End of Life Choice Bill 2017/18

Exploring the current New Zealand debate, including summaries of submissions by bishops

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Euthanasia

Eu (good) and *thanatos* (death) - euthanasia

Helping others to die well, and dying well ourselves, are worthy ethical and societal goals.

But terminating the lives of others raises important questions we need to consider.

An intensely personal and pastoral issue

- Not a debate for hard-line and rigid legalisms
- But one where we need to weave ethical considerations with compassion and wisdom to achieve human and social well-being.

Hard cases

- 2015: Lecretia Seales sought legal permission to die with medical assistance. The court ruled this was not legally permissible.
- How many have known such situations personally in their own family or friends?
- How many would support a law change to make this possible?

Ethical principles

- From both religious and ethical perspectives, human life is sacred (*but some exceptions, eg a just war)*
- This is an unequivocal principle that lies at the heart of human life and society.
- The NZ law prohibiting the termination of life is based on the belief that this is not the way to deal with human suffering.

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Ethical principles (cont)

- Dignity, freedom and autonomy are other principles, and the basis of human rights.
- As human beings we live communally, and generally individual freedoms exist within the context of the greater good.

Q1: are some principles greater than others?

Q2: how does one balance individual rights with collective societal well-being?

A call to change the law

- In July 2015, a 3 News/Reid Research Poll showed that 71% of New Zealanders wanted a law change, 24% opposed. This was two months after the Lecretia Seales case.

- But it was non-specific as to what sort of law change people wanted.

A Second Survey

- Another survey showed 66% in NZ support euthanasia as a legal means of ending the life (on request) of a patient with a painful, incurable disease. *University of Auckland study based on NZ Attitudes and Values Study 2014-15.*
- Yet the study authors note that improvements in palliative care and pain management mean most can die without pain.

What is Euthanasia? Is it…

1. Intentional termination of life (eg by lethal injection)?
2. Medically assisted suicide (eg by providing lethal drugs for ingestion)?
3. Withdrawing life support systems when no future life may be expected?
4. Palliative medication (eg drugs to ease pain which may also shorten life)?

Q: which of these did the surveys support?

Assessing the Options

- Withdrawal of life support in terminal situations is not seen as termination. To preserve life is one thing, to artificially prolong it another.
- With palliative medication, it is the palliative intention which counts, not side effects.
- Hence euthanasia is the direct termination of life, with medical assistance to do so.

2015 Petition for Law Change in NZ

- "…to permit medically-assisted dying in the event of a terminal illness or an irreversible condition which makes life unbearable" (*Petition of Hon Maryan Street to NZ Health Select Committee, 2015)*.
- Of 21,000 submissions, 77% were opposed. No recommendation was made by the Committee.

Q: how does one define 'unbearable'? Who decides?

Q: is the 'irreversible condition' life-threatening in the short-term? Where would dementia fit?

2017 End of Life Choice Bill

This, the current Bill, defines a person eligible for assisted dying as someone who:

- is aged 18 years or over
- has New Zealand citizenship or is a permanent resident
- suffers from a terminal illness likely to end their life within 6 months or has a grievous and irremediable medical condition
- is in an advanced state of irreversible decline in capability
- experiences unbearable suffering that cannot be relieved in a manner that he or she considers tolerable
- has the ability to understand the nature and consequences of assisted dying.

Safeguards Overseas

(eg Netherlands, Belgium, Switzerland, Oregon)

1. consent provided by a mentally competent patient
2. euthanasia or assisted suicide restricted to those with 'terminal' conditions who are likely to die within a limited time
3. only doctors can administer euthanasia or must be present
4. palliative care be first offered as an alternative;
5. all cases to be reported to an authority.

Some Proposed NZ safeguards

Proposed safeguards include:

- Parliamentary oversight committee
- Registrar to oversee and record all documents
- Two medical practitioners to establish eligibility; mental health specialist if required
- Medical practitioner to administer medication
- Review of Act after 3 years, then every 5 years

A good death…

…through medical termination may be seen as

- an act of compassion for the sufferer
- the preservation of a person's dignity
- the preservation of that person's autonomy
- in accordance with a living will by the patient.

Two Reflections

"It is heartless not to offer people in unbearable suffering the opportunity to end their lives"

Atul Gawande, author of Being Mortal.

"The intention is not to kill but to assist those whose personal request is to end their own lives on their own terms"

Former Archbishop of Canterbury George Carey

People seek early death because of…

- The fear of pain
- Fear of losing one's dignity, or autonomy
- Depression
- Social isolation, esp. among the elderly
- The financial cost of long-term care.

NOTE that some of these factors are existential and treatable.

Reasons Given in Oregon

The most common reasons (for seeking death) were psycho/social concerns such as

- losing autonomy (91.4%)
- less able to engage in activities making life enjoyable (86.7%)
- loss of dignity (71.4%).
- by contrast, 'Inadequate pain control or concerns about it' was cited as a reason by only 31.4%.

Oregon Public Health Division, 2014

Another Reflection

(The request to die) “is rarely because of pain, but is often because of despair, loneliness, grief, the feeling of worthlessness, meaninglessness or being a burden. I have never seen a patient whose physical suffering was untreatable”.

