Committee Secretariat
Health Committee
Parliament Buildings
Wellington 6160

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SUBMISSION
Investigation into ending one's life in New Zealand

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1.1 This submission is being made by **Family First NZ**, a charitable organisation that researches and advocates on family issues in the public domain.

1.2 **We wish to appear before the Committee to speak to our Submission**

EXECUTIVE SUMMARY

1.3 Voluntary euthanasia and physician-assisted suicide is a complex and challenging subject. Both the advocates and opponents of euthanasia are sincere and committed to what they see as the most humane and prudent policy for society.

1.4 We oppose any attempt to legalise assisted suicide (euthanasia) in New Zealand.

1.5 The key priority must be to improve the provision of high quality palliative care and practical support. This should be available in all areas of New Zealand. The highest quality of pain control and palliative medicine should be given priority in medical training so that every New Zealander can benefit.

1.6 To legalise assisted suicide (euthanasia) would place large numbers of vulnerable people at risk – in particular those who are depressed, elderly, sick, disabled, those experiencing chronic illness, limited access to good medical care, and those who feel themselves to be under emotional or financial pressure to request early death.

1.7 Furthermore, any law change would undermine the well-established legal, medical and social principles that people should not be helped to kill themselves and that doctors should not intentionally end life. Maintaining the current laws protects all New Zealanders equally.

1.8 We need to apply the precautionary principle: the higher the risk – the higher the burden of proof on those proposing legislation. The risk of abuse cannot be eliminated. Legalising assisted suicide (euthanasia) is a recipe for abuse. So-called 'safeguards' are an illusion because they are unable to prevent the potential for coercion and abuse.

1.9 Older New Zealanders are not a problem to be rid of — they're a generation to be honoured and cared for. Elder Abuse has become a significant problem in New Zealand. We cannot ignore the possibility that dependent elderly people may be coerced into assisted suicide (euthanasia). We cannot put older New Zealanders at risk by creating new paths to elder abuse, potentially resulting in a 'duty to die'. Assisted suicide (euthanasia) poses a threat to the equality of persons.

1.10 Patients, even those without a terminal illness, may come to feel euthanasia would be "the right thing to do", they have "had a good innings", and they do not want to be a "burden" to their nearest and dearest. It won't be about the 'right to die' but the 'duty to die'. A recent documentary in Belgium when euthanasia is allowed featured a doctor killing a healthy young woman who was struggling purely with a mental illness.

1.11 Those concerned about the rights of people with disabilities are right to be concerned. A disability rights group in NZ said "There are endless ways of telling disabled people time and time again that their life has no value."

1.12 Any change in the law to allow assisted suicide (euthanasia) would be unnecessary, dangerous and contrary to the common good.

1.13 Patients facing death have a fundamental human right – a right to receive the very best palliative care, love and support that we can give to alleviate the 'intolerable suffering' that they fear. This is real death with dignity – surrounded and supported by loved ones, rather than a right to try and pre-empt the 'uncertainty' and timing of the end. Assisting suicide is not the answer.

SUBMISSION

WHAT IS EUTHANASIA

1.14 In the euthanasia debate there are a number of terms used more or less interchangeably - euthanasia, mercy killing, physician-assisted suicide, assisted dying, withdrawal of life-prolonging treatment - but the concepts are not identical and are often not well-understood.

1.15 **Voluntary Euthanasia** is the act of intentionally, knowingly and directly causing the death of a patient, at the request of the patient. If someone other than the person who dies performs the last act, euthanasia has occurred. Euthanasia is ***involuntary*** where the person is able to give consent but has not done so, or where a person was euthanised against their will, and ***non-voluntary*** where the person lacks capacity to give consent or request to end his or her life.

1.16 **Assisted Suicide** is the act of intentionally and knowingly providing the means of death to another person at that person's request in order to facilitate their suicide. Assisted suicide occurs where a person self-administers the lethal substance that has been obtained with the assistance of a third party. **Physician–assisted suicide** is where the person providing the means (e.g. lethal drugs) is a doctor.

