



June 2018

ORAL SUBMISSION End of Life Choice Bill

- 1.1 **Family First opposes the Bill. No amendments to the Bill will make it acceptable, and it should be rejected by Parliament.**
- 1.2 **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. **Safeguards, while sounding good, would not guarantee the protection required for vulnerable people**
- 1.3 **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.**
- 1.4 **How many euthanasia ‘mistakes’ are we willing to accept?**
- 1.5 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.
- 1.6 Coercion is subtle. The everyday reality is that terminally ill persons *and* those afflicted with non-terminal, but irreversible 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.
- 1.7 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.
- 1.8 The recent government report on euthanasia (2017) said: *“Many submitters were concerned that if assisted dying was legalized, people would see death as an acceptable response to suffering. It would be difficult to say that some situations warranted ending one’s life while others do not.*
“...Several submitters suggested that, during their worst periods of depression, they would have opted for euthanasia had it been available in New Zealand.”

- 1.9 Advocates of assisted suicide tried to suggest that suicide can be categorised as either ‘rational’ or ‘irrational’. But the government report also said: *“This distinction was not supported by any submitters working in the field of suicide prevention or grief counselling. On the contrary, we heard from youth counsellors and youth suicide prevention organisations that suicide is always undertaken in response to some form of suffering, whether that is physical, emotional, or mental.”*

WE NOTE THAT THIS IS AN ACT MP BILL - SIGNIFICANT

- 1.10 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 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. In Canada, it has been estimated that euthanasia and assisted suicide will reduce annual health care spending by between \$34.7 million and \$138.8 million (CA\$). The very existence of this report highlights the frightening prospect that money and markets could influence the scope and reach of euthanasia and assisted suicide in the event that it was ever legalised in New Zealand. In the US Supreme Court, (*Washington vs. Glucksberg*, 521 U.S. 702) if assisted suicide or euthanasia were permitted, *“many might resort to it to spare their families the substantial financial burden of end-of-life healthcare costs”*. (*Glucksberg* at 732, (1997))

YOU WILL BE TOLD THAT THE OPPOSITION IS ONLY RELIGIOUS OPPOSITION

- 1.11 In the recent inquiry with 22,000 submissions, 82% of the 16,000+ submissions **opposed** to euthanasia contained **no** reference to religious arguments. Ironically, 208 submissions **supporting** euthanasia referred to religious reasoning.

BEWARE OF POLLING

- 1.12 This is a typical headline. But the 2017 University of Auckland survey on attitudes to euthanasia *Demographic and psychological correlates of New Zealanders support for euthanasia* **admits**, the *“findings do not represent peoples’ support for the concept of euthanasia per se. Those relying on it cannot do so with confidence.”*
- 1.13 It said: *our results do not provide information about potentially more nuanced differences in support for euthanasia in different contexts and for different types of illnesses.. As a result of effective palliative care, the avoidance of physical pain may no longer be the central motivation for desiring euthanasia”*

Most Kiwis support euthanasia for those with painful, incurable diseases

RACHEL THOMAS
Last updated 00:35, January 13 2017



In a survey which asked whether people would support assisted dying in response to someone with a painful, incurable disease, 66 per cent of Kiwis were in support.

Just 12 per cent of Kiwis are completely opposed to the legalisation of assisted dying, according to a University of Auckland study.

In a survey of 15,822 people, 66 per cent supported euthanasia as a legal means of ending the lives of people with painful, incurable diseases.

"There is strong public support for euthanasia when people are asked whether doctors should be allowed by law to end the life of a patient with a painful incurable disease upon their request," concluded the authors, led by post-graduate psychology student Carol Lee.

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In our Oral Submission to the Inquiry last year, our key warning was

YOU DON'T DISCOURAGE SUICIDE BY ALLOWING SUICIDE

- 1.14 *'Suicide is a fundamental human right - one that society has no moral right to interfere with'*
- 1.15 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 last year. 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. 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.”
- 1.16 But this Bill and the push for assisted suicide presents a serious risk to public health and safety.
- 1.17 The Scottish Parliament Report on Assisted Suicide (2015) concluded:

“There appears to be a contradiction between a policy objective of preventing suicide on the one hand, and on the other, legislation which would provide for some suicides to be assisted and facilitated.... (T)his has the potential not only to undermine the general suicide prevention message by softening cultural perceptions of suicide at the perimeters, but also to communicate an offensive message to certain members of our community ... that society would regard it as ‘reasonable’, rather than ‘tragic’, if they wished to end their lives”.

- 1.18 Laws permitting 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?**
- 1.19 There is a ‘social contagion’ aspect to suicide – assisted or non-assisted.
- 1.20 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.”*
- 1.21 We know this to be the case – for example – the Chilean 14-year-old Valentina Maureira. She made a YouTube video begging her government for assisted suicide. Valentina admitted that the idea to end her life began after she heard about the case of Brittany Maynard. But Valentina changed her mind after meeting another young Argentinian woman also suffering from the same disease, cystic fibrosis, who conveyed a message of hope and encouraged her to persevere in the face of adversity. Valentina's father said Valentina was given hope by meeting someone who had survived beyond age 20 with the disease. Her father also lamented that when Valentina was asking for help to live, she was ignored, but when she asked for help to die, the world turned up on their doorstep.

