

-Euthanasia and Assisted Suicide-

A Dangerous and Unnecessary
Path *for* New Zealand



Which of these are part of euthanasia?

- A patient deciding to have their life support switched off
- A patient deciding, "I don't want to be kept alive on machines in the future."
- A patient deciding, "I don't want to be resuscitated."
- A patient deciding, "I don't want more medical treatment for this condition."
- A patient requesting pain treatment or sedation to relieve their suffering
- A patient refusing pain treatment or sedation
- A patient refusing food and hydration
- A patient taking an overdose of pain medication

Which of these are part of euthanasia?

- A doctor deciding to switch off a patient's life support
- A doctor deciding not to resuscitate a patient
- A doctor stopping a patient's medical treatment, because it doesn't work anymore or causes suffering
- A doctor giving a patient pain medication to relieve their suffering
- A doctor sedating a patient to relieve their suffering
- A doctor stopping a patient's food or fluids, because the person is too ill to absorb it
- A doctor stopping a patient's food and fluids to hasten their death
- A doctor giving a patient an overdose of pain medication to end their life
- A doctor prescribing lethal drugs for a patient to take
- A doctor giving a patient a lethal injection

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- ~~A patient refusing food and hydration~~
- ~~A patient taking an overdose of pain medication~~

None of the above

Code of Health and Disability Services Consumers' Rights



Right 7: Right to Make an Informed Choice and Give Informed Consent.

Every consumer has the right to refuse services and to withdraw consent to services.

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Definitions

Euthanasia

- ❖ The **intentional** causing of death in order that suffering may be eliminated.
- ❖ An act undertaken by someone with the **specific intention** of ending another person's life.

Physician Assisted Suicide (PAS)

A person self-administers a lethal substance that has been prescribed by a physician.

Assisted Suicide (AS)

A person ends their life with assistance from another person

Euthanasia Defined *by* Intention

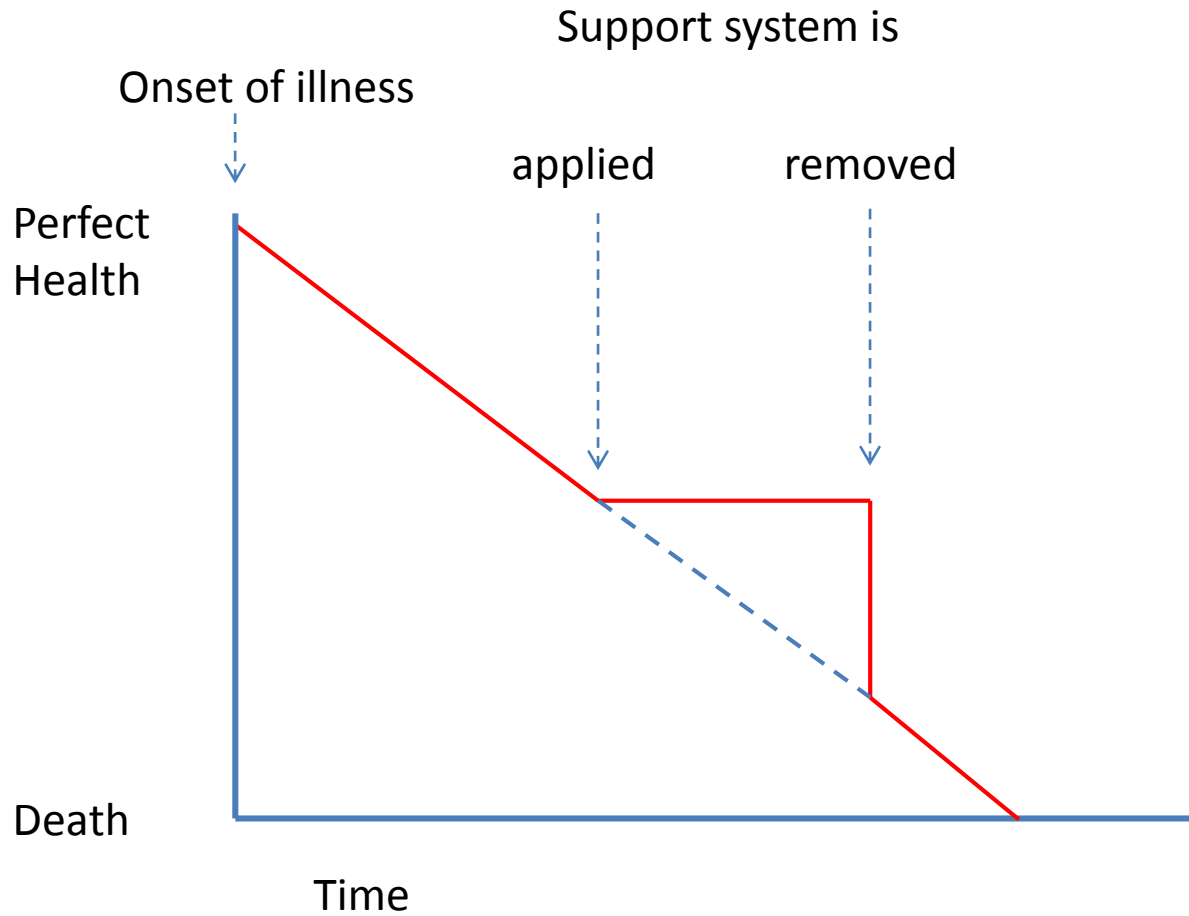
- ❖ When we decide for medical reasons to withdraw or withhold certain treatments we allow the patient to return to their dying.

This is not euthanasia.

