1. CARE’s starting point of principle is the belief that **all human beings are created in the image of God** and therefore have intrinsic worth. The debate about assisted suicide is rooted in whether the principle of the radical autonomy of a few should take precedence in legislation over protecting those who are vulnerable owing to ill health and/or disability. In the Christian worldview, the integrity of the individual person should be upheld, but not at the expense of the rights and interests of other people. The Bill is wrong in principle and should be rejected at the first opportunity.

2. The Scottish Parliament’s Health and Sport Committee concluded that the Bill is **deeply flawed**. They are concerned about the danger the Bill poses to vulnerable people and are not persuaded by the argument that the lack of certainty in the existing law on assisted suicide makes it desirable to legislate to permit assisted suicide; but consider that the law must continue to provide an effective deterrent against abuse, and to be responsive to the individual facts of particular cases.

3. The Committee acknowledges that there are ways of responding to suffering (through palliative care and supporting those with disabilities), which do not create an altered moral landscape as assisted suicide would. They conclude that **the principle of respect for autonomy is not absolute** and must be weighed against other relevant legal and ethical principles. On its own, it is not persuasive enough to permit assisted suicide. The Bill is contradictory to Scottish Government’s suicide prevention strategy. It communicates an ‘offensive message to vulnerable people that society regards it as ‘reasonable’, rather than tragic, if they wish to end their lives.’

4. **The language of the Bill is unclear** and fails to detail what will happen at the time of death. It does not distinguish adequately between assisted suicide and euthanasia or whether the Bill will apply if a patient is not able to physically self-administer a lethal drug. It does not define the criteria for eligibility nor the role of the facilitator. There are no details about what types of assistance can be provided, who is to do so and where the assistance is to be provided. A family member with a vested interest in the death could assist in the presence of the licensed facilitator. A death could potentially involve the use of a firearm.

5. The Bill **alters the doctor/patient relationship** and potentially leads to assisted suicide being considered **just another treatment option.** At the end of life, doctors should be focusing on caring for their patients and promoting work in palliative care.

6. The **broad criteria for eligibility** – that a person’s illness or condition is either terminal or life-shortening and their quality of life is “unacceptable” - **a criteria that involves a subjective judgement** - means that many people could choose to end their life or be pressured into doing so, potentially reducing their life by years.

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2 Explanatory Notes, page 15, para 27
7. There are significant weaknesses in the safeguards aimed at preventing abuse which focus on whether the processes, rather than the eligibility criteria, have been met. There is no requirement for the doctor to:

- Examine the patient nor state whether the reason they are physically eligible is because of an illness or disease so there is no clarity on requirements;
- Have any expertise in the illness or condition to judge whether the person’s view of their life being intolerable is consistent with the facts;
- Have expertise in judging capacity which is essential in these cases where depression is likely to be an important factor, nor expertise to judge whether the decision is voluntary;
- There is no need for the two doctors to be independent of each other so there is likely to be a group of doctors who sign off on the majority of the cases.
- There is no requirement in the Bill to cite the original illness/condition as cause of death so there is no accountability of decision making or ability to monitor the proposed law.
- It has a ‘good faith’ savings clause which would make prosecution difficult in cases of abuse. There are no specific penalties for not carrying out the procedures in the Bill.
- There is no conscience clause to protect medical professionals who do not wish to be involved in any of the processes or procedures with assisting suicide.

8. There are not adequate safeguards for patients:

- Patients should be fully examined by doctors and given information about palliative care and other care alternatives so that they can make a fully informed decision;
- Given the lasting consequences of a decision to end one’s life, an expert assessment of capacity and judgement is essential. This need is heightened since feeling that the quality of one’s life is “unacceptable” is an eligibility criteria, a state that often occurs when someone is clinically depressed. The Bill applies to those aged 16 and 17, who under international law are considered to be children.

9. This Bill has no have any system of monitoring, data reporting or even proposals on how a person’s death should be reported.

10. CARE is concerned about the longer term impact of this Bill on the disabled and vulnerable:

- Most disabled groups, including Inclusion Scotland, oppose any change in the law.
- Evidence from the US states of Oregon and Washington shows that ‘being a burden’ is increasingly a reason for people choosing an assisted suicide.³
- The Explanatory Notes set out the potential cost savings for someone ending their life.⁴
- The desire to extend the Bill beyond terminally ill is clear in the Policy Memorandum.⁵

11 Conclusion: For reasons of principle and owing to the inadequate safeguards contained in the Bill, CARE is opposed to the legalisation of assisted suicide in Scotland. This legislation is wrong and poses a danger to society. It places many thousands of Scots at risk of externalised or internalised pressure to commit suicide for fear of being a burden on family, friends and/or the NHS. It runs contrary to the Christian understanding of the value of the human person and our responsibility to treat others with respect and dignity. It is based upon a flawed ethic and a worldview which is fundamentally at odds with that which has historically underpinned Scottish society. If passed, over time the Bill is likely to be extended to include other categories of people. It will change the nature of medicine and bring pressure to bear on vulnerable people to end their lives prematurely.

³ See Washington and Oregon Death with Dignity Reports
⁴ Explanatory Notes, page 14, para 17 and para 23, page 15, para 26, page 18, para 42
⁵ Policy Memorandum, page 10, para 54