



# End-of-Life Choice

November 2015 VOLUNTARY EUTHANASIA SOCIETY OF NEW ZEALAND INC Issue 41  
Member of the World Federation of Right to Die Societies

## TIME TO MAKE YOUR VOICE HEARD

It's one step forward, one step back, on the international scene, with California moving to allow the terminally ill to end their lives with doctor-prescribed drugs next year and British MPs ignoring their citizens' wishes to do the same.

At home, our cause is in the hands of Parliament's Health Select Committee which has launched an inquiry into public attitudes towards the introduction of a law allowing medically-assisted dying in cases of terminal illness or an irreversible condition that makes life unbearable.

We know that three-quarters of New Zealanders want a law change. It is up to us to persuade the politicians to do the right thing and that means as many members as possible should send in a submission making their views clear.

You don't have to say a lot – brief stories of personal experiences would be ideal. You can post two copies in writing to:

**Health Committee  
Parliament Buildings  
Wellington 6160**

or send a submission online through the Parliamentary website:

**[www.parliament.nz](http://www.parliament.nz)**

You may add other signatures to your submission if you give full contact details of everyone named.

The closing date is not until 1 February, but with MPs taking their summer holidays the sooner the better.

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## MARYAN STREET'S SUBMISSION

Extracts from the submission to the Health Select Committee's inquiry by VESNZ committee member Maryan Street, who presented our petition to Parliament:

*"The wish of those who support physician-assisted dying is very simple: that they, having been autonomous, self-determining adults all their lives, should continue to be autonomous, self-determining adults at their end. It is supported as only happening in two particular circumstances, circumscribed by safeguards against abuse.*

*"Those two circumstances are:  
Having a terminal illness which is likely to end one's life within the next 6 months; and/or  
Having constant and unbearable physical or psychological suffering which cannot be relieved in a manner the patient deems tolerable.*

*"In addition, in order to give effect to wishes stated when mentally competent to do so, they wish that an explicit End-of-Life Directive be enacted to carry out those wishes, should they be unable to communicate that desire at the end of their life.*

*"My experience of discussing this repeatedly with audiences which were often comprised of older people, was that they feared two things: dementia, and attempting to take their own life unsuccessfully.*

*"These were not people who were suicidal in the usual clinically understood use of that word. These were not people who suffered from endogenous, treatable depression.*

*"These were people who had soberly contemplated their end years and decided that they wished to die before they became a stranger to their loved ones; a different person from the one they had been all their lives; or violent, unpredictable and a danger to themselves through the ravages of dementia.*

*"These were people who wished to die well: with dignity, with their loved ones beside them, and free from pain and discomfort. They also wished to die without compromising a loved one who assisted them, that is, by knowing that their loved one, or even their physician, was protected from criminal liability if they assisted them.*

*"Another commonly expressed concern is that physician-assisted dying will compromise and undermine palliative care in New Zealand. These two things are not mutually exclusive. I would wish that palliative care were universally accessible across New Zealand and of uniformly high quality.*

*"Neither of those things is true currently. I support additional funding going into palliative care and hospices.*

*"Many die well in the care of palliative specialists and nurses in hospices or in their own homes under district hospice care. But some do not. In the end, people want the ability to choose how and when they might die.*

*"In Oregon, after the first few years of the law's operation, 1050 people had been given a life-ending prescription; but only 673 people had chosen to take it.*

*Continued on Page 2*

*It is having the choice which was the comfort for them.*

*"To deny people the ability to choose their moment and method of dying under circumstances such as Pat Davison's (Sean Davison's mother who failed to starve herself to death) is cruel, unreasonable and inhuman.*

*"There is no compulsion suggested in my bill*

*or any of the arguments around it. It is simply urged by thousands upon thousands of people that physician-assisted dying should be available, in certain circumstances, under certain conditions. It does not require people who profoundly disagree with it, to do it. It simply allows those who do choose it, to be able to do so lawfully."*

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## PRESIDENT'S REPORT

### **End-of-Life Choice President Dr Jack Havill sums up the state of play in the Voluntary Euthanasia debate at home and abroad.**

Thanks to the magnificent efforts of VESNZ members who worked so hard to get nearly 9000 signatures on our petition to Parliament we secured the full public inquiry into the issue of physician-assisted dying (PAD) that we wanted and it is well under way.

