ORAL SUBMISSION

Investigation into ending one's life in New Zealand

Key Points

- **This Inquiry presents a serious risk to public health and safety.**
- **You don't discourage suicide by assisting suicide.**
- **Suicide is already a public health crisis**
- **There is a 'social contagion' aspect to suicide – assisted or non-assisted.**
- **We need more discussion about suicide *prevention***
- **The discussion needs to move on to focus on what New Zealanders really need and want: a focus on providing the very best palliative care and support for vulnerable people**

Submission

'*Suicide is a fundamental human right - one that society has no moral right to interfere with*'

This is what I would classify as an objectionable and dangerous idea – that suicide is a "fundamental human right" – it's a tweet from euthanasia advocate Dr Philip Nitschke to Family First two weeks ago. But this is the ideology that we are considering here today.

In 2014 Nitschke came under fire from two Australian suicide prevention organisations, *Beyond Blue* and the *Black Dog Institute*, after his involvement in the suicide of a physically healthy 45-year-old Australian man.[i] There was also the Wellington woman[ii] who ended her life with Nembutal, after receiving advice on how to obtain it from Dr Nitschke. She was a life-member of EXIT and was suffering from depression, but was physically fit and not suffering a terminal illness.

The Medical Board of Australia has imposed 25 strict conditions on Philip Nitschke, known as Doctor Death. The board believes he "*presents a serious risk to public health and safety*."[iii]

This **Inquiry and the associated push for assisted suicide presents a serious risk to public health and safety.**

Just a fortnight ago, Chief Coroner Judge Deborah Marshall referred to NZ's unacceptable and stubbornly high suicide rate and said that there needs to be more discussion.[iv]

We're having more discussion here – which is a good thing – but Judge Marshall said we needed more discussion about suicide **prevention**.

In complete contrast, this inquiry was initiated and is being driven by those who desire to promote assisted suicide.

You don't discourage suicide by assisting suicide.

Laws permitting physician-assisted suicide send a societal message that, under especially difficult circumstances, some lives are judged to be not worth living — and that suicide is a reasonable or appropriate way out of dealing with suffering.

But suicide is already a public health crisis. Do we want to worsen this crisis?

Many people are concerned with the impact on elder suicide and youth suicide as a result of 'normalising' the concept of so-called 'rational suicide'.

There is a 'social contagion' aspect to suicide – assisted or non-assisted.

The World Health Organization notes the scholarly research on the imitative nature of suicide:

> *"Systematic reviews of these (50) studies have consistently drawn the same conclusion: media reporting of suicide can lead to imitative suicidal behaviours.… Particular subgroups in the population (e.g., young people, people suffering from depression) may be especially vulnerable to engaging in imitative suicidal behaviours."*[v]

Commenting on Brittany Maynard's suicide which has been a *cause de celebre* for euthanasia advocates, social scientist Dr. Aaron Kheriaty from the University of California argues that "*given what we know about suicide's social effects, and given the media portrayal around her death, we can anticipate that her decision will influence other vulnerable individuals."*[vi]

In his article published in the *Southern Medical Journal* last year, he goes on to say:

> *"(The contagion effect also known as the 'Werther Effect') has been replicated many times since in rigorous epidemiological studies, including research demonstrating this effect following cases of doctor-assisted suicide. Because this phenomenon is well-validated, the U.S. Centers for Disease Control and Prevention, the World Health Organization and the U.S. surgeon general have published strict journalistic guidelines for reporting on suicides to minimize this effect. It is demoralizing to note that these guidelines were widely ignored in the reporting of recent instances of assisted suicide, with the subject's decision to end his or her life frequently presented in the media as inspiring and even heroic.*
>
> *A related phenomenon influences suicide trends in the opposite direction, however; the so-called Papageno effect suggests that coverage of people with suicidal ideation who do not attempt suicide but instead find strategies that help them to cope with adversity is associated with decreased suicide rates."*

We know this to be the case – for example – the Chilean 14-year-old Valentina Maureira, who made a YouTube video[vii] begging her government for assisted suicide. Her case illustrates the Werther and Papageno effects. Maureira admitted that the idea to end her life began after she heard about the case of Brittany Maynard[viii]. But Maureira changed her mind after meeting another young person also suffering from the same disease, cystic fibrosis, who conveyed a message of hope and encouraged her to persevere in the face of adversity.[ix]

With our laws, we can encourage vulnerable individuals in one of these two directions: the path of Werther or the path of Papageno.

