

SUBMISSION – End of Life Choice Bill

To:

Committee Secretariat

Justice Committee

Parliament Buildings

Wellington 6160

We DO NOT wish to appear before the Committee to orally deliver our submission.

Submission:

We, as a many-years-married couple, have collaborated in this Submission, and we do not represent anyone but ourselves. We wish to clearly state that we strongly OPPOSE the Bill. We feel that the end of life care of the dying can be managed with dignity, and we protest the introduction of medically assisted dying and/or euthanasia.

None of us can escape death; it is a part of life, but it is the intention for change at Governmental level to hasten our demise that causes us to argue against any need for change.

We wish to be honest, here – in principle we approve of, and support, the stance of Family First. We have read their information on the Bill, which details the changes proposed to the current system of caring for the dying. Because of this, we feel clarification is needed about some of the wording in the Bill:

- We worry about why there is no clarity regarding the age of eligibility, and how it will relate to our discrimination laws. It seems to us that if 18 is to be the age of eligibility, what will stop people from pushing for the law to be changed, using the argument that the age of 18 is discriminatory? Sick and/or disabled young people would then

become vulnerable if their legal guardian made the decision for them to be euthanased.

- We worry about the description of a terminal illness, “that is *likely* to end life...” What is the definition of “*likely*”? Who decides what “*likely*” is? And what happens if the patient lives longer than their *likely* time? Is this likelihood of life flexible, and what happens if the diagnosis is wrong?
- Also, in Section 4C (ii) of the Bill, Grievous and Irremediable Medical Condition, there appears to be no requirement that the condition be terminal. We do not believe this to be clear enough to be put into law – it is highly likely to be interpreted in many ways. For example, it is possible that a person with an attitude where they may be tired of life, but not necessarily dying could feel their condition is irremediable.
- We worry about the unfairness of asking Medical Doctors, all of whom have taken the Hippocratic Oath, to compromise their oath and their medical and personal ethics. Pressure of various kinds may be brought to bear on doctors and, in turn, doctors will be further pressured to ensure that other therapists, nurses, carers etc, no matter what their beliefs, say nothing of the decisions of the patient and the doctor. If death takes place, the doctor alone will have the death of his/her patient on his conscience, perhaps forever.
- We question the purpose of such a Bill when it is clear that Government is concerned about so many people – especially young – committing suicide. It seems to us that Government appears to promote a double standard in looking into plans to prevent people from committing suicide yet, at the same time, enabling the law to permit euthanasia. On January 23 of this year, when announcing an inquiry into mental health the Prime Minister stated, “Our suicide rate is shameful.” How can we reconcile this with an attempt to introduce assisted suicide?

New Zealand has a marvellous palliative care system which suitably medicates and cares for those at the end of their lives. It needs no change. It is compassionate and caring.

We would like to tell you about two of our family members who died of cancer. In first case, our mother/mother-in-law was hospitalised with end-stage bladder cancer. The hospital staff, plus her own GP could not have been kinder - they treated her symptoms and saw to her comfort until she gently and peacefully passed away.

The second person, a brother-in-law, died at home. He was treated by his own GP, and palliative care nurses. His wife was by his side, day and night. As with Mother, he quietly died with no pain.

Neither of them asked to be helped to die – they accepted they were going to die and trusted in the knowledge and compassion of their palliative care providers.

As we enter our older years, we become more concerned with the reasons why people may choose assisted dying – including the wish to ‘not be a burden’, and an unrealistic fear of pain. We feel that undue pressure could be placed on vulnerable people (the sick, the elderly, the mentally frail, the disabled), to end their lives due to their perception/understanding of a lack of their own worth. These fears can all be addressed with appropriate counselling and appropriate medication, so that torment and pain are relieved, and their lives are not terminated prematurely.

We believe the law already enshrines what is appropriate and compassionate. We have utter trust in the current system of caring for those at the end of their lives. So much so, that we cannot, and *will not* ask another person to hasten our deaths. We, as with our mother and brother-in-law, wish to put our trust in the care of a GP, and/or palliative care. We want to die in our own time.

We submit that this Bill should be rejected.

Thank you for reading this.