

# Have Your Say: Investigation into Ending Life

In response to the petition from Maryan Street, the Health Select Committee is undertaking an investigation into ending one's life in New Zealand

The Health Select Committee will investigate:

1. The factors that contribute to the desire to end one's life
2. The effectiveness of services and support available to those who desire to end their own lives
3. The attitudes of New Zealanders towards the ending of one's life and the current legal situation
4. International experiences

## **We urge you to write a submission to the Health Select Committee Inquiry.**

You can make a submission online (see [www.nathaniel.org.nz](http://www.nathaniel.org.nz)) or write a submission or letter for posting.

- Head your submission 'Health Select Committee: Petition of Hon Maryan Street and 8,974 others'
- Attach a covering letter with your (or your organisation's) name and address, email address and day-time phone number
- State whether you would like to make an oral submission
- Send two hard copies

The Content:

- State your general position
- Stick to the four areas in the Committee's Terms of Reference (above)
- Decide what are the main points you want to address; you do not have to address all four areas
- Two pages is an ideal length – but submissions can be as short as one sentence
- A submission can be in the form of a letter
- Use your own words; well-used phrases are likely to mean your arguments are overlooked by the Committee
- Don't use 'form letters', they are not treated as individual submissions
- You can use evidence, arguments or stories, or all three
- Be clear, concise and accurate. Add a summary conclusion.

**The closing date for submissions is Monday, 1 February 2016.**

If you are posting your submission send two hard copies to:

Secretariat

Health Committee

Select Committee Services

Parliament Buildings

Wellington 6160

**Note that your submission/letter will need a stamp**

## KEY ARGUMENTS

- People on both sides of the debate want to prevent intolerable suffering. The key issue is the long-term consequences of a law change for public safety. This is an issue of social justice – protecting the vulnerable.
- Changing the law would send a message that the lives of some are not worth living – it will steer persons towards a premature death.
- Allowing Euthanasia/Assisted Suicide (EAS) opens the door for the disabled, sick and elderly to see themselves as an excessive financial and emotional burden. The 'right to die' could very quickly become a 'duty to die'. No legislation can protect against this.
- Good clinical care aims to eliminate the pain, not kill the patient. The NZ Medical Association, the Society of Palliative Medical Physicians & Palliative Care Nurses New Zealand Society all oppose a law change.
- The fact that EAS are illegal means maximum efforts are made to relieve pain and address all aspects of a person's suffering. Will this still occur if the law is changed?
- We should not ask doctors, who have a duty of care, to be involved in killing their patients.
- When seriously ill patients receive good palliative care they rarely want to end their lives.
- It is neither possible nor rational to limit PAE or PAS to particular groups of people or specific conditions. There would be the same erosion of boundaries here in New Zealand as has occurred overseas.
- Legalising voluntary EAS paves the way for euthanasia without request or consent.
- The legalising of EAS, especially for irreversible and unbearable mental conditions, accepts that 'some suicides are okay'. This risks sending a 'mixed message' regarding the tragedy of youth suicide and creates a confusing double standard.
- Suicidal thoughts are usually associated with depression. Research shows that when depression is properly treated, most people change their minds about wanting to die.
- Many assume that changing the law will simply allow the very small number of high-profile cases to proceed without legal objection. In fact, 'legalisation leads to normalisation' and, as has happened overseas, will lead to greatly increased numbers dying that way.
- Abuse of the disabled and elderly is a serious issue in our country. Legalising euthanasia puts the elderly at further risk, especially in a society where the numbers of elderly are growing and there is increasing pressure on the health budget.
- New Zealand abolished the death penalty in large part because of the danger of executing even one innocent person. Legalising EAS will inevitably lead to some people being killed 'when they don't want to die'.
- These days no-one need die in pain. Persistent requests for euthanasia are mostly related not to unrelieved pain but to a desire to be in control, a fear of being a burden or the experience of social isolation. EAS is not the right or best response to these issues.
- Changing the law would create a legal situation in which the state licenses death in advance and sanctions the death of certain of its citizens.
- Legalising EAS undermines the long-standing convention against killing persons.
- The law already has the ability to show compassion to people who, in a state of anguish find themselves involved in assisting a suicide.
- Changing the law will not mean an end to such cases going to court as it could still be difficult to distinguish between an assisted suicide and a murder
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- Granting a very small and vocal minority the choice to be killed will undermine the choice and/or will of many others to live.