

3) Opposition to Assisted Dying.

The strength of feeling, although consistently a minority view, amongst those who oppose assisted dying is undeniable. Key arguments against AD are noted by Materstvedt et al¹:

“If euthanasia is legalized in any society, then the potential exists for: (i) pressure on vulnerable persons; (ii) the underdevelopment or devaluation of palliative care; (iii) conflict between legal requirements and the personal and professional values of physicians and other healthcare professionals; (iv) widening of the clinical criteria to include other groups in society; (v) an increase in the incidence of nonvoluntary and involuntary medicalized killing; (vi) killing to become accepted within society.”

The perennial arguments opponents promote deserve scrutiny. As a compassionate nation the Scottish people can interrogate how best to achieve alleviation of terrible suffering. At this time of writing, the debate has already begun in Westminster and will soon reach Holyrood and the arguments will be replayed out in our media.

3.1 Opponents

A range of well-organised and well-funded pressure groups continue to oppose assisted dying. Key UK opposition groups are Our Duty of Care, Care Not Killing, and Right To Life UK. Disability Rights UK, Disability Equality Scotland and the British Geriatrics Society also oppose Assisted Dying legislation. The Church of Scotland, the Catholic Church in Scotland, and the Scottish Association of Mosques also oppose Assisted Dying. The campaign against the Scottish legislation has also had contributions from opponents from other countries.² The Telegraph, The Times and The Mail have also been vociferous in their opposition, and give the impression that the level of support for both sides of the debate is much more even than polls indicate.

¹ Materstvedt et al. Euthanasia and physician-assisted suicide: a view from an EAPC Ethics Task Force. *Palliative Medicine* 2003; 17: 97-101. https://www.researchgate.net/publication/10798732_Euthanasia_and_Physician-Assisted_Suicide_A_View_from_an_EAPC_Ethics_Task_Force

² <https://www.humanism.scot/2024/11/27/we-write-to-the-herald-over-inaccurate-assisted-dying-article/>?fbclid=IwY2xjawHCXkRleHRuA2FlbQIxMQABHZCvWuIXj2YBk0teEYXAA4V6_dDhiZLRO_bfzwdJRyYQIRdoJmF_m_0cvg_aem_ha6bv6Jsu9SoFVAAj5OSNQ#AssistedDying

3.2 Concerns about opposition claims and finance

Claims have been made that there are contrived “grass-roots” opposition groups that represent, and are funded by right-wing religious groups³.

Amy McKay, an associate professor of political science at Exeter University, said the “grassroots” campaigns appeared to be a clear example of astroturfing – the practice of disguising an orchestrated campaign as a spontaneous outpouring of public opinion:

“They’re giving this false impression that they are someone they’re not,” she said. She said using doctors to front a campaign motivated by religious interests was a “common tactic” that gave it added legitimacy. The effect was one of “manufacturing” the impression that more people were opposed to reform than is the case in reality, she said. “It makes it seem like the issue is much more closely divided than I think it really is.”⁴

Supporters of Assisted Dying claim a wide range of cherry-picked information, misinformation⁵ and disinformation⁶ ⁷ has been circulated by opponents.

Barbara Wagner in Oregon⁸ was cited by opponents as an example of how AD would be used as a rationale for cutting costs and refusing expensive treatment. Wagner was refused support for specific drugs for terminal cancer treatment by her insurer. She claimed that she was advised to consider an assisted death, as the treatment for her cancer was not available to her on her medical insurance policy. It is likely she would have been refused, whether or not the AD was available in her state. As an admitted opponent of AD, she was comfortable to allow opponents of AD try to draw a direct causal link to AD, rather than the criteria used by the insurance provider to reject the treatment in question. In the US medical insurance operates on differently

³ <https://www.theguardian.com/society/2024/nov/16/revealed-grassroots-campaigns-opposed-to-assisted-dying-financed-by-conservative-christian-pressure-groups>

⁴ ibid

⁵ For examples: <https://deathwithdignity.org/resources/debunking-myths/>

⁶ For examples: <https://deathwithdignity.org/resources/refuting-misinformation/>

⁷ Humanist Society Scotland (2024) *Humanist Society speaks out on underhand tactics used by opponents of assisted dying*. <https://www.humanism.scot/2024/10/07/humanist-society-speaks-out-on-underhand-tactics-used-by-opponents-of-assisted-dying/>

