

### WHAT EXACTLY IS EUTHANASIA AND PHYSICIAN ASSISTED SUICIDE?

Put simply, it is the premature ending of someone's life. Euthanasia is where the doctor administers the lethal dose of drugs to the patient. Physician assisted suicide is when the patient is given the lethal cocktail and administers them themselves.

Most people often just use the term 'euthanasia' to mean both forms of early death.



### WHAT EXACTLY IS USED TO END A PERSON'S LIFE?

In New Zealand, it's actually illegal to say what specifically the drugs are. However, usually the first dose is a muscle relaxant followed by a lethal dose that stops the heart. The relaxant is important so that the person cannot resist; it also raises questions as to what exactly the person is thinking/feeling in those moments as they no longer have any motor or voice functions.

### SURELY IT IS A PERSON'S CHOICE WHETHER TO END THEIR LIFE?

This is a common argument and there are several problems with this simplistic statement. The first is that if ending life is a choice, then why do pro-euthanasia advocates create laws with so many restrictions? If this really is a personal choice by rational individuals, why are there so many discriminations as to who can and cannot access euthanasia?

There is also the irony that a person's personal choice also needs both the permission of others (the State) and the assistance of others. Put another way, the personal choice also needs interventions from others.

### EUTHANASIA HAS BECOME A MATTER OF JUSTICE, NOT HEALTH

Arguments for euthanasia always start with health arguments - that is, a focus on the most terrible of diseases and how people suffer. But arguments quickly move into the justice realm - that is, if there is a right to die, then why is it being limited? If it's a right for some, then why not a right for all or many?

We have the irony that those promoting euthanasia talk a lot about personal choice and yet create laws that discriminate against wide groups of people, preventing them exercising their choice for euthanasia.

Now, we are not arguing for expansion - in fact, we don't want to have euthanasia at all. But you can see how, once it becomes an issue of justice, there is a natural push to endlessly expand so as to prevent supposed discriminatory limits on euthanasia.



## WHAT DOES THE EUTHANASIA LAW EFFECTIVELY DO?

In short, it basically prevents a murder charge being laid against a doctor or nurse involved with ending someone's life.

## IS THERE A SLIPPERY SLOPE?

Of course! In fact, many of us suggest it is more of a cliff. In New Zealand, we have already had over one thousand people, in just three years, terminate their life early. This is far more than the 'tens' a year that were suggested by pro-euthanasia advocates when arguing for a law change.

We are also seeing calls – as has happened overseas - to expand the law. This includes widening what medical conditions are included – how long before you are expected to die (to be extended beyond six months); and even discussion around mental illness.



## WHAT ABOUT THOSE TERRIBLE NEUROLOGICAL DISEASES?

These are terrible diseases. Interestingly, only 7% of euthanasia cases in New Zealand are due to neurological conditions - that leaves 93% of cases outside of this 'very hard basket'. We often see pro-euthanasia advocates focus on this small number of cases, but wilfully ignore the wider situation.

## BUT ISN'T SUFFERING BAD?

Yes it is, but it is also part of human life. It is inescapable. We know that almost all medical related suffering can be treated via the likes of palliative care. We also know that most existential (that is, emotional, spiritual) suffering can also be addressed through palliative care. We do know of some situations where physical pain cannot be treated, and these are truly awful situations. However, to change the law which impacts everyone, is too broad and

ultimately allows a much wider range of people to access euthanasia who otherwise could have been treated.



We also have in New Zealand law the statement that the person themselves decides if they are suffering or not. It's a subjective test not an objective one. As we all know, suffering is deeply personal, and what might be upsetting to one person is not to another.

This then raises the big question about mental suffering. Many people are advocating for euthanasia to include such mental suffering and anguish, and even for those who are simply tired of living.

You have to put these questions to pro-euthanasia advocates - why must suffering only be physical? Isn't mental suffering real? And if this is all about personal choice, why are you stopping someone with depression seeking euthanasia?

## THERE IS ALWAYS THE NEXT HARDEST CASE

We all know of terrible situations people find themselves in. As we have seen overseas and now in New Zealand, there is always the next hardest case. In New Zealand, calls for euthanasia started around serious neurological diseases. It quickly moved to any terminal condition, irrespective of timeframe prognosis.

This also applies to issues such as age. The law currently says 18 years of age, but we just await the 'next hardest case' that involves say, a 16 or 17 year old. If society has accepted euthanasia is okay for 18 year olds, why not younger?

## WHAT ABOUT ADVANCED DIRECTIVES?

These are legal documents that state, under certain circumstances, a doctor can end your life. Most advocates for this express worry / fear about being disabled, for example, or suffering dementia to such an extent that they cannot exercise their judgement and request euthanasia. Consequently, they want to have directives written while in good health and directing medical personnel to kill them if / when the time comes.

There are at least two problems with this. The first is that advanced directives are really a 'blank cheque' and certainly not a person exercising their personal choice. In fact, it transfers the choice to another. How a person might feel while writing the document and how they might feel, or what they might actually want, at a moment of crisis can be different. In the likes of Canada, the directive trumps what the person may actually be saying at the time.



The second is that these documents make rather explicit statements about others in society, notably those who are disabled. To say I would prefer to die than be in a wheelchair or bedridden is making a statement about the lives of New Zealanders already living this way.

