

ASSISTED DYING FOR TERMINALLY ILL ADULTS (SCOTLAND) BILL



TEN REASONS TO GIVE MSPs TO OPPOSE IT

1 *Care, not suicide, is the answer to suffering*

Campaigners argue assisted suicide is needed because patients are dying in agony. However, such tragic situations are due to failures of care: lack of specialised, high-quality palliative care and well-trained staff.



It is not that a patient's pain *could* not be appropriately managed but that it *was* not. For whatever reason, sadly they did not get the care they needed. The Scottish Partnership for Palliative Care (SPPC) has stated that GPs and secondary care doctors can commonly be unaware of what specialist palliative care can achieve for a patient in reducing pain and providing the psychosocial support that will see a big improvement in their quality of life.¹

2 *Inequitable access to palliative care removes any meaningful choice*

The Bill's central claim – autonomy – cannot be meaningful when so many people in Scotland die with unmet palliative care needs. It is estimated 90% of dying people in Scotland need palliative care,² but according to experts like Marie Curie and the Scottish Partnership for Palliative Care, end-of-life care is “underresourced” and funding for hospices is ‘insecure’.³

3 *Inadequate safeguards against coercion or abuse*

Coercion is often subtle, insidious and difficult to detect – not least because it often goes unrecognised by the victim. The Association for Palliative Medicine has stated: “Except with very overt direct coercion, coercion can be very difficult to detect and evidence by anyone including doctors.”⁴ There is no requirement in the Bill to ensure there is a longstanding relationship between doctor and patient, and no requirement for patients to be asked why they are seeking assisted suicide. One of the so-called safeguards against coercion in Australia is a 5-minute training video.⁵

4 *The Bill is discriminatory against disabled people*

Tom Cross KC's legal opinion on the McArthur Bill for The Christian Institute concludes that, as it stands, it is not compatible with the European Convention on Human Rights (ECHR). This is because suicidal thoughts (also known as suicidal ideation) are a known symptom of certain disabilities, and the right to life of people with such conditions would be violated as this would not be accounted for.⁶ He wrote that the Bill “unjustifiably discriminates against those persons whose disabilities manifest in the expression of suicidal ideation”.

ARTICLE 14



ARTICLE OF THE ECHR
THE BILL BREACHES

5 *Vulnerable women especially at risk*

Married couples over the age of 50 are more likely to divorce if the wife becomes chronically ill – but not if it is the husband. A marriage is about 60% more likely to end, compared with both partners being in good health.⁷ Divorce after a diagnosis could leave a person feeling abandoned and alone, right when they need their spouse most – increasing the likelihood of having a ‘wish to die’. It is estimated that one in four women experience domestic abuse, including financial and coercive, at some point in their lives,⁸ which could make them more vulnerable to suggestions of assisted suicide.

6 *Poverty could increase pressure to choose assisted suicide*

Two-thirds of terminally ill people are reliant on benefits.⁹ The financial impact accounting for lost income and increased expenditure, like housing adaptations and increased heating bills, ranges from £12,000-£16,000 per year for a person with a terminal illness.¹⁰ Many with terminal illnesses are unable to work. Often partners leave work to become carers – this ‘double burden’ shows how the financial impact compounds for the terminally ill, hitting the poorest the hardest. A Canadian study found that a disproportionately high number of ‘assisted dying’ requests came from lower socioeconomic status patients compared to their representation in the general population.¹¹

7 Assisted suicide laws always expand

Canada's Medical Assistance in Dying law now applies to those who are not terminally ill, and MPs have approved plans for it to cover those with mental illnesses. The Government in Victoria, Australia, is updating its law by extending the prognosis requirement from six to twelve months, and permitting doctors to raise 'assisted dying' with their patients.¹² The McArthur Bill's policy memorandum claims that the US state of Oregon has "not extended access beyond those who are terminally ill".¹³ That may be true by the letter of the law, but in practice eligibility is much wider. Patients with non-terminal illnesses have been approved for assisted suicide, including those with treatable conditions like arthritis, anorexia and even hernias.¹⁴

8 Claims of public support misleading

Liam McArthur claims there is "overwhelming public support across Scotland for a change in the law".¹⁵ It is a sentiment that has often been repeated by MSPs. But it's based on flawed polling. MSPs have cited Dignity in Dying's (DiD) Scottish survey results from 2024, which concluded: "Every single constituency supports law change".¹⁶ In fact, a representative sample has not been polled in any constituency. DiD's assertion is based on the projected average of 43 people per constituency supporting a change in the law. The claim becomes even more problematic when we consider that when a separate survey asked what 'assisted dying' means, more than half thought it meant either giving hospice-type care to the dying (10%) or giving people the right to stop treatment (42%).¹⁷ When people learn more about what assisted suicide means, only 19% support it.¹⁸

PUBLIC MISUNDERSTAND 'ASSISTED DYING'

42% THINK IT MEANS
'WITHDRAWING
TREATMENT'

10% THINK IT'S
'PALLIATIVE CARE'

9 Suicide prevention would be undermined

Experts warn that assisted suicide legislation "may reduce societal taboos against suicide in a way that conflicts with campaigns aimed at suicide prevention".¹⁹ The Premier of Victoria, Australia, argued that legalising 'assisted dying' would prevent 50 suicides of terminally ill people every year.²⁰ But in reality, unassisted suicides among the elderly have increased by 50%.²¹ Liam McArthur's Bill says to people who have certain conditions, including those with years to live, that their lives simply aren't worth living. This is the opposite of suicide prevention.