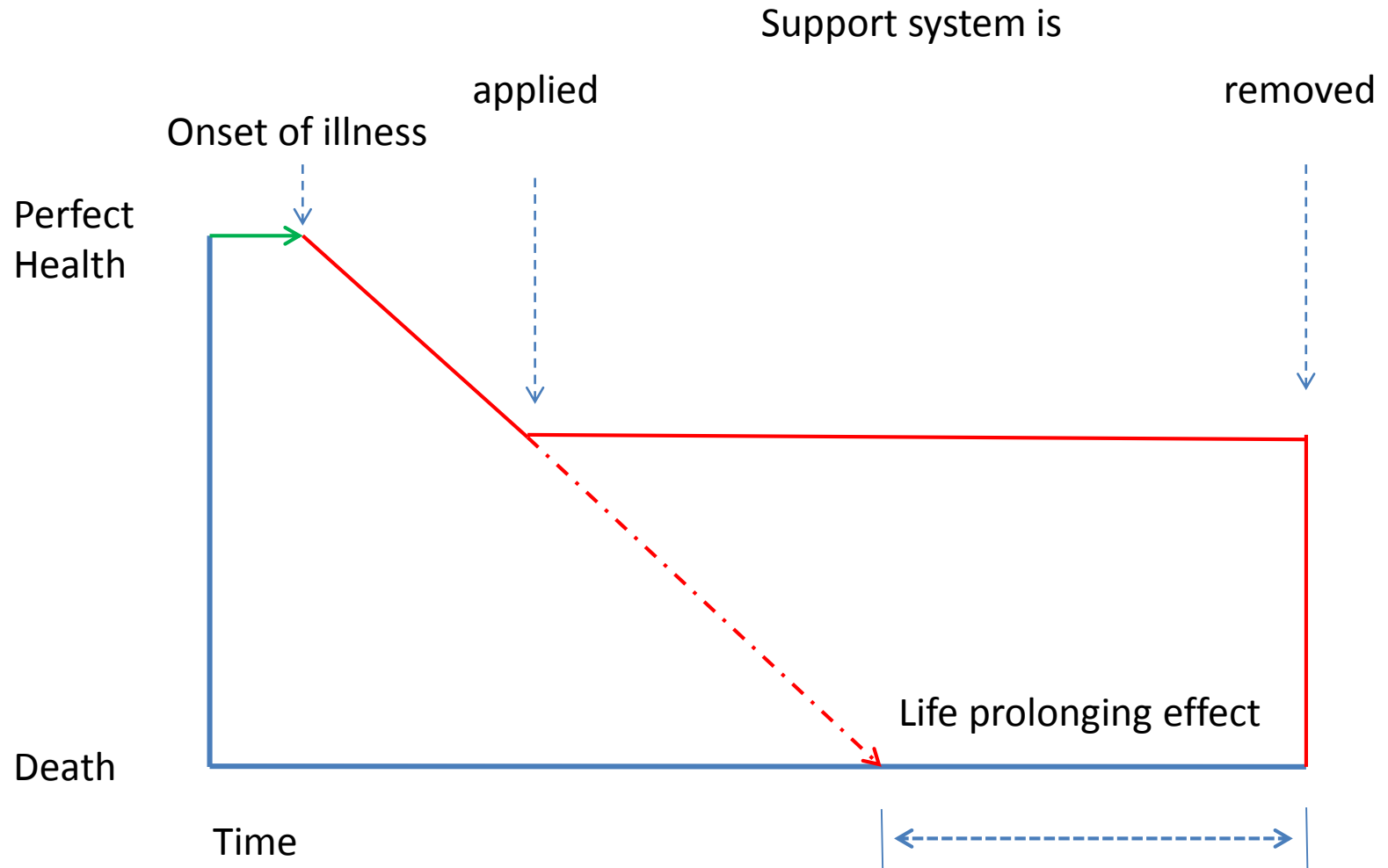
David Seymour

“An absolute prohibition on assisted dying also calls into question the existing legality of any consent to the withdrawal or refusal of lifesaving or life-sustaining treatment. Yet already there is a degree of societal consensus that **the administration of palliative sedation and the withholding or withdrawal of lifesaving or life-sustaining medical treatment, which can have the effect of hastening death, are ethically acceptable.**”

