

End of Life Choice Act to come into force in 12 months

Full comments from Dr John Kleinsman – director of the Nathaniel Centre for Bioethics
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Today New Zealanders learned that the voters have approved by a majority of 65.2 per cent to 33.8 per cent the end of Life Choice Act coming into force in 12 months' time.

“We have to accept that we are about to cross a rubicon – a line of no return,” says Dr John Kleinsman, spokesperson for the New Zealand Catholic Bishops and head of the Nathaniel Centre for Bioethics. “This result goes against the tide of opinion worldwide with 33 jurisdictions around the world having rejected similar laws in the last five years, including the UK and Scotland, because of the risks it poses for vulnerable people.

“The New Zealand Bishops and the Nathaniel Centre have said on many occasions that there has never been a more dangerous time to consider bringing in such a law given the pressures our health system is under, including inequitable access to quality palliative care and mental health support, and, most disturbingly, rising rates of elder abuse, loneliness and social isolation amongst our elders. Overseas research clearly shows that eligible people primarily choose euthanasia not because of intractable pain but for existential and social reasons. That disturbs me and many others.

“This law was shaped by a majority of MPs prepared to offer the public of New Zealand access to a premature death but not prepared to legally mandate other choices such as access to quality palliative care or address in a meaningful way the appalling health gap that exists between different groups of New Zealanders,” said Dr Kleinsman. “This law won't improve health outcomes for those who are already disadvantaged by the current health system, including Maori who die on average seven years earlier than the rest of us and who are 2.5 times more likely to die of particular diseases than the rest of us. Looked at like this, the referendum result cannot be described as a victory for choice for a majority of people that includes the most disadvantaged.

“I am personally troubled by the fact that a majority of the public ultimately chose to ignore the expert views of professionals in the legal and medical fields. Most of the professional medical groups in New Zealand and more than 1800 doctors opposed this law because of concerns about the law's lack of protection for vulnerable people; 35 specialist psychologists who support the right of New Zealanders to have their own opinions on euthanasia opposed the law because a safe assessment of mental competency is not possible. And more than 200 lawyers, many who favour euthanasia, were opposed to the law on the grounds that it was badly drafted and dangerous. Why would we want to ignore the views of these experts?

“It remains a huge concern that the law that has been passed in New Zealand is broader in scope than other laws overseas and, relative to places such as Victoria, Australia, much weaker in terms of its safeguards.

“This is not a law for the few hard cases – this law makes it easy for anyone diagnosed with a terminal illness to choose an assisted death – anywhere between 20,000 to 25,000 people

will be eligible in any one year. Add to that the fact that this law has no requirement for palliative care, no mandatory cooling off period, no requirement for independent witnesses, and lacks effective processes for detecting whether people might be opting for a premature death because of pressure, whether as a result of their own internal feelings of being a burden or because of external pressures.

“For very many people the End of Life Choice Act will bring a new and unwelcome dynamic into their lives – the very presence of the option of euthanasia will present as a burden and a pressure for many people and families.

“In addition, the introduction of assisted death will have a huge impact on all those who work with the dying – doctors, nurses and other health carers as well as chaplains, priests and lay ministers. We will be reflecting in the coming months with these groups as to how the law will impact the people they care for, as well as the carers themselves. Among the questions raised will be ones about the provision of the sacraments at the end of life and the impact on funeral celebrations. We will be reflecting on these and other related issues in the 12 months before the law comes into effect next November.

“Many people will no doubt see the option of an assisted death as akin to adding another food choice to an already existing café menu when in fact the change represents a shift in the whole dining experience that will affect everything on the menu as well as the service you get,” Dr Kleinsman added. “Many people will hail the result as a step forward but for me it’s a step backward. I’m predicting it will only be a matter of time before our MPs will come under pressure to broaden the law even more – that is what has happened overseas and why would it be any different here? This law puts us on a very dangerous path, and today is just the start.”

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