Assisted Dying Bill

Inclusion Scotland is a Disabled People's Organisation (DPO) run and led by disabled people. Our mission is to drive positive change in policy and practice, ensuring that disabled people are fully included and recognised as equal citizens in every part of Scottish society.

The Bill to legalise assisted dying in Scotland has passed the initial vote and is now at the second stage. This is a serious concern to many in the disability community.

Summary points

1. We urge MSPs to read this briefing and vote against the principles of this bill at stage 3. We remain concerned that this Bill puts disabled people's lives at stake.
2. We recognise that people with terminal illnesses can experience profound suffering. However, we believe that the assisted dying Bill in its current form poses serious risks to disabled people's rights, safety and inequality.
3. Disabled people already lack access to social care, palliative care, suitable housing and mental health support. Consequently, assisted death may feel like the only option, rather than a real choice.
4. International evidence shows that safeguards weaken over time.
5. Medical bias remains a real risk where clinicians underestimate disabled people's quality of life impacting on trust and creating implicit pressure to choose assisted dying.
6. Evidence from other countries suggest that social and economic factors can drive requests for assisted dying. Scotland must not allow social injustice to become a pathway to assisted death.

7. The Bill risks diverting attention and resources from palliative and social care support. There remains the urgent need to improve care that allows people to live well until they die.

Inclusion Scotland's Position

Inclusion Scotland continues to oppose the Assisted Dying for Terminally Ill Adults (Scotland) Bill[1]. As a Disabled People's Organisation, we have empathy for people who are terminally ill and fully support the value of a pain-free or dignified death. However, our opposition is grounded in concerns about rights, justice, equality, risk and structural inequalities; as well as how similar laws have played out in other countries. From our experience we know that disabled people's choices can too often be shaped by wider social pressures, such as the cost-of-living crisis and cuts to essential services, media representations and being made to feel like a burden.

Crucially, we believe the Bill's definition of "terminal illness" is too broad and could include many disabled people who do not see themselves as terminally ill but whose conditions are life limiting. We worry that in countries with similar laws, safeguards that were promised have weakened over time or have been eroded by legal challenges. We also express concern about disinvestment in palliative care: we fear that if assisted dying becomes law, services for palliative care might receive less attention and funding.

We know that disabled people in Scotland are already facing numerous systemic challenges: high unmet social care support needs, cuts to services, rising costs of living, and cuts to benefits leading to isolation, worsening mental health and disenfranchisement. We argue that this makes disabled people more vulnerable to coercion or feeling pressured to choose assisted dying as an option.

[1] Inclusion Scotland, May, 2025. Our Response to the Assisted Dying Bill. Available online at: Our Response To The Assisted Dying Bill - Inclusion Scotland

Until we as disabled people have equal access to our own rights and supports, laws allowing assisted dying will pose potential human rights issues. Some disabled people already feel that their lives are undervalued and viewed as a burden. Consequently, legalising assisted dying could increase the risk of pressure or feelings of obligation to die.

The Risks

i. Research by the Equality and Human Rights Commission[2] and studies such as Lezzoni et al[3]. have shown that healthcare professionals frequently underestimate the quality of life reported by disabled patients. Other likeminded DPOs have warned that these biases undermine trust and reinforce fears that disabled people's lives are viewed as less worth living. The introduction of assisted dying legislation risks deepening this mistrust rather than providing reassurance.

ii. Doctors have an ethical duty to preserve life and to relieve suffering[4]. However, the proposed Bill[5] would fundamentally alter that relationship by introducing a medical pathway that actively ends life. Safeguards within such a system are inherently fragile when subjective terms like "unbearable suffering" are left open to individual interpretation. Experience

[2] Equality and Human Rights Commission, 2020. How coronavirus has affected equality and human rights. London: EHRC. Available online at: Equality and Human Rights Commission [EHRC] – How coronavirus has affected equality and human rights 2020

[3] Iezzoni, L.I., Rao, S.R., Ressalam, J., et al., 2021. 'Physicians' Perceptions of People with Disability and their Health Care', Health Affairs, 40(2), pp. 297–306. Available online at: Physicians' Perceptions Of People With Disability And Their Health Care | Health Affairs

[4] General Medical Council, 2024. Good Medical Practice. London: GMC. Available online at: Good medical practice 2024 - GMC

[5] Scottish Parliament, 2024. Available online at: Assisted Dying for Terminally Ill Adults (Scotland) Bill | Scottish Parliament Website

from jurisdictions such as the Netherlands[6] and Canada[7] demonstrates how such terms can be variably applied, with cases expanding beyond initially intended limits.