Promotion of assisted suicide is a message that will be heard not just by those with a terminal illness but also by anyone tempted to think he or she can no longer cope with their suffering – whatever the nature of that suffering.

In a Fairfax NZ report recently - entitled "*Public reports of suicides linked to copycat deaths*"[x] - the Mental Health Foundation's Moira Clunie said that restrictions on reporting are in place to protect

those who are already vulnerable. She says that reports of suicide can give vulnerable people "*triggers or pictures*" around potential methods.

The Human Rights Commission has just released a paper on "prioritisation of vulnerable customers"[xi] to help insurers, and potentially other businesses and social sector agencies, to prioritise vulnerable customers. They say that Vulnerability is about "*valuing customers (patients) and better managing risk*."

Under the definition of vulnerability, examples include

- *Customer has been diagnosed with a chronic illness or terminal illness*
- *Customer has a serious physical health condition or serious mental health condition which requires continuous monitoring*

A *New Zealand Medical Journal* report by New Zealand suicide researchers Annette Beautrais and David Fergusson says reporting on suicide in *any* way puts *vulnerable* people at risk.[xii]

The joint World Health Organization (WHO) and International Association for Suicide Prevention (IASP) guidelines on suicide and media reporting (2000) conclude:

> "*Overall, there is enough evidence to suggest that some forms of non-fictional newspaper and television coverage of suicide are associated with a statistically significant excess of suicide; the impact appears to be strongest among young people.*"[xiii]

A 2010 study examined both the positive and negative effects of media reporting using Austrian data[xiv] and found that the ***repetitive*** reporting of completed suicide or suicide attempts, had harmful effects and led to increases in suicidal behaviour.

This is the real risk to young and to vulnerable people and elderly people if NZ follows the path of promoting - and allowing - assisted suicide.

The *New Zealand Suicide Prevention Action Plan 2013–2016*[xv] released in May 2013 has a number of action areas in order to achieve the objectives of reducing our suicide rates.

One action area (#5) is to "*Support communities to respond following suicides, especially where there are concerns of suicide clusters and suicide contagion*."

But protracted discussion and the promotion of assisted suicide / euthanasia and related cases will – even unintentionally - undermine the suicide prevention message and goals in the following ways:

- legalised assisted suicide can imply that the promotion of mental health and wellbeing for people in pain is futile or counterproductive, and that suicide is their best outcome
- it can feed into people's fears about dying, fears which are well dealt with through the sort of holistic care provided by palliative care
- it can increase access to the means to suicide especially for those who are vulnerable because of pain or illness
- it would normalise positive portrayals of suicide in the public domain. People contemplating suicide may justify doing it based on positive stories and arguments they have heard about assisted suicide
- it would ignore the possible harmful effects on families / whanau[xvi]

In 2014, the Law Commission released a Report entitled "*Suicide Reporting*".[xvii] It said that the aspects of normalising suicide, glorifying the suicide, sensational coverage and/or the prominence of the coverage were significant. The Law Commission said:

"While most readers will not be affected, a minority of already vulnerable people may be affected. The research shows young people and those with mental health problems may be particularly vulnerable to suicide reports." [xviii]

And:

"A normalising effect may occur when suicide is represented (often inadvertently) as a reasonable or common response to problems or a crisis. By being presented as relatively common, a person may feel that it is more acceptable." [xix]

Last October, an important study was published by British scholars David Jones and David Paton demonstrating that legalizing assisted suicide in other states has led to a rise in overall suicide rates — assisted and unassisted — in those states.[xx]

The paper says: "*It may be that legalising PAS also provides positive role models who help normalise suicide more generally*."