WHAT IS *NOT* EUTHANASIA

1.17 **The administration of pain relief**

Everyone has a right to effective pain relief. The administration of drugs in doses sufficient to alleviate pain and suffering rarely causes death and it is permitted and it is ethical. From time to time, a patient may die whilst receiving such drugs. That is not euthanasia, since the death of the patient was not the intended outcome of the medication. The Australian and New Zealand Society of Palliative Medicine (ANZSPM 2013) states: "*Treatment that is appropriately titrated to relieve symptoms and has a secondary and unintended consequence of hastening death, is not euthanasia*."[1]

1.18 **The withdrawal of burdensome and futile life-prolonging treatment**

The common practice of withdrawing futile medical assistance from a patient for whom it is not accomplishing anything useful, despite this action being associated potentially with the person's death, is lawful. There is no legal or ethical requirement that a diseased or injured person must be kept alive 'at all costs'. The law has drawn a clear and consistent line between withdrawing medical support thereby allowing the patient to die of his or her own medical condition, and intentionally bringing about the patient's death by a positive act.[2]

1.19 s 179 of the Crimes Act 1961 (NZ) states that "*Everyone is liable to imprisonment for a term not exceeding 14 years who—(a) incites, counsels, or procures any person to commit suicide, if that person commits or attempts to commit suicide in consequence thereof; or (b) aids or abets any person in the commission of suicide.*" Furthermore, under s 151 there is a duty to provide

[1] Australian and New Zealand Society of Palliative Medicine (ANZSPM 2013). The Double Effect principle was endorsed by the NZ High Court in Seales v Attorney-General [2015] NZHC 1239 at [101]-[106]

[2] Nicklinson v A Primary Care Trust [2013] EWCA Civ 961 at [25] and [26]

"*necessaries*" of life to those who have the care or charge of a "*vulnerable adult*" who is unable to provide himself or herself with these essentials.

1.20 It is important to note that a person may refuse medical treatment and may do so even if it results in his or her death.[3] Section 11 of the New Zealand Bill of Rights Act 1990 reinforces this common law right by providing that "*everyone has the right to refuse to undergo any medical treatment.*" The Australian and New Zealand Society of Palliative Medicine (ANZSPM 2013) states: "*Patients have the right to refuse life sustaining treatments including the provision of medically assisted nutrition and/or hydration. Refusing such treatment does not constitute euthanasia*." Complying with such a refusal does not constitute euthanasia.

1.21 As a *NZ Herald* editorial put it - "*devising a robust euthanasia regime, complete with adequate safeguards, seems hardly feasible.*"[4] The potential for abuse and flouting of procedural safeguards is a strong argument against legalisation. An overseas study found that 32 percent of all assisted deaths in the Flemish region of Belgium are done without explicit request.[5] The legal requirement to report euthanasia has not been fully complied with in those nations either. In the Netherlands, several official, government-sponsored surveys have disclosed both that in thousands of cases, doctors have intentionally administered lethal injections to patients without a request and that in thousands of cases, they have failed to report cases to the authorities.

1.22 The terminally ill and those suffering great pain from incurable illnesses are often vulnerable. And not all families, whose interests are at stake, are wholly unselfish and loving. There is a risk that assisted suicide may be abused in the sense that vulnerable people may be persuaded that they *want* to die or that they *ought* to want to die.[6]

1.23 Many critics emphasise the inevitable extension of euthanasia over time - the so-called 'mission creep' or 'slippery slope' phenomenon. There is empirical evidence from those countries that have authorised euthanasia that the availability and application of euthanasia expands to situations never initially envisaged as indications for it. So, for example, euthanasia has been extended to enable minors to avail themselves of it (albeit with parental consent) in the Netherlands and Belgium.

1.24 Based on overseas experience, it is extremely likely that if legalised in New Zealand, euthanasia will become a mechanism to terminate the lives of those who do *not* consent to it as well as those who do consent. It will be available to, and thus come to be utilised by, minors. It will be applied to new-born infants with disabilities. Once society accepts one form of euthanasia restricted to a precise set of conditions, it will be difficult or impossible to confine euthanasia to those conditions. For instance, if one allows euthanasia for adults suffering from incurable terminal diseases, then what prevents those with curable diseases from demanding this "treatment"? (Maryan Street's proposed Bill *already* had this extended availability[7]).

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[3] Skegg et al 2006: 230, 534

[4] New Zealand Herald (2004) "Legal mercy killing just not feasible", 2 April 2004

[5] Chambaere, Kenneth, Johan Bilsen, Joachim Cohen, et al (2010) "Physician-assisted deaths under the euthanasia law in Belgium: a population-based survey" *Canadian Medical Association Journal* 182(9): 895-901

[6] *Pretty v DPP* [2001] UKHL 61 at [54]

[7] http://www.parliament.nz/resource/0000197305

1.25 Dr. Paul McHugh, University Distinguished Service Professor of Psychiatry at Johns Hopkins University School of Medicine and Psychiatrist-in-Chief at Johns Hopkins Hospital from 1975 to 2001, highlights that "*with physician-assisted suicide, many people—some not terminally ill, but instead demoralized, depressed and bewildered—die before their time*."[8]

