

Item of business :

End of Life Choice Bill

Submission name :

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Comments

I do not agree with or support this bill. I believe it goes against the fact that life is sacred and should be protected if possible rather than discarded. Also, I do not agree that anyone should be able to define what they see as being miserable as that is very subjective.

I am a registered nurse and so I do see a lot of suffering. In my particular place of work I have seen a lot of attempted suicides and while you do understand the patient's suffering that led up to their suicide attempt and feel your heart break for them, what breaks my heart even more is to see the hurt of the friends and family members of the patient. They are hurt that the person could find no support or hope in them (who would have definitely given it had they known the patient was struggling so much). They feel betrayed, angry, and sad. Suicide may have made the patient relieved of their suffering, but it creates a whole new kind of suffering for their loved ones. I feel that the assisted suicide bill would be no different in its effects.

Patients need to be offered hope in life rather than in death. There is plenty of analgesia and gentle and caring hospice support for the terminally ill and their families. Mental health services are doing the best they can (with limited resources) to support the mentally ill and the stigma surrounding mental illness is decreasing.

As a nurse, I am expected to administer medications prescribed by doctors and it would definitely be against my conscience to administer any drug that I know would terminate the life of a patient. It may be seen as suicide by the patient but it would be seen as homicide by me.

Recommendations

Give people hope in life rather than in death. Make people more aware of their options in life and give them the support they need. Make referrals to the appropriate services, give more funding to hospice care. We do need to be more realistic about not for resuscitation orders (eg not making a 95 year old with comorbidities still for resuscitation), but we should not make it possible for a person to terminate their own life voluntarily.