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## **RESPONSE FROM THE FAITH AND ORDER BOARD AND DOCTRINE COMMITTEE OF THE SCOTTISH EPISCOPAL CHURCH**

**TO**

### **THE ASSISTED SUICIDE (SCOTLAND) BILL CONSULTATION QUESTIONS**

**APRIL 2012**

*We affirm the absolute sanctity of all human life and its creation by God as a gift which is in our care. As creatures made in the image and likeness of God we recognise our responsibility for ourselves and to enhance the lives of our fellow human beings, especially in circumstances of suffering, through the exercise of love which is ultimately of God.*

#### **QUESTIONS**

**Q1. Do you support the general aim of the proposed Bill (as outlined above)? Please indicate “yes/no/undecided” and explain the reasons for your response.**

*We do not support the general aim as too many problematic and specific questions are raised which are insufficiently addressed in the proposal. In particular the issue of the facilitator is highly problematic.*

**Q2. What do you see as the main practical advantages of the legislation proposed? What (if any) would be the disadvantages?**

*The practical advantage is that it might have the effect of reducing the stress of the person who is wishing to die, particularly if they are assured that their nearest and dearest would not be prosecuted as a result of assisting them to die.*

*The “licensed facilitator” we see as a disadvantage because the role is not clearly defined, it is too open to potential abuse and the qualifications for the role are unclear. Furthermore we see no reason for a non-medically trained person to be involved.*

**Q3. Do you consider that these suggested eligibility requirements are appropriate? If not, please explain which criterion or criteria you would like to see altered, in what ways, and why.**

*“Find their life intolerable” cannot be given an absolute status. It is particular to circumstances which can change, such that peoples’ state of mind and feeling about their life also changes.*

*There is an anxiety about the potential breadth of the criteria described and how that breadth could lead to compromised practice.*

**Q4. What is your general view on the merits of pre-registration (as described above)? Do you have any comments on what pre-registration should consist of, and on whether it should be valid for a set period of time?**

*Optimum process and time period for registration would be circumstantial. If one, as in the previous clause, is deemed “capable” at the time of the event itself, then pre-registration is redundant.*

*The proposed practice is too open to abuse at each stage, such as forms of external pressure. How can you decide on action in circumstances which have not been experienced?*

**Q5. Do you have any comment on the process proposed for the first and second formal requests (for example in terms of timings and safeguards)?**

*None*

**Q6. Do you think a time-limit of 28 days (or some other period) is an appropriate safeguard against any deterioration of capacity?**

*This would seem to be dependent on medical issues which would be peculiar to each case. In that sense this period of 28 days seems arbitrary.*

**Q7. Do you agree that the presence of a disinterested, trained facilitator should be required at the time the medication is taken? Do you have any comments on the system outlined for training and licensing facilitators?**

*We think that it could be difficult for someone to remain “disinterested” – and are unclear as to what “disinterested” means in such contexts?*

*Would the facilitator be medically trained? We worry about circumstances in which something goes wrong with the administration of the drugs or their effects, and no medically trained professional is at hand.*

*The scope of the training is unspecified.*

*We wonder what the effects would be in practice, on society and on the individuals concerned, to create a post or office of licensed facilitator.*

*What would constitute an unsatisfactory process?*

**Q8. What sort of documentation and evidence is likely to be required? In particular, how important is it that the process is filmed?**

*The concept of filming is disturbing, and open to possible abuse and use.*

*The only finally satisfactory evidence would have to be from a medical practitioner.*

**Q9. What is your assessment of the likely financial implications of the proposed Bill to your organisation? Do you consider that any other financial implications could arise?**

*Who would pay for the services of the facilitator?*

*There are no financial implications for the SEC as far as we can see.*

*There will be other financial implications as a new area of work has been created, which will tend to spawn more work and support mechanisms.*

**Q10. Is the proposed Bill likely to have any substantial positive or negative implications for equality? If it is likely to have a substantial negative implication, how might this be minimised or avoided?**

*Some may be deemed "suitable" but otherwise not "capable" (e.g. because of their mental capacity) – would this come up against disability legislation?*

*The most vulnerable could be persuaded to register.*

*There would appear to be no positive implications for equality but only negative ones.*