1.26 "*Researchers have found hopelessness, which is strongly correlated with depression, to be the factor that most significantly predicts the wish for death*," write Dr. Herbert Hendin, Professor of Psychiatry and Behavioral Science at New York Medical College and Chief Executive Officer and Medical Director of Suicide Prevention Initiatives, and Dr. Kathleen Foley, Professor of Neurology at Cornell University's medical school and attending neurologist, pain and palliative care services, at Sloan– Kettering Cancer Center.[9] As Dr. Hendin says:

> *Mental illness raises the suicide risk even more than physical illness. Nearly 95 percent of those who kill themselves have been shown to have a diagnosable psychiatric illness in the months preceding suicide. The majority suffer from depression that can be treated. This is particularly true of those over fifty, who are more prone than younger victims to take their lives during the type of acute depressive episode that responds most effectively to treatment.*[10]

1.27 Drs. Hendin and Foley report that when patients who ask for a physician's assistance in suicide "*are treated by a physician who can hear their desperation, understand the ambivalence that most feel about their request, treat their depression, and relieve their suffering, their wish to die usually disappears*."[11]

1.28 Dr. Aaron Kheriaty, Associate Professor of Psychiatry at U.C. Irvine School of Medicine says, "*To abandon suicidal individuals in the midst of a crisis - under the guise of respecting their autonomy - is socially irresponsible: It undermines sound medical ethics and erodes social solidarity*."[12]

1.29 When a newly-permitted activity is characterised as a 'human right' there is often a constituency who will lobby to extend such a right to a greater number of persons. If some citizens are currently deprived of enjoying this newly-minted right, then 'equality' and non-discrimination demands that they be granted it too.

1.30 Professor Theo Boer was a member of the Dutch Regional Euthanasia Commission for nine years, during which he was involved in reviewing 4,000 cases. He admitted to being a strong

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[8] Paul McHugh, "Dr. Death Makes a Comeback," *The Wall Street Journal*, January 22, 2015, http://www.wsj.com/articles/paul-mchugh-dr-death-makes-a-comeback-1421970736

[9] Herbert Hendin and Kathleen Foley, "Physician-Assisted Suicide in Oregon: A Medical Perspective," *Michigan Law Review*, Vol. 106, No. 8 (June 2008), p. 1622. In a study of 200 terminally ill cancer patients, the prevalence of depressive syndromes among patients who expressed a desire for death was 59 percent. Among those who did not desire death, only 8 percent demonstrated depressive syndromes. See H. M. Chochinov et al., "Desire for Death in the Terminally Ill," *The American Journal of Psychiatry*, Vol. 152, No. 8 (August 1995), pp. 1185–1191.

[10] Herbert Hendin, *Seduced by Death: Doctors, Patients, and Assisted Suicide* (New York: W.W. Norton, 1998), pp. 34–35.

[11] Hendin and Foley, "Physician-Assisted Suicide in Oregon," pp. 1625–1626.

[12] Aaron Kheriaty, "Apostolate of Death," *First Things*, April 2015, p. 19.

supporter of euthanasia and argued originally that there was no 'slippery slope'. However, by 2014 he had had a complete change of mind. He testified to UK politicians considering the issue:

> *"Whereas in the first years after 2002 hardly any patients with psychiatric illnesses or dementia appear in reports, these numbers are now sharply on the rise. Cases have been reported in which a large part of the suffering of those given euthanasia or assisted suicide consisted in being aged, lonely or bereaved. Some of these patients could have lived for years or decades."*[13]

1.31 Procedural safeguards that require the patient's consent look convincing in theory. In practice, such safeguards can only go so far. Coercion is subtle. The everyday reality is that terminally ill persons *and* those afflicted with non-terminal, but irreversible and unbearable physical or mental conditions, are vulnerable to self-imposed pressure. They will come to feel euthanasia would be 'the right thing to do', they have 'had a good innings', they do not want to be 'burden' to their nearest and dearest.

1.32 Annual reports by Oregon Public Health contain data on the numbers of patients who reported that part of their motivation to request euthanasia was because they felt themselves to be a "burden on family and friends". 40% of patients who requested assisted suicide in 2014 did so out of concern for being a burden on their family[14]; only 12% did so in 1998[15].

1.33 Elderly and ailing patients are all too aware that their increasingly expensive rest home and geriatric care is steadily dissipating the inheritance that awaits their children. Sadly, the more unscrupulous and callous offspring would not be slow in pointing this out either.

