

Key Facts about the End of Life Choice Bill

Parliament's Justice Committee is accepting written submissions on this Bill **until Tuesday 20 February**. People who wrote to MPs or Committees on this issue earlier need to write to this Committee also. Find out how at n2as.nz.

What is proposed

This Bill is NOT about turning off life support, 'do-not-resuscitate' requests (no CPR) or stopping medical treatment. In these situations, a person would die of natural causes – from their underlying medical condition.

The Bill proposes immunity from prosecution for medical practitioners who perform 'assisted dying', which is a euphemism for euthanasia and assisted suicide using lethal drugs.

It is assisted suicide when the person who dies takes the final action that ends their life, e.g. swallowing a deadly dose. It is euthanasia when *someone else* takes the final action that ends the person's life, e.g. give a lethal injection.

Four methods are proposed for the administration of a lethal dose: ingestion or intravenous delivery triggered by the person (assisted suicide); and ingestion through a tube or injection (euthanasia). – *Clause 15(3)(a)*

Who would qualify

The criteria are wide enough to include life-limiting conditions, disabilities, ageing-related and degenerative conditions, chronic (longstanding) conditions and mental illness.

It would be up to the individual to define 'grievous', 'advanced', 'unbearable suffering', 'capability' and 'intolerable'.

Clause 4 Meaning of person who is eligible for assisted dying

In this Act, *person who is eligible for assisted dying* means a person who—

(a) is aged 18 years or over; and (b) is—

(i) a person who has New Zealand citizenship as provided in the Citizenship Act 1977; or

(ii) a permanent resident as defined in section 4 of the Immigration Act 2009; and

(c) suffers from—

(i) a terminal illness that is likely to end his or her life within 6 months; or

(ii) a grievous and irremediable medical condition; and

(d) is in an advanced state of irreversible decline in capability; and

(e) experiences unbearable suffering that cannot be relieved in a manner that he or she considers tolerable; and

(f) has the ability to understand—

(i) the nature of assisted dying; and

(ii) the consequences for him or her of assisted dying.

The complete Bill is online at tiny.cc/Seymourbill

The proposed process in a nutshell

After a person has made a formal request for 'assisted dying', two doctors would assess whether the person is eligible. The second doctor must be a member of a purposely created group of medical practitioners who are willing to facilitate assisted suicide and euthanasia. If one or both doctors would doubt whether the person is able to understand what 'assisted dying' is and that they would die, a psychiatrist or psychologist would assess whether the person is able to understand this.

Once a request is approved, the paperwork would be sent to a registrar who would co-sign the prescription for lethal drugs. The person's death certificate would state their medical condition, as if 'assisted dying' didn't happen.