

Written evidence submitted by Dr Carl Counsell (Consultant Neurologist at NHS Grampian) (ADY0460)

As a practising consultant neurologist with 20 years experience I have dealt with many people who have incurable progressive degenerative diseases like motor neuron disease. I have seen first hand the physical and psychological suffering they cause which I would never minimise. Whilst assisted dying would be by far the cheapest option to manage these people, I have never once felt it was an appropriate solution for a number of reasons.

(1) There is no doubt in my mind that it would lead to some people, who have no real desire to die but feel a burden to others, asking for and accepting assistance to die. There are NO systems that can be put in place that would prevent this because you cannot see into someone's heart to see their motives. The most vulnerable would be the older, disabled and more frail, the precise people that we should be protecting. I have lost count of the number of people who have told me they feel a burden to others and therefore would be open to that sort of conscious or subconscious manipulation. In my experience, the people who are most vociferous in their support for assisted dying are those with personalities/positions/families that would protect them against exploitation. If one person who did not really wish to die was assisted to die, it would be a crime. The supposed rights of individuals, no matter how vocal, should not be put above the greater good of society and protecting those who cannot protect themselves.

(2) Suffering is horrible and I can completely understand why people may wish to be assisted to die. This can be seen as the most caring thing to do but history also teaches us that changes to the law designed to relieve suffering / help humanity can be abused because there are people (public and medical professionals) who will abuse them or they will be extended into areas they were not designed for. Abortion would be the obvious example. It was designed to be used as a last resort to protect women at risk of unsafe abortions, not be extended into a mass form of late contraception as is so often the case now. There are clear examples from abroad (Canada, Netherlands, Belgium) of increasing rates of assisted suicide over time and of extension into what many would consider inappropriate situations such the use in teenagers with depression. This is despite safeguards being put in place.

(3) It seems paradoxical to me that national and devolved governments recognise that rates of voluntary suicide are too high and we have strategies to reduce these rates but at the same time we are discussing allowing an increase in suicide through assisted suicide. Surely, we should be looking at strategies to improve suffering towards the end of life - there is no doubt palliative care (as well as care in general) is under-resourced. Throughout my career as a neurologist, the vast majority of my patients with incurable diseases have not had access to palliative care because there are simply insufficient resources. Our palliative care team still largely deals just with cancer. not from choice but necessity.

(4). Death is final. There is no way of asking people how good their experience of assisted dying was or whether they would do it again if they had a choice.

(5). As well as relieving suffering, I suspect many people who advocate assisted dying to do because they fear the process of dying and wish control over their death. Humanity desires control over things that in reality we have little control over and, in many cases, should not have control over because, despite our best intentions, we will make a mess of it!

There have been many debates over assisted dying in the UK in recent years: it seems that the vocal assisted dying lobby will not stop until it gets its way. I would urge the government not to open another debate and to accept that the current laws provide the best protection.

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