

# **END OF LIFE ASSISTANCE (SCOTLAND) BILL**

## **Submission to the End of Life Assistance (Scotland) Committee**

### **by the College of Bishops of the Scottish Episcopal Church**

The College of Bishops of the Scottish Episcopal Church welcomes the opportunity to provide input to current thinking concerning end of life issues facing the Scottish Parliament.

The Scottish Episcopal Church is part of the world-wide Anglican Communion. The Bishops of this Communion meet regularly at the International Gathering of the Lambeth Conference. While the Archbishop of Canterbury has no jurisdiction or formal authority within Scotland, his pronouncements on matters are generally taken seriously by the Churches of the Communion.

The Scottish bishops would wish to comment as follows.

At a meeting of the Lambeth Conference in 1998, the following resolutions were passed by the Bishops gathered there.

*In the light of current debate and proposals for the legislation of euthanasia in several countries, this Conference:-*

- a) affirms that life is God-given and has intrinsic sanctity, significance and worth;*
- b) defines euthanasia as the act by which one person intentionally causes or assists in causing the death of another who is terminally or seriously ill in order to end the other's pain and suffering;*
- c) resolves that euthanasia, as precisely defined, is neither compatible with the Christian faith nor should be permitted in civil legislation;*
- d) distinguishes between euthanasia and withholding, withdrawing, declining or terminating excessive medical treatment and intervention, all of which may be consonant with Christian faith in enabling a person to die with dignity. When a person is in a permanent vegetative state, to sustain him or her with artificial nutrition and hydration may be seen as constituting medical intervention; and*
- e) commends the Section Report on euthanasia as a suitable introduction for study of such matters in all Provinces of the Communion.*

In addition, the Archbishop of Canterbury spoke in the *House of Lords* on 12 May 2006. This speech will be known to Scottish Parliamentarians. He had earlier written on this matter in *The Times* on 20 January 2005.

Two points are worth extracting from the Archbishop's comments. The first is that in talking about legislation guaranteeing to people a *right to die*, we can quite soon move to finding ourselves in the position where others are thereby deemed to have a responsibility to enable the person concerned to exercise that right. In addition, we might add that in talking of someone having a right to end their life, this can also swiftly move to talk of a person having a *duty to end their life* under particular circumstances. We are well aware of this move in other areas of legislation. "*Your fathers fought for the right to vote in elections, you therefore have duty to exercise that right!*" Rights, responsibilities and duties intertwine in our consciousness in many ways, and important as it is to articulate rights, once these have been enshrined in legislation, and put formally into the public domain, the language of responsibility, and the language of duty can come swiftly in its wake.

The Bishops of the Scottish Episcopal Church are conscious that seriously held differing views exist within our church, but in general they would be reluctant to see moves to enshrine the right to die through assisted suicide formally enshrined in legislation. However, we would wish to recognise that etymologically 'euthanasia' means '*dying well*', and the Church would wish to see itself thoroughly committed to enabling people to have a 'good death'.

Accordingly the Church is committed to supporting the hospice movement, where death can be achieved with minimum pain and with dignity. The Church would also see itself as committed to focussing thoroughly on questions of dementia and the spiritual and pastoral issues faced by those suffering from it. To this end, within the church many are involved in projects looking seriously at the spiritual issues that face people when health deteriorates and the end of life approaches. We would also wish to say that through Chaplaincy and other provision, our commitment to the hospice movement is assured.

In formulating their response to the current consultation, the Bishops were grateful to have received comments from the Church's Doctrine Committee. A copy of the views expressed by that Committee is set out in the appendix below.

The College of Bishops  
Scottish Episcopal Church  
May 2010

## Appendix

### Scottish Episcopal Church Doctrine Committee

#### End of Life Choices

It should be emphasized first of all that the Doctrine Committee of the Scottish Episcopal Church are not able to offer a dogmatic position on this issue, but would nevertheless agree on certain fundamental assertions:

**That**, humanity is created in the image of God and that therefore every human life is sacred.

**That** we would endorse the statement made by the Church of Scotland in its document *End of Life Issues*: “The Church stands resolutely against the idea that human life is made less dignified or worthy by limitations in capacity.”

**But** that we could not agree unanimously on the following statement in that document, affirming “opposition to legislation which seeks to bring about deliberate ending of life.” However, we would wish to draw attention to a distinction which lies at the heart of Christian medical tradition, and has been observed in medical practice in general, between ‘doing harm’ and ‘not doing good officiously’.

We are extremely concerned clearly to define the category of people “who judge their lives to be intolerable.” The danger is that the provision could be close to conferring a right to aided suicide on anybody and everybody, including those suffering from diagnosable clinical depression.

We would point out that it is unlikely that most people will have ready access to someone who is trained to assist dying. The ‘regular physician’, who ought to be someone senior and who has cared for the patient for at least one year should, at the patient’s request, consider referring them to an assisted dying specialist team. But there is an issue of the physician who in conscience cannot be on the register of those prepared to assist in dying, and who has a duty to refer to someone who is on the register at the request of the patient, regardless of his or her own judgement of the case.

We are aware that there is no public consensus on the issue and certainly no majority view in favour of assisted suicide. (We are conscious that Ms. MacDonald is keen to distinguish between ‘suicide’ and ‘assisted death’.)

We need to be aware that the issue is not so much about death itself as about how death occurs.

David Jasper  
Convener, Doctrine Committee  
7<sup>th</sup> April 2010