1.34 Simply offering the possibility of euthanasia or assisted suicide shifts the burden of proof, so that patients must ask themselves why they are *not* availing themselves of it. Society's offer of an easy death communicates the message to certain patients who are struggling, that they *may* continue to live if they wish, but the rest of us have no strong interest in their survival. Indeed, once the choice of a quick and painless death is officially accepted, resistance to this choice may be seen as being stubborn, eccentric or even selfish.[16]

1.35 Elder abuse is a major concern with any changes to euthanasia laws. As Emeritus Professor David Richmond contends:

> "*It is older people (and those with disabilities, of whom older people form a large percentage) who actually have the most to fear from legalising these practices…. Older people are, by and large, very sensitive to being thought*

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[13] http://www.dailymail.co.uk/news/article-2686711/Dont-make-mistake-As-assisted-suicide-bill-goes-Lords-Dutch-regulator-backed-euthanasia-warns-Britain-leads-mass-killing.html

[14] Oregon Public Health Division, Oregon's Death with Dignity Act—2014 [Annual Report-Year 17] (Salem: Oregon Public Health, 2015

[15] Department of Human Resources, Oregon Health Division, Center for Disease Prevention and Epidemiology, Oregon's Death with Dignity Act: The First Year's Experience (Portland: Oregon Health Division, 1999

[16] Recommended Reading: "Do You Call This A Life?: Blurred Boundaries in The Netherlands' Right-To-Die Laws" by Gerbert van Loenen (available on Amazon)

to be a burden, and more likely than a young person to accede to more or less subtle suggestions that they have "had a good innings."… That is why most District Health Boards in the country have an Elder Abuse team. Hence subtle and not so subtle pressure on older people to request euthanasia where it is available as an option for medical "care" is not always because the family has the best interests of their ageing relative at heart."[17]

1.36 The design of a euthanasia or assisted suicide regime is heavily premised on the assumption that persons are clear-minded, rational and free of coercion. But how 'rational' a decision can one make when one is suffering from a devastating life event? Research on human decision-making suggests that when a person is suffering, decision-making becomes less rational.[18] Most of the demands for legalising euthanasia and assisted suicide come from exceptional individuals who are intelligent, articulate and who clearly comprehend their predicament. Yet a euthanasia law will have to protect everyone - the inarticulate as well as the articulate, the impaired, gullible or naïve, as well as the intelligent and alert.

1.37 The disability-rights group *Not Dead Yet* says:

"[I]t cannot be seriously maintained that assisted suicide laws can or do limit assisted suicide to people who are imminently dying, and voluntarily request and consume a lethal dose, free of inappropriate pressures from family or society. Rather, assisted suicide laws ensure legal immunity for physicians who already devalue the lives of older and disabled people and have significant economic incentives to at least agree with their suicides, if not encourage them, or worse."[19]

1.38 Ryan T Anderson, author of *Always Care, Never Kill: How Physician-Assisted Suicide Endangers the Weak, Corrupts Medicine, Compromises the Family, and Violates Human Dignity and Equality*[20] summarises recent cases where diagnoses of disability are now considered sufficient grounds for death.

"In December 2012, Marc and Eddy Verbessem, 45-year-old deaf twins, were euthanized in a Belgian hospital after they discovered they were going blind.[21] *Nancy Verhelst, a 44-year-old transsexual Belgian whose doctors made mistakes in three sex change operations, was left feeling as though she was a "monster." She then requested—and was granted—euthanasia*

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[17] Richmond, David (2013) "Why elderly should fear euthanasia and assisted suicide" Euthanasia-Free NZ, 16 June 2013: http://euthanasiadebate.org.nz/84/

[18] Apkarian, A Vania, Yamaya Sosa et al (2004) "Chronic pain patients are impaired on an emotional decision-making task" *Pain* 108: 129-136

[19] Diane Coleman, "Assisted Suicide Laws Create Discriminatory Double Standard for Who Gets Suicide Prevention and Who Gets Suicide Assistance: Not Dead Yet Responds to Autonomy, Inc.," *Disability and Health Journal*, Vol. 3, No. 1 (January 2010), p. 48, http://www.disabilityandhealthjnl.com/article/S1936-6574(09)00089-2/fulltext

[20] http://www.heritage.org/research/reports/2015/03/always-care-never-kill-how-physician-assisted-suicide-endangers-the-weak-corrupts-medicine-compromises-the-family-and-violates-human-dignity-and-equality

