Good morning

We thank you for the opportunity to speak on behalf of Christian Medical Fellowship of New Zealand.

For some background, CMF is a national organisation with around 150 members and we host an annual conference attended by around 250 doctors and medical students.

Our position is that we oppose any change to the existing law that might permit euthanasia or assisted suicide in New Zealand.

Our key motivation in reaching this conclusion is our concern that vulnerable groups would be unable to be protected by a change in the law. The potentially vulnerable groups we identify are the elderly, those with mental illness and those with disabilities.

Now in this debate that we essentially are faced with a trade-off.

On the one hand, we have a petition from a group of people who either want to die or want the option to die by their own autonomy, sanctioned and carried out by the state, should they reach a point where they decide this is their desire.

On the other hand, we have a group of people that are worried that should euthanasia be legalised, there will be a risk of early death to many vulnerable people.

The rub is that whatever decision we make won't affect just those who feel strongly about the issue, it will affect all New Zealanders.

It is the role of this committee to determine what is the best course of action for all New Zealanders and we thank you for the time you've committed to thoroughly investigating the situation.

So to unpack this further, we need to consider the factors that contribute to the desire to end one's life.

Research from terminally ill patients with cancer shows that the desire for hastened death is strongly associated with 3 things- a clinical diagnosis of depression, the severity of depressive symptoms and feelings of hopelessness. The other key finding is that the strength of this desire has been demonstrated to show significant fluctuation in individuals over time.

Now at some point all of us will die, for some it will be fast, while for many it can be a slow process. We don't want to trivialise the fact that dying can be a hard process, but if depressive symptoms and feelings of hopelessness are the main reasons people want to die early, should our response really be to offer them euthanasia?

This leads in to the question of what services are available for those at the end of their lives?

In our view, palliative care services in New Zealand are world-class and for those needing inpatient hospice or community support, multidisciplinary teams do an incredible job of supporting people through the process of dying. This includes working out what is key to each person to give them dignity, addressing pain, assisting with mobility, talking through feelings of hopelessness, providing support for families, dealing with grief and the many other facets involved.

We believe that many of the concerns that arise, relate to poor access to services- whether that be at the nursing, GP or specialist level and we advocate that increasing availability and equity of access is the best approach to improving the care of people at the end of their lives in New Zealand.

The other kind of services available, is for people who want to end their lives, at whatever stage of life they are at.

New Zealand is currently facing a suicide crisis with the second-highest youth suicide rate in the OECD and disproportionately high rates for males and Maori.

Mental health services are stretched and face major access issues- even more so than palliative care services.

Mental health inpatient units routinely run at full or near-full capacity, crisis assessment teams struggle to assess the volume of people following suicide attempts and community services such as lifeline and youthline face major funding threats.

Doctors are involved with day to day care and support of those with mental illness, including carrying out suicide risk assessments. Current guidelines for depression include immediate referral to mental health services for those expressing serious suicidal intent.

Which begs the question- is euthanasia a medical decision?

To legalise euthanasia, make doctors the gatekeepers and agents in addition to our current provision of care would create an ambiguous and unsafe situation with a readily identifiable conflict of interest.

This leads us back to our key concern regarding euthanasia- can we protect people from harm?

The terms of the petition- terminal illness, irreversible condition and makes life unbearable are all difficult to define.

The term terminal illness relies of an accurate prediction of prognosis. Predicting life span is an imprecise art at best and studies have shown even expert estimation of life span is inaccurate and highly variable between experts.

Irreversible condition from a medical point of view appears to be a catch-all phrase which likely covers the majority of the elderly population, those with mental illness and those with disabilities.

The term 'which makes life unbearable' is completely subjective and difficult to separate out from depression or hopelessness for the purposes of eligibility for euthanasia.

Furthermore the risk of coercion becomes a major concern in vulnerable groups- whether explicit through family members or carers or implicit through societal expectation. This could have a particularly significant impact on those with disabilities who already face negative societal attitudes.

And finally assessing competence is full of hazards when people are depressed or have cognitive impairment. As doctors we are comfortable assessing competence when proposed treatments are expected to be beneficial for the patient. For euthanasia there is the very real risk of harm should a wrong decision be made. Again- is euthanasia a medical decision?

So in summary, we have major concerns for the risk to the elderly, those with mental illness and those with disabilities when considering legalisation of euthanasia.

We believe it would be dangerous to make doctors the gatekeepers of both euthanasia and of suicide risk assessment.

We believe there is no safe way to legalise euthanasia and protect the people of New Zealand from harm.