online hate speech and intolerance. It does not receive any Scottish Government funding, and I am not trying to argue any special case for it, but when I raised that question, the cabinet secretary replied instead that there are currently more than 300 organisations in Scotland that are registered as third-party reporting centres with Police Scotland. On the one hand, I think that we would all find that encouraging, but my worry is that, despite the large number of centres, many people do not have the confidence to report incidents and, when they do, they are not sure that they are followed up. People need the reassurance that their concerns are taken seriously.

I am sure that I do not have to tell the minister that our public sector equality duty includes a general duty to foster good relations in our society. The Scotland-specific duties are the most comprehensive in the UK in terms of the information that is required, but we need to act on that information. Now that the first two-yearly progress reports have been published by all listed public bodies, is this not a good time for the Scottish Government to review whether the equality duties are working in the way that was envisaged? I would welcome the minister's comments on my request. I assure him that the Government can whole-heartedly rely on Scottish Labour's support in pushing that issue up the political agenda and in turning our good intentions into firm actions.

I thank my colleague Hanzala Malik once more for bringing forward the debate, and I hope that, across the chamber, we are able to work together to tackle Islamophobia and racism in our society.

18:40

The Minister for Local Government and Community Empowerment (Marco Biagi): I, too, join the chorus of members commending Hanzala Malik for lodging this motion and bringing this debate to the chamber. It gives us once again a chance to stand united—which is when, of course, the chamber is at its best—to say that together we must do everything we can to ensure that Scotland is Islamophobia free and, indeed, free of any prejudice that is based on religious hatred.

All of us here value Scotland's Muslim, Sikh and other faith communities and the really important role that they all play in making our nation safe, strong and diverse. The Parliament's record will give solace to anyone who looks at our debates because they are concerned about the leadership of the country that across the parties and our political leadership we are sending out a clear message of zero tolerance against religious prejudice.

The question that has been raised is: what are we doing as individuals, as politicians and as a Government to ensure that the attitudes of tolerance of diversity that we express in the chamber prevail out in the country? We have a collective responsibility to challenge prejudice; any form of racial or religious prejudice, including Islamophobia, must be opposed and called out. Hate crimes not only target all those who share a particular characteristic but embarrass society as a whole.

Everyone has the right to be safe and to feel safe in their communities, and everyone should take responsibility for their actions and how they affect others. As politicians, we have a responsibility to ensure that, when we talk about Islam and issues affecting our Muslim communities, we do so accurately and we are clear in our language and intentions. Across society, all individuals have that same responsibility, as do organisations, not least the media.

It is alarming that, as Mr Malik has noted, we are hearing growing numbers of reports of Islamophobia. International incidents can have a negative impact on our diverse communities and their feelings of security here in Scotland, and we must also guard against stories masquerading as news that perpetuate stereotypes against a collective group, whether that be a religion or any other community. I welcome the participation of all members and political parties in challenging such views. After all, we are all ambassadors.

As the Government of a country containing people from all of these diverse faiths and backgrounds, the Scottish Government has a duty to create as safe a society as it can. It has made great efforts to engage with all communities, including all religious communities. Indeed, I have a list here showing four ministerial engagements over the past year with Sikh communities, including two visits to the gurdwara in Glasgow, and 17 engagements with the larger Islamic community, including visits to places of worship in Aberdeen, Inverness, Glasgow and so on. We value our relationship with the Islamic communities and with the Muslim Council of Scotland.

We are also putting our money where our mouth is. For example, we are investing over £3.1 million in 2015-16 in organisations that are working to tackle racist and religious intolerance.

John Finnie (Highlands and Islands) (Ind): Of course, a significant investment is the investment in the police service, but there are issues of perception to deal with. That the police take racist incidents lightly is certainly not my understanding—indeed, quite the reverse—and I hope that that is a perception rather than the reality, but will the minister undertake to discuss with his Cabinet colleagues the police's response to the racist incidents that have been highlighted?

