## Summary of key points

- The Assisted Dying Bill's scope and safeguards are unsustainable. Assisted Dying for all individuals who
  consider that "my life is not worth living" is logical and inevitable over time.
- Evidence shows that the provision of Assisted Dying (AD) is subsequently extended to mean "the right to die". The right to die has the potential to be perceived as the duty to die.
- The duty to die will particularly influence vulnerable people who are frail, have long-term conditions, or are disabled, and for whom sustaining their lives is perceived to be burdensome or costly.
- Evidence already shows that AD adversely influences funding for palliative and hospice care. It is likely to

Dear Members of the Scottish Parliament,

The Assisted Dying for Terminally III Adults (Scotland) Bill was published on 27<sup>th</sup> March and will be tabled in the Scottish Parliament.

The proposed legislation is designed to permit medical assistance in procuring a person's death if they have a medical condition that has a limited life-expectancy "—advanced" and "terminal".

We acknowledge the sincere motives that Mr. Liam McArthur MSP, the Bill's Sponsor, and his supporters bring to his proposed legislation. We also acknowledge that the arguments brought forward by the Bill's supporters seem coherent and logical when applied to a small group of very vulnerable individuals.

What is not acknowledged is that the Bill poses a major threat to a much wider population of people, notably those with long-term conditions and disabilities. However much the Bill attempts to limit the scope of its application, there are two major reasons why so-called safeguards will not be sustainable in the long term.

First, the ability of even expert doctors to determine an accurate prognosis is exceedingly poor [1]. The term "terminal" is usually defined as having a life expectancy of 6 months or less, but the term "advanced" as used in the Bill extends its provisions much more widely. The two are terms are used interchangeably in the Bill. Particularly in regard to progressive neurological conditions the limitations implied in the Bill will be untenable.

Secondly, as far as we are aware, there are no provisions in the Bill for monitoring the ways in which the legislation is used, far less for sanctions to be applied if the Bill's safeguards are breached.

In countries where Assisted Dying (AD) legislation was originally similar to the proposed Bill in Scotland, the scope of AD practice has widened steadily. Safeguards have gradually been eroded or

even ignored. In Belgium, assisted suicide is available for psychiatric illness [2]. In Canada, four years after its introduction, AD for those with terminal illness was changed into "the right to die" for any individual with decision-making capacity. And now the Canadian parliament is considering and reconsidering that the "right to die" should include those with mental illness and minors with disability [3].

It is these real, not theoretical, examples that should ring alarm bells among our legislators. Certainly, they ring alarm bells among disabled people. Paradoxically, by insisting that the "right to die" is one that should be available to everyone (as advocated by Friends at the End), this threatens those for whom disability is a "protected characteristic" under the Equality Act (2010) and who have additional protections, including the right to life, in Human Rights legislation. This fear may not be justified were the provisions of Liam McArthur's Bill going to remain as they are, but experience elsewhere tells us that the so-called "slippery slope" is not a theoretical consideration.

In an era when long term conditions are lasting for longer, and health and social care are becoming increasingly expensive, vulnerable groups are specifically threatened by the *future consequences* of AD legislation. It is not difficult to imagine that an individual's judgment that "my life is not worth living" can morph into others 'perception that "his or her life is not worth living". What will be the consequences of that shift?

The fear that AD as an individual choice will evolve into a societal pressure to *make* that choice, is real and justified. Changes in the type of people seeking AD show that over time, there is an increase in AD among those who are less well-off and for whom the cost of living actually means the cost of staying alive [4].

The priority for disabled people is to secure the support they need to live independent and full lives like any other citizen. Our parliament ought not to create an environment in which that priority - and the security that goes with it - is prejudiced now, or in the future.

We call upon you to oppose Mr. McArthur's legislation. Any reassurances about its scope have been shown to have no long-term validity. We believe that Scotland's future as a caring society will be threatened much more than it will be enhanced if AD legislation is passed.

Yours sincerely,

Better Way Campaign.

https://www.betterwaycampaign.co.uk/

**Disability Equality Scotland.** 

Registered charity number SC 031893. www.disabilityequality.scot

**Glasgow Centre for Inclusive Living.** 

Registered charity number SC 024299. www.gcil.org.uk/about-us.aspx

Glasgow Disability Alliance.

Registered charity number SC 034247 www.gda.scot

Inclusion Scotland.

Registered charity number SC 031619 <u>www.inclusionscotland.org</u>

Our Duty of Care.

www.ourdutyofcare.org.uk

People First.

Registered charity number SC 026039 <a href="https://peoplefirstscotland.org/">https://peoplefirstscotland.org/</a>

**Self Directed Support Scotland.** 

Registered charity number SC 039587 https://www.sdsscotland.org.uk/

## References

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- 4. Zhu Y. Why is Canada euthanising the poor? Spectator; 30 April, 2022. https://www.spectator.co.uk/article/why-is-canada-euthanising-the-poor-/