Pacific Child, Youth and Family Integrated Care Trust (PACYFIC Trust)

Submission to the Justice Select Committee

concerning the

End of Life Choice Bill

6 March 2018

We wish to appear before the Justice Select Committee to speak to our submission.

SUBMISSION:

We, as medical doctors and leaders in the Tongan and Pacific community in New Zealand, OPPOSE any and all efforts by the New Zealand Parliament to legalise euthanasia or medically-assisted suicide in the event of a terminal illness or an irreversible condition that makes life unbearable.

The reasons for our position are listed below:

As medical doctors, we believe our role should remain to focus on saving lives and providing care for our patients and provide care for those who are dying. A shift to **euthanasia or medically-assisted suicide** will weaken the doctor-patient relationship which is based on trust and respect. We oppose shifting our care paradigm from a culture of life to creating and perpetuating a culture of death through medically-assisted suicide.

We agree wholeheartedly and endorse the views of the World Medical Association and the New Zealand Medical Association that physician-assited suicide and euthanasia are unethical, even if they were made legal.

Access to quality palliative care service, such as that which is available in New Zealand, enable people to live and die comfortably with dignity.

Vulnerable members of society, such as the elderly, children, the disabled and the mentally ill should be protected to live and die with dignity. Medically-assisted suicide will put vulnerable members of our society at risk, and may feel they are a burden to their families if they choose to live, instead of being under pressure to have a medically-assisted death.

1. Ethical considerations

We believe that as NZ citizens we all must ask some fundamental questions about the nature of life before we consider legislating for medically-assisted dying. These questions include:

- What does it mean to be a human?
- What is the value of being human?
- Are all human lives valuable in and of themselves?
- Or is human life only valuable so long as it meets certain conditions/definitions? And if so, who decides these conditions?

There is a conflict between the advocates of the belief that "all life is valuable in itself therefore it should be respected" and those who would state otherwise. Those stating otherwise would propagate the notion that life has value only if it can produce something good or make a contribution to society. If a life ceases to be able to contribute to society, it

has somehow lost its value. For example, a human life is not worth living if one is unable to improve from a health perspective or is a financial burden on society. Such a life can be forfeited with medically-assisted suicide.

If **euthanasia or medically-assisted suicide** is legalised, we as a society are saying that this act of killing is not immoral. We are unequivocally stating that certain methods of killing are okay and may be even civilised, whereas methods that are illegal are therefore wrong, barbaric, uncivilised, and illegal. For example, a doctor administering lethal injections/tablets to let someone die would be legal and civilised. However to shoot or smother the same person, chop off their heads with a guillotine or put a plastic bag over their heads would be barbaric, wrong or uncivilised.

The concept of humans determining the value of human life takes us on a very slippery slope. We dare not create an Orwellian culture where "all animals are equal but some are more equal than others." Adolf Hitler's belief in a master race fuelled the killing machine that deposed of over 10 million Jews, Non-Jews, Gypsies, disabled, homosexuals, and communists … simply because they were labelled with having lesser value. We urge the New Zealand members of parliament to think very seriously about this. It is irrational to suggest that life is only valuable if it makes a contribution. All life is valuable and as such, none should be given to option for termination under medically-assisted dying.

2. **The factors that contribute to the desire to end one's life –**

Why people want to die?

A loss of autonomy, loss dignity or loss of quality of life has often been touted as reasons why people wish to seek medically-assisted suicide. People do not want to suffer due to illness. However, there is top quality palliative care service provided in New Zealand which improves quality of life for those who are sick and are at the end of their lives. Much of the pain and suffering that people fear is alleviated by the great care provided by palliative care professionals together with family members as a community of carers.

The primary rationale for euthanasia and assisted suicide is that people do not want to suffer. However, New Zealanders must be informed and made aware that quality palliative care services exist in New Zealand as part of the public health service. Palliative care is inherently about living with dignity – not dying. It addresses all the dimensions of suffering (physically, emotional, psychologically and spiritually). Quality palliative care supports the whānau and includes them in the provision of care. Some people may be fearful and think that they do not wish to live on in their current condition, but with excellent palliative care and support, suffering can be significantly alleviated so that those who are sick can live and die comfortably with dignity.

3. The terminally ill are highly vulnerable

Those with terminal illnesses are a vulnerable group in society. We must be careful that these people are able to be autonomous and do not feel under pressure or feel like they are a burden to others. The legalisation of medically-assisted suicide will open the door for them to end their lives for fear of being an undue burden on their families and carers. We must be careful of the unintended consequences of allowing medically-assisted suicide to be an option. Its existence as an option may cause more people to utilise it than would have wished to do so otherwise. It would put pressure on those who choose to live on with their illness or disability, and imply that they are a burden on society. This has been the testimony of the Dutch Ethics Professor Theo Boer, a former supporter of legalised euthanasia in the Netherlands. He said that "what was once considered a last resort, now becomes a default mode of dying for an increasing number of people" (Smeaton, 2016). Medically-assisted suicide would make caring for the terminally ill, disabled, mentally ill, elderly and vulnerable members of society an easy default option.

