THE METHODIST CHURCH IN SCOTLAND

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Room MG.02
Scottish Parliament
Edinburgh
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ASSISTED SUICIDE (SCOTLAND) BILL

Thank you for the opportunity to respond to your consultation on your proposed bill on "Assisted Suicide". While you indicate that the ethical and moral issues have already been fully explored in the course of your previous attempt to introduce a bill on "End of Life Assistance" and you do not intend consulting on them again here these considerations are still as valid. There is a clear need to revisit many of these issues as in essence the proposals, while differing from your previous proposal, still amount to a form of euthanasia on which the Churches and most others faith groups hold strong views on.

The following response not only comes out of a well established denominational position on euthanasia but also more recent discussions within the Methodist Church and with other Churches in Scotland. At a recent meeting a number of Church representatives agreed on a joint statement:

"We affirm the absolute sanctity of all human life and its creation by God as a gift which is in our care. As creatures made in the image and likeness of God we recognise our responsibility for ourselves and to enhance the lives of our fellow human beings, especially in circumstances of suffering, through the exercise of love which is ultimately of God."

The spirit of this affirmation is not only shared with many Christians but also across other faith communities.

Further to the above, from a Methodist perspective, all the reflections and comments that follow are encompassed by the self-giving love of God, most fully revealed in the life, death and resurrection of Jesus Christ. That love continues to be expressed in the church for the world through the power of the Holy Spirit. Within that framework principles are identified which help us to frame our responses to these emerging issues. The views expressed here are drawn from various sources across the Methodist Church and in consultation with others to reflect the diversity of opinion as well as the long standing view, that in general terms, there are other alternatives to be considered before Euthanasia. We would encourage the continued development of hospice and palliative care, which still has the potential to continue to improve quality of life, rather than what we see as the promotion of

euthanasia as an easier option regardless of the broader and longer-term consequences.

All the reflections that follow, in the attachment, are encompassed by the self-giving love of God, most fully revealed in the life, death and resurrection of Jesus Christ. That love continues to be expressed in the church for the world through the power of the Holy Spirit. Within that framework principles are identified which help us to frame our responses to the emerging issues.

We trust this is helpful,

Yours Sincerely

Dr William Reid
Connexional Liaison Officer
Methodist Church in Scotland

Assisted Suicide (Scotland) Bill: "A proposal for a Bill to enable a competent adult with a terminal illness or condition to request assistance to end their own life, and to decriminalise certain actions taken by others to provide such assistance."

Consultation by Margo MacDonald MSP, Member for the Lothians

Response from the Connexional Liaison Officer for

the Methodist Church in Scotland Scotland

26 April 2012

QUESTIONS

Q1. Do you support the general aim of the proposed Bill (as outlined above)? Please indicate "yes/no/undecided" and explain the reasons for your response.

No. "Human beings are creatures in a special relationship with God. Being created in the image of God means that human beings are created to be in a right relationship with God. This mean that the right or authentic human relationships are those which are grounded in the love of God." It is in this context we hesitate to support what would be a major shift in the moral and ethical perception of life and death. While we are each free to make our own judgements most Christians share with members of other faiths and many of no particular faith that major shifts in moral decision making are likely to have negative consequences for the well being of our society.

Regardless of what it is called the proposed bill sets out to legalise euthanasia in Scotland which in general terms the Methodist Church and majority of people of faith do not support as it crosses the Rubicon of our understanding of our long established attitudes to life and death with no certainty where this may lead for future Society. There are also many ethical issues raised in the limited detail of the proposal addressed briefly in response to further questions.

Q2. What do you see as the main practical advantages of the legislation proposed? What (if any) would be the disadvantages?

