

DEBATE IS A MATTER OF LIFE OR DEATH FOR SCOTS

TO THOSE of us without religious beliefs and to many of those who have, it is blatantly obvious that dying people should be able to decide the time and place of their death.

We can refuse life-sustaining treatment, we are allowed to hasten our death by the rather grisly method of refusing food and drink, we can kill ourselves if we can find the means and the strength to do it – but we cannot ask someone else to put us out of our misery without the law being broken.

Doctors are allowed to give us such large doses of drugs that death will inevitably result, as long as they are given to relieve the side effects of the dying process.

The opponents of this logical extension of personal right to choose are those who have always sought to restrict individual liberties. Based on selected biblical texts, women were supposed to endure the pains of childbirth without relief, sex was only for procreation and therefore contraception was a sin (and still is for many) and abortion a heinous crime. Life is God given (even as a result of rape); life is sacred and must not be taken away (although killing in battle is OK); suffering is good for you, even if, illogically, doctors are commended for trying to relieve it.

“If assisted dying is allowed, this will lead on to voluntary euthanasia (the injection of a lethal drug by a doctor at the patient’s request), this will lead on to involuntary euthanasia, this is the ‘slippery slope’.” The

Margo MacDonald’s bid to legalise assisted dying in Scotland has reignited the debate on euthanasia. Here supporter Libby Wilson and critic Dr Rosemary Barrett debate the proposals being put before MSPs

Netherlands has, in effect, had a pro-euthanasia law for 30 years. Switzerland has a pro-Assisted suicide law for even longer and the US state of Oregon for 12 years. The number of people dying with help has remained constant at around 2 per cent.

“Palliative care will suffer.”

On the contrary, it has improved enormously where the law has been relaxed. “The doctor-patient relationship will be damaged.” What nonsense patients would be able to talk, as many would like to do now, openly to their doctors about relieving their terminal suffering, if it should come to that.

Of course the law should be changed, but for how long will the people of Scotland have to suffer the dead hand of the past?

Lastly, there is the very real but totally unfounded fear of the disabled, terrified of a “do not resuscitate” notice being slapped on them in hospital if they are unable to communicate, as a doctor would not think their lives worth saving.

This has nothing to do with Margo MacDonald’s Bill, but we believe the disabled should have the same right as an able-bodied person to decide the means of their passing.

Dr Libby Wilson, Friends at the End

WE PROPOSE to address four things that euthanasia is not, in the hope, ultimately, of clarifying what it is and why we in Scotland should avoid it at all costs.

Firstly, euthanasia is not the provision of pain killers that may, in rare occasions, hasten death. Sometimes, when someone is dying, they experience significant pain. To reduce this pain, a medical professional will wisely administer drugs to address the suffering which might reduce the patient’s life by a matter of hours. This is not euthanasia, but a time-honoured medical practice of enabling patients to end their lives peacefully rather than suffering.

Secondly, euthanasia is not removing life support. Sometimes, with a family’s consent, a physician will remove the machines that keep the patient alive. This happens when the patient is already dying and their life continues only by machine. Again, this is not euthanasia, but a practice that recognises the frailty of human life. The key difference is intention. In neither of these cases is the intent to cause the death of the dying patient. In contrast, the intention behind euthanasia is always to end life. As it is currently practised in places

like the Netherlands, euthanasia is often the result of either the administration of lethal drugs or, in its passive form, the withholding of life-sustaining treatment in order to cause death. While these practices look similar to the practices that are not euthanasia, the essential difference is motivation: one aims to bring death, the other accepts that death happens.

Third, euthanasia is not the only way to die peacefully. Margo MacDonald’s Bill suggests that Scotland needs new procedures to allow terminally-ill patients to end their lives without excruciating pain. The Bill is designed for people who believe their existence is “intolerable”. However, the truth is that Scotland offers excellent care for people suffering from extraordinary pain. Our palliative care services are capable of more than adequately managing physical pain. With such advanced medical services available, no person needs to experience “intolerable” pain.

Finally, euthanasia is not consistent with historic Scottish values. We must remember that the actions of a few profoundly affect many others. The legalisation of euthanasia would betray our Scottish values by acting in the interest of only a small segment of society.

Passing the Bill would clash with our historic standards of caring for the whole of society, not simply submitting to a vocal and influential few.

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