

15 February 2018

Submission on the 'End of Life Choice Bill'.

Address:

Committee Secretariat

Justice Committee

Parliament Buildings

Wellington 6160

Submitted by:

Dr Murray Hunt in his personal capacity as a palliative medicine specialist.

My Viewpoint:

I am a Palliative Medicine specialist and I advocate for high quality and appropriately resourced palliative care. I am opposed to the End of Life Choice Bill. I seek that the current law opposing assisted suicide/euthanasia be maintained.

I have worked in palliative medicine since the early 1990s. I have witnessed significant advances in the specialty over this time including the growth of interdisciplinary palliative care teams in both hospices and hospitals. I have personally witnessed countless patients (and their family members) benefit beyond their expectations through skilled communication (understanding who the patient is and what matters to them) alongside the impeccable delivery of symptom-focussed interventions.

I find it helpful to recognize four key goals of palliative care. These are as follows:

- i) Enhancing quality of life for patients, their families and whanau. I see quality of life from a holistic perspective including psychological, spiritual, and cultural domains.
- ii) Optimizing function (with a specific goal of a patient retaining independence for as long as possible)
- iii) Helping with decision making
- iv) Encouraging and providing opportunities for personal growth

Implicit in these goals, I believe, is the acceptance that patients are individuals who may hold belief systems and values that potentially differ from our own but nonetheless deserve respect and priority around the support of that particular patient. As a palliative medicine specialist, my role is to enhance patient autonomy within the confines of the ethical principles that underpin the medical profession, and the profession's relationship with society as a whole.

I was taught and I continue to practice medicine with respect/adherence to four basic principles of health care. These foundation principles require respect for patient autonomy alongside the principles of justice, beneficence (the intent of doing good), and non-maleficence (not causing harm to the patient or others in society). Patient choice (autonomy) does not trump or deserve a higher priority over other foundation principles. Euthanasia, actively killing a patient (no matter what their

level of suffering may be), is an act that I believe sits outside of the key ethical principle of non-maleficence. The process of actively and deliberately ending a patient's life is most definitely harm; I cannot rationalize this at any level and I cannot position this as a lesser harm in pursuit of a greater good.

There are several other reasons why I oppose the End of Life Choice Bill. I believe that it will impact adversely on hospices which currently can be seen as a place of 'safety' for patients. It will impact on my role as a palliative medicine specialist and possibly make the role unsustainable for me personally. I could not and will not refer a patient to medical colleagues for the purpose of facilitating euthanasia; such a referral would be mandated of me (for patients seeking euthanasia) in the proposed Bill. I have huge concerns that any safeguards written into the End of Life Bill (with the purpose of protecting the vulnerable) are likely to be eroded over time. I have attended many international conferences over the years and my international colleagues bear witness to this concept of legal safeguards failing to protect vulnerable members of society from unconsented (and possibly involuntary) euthanasia.

I find it interesting to contrast arguments around capital punishment with those around euthanasia. New Zealand abolished capital punishment in 1961 (1989 for treason). One of the strongest arguments against capital punishment was and is 'execution of the innocent'; the fear that mistakes or flaws in the justice system will one day allow a wrong decision. I believe that the End of Life Choice Bill will not protect the 'innocent'; those members of society who are more vulnerable to subtle coercion.

In summary, I thank the Select Committee for allowing me to register my strong opposition to the End of Life Choice Bill and I look forward to addressing the Committee directly.

Yours sincerely



Murray Hunt