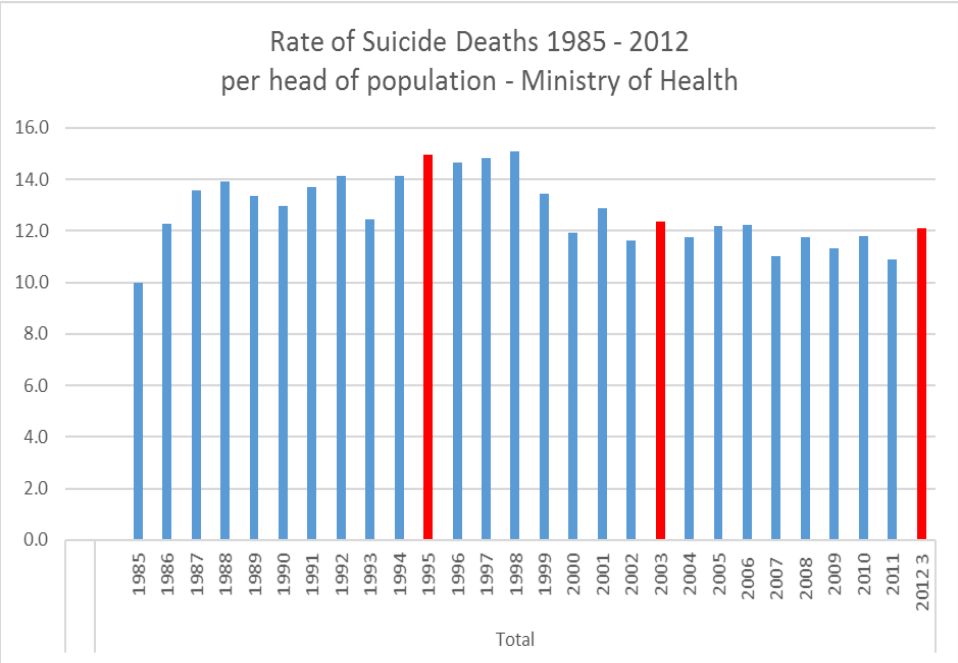
You don't discourage suicide by assisting suicide.

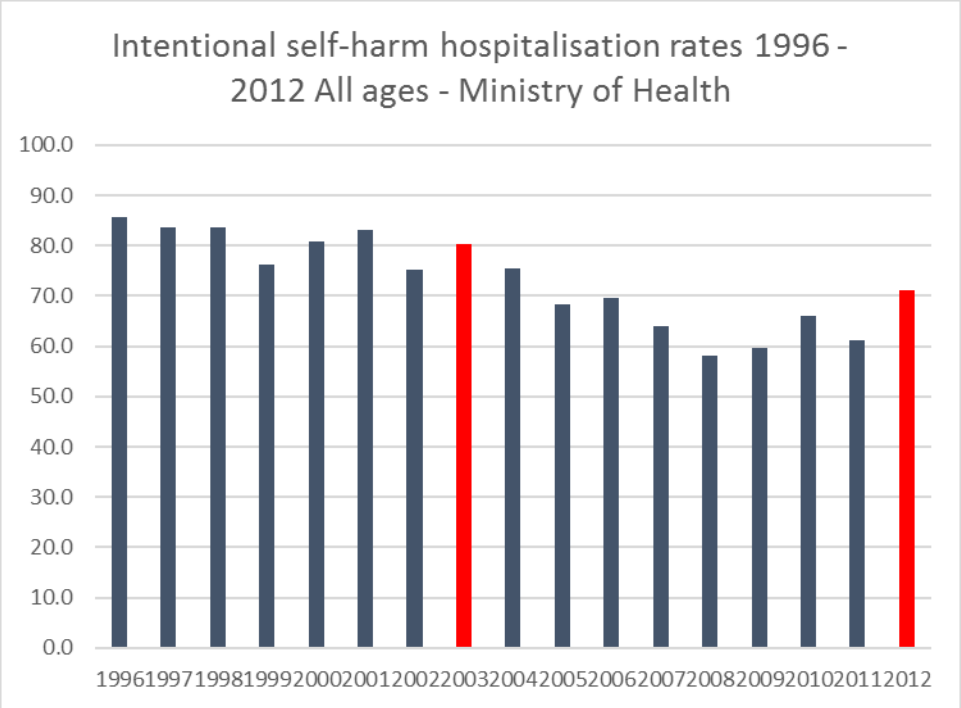
It is significant to note that Oregon's rate of '*unassisted*' suicide in the general population is 41% higher than the national average,[xxi] the Netherland's official statistics agency reported in 2013 that the suicide rate in the general population has "grown dramatically" over the past five years, with a 30% increase from 2008 to 2012.[xxii]

