

## The law should protect life

Liam McArthur MSP has introduced a Bill to enable people in Scotland deemed to be terminally ill to get help to kill themselves.

Its supporters insist that 'safeguards' will be built in. This is just a tactic to crack the law open. No such safeguards exist. Once the principle of assisted suicide is accepted, eligibility criteria get wider and wider, as we have seen in other countries.

Assisted suicide denies the value of human life made in the image of God. It pressures vulnerable people into ending their lives prematurely for fear of becoming a burden. The choice to die very quickly becomes a duty to die.

The Bill's supporters say it's about compassion. But true compassion for those who are terminally ill means valuing their lives, giving them hope and supporting high-quality palliative care for all who need it.



## TERMINOLOGY

Assisted suicide and euthanasia are different actions but they are equally wrong. In both cases the intention is to cause the person's death in the belief that their life is not worth living, rather than care for them as they need. Advocates use euphemisms like 'assisted dying' or 'medical assistance in dying'.

### **Assisted suicide**

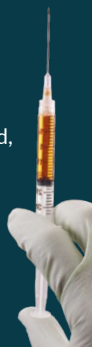
Assisting another person to kill themselves, with the dying person taking the decisive act.

### **Euthanasia**

Intentionally killing another person whose life is felt not to be worth living.

### **Palliative care**

Providing active care for those with advanced, incurable, life-limiting illness, making natural end of life as comfortable as possible.



# From 'right to die' to 'duty to die'

## ASSISTED SUICIDE UNDERMINES THE VALUE OF HUMAN LIFE

Every human life has intrinsic value. This is not based on perceptions of someone's autonomy, contribution or capacity. It is based on the fact that we are all made in the image of God. This is just as true of those who require a lot of medical care because of old age or illness.

But introducing assisted suicide will inevitably affect how, for example, elderly and disabled people view their own worth, and how they are viewed by others. It would plant the idea in the minds of some of the most vulnerable in our society that they are worth less than others. Abandoning the principle that all

lives are of equal value will have far-reaching consequences. The law must not affirm the idea that some lives are not worth living. Many people with disabilities or terminal conditions do not want the law to be changed.

*“there is no amount of safeguarding within legislation that could offer enough protections to stop disabled people being pressured into assisted dying when no health, social care or other support is available”<sup>1</sup>*

*Glasgow Disability Alliance*



## EXISTING LAW PROTECTS VULNERABLE PEOPLE

People who contemplate ending their own lives and ask for help to do it are at their most emotional and vulnerable. They need a clear, firm law to protect them in their darkest moments. Instead, campaigners want

doctors and others to help people kill themselves. It is the ultimate in hopelessness. If we see someone contemplating jumping to their death, we do not offer them a push. Changing the law would put pressure

on the vulnerable to end their lives for fear of being a financial, emotional or care burden. Around half of those in the US state of Oregon who have died by assisted suicide cited the fear of being a burden on others as a reason for ending their lives.<sup>2</sup>

There will inevitably be external pressure too. Professor of Biomedical Ethics at the University of Geneva Samia Hurst-Majno acknowledges

that these pressures “are not necessarily explicit. There can be societal biases that send implicit messages that someone is no longer wanted or is no longer a ‘useful’ member of society.”<sup>3</sup> Glasgow Disability Alliance is worried that the consequences of the McArthur Bill would be “that disabled people hear a message that we are a burden and feel a pressure to make the ‘choice’ to die”.<sup>4</sup>



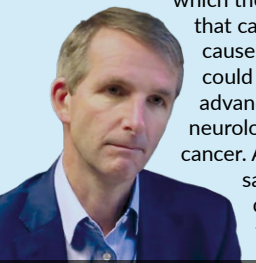
# McArthur Bill wide open to abuse

Liam McArthur claims his Bill contains “robust safeguards”. But so-called safeguards can never truly protect the vulnerable.

## ***‘Terminal illness’ vaguely defined***

The Bill defines terminal illness as an “advanced and progressive disease, illness or condition from which they are unable to recover and that can reasonably be expected to cause their premature death”. This could be interpreted to include advanced heart disease, progressive neurological conditions and advanced cancer. As Baroness Campbell has

said: “The disabled person dependent on a ventilator is terminally ill if the ventilator is switched off.”<sup>5</sup>



◀ Liam McArthur MSP

## ***Pressure on disabled and ill people***

The Bill requires a person's decision to be “voluntary”, without being “coerced” or “pressured” by someone else. Making assisted suicide legal means that it will always be an option that many people will feel they must consider. The only way to guarantee the absence of coercion and duress is not to make it an option in the first place.

## ***No prognosis limit***

There is no specified life expectancy in the Bill. This means that people who could go on to live for years will be able to access assisted suicide.

