

End of Life Choice Bill

Act Leader David Seymour's "End of Life Choice" bill is set for its first reading in Parliament and then a vote, sending the bill to a select committee for public submissions. Seymour consistently states that most New Zealanders want this legislation.

However, over the past 2 years the Health Select Committee has undertaken a comprehensive process to determine public attitudes towards legislation permitting medically-assisted dying following the petition of Maryan Street and 8,974 others. Their report was presented to Parliament in August 2017.

The Health select committee received 21,000 unique submissions and heard from 944 oral submission (p.6). The key finding was that "80% of submitters were opposed to a change in legislation that would allow assisted dying or euthanasia" (pps.15 & 47). This figure contradicts previous surveys indicating support for a change (2012, 2969 people 62.9% support; 2015, 2800 people 66% support, pps. 14-15) and the claims of David Seymour that most New Zealanders are in favour of such a change. Furthermore, it was noted in the Health Select Committee report, that for the NZ Medical Association and the World Medical Association, "assisted dying is incompatible with medical ethics" (p.34)

The InterChurch Bioethics Council has some major concerns about the "End-of-Life-Choice" bill. Although it provides for assisted suicide for those 18 years or older with a terminal illness, the bill also allows for those with a grievous and irremediable condition, or in advanced state of irreversible decline, or with unbearable suffering unable to be relieved in a manner the person considers tolerable. The fact that "unbearable suffering" is self-determined means that this bill effectively allows for assisted suicide on demand for any condition – not just the terminally ill. Yet the most common reason for people taking this view of their condition is depression, which is often poorly diagnosed and is potentially treatable. There is in the bill the safeguard of needing two doctors to agree with the request and to ensure there is no coercion. However, as seen in the US State of Oregon, a 2-doctor safeguard does not work over time, and neither doctor may know the patient sufficiently to be able to determine whether depression is present or if coercion is occurring.

The InterChurch Bioethics Council would ask Parliament to vote against the "End of Life Choice" bill based on the work done by the Health Select Committee, and that the Health Select Committee report be presented alongside the "End of Life Choice" bill.