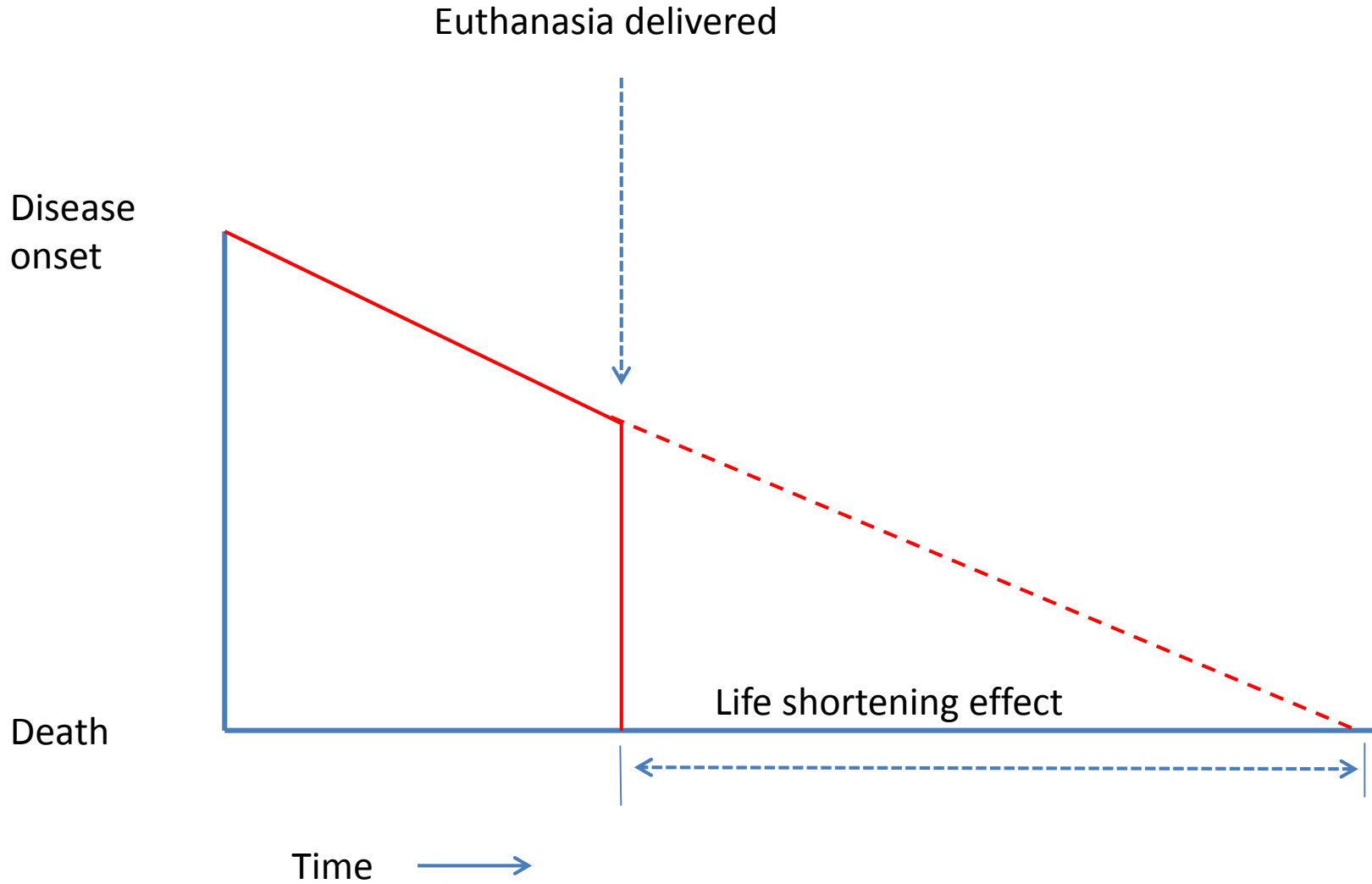
Withdrawal of support system prior to total collapse of natural physiological systems



Withdrawal of support system after primary physiological mechanisms supporting life have failed



Administration of toxic substance - euthanasia



Euthanasia Defined *by* Intention

- ❖ When the intention is solely the relief of pain, then the use of pain relief is acceptable even if it inadvertently, unintentionally and regrettably leads to an earlier death.

This is not euthanasia

A Catholic Approach

- ... avoids ***vitalism***
which reflects the idea life must be preserved at all cost.
- ... avoids ***under-treatment***
which reflects the idea that the value of a life is based on its usefulness or 'quality'.



Politicians shy away from 'risky' euthanasia issue

“... Hague said his Green colleagues would like to see a debate, [but] the party hadn't reached an agreement on a euthanasia policy. "We haven't worked out how to create a regime that doesn't have the risk of being abused.”

<http://www.stuff.co.nz/national/politics/67474284/Politicians-shy-away-from-risky-euthanasia-issue>

“... Striking the right legislative balance with both clear definitions and adequately strong protections is an extremely difficult task, and that no bill has yet passed on this issue is testament to that.”

(Letter sent on behalf of Prime Minister John Key)

Maori worldview

“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. The rituals still exist for every part of our lives – we just need to have faith in our ancestors. Euthanasia is foreign to Māori and has no place in our society.”

Amster Reedy



Pasifika worldview

When someone is ill or dying, the idea of assisted-suicide or euthanasia is entirely foreign to us. There is no word in our language for this concept and consequently it does not enter into our thinking. The opportunity to care for and look after someone who is ill or dying/suffering is seen as a blessing even though it may present significant financial and other challenges. At such times the extended family and community networks come to the fore.

Penehe Patelechio

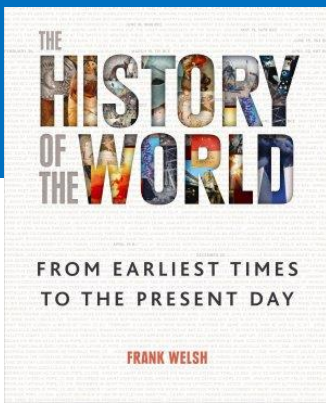


We are shaped by our worldview

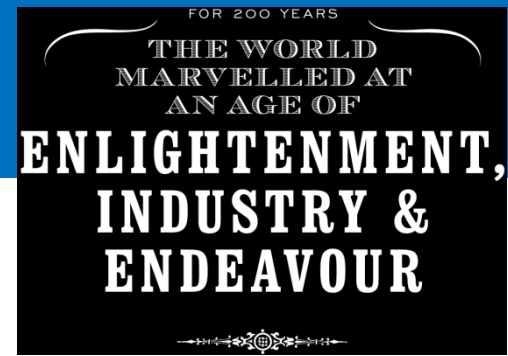
"Every culture carries with it one or more basic ways of interpreting the world, of saying what is important in life, what questions are the most urgent, what values are paramount. From this ... background, we come to the exploration of [issues] with a certain agenda, a certain list of priorities, a certain number of already formed convictions ..."

Aidan Nichols





Current Context



- Greater focus on ‘reason’ since the Enlightenment
- The rise of individualism (the notion of the person as a separated ‘subject’)
- Sense of separation between humankind and the natural order (including our own bodies)
- Desire to take control over the randomness of nature
- Loss of respect for authority – the individual is seen as the locus of moral decision making – importance of choice
- ‘Outcomes’ matter (*‘the end justifies the means’*)



Current Context

In a world in which we have come to see ourselves as separate from nature, and in which nature has come to be regarded as ‘other’ – essentially as a ‘random brute amoral force’ – it follows that nature is something to be tamed and controlled.

