Proposed Assisted Dying for Terminally Ill Adults (Scotland) Bill

Introduction

A proposal for a Bill to enable competent adults who are terminally ill to be provided at their request with assistance to end their life.

The consultation runs from 23 September 2021 to 22 December 2021.

All those wishing to respond to the consultation are strongly encouraged to enter their responses electronically through this survey. This makes collation of responses much simpler and quicker. However, the option also exists of sending in a separate response (in hard copy or by other electronic means such as e-mail), and details of how to do so are included in the member's consultation document.

Questions marked with an asterisk (*) require an answer.

All responses must include a name and contact details. Names will only be published if you give us permission, and contact details are never published – but we may use them to contact you if there is a query about your response. If you do not include a name and/or contact details, we may have to disregard your response.

Please note that you must complete the survey in order for your response to be accepted. If you don't wish to complete the survey in a single session, you can choose "Save and Continue later" at any point. Whilst you have the option to skip particular questions, you must continue to the end of the survey and press "Submit" to have your response fully recorded.

Please ensure you have read the consultation document before responding to any of the questions that follow. In particular, you should read the information contained in the document about how your response will be handled. The consultation document is available here:

Consultation Document

Privacy Notice

I confirm that I have read and understood the Privacy Notice attached to this consultation which explains how my personal data will be used.

On the previous page we asked you if you are UNDER 12 YEARS old, and you responded Yes to this question.

If this is the case, we will have to contact your parent or guardian for consent.

If you are under 12 years of age, please put your contact details into the textbox. This can be your email address or phone number. We will then contact you and your parents to receive consent.

Otherwise please confirm that you are or are not under 12 years old.

No Response

About you

Please choose whether you are responding as an individual or on behalf of an organisation.
Note: If you choose "individual" and consent to have the response published, it will appear under your own name. If you choose "on behalf of an organisation" and consent to have the response published, it will be published under the organisation's name.

on behalf of an organisation

Which of the following best describes you? (If you are a professional or academic, but not in a subject relevant to the consultation, please choose "Member of the public".)

No Response

Please select the category which best describes your organisation

Third sector (charitable, campaigning, social enterprise, voluntary, non-profit)

Optional: You may wish to explain briefly what the organisation does, its experience and expertise in the subject-matter of the consultation, and how the view expressed in the response was arrived at (e.g. whether it is the view of particular office-holders or has been approved by the membership as a whole).
Humanist Society Scotland is a membership organisation which has over 15,000 members across the country. We exist to promote humanist thought, secularism, and to provide services to Scotland's non-religious community. Our network of over 130 registered celebrants provides thousands of weddings, funerals, and naming ceremonies for people to celebrate key life events in line with their personal beliefs and values. We exist as part of a global network of humanist organisations that seek to promote and protect human rights, with particular interests in the right to Freedom of Thought, Conscience, Religion and Belief, and Freedom of Expression. Humanism is a philosophy that champions individual autonomy and the scientific method, and rejects supernatural explanations to life's 'big questions'. Humanism is recognised as a 'belief' for the purposes of human rights and equality law and Humanist Society Scotland is recognised in marriage law in Scotland as a 'belief body'.

Humanists defend the right for individuals to make decisions about their life in line with their own personal values. Humanists are people who make their ethical decisions based on reason, empathy, and a concern for human beings and other sentient animals. As a collective we have long championed the right of individuals to have personal autonomy over their bodies, including matters of medical care and treatment. The right to be in control of one's body and the decisions made about it is a cornerstone concept of humanist philosophy and for humanists in their lives.

Humanist Society Scotland's members have long supported the need for change in the legal system to allow for legalised assisted dying, ever since our formation in 1989. The Society supported previous attempts to change the law in the Scottish Parliament through the Assisted Suicide (Scotland) Bill and the End of Life Assistance (Scotland) Bill. When surveyed, assisted dying has consistently been chosen by our membership as the most popular and important issue for the organisation to speak out on and support.

