

# The End of Life Choice Act – A Risky and Unsafe Law

The End of Life Choice Act is already law, and only a majority of New Zealanders voting no in the referendum can stop it coming into force. The Act makes it legal to kill some of the most vulnerable in our community, and it

does not contain adequate safeguards despite the persistent claims of its supporters.

Here are some key facts to consider:

## 1) Eligibility is a guessing game

The eligibility criteria give little guidance for doctors. In fact, the Act was designed by lawyers and politicians rather than by doctors who are expected to implement the law.

- Doctors have great difficulty in predicting a person's time of death. Deciding whether someone has six months or less to live is a best guess only. Scientific research shows that 25% of life expectancy predictions are wrong.
- Doctors sometimes make mistakes in diagnosing a person's condition with up to 15% of medical diagnoses being wrong.
- If a person says they are experiencing unbearable suffering which cannot be adequately relieved, the doctor cannot disagree. Suffering includes psychological suffering, so people who are experiencing no physical pain can be eligible for euthanasia.

## 2) Places doctors in a difficult position

- The Act requires a doctor to 'do their best' to ensure that a person is not being pressured, but in many cases they will not even know the person. This is a shamefully inadequate protection against coercion.
- The doctor can only talk to the family if the person agrees, which is unlikely in cases where pressure or abuse is happening. A person could therefore choose to end their life without the knowledge of family or friends.
- The doctor must talk with other health practitioners when they are in regular contact with the person, but these practitioners often know little or nothing of a person's family situation, let alone the possibility of pressure, coercion or elder abuse.

## 3) Provides little time to pause or stop

- A patient may die within four days if doctors approve.
- With a potentially small window from decision to death, pause and check opportunities are very limited.

## 4) Doctors cannot encourage euthanasia, but everyone else can

- It is not an offence under the Act for a person to counsel or encourage another into requesting euthanasia. This means that one in ten older Kiwis, already experiencing some form of elder abuse and mostly from family members, are at risk of coercion and fatal harm under the Act.

## 5) There are more risks in encouraging someone to live than to die

- Any doctor who assists or brings about the death of a person according to the Act is granted full immunity from any criminal or civil liability. A doctor who is considered to have wilfully failed to comply with any requirement of the Act is however at risk of imprisonment or a fine.

## 6) This law won't protect the vulnerable in our community. It will kill them

- The safeguards in the Act are seriously inadequate. Anyone with a six month terminal illness is at risk of an early death through a wrong judgement about how long they have to live, a wrong diagnosis, and pressure from uncaring or abusive family members.

1 "A systematic review of physicians' survival predictions in terminally ill cancer patients", British Medical Journal, <https://www.bmj.com/content/327/7408/195>, 2 "The incidence of diagnostic error in medicine," Mark L Graber, BMJ Quality & Safety Online First, 7 August 2013, <https://qualitysafety.bmj.com/content/qhc/early/2013/08/07/bmjqs-2012-001615.full.pdf>, 3 SuperSeniors Newsletter June 2020: <http://superseniors.msod.govt.nz/elder-abuse/index.html>