I now urge members to make submissions to Parliament's Health Select Committee which on October 14 heard from Maryan Street, who fronted the petition for us. VES had filed its written submission earlier and secretary Carole Sweney and I will meet the committee to support it. I would encourage lots of original short submissions – stories would be great.

For the record, here is what the committee said when announcing its agreement to hold the inquiry:

*"The petition asks for a change to existing law. Therefore the committee will undertake an investigation into ending one's life in New Zealand. In order to fully understand public attitudes the committee will consider all the various aspects of the issue, including the social, legal, medical, cultural, financial, ethical, and philosophical implications. The Committee will investigate:*

- 1 The factors that contribute to the desire to end one's life.*
- 2 The effectiveness of services and support available to those who desire to end their own lives.*
- 3 The attitudes of New Zealanders towards the ending of one's life and the current legal situation.*
- 4 International experiences. The committee will seek to hear from all interested groups and individuals.*

*Submissions are requested and will be able to be made until the 1<sup>st</sup> February 2016."*

Apart from encouraging our members' input, we have written to some of the individuals who

provided affidavits for the Lecretia Seales court case and a number of them have agreed to provide submissions, along with Rob Jonquiere from the Netherlands and Jan Bernheim from Belgium. Most of these submissions will be made public on the Parliamentary Website in due course

Parallel to the Select Committee process, there has been some activity in writing revised Bills, which will also be presented to the enquiry. Maryan Street's 2013 End-of-Life-Choice Bill has been partly revised to form the *"End-of-Life Options Bill"*. Changes include using the wording *"Physician Assisted Dying"*, provision for a government funded Support and Consultation for End-of-Life in New Zealand Committee (SCENZ) of medical practitioners to write guidelines and provide a second independent doctor, and reducing the lead-in time for requests for assistance to die from 12 months to 6 months. As we now have no MP sponsor to put it in the Parliamentary Ballot Box, it has no status, but is being put in our submissions to the Select Committee inquiry.

David Seymour (Act Leader) has produced in consultation with VESNZ a shortened End-of-Life Choice private member's Bill, which is modelled on Maryan Street's measure, but disappointingly omits the End-of-Life Directive provision that we feel is critical. He believes that would reduce the chance of the Bill passing its first reading, a judgement we disagree with. His Bill was introduced on October 14 and placed in the Ballot Box where it is competing with 68 other private member Bills to be drawn for debate in the House of Representatives.

VESNZ member Pam Oliver, who has been working independently, mostly with overseas people, produced a draft "End-of-Life Care Bill" which is a mixture of the above two measures and the legislation in Quebec, where medically assisted dying will become legal in December.

Given the government's refusal to act on the issue, it looks as though a law change will have to come from a private member's Bill via the Ballot Box rather than out of the Select Committee's inquiry.

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## CHECK THE WEBSITE

VESNZ is very fortunate to have Philip Patston on board as our new **social media and website adviser**. Philip has a great deal of experience with this work and, in a couple of months, he has transformed our amateurish efforts with the website and Facebook and Twitter into modern, clear and smart communication channels.

We consulted 179 members, who regularly used the website in the past, and implemented their suggestions. We now invite all members to tell us

what they think of the changes. When you have time, please take a look at

<http://ves.org.nz/>

- Does it provide what you want?
  - Is there anything else you would like to see there?
- If you use Facebook please "Like" our Facebook page

<https://www.facebook.com/EndoflifeChoice>

... and please follow us on Twitter

[@EolcOffice](https://twitter.com/EolcOffice).

## DO YOU RECEIVE OUR EMAILS?

Our emails keep you up-to-date with what's going on and usually appear in your inbox every week. If you don't receive them, it's because we don't have your email address on our records. If you joined VES more than five years ago, you probably weren't asked for an email address.

If you'd like to be on our email update list, please send an email to

**office@ves.org.nz**

with the subject line

**add me to the email list**

Please include your full name - not just initials - and the first line of your address so we can identify you on our database.

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## QUOTES

***"When your time comes, may you die well and have your wishes respected, whatever they are".***

Matt Vickers, husband of Lecretia Seales, who told a meeting in Christchurch he *"will never give up until they change the law"*.

***"I am now 89. What of the future? I would like to decide myself when I have had enough. Please, let's have euthanasia legalised."***

Jean McCormack-Tuwhare, of Auckland.