[21] Naftali Bendavid, "For Belgium's Tormented Souls, Euthanasia-Made-Easy Beckons," *The Wall Street Journal*, June 14, 2013, http://www.wsj.com/articles/SB10001424127887323463704578495102975991248

by lethal injection.[22] In the Netherlands, the euthanized include Ann G., a 44-year-old woman whose only ailment was chronic anorexia.[23] In the beginning of 2013, Dutch doctors administered a lethal injection to a 70-year-old blind woman because she said the loss of sight constituted "unbearable suffering."[24] In early 2015, a 47-year-old divorced mother of two suffering from tinnitus, a loud ringing in the ears, was granted physician-assisted suicide in the Netherlands.[25] She left behind a 13-year-old son and a 15-year-old daughter.[26] Gerty Casteelen was a 54-year-old psychiatric patient with molysomophobia, a fear of dirt or contamination. Her doctors decided that she would not be able to control her fear and agreed to administer a lethal injection."[27]

1.39 There will always be concerns about conflicting messages being sent regarding suicide if assisted suicide becomes lawful. On the one hand society will offer some individuals assistance to commit suicide, yet on the other hand seek to take a zero-tolerance approach to individual suicides. The arguments put forward for allowing assisted death can also be reasons given for any suicide. Legalising euthanasia could potentially institutionalise suicide as a method of coping with personal problems. The risk of 'suicide contagion' associated with a media campaign around promoting euthanasia is also a real concern. A recent article from Australia highlights the concern that deaths among younger people were an "*unintended consequence*" of the voluntary euthanasia movement putting out information online on suicide methods.[28]

1.40 Many people with depression who request euthanasia revoke that request if their depression and pain are satisfactorily treated.[29] Even very mild depression - of the kind that would not render a person legally incompetent - can have a marked effect on one's predisposition to live or die. Virtually all patients who are facing death or battling an irreversible debilitating disease are depressed at *some* point. If euthanasia or assisted suicide is allowed, many patients who would have otherwise traversed this difficult dark phase (and found meaning in continued living) may not get that chance and will die prematurely.

1.41 A large amount of the public purse is spent on healthcare for the dying, those with dementia and the elderly. Euthanasia is cheap; good palliative care and hospice services expensive. Bureaucrats are always looking for the cheapest ways to spend health care budgets. This harsh

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[22] Editorial, "Belgian Helped to Die After Three Sex Change Operations," BBC News, October 2, 2013, http://www.bbc.com/news/world-europe-24373107

[23] Graeme Hamilton, "Death by Doctor: Controversial Physician Has Made His Name Delivering Euthanasia When No One Else Will," *National Post*, November 22, 2013, http://news.nationalpost.com/2013/11/22/death-by-doctor-controversial-physician-has-made-his-name-delivering-euthanasia-when-no-one-else-will/

[24] DutchNews.nl, "Woman, 70, Is Given Euthanasia After Going Blind," October 7, 2013, http://www.dutchnews.nl/news/archives/2013/10/women_70_gets_euthanasia_after/

[25] DutchNews.nl, "Euthanasia Clinic Criticized for Helping Woman with Severe Tinnitus to Die," January 19, 2015, http://www.dutchnews.nl/news/archives/2015/01/euthanasia-clinic-criticised-for-helping-woman-with-severe-tinnitus-to-die.php/

[26] Sue Reid, "The Country Where Death Is Now Just a Lifestyle Choice: A Mum with Ringing Ears. Babies Whose Parents Don't Want Them to Suffer. They've All Been Allowed to Die by Assisted Suicide in Holland," *Daily Mail*, January 1, 2015, http://www.dailymail.co.uk/news/article-2893778/As-debate-assisted-suicide-dispatch-Holland-thousands-choose-die-year.html

[27] Joke Mat, "In the Netherlands, Nine Psychiatric Patients Received Euthanasia," *NRC Handelsblad* (Amsterdam), January 2, 2014, http://www.nrc.nl/nieuws/2014/01/02/in-the-netherlands-nine-psychiatric-patients-received-euthanasia/

[28] http://www.smh.com.au/national/health/deaths-among-young-an-unintended-consequence-of-euthenasia-movement-mother-20150711-gia7e5

[29] Mishara, Brian L and David N Weistubb (2013) "Premises and evidence in the rhetoric of assisted suicide and euthanasia" *International Journal of Law and Psychiatry* 26: 427-435

argument from economics is seldom, if ever, heard issuing from the lips of advocates for euthanasia, but it is arguably the 'elephant in the room' in the debate. The cold, fiscal reality is that end of life care is expensive and having citizens opt for an earlier death is associated with substantial government savings.[30] Another smaller-sized 'elephant' is the increasing demand for human organs suitable for transplants.[31]

1.42 The majority of the medical profession and national medical associations around the world remain resolutely opposed to the introduction of euthanasia or assisted suicide.[32] The role of the doctor would be irrevocably changed from healer to sometime killer, from caring professional who saves lives to one who takes them. "Therapeutic killing" would have arrived. Inevitably, patient trust would be eroded.