Please choose one of the following:

I am content for this response to be published and attributed to me or my organisation

Please provide your Full Name or the name of your organisation. (Note: the name will not be published if you have asked for the response to be anonymous or "not for publication". Otherwise this is the name that will be published with your response).

Humanist Society Scotland

Please provide details of a way in which we can contact you if there are queries regarding your response. Email is preferred but you can also provide a postal address or phone number.

We will not publish these details.

Aim and Approach - Note: All answers to the questions in this section may be published (unless your response is "not for publication").

Q1. Which of the following best expresses your view of the proposed Bill?

Fully supportive

Please explain the reasons for your response.
Humanists promote fulfilment in our life because they believe it is the only one we have. As such, humanists are greatly concerned about quality of life and the right to personal autonomy. In light of this, support for the right to an assisted death is considered by humanists as the correct ethical choice for those suffering at the end of their lives.

Concern with quality of life does not mean that humanists believe we should judge the quality of other people's lives, or understand lives with illness or other challenges as lacking in quality. Personal autonomy and the ability of all people to be able to make fully informed decisions, free from intimidation, are our chief concerns. Humanists believe that all individuals should be supported to live fulfilling lives and realise their potential. As Baroness Hale (2009) said:

It is not for society to tell people what to value about their own lives ... if we are serious about protecting autonomy we have to accept that autonomous individuals have different views about what makes their lives worth living.

Our support for legalised assisted dying in Scotland is not based on judgements about the quality of terminally ill people's lives; it is based on a humanist belief that an individual's bodily autonomy should include the right to make a decision at the end of life to avoid suffering.

It is our belief that if a person is able to make a sound judgement about their pain and suffering, they can also make a sound judgement about whether or not they wish to access an assisted death. Humanists believe that the current legal position of allowing permitted passive methods of assisted dying (such as a withdrawal of food/water) whilst rejecting active choices is unethical, immoral and unjustifiable. This leads to unnecessary pain and suffering at the end of life for many people.

Individual choice should be a key moral obligation in the care of terminally ill people, and we should allow terminally ill individuals to make decisions about their care and their death. Ultimately humanists support the principle of individual control, including the manner of death. Mentally competent adults in Scotland should be able to choose whether they would prefer an active method of assisted dying or a passive method.

We believe that the model proposed in this consultation provides robust and significant safeguards that will ensure that only those who are able to make a conscious and clear decision with regard to an assisted death are ultimately able to do so. As a community that greatly values personal autonomy, we oppose any individual actions or laws that might undermine or pressure an individual into taking a decision that they do not actually want. We believe the steps proposed in this bill to access an assisted death have introduced a

Q1. Which of the following best expresses your view of the proposed Bill?

‘high bar’ of safeguards that will ensure assisted death could only be enacted by an individual who had a clear and settled will to access such an option.

Humanist Society Scotland has been concerned for numerous years that the right to an assisted death for people in Scotland has been outsourced to other jurisdictions. While this in itself is not an argument for change, this often requires individuals to travel long before they would wish to, to ensure their health has not diminished to the point where they can no longer travel. This sad fact means that for some terminally ill individuals, life ends significantly earlier than it had to had they the right to an assisted death in Scotland. The high cost of accessing assisted death in other countries is a barrier to many terminally ill people who would otherwise choose such an option were it available in Scotland.

Ref: Hale (2009) quoted in Delamothe, T. (2009) Assisted dying: what’s disability got to do with it? BMJ 339:b3446.

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.

We believe that legislation is required to allow for individuals to access an assisted death at the point of their choosing. As is highlighted in the consultation document there is currently considerable uncertainty in law as to what conduct could give rise to a charge of murder or culpable homicide for assisting the death of another.