The need to **exert control** becomes to be seen as a significant expression of what it means to act virtuously



Functionalism

It can be persuasively argued, I believe, that the peculiar temptation of a technologically advanced culture such as ours is to view and treat persons functionally. Our treatment of the aged is perhaps the sorriest symptom of this. The elderly are, it can be argued, probably the most alienated members of our society. “Not yet ready for the world of the dead, not deemed fit for the world of the living, they are shunted aside. More and more of them spend the extra years medicine has given them in ‘homes for senior citizens,’ in chronic hospitals, in nursing homes – waiting for the end.

Functionalism

We have learned how to increase their years, but we have not learned how to help them enjoy their days.” Their protest is eloquent because it is helplessly muted and silent. It is a protest against a basically functional assessment of their persons. “Maladaptation” is a term used to describe *them*, rather than the environment. Hence we intervene against the maladapted individual rather than against the environment.

From R.A. McCormick, “How Brave a New World”.

Some Key Learnings

1. One can be opposed to PAE/PAS & favour legalisation.
One can be in favour of PAE/PAS & oppose legalisation.
2. The critical issues for most focus on 'choice' & 'control' (not about 'pain').
3. The different approaches to the issue reflect different ethical narratives and different worldviews ...
4. The so-called 'personal choices' we make are heavily influenced by the cultural and societal context in which we live.
5. The difficulty in acknowledging the unintended consequences as well as the societal consequences

Euthanasia Law Reform in NZ

- 1978 - NZ Humanists Association and the Rationalists sponsor English journalist Derek Humphrys to New Zealand and members of both organisations form the Auckland Voluntary Euthanasia Society
- 1995 – Death with Dignity Bill - Michael Laws
- 1999 – Lesley Martin
- 2003 – Death with Dignity Bill – Peter Brown
- 2011 – Trial and conviction of Sean Davison
- 2012 – End of Life Choice Bill – Maryan Street
- 2015 – High Court Case – Lecretia Seales
- 2015 – VES Petition – Health Select Committee

Who would you allow to qualify?

Imagine that euthanasia has been legalised in New Zealand. You have been appointed by the Ministry of Health to a committee which vets all applications for euthanasia in accordance with the law which states that *the person must have a terminal illness which is likely to cause death within twelve months, or suffers from an irreversible physical or mental condition that, in the person's view renders his or her life unbearable.*

End of Life Choice Bill

Seeks to license Physician-Assisted Suicide (PAS) and Physician-Administered Euthanasia (PAE)

A person may make a request for medical assistance to end his or her life, provided they are 18+ and:

- ❖ The person is **mentally competent** and that this is attested by **two medical practitioners**.
- ❖ The person suffers from a **terminal illness** which is likely to cause death within **twelve months**, or suffers from an **irreversible physical or mental condition** that, in the person's view renders his or her life unbearable.

VES Petition – June 2015

TO THE HOUSE OF REPRESENTATIVES

We, the undersigned, respectfully request that the New Zealand House of Representatives investigate fully public attitudes towards the introduction of legislation which would permit medically-assisted dying in the event of a **terminal illness** or an **irreversible condition which makes life unbearable**

End of Life Choice Bill

People with depression and mental illness are not protected from euthanasia.

The bill defines the criteria for euthanasia as having: ***physical or psychological* pain which cannot be relieved in a manner the person deems tolerable.**

People who live with **chronic depression** or **mental illness** qualify for euthanasia, even if they reject effective treatment on the basis they deem it intolerable.

How to measure 'unbearable'?

It will be difficult for a medical practitioner to determine what is unbearable:

"A medical practitioner may form the view that the person's life is **not** unbearable because, with palliative care and appropriate medication, the terminal illness should not be attended by an unbearable level of physical or mental suffering. However, it will **be for the person himself/herself to form the view** that his or her life is "**unbearable**" and **if the medical practitioner regards this as being the genuine view of that person that would have to be accepted.**"

End of Life Choice Bill

The proposed bill would offer **Physician-Assisted Suicide (PAS)** or **Physician-Assisted Euthanasia (PAE)** to persons suffering from incurable, but relatively common, conditions such as:

- Heart and lung disease
- Multiple sclerosis
- Parkinson's disease
- Insulin-dependent diabetes and arthritis
- Mental illness such as *depression*



Euthanasia for Psychological Reasons



The screenshot shows a web browser displaying a news article on TheBlaze.com. The article title is "Physically Healthy Woman Who 'Wanted to Die Ever Since Childhood' Reportedly Granted Right to Doctor-Assisted Suicide". The author is Billy Hallowell, and the date is June 24, 2015. The article has 943 shares and includes social media sharing buttons for Facebook, Twitter, Email, Google+, and LinkedIn. The main text discusses a 24-year-old woman named Laura who is physically healthy but has a long history of wanting to die. It mentions that Belgium has granted her permission for doctor-assisted suicide. A photo of a doctor's hands holding a glass of water and pills is included. The article also references a New Yorker article about euthanasia statistics in Belgium.

Physically Healthy Woman Who 'Wanted to Die Ever Since Childhood' Reportedly Granted Right to Doctor-Assisted Suicide

Jun. 24, 2015 11:17am | Billy Hallowell

943
SHARES

Share This Tweet This Email Google+ LinkedIn

A young woman suffering from psychological issues has reportedly been granted permission to legally utilize doctor-assisted suicide in Belgium sometime this summer.

The story about the woman — who is identified only as "Laura" — was recently published in the Belgium-based outlet [DeMorgen](#).

Aside from depression and feeling as though "she wanted to die ever since childhood," the 24-year-old is physically healthy, and enjoys coffee, friends and theater.



Photo credit: Shutterstock.com

Stories like Laura's are apparently nothing new in the Western European country, as psychiatrists there have reportedly been granting permission for euthanasia in cases in which a patient is not being given relief from psychological plights.