1.43 *"The NZMA however encourages the concept of death with dignity and comfort, and strongly supports the right of patients to decline treatment, or to request pain relief, and supports the right of access to appropriate palliative care. In supporting patients' right to request pain relief, the NZMA accepts that the proper provision of such relief, even when it may hasten the death of the patient, is not unethical."*
NZ Medical Association: Position on Euthanasia[33]

1.44 Opinion polls in New Zealand suggest the majority supports the legalisation of euthanasia and/or assisted suicide. But as we showed earlier, many people simply want to ensure that the administration of pain relief and the withdrawal of burdensome treatment are not treated as illegal. The questions have sometimes been misleading in that they conflate actions that are perfectly legal and moral with those that are unlawful. They consistently ask about a patient in insufferable pain, thus playing on peoples' fears, whilst failing to acknowledge that pain is no longer a good reason for requesting euthanasia. In the 10 years that assisted suicide has been legal in Oregon State, it is doubtful if there has been a single request for it from a person suffering from uncontrolled pain. The continued emphasis on pain suggests a degree of cynicism on the part of those who compile such questions. Support typically drops for euthanasia or assisted suicide when state-funded palliative care is on the table.

WHAT HAS THE OVERSEAS EXPERIENCE SHOWN US?

1.45 ***Oregon***

- From 1998 to 2014, the number of deaths from assisted suicide has increased from 16 to 105 per year – a 656% rise over 16 years[34]
- No healthcare provider was present in over 80% of assisted suicide deaths in 2014—officials do not know under what conditions these people died[35]
- The state records complications in 2.7% of all assisted suicide deaths between 1998 and 2014, though whether or not complications occurred in nearly 60% of all assisted suicide deaths is unknown[36]

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[30] Mishara and Wiesstubb 2013: 434
[31] Graham and Prichard 2013: 20
[32] See Seales v Attorney-General [2015] NZHC 1239 at [56]-[57]
[33] http://www.nzma.org.nz/__data/assets/pdf_file/0004/16996/Euthanasia-2005.pdf
[34] Oregon Public Health Division, *Oregon's Death with Dignity Act—2014 [Annual Report-Year 17]* (Salem: Oregon Public Health, 2015).
[35] Oregon Public Health Division, 2015.

- Studies have found that 1 in 6 patients who receive a prescription for lethal drugs have clinical depression[37]
- 40% of patients who requested assisted suicide in 2014 did so out of concern for being a burden on their family[38]; only 13% did so in 1998[39]

Netherlands

- At least 23% of euthanasia deaths are not reported each year as is required by law[40]
- The Dutch have practiced euthanasia on infants since 2005, under guidelines laid out in the Groningen Protocol. One of the authors of the Groningen Protocol, Professor John Griffiths, believes that the legalisation of euthanasia "assuredly changed" the cultural norms in the Netherlands "in the direction of open acceptance of the legitimacy of termination of life of severely defective newborn babies"[41]

Belgium

- Roughly 30% of euthanasia deaths in the Flanders region are performed without patient request or consent (1.8% of all deaths in the region) – those most often euthanised without their request or consent are the elderly, the incompetent, and those dying in hospitals[42]
- Euthanasia deaths increased by over 5000% between legalisation in 2002 and 2011[43]; between 2011 and 2012, the rate of euthanasia deaths increased by a further 25%[44]
- Only about 50% of euthanasia deaths in the Flanders region are reported to the Federal Control and Evaluation Committee as is required by law[45]
- As of 2014, there is no age limit on who may access euthanasia and assisted suicide
- Among those euthanised in the past few years: deaf 45-year-old twins who were going blind; a 44-year-old woman with chronic anorexia nervosa; a 64-year-old woman with chronic depression without informing her family

SOME DISTURBING CASES IN THE MEDIA RECENTLY

- Growing number of mentally ill Dutch choosing to be killed at euthanasia clinic[46] *Aug 2015*

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[36] Oregon Public Health Division, 2015.

[37] L Ganzini, E Goy, S Doscha, "Prevalence of depression and anxiety in patients requesting physician's aid in dying: cross sectional survey," in *British Medical Journal* (2008), 337: 1682; Ilana Levene and Michael Parker, "Prevalence of depression in granted and refused requests for euthanasia and assisted suicide: a systematic review," in *Journal of Medical Ethics* (2011), 37(4): 205-211.

[38] Oregon Public Health Division, Oregon's Death with Dignity Act—2014 [Annual Report-Year 17] (Salem: Oregon Public Health, 2015.