This point was considered significantly in the Ross V Lord Advocate (2016) case. Gordon Ross was a former treasurer and long standing member of Humanist Society Scotland. He was a passionate humanist and well liked by his peers, who named our ‘Humanist of the Year’ award after him. Gordon had a degenerative condition and foresaw a time when he might wish to access an assisted death. He did not want anyone who assisted him to be prosecuted so he took legal action against Scotland’s Lord Advocate. Gordon wanted the Lord Advocate to publish guidelines that clarified when someone would be prosecuted for assisting a death. While the case was ultimately defeated, the Ross case did provide a helpful explanation of the current law, whilst highlighting the need for proper legislative and regulatory oversight.

In addition, the introduction of legislation on assisted dying would include regulation and safeguards to ensure that assisted deaths in Scotland would be overseen by a qualified medical practitioner. We believe legislation would also reduce the number of people who choose death by suicide after receiving a terminal diagnosis. There have also been a number of cases in Scotland where loved ones assist a terminally ill family member to die. If people in Scotland had the legal right to access an assisted death, fear of pain and suffering after a terminal diagnosis would be mitigated by the knowledge that an assisted death is available should one choose to access it. For many the fear of being unable to manage the pain and suffering of a terminal illness is unfounded, and access to legal assisted dying would ensure that people who fall into this category do not feel forced to choose suicide many weeks or months before their natural death. A properly regulated system would also reduce the number of botched assisted deaths that sadly currently happen, caused by individuals without medical knowledge trying to end their lives and causing themselves much pain and suffering as a result.

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

Fully supportive

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.
We believe the process as set out in the consultation allows for an individual to have their wishes respected with regard to accessing an assisted death, whilst also ensuring that there is a rigorous but reasonable amount of query into their decision, for safeguarding purposes.

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

As humanists we believe that individuals should have the right to full bodily autonomy. This is a core concept of humanist philosophy and why humanists have been at the forefront of campaigning for rights on assisted dying, and also on related matters of bodily autonomy such as abortion rights, contraception, and organ donation. We do not believe that individuals should be unduly influenced by other people when making decisions relating to their own body. There is, of course, a need for accurate advice and information for the terminally ill explaining their end of life care options, and we support the proposal that at the declaration stage of the assisted dying process, a medical practitioner would discuss all available options with the patient in a non-biased way, to ensure that they fully understand the options available and are able to make an informed decision about what is the best course of action for them.

We believe that individuals at the end of life should be able to access the right to an assisted death at a time that suits them. However, we understand concerns that have been raised in previous debates in regard to the competency of that decision. We support the proposed standard reflection period time frame of 14 days, and we are also in favour of removing this where a diagnosis reflects that need. We believe that where two doctors are confident that the timeframe of death is less than 14 days, the reflection period should be removed.

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

Fully supportive

Please explain the reasons for your response.
We fully support the proposed safeguards as set out in the document.

We support the attending doctors making a capacity judgement of the patient to ensure that they are able to make a proper decision about their future options on diagnosis of a terminal illness. Medical practitioners currently carry out capacity judgements in a variety of circumstances to ensure that the patient is aware of the full circumstances of their decision. For example, a patient’s decision to refuse treatment for an illness is respected if they are judged to be fully competent to make the decision. The BMA provides guidance to doctors on how to reliably ascertain an individual’s competency to make decisions about their health and care, and we believe the same measurement of competency could be used for individuals wishing to access an assisted death.

We agree that this decision-making competency should be reconfirmed by a registered HCP prior to the point of taking the medication that will end life, to reaffirm that the decision is clear in the patient's mind.

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

Fully supportive

Please explain the reasons for your response, including whether you think this should be a new or existing body (and if so, which body) and what data you think should be collected.
We support there being a monitoring scheme of how assisted dying is being used and data being collected. We believe that this data collection exercise would act as a further safeguard to ensure that people who choose an assisted death have chosen freely and without pressure. It also provides further reassurance that any system put in place means that assisted dying is properly monitored and regulated as compared to the current system in place which sees an unreasonable number of terminally ill people commiting suicide. Often these attempts to end life are unsuccessful and cause further pain and suffering - a regulated system would protect these individuals while also allowing them to be in control of their choice of treatment options and option for an assisted death.

