

Scottish Council on Human Bioethics

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Briefing to Scottish Members of the House of Lords

Lord Joffe's Patient (Assisted Dying) Bill - Second reading: 6 June 2003

Lord Joffe's proposed Patient (Assisted Dying) Bill¹, which is intended to cover England, Wales and Scotland, would enable a physician to undertake, at a person's written request, both assisted suicide (providing the means to a person to end his or her life) and euthanasia (directly ending a person's life).

This would be done, it is suggested, as a humane act in order to alleviate unbearable suffering whether by reason of pain or otherwise as a result of a terminal or a serious physical illness.²

The wording of the bill is very broad and would enable a person with a potential for improvement, for example a person suffering from a clinically treatable depression, to seek assisted dying, even if he or she is not suffering from a terminal illness. It would only be necessary, as indicated in the Bill's Explanatory Notes, for a person to be able to convince a physician that his or her suffering was unbearable at that point in time.

1. However, the Bill does not adequately allow for the dynamic clinical situation whereby unbearable suffering from exacerbations of severe physical disease may in some cases be followed by natural remissions or by a satisfactory response to medical treatments.

2. The Bill is inaccurate and ill-advised in assuming that assisted dying is a solution to the fears relating to suffering as a patient approaches death. Indeed, it does not take proper consideration of developments in the hospice movement and palliative care which allow pain and distressing symptoms of disease to be adequately alleviated in all but the most extreme cases. Experience shows that once people are comfortable and their fears concerning suffering have been addressed, they often change their minds about wanting to end their lives.

3. Furthermore, if the Bill was accepted:

- it would be impossible to ensure that all acts of assisted dying were truly voluntary. Indeed, there would always be a risk that, in some cases, non-voluntary euthanasia would be undertaken on patients who were not able to communicate their wishes to healthcare professionals.
- concerns would exist that vulnerable people - the elderly, lonely, sick or distressed - would feel pressure, whether real or imagined, to request death, so that they are "not a burden".
- the manner in which society views both death and disability would change. People who are difficult or costly to care for may then be seen as second class citizens.
- it would fundamentally change the role of doctors and other healthcare professionals, whose role has always been to cure and care for their patients, not to kill them. It would also change the relationship of trust between healthcare professionals and patients.

4. The near unanimity of European countries do not accept assisted dying. In a document covering euthanasia and assisted suicide, published on 20 January 2003, containing the replies to a questionnaire from 34 countries of the Council of Europe (which currently comprises 45 member states) and the USA, only Belgium and the Netherlands indicated that active euthanasia was permissible in their legislation (though it remains unlawful).

With respect to assisted suicide, only three countries (The Netherlands, Estonia and Switzerland) indicated that their legislation would not regard such an undertaking as an offence provided certain conditions were met.³

5. Finally, it should be noted that euthanasia and assisted suicide are not reserved to the Westminster Parliament under the Scotland Act 1998, Schedule 5 (Reserved Matters), Part II (Specific Reservations), Head J (Health and Medicines). **It would therefore be inappropriate for this Bill to be addressed in Westminster without any suitable discussion taking place in the Scottish Parliament.**

¹[Patient Assisted Dying Bill, 2003.](#)

²Patient (Assisted Dying) Bill [HL], p.2.

³This document on euthanasia can be found at <http://www.coe.int/bioethics>. Look for euthanasia.