

# SPUC guide to responding to the Health, Social Care and Sport Committee's consultation on Assisted dying for terminally ill adults (Scotland) Bill

DEADLINE: FRIDAY 16 AUGUST 2024



Society for the **Protection**  
of Unborn Children

The Health, Social Care and Sport Committee of the Scottish Parliament is conducting a consultation on Liam McArthur MSP's Bill to legalise assisted suicide in Scotland. This consultation is important because the Committee will recommend whether the Bill should be taken forward or not.

This briefing is intended to help you respond to the consultation and to give suggestions about answering the questions. It is important that as many people as possible respond to this call for evidence. We must send a strong message to the Scottish Parliament that assisted suicide is a dangerous and unethical practice that must never be legalised.

The consultation is running until **Friday 16 August 2024**. Please complete the questionnaire as soon as you can and encourage others to do the same.

Who should respond to this call for evidence?

We are particularly asking pro-life supporters in Scotland to respond to this consultation. Supporters in other parts of the UK can also respond, but we recommend highlighting concerns that assisted suicide legislation being passed in Scotland will affect England, Wales and Northern Ireland.

## ANSWERING THE QUESTIONS

The Committee provides two ways to give evidence; **a short survey** consisting of three questions, and **a detailed call for evidence** of eight questions. We provide guidance on each of these options. For each option, we reproduce the question, and, where there is a multiple-choice answer, we highlight the response we recommend you give in **yellow**.

**Please only complete one of either the short survey or the detailed call for evidence.**

We also provide examples of the kind of arguments that can be made when the consultation asks for further comments. These are only intended to provide a basis for your own thoughts. The final question for each survey asks for additional comments and we would encourage you to use this section to personalise your submission. Opposition to controversial proposals is sometimes minimised because large numbers of similar submissions are counted as one single contribution. **Personalising comments will help to avoid this.** Responses from individuals are also preferable to group submissions.

## HOW TO RESPOND

Responses should be made through the Committee's online portal.

**Complete the short survey:**

<https://yourviews.parliament.scot/health/14576a2e/consultation/intro/>

**Complete the detailed call for evidence:**

<https://yourviews.parliament.scot/health/ecdded04/consultation/intro/>

The online portal is the Committee's preferred way of receiving evidence, so please use this if at all possible. However, an email address and postal address have been provided for those with accessibility issues. These are:

Email: [ADBill@parliament.scot](mailto:ADBill@parliament.scot)

Postal address: **Health, Social Care and Sport Committee, The Scottish Parliament, Edinburgh EH99 1SP**

## CLOSING DATE

All responses should be received no later than **11:59 pm on Friday 16 August 2024**. No extensions will be given for late submissions. Please complete the questionnaire as soon as you can and encourage others to do the same.

## THE SHORT SURVEY

The questions from the short survey are reproduced in boxes. Our suggested responses are highlighted in yellow.

### Q1. Which of the following best reflects your views on the Bill?

- Fully support
- Partially support
- Neutral/Don't know
- Partially oppose
- Strongly oppose

### Q2. Which of the following factors are most important to you when considering the issue of assisted dying?

- Impact on healthcare professionals and the doctor/patient relationship
- Personal autonomy
- Personal dignity
- Reducing suffering
- Risk of coercion of vulnerable people
- Risk of devaluing lives of vulnerable groups
- Sanctity of life
- Risk of eligibility being broadened and safeguards reduced over time

Other, please specify in this text box (200 words max)

Other answers you could give include the safety and efficacy of drugs used for assisted suicide, a move to use assisted suicide to solve social problems, and the potential impact on palliative care.

### Q3. Do you have any other comments on the Bill?

**This is an opportunity to share your own thoughts and comments. You can also use our suggestions for answers to the questions in the detailed call for evidence.**

# THE DETAILED CALL FOR EVIDENCE

## QUESTION 1 – OVERARCHING QUESTION

The purpose of the Assisted Dying for Terminally Ill Adults (Scotland) Bill is to introduce a lawful form of assisted dying for people over the age of 16 with a terminal illness.

### Which of the following best reflects your views on the Bill?

- Fully support
- Partially support
- Neutral/Don't know
- Partially oppose
- Strongly oppose

### Which of the following factors are most important to you when considering the issue of assisted dying?

- Impact on healthcare professionals and the doctor/patient relationship
- Personal autonomy
- Personal dignity
- Reducing suffering
- Risk of coercion of vulnerable people
- Risk of devaluing lives of vulnerable groups
- Sanctity of life
- Risk of eligibility being broadened and safeguards reduced over time
- Other, please specify

## QUESTION 2 – ELIGIBILITY

The Bill proposes that assisted dying would be available only to terminally ill adults.

