Submission on Euthanasia in New Zealand.

This submission is made on my own behalf only. It is based on both the principles which I believe characterize a just and functional society and on my observations of the experiences of dying patients under my care, and of their families, during 37 years of providing General Practice services to my patients in Tawa.

I have had the privilege of providing medical support to a large number of patients during a terminal illness, some brief and some protracted. I have also supported parents and close family through final illnesses caused by cancer and stroke.

I firmly OPPOSE any legislation that would diminish current prohibitions on assisting suicide or euthanasia. I will keep my reasons brief but would willingly speak to these to enlarge upon them if requested to do so. My reasons include:-

- "Unbearable" suffering is rare.

  Most illnesses, especially terminal ones, involve suffering. I have found palliative care services to be superb in the amelioration of the suffering involved.
  Where the suffering approaches the unbearable level the answer lies in even better support. A euthanasia option will undermine the drive to continually improve palliative care.

- Suggestions that unauthorised shortening of life is commonplace is likely fallacious.

  In 37 years I have never witnessed the administration of any medication or procedure given with the intention of shortening life, nor have I seen the need for it. Indeed, I am not sure that I have witnessed even unintentional shortening of life but it is difficult to be certain of this.

- Most fears about the dying process are proved unfounded but they cannot know this in advance. The foundation for these fears is not always apparent.

  Many worry about coping with the effects of suffering on themselves or their loved ones. If offered the option of an early assisted death, this fear and lack of understanding of the process ahead would drive or oblige some to accept it. But I have not cared for a single patient who later regretted the lack of such an opportunity. For most the process surprises them positively, becoming often one of the most significant periods in their life and that of those close to them. It is not possible for them to know this in advance, but it is the consistent experience of those who care for many. It is cruel to offer a false solution at the time of greatest fear, when an informed decision is seldom possible.

- There would be a "slippery slope" effect.

  I have no doubt that a liberalising of options for euthanasia would have unintended extensions, notwithstanding any legal safeguards. We have experienced this with abortion legislation intended for hard cases and now available on request. The "slippery slope" would inevitably apply. Some incapable of making a decision for themselves would be terminated.

- The most vulnerable in our society would be at risk.

  There are some who would either be pressured by others with a financial or social interest to end their lives prematurely or would feel an obligation to volunteer the same for similar reasons. The elderly would be particularly at risk.

- The call for autonomy in determining mode of death is a false one as such a right would have major effects on others, and on society as a civilised and caring one.

- The patient relationship would be seriously damaged.

  Whichever profession is called upon to execute the euthanasia process would severely damage its social trust. Were this the medical profession, the trust implicit in the doctor-patient relationship would be seriously damaged. Much of the advice that I offer my patients carries weight and is beneficial precisely because the patient knows that I would not and could not offer an option that I do not consider would be for their benefit. It should be noted that current medical ethics place a responsibility to that ethic above the law of the land. The conflict would be a very negative one for the profession and for our society.

- The complexity of the issues involved makes it impossible to assess fairly in a referendum.

Kevin Fitzsimons

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