## **INVESTIGATION INTO EUTHANASIA & ASSISTED SUICIDE (EAS)**

The Parliamentary Health Select Committee has decided to hold an investigation into 'ending one's life in NZ' and invites submissions, which close on 1<sup>st</sup> February 2016. The Parliamentary website states that '.......In order to fully understand public attitudes the Committee will consider all the various aspects of the issue, including the social, legal, medical, cultural, financial, ethical, and philosophical implications. The Committee will investigate:

- 1. The <u>factors that contribute</u> to the desire to end one's life.
- 2. The <u>effectiveness of services and support</u> available to those who desire to end their own lives.
- 3. The <u>attitudes of New Zealanders</u> towards the ending of one's life and the current legal situation.
- 4. <u>International</u> experiences.

(underlining added)

## **MAKING A SUBMISSION**

These do not have to be long — two or three sentences would be all right and two pages would be the maximum. Connect what you say to the Terms of Reference, but you don't have to cover all of them. Use respectful non-religious language and don't bring in other Issues. Submissions are usually made public, so you can include contact details in a covering letter. Address your submission to: Secretariat, Health Select Committee, Select Committee Services, Parliament Buildings, WELLINGTON 6160. Postage is required.

## **A SUGGESTED FORMAT**

Date:

Submission on: the Investigation into ending one's life in NZ

To: the Health Select Committee

**From:** (name of individual, email address if you have one, a contact address and a daytime phone number. If you do not wish these details to be made public, put them in a covering letter.)

A good way of setting things out is below – however you can just give a general comment, or make one or two points in a couple of sentences.)

I wish to make the following general comments:

I wish to raise the following matters under: (expand on your views and give reasons).

Term of reference 1:

Term of reference 2:

etc

**Recommendations** (List any further recommendations or conclusions you wish the committee to consider. You may wish to re-state recommendations mentioned earlier.)

## SOME KEY ARGUMENTS AGAINST LEGALISATION OF EUTHANASIA & ASSISTED SUICIDE

- People on both sides of the debate want to prevent intolerable suffering. The key issue is the long-term consequences of a law change for public safety. This is an issue of social justice protecting the vulnerable.
- Changing the law would send a message that the lives of some are not worth living it will steer persons towards a premature death.
- Allowing Euthanasia/Assisted Suicide (EAS) opens the door for the disabled, sick and elderly to see themselves
  as an excessive financial and emotional burden. The 'right to die' could very quickly become a 'duty to die'. No
  legislation can protect against this.
- Good clinical care aims to eliminate the pain, not kill the patient. The NZ Medical Association, the Society of Palliative Medical Physicians & Palliative Care Nurses New Zealand Society all oppose a law change.
- The fact that EAS are illegal means maximum efforts are made to relieve pain and address all aspects of a person's suffering. Will this still occur if the law is changed?
- We should not ask doctors, who have a duty of care, to be involved in killing their patients.
- When seriously ill patients receive good palliative care they rarely want to end their lives.

- It is neither possible nor rational to limit PAE or PAS to particular groups of people or specific conditions. There would be the same erosion of boundaries here in New Zealand as has occurred overseas.
- Legalising voluntary EAS paves the way for euthanasia without request or consent.
- The legalising of EAS, especially for irreversible and unbearable mental conditions, accepts that 'some suicides are okay'. This risks sending a 'mixed message' regarding the tragedy of youth suicide and creates a confusing double standard.
- Suicidal thoughts are usually associated with depression. Research shows that when depression is properly treated, most people change their minds about wanting to die.
- Many assume that changing the law will simply allow the very small number of high-profile cases to proceed
  without legal objection. In fact, 'legalisation leads to normalisation' and, as has happened overseas, will lead to
  greatly increased numbers dying that way.
- Abuse of the disabled and elderly is a serious issue in our country. Legalising euthanasia puts the elderly at
  further risk, especially in a society where the numbers of elderly are growing and there is increasing pressure
  on the health budget.
- New Zealand abolished the death penalty in partly because of the danger of executing even one innocent person. Legalising EAS will inevitably lead to some people being killed 'when they don't want to die'.
- These days no-one need die in pain. Persistent requests for euthanasia are mostly related not to unrelieved pain but to a desire to be in control, a fear of being a burden or the experience of social isolation. EAS is not the right or best response to these issues.
- Changing the law would create a legal situation in which the state licenses death in advance and sanctions the death of certain of its citizens.
- Legalising EAS undermines the long-standing convention against killing persons.
- The law already has the ability to show compassion to people who, in a state of anguish find themselves involved in assisting a suicide.
- Changing the law will not mean an end to such cases going to court as it could still be difficult to distinguish between an assisted suicide and a murder
- Changing the law will not mean an end to such cases going to court as it could still be difficult to distinguish between an assisted suicide and a murder.
- Granting a very small and vocal minority the choice to be killed will undermine the choice and/or will of many others to live.