The screenshot shows a Daily Mail Australia news article. At the top, it says 'Like 13.8M' and 'Thursday, Jan 4th 2018 6PM 15°C'. The main headline is 'How Chilean cystic fibrosis sufferer, 14, who begged her government for the right to die has changed her mind thanks to inspirational Argentinian survivor, 22'. Below the headline is a list of bullet points:

- Valentina Maureira, 14, posted video on YouTube asking for euthanasia
- Government rejected a plea after video was spread on social media
- Maureira suffers from cystic fibrosis, which is an incurable genetic disease
- She watched her brother die from it when he was 6-years-old
- Girl now says she is reconsidering after meeting others with Maribel Oviedo
- Oviedo, 22, from Argentina, received transplant in 2012 and lives 'normal life'

The article is by Christopher Brennan for DailyMail.com, published on 23 March 2015. It has 378 shares and 3 comments. A small image of a girl is visible on the left side of the article. To the right of the article is an advertisement for '#StoryOfChange' with the text 'Today everyone has the power to change the world.' and a 'DISCOVER THE MANIFESTO' button.

- 1.22 Promotion of euthanasia 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 cannot go on any longer.

1.23 **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. You don't discourage suicide by allowing suicide.**

1.24 I conclude by sharing real-life examples – people who want their story told

1.25 #1 - Terminally ill Australian **Julie Morgan**, in her article published in the *Sydney Morning Herald* in January 2017, said:

"I have always been an extremely private person, so the thought that my increasingly frail body will need intimate help does not thrill me. But just as I cared for and loved my friend in all her messiness and fragility, I will have to let others care for and love me in the same way. There is nothing undignified about that. So my experience of being a primary carer tells me that as I'm dying, the presence of people who have the emotional capacity to sit with me during long hours, who have the strength to continually stroke my arm, to bring me cups of water in the night, to tell me that they love me and to stay with me even if it seems that I am no longer present to them is of beyond measure. I'm sure that I will know their voices, and that I will know their touch. So as the doctors relieve my physical pain, I trust that my family and friends will abide with me so that just as I have lived, so will I die, with integrity and grace."

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I'm terminally ill and the debate on euthanasia scares me

Julie Morgan

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The doctors have told me I have a few months to live. The cancer that began in my breast four years ago has spread to my spine, ribs, hips and, more significantly, to my lungs. The surgeries, extensive chemotherapy, and radiation that I went through back then, plus the on-going hormone therapy, didn't do the trick. And so now, in my mid 50's, I'm terminally ill. It often doesn't seem real, yet it is. But there's so much more that I want to do – I am not ready to go!

My story of facing an untimely death has been interwoven with that of my best friend and housemate who, within these same four years, was diagnosed and subsequently died of lung cancer. And no, she wasn't a smoker. As my first

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1.26 #5 **J.J. Hanson**, 35, is a former Marine from New York's Hudson Valley who did a tour in Iraq. In 2014 doctors discovered he had stage 4 glioblastoma (GBM), one of the deadliest forms of brain cancer—and the same kind of cancer that assisted suicide advocate Brittany Maynard had when she ended her life in late 2014. Three different doctors told Hanson his case was terminal and said he had four months to live. But he was determined to do aggressive treatment anyway. He joined a clinical trial. Hanson who worked in New York state government before turning to the private sector once supported the New York bill to allow physician assisted suicide - until he had

a terminal disease. He campaigned against it and it was eventually defeated, like many around the world. He then led efforts against physician-assisted suicide legislation around the USA with the organization Patients' Rights Action Fund.

- 1.27 Why the change in opinion? At month 5 of his treatment, Hanson became depressed. He says he lay in his bed and asked himself if he should give up, if it would make things easier for everyone if he were gone. He decided to continue—but then he imagined what others in his position might do. Hanson asked. *“When you were the sickest in your life, how well were you thinking at that time? Not good, right? Now multiply that exponentially. ... Put [the drugs] in a glass of beer, done. In that moment of weakness and difficulty and stress, done. ... I don’t think I would have done that, but there’s many people who could’ve or would’ve in that situation.”* ... Hanson spoke to legislators, emphasising how legalising assisted suicide will change social norms, legitimising the general practice of suicide. Sadly, JJ Hanson [died](#) on 31 December 2017 – living 3 years longer than original prognosis of 4 months.



- 1.28 In summary, Family First NZ is calling for the highest quality of pain control and palliative medicine to be given priority in funding and in medical training so that every New Zealander can benefit.
- 1.29 **We should reject euthanasia / assisted suicide.**
- 1.30 **We should utterly reject David Seymour’s bill.**