Overview

New Zealand, along with many other countries, has examined the complex issue of assisted dying. This paper examines how New Zealand’s Parliament has responded to the issue. It briefly considers case law and relevant recent professional and public opinion. An accompanying Library Research Paper titled *Assisted Dying: Overseas Parliaments* reviews the situation in other countries.

Caution is advisable when using surveys as their terminology, questions and nature of polling can influence the outcomes while margins of error and sample sizes vary. Confusion over the meaning of the term “assisted dying” has also been reported.¹

Terminology

Different terms are used to describe assisted dying. The most common include physician-assisted suicide, physician-assisted dying, medically-assisted dying, aid in dying, death with dignity, euthanasia, and voluntary euthanasia. A distinction is commonly made between assisted suicide as “providing another with the knowledge or means to intentionally end his or her own life”, and euthanasia as a “deliberate action undertaken by one person with the intention of ending the life of another person to relieve that person’s suffering where that act is the cause of death”.² Although this is a common distinction, it is not universally employed.

The 2017 New Zealand Health Committee report for *Petition 2014/18 of Hon Maryan Street and 8,974 others* noted the varied use of terminology. Medical professionals, lawyers, and ethicists preferred technical terms (such as physician-assisted suicide and euthanasia) while lay people tended to employ more varied and diverse terms. These often reflected their underlying beliefs on assisted dying.³

Parliamentary measures

To date, four bills have proposed a framework for assisted dying and three petitions have been submitted to Parliament. All four bills were Members’ bills; two were successfully introduced, one of which reached a first reading where it was negatived and one which passed a first reading and is currently being considered by the Justice Committee.

Death with Dignity Bill, 1995

On 2 August 1995 National MP Michael Laws moved that leave be granted to introduce his Member’s bill: the Death with Dignity Bill.⁴ Debate was interrupted but resumed on 16 August.⁵ It concluded with a personal vote which denied leave (by 61 to 29 votes).⁶

---

² Dalhousie University Health Law Institute *Assisted Suicide*.
³ Health Committee *Petition 2014/18 of Hon Maryan Street and 8,974 others* (August 2017) at 7.
⁴ (2 August 1995) 549 NZPD 8414.
⁵ (16 August 1995) 549 NZPD 8696.
⁶ (16 August 1995) 549 NZPD 8725.
Death with Dignity Bill, 2003

The Death with Dignity Bill, 2003 was introduced on 6 March 2003 as a Member’s bill by New Zealand First MP Peter Brown. It was almost identical to the Death with Dignity Bill, 1995. At its first reading on 30 July 2003 the bill was negatived following a personal vote (by 60 to 58 votes with one abstention).

End of Life Choice Bill, 2012

Labour MP Hon Maryan Street entered an End of Life Choice Bill in the ballot of Members’ bills held on 26 July 2012. With a general election approaching, she withdrew the bill in September 2013 stating: “I’m concerned that it would not get the treatment it deserves. It needs sober, considered reflection, and that’s not a hallmark of election years in my experience”. At the request of Labour Party leader Andrew Little, the bill was not re-entered in the ballot following the 2014 election.

End of Life Choice Bill (current)

ACT MP David Seymour entered the End of Life Choice Bill in a ballot of Members’ bills on 15 October 2015.

On 4 May 2016 he sought leave to introduce the bill on the first members’ day after the Health Committee reported back to the House on its inquiry into the Petition of Hon Maryan Street. Leave was not granted.

The End of Life Choice Bill was drawn from the ballot—and introduced—on 8 June 2017. The bill was reinstated in the 52nd Parliament and passed its first reading following a personal vote (by 76 to 44 votes) on 13 December 2017. It was referred to the Justice Committee, which is due to report back to the House of Representatives on 27 March 2019.

Dedicated committee staff have been engaged to take care of over 35,000 submissions received by the committee with many more to be processed. This is understood to be the highest number of submissions a select committee has ever received and is indicative of the significance of this complex issue to so many New Zealanders.

A tour by parliamentarians to 14 cities to hear views on the bill ended in November 2018. There were over 2,000 oral submissions.

The New Zealand Labour Party and New Zealand First Coalition Agreement of 24 October 2017 allows a conscience vote for MPs on New Zealand First’s Supplementary Order Paper to the End of Life Choice Bill, which provides for a referendum.