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

With any system clearly there is a paramount need to protect the identity and privacy of individual patients and, as such, strong data protection should be built into any system that is designed.

We do not have a particularly strong view on which body (including any new body) should carry out such an exercise. We believe that it would be important to involve public health bodies and National Records of Scotland in the discussion about how this data collection and analysis could be best handled given their work with similar data.

Collection of data in a robust manner would help to assess who was choosing to access assisted dying and in doing so highlight any groups who are over or under represented - this would allow for a further analysis and exploration of the reasons why. The data collected could also help to relieve concerns that have been raised in general about who would access assisted dying. Evidence from other jurisdictions shows that many of the concerns raised regarding coercion or particular impact on people with disabilities is not borne out by the evidential data that is collected.

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

We support the right for individual practitioners to have the right to conscientious objection given the concerns raised by a number of healthcare professionals on their own personal beliefs and assisted dying. We believe that such a system of individual conscientious objection would need to be paired with a clear obligation to ensure that a patient can access assisted dying if that is their choice. Any objecting medical practitioner would need to ensure that an alternative professional is brought to attend to the patient so that their wishes would be respected. Under no circumstances should a patient be unable to access an assisted death, if they meet the criteria, because attending medical practitioners conscientiously object. A clear referral pathway must be developed to ensure that the patient's wishes are respected. This is in keeping with the Supreme Court ruling (2014) on conscientious objection relating to abortion where the court stated:

‘Whatever the outcome of the objectors’ stance, it is a feature of conscience clauses generally within the health care profession that the conscientious objector be under an obligation to refer the case to a professional who does not share that objection. This is a necessary corollary of the professional’s duty of care towards the patient. Once she has assumed care of the patient, she needs a good reason for failing to provide that care. But when conscientious objection is the reason, another health care professional should be found who does not share the objection.’

There are clear precedents that can be mirrored from abortion legislation, legal cases and practice in how to manage concscientious objections while ensuring that individuals have the right to access treatment. For example the General Medical Council’s guidance on ‘Personal beliefs and medical practice’ (2013, updated 2020) states that a referral should be made to another doctor who would be willing to facilitate the patient's choice. In addition, any objection must be limited to direct provision of assisted death to be in line with the Supreme Court ruling in Greater Glasgow Health Board V Doogan and another (2014). The court made clear that delegating, supporting or supervising staff involved in abortion is not covered by the right to conscientious objection. This was a unanimous decision by all five sitting Supreme Court judges. Lady Hale, presiding judge, wrote on this decision:

'Parliament will not have had in mind the hospital managers who decide to offer an abortion service, the administrators who decide how best that service can be organised within the hospital, the caterers who provide the patients with food and the cleaners who provide them with a safe and hygienic environment. Yet all may be said in some way to be facilitating the carrying out of the treatment involved. The managerial and supervisory tasks carried out by the labour ward co-ordinators are closer to these roles than they are to the role of providing the treatment which brings about the termination of the pregnancy. "Participate" in my view means taking part in a "hands-on" capacity.'

However, we would argue strongly that these conscientious objections should not be extended to organisations and providers of healthcare, including charities. We have grave concerns about patients who have chosen to receive care in hospice settings, for example, who then wish to access an assisted death but this was then blocked by the organisational having a conscience opt-out. By virtue of their

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complex care needs this would then mean an individual's right to an assisted death was unfairly blocked when they should have the right to access such a choice. Data from Oregon shows that 90% of individuals requesting an assisted death are in hospice care (Lee, 2014).

All individuals, no matter who is responsible for their care, should have the same right to access an assisted death if these proposals are passed. Individuals should ultimately be the gatekeepers to their own care and end of life choices. These are decisions for the individual free from coercion or control by an outside agency.