- Australian doctor, Karen Hitchcock, who has worked for 12 years in large public hospitals, caring for hundreds of dying patients.

Concerns about a Law Change

Criteria for termination could be extended, eg

- “Exit” (Switzerland) now open to elderly people not terminally ill *SWI Swissinfo.ch*
- Belgium: 'terminal' condition not necessary; psychiatric patients may apply. *Thienpont, Lieve, 2015*
- New categories might include depression, handicap, babies with severe deformities, dementia.
- Medically assisted suicide undermines steps to prevent youth suicide.

Increase in Terminations

- Netherlands: 1882 deaths (2002), 4829 (2013)

One in 26 deaths pa now by euthanasia; would equal 1200 in NZ

- Belgium: 235 deaths in 2003, 2303 in 2015
- Oregon: 24 prescriptions, 6 deaths in 1998, 155 prescriptions, 105 deaths in 2014
- A NZ doctor: ring-fencing the criteria is very difficult.

Elder Abuse a Major Concern

- Negative attitudes exist towards the elderly as being a burden on society.
- Many older people may feel they are a burden to the family, and feel they should exit life
- This attitude may be conveyed subtly or implicitly by family members
- Confused and uncertain, even feeling guilty, they may feel pressured to take the step
- They may see friends making this choice.

Shifting Social Attitudes

- Making provision for death by intervention could lead to the ‘normalisation’ of this option.
- ‘Functionalism’ – people measured by the functions they perform in society
- ‘Economic rationalism’ – people measured by their net economic worth to society – *homo economicus.*
- All lead to a depleted narrative of care.

Underinvestment in Human Capital

- Neoliberal pre-occupation with economic costs and benefits leads to reduction in support for building social capital
- Many social issues (eg child abuse, poverty, euthanasia) exacerbated by cost-cutting mentality and promise of tax cuts
- We need less greed, more connectedness, more mutuality, more collective responsibility and care.

Medical Ethics

- Most doctors or other medical associations oppose euthanasia on ethical grounds
- A conscience clause would allow doctors to opt out of a life-terminating role. This could lead to doctor-shopping with doctors who do not know the patient.
- Vulnerable sufferers may lose a sense of trust in the medical profession, as well as in their societal environment: ‘the world no longer seeks my well-being’.

Cultural Issues

- The white western world tends to be characterised by individualism
- Maori and Pacific Island, by contrast, are much more aware of whanau: "We bring people into this world, we care for them right from the time they are conceived, born, reared, in health, sickness and in death. Euthanasia is foreign to Māori and has no place in our society.“ *-Amster Reedy*
- A law change could ride rough-shod over our Treaty partners.

Palliative Care Undermined?

- The option of terminating life could lead to a reduction of funds for palliative care
- Instead of assisting people and families to a good death, life may be ended prematurely.
- Palliative care is not available in all parts of NZ and, where it is, is often under-funded.

A Way Ahead

- Our national policy should be to enhance palliative care in all its pastoral, spiritual, physical and social aspects.
- Steps should be taken to address the existential realities – age, loneliness, depression - that can make people long to see their life end
- Churches, doctors and hospice staff could develop programmes to assist patients and families with understanding and managing the stress and realities of dying.

Vigilance re Policy Debate

- This is a hot-button topic: politicians very mindful of public opinion.
- 30,500 submissions made on End of Life Bill.
- There are many strands in the debate, and much misunderstanding
- A multi-disciplinary Royal Commission to examine both ethical principles and the current context might be preferable.

Anglican Bishops' Submission #1

(Note that tikanga Maori planned their own submission)

The Seven Diocesan Bishops:

While recognising the great distress of patients, families and friends in the case of some intractable and prolonged terminal illnesses, it is our view that legalising medically-assisted dying will open the gateway to many foreseen and unforeseen consequences which will be damaging to individuals and the social fabric. **We recommend** that no change be made in the existing law, but that resources to enhance palliative care and counselling support for both patients and their whanau be increased.

Copy of this submission available: richardrandersonnz@gmail.com

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Anglican Bishops' Submission #2

Bishops Jim White, David Coles and John Bluck:

- Support a law change, and want the criteria to include 'terminal illness' but not 'unbearable suffering'.
- Take as their starting point the dignity and autonomy of each person and his/her right to decide
- Emphasise the need for a rigorous and independent monitoring body.

Copy of this submission available: jwhite@auckanglican.org.nz

Email or Write to your MP

The date for submissions on the Bill has passed but it is important to write to your MP to express your view.

The content may be brief eg *I oppose/support the End of Life Choice Bill for these reasons...* A couple of sentences will suffice: less is more!

The standard email address for an MP is

Bill.Smith@parliament.govt.nz

Two Closing Reflections

- In our birthing, in our living and in our dying, God's love surrounds us.

- "Lord, into your hands I commend my spirit."

Acknowledgments

Of many sources referred to, note in particular:

- The Nathaniel Centre, Wellington, Catholic (Director, John Kleinsman) – see their website.
- Report on Assisted Suicide (Scotland)Bill, 2015
- NZ Anglican Bishops' Submission to the Health Select Committee, 2018.
- Submission of Bishops Jim White. David Coles and John Bluck to the same committee.
- Hospice New Zealand