Comparison of bills

The table below compares key features of the two bills that have been introduced: the Death with Dignity Bill, 2003 and the End of Life Choice Bill currently before the House.

---

8 (30 July 2003) 610 NZPD 7494.
10 Hamish Rutherford “Voluntary euthanasia bill withdrawn” Stuff (26 September 2013).
11 Isaac Davison "Labour MP drops euthanasia bill" New Zealand Herald (15 December 2014).
13 (4 May 2016) 713 NZPD 10758.
14 (8 June 2017) Parliamentary Business Members' bills and Progress of the bill.
15 (13 December 2017) 726 NZPD 1040.
17 Justice Committee “Hearings to begin on End of Life Choice Bill” (press release, 16 May 2018).
18 Thomas Manch “Parliamentary tour for End of Life Choice bill comes to a close” Stuff (13 November 2018).
<table>
<thead>
<tr>
<th>Feature</th>
<th>Death with Dignity Bill, 2003</th>
<th>End of Life Choice Bill (current)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mechanism for Act’s commencement</td>
<td>Commencement of all but one provision to be triggered by a declaration by the Chief Electoral Officer that a majority of those voting in a national referendum had answered “yes” to the question: “Should the Death with Dignity Bill become law?” [cl 2(1)]</td>
<td>Act to come into force six months after receiving Royal assent. [cl 2]</td>
</tr>
<tr>
<td>Initiation of the assisted dying process</td>
<td>Process to be initiated by a written request from a patient (or an appointed representative acting in accordance with an advance directive) to the attending medical practitioner that he or she assist in ending the patient’s life. [cl 5]</td>
<td>Process to be initiated by a person telling the attending medical practitioner of his or her wish to have the option of receiving assisted dying. [cl 8 (1)]</td>
</tr>
<tr>
<td>Eligibility thresholds</td>
<td>To be eligible to request assistance, a patient must be</td>
<td>To be eligible for assisted dying, a person must fulfil these criteria</td>
</tr>
<tr>
<td></td>
<td>• in the course of either a terminal and/or incurable illness and</td>
<td>• suffering from</td>
</tr>
<tr>
<td></td>
<td>• experiencing pain, suffering, or distress to an extent unacceptable to the patient. [cl 5(1)]</td>
<td>• a terminal illness that is likely to end his or her life within 6 months or</td>
</tr>
<tr>
<td></td>
<td>• 18 years old (?).20</td>
<td>• a grievous and irremediable medical condition and</td>
</tr>
<tr>
<td></td>
<td>The advance directive form (set out in schedule 2 of the bill) stipulates that it be</td>
<td>• in an advanced state of irreversible decline in capability and</td>
</tr>
<tr>
<td></td>
<td>triggered in the event of the individual becoming mentally incompetent to express his or her opinion as a result of</td>
<td>• experiencing unbearable suffering that cannot be relieved in a manner that he or she considers tolerable and</td>
</tr>
<tr>
<td></td>
<td>• senile, severe, degenerative brain disease or</td>
<td>• able to understand the nature of assisted dying and the consequences of assisted dying and</td>
</tr>
<tr>
<td></td>
<td>• serious brain damage from accidental or other injury or illness or</td>
<td>• aged 18 years or over and</td>
</tr>
<tr>
<td></td>
<td>• advanced terminal malignant disease that renders any intelligible or understandable communication with others void or</td>
<td>• a New Zealand citizen or permanent resident. [cl 4]</td>
</tr>
<tr>
<td></td>
<td>• severely incapacitating and progressive degenerative disease of the nerves or muscles.</td>
<td></td>
</tr>
<tr>
<td>Safeguards</td>
<td>Patient’s written request (in forms contained in schedules to the bill) to be signed by the patient (or appointed representative) and witnessed by at least two disinterested individuals attesting (to the best of their knowledge and belief) that the patient is capable, acting voluntarily, and not under undue pressure or influence. [cl 5(4) and (5)]</td>
<td>Initial request to be confirmed by the person signing prescribed form or (if he or she is not able to) by a disinterested individual over 18 on behalf of that person, in the presence of the attending medical practitioner. [cl 9(3) (4)]</td>
</tr>
</tbody>
</table>