Ref: Barbara Coombs Lee (2014), Oregon's experience with aid in dying: findings from the death with dignity laboratory, Annals of the New York Academy of Sciences

Financial Implications

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

no overall change in costs

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.
While it is difficult to assert the impact of costs or savings of such legislation, some studies have suggested that any savings are likely to be neutral when weighed against costs associated with establishing the necessary frameworks needed and ongoing support, for example Emanuel & Battin (1998). Others such as Shaw & Morton (2020) have suggested that denying access to assisted dying is a lose-lose situation as it denies choice for the individual patient over their care combined with potential cost savings from their care that could provide better care for those who do not wish an assisted death.

Ref: Emanuel and Battin (1998), What Are the Potential Cost Savings from Legalizing Physician-Assisted Suicide?, The New England Journal of Medication, 339
Shaw and Morton (2020), Counting the cost of denying assisted dying, Clinical Ethics

Equalities

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, sex, sexual orientation?

Positive

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 believe that enacting assisted dying legislation will have a positive impact on a number of protected characteristics. The key proposal within this consultation is aimed at giving individuals greater control and agency.

Faith and Belief
The opt-in nature of any assisted dying legislation means that people will be able to follow their own beliefs about assisted dying, be they religious or nonreligious. This will ensure equality between those whose religious or nonreligious beliefs support assisted dying and those whose religious or nonreligious beliefs do

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not.

At the moment, the effective ban on choosing the option of an assisted death negatively affects individuals who subscribe to a belief system that strongly supports individual bodily autonomy. Humanists, Unitarians and Pagans in Scotland, amongst others, would be positively affected on a belief basis as this legislation would allow these individuals the right to access end of life care that subscribes to their worldview and ethical stance. Conversely those who oppose assisted dying would not be negatively affected due to the opt-in nature of such a system and the proposed conscientious objection clause.

We must also here reject the argument that enacting assisted dying legislation would breach rights for religious ethos organisations who might find themselves in a position of having to offer the right to assisted dying. Equality Act and Human Rights provisions are applicable to individuals and not to organisational entities. A clear example of this can be seen in the Cornerstone Vs Ofsted (2021) Court of Appeal case which underlined that an institutional ethos does not negate equality act requirements to offer a service, in this case same-sex couples fostering against a religious objection on the part of the organisation. Equally a religious ethos against assisted dying could not be relied upon to refuse access by an organisation where the individual patient chooses to do so if under their care. Importantly this would not impact individual professionals' rights on the basis of their faith or belief where they objected to assisted dying as they would be able to conscientiously object and opt out of providing such services.

Scottish law and practice has developed considerably since the mid twentieth century to place closer protections on the individual's faith and belief rights and away from religious institutions having rights or special privileges to create a pluralistic secular society. This is highlighted by Brown, Mair and Green (2016) when they write:

‘...things have changed in the late twentieth and twenty-first centuries. Scotland has been propelled with some vigour and speed from a position in which it was famed within Europe in 1960 for its religious character, to being in 2016 – along with the Netherlands, the Nordic nations, and some former Eastern bloc countries – one of the most secular nations in the western world. Decline in churches, falling church membership and affiliation, and the rising proportion of Scots registered as having "no religion" (sometimes referred to by sociologists as "the nones") has transformed church and faith.’

Ref: Brown, Mair and Green (2016), Religion In Scots Law: The report of an audit at the University of Glasgow, Humanist Society Scotland.

Age
Older people in Scotland are far more likely to receive a terminal diagnosis. The proposals will add an additional choice for all terminally ill people to have greater control over their end of life choices. As this is an opt-in provision, again it must be stressed that individuals will receive additional rights and options for their care. It does not impact their choices to access current provisions of care. Therefore the impact can only be stated as a positive given that it is providing choice to the individual.

Disabilities
Despite opposition arguments that place assisted dying as a threat to people with disabilities, the vast majority of people with disabilities in Scotland support assisted dying and greater choice at the end of life (Colburn, 2021). High profile campaigners for the right to access assisted dying who took legal action in the UK on the matter, including Tony Nicklinson, Paul Lamb and Gordon Ross, all had disabilities. It is therefore disappointing that individual disabled people's voices, who are shown through polling to be as in favour of assisted dying laws as the wider population, are often overridden by an attempt to portray people with disabilities as having one voice of opposition. This is fundamentally untrue. A recent survey (Box & Chambaere, 2021) of disability rights organisations found only 4% explicitly oppose assisted dying laws. The substantial majority (84%) took no position.

