

Special Update - End Of Life Choice Bill

Our Chance to End the End of Life Bill

Dear Members and Associates,

As you probably aware [End of Life Choice Bill](#), sets out a framework to allow doctors to end the life of their patients on request. The [report](#) of the select committee was released last week (more below). In one of the upcoming members days (every 2nd Wednesday) which could be as early as **May 1st** MPs will have a conscious vote (not along party lines) on the **2nd reading of this bill**.

We have an opportunity, in the next few weeks, to effectively oppose the insidious 'End of Life Choice Bill' and stop it in its' tracks. It is not a hopeless fight. Similar legislation has been defeated in many countries recently and we are seeing the media report on some of the serious concerns many have about this proposed legislation.

This Bill threatens to legitimise the killing of not only, of vulnerable dying people, but also, those not dying, who express a wish for medically assisted suicide.

In our view this would:

- add damage to dying persons' and already stressed loved ones,
- blight the medical profession's effectiveness as trusted carers
- degrade our country's societal integrity.

Whenever and wherever in the world, immoral legislation has been introduced, each time it has taken decades of grinding effort to redeem consequent damaging effects until eventually, repeals occur. Look at apartheid - it was manifestly corrupt - and corrosive - until it was eventually overturned. There are many more examples: slavery; Nazi atrocity; suppression of women's equality; corporate rapacity . These have all enjoyed destructive, yet passing legitimacy. Legislation may make an unjust thing legal - but it can never make it moral. We do not believe that decided certain members of society lives no longer require protection can be considered "progressive".

We need to vigorously oppose and impress our revulsion upon MPs. We need to visually and vocally oppose it. If we don't, MPs may assume that we will acquiesce with it, and grant it legitimacy. This is not the time to be passive.

We owe to those who will follow on from us - both in our society and in our professions to make this stand, at this time. Legislation like this was passed in Canada less than 3 years ago resulting in a 'seismic shift' in societal conditions (see section below for details).

What can we / you do?

Below we have a number of short articles and resources to help you understand the complexities of this issues and share your concerns with your both Members of Parliament and others within your community. The next **two weeks** are a critical time to may our voice heard as doctors and New Zealanders. Some actions take only a few minutes. Please feel free to pass this on to others who might find it useful.

Regards,

Dr Rosalie Evans (Advocacy Team Leader - End of Life) & Dr Christopher Diggle (Medical Advisor) on behalf of CMF NZ

[Doctors Say No](#)

Many of you have already joined the over a **thousand** doctors in this [open letter](#) opposing euthanasia. If you haven't it only takes 1 min to [read](#) and another 2 to flick off an [email](#) adding your name if you agree). However, many of your colleagues / medical friends may not have heard of it. I spent some time recently scanning through the list of signatories and contacted a dozen or so doctor friends who I thought might be interested but hasn't already signs up. It only took a few minutes to find email addresses write a covering note.

You could also include some information from a [series](#) written by Dr Sinéad Donnelly explaining on how this legislation will impact on doctors. Remember most doctors do not want to see physician assisted suicide become legal, regardless of religious background. I had a particularly good responses from colleagues who are from a Māori background as many feel strongly that it is not consistent with tikanga Māori or are concerned on the impact it will have on suicide which disproportionally affects Māori young people.

[General Petition to Members of Parliament asking them to vote "No" to the End of Life Choice bill – organised by Care Alliance](#)

We, the undersigned, request that you vote NO to the Euthanasia Bill.

The euthanasia Bill is fundamentally flawed and dangerous.

There are no effective safeguards that can adequately protect vulnerable people from coercion and wrongful deaths.

We urge you to reject this Bill now.

Please click [here](#) to sign and share with your networks. All people who are eligible to vote in NZ can sign. It will ask you for your electorate, so if you have recently moved (as many juniors do) or aren't sure you can check [here](#).

Please contact us if you are interested in a **'hard-copy'** available to collect signatures manually, which need to be returned to Wellington by Wednesday the 24th at the latest.

Contact your MP

This may seem like a daunting task but remember they are just people and dying is a subject that as a doctor you have more understanding of than the average constituent. We suggest you personalise the letter where possible, make few points but make them well and if able include story to illustrate and. To make it easy to read keep it to a page or less, using short paragraphs, bullet points and subheadings. Mention that you are doctor (or medical student) and we recommend that you speak from your professional perspective rather than a faith based one.

Dr Christopher Diggle has shared an [example of a letter](#) he has written to his MP.