20 The Death with Dignity Bill defined an adult as “a person of or over the age of 18 years” [cl 4] but does not specify that a “patient” must be an adult.
<table>
<thead>
<tr>
<th>Feature</th>
<th>Death with Dignity Bill, 2003</th>
<th>End of Life Choice Bill (current)</th>
</tr>
</thead>
</table>
| Attending medical practitioner to (among other matters) | • determine whether the patient has a terminal and/or incurable illness  
• determine if the request has been made voluntarily  
• inform the patient (or his or her representative) of potential risks and probable results of medication to be prescribed  
• inform the patient (or his or her representative) of feasible alternatives such as hospice care and pain control  
• refer the patient to  
  • a consulting medical practitioner for a second opinion  
  • a psychiatrist for an assessment the patient’s mental condition and  
  • a counsellor. [cls 9, 12]  
  If a consulting medical practitioner’s findings disagree with those of the attending medical practitioner, the request for assistance to be “void”. [cl 10]  
  If a psychiatrist finds the patient is suffering from a mental disorder or clinical depression, and that his or her mental state has impaired his or her ability to make a proper judgment, then the patient’s request for assistance to be “void”. [cl 11]  
  “Reflection period”: day for administering medication to be not less than 48 hours after practitioner has informed patient that his or her request to die may be carried out. At any time patient can rescind request. [cl 14] | • ensure the person understands his or her other options for end of life care [cl 8(2)(c)]  
• do his or her best to ensure person expresses his or her wish free from pressure [cl 8(2)(h)]  
• determine whether or not the person is eligible for assisted dying (or would be eligible if his or her competence is established by a psychiatrist or psychologist). [cl 10]  
  Having determined that the person is eligible for assisted dying (or would be if his or her competence is established), attending medical practitioner must refer the person to an independent medical practitioner for a second opinion. [cl 11]  
  If either the attending or independent medical practitioner (or both) reaches the opinion that a person would be eligible for assisted dying but is uncertain about that person’s competence, the practitioners must jointly refer the person to a psychiatrist or psychologist. [cl 12 and explanatory note]  
  At least 48 hours before administration of medication, the medical practitioner must inform the registrar (assisted dying) who must check that relevant steps have been taken. [cl 15(4)(5)]  
  At the chosen time, before administering the medication, the attending medical practitioner must ask the person if they choose to receive it. [cl 16(2)] |
<table>
<thead>
<tr>
<th>Feature</th>
<th>Death with Dignity Bill, 2003</th>
<th>End of Life Choice Bill (current)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountability measures</td>
<td>Following the death of the patient, the attending medical practitioner to report the death to district coroner. [cl 15(1)] At conclusion of the financial year, the coroner to advise the Attorney-General of the number of patients who have died as a result of assistance. The Attorney-General is to report to the House of Representatives. [cl 15(2)]</td>
<td>Following completion of various steps, prescribed forms to be completed and sent by attending medical practitioner, independent medical practitioner, and the specialist to registrar (assisted dying). [cls 9(5)(c), 10(3)(b), 11(4)(b), 12(4)(b) 13(5)(b), 16(3)(d), 18(2)(c), 18(5)(c)] Within 14 days of person dying, attending medical practitioner to send a report to the registrar (assisted dying) who must send it on to end of life review committee. [cl 17, 20] The registrar (assisted dying) to report to relevant Minister annually. [cl 21(5)] A Support and Consultation for End of Life in New Zealand (SCENZ) Group to prepare standards of care, to provide advice on the required medical and legal procedures, to provide practical assistance, and to maintain lists comprising medical practitioners who are willing to act as replacement or independent medical practitioners, psychiatrists, psychologists, and pharmacists. [cl 19]</td>
</tr>
<tr>
<td>Ethical objections</td>
<td>Medical practitioners, psychiatrists, and counsellors can refuse to assist a patient to die. [cl 8]</td>
<td>Persons not required to do anything to which they have a conscientious objection. [cl 6]</td>
</tr>
<tr>
<td>Offences</td>
<td>An offence punishable by a term not exceeding five years and a fine not exceeding $250,000 to place undue pressure on a patient, medical practitioner, psychiatrist or counsellor. [cl 7(2)(3)]</td>
<td>An offence punishable by a term of imprisonment not exceeding three months and/or by a fine not exceeding $10,000 if a person willfully fails to comply with requirements of the Act or who completes a prescribed form for a person (or alters or destroys a completed or partially completed form) without that person’s consent. [cl 27]</td>
</tr>
<tr>
<td>Review of Act</td>
<td></td>
<td>Act’s operation to be reviewed after three years, and thereafter every five years. Every review to be subject of a report to Minister who must present it to the House of Representatives. [cl 22]</td>
</tr>
</tbody>
</table>

