Briefing for Members of the Scottish Parliament

Assisted Dying (Scotland) Bill – Position of Inclusion Scotland Ahead of Final Parliamentary Vote (17/03/26)

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.

Inclusion Scotland's Position

We are aware that disabled people are not unified for or against this bill. However, as long as safeguarding and disabled people's inequality are of concern, we cannot be supportive of this bill as it stands.

The purpose of this briefing is to reinforce the longstanding arguments that we have made in opposition to the Assisted Dying for Terminally Ill Adults (Scotland) Bill ('the bill'), as it reaches Stage 3 and the final vote. We have articulated in writing our concerns about the Bill at each of the two previous stages and have written a specific briefing on the issue of assisted dying and advocacy. The first two briefings can be found at, www.//inclusionscotland.org/news/our-response-to-the-assisted-dying-bill and www.//inclusionscotland.org/news/assisted-dying-bill-brief . The third briefing on the right to independent advocacy will be made available on request.

A note on language

The choice of language may shape public perception and policy debate. The term **"assisted dying"** frames the issue in a way that emphasises compassion and autonomy, while other terms such as **"assisted suicide"** or **"euthanasia"** highlight ethical and suicide-prevention concerns. For a state that aims to prevent suicide, offering legitimate ways to die without good mental health support first seems at odds with this laudable aim. We therefore refer to Assisted Suicide throughout this briefing.

Risk to disabled people's lives

We have argued that the Assisted Dying for Terminally Ill Adults (Scotland) Bill should be rejected because it poses significant risks to disabled people. While recognising the suffering that can accompany terminal illness, we argue that the Bill could undermine equality, safety and human rights for disabled people in Scotland.

We also know from other jurisdictions that assisted suicide does not preclude pain and suffering in death.[1]

The central concern is that assisted suicide legislation would operate within a society where disabled people already face systemic inequalities in healthcare, social care support, housing and financial security. In this context, the option of assisted suicide may not represent genuine choice but rather a response to inadequate support, poverty, and/or feeling like a burden. Structural inequality means assisted suicide may challenge real choice as it becomes a response to social suffering rather than medical need**. Scotland must not allow social injustice to become a pathway to assisted suicide.**

Evidence from other jurisdictions, where such legislation has been introduced, suggests that economic hardship, isolation and lack of services can influence requests for assisted suicide.

Reframing of healthcare and devaluing of palliative care

Medical bias towards disabled people may negatively influence decisions. Healthcare professionals are not immune to societal biases, and assumptions may affect clinical judgement and create implicit pressure on disabled people to consider assisted suicide. This could undermine trust between disabled patients and healthcare professionals, particularly if doctors are given authority to assess subjective concepts such as **"unbearable suffering."**

The Bill could change the ethical role of doctors: they traditionally have a duty to preserve life and relieve suffering. Introducing assisted suicide would fundamentally alter this relationship by creating a medical pathway to end life.

The use of subjective criteria such as **"unbearable suffering"** is considered problematic because interpretation can vary between clinicians. Evidence from countries where assisted suicide is legal suggests that criteria may be applied inconsistently.

Evidence from international health organisations indicates that high-quality palliative care and pain management can alleviate most end-of-life suffering. We therefore strongly advocate that efforts should focus on improving these services rather than introducing assisted dying.

Baroness Tanni Grey-Thompson, Paralympic champion and member of the House of Lords, has spoken strongly about the importance of investing in palliative care rather than introducing assisted dying. She argues that **"no one should have to have a terrible death if they have access to good, specialist palliative care… what we have got now, with the law as it stands, is a safeguard to protect people."** Her position reflects a wider call for governments to recognise the value of high-quality

[1] https://pmc.ncbi.nlm.nih.gov/articles/PMC9270985/

palliative care and to prioritise improving care and support so that people can live and die with dignity. Conversely, in Canada, where assisted suicide has been legalised, we note with concern that there has been divestment in palliative care facilities in favour of medical assistance to die.

International experience suggests that assisted suicide laws can expand beyond their original scope – known as 'legislative creep' - over time. Consequently, the danger is that legal safeguards are gradually broadened, raising risks for vulnerable groups.

Importantly, we fear that disabled people may experience explicit or implicit pressure where coercion becomes a serious risk. Pressure may arise from:

- family members, including in situations of domestic abuse
- healthcare professionals
- societal attitudes about disability
- internalised feelings of being a burden

Akin to other disabled people's organisations (DPOs), we argue that no legal safeguard can fully eliminate these pressures, particularly where people rely on others for care and support. When disabled people support assisted suicide law change, their reasoning may relate to some of these inequalities, such as not wanting to be a burden on society, family and friends. Disabled people should not have our lives devalued.

We recognise that capacity assessments and mental health evaluations are complex. Determining whether a person has the mental capacity and freedom to choose assisted death can be difficult. Depression, trauma, or feelings of hopelessness may influence decision-making. This is backed up by evidence from other countries regarding insufficient psychological assessment or support in some cases, particularly where mental illness is involved.

We also note that countries with assisted suicide legislation sometimes face difficulties with:

- incomplete reporting
- limited oversight resources
- inconsistent data collection

These issues raise concerns about whether effective monitoring and accountability mechanisms can be maintained, particularly when so many other essential services remain under resourced in Scotland.

A poll recent conducted by Not Dead Yet UK suggests that significant public concern remains about the potential consequences of Assisted Suicide Bills, particularly for

disabled people or for non-disabled people when considering potential harms[2]. Recent media reports also indicate that several MSPs who previously supported the Scottish Bill are now reconsidering their position, while others remain undecided.[3] This uncertainty reflects the complexity and seriousness of the issues involved.

If there is still such uncertainty among policymakers and the public about the likely impacts of the legislation, it raises an important question: how can we be confident that the Bill will provide sufficient safeguards for the most vulnerable members of our society? When legislation has the potential to affect life-and-death decisions, the burden of proof must rest on demonstrating that protections are robust, effective and reliable in practice, not merely in theory.

As Scotland enters the final deliberation of the Assisted Dying Bill at Stage 3, it is perhaps important to reflect on the Island of Jersey's Assisted Dying Bill, which has recently passed. A review of this legislation, in February 2026, noted that while many important safeguards were adopted into the law, other key safeguards remain under-developed or insufficiently defined.[4] Critical safeguards, particularly in relation to coercion, practitioner experience, administration routes, capacity assessments, and the waiver (i.e. a "waiver of requirement for future capacity") require further refinement to ensure they function effectively in practice.

These concerns raise important questions for Scotland: if jurisdictions which have recently introduced assisted suicide laws are still grappling with the practical application of safeguards, how can policymakers be confident that similar protections in Scotland will operate effectively from the outset?

In conclusion, we have consistently argued that assisted suicide legislation presents serious risks, particularly when introduced within a context of social inequality and inadequate support systems.

Until disabled people have full access to supports necessary to live with dignity, legalising assisted dying will only exacerbate existing inequalities rather than expand genuine choice and control. We strongly urge MSPs to consider our arguments and concerns and vote against this bill.

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[2] Not Dead Yet, 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

[3] The Times (Scotland). Assisted Dying Bill on the Brink as MSPs Switch Sides. Published on Wednesday 11 March 2026.

[4] States of Jersey, States Assembly, 2026. Review of Assisted Dying Legislation Assisted Dying Review Panel. Available online at: S-R-4-2026-Review-of-Assisted-Dying-Legislation.pdf