Terminally Ill Adults (End of Life) Bill

Written evidence submitted by the Bishops' Conference of Scotland (TIAB184)

1. **Executive Summary**

1.1. The Bill adopts euphemistic language by referring to 'assisted dying' rather than the more accurate term of 'physician-assisted suicide' (PAS), which we use throughout this submission.

1.2. 'Terminal illness' is poorly defined and so-called 'safeguards' are effectively useless. The Bill poses a significant risk to vulnerable people, undermines the doctor-patient relationship, and undermines efforts to provide good palliative care.

1.3. The Bill attacks human dignity and represents a renunciation of the obligation of justice and charity towards one's neighbour and society.

1.4. We are strongly opposed to this Bill and firmly believe that it cannot be made safe. The Bill should be abandoned.

2. **The Principle of Physician-Assisted Suicide**

2.1. The overarching principle proposed in this Bill, PAS, attacks human dignity and results in human life being valued on the basis of its efficiency and utility. Implicit in PAS is that an individual can lose their value and worth. Furthermore, PAS represents a renunciation of the obligation of justice and charity towards one's neighbour and towards society.

2.2. A sick person needs medical care and also love; the human warmth of those close to him or her. And experiencing suffering or being dependent on others does not mean a loss of dignity. We are, in one way or another, dependent on others from the moment we are conceived, and this dependence can increase in our later years.

2.3. Human compassion consists not in causing death, but in embracing the sick, in supporting them in their difficulties, in offering them affection, attention, and the means to alleviate their suffering. [1]

3. **Definition of Terminal Illness**

3.1. Terminal illness is defined in section 2 of the Bill as an "inevitably progressive illness, disease, or medical condition that cannot be reversed by treatment" and is expected to result in death "within six months." It is known to be not really possible or at least extremely challenging for doctors to provide an accurate prognosis, as evidenced in a systematic review by White, Reid, Harris et al, which reached the conclusion that "clinicians' predictions are frequently inaccurate". [2] According to Marie Curie, accuracy of life expectancy estimation by clinicians ranges from 78% to 23%, and can, in some cases, be impossible. [3] A recent freedom of information request submitted to the Department for Work and Pensions has revealed that a fifth of claimants given a prognosis of six months, or less, to live, are still alive after three years. [4]

4. **Expansion**

4.1. No matter how well intentioned the safeguards may be, it is impossible for any Parliament to draft PAS laws which include legal protection from future expansion of those laws. This is because laws that purport to give rights to some and not to all are in principle seen as discriminatory. In this case it is not equitable to exclude others who profess to be suffering intolerably or want to exercise personal autonomy over their lives on the basis that they are not expected to die within six months. Arguments against such legal exceptionalism have succeeded in most jurisdictions where PAS has been introduced.

4.2. Canada has eroded safeguards in a few years, expanding from terminal illness to include chronic illness and disability. A person with anorexia may qualify for an assisted death in Canada if they refuse treatment and their death is considered 'reasonably foreseeable' owing to malnourishment. [5]

4.3. In Oregon, USA, in 2017, the criterion of 'terminal' illness is met if the patient would die in less than six months without treatment, regardless of how long he or she would live with treatment. This helps explain why, in recent years, qualifying conditions have included arthritis, diabetes, anorexia, "benign or uncertain" tumours, and "medical care complications"." [6]

4.4. In the Netherlands, eligibility has been expanded from the terminally ill to the chronically ill and from physical illness to mental illness. In 2023 it was reported that several people with autism and intellectual disabilities had been euthanised in the Netherlands. The cases included five people younger than 30 who cited autism as either the only reason or a major contributing factor for euthanasia. [7]

4.5. In the Netherlands, the number of deaths by euthanasia or assisted suicide rose nearly 14% in 2022, to a total of 8,720, including 288 people with dementia and 115 people with psychiatric disorders. [8]

4.6. Once a law permitting PAS and/or euthanasia is established, so-called 'safeguards' will be eroded and eligibility criteria expanded.

5. **Doctor-Patient Relationship**

5.1. The 'option' of PAS completely alters the doctor-patient dynamic and the wider provision of care in a deeply troubling way. Deliberately bringing about a patient's death would be akin to crossing the Rubicon for a profession entrusted to act in the best interests of the patient and to first do no harm.

5.2. We are deeply troubled by Section 4(2) of the Bill which would allow a doctor to voluntarily raise the subject of PAS with a patient. A doctor suggesting suicide to a patient represents a destructive perversion of true healthcare and completely undermines trust in the medical profession.

5.3. Our Duty of Care (ODOC), a group of UK-based doctors opposed to PAS, has declared that "any change in the law undermines the public's trust in healthcare professionals and would devalue the inherent dignity of frail, elderly, and disabled patients." ODOC adds: "no doctor, nurse, or other healthcare professional should be forced to participate in euthanasia or assisted suicide, nor should they be obliged to make referral decisions to this end." [9]

5.4. It is significant that the Royal College of General Practitioners and the Association of Palliative Medicine in the UK are both opposed to PAS.

6. **Risk to vulnerable people and coercion**

6.1. In Oregon, consistently around half of patients list being a burden as a reason to end their lives. This suggests that society is failing those most in need of help and support, resulting in vulnerable people feeling pressure to end their lives prematurely.

6.2. It is no surprise that most disability groups in the UK are strongly opposed to this Bill. When the elderly and disabled express concerns about being a burden, the appropriate response is not to suggest that they have a duty to die; rather, it is to commit to meeting their needs and providing care and compassion to help them live. Given the significant concerns of disability groups, it is essential that the committee bears its democratic responsibility and takes seriously the concerns of vulnerable people by inviting representatives of the disabled community to give oral evidence on the Bill.