Further suggestions

It has been suggested by Sir Geoffrey Palmer and by retired District and Family Court judge Paul von Dadelszen that applications to permit medically assisted dying be determined in the Family Court.21

Petitions

Since 2003, three petitions have been submitted to Parliament. Both the Petition 2002/53 of G R Harvey and 30 others on behalf of the Friday Friendship Group requesting that the House take some action in opposition to euthanasia (presented by the Hon Maurice Williamson) and the Petition 2002/50 of Colleen Joy Bayer for Family Life International and 9,289 others, requesting that the Death with Dignity Bill not proceed (presented by

---

Hon Dr Nick Smith) were referred to the Social Services Committee. The committee reported back on both petitions on 11 September 2003 stating that it had "no matters to bring to the attention of the House".

The Petition of Hon Maryan Street was presented by MP Iain Lees-Galloway on 23 June 2015 and referred to the Health Committee. The petition requested that "the House of Representatives investigate fully public attitudes towards the introduction of legislation which would permit medically-assisted dying in the event of a terminal illness or an irreversible condition which makes life unbearable". The committee began oral hearings on the petition in August 2016. A total of 21,891 written submissions were received, and it was called "by far" the largest parliamentary investigation undertaken.

The committee's report on the petition was presented on 2 August 2017. No recommendations about introducing assisted dying legislation were made, and the report noted that decisions on issues like this were "generally a conscience vote". Palliative care services were also a "common focus in the submissions process". New Zealand First’s minority view was that it could not support a fundamental change without a clear sign that this [was] the will of most New Zealanders. That would be achieved by either a binding Citizens’ Initiated Referendum, or a Government Initiated Referendum held with a future General Election thus allowing for a period of informed debate.

Case Law

In New Zealand, some who have helped others die have been convicted of murder—which are forms of culpable homicide under s 160(3) of the Crimes Act 1961. If the evidence is inconclusive as to whether a person’s actions caused another’s death, then he or she may be convicted of attempted murder under s 173 of the Act.

Others have been convicted of aiding or abetting suicide under s 179 of the Crimes Act 1961.

A sentence of life imprisonment must be imposed in cases of murder unless, given the circumstances of the offence and the offender, this would be manifestly unjust. The maximum penalty for manslaughter is imprisonment for life; the maximum penalty for attempted murder and for aiding and abetting suicide is imprisonment for 14 years. As Andrew Geddis and Colin Gavaghan point out:

Both assisting suicide and the various forms of culpable homicide can, in theory, attract significant prison sentences. In reality, the courts recently have tended towards more lenient treatment of those involved in assisted dying and “mercy killing” cases, imposing sentences of home detention, suspended sentences or even discharging without conviction.

---

24 Health Committee Petition 2014/18 of Hon Maryan Street and 8,974 others at 40 and 47.
25 Health Committee Petition 2014/18 of Hon Maryan Street and 8,974 others at 48.
26 For example, see R v Law (2002) 19 CRNZ 500.
27 For example, see R v Stead (1991) 7 CRNZ 291.
29 For example, see R v Davison HC Dunedin CRI-2010-012-004876 (24 November 2011).
31 Crimes Act 1961, s 177(1).
32 Crimes Act 1961, s 173(1), s 179(1).
Seales v Attorney General

In March 2011, Lecretia Seales was diagnosed with a brain tumour which resisted surgery and courses of chemotherapy and radiation treatment. Medical advice was that the tumour would ultimately prove fatal. In 2015, Ms Seales sought declarations in the High Court:

- her doctor would not commit either murder or manslaughter under s 160 of the Crimes Act if she “administered aid in dying” to Ms Seales
- her doctor would not be assisting her to commit suicide, which is prohibited by s 179 of the Crimes Act, if her doctor “facilitated aid in” Ms Seales’ dying
- if the Court was satisfied that she was a competent adult who clearly consented to aid in dying and had “a grievous and terminal illness … caus[ing] enduring suffering” that was “intolerable to her in the circumstances of her illness”.