## THE SLIPPERY SLOPE IS INEVITABLE

There is clear international evidence on how ineffective and short-lived ‘safeguards’ are:



In the Netherlands, the key criterion of “unbearable suffering” is now applied much more broadly. There has been a marked increase in euthanasia cases for dementia and for patients with psychiatric disorders.<sup>6</sup> Hundreds of euthanasia cases have involved elderly people who were not seriously ill but had conditions associated with normal old age.<sup>7</sup> Euthanasia for children has also been legalised.<sup>8</sup>



Assisted suicide has been legal in Oregon since 1997 for adults deemed to be terminally ill and not expected to live for more than six months. Recently, patients with non-terminal illnesses have also been approved for assisted suicide, including those with treatable conditions like arthritis, anorexia and even hernias.<sup>9</sup>

In 2023, 367 people died under the law, over five times more than a decade earlier.<sup>10</sup>

In 2020, the law changed to allow patients believed to have a short prognosis to skip the 15-day waiting period. In 2023, 28 per cent of those who received prescriptions for lethal drugs were granted this exemption.<sup>11</sup>

Those living outside the state are now allowed to access assisted suicide in Oregon – over six per cent of deaths under the law were from outside the state in the first year after this change.<sup>12</sup>



Just five years after legalising euthanasia, Canada scrapped the requirement for a person to be terminally ill. A court determined that even this restriction was ‘incompatible’ with Canadian human rights and equality laws.<sup>13</sup> The qualifying criteria was extended to those with mental illness (though this has now been delayed).<sup>14</sup> That this happened so quickly after the original legislation shows how soon ‘safeguards’ can be eroded once the principle is abandoned.



## NORMALISING KILLING

Wherever assisted suicide or euthanasia is introduced the volume of cases rises over time. The change to the law changes the culture.



In the Netherlands, there has been a more-than fourfold increase in reported cases of euthanasia and assisted suicide (1,882 in 2002 to 9,068 in 2023).<sup>15</sup>



In Canada, both euthanasia and assisted suicide were legalised in 2016. Since 2017, the first full year of the Medical Assistance in Dying (MAID) law, the number of annual deaths under it has risen by over 350%. There were 13,241 reported in 2022, an increase of almost a third compared to 2021.<sup>16</sup>



In Belgium, reported euthanasia cases have almost doubled in ten years, from 1,807 in 2013 to 3,423 in 2023.<sup>17</sup>

## PALLIATIVE CARE DOCTORS OPPOSED

Opposition to assisted suicide among doctors is highest for those who are most involved in end-of-life care. When the British Medical Association polled its members in 2020, the majority of those working in palliative care or geriatric medicine were opposed to a change in the law. And although overall half of respondents supported a change in the law, only 36 per cent said they would be willing to prescribe the drugs themselves.<sup>18</sup>

In 2022, the Association of Palliative Medicine asked its members in Scotland about their views on assisted suicide. Almost all (95 per cent) would not prescribe lethal drugs, even if patients asked for them. Around nine in ten rejected the idea that safeguards

would protect vulnerable people, and 43 per cent would resign if assisted suicide was introduced in their healthcare setting.<sup>19</sup>

Marie Curie estimates that by 2040 nearly 11,000 more people annually will need some palliative care support in Scotland.<sup>20</sup> Bringing in an assisted suicide law will prevent such care

being prioritised. Dr Juliet Spiller, an Edinburgh-based consultant in palliative medicine, said: "There's no question that an assisted dying law would very negatively impact wider access to palliative care. The idea that you can focus on providing access to assisted suicide and palliative care is misguided. You can't do both."<sup>21</sup>

**95%** of doctors surveyed would not prescribe lethal drugs for an assisted suicide.

**97%** would not administer the drugs.

**86%** believe that assisted suicide would have a negative or very negative impact on palliative care services.

**88%** did not think that the proposed legal safeguards would prevent harm to vulnerable patients.

**78%** believe that assisted suicide would have a negative or very negative impact on their conversations with patients and families.

