

I write to strongly oppose the 'End Of Life Choice Bill'.

This bill is being presented as all about choice. Our right to decide how and when and in what manner we die. Using the word 'choice' and presenting it as a matter of rights makes it difficult to disagree with this bill, without looking like one is trying to stifle the rights of others. However this bill approaches death with an inherently individualistic lens. It fails to speak to the communities and whanau groups that an individual exists within. It extracts death and the individual and places them in a vacuum. Yet death affects those left behind. The way we as a society approach death affects our communities and our nation. Death should not be simply a matter of choice. We must hold it carefully, we must provide love and care to those who are dying, but we must not see it simply as a choice.

The terminology used in the proposed bill I find disquieting. What is the definition of an 'irremediable medical condition'? Who decides what is 'irremediable' or 'grievous'? Even 'terminal illness' is difficult to define. When does a condition enter its terminal phase?

As a doctor working in the public sector I also strongly oppose this bill from a professional perspective. As doctors we have a duty of care towards our patients. We take an oath to do no harm. The early Hippocratic Oath was explicitly anti-euthanasia. While the modern oath is more measured I would wager no person enters medicine with the aim or expectation that they will have to assist people to die. This bill not only requires doctors to administer the medications that will result in the patient's death, but also requires they be present until the person dies.

Furthermore, this bill asks doctors to put aside their professional opinions and experience and act as handmaidens to others. Assisted dying is provided at the patient's request, regardless of what the doctor, in their professional opinion, thinks is best for the patient. There is no provision for doctors to discuss the benefits and risks of the proposed action and yet this would happen before any other proposed treatment. Decisions in medicine are made on balanced evidence and explanation, not because patients demand them. Yet this bill asks doctors to simply act in accordance with a patient's wishes, regardless of what they think. This bill would make doctors oblige patients without providing a balanced view first. Assisted dying undermines the role of the doctor to a patient and compromises the trust that patients should have in their doctors.

This bill also asks doctors to provide a 'prognosis' to the patient of their condition; this can be difficult in reality where an illnesses course may vary greatly between patients.

I have seen first hand the anguish with which some people approach death. More than anything else this anguish is associated with a fear of the unknown or a fear of death itself. This anguish is not alleviated by changing the mode or timing of death. The unknown element remains. What will come after? Death is the final unanswered question for many. Dying a quicker death or a planned death cannot and will not answer that question.

Aotearoa New Zealand has a palliative care system that is the envy of many other nations. Our expert doctors and nurses in this field work to provide comfort and care to patients as they die. The 'intolerable suffering' that Seymour speaks to in his defence of this bill is rarely experienced. Suffering is not relieved by physically hastening death but by the actions of a community around an individual, and by understanding and responding to that person's needs and fears. Compassion, after all, means to 'suffer with', to be present, to be community to the person who is suffering. This is not achieved by simply assisting them to die.