The proposal takes much of the onus for the facilitation of the action away from the medical profession and into the hands of what it is assumed would be trained and willing professional "facilitators". There are several aspects where moral and ethical issues make the proposal problematic. While to some extent it relieves the onus from medical professionals to go against their long held moral and ethic judgements it creates a new raft of issues by introducing the concept of "disinterested trained facilitators. Can these individuals truly be disinterest? Surely, while some might be drawn to this role for the best of reasons others will be drawn by what could be considered both commercial and somewhat warped personal considerations. The "facilitators" could be seen both in law and ethically as assisting in killing individuals - is this a step Scotland wants to take? While medical professionals would not be part of the active facilitation of the euthanasia there involvement in the processes leading to the action would still create moral and ethical dilemmas for many not just those with a strong

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faith led perspective. If the process does go wrong it may again be these trained medical professionals that will be called upon to pick up the pieces of further broken lives.

Q3. Do you consider that these suggested eligibility requirements are appropriate? If not, please explain which criterion or criteria you would like to see altered, in what ways, and why.

No. As with the proposals for Assisted Dying the criteria are ambiguous and would leave much to interpretation in terms of what constitutes persons "being capable of making an informed decision", "having either a terminal illness or terminal condition" and "finding their life intolerable". In this respect it difficult to make objective judgements.

Q4. What is your general view on the merits of pre-registration (as described above)? Do you have any comments on what pre-registration should consist of, and on whether it should be valid for a set period of time?

The process of pre-registration is likely to put pressure on not only the patients but the families, friends and the medical professionals involved and create artificial time pressures for all concerned. This is likely to heighten the stress levels of all involved especially if registration needs to be revalidated according to set timetables.

You state this is principally a tool for resource allocation without any justification of this assertion.

Q5. Do you have any comment on the process proposed for the first and second formal requests (for example in terms of timings and safeguards)?

While there is less apparent involvement of medical professionals than your previous proposals this process still places medical professionals in a difficult position. The judgements to be made based on the vague eligibility criteria at question 3 will be stressful for even the most experienced of professionals but may also be subject to a sliding moral drift from what is unacceptable to what is acceptable through time.

Q6. Do you think a time-limit of 28 days (or some other period) is an appropriate safeguard against any deterioration of capacity?

No time-limit can be a guarantee against deterioration in capacity. Just as our state of health can change slowly or instantaneously our state of mind and capacity to make considered judgements can both fluctuate and deteriorate instantaneously.

Q7. Do you agree that the presence of a disinterested, trained facilitator should be required at the time the medication is taken? Do you have any comments on the system outlined for training and licensing facilitators?

The proposals set out are problematic. How can a trained facilitator be "disinterested"? They will all have come to the role for a variety of reasons (commercial, sense of calling, curiosity, for the buzz etc) many of which may not be the best or reasons and motivation. While engaging medical professionals against their professions ethical and moral background is not acceptable this might still be in some ways a safer option. It would take a leap of faith to believe undesirable people would not be drawn to the role as a "disinterested trained killer"!!

Q8. What sort of documentation and evidence is likely to be required? In particular, how important is it that the process is filmed?

There will need to be a clearly documented cause of death. In any instance when death is inflicted through positive human action an autopsy would seem appropriate. There are well

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documented accounts of death through lethal injection not being straight forward. Up to a fifth of cases in the Netherlands have required further intervention and several cases of patients taking extended periods - up to two days have been documented. While filming may be a way of documenting some aspects of the process it introduces the ghoulish prospect of these finding their way onto the internet. This would be an intrusion of privacy and could be distressing for loved ones.

Q9. What is your assessment of the likely financial implications of the proposed Bill to your organisation? Do you consider that any other financial implications could arise?

There are unlikely to be direct significant cost to the Methodist Church unless this becomes a popular option and reduces the numbers requiring care in their old age and drawing pensions from the Church.

Q10. Is the proposed Bill likely to have any substantial positive or negative implications for equality? If it is likely to have a substantial negative implication, how might this be minimised or avoided?

The imprecise definitions for the eligibility criteria may cause disputes in the future should individuals who consider themselves eligible as excluded from the proposed course of action. Also this proposal offers this facility to only those who are eligible. It could be argued that everyone should be eligible!!!!!

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