



Assisted Dying (Scotland) Bill

A Public Consultation

By

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Response from The Salvation Army

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Proposal for an Assisted Dying (Scotland) Bill

1. Introduction

- 1.1 The Salvation Army appreciates the opportunity to respond to the consultation on the proposal for a Bill on Assisted Dying.
- 1.2 The Salvation Army is a Christian Church and one of the largest charities in the UK, helping thousands of vulnerable people each day. The Salvation Army has 82 Corps/ centres in Scotland with approximately 4500 members and is part of the United Kingdom and Ireland Territory. Our mission statement says that we will 'meet human needs...without discrimination', and our services are offered freely to all, regardless of gender, race or sexual orientation. We have an Equality and Diversity Policy which covers all protected characteristics under equality law and which applies to every aspect of our service provision.

2. General Response

- 2.1 The Salvation Army notes that a proposal of this nature has come before the Scottish Parliament on several previous occasions. The Salvation Army has responded to previous proposals both through joint responses with the Church of Scotland and the Methodist Church, and through individual submissions. In all instances, The Salvation Army has clearly stated its opposition, on ethical, moral and religious grounds to the proposals for a change in law, and our position remains unchanged. This response draws on the submissions made in 2012 and 2014, with further contributions from our Older Peoples' Service and the UK & Ireland Territory's official positional statement on 'Euthanasia, Assisted Suicide and Living Wills' approved by the General of The Salvation Army in 2015.
- 2.2 The Salvation Army reaffirms its' view, shared with various Christian denominations at work in Scotland, that all human life is sacred and is given by God as a trust which is in our care and for which we are accountable. As creatures made in the image and likeness of God, we recognise our responsibility towards ourselves and also to enhance the lives of our fellow human beings, especially in circumstances of suffering, through the exercise of love which is ultimately of God.
- 2.3. We are aware that advocates of assisted suicide insist that under certain conditions, any competent person should be permitted to 'choose to die'. They are anxious to avoid dying in conditions of pain, dementia or loneliness, or with loss of dignity, and fear the use of inappropriate life-sustaining measures made possible by modern technology. While recognising such anxieties, The Salvation Army believes that people do not have the right to death by their own decision, whether procured by their own act or

by the commissioning of another. The Salvation Army believes we should acknowledge God's authority in all things and live in the service of others¹.

- 2.4 Consequently, while sharing the genuine anxieties and abhorrence that people have concerning inadequate care, unrelieved suffering and inappropriate treatments, The Salvation Army maintains that these can be overcome without resort to euthanasia. The hospice movement has shown that pain can be eliminated or considerably eased in almost all cases with the proper administration of drugs and other treatments. Sophisticated palliative skills are also available, while expert counselling can relieve the emotional and psychological turmoil that is often associated with the approach of death.
- 2.5 One final general comment. The consultation document contains the following: "We can and must do better for our dying citizens and their families. This is the conclusion being reached by more and more people in Scotland, often prompted by the anguish of witnessing the bad death of a loved one....I know from my own mailbag that the demand for change is growing and that people across Scotland want MSPs to take action to prevent suffering and extend compassionate end of life choice to include assisted dying" (p. 3-4). The Salvation Army acknowledges and understands the difficult situations faced by people who may wish to take the decision to end their life. However, the desire of an individual needs to be balanced against the general good of society and in particular those who may find themselves weak and vulnerable. We do not accept that the right of an individual is paramount over the good of society as a whole, and while the proposed Bill intends to prevent the suffering and protect the dignity of those afflicted by a terminal illness, it erodes the protection which the law properly provides for all and especially the vulnerable.

3. Questions

Q1. Which of the following best expresses your view of the proposed Bill?
- Fully Supportive - Partially Supportive - Neutral - Partially Opposed - Fully Opposed - Unsure.

The Salvation Army is fully opposed to the proposed legislation. Such legislation, breaching as it does the societal prohibition on the taking of human life, has implications for attitudes to many aspects of health and social care, and will have effects which extend far beyond those who are directly involved.