The Bill defines someone as terminally ill if they 'have an advanced and progressive disease, illness or condition from which they are unable to recover and that can reasonably be expected to cause their premature death'.

An adult is defined as someone aged 16 or over. To be eligible a person would also need to have been resident in Scotland for at least 12 months and be registered with a GP practice.

### ELIGIBILITY – TERMINAL ILLNESS

Which of the following most closely matches your opinion on the terminal illness criterion for determining eligibility for assisted dying?

- No-one should be eligible for assisted dying
- Assisted dying should be available only to people who are terminally ill, and the definition of terminal illness should be narrower than in the Bill
- Assisted dying should be available only to people who are terminally ill, and the definition of terminal illness in the Bill is about right
- Assisted dying should be available only to people who are terminally ill, but the definition of terminal illness should be broader than in the Bill
- Assisted dying should be available to people who are terminally ill, and to people in some other categories.
- Other – please provide further detail

If you have further comments, please provide these.

Some suggestions for further comments are:

- The wording of the Bill is too vague. Under its definition of terminal illness, people with conditions such as type 1 diabetes, rheumatoid arthritis, anorexia or alcoholism could be considered eligible.
- There is no requirement for a terminal prognosis and nothing in the Bill specifies that only those in the end stages of life would be eligible.

### **ELIGIBILITY – MINIMUM AGE**

Which of the following most closely matches your opinion on the minimum age at which people should be eligible for assisted dying?

- No-one should be eligible for assisted dying
- The minimum age should be lower than 16
- The minimum age should be 16
- The minimum age should be 18
- The minimum age should be higher than 18
- Other – please provide further detail

If you have further comments, please provide these.

Some suggestions for further comments are:

- The Bill's choice of 16 as the minimum age is arbitrary. It is illegal for anyone under 18 to buy tobacco or alcohol, yet someone as young as 16 could be supplied with drugs to help them commit suicide.
- Assisting 16-year-olds to commit suicide would make the law in Scotland even more radical than the law in Canada — one of the most permissive regimes in the world. In Canada, the minimum age is 18.
- Once assisted suicide is legalised, eligibility criteria are always broadened. Experience shows that where assisted suicide is practiced there is pressure to treat "mature" children as adults by providing them with lethal drugs.
- In 2023, the age limit in the Netherlands, which had been 12 years, was removed for "mature minors". Ill and disabled children in the Netherlands who are incapable of consenting to euthanasia can also be killed with the approval of their parents.

### QUESTION 3 – THE ASSISTED DYING PROCEDURE AND PROCEDURAL SAFEGUARDS

The Bill describes the procedure which would be in place for those wishing to have an assisted death.

It sets out various procedural safeguards, including:

- examination by two doctors
- test of capacity
- test of non-coercion
- two-stage process with period for reflection

Which of the following most closely matches your opinion on the Assisted Dying procedure and the procedural safeguards set out in the Bill?:

- I do not agree with the procedure and procedural safeguards because I oppose assisted dying in principle
- The procedure should be strengthened to protect against abuse
- The procedure strikes an appropriate balance
- The procedure should be simplified to minimise delay and distress to those seeking an assisted death
- Other – please provide further detail

If you have further comments, please provide these.

Some suggestions for further comments are:

- Once legalised, safeguards are seen as barriers and the criteria are expanded. Oregon and Vermont recently removed residency requirements. Hawaii reduced its statutory waiting period from 20 days to five. In California, this was reduced from 15 days to 48 hours.
- Since arguments for assisted suicide and euthanasia are basically the same, in some countries its legalisation has led to vulnerable groups like disabled infants or dementia patients, being euthanised.
- Belgium and the Netherlands now permit the non-voluntary euthanasia of children. Reports from Belgium and Holland up until 2010 show that between 7% and 9% of all infant deaths involved euthanasia.
- In the Netherlands, the number of dementia patients euthanized rose from 12 in 2009 to 162 in 2019.
- Evidence shows that many people request assisted suicide because they do not wish to be a burden on their families. In 2023, 43.3% of people in Oregon said they feared becoming a burden on family, friends and caregivers.
- The supporters of the Bill assume that medical professionals will always spot coercion. Doctors often fail to recognise when a woman seeking an abortion is acting under coercion.