# The stark warning from Canada



Canada legalised euthanasia and assisted suicide in 2016. In 2022 alone, more than 13,000 people were killed under its Medical Assistance in Dying (MAID) law – 4.1% of the total number of deaths. The vast majority of these were from euthanasia, with only a handful of people choosing to self-administer the lethal drugs.<sup>22</sup>

## EUTHANISING THE POOR

Horrifying cases have emerged:

- The only health condition listed on 61-year-old Alan Nichols' application for MAID was hearing loss. His family argued that the hospital improperly helped him make the request as he was not suffering and lacked the capacity to understand the process.<sup>23</sup>
- Michael Fraser was approved for MAID despite not being deemed close to death. One of the doctors who approved him admitted that "the fact that [Michael] had trouble paying his rent" was one of the reasons he had asked to die.<sup>24</sup>
- Amir Farsoud suffers with debilitating back pain, depression and anxiety. When the house he rented was put up for sale and he could not afford anywhere else, a doctor approved him for MAID.<sup>25</sup>
- The rising cost of living means that some people accessing food banks are asking how to apply for MAID.<sup>26</sup>



## EXPANDING CRITERIA

Things could get even worse. The expansion of eligibility criteria to include people whose sole underlying condition is mental illness was passed by Parliament in 2021, although implementation has now been delayed until 2027. Health Canada said, "the health system is not yet ready for this expansion".<sup>27</sup>

The Canadian Mental Health Association had previously warned it is "not possible" to determine whether any particular case of mental illness is incurable and strongly opposes changing the law.<sup>28</sup>



Even this widening of the law would not be enough for some. Dying With Dignity Canada wants to extend the law to include children.<sup>29</sup> Other campaigners have said euthanasia "should be available" for people "in unjust social circumstances".<sup>30</sup>

## EMBEDDED IN SOCIETY

A 2023 poll found that:

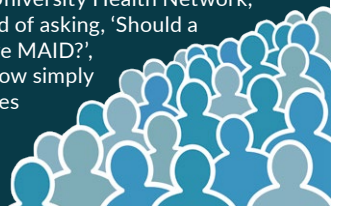


Around **THREE IN TEN** Canadians think euthanasia due to homelessness or poverty is acceptable.



**ONE IN FIVE** think euthanasia should be available on request to anyone, regardless of the reason.<sup>31</sup>

Medical professionals now have to deal with MAID requests as a matter of course. Madeline Li, a psychiatrist and developer of the MAID programme at Toronto's University Health Network, says instead of asking, 'Should a patient have MAID?', many are now simply asking, 'Does a patient qualify?'.<sup>32</sup>



# Disabled groups opposed

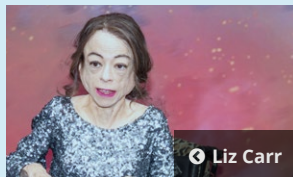
Many disabled people are understandably fearful about what the future may hold for them and do not want the law changed.<sup>33</sup> The Chief Executive of Scope, which campaigns for the rights of disabled people, said that many disabled people “too often” are looked on as a burden and as if it is not worth their being alive.<sup>34</sup>

In its response to the consultation on Liam McArthur’s Bill, the charity

Inclusion Scotland said: “Disabled people are already marginalised throughout society and feel at risk from our health and social care support systems as they currently are. Some disabled people will receive or already be diagnosed with life-limiting conditions. We need support to live and not support to die.”<sup>35</sup>

Speaking about her BBC documentary, *Better Off*

Dead?, disabled actress and campaigner for *Not Dead Yet* Liz Carr told *Radio 4’s Women’s Hour*: “as long as there’s inequality, it is not safe to legalise” assisted suicide.<sup>36</sup>

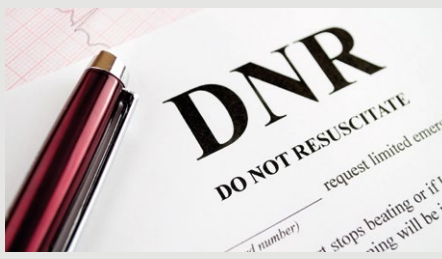


## SCANDAL OF DO NOT RESUSCITATE ORDERS

The pandemic exposed how some in society do not properly value every human life. Legalising assisted suicide would further encourage the dehumanisation of vulnerable and elderly people.

Age Scotland reported that it had received multiple complaints from people who had a Do Not Resuscitate order (DNR) applied to them without their knowledge.<sup>37</sup>

The Equality and Human Rights Commission found



that voices of older people in care homes were ignored and that their right to equal and respectful treatment had not been properly taken into account. It also noted the addition of DNR notes to residents’ care plans

against their wishes or without consultation, while some were denied access to vital health services during the first wave of the virus.<sup>38</sup> The Law Society of Scotland strongly criticised the blanket issuing of DNR forms, which

it described as part of a wider “culture of unnecessary de-personalisation”.<sup>39</sup> The British Institute of Human Rights found that over 40 per cent of healthcare workers said it was assumed disabled or elderly patients with DNRs did “not have mental capacity” to discuss their treatment.<sup>40</sup> These scandals show that we need to strengthen protections for vulnerable people towards the end of their lives, not remove them.

References available at [christian.org.uk/as24-ref](https://christian.org.uk/as24-ref)

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