[39] Department of Human Resources, Oregon Health Division, Center for Disease Prevention and Epidemiology, *Oregon's Death with Dignity Act: The First Year's Experience* (Portland: Oregon Health Division, 1999).

[40] B Onwuteaka-Philipsen, A Brinkman-Stoppelenburg, C Penning, G Jong-Krul, J van Delden, A van der Heide, "Trends in end-of-life practices before and after the enactment of the euthanasia law in the Netherlands from 1990 to 2010: a repeated cross-sectional survey," in *The Lancet* (2012), 908-915.

[41] E Jackson & J Keown, *Debating Euthanasia* (Portland: Hart Publishing, 2012), 100.

[42] K Chambaere, J Bilsen, J Cohen, B Onwuteaka-Phililpsen, F Mortier, L Deliens, "Physician-assisted deaths under the euthanasia law in Belgium: a population-based study," in *Canadian Medical Association Journal* (2010), 182 (9): 895-901.

[43] W D Bondt, W Distelmans, M De Maegd, M Englert, J Herremans, *Cinquieme rapport aux Chambres L*égislatives *(Années 2010-2011*) (Commission Fédérale de Contrôle et d'Évaluation de l'Euthanasie, 2012).

[44] European Institute of Bioethics, "Belgique: toujours plus d'euthanasies: 1432 en 2012," on www.ieb-eib.org (18 February 2013).

[45] T Smets, J Bilsen, J Cohen, M Rurup, F Mortier, L Deliens, "Reporting of euthanasia in medical practice in Flanders, Belgium: cross sectional analysis of reported and unreported cases," in *British Medical Journal* (2010), 341: 5174.

[46] https://www.lifesitenews.com/news/growing-number-of-mentally-ill-dutch-choosing-to-be-killed-at-euthanasia-cl

- Belgium study Finds Euthanasia Targets Women and People With Depression or Autism[47] *July 2015*
- Deaths among young an unintended consequence of euthanasia movement: Australian mother[48] *July 2015*
- A healthy, 24-year-old woman to be euthanised in Belgium for psychological reasons[49] June 2015
- Euthanasia wanted for man in constant pain after having a tumour despite not being terminally ill[50] *May 2015*
- Doctors Killed His Belgian Mom Because She Was Depressed. Now He Speaks Out Against Euthanasia[51] *Jan 2015*
- Elderly Scottish cousins undergo joint euthanasia for fear of being put in separate care homes[52] *Feb 2015*
- Documentary shows Belgian doctor euthanizing a depressed, suicidal woman[53] *Jan 2015*
- Mentally ill patients killed by euthanasia in Holland trebles in a year[54] *Oct 2014*
- Man with same brain cancer as Brittany Maynard (US) has lived 13 years after being given just 6 months[55] *Nov 2014*
- Euthanasia for 'depressed' alleged murderer by campaigner Philip Nitschke (Aust)[56] *July 2014*
- Swiss – assisted dying for elderly who are not terminally ill[57] *May 2014*

1.46 The High Court of Ireland voiced their concern: *"[T]he incidence of legally assisted death without explicit request in the Netherlands, Belgium and Switzerland is strikingly high*."[58]

1.47 California woman **Brittany Maynard** had a brain tumour and went to Oregon for her assisted suicide last year. She became a *cause célèbre* for pro-euthanasia advocates. But one must also consider the cases of **Stephanie Lipscomb**, **Fritz Anderson** and **Nancy Justice**. They all had the same kind of brain tumour as Brittany Maynard, but they went for the cure and are alive today, their tumours eliminated or dramatically reduced in size.

1.48 College student Stephanie Lipscomb had Stage IV glioblastoma which gave her a large cancerous tumour in her brain. In May 2012, Stephanie received experimental treatment using a re-engineered polio virus. Over the next year, her tumour dramatically shrank, and then