#### QUESTION 4 – METHOD OF DYING

The Bill authorises a medical practitioner or authorised health professional to provide an eligible adult who meets certain conditions with a substance with which the adult can end their own life.

Which of the following most closely matches your opinion on this aspect of the Bill?

- It should remain unlawful to supply people with a substance for the purpose of ending their own life.
- It should become lawful to supply people with a substance for the purpose of ending their own life, as proposed in the Bill
- It should become lawful to supply people with a substance for the purpose of ending their own life, as proposed in the Bill, and it should also be possible for someone else to administer the substance to the adult, where the adult is unable to self-administer.
- Other – please provide further detail

If you have further comments, please provide these.

- Assisted suicide doesn't guarantee that people won't suffer a prolonged and painful death. Experts writing in the British Medical Journal argued that the adverse effects of the lethal drugs used in assisted suicide "include vomiting, myoclonus [the sudden, involuntary twitching or jerking of muscles] and a prolonged dying process of up to 47 hours",
- Dr Joel Zivot, an associate professor of anaesthesiology and surgery, said: "I am quite certain that assisted suicide is not painless or peaceful or dignified. In fact, in the majority of cases, it is a very painful death." The most recent statistics from Oregon show that median times to death have increased from 22 minutes in 1998 to 52 minutes in 2023. One person in 2023 took 137 hours to die.

## QUESTION 5 - HEALTH PROFESSIONALS

The Bill requires the direct involvement of medical practitioners and authorised health professionals in the assisted dying process. It includes a provision allowing individuals to opt out as a matter of conscience.

Which of the following most closely matches your opinion on how the Bill may affect the medical profession? Tick all that apply.

- Medical professionals should not be involved in assisted dying, as their duty is to preserve life, not end it.
- The Bill strikes an appropriate balance by requiring that there are medical practitioners involved, but also allowing those with a conscientious objection to opt out.
- Assisting people to have a “good death” should be recognised as a legitimate role for medical professionals
- Legalising assisted dying risks undermining the doctor-patient relationship
- Other – please provide further detail

If you have further comments, please provide these.

Some suggestions for further comments are:

- The majority of UK doctors, especially those working closely with dying patients, do not support assisted suicide. When polled, 82% of members of the Association for Palliative Medicine of Great Britain & Ireland rejected the legalisation of assisted suicide and the Royal College of General Practitioners and the British Geriatrics Society remain opposed.
- A 2020 poll commissioned by the British Medical Association found that 76% of palliative care physicians opposed legalisation.
- A 2019 survey from the Royal College of Physicians (RCP) put support at just 9%. If it was legalised, most doctors caring for the terminally ill are unlikely to participate in assisted suicide. The RCP survey showed only 24% of doctors were willing to prescribe lethal medication. Only 18% of doctors in geriatric medicine, 24% in medical oncology and 5% in palliative care stated that they would be willing to participate.
- The 1949 International Code of Medical Ethics states: “A doctor must always bear in mind the obligation of preserving human life.” The World Medical Association condemns physician-assisted suicide.
- The American Medical Association considers assisted suicide to be “fundamentally incompatible with the physician’s role as healer; would be difficult or impossible to control, and would pose serious societal risks”
- Legal authority relating to conscientious objections is the responsibility of the UK Parliament not Holyrood. The proposed legislation can make no promises about what a conscience clause would entail.
- The requirement for objecting doctors to refer patients to another doctor for assisted suicide will not allow doctors to conscientiously object in a meaningful sense.



## QUESTION 6 - DEATH CERTIFICATION

If a person underwent an assisted death, the Bill would require their underlying terminal illness to be recorded as the cause of death on their death certificate, rather than the substance that they took to end their life.

