

Submission by Katherine Smith

## “End of Life Choice” Bill

**I oppose the “End of Life Choice” bill.**

My opposition to the bill is based on my personal experience as a herbalist treating people with serious illnesses including neurological conditions and advanced cancer.

My opposition to the bill is also informed by my work as an editor of *The NZ Journal of Natural Medicine* which involves reading medical research, writing and editing articles on a variety of health-related topics. Interviewing health professionals and patients and their family members in the process of writing articles has helped me gain knowledge of little known treatment options as well as how patients, families and health professionals are each in their own ways, affected by illness and/or disability.

I would like to state for the record that my opposition to the bill is grounded in care for people (patients, families and health professionals alike) rather than coming from a religious perspective.

### **What do patients who have serious chronic or life limiting health problems want and need?**

I would like to state first that it is very rare in my experience for a patient who has a serious illness to want to kill themselves.

What the vast majority of patients want is an effective treatment that will restore them to health, or for conditions where this is not possible, treatments to ameliorate symptoms such as pain so that they can enjoy life as best they can whether they have a chronic illness with which they may live for many years or a condition such as widely metastatic cancer where their life expectancy may be quite limited.

With this being said, after the diagnosis of a serious chronic illness or after an accident that is likely to cause chronic disability, people often become temporarily depressed as they grieve the lost possibilities in their life that they may have had to relinquish due to illness or disability. With support from family and friends (and other treatments that may be necessary to treat other symptoms, such as pain, that can contribute to depression), people generally move through this phase, take stock of their lives and set new goals.

People who are in a state of shock and depression after diagnosis that carries a bad prognosis condition could be vulnerable to choosing to end their lives prematurely with medical assistance if New Zealand were to pass this bill.

This would be a tragic outcome that could be avoided by Parliament rejecting this bill.

## Specific criticisms of the bill

The bill allows for people to choose assisted suicide if they have a condition for which their life expectancy is likely to be six months or less.

If assisted suicide is allowed on these grounds, New Zealand is likely to unnecessarily lose many people whose lives could have been saved or considerably extended. This is because with appropriate treatment, many conditions that might otherwise be fatal within six months can be overcome.

For an example, I would suggest you read the case history at the link below which details survival of 16 years of a patient who had been diagnosed as having metastatic cancer of the pancreas, a condition which is often fatal within six months and usually fatal within a year.

<http://www.dr-gonzalez.com/pancreatic.htm>

The six months life expectancy eligibility criteria could also mean that people are vulnerable to choosing to end their lives early due to medical advice that a disease will be fatal when this is not the case.

Medical advice about people's prognosis can be at times just plain wrong as the case of the woman who is the subject of the article below. She is alive and well more than 20 years after being told that she would be dead in six months.

[http://www.nzherald.co.nz/lifestyle/news/article.cfm?c\\_id=6&objectid=11998429](http://www.nzherald.co.nz/lifestyle/news/article.cfm?c_id=6&objectid=11998429)

Then there is the issue that the bill allows a "grievous" condition to be grounds for eligibility for assisted suicide. The lack of definition of this term is to my mind a problem that could offer the option of assisted suicide for people who have virtually any number of serious medical conditions or disabilities to be assisted by their doctors to kill themselves.

People whose medical conditions or disabilities mean that they require more physical care from family members and/or may require non-funded treatments would be vulnerable in this situation to "choosing" assisted suicide out of a perception that their health problem or disability poses a burden on their families.

I would be particularly concerned that if this bill were passed, people who are suffering from chronic mental conditions would be more likely to either commit suicide on their own initiative and/or seek assisted suicide due to distressing symptoms (and the downstream effects that the symptoms of mental illnesses can have on various domains of a person's life, such as loss of employment, breakdown of relationships etc.)

People with mental illnesses, like anyone else with a health problem, deserve treatment and support to help them recover fully or live as comfortably as possible with the condition.

The link below includes a transcript of an interview of a mother whose young adult son had had serious mental health problems since childhood and was considering assisted suicide prior to learning of a nutrition and lifestyle based treatment programme. On this non-toxic treatment

programme, within a few weeks he was feeling sufficiently well and hopeful about the future that he was no longer considering suicide.

<http://kellybroganmd.com/vital-mind-stories-kim/>

In summary, I sincerely hope that Parliament will reject this bill, which poses serious risks to vulnerable New Zealanders.