

## **BRIEFING: Assisted Dying for Terminally Ill Adults (Scotland) Bill**

Some points you may wish to make are below. Please use your own words.

- Experts in domestic abuse have [written to Holyrood's health committee](#) to warn that an assisted suicide law could become a “lethal weapon” in the hands of abusive men. They argue that the “ongoing fear and trauma of coercive control” means women will not be able to “consent freely” to assisted death. And they note that doctors miss the “hidden” signs of domestic abuse. Disabled women are twice as likely to experience this crime.
- The charity Hourglass has said that “coercion is underplayed significantly” in cases of elder abuse. Older people, and especially those experiencing social isolation, are greatly at risk of feeling pressure to end their lives. It is also clear from other nations that many people pursue assisted death because they [fear becoming a burden](#) on others.
- Last year, [hospice bosses warned](#) that they are experiencing an “insurmountable funding gap” that means they may have to start turning people away. There is an acute danger that Scots would choose to end their lives by assisted suicide because of the healthcare inequality they face. This would not be a free choice.
- An expert [review of cases](#) in Canada found that people were pursuing assisted death because of “unmet social need”. Factors such as poverty, loneliness, and addiction affect the way a person views their self-worth and future prospects. More marginalised members of Scottish society will feel pressure to die.
- Prognosis is fraught. [Data shows](#) that patients given six months to live are often alive three years later. There are also examples of people going on to live much longer than this, after wrong advice from medics. People would choose to end their lives through assisted suicide based on inaccurate information from doctors.
- A 2022 survey found that 75% of [Scottish palliative doctors](#) would not be willing to participate in assisted suicide, and 98% stated do not think it should not be part of mainstream healthcare.” A significant 4 in 10 also said they would leave the profession if it became available. This would have huge implications for Scottish healthcare.
- Many disabled people oppose a change in the law because of the regressive message it would send – that lives marked by illness, dependence, or decreased mobility are not worth living. They also fear the consequences of a law change in a context of poverty and inequality. The [Glasgow Disability Alliance](#) has said: “Given the inequalities and discrimination disabled people face, the majority of GDA members firmly believe that there are no proposed safeguards against assisted dying strong enough to alleviate disabled people’s fears that they could be seen as a burden and dispensable.”
- In places where assisted suicide is legal, doctors are prescribing dangerous and untested drug cocktails. Many patients who ingest them experience [distressing complications](#) and sometimes, prolonged death of up to 104 hours. With such evidence, how can we legalise assisted suicide? This is not an example of good medicine.
- Contrary to the claims of campaigners, [distinguished experts](#) stress that “palliative care works”, is effective in dealing with symptoms, and helps improve patients’ quality of life. They also note the danger of people opting for assisted death due to improper access to palliative care, and the need to bolster this support before a law change is considered.