

CONSULTATION GUIDE: PROPOSED ASSISTED SUICIDE BILL



Liam McArthur MSP has launched a public consultation on a [proposal](#) to legalise assisted suicide in Scotland. It is important that as many people as possible respond to the consultation.

Starting on page 2, we have provided suggested responses to the consultation questions. This is only a guide, so please use your own words as far as possible.

Bishop Hugh Gilbert, President of the Bishops' Conference of Scotland, has urged Catholics to respond to the consultation: "I urge the Catholic faithful of Scotland to respond to Liam McArthur's consultation and to reject his proposal to legalise assisted suicide. Assisted suicide is gravely contrary to the dignity of the human person and the respect due to the living God. It is a serious threat to the elderly, the disabled, and the vulnerable, and sends a message that some lives are not worth living. Please engage with this consultation and send the message that every human life has value."

Deadline for responses: **Wednesday 22 December 2021**

[Please click here to complete the consultation online](#) (Hard copy responses should be sent to: Liam McArthur MSP, Scottish Parliament, Edinburgh EH99 1SP)

The Catechism of the Catholic Church declares that assisted suicide is "gravely contrary to the dignity of the human person and to the respect due to the living God, his Creator...[it] must always be forbidden and excluded."

-Catechism of the Catholic Church, 2277

'It is impossible for any government to draft assisted suicide laws which include legal protection from future extension and expansion of those laws. Canada has clearly demonstrated that safeguards can be eroded in a matter of just five years. The prohibition of killing is the safeguard. The current law is the protection of the vulnerable.'

Doctors and healthcare professionals in letter to Humza Yousaf, Cabinet Secretary for Health, July 2021

"As a society we are clear that suicide itself is not something to be encouraged, much less assisted."

-Lord David Alton

"In your work, may you always strive to promote the dignity of and life of each person, and reject any compromise in the direction of euthanasia, assisted suicide or suppression of life, even in the case of terminal illness."

-Pope Francis speaking to health workers, XXVIII World Day of the Sick

2020

Guide to completing the consultation

Below are suggested responses to the consultation questions.

Section 1 - About You

Question 1 Select 'individual'

Questions 2-5 Self-explanatory

Section 2 - Your views on the proposal

Question 1

We recommend selecting 'Fully opposed'

Suggested reasons:

- Assisted suicide is gravely contrary to the dignity of the human person.
- Assisted suicide undermines efforts to tackle suicide and sends a message to society that suicide is an appropriate response to physical or mental suffering.
- Assisted suicide sends a clear message to frail, elderly and disabled people about the value that society places on them and undermines efforts to improve palliative care.
- Assisted suicide puts pressure on people to end their lives for fear of being a financial, emotional or care burden on others. In Oregon, 59% of patients listed being a burden as a reason for choosing assisted suicide. The right to die can so easily become the duty to die.
- Assisted suicide undermines public trust in doctors, damaging the doctor-patient relationship.
- An assisted suicide law is extremely high risk. The consequences of error are deadly and irreparable.
- Evidence is growing of the significant pain and indignity caused by assisted suicide.
 - Dr Joel Zivot, an associate professor of anaesthesiology and surgery, writing in the Spectator, said: "I am quite certain that assisted suicide is not painless or peaceful or dignified. In fact, in the vast majority of cases, it is a very painful death."
 - Dr Brick Lantz, Oregon Physician and Oregon State Representative for the American Academy of Medical Ethics, said legal safeguards are "not being followed" in Oregon. He cited the frequent problem of drugs not working as intended, with patients often taking days to die from experimental cocktails of drugs, with one man waking from a coma "after multiple

days”, and, in another case, a nurse putting “a plastic bag over the head of a patient because the patient wouldn’t die.”

- Increases ‘general’ suicide rates.
 - Evidence from other countries where assisted suicide is legal shows that suicide rates amongst the general population has increased. In the Netherlands, suicides increased by 40% (2007 – 2016). The suicide rate in Oregon increased by 35% (2001 – 2018).

- Despite claims to the contrary, assisted suicide is not a purely autonomous decision.
 - All essential decisions that we make are made in relation to other people. Our decisions are affected by other people, and they affect other people.
 - Family, friends, wider society are all relevant factors in a decision relating to assisted suicide. Moreover, assisted suicide always requires the assistance of a doctor.
 - In 2015 it was reported that 1 in 60 deaths by euthanasia in Belgium occurred without the patient’s explicit consent. Most of these were the elderly, those with dementia and those in a coma. This shows that autonomy for the most vulnerable is actually reduced.
 - Autonomy is important but it is not without limits. Democratic societies have many laws that limit individual autonomy and choice so as to protect the larger community. These include, among many others, limits on excessive driving speeds and the obligation to contribute by way of personal and corporate income taxes.
 - Why should autonomy be the supreme value? It is one of many values to be considered, including the inviolability of human life.

