

The challenge facing Westminster

CAAD (Campaign Against Assisted Dying), began in the west of Scotland as a group of people with shared civic concern about assisted dying in response to MSP Liam McArthur's proposals in the Scottish parliament. Initial consultation carried out by the Scottish government reported 76% support for a change in the law.

CAAD members studied evidence, including statements from medical staff, from countries which have legislated for assisted dying, and discovered that the safeguarding which was put in place does not protect vulnerable people.

For over two years, we initiated conversations in communities across Scotland with people who are both for and against proposals to legislate for assisted dying. We held conferences and meetings, spoke to individuals and groups, and engaged more than 2,000 citizens on the issue. On sharing what was learned about the impact of legislation in other countries, common responses included 'I didn't realise'; 'I thought it would only affect a few people'; 'that's not fair'.

CAAD realise that this is a very sensitive issue. People are moved by concern for those who are suffering and for their families. In response, CAAD believes that it is essential to look at the whole picture: the challenges and needs of end-of-life care **and** international evidence of unintended but predictable consequences of assisted dying legislation.

There are clear patterns of change-which follow legislation, which are causing concern to a growing number of people. These fall into two groups: erosion of safeguarding protection and changes to the nature and practice of healthcare.

Safeguarding

The UN Declaration of Human Rights sets out fundamental rights to be protected by law, including the right to life. In countries which have legalised assisted dying, exception is made for certain individuals, and the state employees authorised to assist them, in various forms of legal assisted suicide. However, people not included by the law have been successful in claiming unequal treatment.

This results in an increase in patients being offered assisted dying, beyond the small group included in initial legislation. Safeguarding promises made by politicians, especially to vulnerable people, are not sustainable. Due to legal challenge, safeguarding is unsafe.

Change to the nature and practice of health care as we know it

Vulnerable patients, including those with disability issues, are often considered eligible for assisted dying according to the law. Many have described an increased sense of vulnerability in dealings with medical staff who may offer assisted suicide as a treatment.

Legislation takes no account of the conflicting understanding of the nature of care which it imposes on medical staff. The vast majority of the medical community, understand their duty of care to 'do no harm'.

These changes to the nature and practice of health care affect the needs and rights of patients and medical staff. They flow from the decision to override the rights of many to meet the needs of some. In effect, a well-intended act of mercy for a few changes the nature and practice of health care for all, as we currently know it.

Responsibility of MPs as legislators

The issues described above have emerged in various jurisdictions. Although they may not be present to the same degree in every country which has legislated, this does not mean that they will not happen in the future. No MP can promise that others who follow them will keep the promises made today.

Any MP who is considering support for the proposals before parliament should be reasonably expected to explain to the electorate what they will do differently. Along with increasing numbers of groups and individuals, we at CAAD believe that

Legislation is not the answer. It brings about unintended, yet entirely predictable changes to the rights of many, and to the care of all.

Evidence of Change

The second Scottish government consultation on the proposals for Assisted Dying took the form of a Call for Evidence. Of the extended responses provided by groups and individuals 93% were opposed to the Bill (19th September 2024).

76% in favour 2 years ago, 93% against weeks ago, clearly indicates change

This reflects the CAAD experience of grassroots engagement. Where knowledge of international evidence grows, a groundswell of concern develops.

The answer: a national plan

The national network of hospices and other organisations which currently engage with the suffering, pain and fears of those facing illness or conditions with no cure, are at the forefront of best practise. Their knowledge and practice are world class and represent a network of excellence.

With government planning and support, this knowledge and practice can be distributed around the country. We believe that the response to the needs presented by this difficult issue can be best achieved by a national plan for palliation, not legislation.

The challenge for Westminster ... vote 29th November 2024

The short space of time now available for consideration of such matters of life and death is a matter of concern. As a consequence, constituents have raised expectations of MPs in their role as legislators. The legacy of their vote will ensure improvement to the care of all, as we currently know it, or will introduce well-intended change which will have drastic consequences for the care of all, especially those who are vulnerable.

We hope and expect that all MPs will respond to these challenges by

- Recognising their full role as a legislator on this unique issue
- Undertaking research into all evidence available
- Seeking out the thoughts and concerns of the people they represent
 - Forgoing any protocol which might prevent every MP from voting.

Every vote to be counted-no abstentions or exclusion

(the vote in either parliament will ultimately impact the lives of every citizen in the UK)

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