According to [the New Yorker](#), 13 percent of Belgians who used doctor-assisted suicide last year weren't terminal — and three percent suffered from mental disorders.

Laura is a part of the latter group.

"Life, that's not for me," she reportedly told [DeMorgen](#).

A young woman suffering from psychological issues has reportedly been granted permission to legally utilize doctor-assisted suicide in Belgium sometime this summer. The story about the woman — who is identified only as “Laura” — was recently published in the Belgium-based outlet [DeMorgen](#). Aside from depression and feeling as though “she wanted to die ever since childhood,” the 24-year-old is physically healthy, and enjoys coffee, friends and theatre.

Le Comité Consultatif d'Ethique

“[Belgium, Netherlands and Luxembourg] legalised euthanasia for patients in the terminal stage who are able to decide for themselves, but in practice the target group has progressively grown broader and been extended to vulnerable groups in society ...”



Unavoidable Extension of Eligibility

There is “no principled basis for excluding people suffering greatly and permanently, but not imminently dying” as noted in a recently completed report for the Royal Society of Canada.

End-of-Life Decision-Making in Canada: The Report by the Royal Society of Canada Expert Panel on End-of-Life Decision-Making, Chapter 5; 7.b part (iv) at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3265521/>

Once we allow access to euthanasia to some on the basis that they have a right to choose it, it is logically argued that it is discriminatory not to allow it for others who are suffering.



Incremental Extension of Eligibility

The demand for euthanasia cannot be limited to a carefully defined group

We would expect the same erosion of boundaries and safeguards to happen here as has happened overseas given the ambivalence towards people who are perceived as having little or nothing to contribute to society while 'swallowing up' large amounts of health resources.



Incremental Extension of Eligibility

- Doctors in the Netherlands routinely **perform euthanasia on minors** in accordance with a set of medical guidelines (Groningen Protocol) even though the law technically prohibits it.
- In a separate move, the Royal Dutch Medical Association has said that **parental distress** can justify the euthanasia of a dying new-born.
- There are numerous examples in the Netherlands of persons with dementia and depression being euthanased when there has been no explicit request.



Incremental Extension of Eligibility

- Euthanasia for children was recently made legal in Belgium *on the basis that “it [was] already practised”* and because there is a growing agreement that age should not be regarded as a decisive criteria.
- There are currently moves in Belgium to extend euthanasia to people with dementia.



Maryan Street on Euthanasia of Children

“Application for children with a terminal illness was a bridge too far in my view at this time. That might be something that may happen in the future, but not now.”



See: <http://www.stuff.co.nz/taranaki-daily/news/news/9029192/Euthanasia-bill-close-to-MPs-heart>

End of Life Choice Bill

Why shouldn't the terminally ill meet death on their own terms rather than at the end of prolonged agonies?

Why should we not be able to control the timing of our own death?

ASSUMPTION:

Legalising euthanasia will not adversely affect the freedom of those who do **not** want to die in this way.



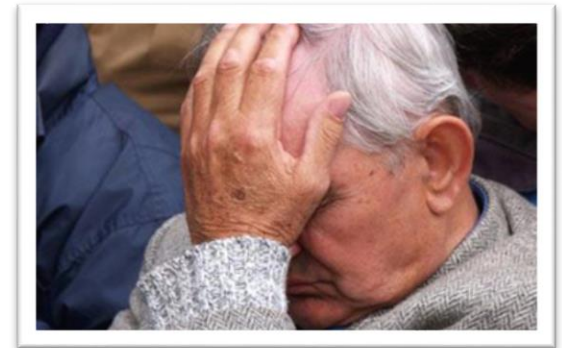
The context in which we live

- Growing numbers of elderly
- Fear of becoming a burden
- **Quality of life tied into usefulness rather than 'being'**
- Growing problem of elder abuse
- Fragmentation of families
- Smaller families
- More people in institutional care
- Growing awareness of economic constraints in health and elder care