In the alternative, Ms Seales sought declarations that ss 160 and 179 of Crimes Act 1961 (to the extent that they prohibited aid in dying) were inconsistent with two rights guaranteed by the New Zealand Bill of Rights Act 1990: the “right not to be deprived of life” (s 8) and the right not to be “subjected … to cruel, degrading, or disproportionately severe treatment” (s 9). Both applications for a declaration were declined. In his judgment, Justice David Collins concluded:

The complex legal, philosophical, moral and clinical issues raised by Ms Seales’ proceedings can only be addressed by Parliament passing legislation to amend the effect of the Crimes Act. ... [T]he fact that Parliament has not been willing to address the issues raised by Ms Seales’ proceeding does not provide me with a licence to depart from the constitutional role of Judges in New Zealand.

Professional opinion

Various opinions on assisted dying have been expressed by health professionals.

University of Otago researchers have reviewed existing research investigating New Zealanders’ attitudes to euthanasia and/or assisted dying over the past 20 years. According to their research published in late 2018, support and opposition varied across health professional specialties. Palliative care specialists were mostly opposed to euthanasia/assisted dying, whereas General Practitioners (GPs) were split more evenly between support and opposition.

In April 2018, the findings of a New Zealand Doctor magazine commissioned survey by Horizon Research were reported. The survey of 1,540 General Practitioners and registrars, for which 545 responded, found that 52 percent of doctors totally opposed assisted dying if death was imminent, while 32 percent supported it. 56 percent opposed and 31 percent were in favour if the patient’s condition was irreversible but death was not imminent.

According to a 2017 New Zealand Medical Journal (NZMJ) article on New Zealand doctors’ and nurses’ views on legalising assisted dying:

---

36 Seales v Attorney-General [2015] NZHC 1239 at [5-6].
37 Seales v Attorney-General [2015] NZHC 1239 at [8].
39 Seales v Attorney-General [2015] NZHC 1239 at [21].
40 Jessica Young and others “The euthanasia debate: synthesising the evidence on New Zealander’s attitudes” Kōtuitui: New Zealand Journal of Social Sciences Online (October 2018) and University of Otago “Most Kiwis support some form of euthanasia or assisted dying, Otago review reveals” (1 November 2018).
41 Mike Houlahan “Doctors split over assisted dying issue” Otago Daily Times (27 April 2018).
42 Pam Oliver and others “New Zealand doctors’ and nurses’ views on legalising assisted dying in New Zealand” New Zealand Medical Journal (NZMJ) 130 (7258) (2005).
In studies over the past decade, small percentages of New Zealand doctors have acknowledged providing patients with a drug that had been “prescribed, supplied or administered explicitly for the purpose of hastening the patient’s death”, and nurses were identified as having assisted in hastening patients’ deaths in this way.

It further noted that:

most of New Zealand’s professional medical and nursing bodies have until now consistently either opposed AD [assisted dying] or declined to take a stand, and none of them appears as yet to have actively considered its potential role in providing practice standards or guidelines for its members in the anticipation of AD being legalised. The vocal opposition to legalising AD, in particular from faith-based organisations, has been endorsed by some palliative medicine and palliative care professional bodies.

In October to November 2015 an invitation was disseminated for New Zealand-registered doctors and nurses to take part in an online survey. There was a total of 969 survey respondents. The findings, as published by the NZMJ in 2017 were:

37 percent of doctors and 67 percent of nurses responding “strongly” or “mostly” agreed—on a 5-point scale from ‘strongly agree’ to ‘strongly disagree’ or ‘not sure’—that AD [assisted dying] should be legalised in New Zealand, assuming provision of appropriate guidelines and protocols. In contrast, 58 percent of doctors and 29 percent of nurses “strongly” or “mostly” disagreed with legalising AD. That is, respondents tended to hold clear, and polarised, views on the topic, with only 4–5 percent of doctors and nurses answering “Not sure”. These findings reflect both recent New Zealand studies and research in other countries prior to AD legislation being introduced, where somewhere between 30–40 percent of doctors have supported legalisation.

