

EOLC Review Sept 2024.

About you

- Your name: Graham O'Brien
- Who you represent: InterChurch Bioethics Council
- Are you part of an organisation? InterChurch Bioethics Council
- Do you live in New Zealand? Yes
- Do you want your personal details removed from your submission in Official Information Act requests? No

Access to assisted dying (Eligibility)

- Do you think changes are needed to the eligibility requirements for a person to receive assisted dying?
- Do you think that changes to areas other than eligibility are needed to support access to assisted dying?

Response:

The ICBC believes that the current eligibility requirements/criteria are sufficient for the functioning of the EOLC Act. We would not want to see the broadening of criteria by removal of the 6-month time frame, or the expansion to include non-terminal diseases and mental health conditions.

We note the expansion of criteria and a lessening of requirements in Canada, whose legislation forms the basis for New Zealand EOLC law, and do not want this to be the case in NZ.

Furthermore, we note that expansion in Canada includes a lack of wider support from social agencies, which we would see as counter to the ethos of New Zealand society. In New Zealand EOLC could wrongly be used to address shortfalls in our health system and a lack of social support, which we suggest places those in need in a vulnerable position.

Safeguards

- Do you think the Act provides sufficient safeguards to ensure that people only receive assisted dying if:
 - they are eligible (referenced in clauses 5, 13, 14, 15, 16, and 17 of the Act)

- they actively seek and consent to it (referenced in clauses 11, 12, 18, 23, 33, and 34 of the Act)
 - they are competent to consent to it (referenced in clauses 5, 6, and 15 of the Act)
 - this consent is provided without pressure from others (referenced in clauses 11 and 24 of the Act).
- Do you think any changes are needed to safeguards provided through the Act?

Response.

If EOLC legislation is going to function then safeguards are a very important part of the process to ensure coercion/pressure does not occur to our most vulnerable.

We note coercion/pressure could come from family members, but also from society with a perception that those in need are a “burden”. There are no specific measures for measuring “coercion/pressure”.

We also note the difficulty in assessing a person’s psychological well-being and the motivation for EOLC.

There is also a need to safeguard Doctors and those caring for people in a wider sense (eg chaplains, ministers, family members) from “moral injury” in this process, whether they are part of the EOLC process or not.

In particular, we note that financial considerations should not be a motivation for participation in EOLC. For example, funding or lack thereof, should not be a motivation for either patients or health practitioners being involved or not involved in EOLC.

We also believe that care facilities/resthomes should be allowed to follow their own conscience, in making their own choice to allow or not allow EOLC in their facilities. There should be no financial or legal pressure.

Process to receive assisted dying

- Do you think any changes are needed to the process to apply for and receive assisted dying?

Response

We do not know of any changes needing to be made.

Practitioners providing assisted dying

Do you think changes should be made to the requirements for medical practitioners and nurse practitioners to provide parts of the assisted dying process?

The ICBC believe that doctors or nurses should not be allowed to raise EOLC as an option, due to the position of power they are in when working with people in a time of vulnerability.

Health care professionals should be allowed freedom of conscience, when choosing not to be involved in EOLC.

Oversight of assisted dying

- Do you think changes are required to the roles and responsibilities of the entities established under the Act to oversee assisted dying (the SCENZ Group (clause 25), the End of Life
- Review Committee (clause 26), and the Registrar (assisted dying) (clause 27))?

Response:

The ICBC would like to see more transparency in the data being collected to ensure that the EOLC process is being followed, along with independent analysis.

It would be useful to obtain responses about whether family members agree with this choice or not, how has this experience left them feeling, what ongoing support do they need.

Alignment with the wider health system

- Do you think the assisted dying process aligns with other parts of the health system?
- Is there anything that could be improved?

Response

The ICBC believes that EOLC does not align with the aims of New Zealand's health system and the medical ethos of "doing good without doing harm". Assisted dying is not part of health care but the end of healthcare.

We note the voices of the disabled have not been heard in this discussion.

We also note the lack of public funding for hospice/palliative care, and the continued lack of access to health care and palliative services in regional New Zealand.

Other feedback

- Do you have any other feedback related to the Act?