- Campaigners in favour of assisted suicide often misrepresent ‘dignity’
 - Assisted suicide campaigners often talk about assisted suicide allowing for a dignified end. Co-opting the term in this way implies that if you have a terminal illness and want to maintain dignity at the end of life then you will choose assisted suicide. This also implies that illness can be undignified. It is, with respect to the most vulnerable, insidiously coercive. Suffering does not rob a human being of his or her worth or dignity.

Question 2

Legislation is not required given the reasons set out in answer to Q1.

- You may want to suggest that energies and resources should focus on improvements to palliative care, so that an excellent standard of palliative care is available to all.

- Moreover, a properly resourced, holistic approach to palliative care that is consistently available across the whole country, including at home, would bring many benefits. This approach would include palliative care teams of doctors, nurses, physiotherapists, occupational therapists, pharmacists, chaplains, social workers, and volunteers; all with the aim of relieving and minimising the physical, psychosocial and spiritual suffering of patients and those who care for them.

Question 3

We recommend selecting 'Fully opposed'.

Suggested reasons:

- If assisted suicide is legalised there is a risk that it would give too much power to doctors, effectively making them arbiters of life and death.
- Legalising assisted suicide will bring about a monumental shift in the doctor-patient dynamic. The subject of assisted suicide will need to be raised by the doctor and discussed with the patient; this is what Dr Theo Boer described as “the distress of the choice”. How will this make the patient feel? Will they see it as a suggestive nod towards assisted suicide? Will it tip an already vulnerable individual over the edge? Will it erode trust between the patient and the doctor?
- The McArthur proposal astonishingly neglects to include a psychiatric or psychological assessment of the patient.
- The McArthur proposal refers only to consideration of ‘feasible’ alternatives. This is overtly subjective. If assisted suicide were to be legalised, **all** alternatives to assisted suicide must be discussed with a patient and, further, appropriately qualified professionals should be responsible for providing information, for example, palliative care doctors should be brought in to discuss palliative care options.
- The proposal document erroneously describes assisted suicide as a medical procedure. It is not. It is the prescribing of lethal drugs to a patient to bring about the patient’s death.

Question 4

We recommend selecting 'Fully opposed'.

Suggested reasons:

- The slippery slope is real and dangerous. For example:
 - Canada has eroded safeguards in just five years: expanding from terminal illness to include chronic illness and disability; removing the ten-day period for reflection; and waiving the requirement for final consent.
 - In Oregon, terminal illness includes illness resulting from a refusal of treatment for chronic, treatable conditions, such as insulin-dependent diabetics.
 - In the Netherlands, in 30 years, the country has moved from euthanasia of people who are terminally ill to euthanasia of those who are chronically ill; from physical illness to mental

illness; from mental illness to psychological distress or mental suffering; and now to euthanasia for those who are over the age of 70 and are simply tired of life. Moreover, cases in the Netherlands include suffering from an accumulation of old-age disorders, for example, sight and hearing disorders, osteoporosis, osteoarthritis, and cognitive decline.

- In Belgium, in 2014, the law was extended to include terminally ill children of any age, entailing a shift from voluntary to non-voluntary killing – as it is not possible for a baby to give consent.
- No matter how well intentioned the safeguards are, it is impossible for any government to draft assisted suicide laws which include legal protection from future expansion of those laws.

Question 5

We recommend selecting 'Fully opposed'.

Suggested reasons:

- Such a body would not be required if the proposals were abandoned.

Question 6

Conscientious objection would be difficult to maintain as it may be eroded over time, particularly through court actions.

Question 7

We recommend selecting 'A significant reduction in costs'.

- In the box you might want to refer to footnote 124 on page 28 of the consultation document, which chillingly concedes that it is cheaper to end life than to provide care, and add that this financial pressure may cause many people to feel pressured into considering assisted suicide.

Question 8

We recommend selecting 'Negative'.

- You may want to use the box to state that the proposals would have a profoundly negative effect on the elderly and disabled, whose lives may be considered no longer worth living with the legalisation of assisted suicide.

Question 9

We recommend selecting 'No'.

Question 10

This is an opportunity to make additional points.