In practice, this leaves disabled patients vulnerable to the personal biases and value judgments of medical professionals. The latter could subtly steer disabled people toward viewing assisted death as a rational or even expected choice, rather than one made freely and autonomously.

Just as clinicians have an ethical duty to preserve life, Scottish Parliamentarians similarly have a "responsibility to uphold the values of wisdom, justice, compassion, and integrity in all its actions"[8]. Governments strongly advocate against suicide and promote prevention. Yet, there appears a marked dissonance between the latter and a Bill advocating 'assisted suicide', which is being debated and potentially supported in both the Scottish and UK Governments.

iii. Evidence from the World Health Organization[9] and Marie Curie[10] shows that effective pain relief and palliative care can alleviate almost all end-of-life suffering when resourced

---

[6] Rietjens, J.A.C., van der Heide, A., Onwuteaka-Philipsen, B.D., et al.,2019. 'Medical end-of-life decisions: experiences of physicians in the Netherlands and Belgium', BMJ, 364: l675.

[7] Health Canada (2023) Medical Assistance in Dying (MAID) Annual Report, 2023. Ottawa: Government of Canada. Available at: Fifth Annual Report on Medical Assistance in Dying in Canada, 2023 - Canada.ca

[8] Fraser, C. 2024. 10 Key Facts About The Scottish Parliament. Discover 10 key facts about the Scottish Parliament and why it plays a crucial role in Scotland's governance. Understand its structure and significance. Available online at: 10 Key Facts About The Scottish Parliament

[9] World Health Organization, 2023. Integrating palliative care and symptom relief into primary health care: a WHO guide. Geneva: WHO.

[10] Marie Curie, 2022. Better End of Life, 2022. Dying, death and bereavement during COVID-19. London: Marie Curie.

adequately. Studies from countries where assisted dying is legal[11] demonstrate that requests often arise where palliative care services are insufficient or unevenly distributed. From a DPO perspective, enabling choice through better care rather than the option (or pressure to choose the 'option') of death upholds human rights and equality principles set out in the UN Convention on the Rights of Persons with Disabilities[12].

iv. Evidence from Canada[13] suggests that some palliative care professionals feel pressure to participate in Medical Assistance in Dying (MAID) against their own ethical judgement. Meanwhile, other research[14] found tensions between maintaining trust in patient relationships and facilitating assisted death. The key concern is that policy attention and resources could shift away from strengthening palliative care toward implementing assisted dying.

v. International experience demonstrates that laws framed narrowly at introduction can broaden over time. In the Netherlands and Belgium, eligibility expanded from terminally ill adults to include chronic illness, psychological suffering, and, in rare cases, children[15]. In Canada, eligibility was initially limited

---

[11] Rietjens, J.A.C., van der Heide, A., Onwuteaka-Philipsen, B.D., et al., 2019. 'Medical end-of-life decisions: experiences of physicians in the Netherlands and Belgium', BMJ, 364: l675.

[12] United Nations, 2006. Convention on the Rights of Persons with Disabilities (UNCRPD). New York: United Nations.

[13] Downar, J., Fowler, R., Halko, R., et al., 2022. 'Medical assistance in dying and palliative care: results of a national survey of Canadian physicians', Canadian Medical Association Journal, 194(22), pp. E759–E767.

[14] Chambaere, K., Vander Stichele, R., Mortier, F. and Cohen, J., 2020. 'Recent trends in euthanasia and other end-of-life practices in Belgium', Journal of Medical Ethics, 46(6), pp. 358–364.

[15] Rietjens, J.A.C., van der Heide, A., Onwuteaka-Philipsen, B.D., et al., 2019 'Medical end-of-life decisions: experiences of physicians in the Netherlands and Belgium', BMJ, 364: l675.

to those whose deaths were "reasonably foreseeable," but this requirement was removed in 2021[16], with plans to include people with mental illness, learning disabilities, and autism. It is a similar story in Oregon and California[17]. Glasgow Disability Alliance[18] and our work at Inclusion Scotland[19] highlight this as evidence that legal safeguards weaken under political and cultural pressure, with growing implications for disabled people's safety and equality.

vi. Evidence from Canada suggests that assisted dying is sometimes sought due to social rather than medical suffering. The Health Canada Medical Death Review Committee reported in 2024 on Medical Assistance in Dying (MAID)[20]. It identified several cases where patients asked to be killed in part for social reasons such as isolation and fears of homelessness. The Canadian Human Rights Commission[21] and Health Canada include cases where individuals cited poverty, social isolation,