A postal survey was sent to 3,420 GPs in New Zealand in May 2013. The findings, as published by the NZMJ in 2015, were:

Of the 650 GPs who responded, 547 had contact with the patient prior to death and had the potential to make a medical decision at the end-of-life. Of these, 359 (65.6 percent) reported making a MDEL [medical decision-making at the end-of-life]. The last action before death ranged from decisions to withdraw or withhold treatment (or intensify the alleviation of pain and/or symptoms) with the probability that death would be hastened, through to actions partly or explicitly intended not to prolong life, or to hasten death. The most common MDEL actioned, taking into account the probability that this may hasten end-of-life, was increasing the alleviation of pain and/or symptoms, (88 percent n=359), followed by withdrawal of treatment (50.1 percent n=359). Of the 359 GPs who reported making a MDEL, 16 (4.5 percent) attributed death to a drug that had been prescribed, supplied, or administered explicitly for the purpose of hastening the patient’s death. Of these cases, nurses were identified as the agent most likely to administer the drug, either alone or with another.

Various opinions on assisted dying have been expressed by groups:

*The Australian and New Zealand Society of Palliative Medicine*: The Society opposes any attempt to legalise assisted suicide and/or euthanasia in New Zealand under any conditions.

*Hospice New Zealand*: Hospice does not support legalising assisted dying in any form. Nor does it consider that a law change would be in the best interests of the people for which it cares. Hospice New Zealand stresses that hospices’ always work strictly within the law, which currently means it is a criminal action to help someone commit suicide and may result in prosecution.

---

43 Ibid.
44 Phillipa Malpas and others “End-of-life medical decision making in general practice in New Zealand—13 years on” NZMJ, 128 (1418), 24 July 2015.
46 “Euthanasia - our opinion” Hospice New Zealand (2017).
Medical Council of New Zealand: The Council’s 2016 *Good Medical Practice* details standards which the public and the profession expect a competent doctor to meet. It includes: you must not participate in the deliberate killing of a patient by active means.47

New Zealand Medical Association (NZMA): The NZMA opposes both the concept and practice of euthanasia and doctor-assisted suicide. The Association believes that euthanasia, even at the patient’s request or at the request of close relatives, is unethical. Doctor-assisted suicide, like euthanasia, is unethical.48

New Zealand Nurses Organisation (NZNO): The NZNO advocates for individuals to have the option or choice of assisted dying. Its concern is focused on the impact of legislative changes that may affect the day-to-day practice of nurses who work with dying people.49

The Palliative Care Council of New Zealand: The Council believes that euthanasia and physician-assisted suicide do not have a place in New Zealand society. The focus should be on ensuring high quality palliative care is available to all who would benefit.50

**Public opinion**

Strong and increasing public support for assisted dying has been reported.

According to the Otago University review, across all surveys on average 68.3 percent of people supported euthanasia, and 14.9 percent opposed legislation. 15.7 percent were neutral or unsure. A total of 36,304 people had been surveyed. The lead author said that it seemed “a majority of the public” were “open to the possibility of legislative change”. However, it was “less clear” what forms of euthanasia or assisted dying New Zealanders thought should be available, or when and how it should be accessible, though some form of regulation was expected.

Among studies that specifically differentiated between euthanasia (a lethal injection administered at the voluntary request of a competent patient by a doctor), and assisted dying (when a person obtained a lethal prescription from a doctor and self-administered), support for a doctor to end a person’s life upon request was 67.9 percent. 48 percent supported assistance from someone other than a doctor (e.g. family).

