



Assisted Suicide (Scotland) Bill

A Public Consultation

By

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Response from The Salvation Army

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Assisted Suicide (Scotland) Bill

1. Introduction

- 1.1 The Salvation Army appreciates the opportunity to respond to the Private Member's Assisted Suicide (Scotland) Bill consultation.
- 1.2 The Salvation Army is a Christian Church and one of the largest charities in the UK, helping thousands of vulnerable people each day. The Salvation Army has 82 Corps/ centres in Scotland with approximately 4500 members, and is part of the United Kingdom Territory with the Republic of Ireland. Our mission statement says that we will 'meet human needs...without discrimination'. Our services are freely on offer to all, regardless of gender, race or sexual orientation. We have an Equality and Diversity Policy which covers all protected characteristics under equality law and which applies to every aspect of our service provision.

2. General Response

- 2.1 The Salvation Army notes that this is the second time a consultation of this nature has come before the Scottish Parliament, the previous consultation (the End of Life Assistance (Scotland) Bill) being defeated at Stage 1. On that occasion, along with the Church of Scotland and the Methodist Church, The Salvation Army submitted a joint response clearly stating its opposition, on ethical, moral and religious grounds to the proposals for a change in law.
- 2.2 Our position remains unchanged. We note the forward of the consultation document clearly indicates that the Member (Margo MacDonald) having previously acknowledged that 'many of the moral and philosophical points that emerged during the debate are unchanged... (and therefore does) not intend to consult further on these general issues' (page 4). We understand this position but reject it in total. In our view any discussion and response to the consultation must continue to engage with the moral and ethical issues.
- 2.3 We therefore restate our position, and alongside others from various Christian denominations at work in Scotland 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 recognize our responsibility towards ourselves and also to enhance the lives of our fellow human beings, especially in circumstances of suffering, through the exercise of love which is ultimately of God.
- 2.4 We are aware that advocates of assisted suicide insist that under certain conditions, any competent person should be permitted to 'choose to die'. They are anxious to avoid dying in conditions of pain, dementia or loneliness, or with loss of dignity, and fear the use of inappropriate life-sustaining measures made possible by modern technology.

Whilst recognising such anxieties, we believe that people do not have the right to death by their own decision, whether procured by their own act or by the

commissioning of another. The Salvation Army believes we should acknowledge God's authority in all things and live in the service of others¹.

- 2.5 Consequently whilst sharing the genuine anxieties and abhorrence that people have concerning inadequate care, unrelieved suffering and inappropriate treatments, we maintain that these can be overcome without resort to euthanasia. The hospice movement has shown that pain can be eliminated or considerably eased in all cases with the proper administration of drugs and other treatments. Sophisticated palliative skills are also available.
- 2.6 The Salvation Army fundamentally disagrees with the proposed legislation, which represents much more than simply a tinkering with the law. Such legislation, breaching as it does the societal prohibition on the taking of human life, carries implications for attitudes to many aspects of health and social care, not simply for the determined few who are pushing for change.

The Salvation Army reaffirms that an important aspect of its ministry is providing pastoral support to both individuals and communities, and particularly in caring for the most vulnerable in society. On this matter we are clear that, while we are sympathetic towards the fears and desires of those who may be afraid of a painful death, what is proposed in this Bill is not the solution. Rather, there is a necessity to ensure that, as far as possible, all have access to good palliative care, which, in the widest sense, involves caring not just for the physical but also the emotional and spiritual needs of people coming towards the end of their lives.

One of the specific concerns about this Bill is that sometimes an individual may want to make a choice many consider to be damaging to society. We note the comment in the aim of the proposed Bill that 'autonomy of choice is the central tenet of (the) proposal' (page 6). To our mind appeals to autonomy, while superficially seductive, fail to take into account the interconnectedness of communities, and the fact that the concept of a person being a burden to society is inimical to autonomy, as somebody who is truly autonomous by definition cannot be a burden.

- 2.7 One final general comment. The consultation document contains the following 'My office continues to receive letters, emails and phone-calls from across the country from people recounting personal and family experiences which above all convince me that I am correct in attempting a change in legislation by introducing another Bill to the Scottish Parliament'. We have previously acknowledged and understand the difficult situations that people who may wish to take the decision to end life face. However, the desire of an individual needs to be balanced against the general good of society and in particular those who may find themselves weak and vulnerable. We do not accept that the right of an individual is paramount over the good of society as a whole. To our mind law, under which all are equal, exists so that people can be protected, especially the vulnerable. When law seeks to move outside that sphere it exceeds its proper function.

3. Questions

¹ The Salvation Army United Kingdom Territory with the Republic of Ireland Positional Statement on Euthanasia, Assisted Suicide and Living Wills. April 2011

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. We do not support the general aim of the proposed Bill. Our reasons are clearly stated in sections 2.1 – 2.7 above

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

We see no advantages that would benefit society as a whole.

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.

We do not consider the proposed eligibility requirements are robust.

There is a fundamental difference between someone who is ‘terminally ill’ and ‘finds life intolerable’ and who because of incapacity are not able to live life independently. As there is no clear definition, there is ambiguity as to what is actually being legislated for and therefore it is difficult to comment on the categories of people who would qualify for assisted suicide under this Bill.

Of major concern would be that the proposals set the lower age limit at sixteen. Our opposition to the Bill in principle notwithstanding, we believe it is entirely inappropriate that assisted suicide should be offered to a sixteen year old. It is not possible that a final and definitive judgement regarding the intolerability of their life might be made by a person who has not yet achieved maturity, particularly when it is entirely accepted within the terms of the Bill that such a perception is necessarily subjective.

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?

We do not wish to respond to this question.

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)?

We do not wish to respond to this question.

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

Human beings are essentially social; each of us is dependent on others for physical and spiritual survival and flourishing. It is impossible for a person to ask for assistance to end their life without that affecting their family and community. The safeguards included in this Bill focus only on the individual who may wish to end their life. Allowing legally assisted suicide would fundamentally affect our

society. The value of human life is not determined by whether a person has the capacity to live unaided, nor need the quality of a life be diminished because a person needs assistance, provided that the assistance provided is respectful, loving and appropriate to the needs of the recipient.

The Bill provides safeguards intended to check that the person “is not acting under any undue influence” when making the request. This is a subjective test as influence comes in many guises.

The potential subjectivity and inaccuracy of a diagnosis of terminal illness is also not sufficiently recognised in the Bill. Indeed, some persons whose diagnosis is uncertain, even to a small degree, would inevitably be allowed to proceed.

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?

Our comments under Q6 also apply here with respect to implementation of any safeguards.

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

We find it strange that the Bill proposes that the facilitator might film the deaths which they supervise. If this is to be seen as a safeguard against possible litigation then it would suggest that the proposals are not robust enough at the outset.

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?

The Bill is clear that there are likely to be costs to the individual associated with seeking assisted suicide; it is therefore possible that such legislation would create a two tier system which would enable the wealthier to choose assisted suicide and leave the poor with the current arrangements. It would be more desirable to improve end of life care for all.

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?

Our response to Q9 also applies here.

4. Final Comment

- 4.1 We note that Margo MacDonald’s End of Life Assistance (Scotland) Bill was defeated in December 2010. It was defeated because the Parliament was not convinced of the proposals but were persuaded by the moral and ethical standards that undergird Scottish society. Whilst the consultation does not address moral and ethical issues we would contest that you cannot have a debate in the Parliament without recourse to those issues that make human life unique.

Alan Dixon, Major
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