---

[16] Health Canada, 2023. Medical Assistance in Dying (MAID) Annual Report 2023. Ottawa: Government of Canada. Available at: Fifth Annual Report on Medical Assistance in Dying in Canada, 2023 - Canada.ca

[17] Oregon Health Authority, 2022. Oregon Death with Dignity Act: Data Summary 2022. Portland, OR: OHA. Available at: DWDA 2022 Data Summary Report

[18] Glasgow Disability Alliance, 2025. Fighting for Our Lives: Disabled People Against Assisted Dying. Glasgow: IS GDA. Available online at: Fighting for Our Lives: Disabled People against Assisted Dying • Glasgow Disability Alliance

[19] Inclusion Scotland, 2025. Our Response to the Assisted Dying Bill. Available online at: Our Response To The Assisted Dying Bill - Inclusion Scotland

[20] Health Canada, 2024. Fifth Annual Report on Medical Assistance in Dying in Canada (2023 data). Government of Canada.

[21] Canadian Human Rights Commission, 2025. "People with disabilities are turning to MAiD because they cannot access the basic supports and services they need to live with dignity." Canadian Affairs.

or inadequate supports as reasons for requesting assisted death. A report by the UN Special Rapporteur on the Rights of Persons with disabilities[22] raised concern that disabled people in Canada have sought MAID because of lack of access to basic supports.

The Scottish Bill risks reproducing these harms if it fails to address the root causes of distress, for instance, poverty, unmet care needs, and social isolation, before offering assisted dying as an option. Intolerable suffering of this kind could and should be addressed by financial aid, investment in community services or adequate housing rather than 'assisted suicide' by a supposedly 'caring society'. The Scottish Government has a duty under the UN Convention on the Rights of Persons with Disabilities[23] to remove barriers to living with dignity before facilitating people to die.

At Inclusion Scotland, we believe that until all disabled people have equal access to adequate care, housing, and independent living support, the introduction of assisted dying will exacerbate existing inequalities rather than offer genuine choice and control. Glasgow Disability Alliance[24] warns that no safeguard can fully protect individuals from internalised

---

[22] United Nations Special Rapporteur on the Rights of Persons with Disabilities, 2021. Report on Disability and the Right to Life (A/HRC/49/52). Available online at: Special Rapporteur on the rights of persons with disabilities | OHCHR Geneva: United Nations Human Rights Council.

[23] United Nations, 2006. Convention on the Rights of Persons with Disabilities (UNCRPD). Available online at: Convention on the Rights of Persons with Disabilities (CRPD) | Division for Inclusive Social Development (DISD) New United Nations.

[24] Glasgow Disability Alliance, 2025. Fighting for Our Lives: Disabled People Against Assisted Dying. Glasgow: GDA. Available online at: Fighting for Our Lives: Disabled People against Assisted Dying • Glasgow Disability Alliance

pressure to "relieve the burden" on families or services. Research by the National Council on Disability[25] similarly found that disabled people in jurisdictions with assisted dying legislation often report fear that their lives are perceived as less valuable.

vii. For DPOs, honest and unambiguous language is essential to ensure transparency, accountability, and informed public debate. For example, communications research from the FrameWorks Institute[26] shows that neutral or compassionate terminology in discussions around care services (such as nursing home care) increases public understanding, but can also reduce scrutiny of the underlying structural or ethical issues. Likewise, the term "assisted dying" evokes autonomy, compassion, and control, whereas "assisted suicide" or "euthanasia" terms used in other jurisdictions often trigger fear, protectionism, and stigma. The term 'assisted dying' may sound softer, but it can reduce careful thinking about ethics, suicide prevention, and equality.

viii. Glasgow Disability Alliance[27] notes that public support for assisted dying often declines when people take the time to examine real-world evidence from other countries. Studies

[25] National Council on Disability, 2019. The Danger of Assisted Suicide Laws. Available online at: National Council on Disability: Assisted suicide laws pose 'danger and harm' to people with disabilities - America Magazine Washington, DC: NCD.

[26] FrameWorks Institute, 2022. Communicating about Nursing Home Care: Findings and Emerging Recommendations. Washington, DC: FrameWorks Institute.