If not sure who your local MP is or how to contact them? See <https://www.defendnz.co.nz/tell-your-mp> for a searchable list of all MPs and how to contact them. There is also a list of emails addresses and how MPs voted in the first reading available at <https://notoassistedsuicide.nz/contact-your-mps/>.

MPs receive hundreds of emails per day and their staff filter them. Therefore snail mail or social media would be the best way to get messages through. If sending mail to Parliament, it needs to arrive by Monday 29 April. Consider making it stand out by using a coloured envelope or a non-standard size which is more likely to get opened.

A message along the lines of "I'm concerned about this Bill and request an appointment to meet with you" is a very effective one, even though it's unlikely that there will be time for a meeting before the vote. However, if you do get the chance meeting in person can be very powerful. Appointments are usually 10 - 20 minutes. Some MPs advertise these opportunities on their Facebook pages.

Also consider contacting list MPs, particularly for the party you usually vote or those who live in your area. You can also write to other MPs such as ones that hold a particular portfolio that you might have a connection to (ie people living in rural NZ have less access to palliative care and therefore may have more pressure to "choose" euthanasia if it was legal, how will this affect the disability community, etc) for from a place you recently worked / lived.

Speak to groups, encourage others to take action

Consider speaking to your Church or other groups you are part of, in order to share your perspective on this issue, encourage people to consider the implications of legalisation euthanasia and offer avenues for action such as signing Care Alliance petition or writing to your MP. Remember as doctors we have a

lot more knowledge around this subject than most of the general public. We have been at many bedsides and understand that death is usually peaceful not painful. CMFnz can assist you if you would like some help. We have attached a brief summary which you could base a short talk on or share in your church newsletter or similar (please modify to reflect you and your situation).

[Church Update on End Of Life Choice Bill April 2019](#)

Get Informed

We don't want you to just take our word for this but understand the issues for yourself. If you do not feel well informed, take some time to read and think about this more deeply. We firmly believe that the more people think and understand about euthanasia and assisted suicide, especially what is happening where it is legal, they less comfortable they will be with the concept. Below are some links to information to get you started.

Official reports by government organisation:

- [EOLC Bill select committee report](#)
- [Health Select Committee Report](#) (from 2015-17 enquiry)
- [Oregon Death with Dignity Act 2018 Data Summary](#)

Journal Articles

- [Medical Assistance in Dying at a paediatric hospital](#) in *Journal of Medical Ethics* – proposing a structure for bring in euthanasia in Canada for those under 18 year old.
- [Euthanasia in Canada: a Cautionary Tale](#) in *World Medical Journal* – written by a group of Canadian doctors who are concerned the introduction of legal euthanasia and this being defined as medical “care”
- [Cost analysis of medical assistance in dying in Canada](#) in *Canadian Medical Association Journal* – article that came out 6 months after the Canadian law was in effect, showing that it will save money.
- [Euthanasia and physician-assisted suicide not meeting due care criteria in the Netherlands](#): a qualitative review of review committee judgements in *BMJ Open*
- [The use of opioids and sedatives at the end of life](#) in *The Lancet* – older article but gives an overview of the use of medication for symptom relief at the end of life

Publications by Organisation working to oppose euthanasia / assisted suicide:

- [Defend NZ](#) – short articles and video, good for sharing on facebook
- [Care Alliance](#) – Submission Analysis, short (<1min) videos, and other in-depth information
- [Canadian Euthanasia Prevention Coalition](#) – current events happening in Canada and around the world

Select Committee Report

The final report of the Justice Select Committee on the EOLC Bill was released on April 9th. There were 39,159 written submissions received and oral evidence was heard from 1,350 submitters. Of the submission that had a discernible view, **90 percent opposed the bill and about 8.5 percent supported it.** The report makes suggestions on “minor, technical, and consequential amendments only” and give that a conscience vote is expected, rather than making a recommendation on if the bill is adopted, leaves it to the whole of parliament to debate the bill and make any substantive changes. They go on to describe the diverse views of the submitters. It can be read in full [here](#).

Submissions Analysis

The Care Alliance has release its own [analysis](#) of the written submissions. It summarised the main theme of submission opposing euthanasia. There were very view “form” submissions on either side. **Of the over 600 doctors who submitted, > 90% were opposed**, with a slightly higher percentage of nurses and other health care professionals being opposed. Many organisations representing the medical, aged care and palliative care sectors made submissions. Some did not take an position on the EOLC (neutral) but none were in support and many were opposed to the legalising euthanasia and assisted suicide.

