August 2024

HAVE YOUR SAY – CHOOSE FROM THE MENU

A menu of some points on the End of Life Choice Act (EOLC Act), for the 2024 Official Review. Feel free to use any of these points or just one point, in your own words, or you may wish to make other points not listed here.

The EOLC Act should be repealed and the law go back to what it was before. This provided, for instance:

- the right to refuse treatment, to be made comfortable and, in a condition likely to be terminal, nature allowed to take its course.
- pain relief to be given even in the unlikely event that as a side effect, it shortens life,
- treatment to be discontinued if it is futile and burdensome to the patient.

Repealing the EOLC Act would enable the considerable taxpayer funds at present going to euthanasia to go instead to improving support for Hospice Care.

Some of the Problems and Dangers with the EOLC Act

1. The EOLC Act puts vulnerable people at risk. Some of the wording is too vague.
2. The opportunity to be killed can become a feeling of obligation to be killed. Some have said they applied because they 'didn't want to be a burden'.
3. There is a lack of independent witnesses. Even a person making a Will requires two independent witnesses and that is usually about property.
4. If a person changes their mind and the fatal drugs are administered anyway, how would we know? This has occurred overseas, why not in NZ?
5. There is a requirement of secrecy with significant criminal penalties for communicating information about the Act's use. How can we know that the law, such as it is in the EOLC Act, has been followed. The main witness is dead – how convenient!
6. There is a lack of protection for those with depression or mental illness if they qualify under other criteria.
7. The Slippery Slope is real, eg in Canada, The Netherlands and Belgium.
   An Oxford-based study found that following legalisation, there is a tendency for the number of cases to increase and the boundaries to widen – so we see now in this country the pressure to widen boundaries, and they are well along that road in Canada, for example.
8. While the Act is in effect, my view is to at least keep existing restrictions and not loosen any restrictions.

3. Re Specific Sections, I request:

s.5 Eligibility: *Don't allow euthanasia or assisted suicide (EAS) if a person has any form of mental disorder or mental illness. How can a person consent if they have any form of mental disorder or mental illness?*

s. 8 Conscientious Objection – *Retain the right of conscientious objection as outlined in s.8.*

s. 9 Referral Obligation *Delete this obligation on a practitioner with a conscientious objection to refer a patient to another practitioner. This type of compulsory referral is contrary to medical ethics – (as per the World Health Organisation and the World Medical Association).*

s.10 The topic of EAS not to be initiated by practitioner – *keep this Section and make it a criminal offence if the requirement is broken by the practitioner. When raised by a Health Practitioner, it could be seen by a patient as pressure or an expectation to have EAS.*
(If a patient raises it, from then on at least one independent witness should be present and if a patient wishes to sign an application form it should be done only in the presence of an independent lawyer who can ensure that the person is competent to sign, the law has been followed and that the patient understands all the implications.
Alternatively, at least two independent witnesses should witness and sign the application form, in a similar way to a Will.)

s.33 Keep this Section on Advance Directives not applying.

Patients are entitled to refuse treatment , even if it results in their death. This is not euthanasia or suicide, because it is nature taking its course. However Advanced Care Directives claim that the patient has made a decision at a previous time wanting to be left to die or to be killed. This claim may depend on a piece of paper or a computer entry.
As well as errors there are opportunities for fraud eg greedy people setting up false claims of Advanced Care Directives, so as to hasten a person's death for their own advantage. Saying that this is probably what the patient would want is not good enough.
Medical staff are entitled to be wary of these claims and ignore them when presented with a present situation of medical need and where a decision of a patient to decline treatment at the present time might not be communicated clearly. The discretion of medical staff must be maintained and medical conscience rights upheld.
If the End of Life Choice Act is amended so that enforced Advanced Care Directives are allowed, including euthanasia, a person who changes their mind may find that they are forcibly held down and killed anyway – this has happened overseas.

s**. 34 Keep this Section on Welfare Guardians not having a say.**

s.35 Effect on Contracts – *delete this section which treats contracts as if EAS hasn't taken place. It amounts to falsifying the law and falsifying official record-keeping.*

s.36 Secrecy. *Delete this section. If the supporters of euthanasia and assisted suicide think it is so great, why the secrecy? They must be ashamed of it.*

s.39 Offences – *add a new criminal offence in relation to s.10, of practitioner initiating discussion with a patient about euthanasia or assisted suicide. At present it is treated more as a professional indiscretion.*

Schedule (at the back part of the EOLC Act)

Where assisted suicide has occurred by reason of the use of the End of Life Choice Act, stop the practice of keeping records under various statutes that that conceal that the EOLC Act has been used, eg Coroners Act 2006 – do not allow insertion of s.71 (4).

To submit online, access link to MOH website: https://consult.health.govt.nz/regulatory-policy/public-consultation-for-the-review-of-the-end-of-l/

For further information: you can email: **euthanasiarepeal.nz@gmail.com**

Useful websites include:

www.euthanasiadebate.org.nz, www.righttolife.org.nz, www.voiceforlife.org.nz/euthanasia,