Excerpts from the Report of the Health Select Committee, August 2017

Petition 2014/18 of Hon Maryan Street and 8,974 others **http://tiny.cc//HSCreport**

Overview

1. The petition requested that the House "fully investigate public attitudes" to legislation that would allow medically-assisted dying (voluntary euthanasia and physician-assisted suicide). The report is a balanced summary of what the Committee received and heard from submitters.

2. The Committee does not make a recommendation on whether the law should be changed. Their only recommendation is that people read the report in full to gain better understanding of the issue.

3. Chair Simon O'Connor told NZ Doctor, "Committee members are not in favour of assisted dying because they can see the problems involved and appreciate the complexity and divisiveness of the issue."[1]

4. The Committee received more than 21,000 unique written submissions, published at http://tiny.cc/HSCsubmissions. They also heard 944 oral submitters over 108 hours of hearings.

5. Eighty percent of submitters were opposed, and twenty percent were in favour of legislation that would allow assisted dying /assisted suicide and euthanasia.

Key Arguments

- Choice / autonomy / individual freedom (74% of those in favour)
- Human life has an innate value that should be upheld in law (40% of those opposed)

Public Safety: "Submitters primarily argued that the public would be endangered. They cited concern for vulnerable people, such as the elderly and the disabled, those with mental illnesses, and those susceptible to coercion. Others argued that life has an innate value and that introducing assisted dying and euthanasia would explicitly undermine that idea. To do so would suggest that some lives are worth more than others." (p.47)

Slippery Slope: "Submitters, regardless of their views, were concerned about the "slippery slope" effect—a tendency for assisted-dying laws to widen beyond the initial intentions." (p.21)

Safeguards: "Opponents and supporters of a law change both identified effective safeguards as an important part of any assisted dying legislation. Many of the safeguards proposed were actually eligibility criteria." (p.37)

[1] https://www.nzdoctor.co.nz/news/2017/august-2017/03/no-recommendation-on-assisted-dying-from-lukewarm-health-select-committee.aspx

Risk of Coercion

“Several submitters spoke about the fear that family members would put subtle pressure on individuals because they wanted to inherit, or to avoid spending money on care. Many submitters expressed fear that if assisted dying or euthanasia were institutionalised, the disabled, the elderly, and the ill could experience greater social prejudice. We heard various stories from overseas in which members of these groups felt societal pressure to end their life. Submitters were also concerned that the option could evolve into an expectation, and that the right to die would soon be seen as a duty to die.” (p.21)

Pain, Suffering and Palliative care

“Medical and health practitioners stated that no one should be dying in pain in New Zealand in the 21st century. Instances of this indicated a failure in care and a deviation from the norm. It was also stated that many people misunderstand serious health issues and frequently misinterpret symptoms as indications of pain.” (p.18)

“Some submitters believed that palliative care does not always relieve pain and suffering. Specialists acknowledged that such rare cases do exist, but said they are always due to issues of access, delivery, and misperceptions.” Issues include late referrals, drug regulations, uneven access in rural areas, doctors and nurses lacking awareness of the role of palliative care, workforce shortages. (p.40, 47)

Psychological and Emotional Pain

Terminal and life-limiting illness is often accompanied by depression, anxiety and feelings of hopelessness. “Treatment for such pain is an important part of palliative care. People suffering from depression and suicidal thoughts are treated in the same way regardless of whether their underlying condition is terminal or not… Such depression almost always passes if given time and treatment. Concerns about making it easier to end one’s life during such episodes were also echoed by suicide prevention groups.” (p.41)

Dignity and Independence

“Both supporters and opponents of assisted dying raised the idea of dignity. Proponents often defined dignity on the basis of maintaining independence, and physical and mental capacity. There was a clear desire to maintain bodily functions and not become reliant on others. Submitters often spoke of not wishing to be a burden, either to family or society, and commented that to be a burden would lessen their own self-worth.” (p.16)

“The view of some supporters of assisted-dying legislation—that needing support to carry out everyday tasks results in a lack of dignity—was seen as inaccurate and demeaning for disabled people. They maintain that, although advocates argue that they are concerned only with perceptions of their own dignity, it would be impossible for their actions not to make an implicit statement about the value of others in similar circumstances.” (p.17)