***"The current law arrogantly denies the rest of us the right to decide on perhaps the most intimate decision in our lives: whether to continue it in dire circumstances. And this could quite legitimately involve considerations about how my condition could blight the lives of those I love."***

Manchester, England doctor Christopher Burke.

***"Having to watch him refuse drink, refuse food and***

***basically starve himself to death, just because over here they want you to hold on to life, however poor. It is just wrong,"***

Debbie, daughter of terminally ill Briton Tony Mitchell, 68, who died when he refused food after being told he was too ill to fly to Dignitas in Switzerland.

***"It's not a choice between life and death. It's a choice between different ways of dying,"***

Geoffrey Williams, spokesman for Christians for Supporting Choice for Voluntary Euthanasia in Victoria, Australia.

***"I chose this for myself. I would never sit here and tell anyone else that they should choose it for them.***

***But my question is: Who thinks that they can sit there and tell me that I don't deserve this choice?"***

Brittany Maynard, American brain tumour victim who moved from her home in California to Oregon in order to die with dignity.

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## THE WORLD TALKS ABOUT EUTHANASIA

Physicians, scientists, lawyers, politicians, policymakers and campaigners from all over the world will meet in Amsterdam in May to exchange knowledge and views on the growing demand for enlightened legislation governing voluntary euthanasia.

The conference, from May 11 to 14 at the RAI Amsterdam Convention Centre, will put an international focus on the issue which is gaining support around the world. It is being organised by the Dutch Dying with Dignity Society NVVE.

The society says the meeting will have the following themes:

- **Medical**  
Addressing the day-to-day decision-making by physicians on end-of-life care.
- **Science**  
Covering the latest research in bio-ethics, medicine and social science.
- **Legal**  
Discussing existing legislation in the Netherlands, Belgium, Switzerland, Quebec and Oregon and how it works.
- **Campaigning**  
Do's and don'ts and how to be effective in getting the message across.

More information: [www.euthanasia2016.com](http://www.euthanasia2016.com)

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## WHAT DO NURSES THINK?

The New Zealand Nurses Organisation is seeking feedback from members to meet a request from Parliament's Health Select Committee for information that will help it investigate fully public attitudes towards a law change allowing medically-assisted dying. VESNZ is urging its members who are Nurses to make their views known. The NZNO wants feedback by December 11 to

[leannem@nzno.org.nz](mailto:leannem@nzno.org.nz) or PO Box 2128, Wellington 6140.

## BRANCH EVENTS

- AUCKLAND**     **Branch Meeting**  
Monday 30 November 6 to 7pm  
Te Moana Room, Friendship House, 20 Putney Way, Manukau City Centre
- WAIKATO**     **VES President Dr Jack Havill speaks on The Right to a Good Death**  
Saturday 21 November 2pm  
Wintec Conference Room, 414 Queen Street, Thames
- WELLINGTON**     **Fundraiser showing of James Bond film Spectre**  
Tuesday 17 November 6pm  
Lighthouse Cinema Petone, 52 Beach St, Lower Hutt
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## NEWS FROM AROUND THE WORLD

### UNITED STATES

California will become the fifth US state to allow terminally ill patients to take their lives with doctor-prescribed drugs next year.

America's most populous state with nearly 40 million people, it will join Montana, Oregon, Washington and Vermont in having far-sighted laws allowing those with unbearable suffering to die with dignity. A New Mexico judge in 2014 approved assisted suicide, but his ruling was later struck down on appeal.

Governor Jerry Brown signed on October 5 a bill modelled on the ground-breaking Oregon law and passed by state legislators after the California Medical Association dropped its 30-year opposition.

Brown, 77, a Catholic who studied to be a priest as a young man, could have vetoed the bill but said he acted after consulting a Bishop, two doctors and considering "theological and religious" perspectives.

*"In the end, I was left to reflect on what I would want in the face of my own death," he said. "I do not know what I would do if I were dying in prolonged and excruciating pain. I am certain, however, that it would be a comfort to be able to consider the options afforded by this bill. And I wouldn't deny that right to others."*

The law requires multiple written requests from mentally sound patients with less than six months to live and approval by two doctors. Patients must take the medication themselves in front of two witnesses. It will not take effect until the state parliament's current special session on health care formally ends, probably in the middle of next year.