6.3. Furthermore, one cannot ignore the deeply troubling prevalence of elder abuse in society. It is estimated that such abuse affects one in six older people in the UK. [10] If an elderly person is being subjected to abuse by those closest to them, it would not be surprising if the resultant misery drove them to consider PAS.

6.4. A 2023 poll in Canada revealed that more than a quarter of Canadians support euthanasia on the grounds of poverty. The same poll revealed that a similar number of people support euthanasia on the grounds of homelessness, 43% support it for mental illness, and 50% support euthanasia for disabled people. These deeply disturbing results suggest that, when PAS and/or euthanasia is legalised, it could lead to unbearable social pressure on vulnerable people to end their lives prematurely. [11]

6.5. The Bill outlines various steps to ensure the patient who requests PAS is doing so voluntarily and has not been coerced or pressured by any other person into making it. It is, however, impossible to guarantee that all forms of coercion can be identified by the provisions in the Bill. The only way to ensure the absence of coercion is to retain the current law and not pass this Bill.

7. **The principle in the Bill undermines efforts to provide good palliative care**

7.1. Palliative medicine constitutes a precious and crucial instrument in the care of patients during the most painful, agonising, chronic and terminal stages of illness. Its goal is to alleviate suffering in the final stages of illness and at the same time to ensure the patient appropriate human accompaniment improving quality of life and overall wellbeing as much as possible and in a dignified manner. [12]

7.2. Marie Curie estimates around 25% of people who die in the UK do so without receiving the palliative care they need. [13]

7.3. Hospices, including Catholic hospices, provide an invaluable service by welcoming the terminally sick, ensuring they are cared for until the last moment of life.

7.4. This Bill threatens the provision of end-of-life care services by providing a quick, cheap alternative to good palliative care. If this Bill becomes law, doctors and other health professionals will be under pressure to make value judgements about providing costly care or recommending physician-assisted suicide which is cheaper.

7.5. Furthermore, legalising PAS could become a disincentive for people entering palliative medicine and cause others to leave the profession. A 2022 survey of palliative medicine doctors in Scotland, for example, found that 75% would not be willing to participate in any part of the PAS process, and 43% would resign if their organisation offered PAS. [14]

8. **Suicide prevention**

8.1. Suicide prevention efforts rightly affirm that everyone's life matters; that every life has value. However, the legalisation of PAS suggests that sometimes suicide *is* an appropriate response to an individual's circumstances, worries and anxieties.

8.2. There is evidence that the total number of self-initiated deaths rises significantly where PAS and/or euthanasia is available, and strong evidence that this has an impact on older women. There is also some evidence that deaths by non-assisted means also increases. There is no evidence of a reduction in non-assisted suicide. [15]

8.3. The current law helps prevent suicide and should be retained and this Bill should be abandoned.

February 2025

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[1] Samaritanus bonus, letter on the care of persons in the critical and terminal phase of life, Congregation for the Doctrine of the Faith Letter Samaritanus bonus on the care of persons in the critical and terminal phases of life (14 July 2020) (vatican.va)

[2] White N, Reid F, Harris A, et al. A systematic review of predictions of survival in palliative care: how accurate are clinicians and who are the experts? Plos One 2016; 11(8): e0161407) A Systematic Review of Predictions of Survival in Palliative Care: How Accurate Are Clinicians and Who Are the Experts? | PLOS ONE

[3] All Party Parliamentary Group for Terminal Illness: Six Months to Live? all-party-parliamentary-group-for-terminal-illness-report-2019.pdf

[4] Telegraph, 21 January 2025, Assisted dying row as patients given six months to live often survive for three years

[5] Care Not Killing Scotland Future Impacts – Care Not Killing Scotland

[6] Assisted Death and The Economist, Richard M Doerflinger, 24th July 2024 Assisted Death and The Economist - Public Discourse (thepublicdiscourse.com)

[7] Euthanasia and physician-assisted suicide in people with intellectual disabilities and/or autism spectrum disorders: investigation of 39 Dutch case reports (2012–2021) by Tuffrey-Wijne, Curfs, Hollins and Finlay S2056472423000698jra 1..8 (nih.gov)

[8] Regional Euthanasia Review Committees Annual Report 2022 Annual reports (English, Spanish, French and German) | Annual report | Regional Euthanasia Review Committees (euthanasiecommissie.nl)

[9] Our Duty of Care UK Declaration Have you signed the ODOC Declaration yet? (ourdutyofcare.org.uk)

[10] Hourglass Scotland Welcome to Hourglass Scotland | Hourglass (wearehourglass.scot)

[11] Poll conducted by Research Co. on Medical Assistance in Dying in Canada, 5th May 2023 Tables_MAiD_CAN_05May2023.xlsx - Group (researchco.ca)

[12] Samaritanus bonus, letter on the care of persons in the critical and terminal phase of life, Congregation for the Doctrine of the Faith Letter Samaritanus bonus on the care of persons in the critical and terminal phases of life (14 July 2020) (vatican.va)

[13] More than one person every minute will die with palliative care needs, Marie Curie More than one person every minute will die with palliative care needs (mariecurie.org.uk)

[14] Survey of Scottish Palliative Care Doctors. Association for Palliative Medicine Microsoft Word - APM Survey of AD- Impact on PC FINAL 26Jan23 All comments incorporated (3) (apmonline.org)

[15] Suicide Prevention: does legalising assisted suicide make things better or worse? Professor David Albert Jones, 2022, Professor of Bioethics and Director of the Anscombe Bioethics Centre, Oxford Suicide Prevention: Does Legalising Assisted Suicide Make Things Better Or Worse? (Professor David Albert Jones) | Anscombe Bioethics

Prepared 11th February 2025