

Dear Members of the Scottish Parliament,

You will soon be voting at Stage 1 on the Assisted Dying for Terminally Ill Adults (Scotland) Bill. As Christian leaders we affirm that, having been made in God's image (Genesis 1:27), every human being is deeply and intrinsically valuable and we therefore have a duty of loving our neighbours as ourselves (Luke 10:27). We must all remind one another of our value in speech and actions and as part of this we firmly believe that the Scottish Parliament must protect those who are vulnerable and not assist in bringing about their deaths.

This Bill, in our view, undermines the value of life and lacks the safeguards needed to protect those most at risk from being coerced into premature death. International evidence reveals that initial safeguards in assisted dying laws are often weakened over time. Instead of facilitating death, the focus should be on improving palliative care to offer dignity to the dying. Compassion involves sharing in the suffering of others and serving them, seeking to reduce suffering, not end the life of the sufferer.

There are significant moral and ethical concerns surrounding the reduction of life to questions of utility or functionality. By prioritising individual choice, we risk ignoring the broader consequences on healthcare professionals who commit to act for the good of their patients, on family members burdened with the aftermath, and on wider society. It isn't an exaggeration to say this would be one of the most important changes in legislation our country will ever see – a fundamental ethical shift.

Protecting the most vulnerable members of society should be our primary concern. The healthcare system is already rife with inequalities that disproportionately affect those who are elderly, have disabilities, are from minority ethnic backgrounds or are living in poverty. Rather than addressing these disparities, this Bill risks exacerbating them. For example, many disabled people fear assisted dying laws would pressure them to end their lives prematurely. In Oregon, where assisted suicide is legal, 43% of those who chose assisted suicide cited a fear of being a burden to loved ones as a factor in their decision.

Another major concern is the lack of adequate investment in palliative care. The Association of Palliative Medicine [found through polling](#) that “95% of palliative care doctors would refuse to prescribe lethal medication to their patients if it was legal to do so and 40% would leave their jobs if assisted dying was introduced in their place of practice”. This highlights that many doctors are uncomfortable with prescribing life-ending drugs and that a lack of state funding for hospice care results in an inequitable system, with many patients not having access to proper end-of-life care. Most hospice care in Scotland is not funded by the state, leading to a postcode lottery and a lack of genuine choice at the end of life. Improved palliative care should be the focus, ensuring that patients can die with dignity and support, rather than introducing the option of assisted suicide.

International evidence also shows the risks of expanding assisted dying laws. In Canada, over 4% of all deaths are now from euthanasia, with numbers rising and proposals to broaden eligibility. This has led to concerns, particularly regarding the role of financial pressures in some individuals' decisions to end their lives.

We are also concerned about the potential wide eligibility under the Bill's definition, as heard in evidence to the Health, Social Care and Sport Committee – what constitutes “an advanced and progressive disease, illness or condition from which they are unable to recover and that can

reasonably be expected to cause their premature death”? Diabetes was mentioned as a condition that could be argued to fit this definition.

Lastly, there are significant safeguarding concerns around coercion. Vulnerable patients may feel pressured by family members or caregivers, whether explicitly or implicitly, especially given the rising costs of care. Capacity assessments for assisted suicide are complex, and the individuals closest to the patient may be reluctant to carry them out due to the implications. Evidence given to the Health, Social Care and Sport Committee also highlighted concerns about structural inequalities and societal barriers that could further pressurise disabled people into making decisions on assisted dying.

Supporting this Bill would undermine the valuable and necessary work that is being done to discourage and prevent suicide. We urge you to vote against the Bill at Stage 1, as it fails to address all of these critical concerns and poses risks to the most vulnerable in society.

Yours sincerely,

Lynne Paterson, head of Evangelical Alliance Scotland

Chris Ringland, public policy officer, Evangelical Alliance Scotland