It was the fifth attempt to introduce physician-assisted dying in California since 1995, proving that change takes time. Observers attributed the decision to the case of Brittany Maynard, a 29-year-old with a brain tumour denied help to die in her San Francisco home, forcing her to go to Oregon to take own life last November.

Maynard's case drew worldwide attention and prompted debate and similar law change proposals in at least two dozen other state legislatures this year.

While welcoming California's move, VESNZ President Dr Jack Havill said: *"Unfortunately, the American states are producing laws which are only half way there, in that they only provide help for terminal patients. They do not have provision for a*

*doctor to give an injection, for PAD in patients with unbearable suffering such as motor neurone disease and there are no End of Life Directives. We want a better law than that."*

A total of 176 terminally ill residents of Washington State received a prescription for fatal medication under the 2008 Death with Dignity Act last year, the health department reported. This was 2% up on 2013.

Of those prescribed, 170 were known to have died – 126 after taking the medication and the remainder naturally or by unreported means. Terminal cancer patients accounted for 73% of the fatalities and 92% died at home.

The report said 712 adults had ended their lives with a physician-prescribed lethal dose in the six years the legislation has been in force.

### BRITAIN

British politicians defied overwhelming public support for voluntary euthanasia for the terminally ill on September 11 when they heavily rejected a private member's Bill favouring a law change.

It was the first House of Commons vote on the issue since 1997 and commentators said the 118-330 margin indicated MPs were unlikely to debate the issue again soon – certainly before the next election in 2020.

It appears that change now depends on the nation's top judges, as happened in Canada, where the Supreme Court ruled the law criminalising assisted suicide a crime breached human rights.

Britain's Supreme Court said last year that it had the authority to declare the current law making assisted suicide a crime punishable by 14 years in prison incompatible with the European Convention on Human Rights, but said it wanted parliament to *"address the issue"*.

The nine judges turned down a challenge to the status quo brought by the widow of *"locked-in syndrome"* sufferer Tony Nicklinson, and another severely disabled man, but added that there was a *"real prospect"* a future legal challenge would succeed.

The BBC said opinion polls showing 82% of the public wanted physician-assisted dying demonstrated that intense pressure on politicians and the courts would not go away.

An *"unprecedented"* number of MPs sought permission to speak during the debate and several

*Continued on Page 5*

said that they had received more letters and emails about assisted suicide than on any other issue in the past two parliaments.

Sarah Wootton, chief executive of Dignity in Dying, said the vote showed MPs were “*ridiculously out of touch*” with the public on the issue. “Parliament has failed to act and if it fails to recognise its responsibility over the next five years then the courts have no choice but to act instead, to end this suffering and injustice,” she said.

Labour MP Rob Marris, who moved the law change, said: “*The current law does not meet the needs of the terminally ill. It does not meet the needs of their loved ones and, to some extent, it does not meet the needs of the medical profession.*”

He was supported by the former Director of Public Prosecutions Sir Keir Starmer, who drafted the current prosecution guidelines on assisted suicide, which exempt close relatives who accompany terminally ill patients to Switzerland from prosecution. The former Archbishop of Canterbury Lord Carey also backed it from the House of Lords, where nearly two-thirds of peers supported a similar Bill last year.

Lord Carey said he was “*saddened that the problem of untreatable pain and great indignity at the end of life has been left unresolved by this vote. The public, the justice system and the courts have recognised that the issue of assisted dying will not go away because people are taking matters into their own hands. The lawmakers will eventually catch up.*”

The proposed Bill differed from the law VESNZ wants in New Zealand in that it would have required a High Court judge to approve every application for assisted suicide.

## CANADA

Quebec will become the first jurisdiction in Canada to allow competent adults experiencing intolerable suffering at the end of life to request medical aid in dying on December 10.

Based on the pioneering Netherlands model, the law allows doctors to administer lethal injections to mentally fit patients suffering an incurable illness and in constant and unbearable physical or psychological pain. They must be in an advanced state of irreversible decline and at the end of life.

Quebec’s college of doctors has developed guidelines which will give physicians kits with which to end the lives of patients seeking euthanasia along with detailed instructions on procedures. Injections will be given in a series of three shots spaced five minutes apart - one drug to relieve anxiety, another to induce a deep coma and a third to stop breathing and the heart.