There is no empirical data that supports the claim that people with disabilities have been disproportionately affected in places with legal access to assisted dying for the terminally ill, and we believe that assisted dying will only create more choice and control for those with disabilities and a terminal condition, as it will the non-disabled population. Importantly the consultation asks for views on assisted dying for people with a terminal illness who have mental capacity. There is no reason that legislation on this basis would therefore negatively impact on people with disabilities given it would only be available to them if they have a terminal illness on the same basis as people without a disability. An argument simply on the basis of a ‘slippery slope’ is a bad faith argument given there is no legitimate opposition to the proposals for terminally ill people. The evidence from other jurisdictions shows ‘there is no clear evidence of a slippery

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, sex, sexual orientation?

slope' of higher uptake of assisted dying amongst disabled people (Rietjens et al 2012). Emanuel et al (2016) also concluded:

'In no jurisdiction was there evidence that vulnerable patients have been receiving euthanasia or physician-assisted suicide at rates higher than in the general population... data do not indicate widespread abuses of these practices.'

Those who argue against the introduction of assisted dying legislation attempt to deny individuals the right to decide upon their own care and end of life choices. In addition there is an overly paternalistic view espoused that disabled people need protection from their own decisions relating to assisted dying if they have a terminal illness. In one study (Fadem et al, 2003) with disabled people, participants felt 'people with disabilities may be denied choice because they are assumed incompetent to make their own decision'. Someone with a disability who has a terminal illness and has been assessed as having mental capacity should have the same rights as everyone else under any proposed legislation. This is a point made by Riddle (2017) when he writes:

'Denying people with disabilities the right to exercise autonomy over their own life and death says powerfully damaging things about the disabled, their abilities, and their need to be protected.'

Ref: Box, G. & Chambaere, K. (2021) Views of disability rights organisations on assisted dying legislation in England, Wales and Scotland: an analysis of position statements. Journal of Medical Ethics
Colburn, B (2021) Disability and Assisted Dying Laws Policy Briefing, Policy Scotland.
Emanuel, E.J. et al. (2016) Attitudes and Practices of Euthanasia and Physician-Assisted Suicide in the United States, Canada, and Europe, JAMA 316:79–90
Fadem et al (2003) Attitudes of People with Disabilities towards Physician-Assisted Suicide Legislation: Broadening the Dialogue. Journal of Health Politics, Policy and Law 28: 977-1001
Riddle, C.A. (2017) Assisted Dying & Disability. Bioethics 31: 484-9
Rietjens, J.A.C. et al. (2012) Medical end-of-life decisions: does its use differ in vulnerable patient groups? A systematic review and meta-analysis. Social Science and Medicine 74: 1282-1287.

Sex
Evidence shows that women are currently disportionately affected by a lack of the right to access assisted dying by choice as they are most likely to be primary carers for those at the end of life. The particular impact of a lack of access to assisted dying on women is well explored in the 2021 Dignity In Dying Report: Dying in Scotland, A feminist issue.

Sustainability

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

Please explain the reasons for your response.
Humanists believe that a strong, healthy, and just society is rooted in respect for every individual, including respect for bodily autonomy where it has no ill effects on others. The Bill would ensure that bodily autonomy - a building block of a just society - is enshrined in law from birth until death.

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• 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?

Humanists also believe that decisions should be made on the basis of reason and strong scientific evidence. There is a plethora of evidence from the jurisdictions in the world that already have assisted dying, that it brings many benefits to the citizens for whom it is a legal right, and that "slippery slope" arguments used by the (often religious) opposition are unfounded. Assisted dying has not been found to lead to forced euthanisia of older people or those with disabilities, but instead has been proven to be a compassionate choice that is taken by very few people, and whose very existence brings comfort to the terminally ill.

General

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

No Response