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47 http://www.lifenews.com/2015/07/26/study-finds-euthanasia-targets-women-and-people-with-depression-or-autism/
48 http://www.smh.com.au/national/health/deaths-among-young-an-unintended-consequence-of-euthenasia-movement-mother-20150713-gia7e5
49 http://alexschadenberg.blogspot.ca/2015/06/healthy-24-year-old-woman-to-be.html?utm_source=Euthanasia+Prevention+Coalition+Newsletter&utm_campaign=73a94a1493-EPC_Newsletter_Update6_22_2015&utm_medium=email&utm_term=0_105a5cdd2d-73a94a1493-157142057&m=1
50 http://www.dailymail.co.uk/news/article-3100838/Father-two-constant-pain-nerve-damage-launches-crowd-funding-appeal-end-life-Dignitas-despite-not-terminally-ill.html
51 http://dailysignal.com/2015/01/02/doctors-killed-mom-depressed-now-speaks-euthanasia/
52 http://www.telegraph.co.uk/news/11382849/Elderly-cousins-undergo-joint-euthanasia-for-fear-of-being-separated.html
53 https://liveactionnews.org/documentary-shows-belgian-doctor-euthanizing-a-depressed-suicidal-woman/
54 http://www.dailymail.co.uk/news/article-2779624/Number-mentally-ill-patients-killed-euthanasia-Holland-trebles-year-doctors-warn-assisted-suicide-control.html
55 https://www.lifesitenews.com/news/man-with-same-brain-cancer-as-brittany-maynard-has-lived-13-years-after-bei
56 http://mobile.news.com.au/national/western-australia/philip-nitschke-denies-he-went-too-far-helping-depressed-nigel-brayley-die/story-fnii5thn-1226978024808
57 http://www.theguardian.com/society/2014/may/26/swiss-exit-assisted-suicide-elderly-not-terminally-ill
58 *Fleming v. Ireland & Ors*, IEHC 2 (2013), para. 102, http://www.bailii.org/ie/cases/IEHC/2013/H2.htm

disappeared. Nearly 3½ years later, Stephanie is cancer-free and living life to the full. There are other glioblastoma survivors whose brain tumours have been eliminated without harming surrounding tissue -- in addition to Stephanie, *60 Minutes* in March 2015 covered the success stories of patients Dr. Fritz Anderson and Nancy Justice. Stage IV glioblastoma multiforme was the same condition of Californian Brittany Maynard, who tragically committed suicide in November 2014.[59]

1.49 Victoria Reggie Kennedy, widow of the late Democratic Senator Edward Kennedy, campaigned against a bill that would have legalised physician assisted suicide in Massachusetts. She said:

> *"When my husband was first diagnosed with cancer, he was told that he had only two to four months to live, that he'd never go back to the U.S. Senate, that he should get his affairs in order, kiss his wife, love his family and get ready to die. But that prognosis was wrong. Teddy lived 15 more productive months.… Because that first dire prediction of life expectancy was wrong, I have 15 months of cherished memories - memories of family dinners and songfests with our children and grandchildren; memories of laughter and, yes, tears; memories of life that neither I nor my husband would have traded for anything in the world. When the end finally did come—natural death with dignity - my husband was home, attended by his doctor, surrounded by family and our priest."*[60]

1.50 New Zealand has a well-developed network of hospices, and palliative medicine is widely practiced. There is research on the actual experience of those nearing the end of life indicating that fears of dying tend to dissipate when terminally-ill patients receive good hospice or palliative care.[61] The key priority must be to improve the provision of high quality palliative care and practical support. This should be available in all areas of New Zealand. The highest quality of pain control and palliative medicine should be given priority in medical training so that every New Zealander can benefit. Patients facing death have a fundamental human right – a right to receive the very best palliative care, love and support that we can give to alleviate the 'intolerable suffering' that they fear. This is real death with dignity – surrounded and supported by loved ones, rather than a right to try and preempt the 'uncertainty' and timing of the end. Assisting suicide is not the answer.

1.51 Voluntary euthanasia has the allure of being an enlightened and compassionate response to the plight of the suffering. But its practical operation is fraught with risks and there are slippery slopes that are indeed very slippery. Perhaps the most ominous change is one that cannot be proved. There will be an irreversible alteration to the way society and the medical professional view the demise of the elderly, the disabled, the incurably afflicted and the terminally ill. Death will be planned, coordinated and state-sanctioned in a manner hitherto unknown.

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[59] http://abcnews.go.com/Health/polio-shrinks-womans-brain-tumor/story?id=19688955

[60] Victoria Reggie Kennedy, "Question 2 Insults Kennedy's Memory," *Cape Cod Times*, November 3, 2012, http://www.capecodtimes.com/article/20121027/OPINION/210270347

[61] Kastenbaum, Robert (2006) *The Psychology of Death*, 3rd ed. New York: Springer; Mishara and Weisstub 2013: 433

1.52 We should increase care, support, and funding for the best palliative care regime in the world. But we should not allow euthanasia and assisted suicide.

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Family First is indebted to Dr Rex Ahdar[62] *and Ryan T Anderson Ph.D*[63] *for the use of their material in formulating our Submission.*

62 https://www.familyfirst.org.nz/research/killing-me-softly/
63 http://www.heritage.org/research/reports/2015/03/always-care-never-kill-how-physician-assisted-suicide-endangers-the-weak-corrupts-medicine-compromises-the-family-and-violates-human-dignity-and-equality