[27] Glasgow Disability Alliance, 2025. Fighting for Our Lives: Disabled People Against Assisted Dying. Glasgow: GDA. Available online at: Fighting for Our Lives: Disabled People against Assisted Dying • Glasgow Disability Alliance

from Belgium and the Netherlands[28] show similar patterns: as awareness of practical challenges increase, public opinion becomes more cautious. We urge the Scottish Parliament to ensure disabled people are fully represented in all evidence-gathering processes to resist rushing into action which inevitably ends up replicating inequalities in decision-making.

ix. We note that public support for the Bill is being led by well-funded campaigns and celebrity endorsements, which those who oppose assisted dying cannot compete with. Secondly, proponents often argue that, 'people should not be allowed to die in agony'. However, the reality of assisted dying, as noted in countries where it is already legal suggests that the process does not rule out the potential for acute suffering and harm. For example, in Oregon, it was found that prolonged assisted death can occur. Washington reported in 2021 that 16% took more than 2 hours to die. The complication of prolonged rather than quick assisted death requires closer examination[29].

x. Coercion, whether overt or subtle, remains one of the most serious and under-recognised risks when considering assisted dying. The National Council on Disability[30] reported that social and family pressure has influenced some disabled individuals to consider assisted death, often rooted in perceptions of being a

[28] Rietjens, J.A.C., van der Heide, A., Onwuteaka-Philipsen, B.D., et al., 2019. 'Medical end-of-life decisions: experiences of physicians in the Netherlands and Belgium', BMJ, 364: l675.

[29] Regnard, C., et al. 2024. Changes in Oregon's Assisted Dying Law and Practice. Available online at: Changes in Oregon's assisted dying law and practice | BMJ Supportive & Palliative Care

[30] National Council on Disability, 2019. The Danger of Assisted Suicide Laws. Available online at: National Council on Disability: Assisted suicide laws pose 'danger and harm' to people with disabilities - America Magazine Washington, DC: NCD.

"burden." Even well-intentioned medical professionals may unintentionally reinforce this through biased assumptions about quality of life[31]. Many share the view that when structural inequalities and dependency are present, no safeguards can guarantee truly voluntary consent.

xi. Assessing whether a person has the capacity and freedom to choose assisted death is inherently complex. Mental health factors such as depression, trauma, or perceived "burden of suffering" can influence decision-making but are often underestimated by clinicians. Research from Belgium[32] revealed that patients with depression, which is not a terminal illness, were among those approved for euthanasia, raising concerns about the adequacy of psychological assessment. Assessing 'unbearable suffering' or a person's 'capacity' is unreliable, especially when mental health services lack resources. The impact of mental ill-health is likely to fluctuate over time.9

xii. Countries with legalised assisted dying often face challenges with monitoring. For example, studies from the Netherlands and Belgium[33] indicate that a proportion of deaths go unreported, while oversight committees struggle with limited resources and inconsistent data collection. For us, these weaknesses raise serious concerns about accountability and about whether future Scottish oversight bodies could ensure rigorous protection for all disabled people.

---

[31] Iezzoni, L.I., Rao, S.R., Ressalam, J., et al., 2021. 'Physicians' Perceptions of People with Disability and Their Health Care', Health Affairs, 40(2), pp. 297–306.

[32] Thienpont, L., Verhofstadt, M., Van Loon, T., et al., 2015. 'Euthanasia requests, procedures and outcomes for 100 Belgian patients suffering from psychiatric disorders: a retrospective, descriptive study', BMJ Open, 5(7): e007454

[33] Rietjens, J.A.C., van der Heide, A., Onwuteaka-Philipsen, B.D., et al., 2019. 'Medical end-of-life decisions: experiences of physicians in the Netherlands and Belgium', BMJ, 364: l675.

Conclusion

International experience and expert commentary highlight that the main dangers are not only theoretical, but they also relate to how laws are implemented, monitored, and resourced, and how social inequalities can drive decisions. DPO's emphasise that context matters: any law passed in a system with poor social care support or unequal access to services is more likely to produce harms. The research referred to in this briefing suggests that the law alone is not enough, it must be accompanied by robust safeguards, resourcing for palliative and social care support, accessible housing and high quality healthcare; transparent monitoring and clear legal definitions. If such a law could endanger our lives, as disabled people, is it not better to avoid the risks completely?

A recent poll[34] highlighted that two-thirds (65 per cent) of disabled people agree that if benefits are being cut, disabled people living in poverty may be likely to seek assisted suicide instead of struggling financially. We should shift the focus from assisted dying to protecting everyone's right to live well with dignity and respect.

Inclusion Scotland remains committed to fighting the Assisted Dying Bill over its inherent risks.

If you require further information, please contact:

info@inclusionscotland.org

Visit our website: www.inclusionscotland.org

[34] Not Dead Yet UK, 2025. New polling reveals widespread concern assisted suicide will have a negative impact on disabled people and many will die early as a result. Available online at: New polling reveals widespread concern assisted suicide will have a negative impact on disabled people and many will die early as a result