¹ The Salvation Army United Kingdom Territory with the Republic of Ireland Positional Statement on Euthanasia, Assisted Suicide and Living Wills, February 2015. Approved by the General of The Salvation Army. https://www.salvationarmy.org.uk/sites/default/files/resources/2020-05/euthanasia_assisted_suicide_and_living_wills.pdf

The Salvation Army holds that the proposed Bill's conceptual framework is fundamentally flawed in that it frames the question in terms of individual choice that fail to take into account the social nature of human life, and the dangers which individual choices and decisions may pose to the wider common good. This seems to reflect an underlying view of humans as autonomous individuals who are ideally self-sufficient: The Salvation Army holds rather that we share a common life and are bound together by ties of mutual solidarity and obligation, which often include accepting the loving care of others who bear our burdens as a matter of common humanity.

Having considered the proposed Bill, The Salvation Army points out that while the intention is to provide for those who are already looking for a way to end their lives, the introduction of a new law would mean that everyone who is dying will be obliged to make a choice whether to pursue assisted dying and that this decision will have to be made in a time of crisis with low mood, desperation and perhaps a feeling of being superfluous, which does not provide a good foundation for autonomy and reasoned choice. It is noted that when the law changed in Oregon in 1998, 12% of people in hospitals and care homes reported feeling like a burden on their relatives. By the following year this figure had more than doubled to 26% and by 2018 stood at 64% (figures from Oregon Public Health Division, 2019).

The Salvation Army reaffirms that an important aspect of its ministry is providing pastoral support to both individuals and communities, and particularly in caring for the most vulnerable in society. While we are sympathetic towards the fears and desires of those who may be afraid of a painful death or may wish to avoid such a death for others, what is proposed in this Bill is not the solution. Rather, there is a necessity to ensure that, as far as possible, all have access to good palliative care, which, in the widest sense, involves caring not just for the physical but also the emotional and spiritual needs of people coming towards the end of their lives.

Q2. Do you think legislation is required, or are there other ways in which the Bill's aims could be achieved more effectively?

Please explain the reasons for your response

The Salvation Army is fundamentally opposed to the proposed Bill's aims, and therefore cannot support any legislation which would allow for people to end their lives, whether by their own act or by the commissioning of another.

Q3. Which of the following best expresses your view of the proposed process for assisted dying as set out at section 3.1 (Step 1 - Declaration, Step 2 - Reflection period, Step 3 - Prescribing/Delivering)?

- Fully Supportive - Partially Supportive - Neutral - Partially Opposed - Fully Opposed - Unsure.

Please explain the reasons for your response, including if you think there should be any additional measures, or if any of the existing proposed

measures should be removed. In particular, we are keen to hear views on Step 2 - Reflection period, and the length of time that is most appropriate.

Because The Salvation Army does not believe that individuals have a right to end their lives, we do not believe that there can be any acceptable process for assisted dying, and are fully opposed to the proposed process for assisted dying set out in Section 3.1.

Q4. Which of the following best expresses your views of the safeguards proposed in section 1.1. of the consultation document?

- Fully Supportive - Partially Supportive - Neutral - Partially Opposed - Fully Opposed - Unsure.

The Salvation Army does not believe there can be any safeguards sufficient to protect individuals who may well be in a particularly vulnerable frame of mind because of their illness, and is therefore fully opposed to the safeguards proposed in Section 1.1 (Safeguards).

We note a comment from our Director of Older Peoples' Services that residents in Care Homes may 'experience very complex familial relationships'. The data from Oregon (cited above in our response to Q1) suggests that the introduction of the proposed law would result in a substantial increase in the number of residents feeling they were a burden on their families and on society, making them more likely to request an assisted death. The subtle pressures leading to such a negative self-evaluation are also likely to be increased by the wide-ranging definition of "terminal illness" which lacks any time reference, and the distress associated with such negative self-evaluations would also further complicate the work of those caring for them, even if the individual concerned did not request an assisted death.

Q5. Which of the following best expresses your view of a body being responsible for reporting and collecting data?

- Fully Supportive - Partially Supportive - Neutral - Partially Opposed - Fully Opposed - Unsure.

The Salvation Army does not have a view on the question of whether such a body should be established.

Q6. Please provide comment on how a conscientious objection (or other avenue to ensure voluntary participation by healthcare professionals) might best be facilitated.

The Salvation Army is opposed to the proposed Bill in principle and believes that all medical procedures should allow for medical staff and other personnel to exercise the right to conscientious objection.