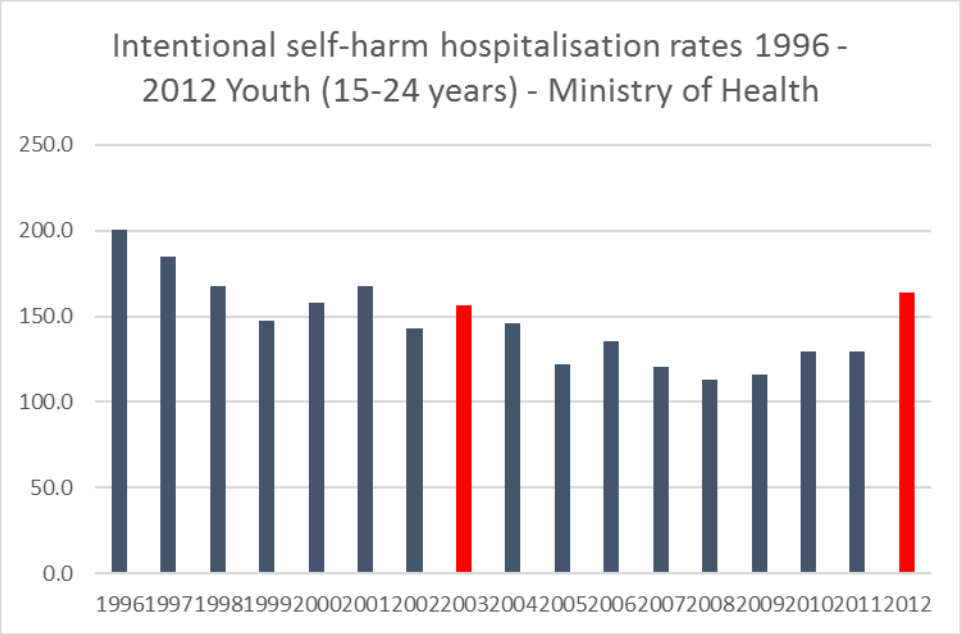
Here in NZ the public debate around euthanasia / assisted suicide has happened a number of times before – 1995 (Michael Laws' failed bill), 2003 (Peter Brown's failed bill) and 2012 (when Maryan Street's withdrawn bill was first introduced).

A close examination of the suicide and attempted suicide rates during those years from Ministry of Health statistics shows that for each occasion, there is a slight 'peak', going against the overall trend.[xxiii]

While there may well be other factors to consider here, it cannot be ruled out that the risk is directly related to the increased publicity given to the idea of euthanasia and assisted suicide.







In addition, those who work in palliative care report that during the Seales High Court case in 2015, there was a discernible increase in the number of patients and families expressing a desire to access assisted suicide or euthanasia.

You don't discourage suicide by assisting suicide.

Suicide is already a public health crisis.

It's time for the advocates of euthanasia and assisted suicide to take responsibility. They are promoting fears of suffering amongst the elderly, disabled and the ill, and encouraging actions that are simply unnecessary. And they are raising thoughts of suicide amongst the most vulnerable in our society.

And we have the evidence from overseas that shows how much worse it would be if they actually achieved their objective.

This discussion needs to move on to focus on what New Zealanders really need and want: a focus on providing the very best palliative care and support for vulnerable people – whether they are at the end of their life, or momentarily wishing they were at the end of their life.

I leave you with this example.

Robert Salamanca wanted to commit suicide after being diagnosed with Lou Gehrig's disease. This was when Jack Kevorkian was - to much media acclaim - helping people with disabilities and terminal conditions kill themselves.