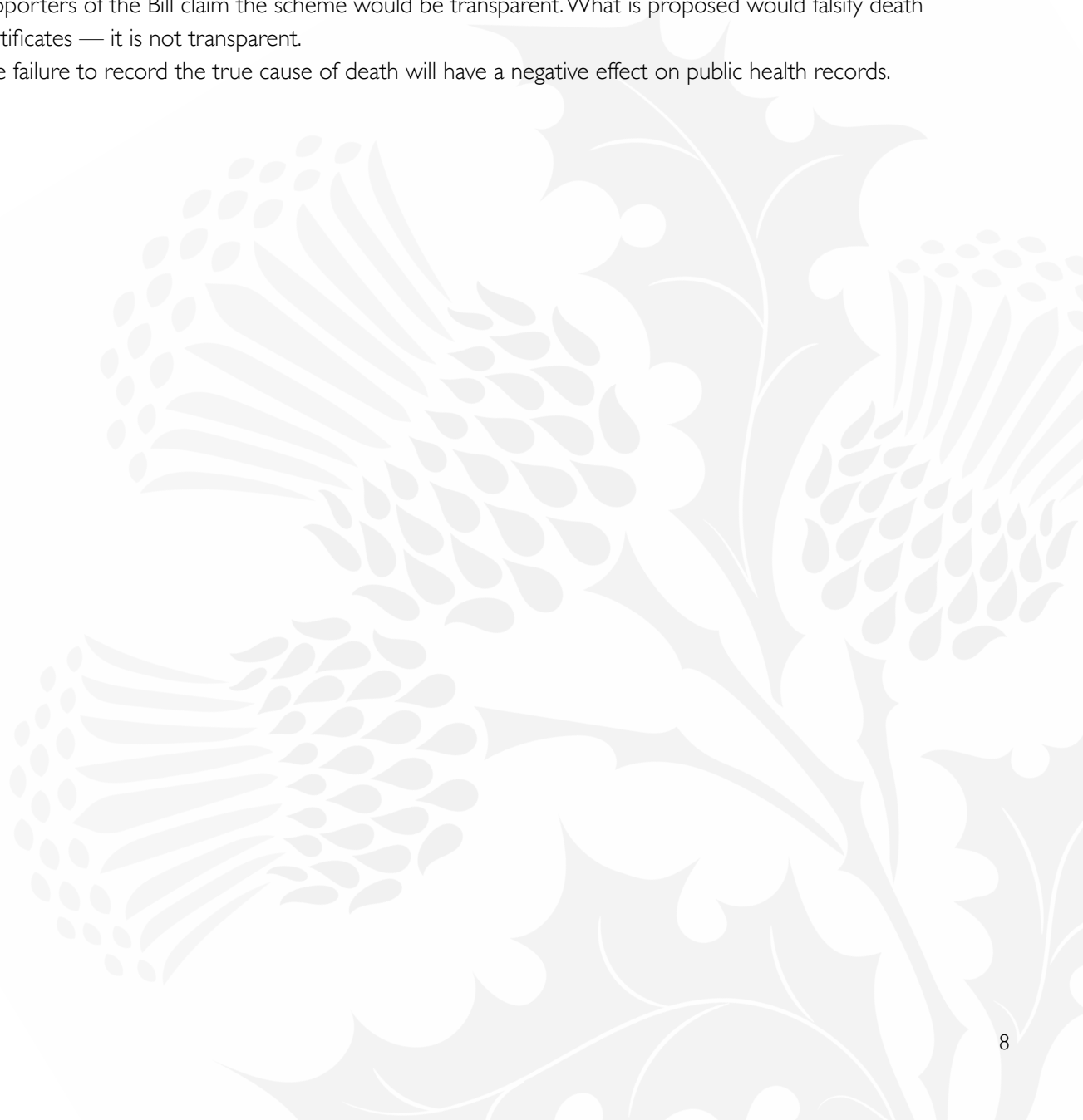
Which of the following most closely matches your opinion on recording the cause of death?

- I do not support this approach because it is important that the cause of death information is recorded accurately
- I support this approach because this will help to avoid potential stigma associated with assisted death
- Other – please provide further detail

If you have further comments, please provide these.

Some suggestions for further comments are:

- Supporters of the Bill claim the scheme would be transparent. What is proposed would falsify death certificates — it is not transparent.
- The failure to record the true cause of death will have a negative effect on public health records.



## QUESTION 7 – REPORTING AND REVIEW REQUIREMENTS

The Bill proposes that data on first and second declarations, and cancellations, will be recorded and form part of the person's medical record.

It also proposes that Public Health Scotland should collect data on; requests for assisted dying, how many people requesting assisted dying were eligible, how many were refused and why, how many did not proceed and why, and how many assisted deaths took place.

Public Health Scotland would have to report on this anonymised data annually and a report would be laid before the Scottish Parliament.

The Scottish Government must review the operation of the legislation within five years and lay a report before the Scottish Parliament within six months of the end of the review period.

**Which of the following most closely matches your opinion on the reporting and review requirements set out in the Bill?**

- The reporting and review requirements should be extended to increase transparency
- The reporting and review requirements set out in the Bill are broadly appropriate
- The reporting and review requirements seem excessive and would place an undue burden on frontline services
- Other – please provide further detail

**If you have further comments, please provide these.**

Some suggestions for further comments are:

- Falsifying the cause of death on death certificates is incompatible with transparency.
- The failure to record the true cause of death will have a negative effect on public health records.
- The proposed five-year review opens the door to further expansion of eligibility criteria and the removal of the few guardrails contained in the Bill.

