McArthur 'Assisted Dying' Bill announced

full story at *cmf.li/3TTvhG0*

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On 29 March 2024, Liam McArthur, MSP, announced his 'Assisted Dying for Terminally Ill Adults (Scotland) Bill' to the Scottish Parliament.[1] If passed, it legalises within the Scottish NHS doctor-assisted suicide for those with an advanced illness. This would mean that a 'terminally ill' patient of 16 years and above, with mental capacity, registered with a Scottish GP, and resident in Scotland for one year, will be eligible.[2]

Terminal illness is defined remarkably broadly 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 will likely include advanced heart, respiratory, liver, and renal disease, progressive neurological conditions, and advanced cancer. There is no time limit (such as six months) nor any stipulation that there should be the presence of physical or psychological suffering. Two NHS doctors will be involved in the assessment and advisory process, but the patient will self-administer the medication.

There will be a two-week reflection process to allow the patient to change their mind. But we know this is not long enough to get a psychology assessment on the NHS nor even to assess response to an antidepressant. This reflection period can even be reduced to 48 hours if thought necessary.

The Bill also requires that death certificates list the underlying illness as the cause of death rather than the ingestion of a lethal substance.

The Association of Palliative Medicine conducted an opinion poll of its members in Scotland in 2022 and found that 95 per cent would not prescribe these lethal drugs, even if patients asked for them.[3] Forty per cent would leave their jobs if it was introduced in their clinical setting. They know that patients may not have a real choice if they don't get access to the right care.

Previous Bills were defeated in the Scottish Parliament in 2010 and 2015, but many are considering this Bill much more likely to pass, with many MSPs already stating their support for it. However, there was a mixed response in the press at the launch, with the Bill coming under much more criticism than might have been expected. Some commentators, such as Euan McColm in the Scotsman, expressed concern for those who might feel a pressure to die and the unintended consequences on those who are most vulnerable – ie those with mild learning disabilities and autism, those who are homeless, or those with early dementia.[4]

The next step is the appointment of a Committee to review the Bill. This will take written and oral evidence before a vote in the Chamber. If the Bill passes at this first stage, it proceeds to a second stage where it will be reviewed clause by clause and amendments will be taken. A second vote will be held at that stage – if in favour, the Bill will become law.

If you live in Scotland, write to your MSP and MP to express your concerns. Many are still undecided. North or south of the border, please join Our Duty of Care (ODOC)[5] to oppose the Bill with other concerned health professionals. Please email *info@ourdutyofcare.org.uk* for further information.

Your voice matters – we all need the right care at the right time in the right place, not medicalised killing. o

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5. *ourdutyofcare.org.uk*

for transplantation. These patients are often very young and have organs that may consequently last for decades. One study in the Netherlands shows that between 2012 and 2022, whilst psychiatric cases only constituted two per cent of all patients given euthanasia, they accounted for 29 per cent of all organ donors following euthanasia.[5]

Public trust is crucial to to maintaining deceased and living donations. Those wanting to take things a step further than ODfE by promoting euthanasia by the removal of vital organs (ERVO) show themselves all too aware of this when they state:

'Regardless of a possible change in the law, it is crucial to avoid that the general public is given the impression that there is a "hunt" for organs, to take vital organs from a living patient.'[6]

ERVO is the next logical step in the relentless progress of what a medical colleague calls 'organ greed'. Euthanasia by removing the heart from unconscious anaesthetised but living patients would maximise the use of organs. While ERVO would undoubtedly violate the dead-donor rule, calls to scrap that rule have existed for at least a decade.[7] Though the utilitarian cases for ODfE and even ERVO are overwhelming, from a biblical perspective, we should not '*do evil that good may result*'. (Romans 3:8) Euthanasia and assisted suicide are both unjustified evils,[8] even if others may live longer as a result of receiving the organs of those whose lives have been so ended. o

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