



Hospice New Zealand view on euthanasia and End of Life Act.

This September, New Zealanders have a life changing decision when they vote in the referendum on the End of Life Choice Act at the general election.

As one of the key providers of specialist palliative care in Aotearoa, we have put this information together to share the Hospice NZ position on euthanasia and our concerns on the End of Life Act ahead of the referendum vote.

It is important to be clear, your vote is not about the concept of euthanasia. Your vote is on this Act specifically. Is this the best possible legislation to keep people safe?

Please take the time to know the Act before you vote.

Hospice New Zealand view on euthanasia.

- **Euthanasia has no place in palliative care** – it does not fit with the internationally agreed and defined philosophy of hospice that aims to neither hasten nor postpone death.
- **Hospice will continue to support people regardless of their desire for euthanasia.** We appreciate and acknowledge an individual's right to choose and acknowledge the range of perspectives around euthanasia.
- **People living with a terminal illness should be supported to live in whatever way is important to them, their family and whānau.** People should have access to good palliative care support regardless of where they live. We need to address issues of access to care, social isolation, lack of support for family carers before we give people the means to choose death.

Hospice New Zealand key concerns – End of Life Choice Act.

- **There is a lack of adequate safeguards in the Act** – there is no stand down period from the request to administration of the lethal drug. The only delay between request and death is the 48 hours required for the registrar to check the paperwork. In Oregon, the cooling off period is 15 days, 9 days in Victoria and 10 days in Canada. There are 68 safeguards in the legislation in Victoria, Australia – and within 3 months of the law being passed in 2018, people were pushing for changes.

- **Determining how long someone has to live is often inaccurate** – predicting a life expectancy of 6 months is difficult and often people live longer than expected. A study of doctors’ prognoses¹ (the medical prediction of the course of a disease over time) for terminally ill patients found that only 20% of predictions were accurate – that is, 80% of the time medical prognoses are inaccurate.
- **The process does not ensure family, friends or whānau are aware of the request.** For Māori and Pasifika, collective group decision making is expected. Under this Act, a person’s loved ones may not be aware of a request for euthanasia. There is no opportunity to address the underlying factors which motivate the request – such as unresolved physical or emotional pain, fear of being a burden, depression or isolation.
- **Several long-term conditions that cause disability are also terminal illnesses.** People living with a disability caused by multiple sclerosis and motor neurone disease, for example will meet the criteria, as these chronic conditions are incurable.
- **Detecting coercion and the real reason for a request** – detecting what goes on behind closed doors is incredibly complex. There is no test to determine if someone is making a request of their own free will. Coercion can be very subtle and may not even be ill intended, e.g. when patients see the stress of family members who are trying very hard to care for them, this often leads to the feeling of being a burden. A 2019 analysis into the reasons/end of life concerns that prompted people to request and undertake physician assisted dying in Oregon tells us that, of the 168 people who died, 95% were concerned with a loss in autonomy and the loss of being able to engage in activities that made life enjoyable. 79.4% indicated concerns around loss of dignity, and 63% were concerned about being a burden. Only 31% were concerned with inadequate pain control.
- **There is no such thing as a slippery slope, it is a natural progression that occurs to many laws, the expansion of criteria over time.** Belgium initiated euthanasia law for a small group of people in 2002 – now, euthanasia deaths increase in Belgium by 27% every year. The largest increase in euthanasia cases is among people that are not expected to die in the near future. When the law was first enacted, euthanasia was only available for people 18 or older. In 2014, Belgium extended euthanasia to children as well. Based on the experience of overseas jurisdictions, there is real concern that the criteria in the EOLC Act could very quickly be challenged at a Human Rights level. How long will it take before someone with a disability or dementia or someone under 18 feels discriminated against and takes a case to the Human Rights Court to allow them to access euthanasia?

For more information please visit www.hospice.org.nz

¹ Nicholas A Christakis and Elizabeth B Lamont, “Extent and determinants of error in doctors’ prognoses in terminally ill patients: prospective cohort study,” BMJ 320 (2000): 469, <http://www.bmj.com/content/320/7233/469>.