10 The lethal drugs at the centre of the Bill's process are untested and unregulated



HOW LONG IT CAN TAKE
TO DIE AN ASSISTED
DEATH IN OREGON

It has not been proven that 'assisted dying' is painless. Assisted suicide drugs are untested. In Oregon, after over 25 years of legalised assisted suicide, "no research institution has orchestrated studies to evaluate the mode of action and efficacy normally required of clinical safeguards for patients".²² Nevertheless, there have been many reported complications including difficulty ingesting the drugs, regurgitation and seizures. Half of assisted suicide deaths in Oregon in 2023 took between 53 minutes and 137 hours.²³ Many were clearly not the quick and easy deaths depicted by activists.

¹ SPPC Responses – Assisted Dying for Terminally Ill Adults (Scotland) Bill, Scottish Partnership for Palliative Care, August 2024, page 14 | ² Oral evidence: Assisted Dying for Terminally Ill Adults (Scotland) Bill, Health, Social Care and Sport Committee, 19 November 2024, col. 23 | ³ Oral evidence: Assisted Dying for Terminally Ill Adults (Scotland) Bill, Health, Social Care and Sport Committee, 19 November 2024, cols 23-24 | ⁴ Submission by Association for Palliative Medicine of Great Britain and Ireland (APM), House of Commons, Terminally Ill Adults (End of Life) Bill Committee, Session 2024-25, TIAB93 | ⁵ 'Victorian mandatory training sets a low bar', Australian Care Alliance, 15 July 2019, see <https://www.australiancarealliance.org.au/victorian-mandatory-training-sets-a-low-bar> as at 29 October 2025 | ⁶ In the matter of the Assisted Dying for Terminally Ill Adults (Scotland) Bill, Tom Cross KC, Ruth Kennedy, 20 August 2025, (available at https://www.christian.org.uk/wp-content/uploads/Legal-opinion_Tom-Cross-KC-and-Ruth-Kennedy-copy.pdf) | ⁷ The Times online, 17 March 2025, see <https://www.thetimes.com/uk/healthcare/article/over-50s-divorce-more-likely-if-wife-is-ill-but-not-if-its-the-husband-tzmp95s7> as at 28 October 2025 | ⁸ Briefing for Scottish Government Debate: Empowering Young People's Voices in Tackling Violence Against Women and Girls, Close the Gap, December 2024 | ⁹ Submission by Marie Curie (para. 9), House of Commons Work and Pensions Committee, Session 2023-24, BPI0045 | ¹⁰ Submission by Marie Curie (para. 24), House of Commons Work and Pensions Committee, Session 2023-24, BPI0045 | ¹¹ Tran, M, Honarmand, K, Sibbald, R, et al, 'Socioeconomic Status and Medical Assistance

in Dying: A Regional Descriptive Study', *Journal of Palliative Care*, 2022, 37(3), pages 359-365 | ¹² Oregon Death with Dignity Act: 2024 Data Summary, Oregon Health Authority, 27 March 2025, page 16 | ¹³ 'Compassion and Dignity for Terminally Ill Victorians', Premier of Victoria, 14 October 2025, see <https://www.premier.vic.gov.au/compassion-and-dignity-terminally-ill-victorians> as at 28 October 2025 | ¹⁴ Assisted Dying for Terminally Ill Adults (Scotland) Bill: Policy Memorandum, SP Bill 46-PM, page 7 | ¹⁵ Scottish Parliament, Official Report, 13 May 2025, col. 13 | ¹⁶ 'Public Opinion on Assisted Dying', Dignity in Dying Scotland, see <https://www.dignityindying.scotland.org.uk/assisted-dying/public-opinion-on-assisted-dying/> as at 29 October 2025. Cited by e.g. Carol Mochan MSP, Scottish Parliament, Official Report, 13 May 2025, col. 81 | ¹⁷ Survation, APPG for Dying Well Survey, 19-20 July 2024 | ¹⁸ 'Two thirds of Scots oppose Bill when presented with the case against', Care Not Killing, 4 May 2025, see <https://carenotkilling.scot/two-thirds-of-scots-oppose-bill-when-presented-with-the-case-against/> as at 30 October 2025 | ¹⁹ The Anscombe Bioethics Centre, Press Release, Legalising 'Assisted Dying' in Australia Failed to Prevent 'One Suicide a Week', 9 January 2024 | ²⁰ Gript.ie, 16 January 2024, see <https://gript.ie/elder-suicides-have-risen-50-in-victoria-after-legalising-voluntary-assisted-dying/> as at 29 October 2025 | ²¹ Regnard, C, Worthington, A and Finlay, I, 'Oregon Death with Dignity Act access: 25 year analysis', *BMJ Supportive & Palliative Care*, 2024, page 455-461 | ²² Oregon Death with Dignity Act: 2023 Data Summary, Oregon Health Authority, 20 March 2024, page 14