Physician assisted dying is scheduled to become legal across the whole of Canada on February 6, as directed by the Supreme Court which earlier this year found that denying the terminally ill help to end their lives breached human rights.

The court gave Parliament 12 months to change the law, but the Conservative government refused to act pending the October 19 general election. Campaigners welcomed opposition Liberal Party leader Justin Trudeau’s victory as his party pledged to respect the Supreme Court’s decision and

set up an all-party committee to make recommendations for legislation on the issue.

## AUSTRALIA

Voluntary euthanasia is consistent with Christian values and supported by many followers who do not confess their views because church leaders are reluctant to speak out on the issue, a national Christian group told a parliamentary inquiry into the issue in Victoria.

Christians Supporting Choice for Voluntary Euthanasia said choosing a pain-free death was a “*demonstration of love and compassion*”. It told the inquiry that watching a patient die slowly in a medically-induced coma was extremely distressing for family members and medical staff.

“*As Christians, we ask why is it morally acceptable that the slow death procedure should be legal but not the other alternative?*” it said.

Spokesman Geoffrey Williams, an Anglican, said voluntary euthanasia was ethically consistent with a wide range of Christian views. “*We’re confident from the polls that the majority of people are on our side but they don’t have the confidence to publicly say so,*” he said.

The group urged the Parliamentary Inquiry into End of Life Choices to legalise voluntary euthanasia in the state.

There is to be a new bid to restore legal assisted suicide to the Northern Territory. The NT’s pioneering Rights of the Terminally Ill Act was killed by a federal parliament private member’s bill in 1997, the year after it came into effect. Liberal Democratic Senator David Leyonhjelm says he will introduce a bill in the next parliament sittings to scrap that and voluntary euthanasia campaigner Philip Nitschke said he believes new Prime Minister Malcolm Turnbull will be more receptive to it than his predecessor.

## THE NETHERLANDS

Cancer accounted for nearly three-quarters of the 5306 cases reported in The Netherlands last year, according to the Dutch Review Committee’s report. The vast majority (4,309) died at home.

The number of cases showed a 10% increase on 2013 but the report made special mention of the facts that the number of patients with dementia and those with psychiatric conditions had fallen.

The report said questions had been raised about only four cases, all concerning procedural safeguards.

## ISRAEL

*The Farewell Party*, a black comedy about euthanasia, friendship and saying goodbye, was a box office hit in Israel where it won nine local Oscars, and many international prizes, including the audience award at the Venice Film Festival.

It features a group of friends in a Jerusalem old people’s home who build a machine with which you can commit euthanasia. They just want to help a friend make a dignified end to his life, but when other residents get wind of it, a lot more people want to make use of it, posing an emotional dilemma for the group.

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## YOUR FINAL WISH - MAKING A BEQUEST

**Bequests are vital to the survival of any non-profit organisation.** Bequests provide ongoing funding streams. And make it possible to create long-term plans. Bequests are the cornerstones of non-profit organisations, like **End of Life Choice**, because they provide stability.

If you can hear yourself saying, "*This is what I support, and I want this issue to be important even after I'm gone*" then please consider making **End of Life Choice** a beneficiary of your will by creating a bequest. Ours is a unique issue, one in which our most ardent supporters might not be with us for long.

Our fiercest opponents might later turn to us for help.

***Please take the step to support End-of-Life rights in your will.***

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## DONATIONS AND CONTRIBUTIONS

You can make a contribution in any amount of your choice - in single, monthly, or yearly donations.

Payments can be made by cheque, mailed to **PO Box 89 046, Torbay, Auckland 0742**

or

Directly into our bank account ANZ **01 0527 0085629 00**

(be sure to include your **NAME** and "**DONATION**" in the bank details).

**Your donations help us to continue the expansion of our work and help us continue to work for your right to make decisions for your End-of-Life Choice.**

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## GUIDE TO DYING - YOUR WAY

**End-of-Life Choice** has teamed with medical and legal experts to assemble a comprehensive step-by-step guide to help you create an **Advance Directive** that reflects your wishes. It also contains information on choosing an Agent, someone you entrust to ensure your wishes are carried out. It answers important questions you may have about writing an **Advance Directive**, which meets your personal wishes, it offers tips for relief of pain and suffering, the legality of an **Advance Directive** in New Zealand, and keeping your **Advance Directive** up to date. Order your **Guide** and **Advance Directive** today

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