Right to Die = Duty to Die

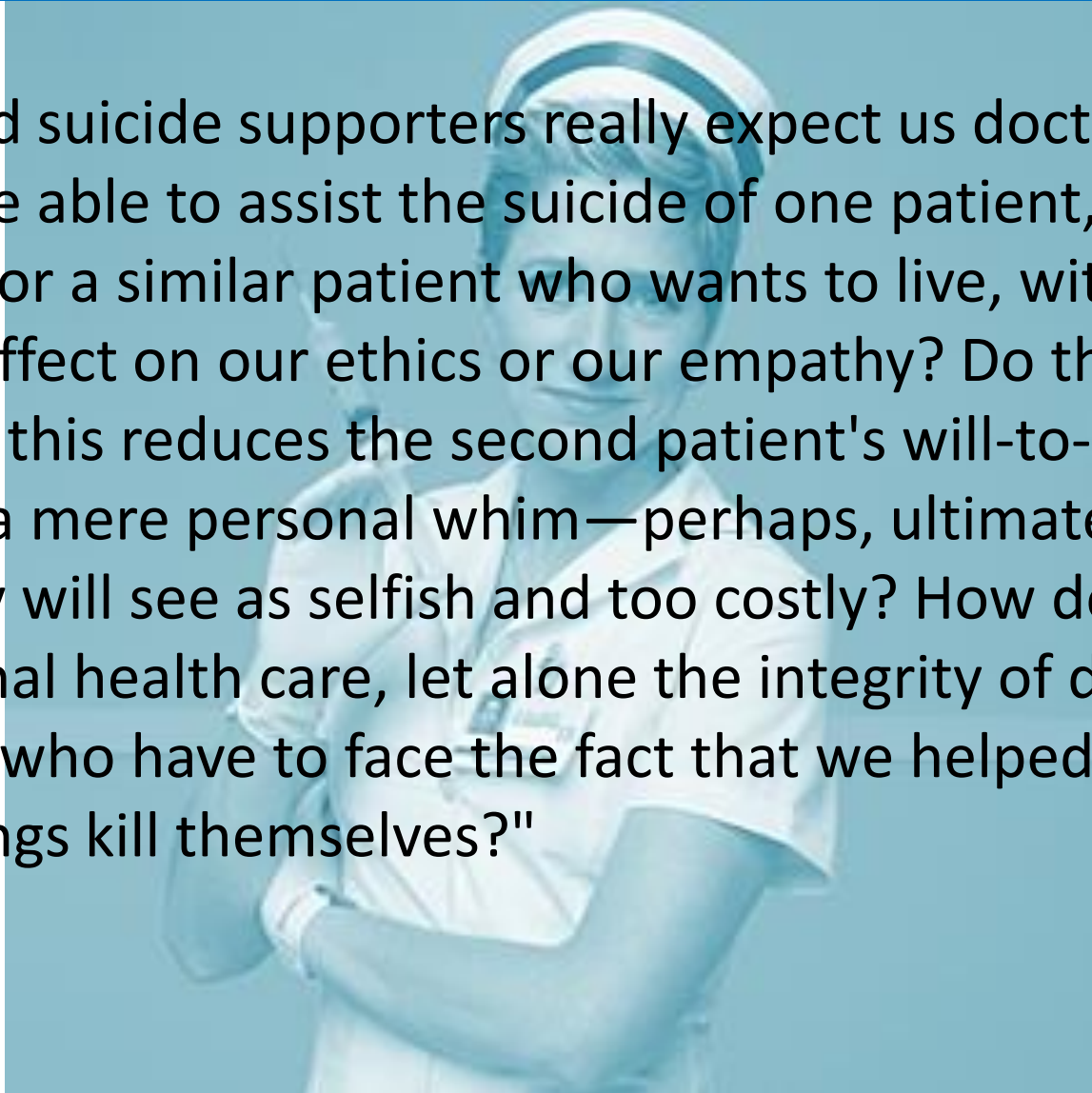
Given that families are becoming increasingly *fragmented*, the elderly are becoming more *socially isolated*, and we are being constantly reminded about the *scarcity of health care resources*, the burden of proof will inevitably shift onto the elderly person to justify their continued existence ...



Wanting to live – simply a ‘whim’

"Do assisted suicide supporters really expect us doctors and nurses to be able to assist the suicide of one patient, then go on to care for a similar patient who wants to live, without this having an effect on our ethics or our empathy? Do they realize that this reduces the second patient's will-to-live request to a mere personal whim—perhaps, ultimately, one that society will see as selfish and too costly? How does this serve optimal health care, let alone the integrity of doctors and nurses who have to face the fact that we helped other human beings kill themselves?"

Nancy Valko.



Right to Die = Duty to Die

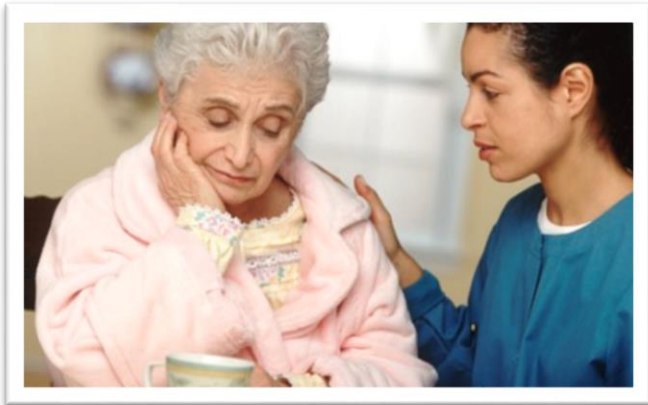
People who feel neglected, undervalued and invisible will understandably see themselves as a burden and will want to do the 'right' thing, especially when there are growing pressures on families/spouses who are caring for a loved one and growing economic pressures on providing funding for health care and care for the aged.



Right to Die = Duty to Die

BLOGGERS/Monica:

"Burnt out adults, under pressure with work, debts, and raising their own kids telling dear old mom in a gentle way, "yes, I hate the idea BUT it would be better for you to go, mom." Mom is vulnerable, exhausted, helpless, physically and mentally fragile, influence-able, emotional, and now broken-hearted. She doesn't want to be a burden ...

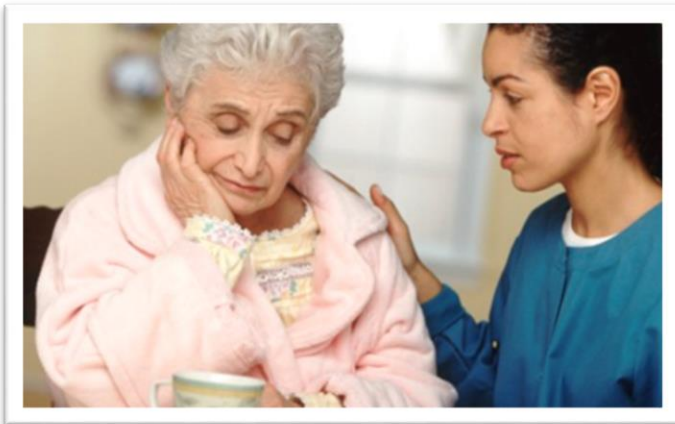


Right to die = duty to die

... she is scared of being abused, she's tired of living in a broken body, she wants to spare family, she feels unwelcome... You tell me what she will decide to do. Do you call that "voluntary" and conscious will to be euthanised ...? That's pushing dear old mom over the edge. Gently. In a "loving caring" manner. What a wonderful world."

