

Item of business :

End of Life Choice Bill

Submission name :

Dr Kate MacNaughton

Comments

I am against the End of Life Choice Bill.

I work as a GP at a general practice in a high needs area and also also at a youth clinic. I regularly work with people who feel like they want to die, that they deserve to die, that their family and friends would be better off without them. Often, they are desperately scared and want somewhere safe to go where someone will help them to stay alive.

No matter what safeguards are put in place, this bill will inevitably place another barrier in the way of suicidal people seeking help. It won't be possible to accurately quantify, but it will contribute to deaths that could have been prevented.

I believe that it is unethical to do something that will make it harder for these vulnerable people to access help.

I also find it concerning that so much of the discussion I see about this bill shows a lack of understanding of what euthanasia is. Often when people argue for euthanasia they are really asking for the right to decline treatment or to have access to adequate pain relief (even if this may have the side effect of hastening death). These are both things that are already legal under current law. Euthanasia does not address these issues. These are arguments for better and more widely available palliative care.

Some of the horrific examples of suffering also highlight that we have a problem with elder abuse and that standards of care in some rest homes and nursing homes are not good enough. These are the issues our politicians need to address. The option of euthanasia will add extra pressure to vulnerable elderly people when they are unwell.

The idea that people should make this choice "free from pressure from any other person," sounds good but will not be possible to attain. The idea of anyone being free from pressure is very unrealistic, let alone frail, elderly or mental unwell people. I am not going to be able to prevent the pressures put on people by their families, friends, other medical professionals, carers, the media. Even just the passing of this bill places an extra burden on people to feel that they must justify their own continued existence.

I note that I am to be allowed to conscientiously object to be involved in euthanasia. Again, this a statement which sounds good but in practice will be problematic. I will still have to have consultations with patients who wish to end their lives and give them the details for a doctor who will enable them to do this, so I cannot be completely uninvolved. For such an important decision, a lot of people would rather talk to a doctor who they know and feel confident in. It would be wrong to abandon patients at this vulnerable stage and leave their care to someone who does not know them and may inadvertently add to the pressure they feel to die. A huge number of doctors

are against euthanasia so many patients will be unable to choose a doctor they know and who knows them when they are making this decision.

It is a massive shift in thinking to the current practice of dealing with a suicidal person. Currently when someone is suicidal I treat them with the aim of recovering from their suicidality and maintaining their safety. Instead, I will have to weigh up whether or not their desire for suicide is reasonable and meets the very broad criteria. The phrases "grievous and irremediable medical condition", "advanced state of irreversible decline in capability" and "unbearable suffering" are very open to interpretation. If their request does meet the criteria, I will then have to actively assist them to die or lead them to someone else who will.

Finally, I am concerned at the way this bill will impact the relationship between doctors and their patients. This relationship is built on trust and the fact that doctors as a profession would be involved in killing will change the dynamics of the relationship, even if an individual doctor is opposed to it.

Recommendations

This bill should not go ahead.

If it does go ahead, there should be no involvement of the medical profession in the act of killing. It should be undertaken by someone who is trained in this particular procedure but not a doctor.