The **overwhelming majority of those who submitted did not make any reference to a religious argument** (90.5%). Those who referenced God or similar religious theme, were found to represent 5-10% of submissions and used arguments that were largely independent from the other themes which argued against euthanasia in the rest of the opposing submissions. A small number of those who were in support of euthanasia also used religious themes. In a number of places it quote a submission by **Prof Theo A. Boer**, who previous served on the Euthanasia Review Committee in the Netherlands, and in itself is a very interesting (and sobering) [read](#).

Canadian Situation

The more I (Rosalie) read about the what has happened in Canada since euthanasia and assisted suicide was legalised in mid 2016, the more disturbed I am. Having lived for a considerable amount of time in both Canada and New Zealand I can attest to the many similarities of our societies and public health system. Recently a Palliative care physician from Canada, A Prof Leonie Herx, visited NZ to speak to hospices and other groups. If, like me, you missed her talks you can listen to a recording [here](#).

Some of the things that disturbed me most is how normalised euthanasia has become in Canada - already 1.5% of deaths in Canada involve euthanasia. There are not related to uncontrolled physical symptoms but requests are made because of existential suffering: fear of loss of control, fear of burdening others, loss of ‘dignity’, and fear of dying itself. It is not people in their last days or weeks of lives but those with months or even years to live who are requesting this. The law has undergone many challenges in court asking for it to be extended. In one [landmark case](#), a 79 year-old woman petitioned to be allowed to access euthanasia because of her osteoarthritis. Justice Perell who heard the case ruled that “natural death need not be imminent” to use the law and agreed that this woman was eligible access medical assistance to die.

Less than a year after the law was enacted in Canada the government asked a task force to considering expanding to including children / adolescents, primary mental health conditions and advanced directives. Dr Herx described this as a “logical progression” of expanding scopes as courts have framed euthanasia as medical service that people have a right to. This also means (depending on what province you are in) doctors are being threatened with the loss of their license if they do not refer patients and institutions (hospices and faith based hospitals) are being told they cannot stop this occurring on their premises. There is also a push to require doctors to inform patients that they are eligible for “Medical Aid in Dying” when they are given a serious diagnosis. This is having a significant impact on the palliative care community who by enlarge see this has incompatible with the tenants of palliative care. In some places funding that was allocated to palliative care is now being used for euthanasia under the banner of “End of Life Care”.

Social Media Action

Follow groups that are active on social media and like, comment, share their posts:

<https://www.facebook.com/EuthFreeNZ>,

<https://www.facebook.com/NDYAotearoa>,

<https://www.facebook.com/DefendNZ/>

<https://www.facebook.com/carealliancenz/>

There are lots news pieces (TV / current event shows, radio NZ, print and online media) that are open for comments or feedback. It's sad to hear that many kiwis had experiences where a loved one did not have access to good palliative care and died in pain or that they are so afraid of being dependant on others that they would rather die than live requiring assistance. As doctors we have seen many good deaths, understand how often we get prognosis or even diagnosis wrong, and see the coercion that can occur within families and well as pressure some older people feel not wanting to burden others. Respectfully share these perspectives with others via social media etc.

Death is a natural process

Share with others about the natural process of death. This is something most non-health professionals know very little about. Hospice NZ has produced a series of video to explain [What is it like to die](#) and [other videos](#) of people sharing their stories. Dr Amanda Landers, a community a palliative care physician in Canterbury, takes in this [short video](#) about some of the myths associated with dying.

Endorse sensible limits on treatment

I think it is also really important to point out that as a Christian doctors we are not advocating life extension at any cost. Choosing not to have medical interventions, such as resuscitation or antibiotics for an infection, is both legal and ethical in New Zealand. People sometimes get these things confused with euthanasia (which is intervening to give a drug etc with the expressed purpose of ending a life). The

[advanced care plan](#) is a great resource to point family, friends and patients to. Friday 5 April 2019 was advanced care planning day but it doesn't matter than you missed it by a week or two.

[About CMF NZ](#)

Christian Medical Fellowship NZ as an organisation of doctors and medical students who are followers of Christ. We currently have over 200 members. As an organisation we are strongly opposed to euthanasia or any form of physician assisted suicide. Following deep thought, consultation with our membership and particularly those involved in palliative care, we developed a [position statement](#) in 2014. The experience overseas in jurisdictions where euthanasia or assisted suicide is already legalised, with the expansion of eligibility criteria and overwhelming evidence that it is predominantly used for existential rather than physical suffering, have strengthened our resolve that this is not something we want for New Zealand. We are proud to be part of [Care Alliance](#), a collation of people and organisations from many sectors assembled to oppose euthanasia and assisted suicide.