Source:

<http://www.bioedge.org/index.php/pointedremarks/view/10566#sthash.AMYNkJOG.dpuf>



Right to Die = Duty to Die

BLOGGERS/**Alma**:

“In my 30 years as a doctor, never mind my 60 years as a human being, I have learned that many families are selfish, cruel and manipulative. There is absolutely no doubt that older people will be dispensed with for a range of perceived benefits to those they leave behind. The fact is that an old, weakened and tired person can seldom resist this kind of pressure from children and others.”

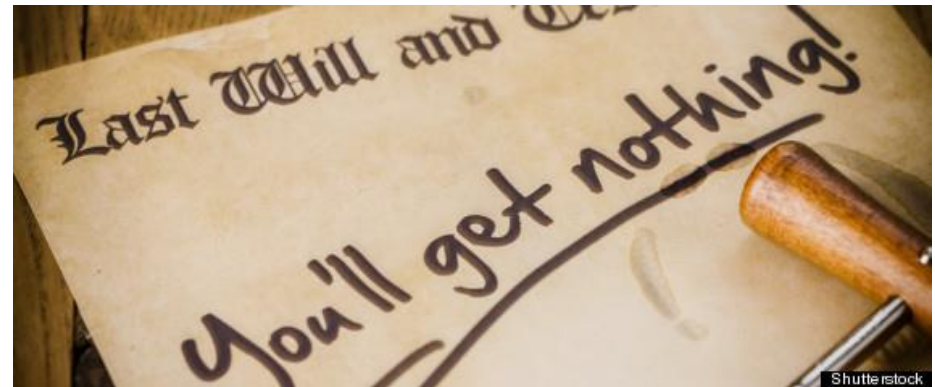
Source:

<http://www.bioedge.org/index.php/pointedremarks/view/10566#sthash.AMYNkJOg.dpuf>

Right to Die = Duty to Die

“Psychologically, dying patients are hyper focused on two things: legacy and pain control. Those psychological components, under government sanctioned assisted suicide, become a tool in the belt of those who could profit from [a person’s] death ... Patients could foreseeably be encouraged to end their lives earlier in exchange for greater benefits given to surviving family members.”

Dr. Gina Loudon, psychologist
<http://drginaloudon.com/>



Safeguards Don't Work

- No law can adequately protect people from the experience of feeling they are a burden.
- Elder abuse continues to rise despite concerted efforts to prevent it ...
- 1000 reported substantiated cases of elder abuse in NZ per annum = 16% of actual incidents. (Real figure > 6,200 cases)
- In the current environment legalising euthanasia and assisted suicide will create new pathways for abuse.

Safeguards Don't Work

- No law can adequately protect people from the experience of feeling they are a burden.
- Elder abuse continues to rise despite concerted efforts to prevent it ...
- **3-10% of older people - 1500** reported substantiated cases of elder abuse in NZ per annum = 16% of actual incidents. (Real figure > **9375** cases)
- In the current environment legalising euthanasia and assisted suicide will create new pathways for abuse.

Safeguards Don't Work

The persistence and growth in numbers of cases of abuse of the elderly and those with disabilities *despite society's best efforts* shows that safeguards around PAE and PAS will be ineffective.

"I don't question their motivations. I question their realism."

Baroness Ilora Finlay commenting on the efforts being made by proponents of euthanasia and assisted suicide to provide legal safeguards against abuse.



Safeguards Don't Work

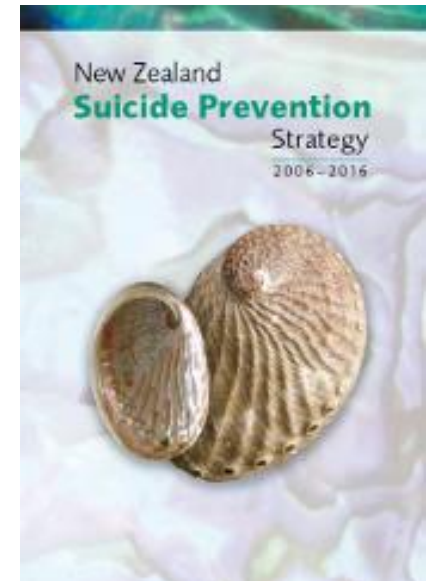
Freedom from coercion sounds straightforward, but it's a freedom that is terribly hard to preserve in practice:

"This is essentially a "feel good" provision as it is doubtful that it takes matters any further than the obligation that would already rest on a medical practitioner or solicitor ... Coercion may take many forms, some of them subtle, particularly in inter-family relations, and may not always be readily detected where the applicant does not 'wish to be a burden' on her/his family."

New Zealand lawyer / QC

Effect on Youth Suicide

Legalising PAE/PAS will send a strong societal message that suicide is an acceptable way of dealing with suffering and will undermine our attempts to deal with the tragedy of youth suicide (and also elderly suicides)



Overseas Experience

Legalizing euthanasia / PAS fails to prevent non-compliance amongst health professionals:

NETHERLANDS

2005 – 20% of cases not reported in the Netherlands
550 people euthanased without request.

BELGIUM

2007 – 32% of all euthanasia deaths in the Flanders region were without request or consent.

