Item of business :

End of Life Choice Bill

Submission name :

Dr John Fox

Comments

I am a disabled person with spastic hemiplegia. In addition to my current pastoral work, I have worked in public policy, I was an academic at the University of Auckland, I did children's, youth and community renewal work in a number of at-risk contexts, and I ran the pastoral care team for one of UoA's Halls of Residence. I hold a PhD in English from the University of Auckland, an MA (Hons), and BA (Hons) (English) and BSc (Biological Sciences) degrees from the University of Canterbury. I am also a Trustee of the Elevate Christian Disability Trust, and a volunteer Adult Literacy Tutor.

I oppose the End of Life Choice Bill in its entireity. As a disabled person with a probably worsening condition, I submit the following reasons why the Bill is discriminatory and should not proceed.

1. It is overly broad. Section 4 means that even people like me, with relatively manageable conditions, are to be offered euthanasia. This undermines the value of our lives, sets back the progress we have made since the 1970's, and exposes vulnerable people who already question the value of their lives to risk.

2. Choices are always made in a context. All contexts are not equal.
I am in daily and sometimes quite severe pain, and have to endure a number of medications to control it and make my participation in life possible. These medications and chronic conditions mean that my life is often full of conflicting emotions: despair, grief, rage, and longing for a different life. At points in my life, partially thanks to medication, I have endured depression, suicidality, dependence and humiliation. At times I have questioned the value of my own life, and my community and social work tells me this is far from rare among the severely disabled, or indeed the able-bodied, especially other demographics such as the elderly. I do not wish the Bill to proceed because opening the option to me and other vulnerable disabled people means we might be tempted to take it: to deny the value others see in our lives, and which we appreciate in other contexts, and at other times, because of one, or several, prolonged episodes of psychological or physical stress, decline or relapse. Like many disabled people, I look back on these with profound gratitude for the support I received, and profound gratitude I had no other option but to carry on and live. Section 4, which has no objective criteria past incurable, painful and serious (I meet those), ends that safeguard.

Further, we already live in a society in some senses profoundly uneasy about the reality of disability. The attitude of this Bill, which opens to disabled people a suicide option not available to able bodied people (such as young people or the elderly) undermines suicide prevention, and skews the playing field further towards fear of disability. My life is often difficult. But it is not your nightmare. Attitudes to disability, often based on incomplete or bad information, or outdated assumptions about the quality of care or the quality of life, will play their part in the choices people make, or are permitted to make. So will the every day realities of the medical system. So

will funding constraints, an aging population, and structural barriers such as race, class and poverty.

I agree with other voices in the disability sector, especially Elevate, DPA, NDY and the Disability and Faith Network, in saying the risks here are too high, and the safeguards here inadequate. I am shocked at how vague the drafting of this Bill is, and how ignorant the drafters of it clearly are about the emotional conflicts and physical realities of disability.

3. To force doctors to refer for suicide alters the entire foundation of medical ethics, and undermines both the sacred art of healing, and the vulnerability which medical trust enables. I support New Zealand Medical Association; Hospice New Zealand; the Australian and New Zealand Society of Palliative Medicine; Palliative Care Nurses New Zealand, and the New Zealand Health Professionals Alliance in opposing this Bill.

4. The safeguards and limits proposed are essentially arbitrary. Experience in the Netherlands (especially Belgium) shows that once the principle is established, other vulnerable groups such as those with mental health conditions, prisoners, children and others, such as the elderly, are soon offered the option, as they are in the forthcoming debate in the Netherlands over the "Completed Life Bill".

5. I oppose the Bill in principle because I believe in the moral value of life, and the moral dignity of every human being. I oppose this Bill in practice because it is vague, badly drafted, imprudent and flatly dangerous. I oppose the mentality behind the Bill as a disabled person whose life is equally valuable. And I oppose the Bill as a citizen who wants to live in a country marked by solidarity, kindness and care, not killing. Our country depends on the choice you make now: please make the harder, but the wise and right one.

Sincerely,
Dr John Fox

Recommendations

The Bill should not proceed. The mentality behind the Bill is discriminatory, fearful and mean.