Overall, no differences were found between genders, and results according to age appeared to be mixed. Of all indicators of socio-economic status, only educational attainment was statistically significant, with lower educational attainment associated with higher support for euthanasia. Those living rurally were more supportive of euthanasia.51

According to the 2017 *NZMJ* article already referenced:

Surveys and polls over the past 20 years have demonstrated strong and increasing public support for legalising AD [assisted dying] in New Zealand.52

A January 2018 Newshub Reid Research poll with 1,000 interviewees (750 by phone and 250 online) found that 71 percent supported the End of Life Choices Bill, with 19.5 percent against it and 9.5 percent unsure.53

The majority of submitters to the Health Committee opposed legislation that would allow assisted dying in New Zealand. Advisers reported that 80 percent of submitters opposed any change to assisted dying legislation,

---

47 *Good Medical Practice* Medical Council of New Zealand (2016).
48 “New Zealand Medical Association Submission to the Health Select Committee Investigation into ending one’s life in New Zealand” (February 2016).
51 "The euthanasia debate: synthesising the evidence on New Zealanders’ attitudes" *Kōtuitui: New Zealand Journal of Social Sciences Online* (October 2016) and "Most Kiwis support some form of euthanasia or assisted dying, Otago review reveals" University of Otago (1 November 2018).
53 "New Zealand doctors’ and nurses’ views on legalising assisted dying in New Zealand", NZMJ, 130 (1456), 2 June 2017.
51 "Newshub poll: Most New Zealanders support euthanasia" Newshub (3 February 2018).
while 20 percent favoured a law change to permit it.\textsuperscript{54} The majority of public submissions heard by the Justice Committee were against the Bill.\textsuperscript{55}

A Research New Zealand poll conducted between May and June 2017 found that 72 percent of New Zealanders stated they agreed “if a person had a painful, incurable disease doctors should be allowed by law to end the patient's life, if the patient requests it”. In comparison, 19 percent disagreed, 6 percent did not know, and 3 percent did not care. The poll had a nationally representative sample of 500 adult New Zealanders. The same poll was previously conducted in October 2016 and in June/July 2015. The proportion agreeing was not statistically different across these three polls.\textsuperscript{56}

A May 2017 Horizon survey of 1,274 adults found that New Zealanders supported medical practitioners assisting adults to die by majorities ranging from 66 to 75 percent in specified circumstances.

These circumstances included where such a request came from:

- A mentally competent patient, 18 years or over, with end stage terminal disease and irreversible unbearable suffering: 75 percent support.
- A mentally competent patient, 18 years and over, who has irreversible unbearable suffering which may not cause death in the immediate future: 66 percent support.\textsuperscript{57}

A June and September to October 2015 Curia Market Research poll found that 66 percent of respondents supported a law change to allow euthanasia, with 20 percent opposed. There were 2,800 responses.\textsuperscript{58}

An earlier July 2015 Reid Research poll conducted for TV3 News asked “should law be changed to allow ‘assisted dying’ or euthanasia?” 71 percent of respondents said yes while 24 percent said no. That same month a Colmar Brunton poll for TVNZ’s One News asked 1,000 people “should a patient be able to request a doctor’s assistance to end their life?” 75 percent of respondents said yes and 21 percent said no.\textsuperscript{59}

A Research New Zealand poll asked 501 people during March and April 2015 “Suppose a person has a painful incurable disease. Do you think that doctors should be allowed by law to end the patient's life if the patient requests it?” 74 percent said yes, 20 percent said no and 6 percent did not know. They were also asked “Still thinking of that person with a painful incurable disease, do you think that someone else, like a close relative, should be allowed by law to help end the patient's life, if the patient requests it?” Here 51 percent said yes with 41 percent saying no and 9 percent not knowing.\textsuperscript{60}

The New Zealand Attitudes and Values Study asked participants aged 18 years and over how strongly they supported euthanasia. Based on the 2014/2015 wave of data collection and sampling of 15,270 New Zealanders, approximately two thirds of the participants (66 percent) supported euthanasia, 12.3 percent opposed and 21.7 percent were undecided.\textsuperscript{61}

An August to September 2013 Curia Market Research poll of 1,000 respondents found that 57 percent agreed (and 31 percent disagreed) with the statement that “If someone really wants to die, doctors should be allowed to help them kill themselves”.\textsuperscript{62}
Disclaimer. Every effort has been made to ensure that the content of this paper is accurate, but no guarantee of accuracy can be given.

This work is licensed under the Creative Commons Attribution 4.0 International licence. In essence, you are free to copy, distribute and adapt the work, as long as you attribute the work to the Parliamentary Service and abide by the other licence terms. To view a copy of this licence, visit: https://creativecommons.org/licenses/by/4.0/.