<http://www.alexschadenberg.blogspot.ca/2013/09/euthanasia-is-out-of-control-in-belgium.html>

End of Life Directive

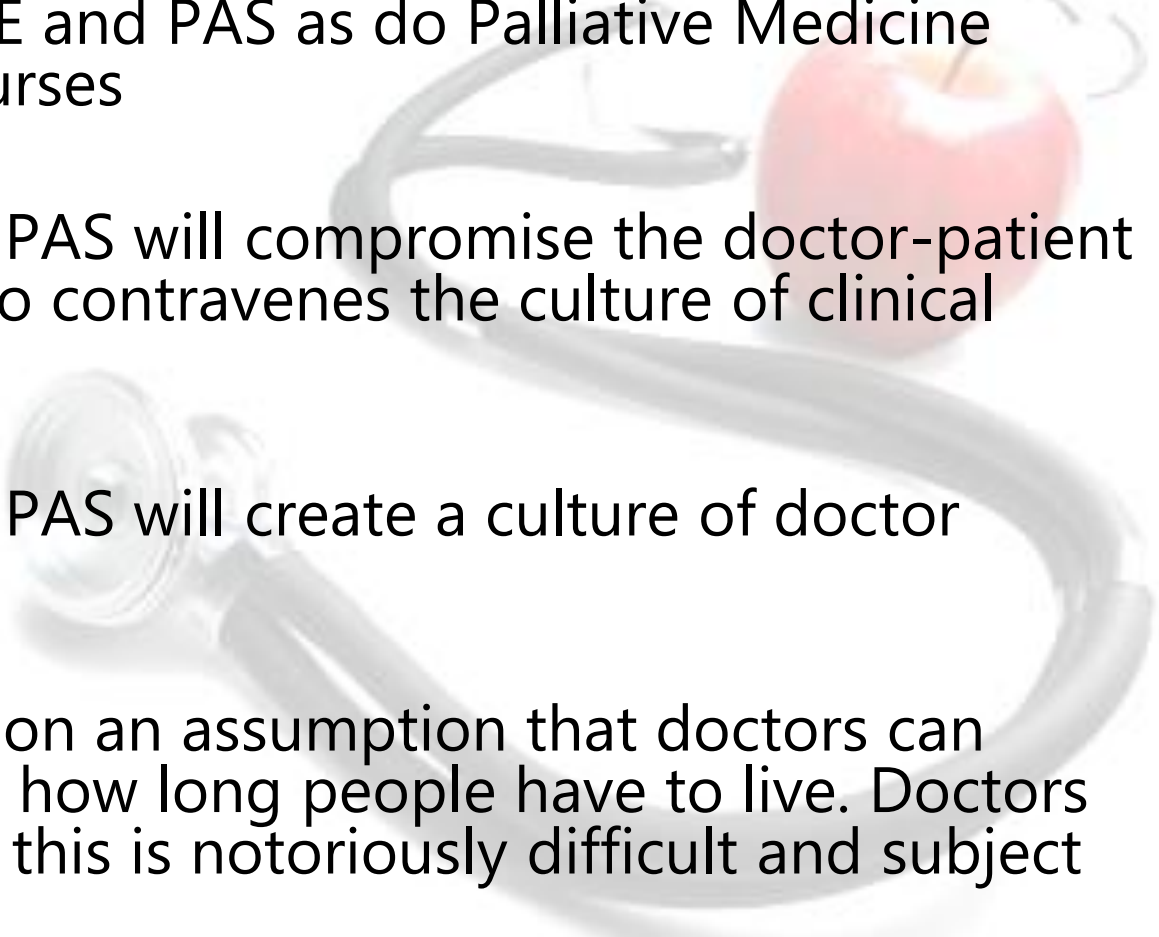


The provision for wishes to be conveyed by an "End of Life Directive" adds another danger

Many people say when they are healthy that they would not want to 'linger on' or to 'live like that' ... but **making such hypothetical statements when healthy is a different matter from reaching a settled decision in the actual circumstances of serious illness.**

The experience of those who care for terminally or chronically ill people is that most people adapt rather than seek to 'end it all'.

Euthanasia and the Medical Profession

- World Medical Assembly and NZMA staunchly oppose the legalisation of PAE and PAS as do Palliative Medicine Physicians and Nurses
 - Legalising PAE or PAS will compromise the doctor-patient relationship. It also contravenes the culture of clinical practice.
 - Legalising PAE or PAS will create a culture of doctor shopping.
 - Legalisation rests on an assumption that doctors can accurately predict how long people have to live. Doctors themselves admit this is notoriously difficult and subject to error.
- 

Other Issues in Brief

- There is no requirement for the two doctors who must assess a request for PAE or PAS to know the patient.
- There is no requirement for a person's family to be informed.
- The Bill *assumes* a person is mentally competent unless the contrary is shown.
- If PAS is prescribed there is no way to monitor its use and it would be impossible to know if a person was ever coerced.
- There is a misconception that the use of PAE/PAS will be restricted to minority exceptional cases. Experience shows that legalisation leads to far greater numbers.



Unintended Consequences

Premature death becomes a significant risk in a society which is ambivalent about people perceived as contributing little or nothing while being a drain on valuable resources.



Upholding the choice of a few to be euthanased will effectively take away the choice and/or will to live for much larger numbers of others.

Craig Wallace

“Most lives involve periods of discomfort and pain - physical, emotional, mental. Unrequited love or grief can be a kind of incurable pain. Depression or arthritis another. Major life changes can cause pain. Some forms of pain may be fixed within people's lifetimes and others not. Each period of pain may seem unbearable at the time ...

Craig Wallace

... I have known many people with disabilities who have gone through stages of grief and loss, including suicidal feelings, and came through the other side with joy and a love of life. Everyone - with or without a disability - can make new choices over a lifetime. Or reach an acceptance of life. But there is no 'undo' button for death ..."
and we would all be complicit in such deaths

Conclusion

We cannot contemplate creating a legal right to die for a few when it means many more will lose their right and/or will to live.

To oppose the legalising of euthanasia is to uphold choice.



Conclusion



The on-going banning of euthanasia is demanded by a commitment to protect the choice of a much larger vulnerable group: **people whose lives would otherwise become contingent upon nothing more than the strength of their will to survive in a society increasingly inclined to question their right to be alive.**

“I am firmly against euthanasia because it is not physical suffering that guides the desire to die but a moment of discouragement, feeling like a burden ... All those who ask to die are mostly looking for love.”

Maryannick Pavageau

- has suffered from locked-in syndrome for 30 years