In this connection, we signal the concerns expressed by the Director of our Older Peoples' Services, who writes:

'I would not wish for our staff, whose roles are challenging enough, to have to be dealing with these issues as part of a package of care...I would not wish for Care Homes to be the place where decisions of this kind are made and/or carried out, and would hope that the safeguards in place would be there to protect our...incredibly caring staff from having to have any involvement in decisions such as these'

Q7. Taking into account all those likely to be affected (including public sector bodies, business and individuals etc), is the proposed Bill likely to lead to:

- A significant increase in costs - Some increase in costs - No overall change in costs - Some reduction in costs - A significant reduction in costs - Don't know

Please indicate where you would expect the impact identified to fall (including public sector bodies, businesses and individuals etc). You may also wish to suggest ways in which the aims of the Bill could be delivered more cost-effectively.

The Salvation Army insists that economic considerations should not be a decisive factor in this discussion. Economic considerations should be subordinated to consideration of the moral and ethical values that undergird Scottish society and indeed make human life unique.

Without such balance, economic factors could have an undue influence upon the decision of whether to introduce new legislation and, should such legislation be introduced, upon subsequent individual decisions about ending life. Given the limited resources available to the NHS and other public health providers, and the increased demands placed upon them by an aging population, many people in vulnerable categories, and perhaps especially the aged and terminally ill, whose contribution to the economy is limited, may come under considerable, if subtle, societal pressure to opt for assisted dying. Such an outcome would be unacceptable for The Salvation Army since, together with many people of faiths, we believe that individuals are of inestimable value because they are created in the image and likeness of a Creator whose nature is to give of himself in unconditional love.

Q8. What overall impact is the proposed Bill likely to have on equality, taking account of the following protected characteristics (under the Equality Act 2010): age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation?

- Positive - Slightly Positive - Neutral - Slightly Negative - Negative - Unsure

Please explain the reasons for your response. Where any negative impacts are identified, you may also wish to suggest ways in which these could be minimised or avoided.

We have already at several points expressed The Salvation Army's concern that the proposed legislation might place subtle but significant pressure upon the aged and terminally ill to opt for assisted dying in order to not be a burden upon their families and society, especially because of the limited resources available to public health providers.

The Salvation Army expresses concern regarding society's ability or determination to sustain adequate safeguards. The proposals can be compared with the legislation on abortion, which was intended to provide similar safeguards, including a requirement for the approval of two independent doctors and strictly limited grounds for eligibility which have since been completely eroded to such an extent that many would say the position is now that of abortion on demand.

There is a genuine danger that the proposed safeguards could be eroded over time and the criteria broadened so that proxy decisions could be taken 'on behalf' of those who are no longer mentally competent, or by those who find that the tensions relating to gender identity and/or sexual orientation are such that they find their life to be unbearable and no longer wish to live. While such developments are by no means automatic or inevitable, The Salvation Army considers that they are a significant possibility and strongly militate against the introduction of legislation allowing for assisted dying.

Q9. In terms of assessing the proposed Bill's potential impact on sustainable development, you may wish to consider how it relates to the following principles:

- **Living within environmental limits**
- **Ensuring a strong, healthy and just society**
- **Achieving a sustainable economy**
- **Promoting effective, participative systems of governance**
- **Ensuring policy is developed on the basis of strong scientific evidence**

With these principles in mind, do you consider that the Bill can be delivered sustainably?

- **Yes - No - Unsure**

Please explain the reasons for your response

We have at several points indicated The Salvation Army's concerns regarding the risks the proposed legislation poses for vulnerable persons, and from this perspective consider that the proposed Bill will not ensure a strong, healthy and just society.

We agree that policy should be developed on the basis of strong scientific evidence, and with that in mind The Salvation Army draws attention to the fine detail of the recent British Medical Association's survey of its members' views on assisted dying. While the consultation document mentions this

survey (p. 13), it does not note the differences in responses from doctors of different specialisations. Doctors working in medicine for the elderly, clinical oncology, general practice or palliative care were significantly more likely to oppose a change in legislation; for instance, 70% of doctors working in palliative care, who responded to the survey, supported the position of opposing new legislation. In other words, those doctors with most experience of caring for people who are dying, who have managed these situations, and have been most closely involved in the realities of death and dying, are against a change in legislation.

Q10. Do you have any additional comments or suggestions on the proposed Bill (which have not already been covered in any of your responses to earlier questions)?

None

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Major
Assistant Secretary for Scotland
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