

DYING TO LIVE: A Submission on End of Life Choice Bill

We speak as bishops of the Anglican Church in support of assisted dying. We are aware that most of our colleagues don't agree with our position, but want to testify that there is a wide diversity of views on assisted dying in our churches. We believe that for some individuals with a terminal illness, assisted dying can be a good and moral choice and that we should offer medically competent assistance in carrying out such a choice.

Our own views are shaped by pastoral experience with dying people and wanting to honour their consistent desire to remain in charge of their lives and dignity for as long as possible. The current law supports that desire very unevenly. While we would wish along with Hospice NZ that this debate should only happen when everyone enjoys access to quality palliative care, we see little evidence of that arriving soon. In the meantime, many are forced to suffer unnecessarily and we join our voices to many in this land who desire an amount of sensible change in our laws. It is a deeply unfortunate fact that for some the "right to life" is translating into a duty for them to go on suffering and this has to end.

We are well aware that everything depends on your starting points in this debate. It does not matter whether your moral framework is utilitarian, Kantian, Virtue theory, or 'bible based,' there are counter arguments from the same framework. Most arguments circle back with warnings about where a change in legislation might lead, threatening risk of abuse of the elderly, people with disabilities and other vulnerable groups. These "slippery slope" arguments have endlessly dominated the euthanasia debate, much of it driven by fears of the notorious Nazi Action T4 campaign to eliminate "undesirable groups", miss named "euthanasia." Firstly, there is a mile-wide distinction between the murder by authorities for purposes of racial purity and political expediency and laws that allow assisted dying by those who choose for themselves to shorten their life in the face of a terminal illness.

Secondly, we have yet to find convincing evidence, especially evidence that is devoid of layers of interpretive bias, that legally available assisted dying has created the much feared slippery-slopes. We would want any changes in our laws to be accompanied by a rigorous and independent monitoring body.

Our starting point is not a warning but an affirmation of the dignity and autonomy of every individual. We take an individual's capacity to decide how to live life fully to be of the highest value. We want to be sure each individual has a responsibility to make choices with respect for the well-being of others, in honest conversation with friends and family, and, from our perspective, prayerfully. We believe that when a life is ending with unbearable suffering and great indignity, the individual concerned should be able to seek assistance in dying with dignity and mercy for all involved.

We acknowledge that many in this debate are feeling fearful. Our experience is that some of those we have been alongside have been desperate to end their lives (or have help to end their life) and have got to that point carefully and prayerfully. So, often such a decision has seemed without fear but, in fact, full of courage.

We know that fear is contagious and does not help us make good decisions. However, we would like to note that many in our society are fearful of ongoing treatment. They don't want to end their days in a hospital bed with no sense of the things that they value around them. Of course, those resisting a law change would say that no one has treatment without consent, but in our experience people are often fearful that they will be coerced or find themselves caught up on an exorable treatment treadmill.

We might actually be fearful that if our law does not change, at least in some measure as we would hope, that people will increasingly choose to end their lives prematurely (and before they are in any way disabled by disease or illness) by the many methods that are suggested on the internet.

So, we enter this debate by placing the highest value on the capacity to exercise autonomy over one's own life. If that is where we begin, then it has a major effect on balancing the likely outcomes and risks of a change of law. We recognise that any new law for Aotearoa New Zealand would affect different cultures in different ways and we don't pretend to speak for Maori in particular, well aware of their history of being written off as a "dying race". A law change need not have any coercive or prescriptive effect on any who don't choose to exercise the right to assisted dying, heavily qualified as it should be.

The primary qualification in our view is that assistance in dying needs to be confined to those with a terminal illness as set out in the legislation. We do not support the additional ground of "unbearable suffering" and believe that would lead us into a tangle of self-defined exemptions and dangerous precedents. The new legislation in the state of Victoria sets a useful model (and one close to home) and gives us a conservative (terminal illness only model) and comparison to begin what will no doubt be an evolving pattern of legislative reform as we learn from experience.

The experience of other countries is valuable for studying the consequences and unintended effects of assisted dying laws, now available in four European countries, Canada, Columbia, Victoria (Aus) from this year, Oregon for the last 20 years, and other states, making it available now to one in six Americans. The slippery slope effects of law changes don't seem to have happened, and the actual use of drugs to end life, even when prescribed, are often not taken.

Assisted dying legislation in New Zealand would not come as something new. A de facto practice has long existed and been accepted, even praised in extreme situations. The medical practitioner who administered a fatal dose of morphine to a person trapped in the wreckage of the 1931 Napier earthquake is famous but only one of many such stories. In clinical situations the line between active and passive assisted dying is thin and moveable, and the decision to withhold treatment that would prolong life is frequently made. Very often the terminally ill person has only been able to continue living through medical intervention and the right to stop those interventions must lie with the patient. In the U.K. in 2006-8 18.5% of all deaths resulted from palliative sedation.

The new law would bring some clarity to what is often currently an ad hoc and subjective process of decision making, leaving doctors and nurses legally vulnerable, and forcing those dying to consider improvised and grotesque ways of dying that leave loved ones traumatised.

We end this submission where we began, namely with the dignity and autonomy of every individual to make choices and take responsibility for their life. We respect that autonomy by legally permitting abortion, the right to deny permission for surgery and medication, the freedom to indulge in life threatening sports and adventures, to risk and sacrifice life in the armed service of country. These choices are properly available throughout our lives but denied at the end, for reasons that have more to do with fear than trust in each other.

We believe the country is ready to deal with a change in the law. Informed estimates from medical practitioners suggest that about half our doctors and 70% of our nurses would agree, as well as a majority of the New Zealand public.

As New Zealanders who affirm that all life is sacred, and who follow a God who is all about ending suffering rather than intending it, or insisting it must always be endured, we don't believe a change to the law would contradict that sanctity or offend that God.

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