## QUESTION 8 – ANY OTHER COMMENTS ON THE BILL

Some suggestions for further comments are:

**Do you have any other comments in relation to the Bill?**

- Advocates of assisted dying claim it is not a threat to the disabled, yet many disabled people fear being pressured to end their lives. While disabled people are not usually terminally ill, the terminally ill are often disabled. Legalising assisted suicide sends a message that disabled people facing these issues are right to want to die. It means that people who are considered healthy will receive suicide intervention, while the sick or disabled will receive suicide assistance. It would create a two-tiered system with the less valued group encouraged to die. That is why Scope, Action on Elder Abuse, Mencap and the Veterans Association UK oppose it.
- Research published in the *Journal of Ethics in Mental Health* showed that despite claims that the introduction of the Voluntary Assisted Dying Act in 2017 would reduce the number of unassisted suicides in the Australian state of Victoria by at least one per week. It not only failed to do that but since the law came into force, suicides among older people in the state increased by more than 50%.

- A 2015 study in the US found that assisted suicide was linked to a 6.3% increase in total suicides and a 14.5% increase in the over 65s. Changing the law was associated with “an increased inclination to suicide in others”. Data from Europe and the US indicate that following the introduction of assisted suicide, it is women, in particular, who have been placed at the greatest risk of avoidable premature death from an increase in rates of unassisted suicide. Contrary to the claims of the assisted suicide lobby, more people are likely to take “matters into their own hands with tragic consequences” when the law is changed.
- Legalising assisted suicide puts vulnerable people at risk. A major reason people choose to end their lives is the fear of becoming a burden. In 2023, 43.3% of people killed by assisted suicide in Oregon gave this reason for ending their lives. This fear can be exploited through undue influence, subtle pressure and coercion. One study found vulnerable people considering assisted suicide to be “strongly influenced by fears, sadness and loneliness”. It also raised concerns about trends that “increase social pressure on older people and reinforce negative ideas surrounding old age”.
- When the seriously ill are told that they can choose to end their lives, it conveys the idea that they might be better off dead.
- It is estimated that between 7% and 9% of older people in Scotland are victims of at least one form of abuse, with over 40% of victims suffering more than one kind of abuse. A recent report found that more than a third of older people in Scotland feel that they are a burden to society, while 34% felt that life was getting worse for older people. In such an atmosphere, older people are vulnerable to feeling pressured to end their lives prematurely.
- Financial pressures on the NHS could lead to the promotion of assisted suicide as the preferred option for those seen as a drain on health resources. The cost of medical treatment was cited as a factor in 8.2% of assisted suicides in Oregon in 2023, an increase from 5.9% in 2022. Luc Van Gorp, the president of Belgium’s largest healthcare provider recently argued that further relaxation of euthanasia laws would save the government the cost of caring for an ageing population.
- Good palliative care can significantly improve quality of life, alleviate physical symptoms and reduce depression. Yet, legalised assisted suicide can undermine the provision of palliative care. In Belgium, healthcare facilities reluctant to practise assisted suicide have been threatened with the loss of public funding. At some palliative care units medical personnel left because they felt that their function had been “reduced to preparing patients and their families for lethal injections”.
- In Canada, funding was withdrawn from several hospices that refused to participate in the country’s “Medical Assistance in Dying” (MAiD) scheme. A 2020 study of palliative care found that MAiD had a negative impact on palliative care. Clinicians described the conflict between maintaining MAiD eligibility and effective symptom control which compelled them to withhold medications that could alleviate their patient’s pain but might jeopardise legal eligibility for assisted suicide causing distress to both patients and providers.

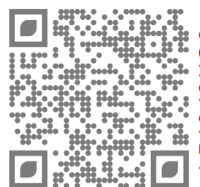
## CONCLUSION

The danger the Assisted Dying for Terminally Ill Adults (Scotland) Bill represents can hardly be overstated. Please complete the questionnaire before the closing date of **11:59 pm, Friday 16 August 2024**. It can be found at: <https://yourviews.parliament.scot/health/ecdded04/consultation/intro/>

**For further information, please contact Liam Gibson on [liamgibson@spuc.org.uk](mailto:liamgibson@spuc.org.uk), or 07984990688.**



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