Marco Biagi: Indeed. I had intended to mention the 300 third-party reporting centres, which are clearly part of an initiative to make it easier to report these kinds of difficulties. In order to maintain people's confidence, we have to give them the confidence that, if they report such incidents, those reports will be acted on.

I was about to highlight the example of Islam Information Scotland, which has received a grant of £25,000. As a training and resource provider on Islam, it offers individuals and companies that work with or have employees from the Muslim community an insight into Islamic culture, beliefs and practices. It also helps mosques and faith groups to develop their interfaith work. We know from our funding of Interfaith Scotland how important that can be, and that funding, too, has risen quite substantially in 2015-16.

We recognise that there are times when, sadly, raising community awareness of diversity will not be enough. There are incidents in which individuals do not respect difference. I was appalled to hear of what had happened at the Central gurdwara Glasgow. Alex Neil rightly highlighted that the act reflected

"the ignorance of a few individuals".

Police Scotland implemented its approach for dealing with hate crimes. It followed lines of inquiry, carried out a closed-circuit television check, circulated photos of the vandalism around the community and made a call for evidence. Unfortunately, to date no one has been identified for the crime, but the positive engagement that followed the incident and the fact that its reporting resulted in a very serious response built people's confidence.

We know that misidentification is a serious issue for the Sikh community, and we are working with the community to address the discrimination that people sadly experience.

We recognise that there is underreporting of Islamophobia, and we urge everyone who has witnessed or experienced hate crime to report the incident to Police Scotland. Some people may not feel able to approach the police directly—that is why it has been so valuable to have the third-party reporting centres, where staff can report incidents on a person's behalf. The more information we have about the levels of Islamophobia, the more effectively we can target the prejudice behind it and ensure that individual incidents are brought to court.

Our courts have long-standing powers to tackle hate crime.

Hanzala Malik: Does the minister agree that we have a job to do in communicating to people who have lost confidence in the police service and who, historically, have not reported such incidents the fact that there are other avenues that they can use to get assistance?

Marco Biagi: I certainly back the sentiment that we must get the message out that those avenues are there and that, if people report an incident, it will be investigated and action will be taken.

The Scottish Parliament legislated to ensure that offences that are aggravated by prejudice are directly brought to the attention of the courts. Those offences include the communication of threats of serious violence and threats that are intended to incite religious hatred.

Legislation and Government funding on their own are not enough. Attitudinal change takes time. Schools give us an opportunity to tackle prejudice. We continue to support the national anti-bullying service, respectme, and schools and local authorities have a role to play in this area through curriculum for excellence. I will investigate the article in *The Guardian* that Sarah Boyack mentioned—that could be an interesting piece of work to look at.

Not everyone is in school, so we need to have broader awareness-raising campaigns. The speak up against hate crime campaign urged people to report incidents to Police Scotland, and the one Scotland campaign used a variety of media to promote the message that Scotland believes in equality. That broad message, which has been taken to all corners of society, must continue to be spread by all of us, because everyone in Scotland should feel free to express their faith or belief openly and freely without fear for their security.

I take the fact that the gurdwara—a new building tha click regenerate t will house 1,500 worshippers—is flourishing as a sign of the positivity of Scotland. Mr Malik said of the building of the gurdwara:

> "Letters of support have been sent in from a whole host of communities, not just the Sikh community, who are keen to see this go forward."

That is the kind of Scotland that we all want to live in.

Meeting closed at 18:49.

Members who would like a printed copy of the *Official Report* to be forwarded to them should give notice to SPICe.

Available in e-format only. Printed Scottish Parliament documentation is published in Edinburgh by APS Group Scotland.

All documents are available on
the Scottish Parliament website at:

www.scottish.parliament.uk

For details of documents available to
order in hard copy format, please contact:
APS Scottish Parliament Publications on 0131 629 9941.

For information on the Scottish Parliament contact
Public Information on:

Telephone: 0131 348 5000
Textphone: 0800 092 7100
Email: sp.info@scottish.parliament.uk

e-format first available
ISBN 978-1-78568-657-3

Revised e-format available
ISBN 978-1-78568-675-7

Printed in Scotland by APS Group Scotland