

SCOOP

(Senior Citizens Opt Out Procedure)

and

DADAH

(Dignified Assisted Dying At Home)

Complementary procedures to provide

a way forward for

End of Life Choices

and

Assisted Dying

PROBLEMS WITH RECENT LEGISLATIVE PROPOSALS

1. Limited to terminally ill.
2. Preoccupied with situations in which the person concerned is deemed to be no longer competent to take own decisions.
3. Preoccupied with *medically assisted* dying.

More basically, they have given the impression that the problem is to legalise assisted dying.

This is not the case.

It is already legal to assist someone to die provided one does not initiate the final step.

However, the non-drugs-based options currently available to those who wish to arrange to be able to terminate their lives at a time of their own choosing are anything but satisfactory:

1. They are seriously undignified.
2. They leave whoever offers assistance open to criminal investigation lest they have gained in some way from the death. (In in which case those concerned can be accused of murder).

**The Scottish Senior Citizens
Opt Out Procedure (“SCOOP”)**
in association with those
provided for **Dignified Assisted
Dying At Home (“DADAH”)**
would offer a way to overcome
these problems without relying
on the medical profession.

The proposals stem from observations made in the House of Lords' *Assisted Dying for the Terminally Ill Bill*.

In para 111, Vol I, p43 Dr. Gill Turner, representing the British Geriatrics society, questioned why assisted suicide or voluntary euthanasia need to have medical involvement at all.

She said

*People can be given the
wherewithal to end someone's
life, but I am not entirely sure
why doctors need to be involved,
because effectively it is a social
decision, not a medical decision.*

(Q1196)

And then added

*If we are trying to de-medicalise
some of these decisions ...
because of the fact that we are
talking about people's own
autonomous decision-making,
then why does a doctor need to
be involved?* (Q 1223)

In a similar vein

Dr Randell commented that it would be better, *if society wants assisted suicide and euthanasia, to take doctors out of it apart from establishing the diagnosis, the prognosis and the treatment options for the prolongation of life and the relief of suffering ... That way you do not have the collateral effects on your doctor-patient relationship.*

Our **SCOOP/DADAH proposals** rely on **the Office of the Public Guardian ...** An office with whom all Living Wills (Advance Declarations) and Powers of Attorney have to be filed.

And do so in such a way that the proposed activities would result in **no cost to the public.**

And the **medical profession would not be involved.**

**The proposal is that the Public Guardian
will**

advertise for, select,

appoint, and supervise

a minimum of 15 suitably responsible persons to act as

**DADAH End of Life Licenced Carers
(TLCs or EOLCs)**

whose function would be

**to assist the person who wishes to die in the final
stages.**

Importantly,

*those who wish to avail of this service need not
necessarily have a terminal illness.*

These carers will be spread as evenly as possible throughout Scotland

There would be no NHS involvement in this process

The public guardian would also appoint to, or select from, her staff, a

BONDED COURIER

Who would deliver capsules of sodium pentobarbital to the DADA End of Life Licenced Carers (EOLCs / TLCs) when arrangements are being made to end a life.

Once again the NHS would not be involved.

Any Scottish Senior Citizen resident in Scotland and listed on the Electoral Roll or someone who has Power of Attorney for such a person could register to take part in this scheme via a solicitor.

He or she would:

1_(of 5). make a “Living Will” (Advance Declaration) and have the signature witnessed by a solicitor.

2_(of 5). Appoint and register someone having welfare power of attorney on their behalf with the Public Guardian via the same solicitor.

The Power of Attorney should direct that person to enact DADAH procedures as they think appropriate.

3_(of 5). Notify, again via a solicitor, the Public Guardian of his or her intention to take part in the Dignified Assisted Dying at Home (DADAH) scheme.

4_(of 5). Set up a standing order to transfer £5 for 60 months into a fund set up by the Public Guardian to cover the eventual costs of the End of Life Carer who will assist at the end. (It is hoped that arrangements could be made to exempt those who cannot afford this amount.)

5_(of 5). Annually confirm his or her intention to remain part of this scheme offering Dignified Assisted Dying at Home (DADAH) at some time in the future.

To repeat: there would be no NHS involvement in this process and no cost to the public purse.

(There would, of course, be some cost if it was decided to waive the costs for some people but such costs would be more than recovered from savings on pension payments.)

Anticipated beneficiaries

Although the scheme would be open to all, it is anticipated that it would be of particular interest to:

- i. Those diagnosed as having an irreversible degenerative condition.
- ii. Those diagnosed as having a life threatening but treatable condition but who wish to refuse the medical treatment.
- iii. Those who have suffered some traumatic incapacitation such that they personally find living intolerable.
- iv. Those professionally assessed as no longer capable of independent living.

Operational Procedure

On receipt of an approved request, the Public Guardian will invite a registered DADAH End of Life Licenced Carer (EOLC/TLC) to:

i. Visit the applicant to establish rapport and agree a convenient time and place for the process to take place.

ii. If appropriate, arrange for whoever has Power of Attorney for the individual to be present.

iii. Request a capsule of Sodium Pentobarbital from the Public Guardian.

iv. Agree delivery of the capsule via a licenced courier or directly from the Public Guardian's office.

v. Assist with the death as arranged.

Whoever holds Power of Attorney will then report the completion of the process and the views of any relatives present to the Public Guardian.

The DADAH End of Life Couriers and Carers would be remunerated from the fund held by the Public Guardian.

There should be no cost to public funds.

On the contrary the process may save the taxpayer considerable expense as a result of savings on pension payments.

MONITORING THE OPERATION OF THE SCHEME

The Public Guardian will collect and summarise the reports submitted by those holding the individuals Welfare Power of Attorney and present her report to the Scottish Parliament.

After any parliamentary discussion, the Scottish Law Officer will publish an annual report on the internet.

Estimated Demand

On the basis of the information available from Oregon, SCOOP/DADAH might be expected to result in about 60 assisted deaths in Scotland per year unless, as would appear to be the case, there is considerable demand that cannot be enacted under current circumstances.

It is unlikely that availability of the SCOOP/DATA procedures will unleash a vast demand because it will be necessary for those involved to have thought about these issues well in advance and committed themselves to going through the necessary procedures.

Feasibility of getting the legislation introduced

Quite apart from the intrinsic merits of the proposals outlined above, those interested in progressing it may be encouraged by the fact that it:

1. Reduces the risk of its being opposed by the NHS and the medical profession since they would not be involved.
2. Reduces the risk of opposition from faith groups and religiously minded people since they generally claim to respect the attitudes of others who do not share their views.

Next steps

The proposed first step would be to convene a 1-day conference to discuss the issue and draft a petition to the Scottish Parliament to get enough MSPs to legalise the procedure.