4. People's lives will be determined by financial costs instead of good medical care

From a financial perspective, it is cheaper to end a life via medically-assisted suicide than to provide continued medical care. This has implications for health administrators, medical doctors, nurses, health insurers and policy makers. Legalising medically-assisted suicide shifts the ethos and decision-making ability of those in the healthcare profession, insurance firms, and policy makers to make decisions based on a financial cost-saving perspective. The example of 64-year-old Oregon lady, Barbara Wagner with lung cancer in remission, then the cancer returned and likely fatal. Her last hope was a $4,000-a-month drug that her doctor prescribed for her, but the insurance company refused to pay. However, her Oregon Health Plan agreed to pay instead for a physician-assisted death with drugs that would cost about $50. Ms Wagner said: "It was horrible, I got a letter in the mail that basically said if you want to take the pills, we will help you get that from the doctor and we will stand there and watch you die. But we won't give you the medication to live. (James, 2008). This is the kind of scenarios that medically-assisted suicide would push people to. It is a paradigm shift from a culture of life to a culture of death.

5. Definitions becomes a minefield

Many of the words used in support of medically-assisted suicide are vague, confusing and are subject to much debate. However they have considerable consequences in the life and death of real human beings.

- *Terminal illness:* We are all terminal but in the context of medically-assisted suicide, two doctors who treat and care for the same patient can have two differing opinions on whether their patient is terminal or not. What if they are

both wrong? Legalising medically-assisted suicide opens the door for trusting patients who are incorrectly deemed terminal to have the option of ending lives prematurely when in reality their conditions are not terminal. This would also happen if there is an erroneous medical diagnosis and doctors and healthcare professionals do make incorrect diagnosis.

- *Medically assisted:* Can anyone assist? What about doctors and nurses whose consciences prohibit them in administering medicine to aid in a patient's death? Is there a safeguard to protect them from being forced to carry something against their morals, conscience and convictions?
- *Irreversible conditions:* Whilst medical science has made huge advancements, science and medicine do have limits. Scientists and medical professionals also know only in part. As medical professionals, we continually marvel at the many patients who live, thrive and defy the odds of generally accepted medical prognosis. We have seen patients make incredible turn arounds from terminal cancers and incurable diseases and have live on for months and years despite what doctors have told them. Doctors can be wrong in their diagnosis and prognostication.
- *Unbearable:* Proponents of medically-assisted deaths push for it as a last resort measure for those with unbearable pain and suffering. However, this has been the case in other countries who have legalised euthanasia. Legalising medically-assisted dying would leave potential option for abuse.

6. Redefining the role of medical doctors

The trust relationship between doctors and their patients has for centuries been encapsulated in the Hippocratic oath, such that:

- Doctors would not act for their own benefit and compromise the welfare of patients; and
- Patients need not to fear but trust doctors to act on their own best interests.

This respect and trust relationship between doctors and patients will be undermined by any moves to legalise medically-assisted suicide. It changes the role of the medical doctor in society from that of a healer and carer to that of an executioner. Giving doctors the ability to take a life through medically-assisted death grant too much power to doctors. This would leave both doctors and patients vulnerable to abuse.

7. Cultural implications for Pacific peoples

Pacific people in New Zealand suffer disporpiate ill-health due to poverty and poor access to quality health servvices. Due to cultural reasons and barriers of access to health care,

Pacific people often take the doctor's advice without questions. These factors make Pacific peoples extremely vulnerable especially if:

- Their families are not acting in their best interests
- Doctors are 'encouraged' to offer medically-assisted suicide to *certain* people
- The combination of not wanting to be a burden to their families and poverty can push vulnerable Pacific people down the slippery path of choosing to end their lives against the wishes.

8. International experiences

Overseas jurisdictions where medically-assisted dying is legalised (Oregon, Netherlands, Belgium, Luxembourg), have noted the following problems:

- A 2011 review found about 900 people annually are administered lethal substances without having given explicit consent. In one jurisdiction, almost 50% of cases of euthanasia were not reported (Pereira, 2011). It showed that although the initial intent was to limit euthanasia and assisted suicide to a last-resort option for a very small number of terminally ill people, some jurisdictions now extend the practice to newborns, children, and people with dementia. A terminal illness is no longer a prerequisite.
- In the Netherlands, euthanasia for anyone over the age of 70 who is "tired of living" is now being considered. Legalising euthanasia and assisted suicide therefore places many people at risk, affects the values of society over time, and does not provide controls and safeguards (Pereira, 2011).
- Some doctors are writing prescriptions for lethal drugs for patients for whom they have not previously cared;
- An Oregon woman with Alzheimer's disease and cancer received assisted suicide even after a psychiatrist reported that she did not know what she was asking for and that her daughter was the driving force behind the request;
- A Dutch study showed 20 percent of patients were given what was considered to be a lethal dose lived for more than three hours, and in some cases required a physician to intervene with a lethal injection.

9. Scenarios for serious considerations:

a. Take an 80 year old dementia sufferer. Her family said she had wanted to die but cannot prove this. The doctors who cared for refuse to assist in taking her life because they was not mentally competent to make such a decision. What should happen? Who should decide? The family, the doctors or the courts? This happened in Holland.

b. Take the same scenario as above, but only half the family believe she wanted medically-assisted suicide. What should happen? Who should decide? The family, the doctors or the courts?
c. What is to stop a doctor from imposing involuntary medically-assisted suicide? That is, the patient says, "I don't want to die" but the doctor days, "I think you should."
d. A doctor is pressured by management to 'pressure' a patient with medically-assisted suicide for financial reasons.
    i. What should a doctor do when his values is in conflict with his superior, the patient's family or
    ii. Does this not compromise the doctor's ability to practice good medicine?
    iii. Would it not also jeopardise the doctor's own career prospects by defying superiors?
    iv. If the doctor relents and follows directives from management to end life, should other patients trust this doctor with their health?

It is conceivable to see that financial pressures from outsiders could 'encourage' doctors to engage in *civilised killing* before all options were exhausted in providing care for the patient.

References

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