Eventually, he admitted, "I came out of the fog," so happy to be alive. Bob spent his final years watching his children grow, investing successfully online to help his family financially, and collecting art. Before he died peacefully in his sleep in 1997, Bob wrote an op/ed column for the *San Francisco Chronicle* titled "*I Don't Want a Choice to Die*"[xxiv]:

> *"[R]eporting in the media too often makes us feel like token presences, burdens who are better off dead . . . Many pro-euthanasia groups "showcase" people with ALS. They portray us as feeble, unintelligible and dying by slow suffocation. This is absolutely false, and I protest their efforts vehemently. By receiving proper medical care, a terminally ill person can pass away peacefully, pain-free and with dignity. We are not people just waiting for someone to help us end our misery, but to the contrary, we are people reaching out to love . . . to be loved . . . wanting to feel life at its best. Too many people have accepted the presumption that an extermination of some human lives can be just… Where has our sense of community gone? True, terminal illness is frightening, but the majority of us overpower the symptoms and are great contributors to life.*
>
> *The hopelessly ill may be subtly pressured to get their dying over with — not only by cost-counting providers but by family members concerned about burdensome bills, impatient for an inheritance, exhausted by care-giving or just anxious to spare a loved one further suffering. In my view, the pro-euthanasia followers' posture is a great threat to the foundation upon which all life is based, and that is hope. I exhort everyone: Life is worth living, and life is worth receiving. I know. I live it every day."*

You don't discourage suicide by assisting suicide.
There is a 'social contagion' aspect to suicide – assisted or non-assisted.
Suicide is already a public health crisis.
We need more discussion about suicide <u>prevention</u>.

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[i] http://www.abc.net.au/news/2014-07-10/voluntary-euthanasia-advocate-dr-philip-nitschke-investigated/5588062
[ii] http://www.stuff.co.nz/national/health/250448/Outrage-as-healthy-woman-helped-to-die
[iii] http://www.newshub.co.nz/world/medical-board-suspends-dr-death-2014072412
[iv] http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11731076
[v] http://www.who.int/mental_health/prevention/suicide/resource_media.pdf
[vi] https://www.washingtonpost.com/opinions/the-dangerously-contagious-effect-of-assisted-suicide-laws/2015/11/20/6e53b7c0-83fb-11e5-a7ca-6ab6ec20f839_story.html?utm_term=.c4e9a71afe38
[vii] https://www.youtube.com/watch?v=HGlzsTzshVU
[viii] http://thebrittanyfund.org/
[ix] http://www.dailymail.co.uk/news/article-3007179/Chilean-girl-14-begged-government-let-die-struggles-cystic-fibrosis-changes-mind.html
[x] http://www.stuff.co.nz/national/80198760/Public-reports-of-suicides-linked-to-copycat-deaths
[xi] https://www.hrc.co.nz/files/5114/7426/1153/HRC_Vulnerability_Guidelines.pdf
[xii] https://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2012/vol-125-no-1362/editorial-beautrais
[xiii] http://www.who.int/mental_health/media/en/426.pdf
[xiv] *Role of media reports in completed and prevented suicide: Werther v. Papageno effects,* Thomas Niederkrotenthaler et al; The British Journal of Psychiatry Sep 2010, 197 (3) 234-243;
[xv] http://www.health.govt.nz/system/files/documents/publications/new-zealand-suicide-prevention-action-plan-2013-2016-v2.pdf

[xvi] Part-Source: Family Life Publication – *And Now Euthanasia: An examination of euthanasia and assisted suicide and their implications (2nd edition) 2016*

[xvii] http://www.lawcom.govt.nz/sites/default/files/projectAvailableFormats/NZLC%20R131.pdf

[xviii] DP Phillips and LL Carstensen "Clustering of teenage suicides after television news stories about suicide" (1986) 315 N Engl J Med 685.

[xix] Steven Stack "Suicide in the Media: A Quantitative Review of Studies Based on Nonfictional Stories" (2005) 35 Suicide and Life Threatening Behavior 121.

[xx] http://www.medscape.com/viewarticle/852658

[xxi] Oregon Public Health Division "*Suicides in Oregon: Trends and risk factors – 2012 report*" http://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/NVDRS/Suicide-in-Oregonreport.pdf.

[xxii] https://www.cbs.nl/en-gb/news/2013/43/more-suicides-since-2008

[xxiii] http://www.health.govt.nz/publication/suicide-facts-deaths-and-intentional-self-harm-hospitalisations-2012

[xxiv] http://www.patientsrightscouncil.org/site/update008/#8