## WHY IS REMOVING THE SIX-MONTH PROGNOSIS A BAD IDEA?

Current New Zealand law says a person must be expected to die within six months. If longer, then they are not eligible for euthanasia.

If this limit is removed, then many more conditions will be included and become eligible. A person with a cancer diagnosis for example, would be eligible whether six months, nine months, or nine years to live. This change could also mean conditions such as coronary heart disease; diabetes; and other incurable conditions could

become captured within the law. The six-month window effectively means a person is very close to death.

It should be noted, and doctors will tell you, that saying how many months to live is rarely accurate. It is more a statement of severity - that is, saying six months to live versus twelve states things are very bad versus bad.

## DOCTORS SHOULD EUTHANISE ME IF I REQUEST IT

There are some arguing that doctors should not be allowed to exercise their conscience rights and object to euthanasia. The argument goes, that now that euthanasia is legal and part of 'healthcare', and that a doctor is meant to respond to a patient's requests, then they should not be allowed to deny the 'treatment'.

The right to exercise one's conscience is among the most fundamental of human rights. In healthcare, many doctors will say that they joined the profession to 'do no harm' and to care for people. They see euthanasia as the complete opposite. Many see it as abhorrent. To force a doctor or nurse to take part is cruel in itself.

We also note - simply because something becomes legal does not make it moral. Just recall that slavery was once legal, but it didn't make it moral! Also, if euthanasia is all about choice, why then should doctors not have a choice whether to be part of this or not.

## HOSPICES SHOULD STILL BE ABLE TO BAN EUTHANASIA

The same goes for hospices. Most see euthanasia as the antithesis of palliative care and want nothing to do with euthanasia. They also prevent euthanasia on site. Again, they have the right to exercise their conscience and judgement.

People requesting euthanasia exercise a choice. Hospices should be allowed to choose as well.

If this changes, it will simply illustrate the heavy hand of the State intervening more and more into people's lives - in this case, hospices, doctors, and nurses.

## DOCTORS DISCUSSING EUTHANASIA

It is important to keep the law based on requiring a patient to raise euthanasia with a doctor, and not the other way around.



When people are sick and frail, they are much more impressionable. To have a doctor or nurse, who is by definition in a position of power, suggest to the patient about accessing euthanasia is wrong. It seeds an idea, and one that comes with the suggestive weight of the authority figure - in this case, the doctor.

### “WHERE THERE’S A WILL, THERE’S A FAMILY”

One of the biggest concerns around euthanasia is coercion. How do we know the person, particularly when vulnerable or elderly, is making a truly free decision?

We all know of families that put pressure on each other and the elderly often, even when well, talk of being a burden. Add into this money and wills - and we sadly know of situations where family would much prefer to see mum or dad pass away quickly.

### DOESN'T EUTHANASIA SAVE MONEY?

Well, yes. Supporters of euthanasia have already pointed out that to euthanise someone will save the taxpayer a lot of money. Hospital or hospice care is expensive. We would argue it's the cost of a civilised society.

We know from the likes of Canada many people have been offered euthanasia on the basis that their life has no value and is an expensive burden on the State. This has even included young disabled people and veterans. In one case, instead of funding a wheelchair ramp, the veteran was offered euthanasia.

### BUT I SAW MY PARENT DIE TERRIBLY - WHY WOULD ANYONE WANT THIS?

We can't comment on every case, but we also know that many people misinterpret what's happening at the end of life. When a person is dying they stop eating and drinking, experience often more laboured breathing, and even what's known as the 'death rattle' at the very end. This is normal but often people think a loved one is refusing to eat so as to die, whereas again, their body is dying and so the need for food and water slows.

### WHEN DOCTORS PRESCRIBE MORPHINE AT THE END, ISN'T THIS EUTHANASIA?

A palliative care expert once said to us, "There's always the last shot of morphine just as there is the last cup of tea ... but people only focus on the morphine."

What she meant by this was people misinterpret what they are seeing, thinking the last shot of morphine they saw administered was what ended their loved one's life. Instead, it was just part of the wider care - and put simply, there will always be the last administration of something.

More often than not, morphine is just part of the pain management that has been ongoing for days/weeks/months. It is the person's body finally giving up that is the cause of death, not the morphine or any other drug.

### I WOULDN'T LET MY ANIMAL SUFFER!

Put bluntly, one reason we put animals down is because we are not prepared to give them the expensive medical care we give humans. Nor are we able to talk to animals to understand their problem.

So, to suggest there is a direct parallel between animals and humans is false. We can communicate with other humans and we are also prepared to go to extraordinary lengths to ensure a pain-free and careful death.

### WHO IS ACTUALLY SUFFERING?

At the end of life, it is important to ask who is suffering. Family members by the bedside often talk of the suffering of a loved one but fail to recognise and acknowledge their own suffering. It is completely normal for those watching someone die to be upset, angry, worried, fearful, and so on.

However, there is often a lack of self-awareness that the call to euthanise a loved one is not about relieving the patient's suffering (if indeed they are) but the desire to end the observer's suffering. In some cases, the person dying may seek euthanasia because they can see how their loved ones are struggling and wish to ease their pain.