⁸ ABC News (2008) Death Drugs Cause Uproar in Oregon. <https://abcnews.go.com/Health/story?id=5517492&page=1>

priced tiers, and as a low wage earner (articles confirmed a series of low-paid jobs), it is also not unreasonable to assume that Ms Wagner also held a policy with poorer coverage that excluded the treatment she requested. It is unlikely Ms Wagner would have been offered her preferred treatment regardless of whether AD was available in the state. As Loewy notes, the United States:

“lack universal access to basic medical care with close to 20% going un-insured while a vast number of people are so badly underinsured or burdened by co-payments that they often cannot see physicians until it is too late.”⁹

An example cited in Canada was cited by Schuklenk¹⁰:

“A little-known Canadian on-line journal called Current Oncology published – curiously timed for the BC Supreme Court proceedings – a piece by Jose Pereira (2011), an Ottawa-based anti-euthanasia campaigner and senior palliative care specialist. The on-line journal ran the article at the time as a regular article, implying that it underwent anonymous peer review. Jocelyn Downie et al.(2012) undertook a line-by-line analysis of said article, as also published in said journal. It turned out to be the case that many of Pereira’s claims were not only not backed by the references he chose to insert, but that literature he cited actually reached conclusions different to those he reported.”

Pereira’s article was widely quoted and cited in evidence opposing AD. In response to concerns about the work of Pereira and others presented in opposition to AD, Jocelyn Downie et al¹¹, describing the work as “smoke and mirrors” observed that it is:

“particularly important that the academic literature be rigorous so that the public policy debate can be informed by facts and not misshapen by smoke and mirrors. . . . The issue of the legalization of euthanasia and assisted suicide in Canada and elsewhere is complex and controversial. As various actors in the legal system contemplate reform,

⁹ [https://www.academia.edu/113873484/
Euthanasia Physician Assisted Suicide and Other Methods of Helping Along Death?
email work card=view-paper](https://www.academia.edu/113873484/Euthanasia_Physician_Assisted_Suicide_and_Other_Methods_of_Helping_Along_Death?email_work_card=view-paper)

¹⁰ Schuklenk, Udo. Assisted Dying in Canada Healthcare Papers Vol. 14 No. 1 42
https://www.academia.edu/9188749/Assisted_Dying_in_Canada?email_work_card=view-paper

¹¹ Jocelyn Downie et al, “Pereira’s attack on legalizing euthanasia or assisted suicide: smoke and mirrors” (2012) 19 Current Oncology 133 at 134 and 137. [https://digitalcommons.schulichlaw.dal.ca/cgi/
viewcontent.cgi?article=1682&context=scholarly_works](https://digitalcommons.schulichlaw.dal.ca/cgi/viewcontent.cgi?article=1682&context=scholarly_works)

it is essential that they and the public they represent (in direct and indirect ways) be well-informed. Carelessly researched and inadequately referenced or deliberately misleading professional journal articles with the apparent legitimacy of peer-reviewed literature must not be allowed to contaminate the debate. There is far too much at stake.”

Another Canadian case, much cited by AD opponents is that of Rose Finlay¹² ¹³ in Ontario, who publicly claimed that delays in receiving disability support were longer than if she chose to access MAiD (AD). While the inference, much reported by AD opponents, was that she could be driven to apply for MAiD by the lack of disability support, it was a rhetorical device used to complain about delays in the provision of disability support, and Rose Finlay is still very much alive.

Downar et al noted:

“In Canada, media widely reported the case of a woman with multiple chemical sensitivities who received AD, along with claims that she was driven to AD through poverty and lack of adequate housing rather than intolerable suffering related to her underlying condition. The patient herself refuted these claims in a note written before her death. Another person with a chronic debilitating condition was reported to be requesting AD purely due to impending homelessness. The patient himself contradicted this assessment, and wrote that his story was “hijacked by the right trying to spin it into their own agenda”.”¹⁴

It can perhaps be assumed that those opponents of AD learned after that to wait until the people they chose to cite as examples of flaws in the AD system were no longer around to contradict their claims. Other cases cited by opponents have been found to be misrepresented¹⁵. Schuklenk describes the claims of opponents (in Canada) as follows:

¹² Cheese, Tyler (2023) *Quadriplegic Ontario woman considers medically assisted dying because of long ODSP wait times*. CBC News. <https://www.cbc.ca/news/canada/toronto/rose-finlay-medically-assisted-dying-odsp-1.6868917>

¹³ Graziosi, Craig (2023) *Disabled Woman Claims Canada is Forcing Her to Die by Assisted Suicide: “It’s Not What I Want”*. Independent. <https://www.independent.co.uk/news/world/americas/disabled-woman-canada-assisted-suicide-b2363156.html>

¹⁴ Downar et al (2023) *Medical Assistance in Dying, Palliative Care, Safety, and Structural Vulnerability*. J Palliat Med. 2023 Sep;26(9):1175-1179. doi: 10.1089/jpm.2023.0210. Epub 2023 Jul 3. <https://pubmed.ncbi.nlm.nih.gov/37404196/>

¹⁵ <https://deathwithdignity.org/resources/refuting-misinformation/>

“Essentially, it is a propaganda war between a fairly small band of deeply religious and well-organized opponents of assisted dying and mostly secular proponents of a change in legislation. Opponents today hide behind a gaggle of secular names to hide their religious backgrounds. Their arguments have also switched from their traditional “God doesn’t permit assisted dying” to various public reason-based arguments.”¹⁶

Bernheim and Raus¹⁷ echo a common criticism of opponents of AD, that they exhibit a

“disregard of empirical evidence, appeals to canonical and questionable definitions, prioritisation of caregiver perspectives over those of patients”.

A common strategy in modern campaigning can be a ‘gish gallop’ - a deluge of misinformation and disinformation claims that simply overwhelms attempts by politicians, the public and journalists to fact-check contemporaneously.

By comparison, a broad range of peer-reviewed research has been required to support and make the case for the introduction and implementation of assisted dying legislation.

A significant lacuna persists in reliable research data to support the arguments opposing assisted dying. Commenting on the empirical evidence from the Netherlands and the US State of Oregon, Professor Raymond Tallis of the Royal College of Physicians, states that:

“Every single one of those assumptions is false.”¹⁸

In Scotland, ‘Protecting the vulnerable’, ‘supporting the NHS’ and ‘slippery slope’ simply play better than ‘I want you and those you love to suffer for my beliefs’.

It is therefore useful to examine the substance of the propositions posed by opponents of assisted dying.

¹⁶ Schuklenk, Udo. Assisted Dying in Canada, Healthcare Papers Vol. 14 No. 1 42
https://www.academia.edu/9188749/Assisted_Dying_in_Canada?email_work_card=view-paper

¹⁷ Bernheim, JL & Raus, K (2016) *Euthanasia embedded in palliative care. Responses to essentialistic criticisms of the Belgian model of integral end-of-life care*. Journal of Medical Ethics; 43:489-494. <https://jme.bmjjournals.com/content/43/8/489>

¹⁸ ibid

3.3 Survey results relating to support and opposition to AD

In the most recent British Social Attitudes Survey¹⁹, 79% of the public supported Assisted dying. In the previous year's survey, 78% supported AD.

58% of doctors believe that, if the law were to change, patients with physical conditions causing intolerable suffering which cannot be relieved should be able to access an assisted death.²⁰

The religious groups that oppose assisted dying do not represent the majority of religious people. 80% of religious people in the UK support a change in the law to allow assisted dying.²¹

In one extensive survey, only 8% of disabled people surveyed believed that disability rights groups should maintain their opposition to assisted dying, while 79% supported a change in the law²². Another survey revealed that 87% of people who identify as disabled support assisted dying reform for people who are intolerably suffering.²³

¹⁹ British Social Attitudes Survey, cited 18 March 2025, <https://humanists.uk/2025/03/18/overwhelming-public-support-for-assisted-dying-public-mood-unchanged/>

²⁰ <https://www.mydeath-mydecision.org.uk/professional-and-public-opinion/>

²¹ Sherwood, Harriet (2023) *Religious leaders 'out of step with flocks' on assisted dying, says UK rabbi*. Guardian. <https://www.theguardian.com/society/2023/jul/03/religious-leaders-out-of-step-with-flocks-on-assisted-dying-says-uk-rabbi-jonathan-romain>

²² <https://www.bbc.co.uk/news/blogs-ouch-28311809>

²³ <https://www.mydeath-mydecision.org.uk/professional-and-public-opinion/>