

To: Justice Select Committee
Regarding: End of Life Choice Bill
From: The Selwyn Foundation
Dated: 2 March 2018

Background

The Selwyn Foundation is an independent, Christian faith-based New Zealand charitable trust providing services to older people and their families. With an enduring mission to deliver quality services that are responsive to the ageing person and their family, our unique and holistic approach to the care and wellbeing of the individual has redefined support for seniors. We believe that “to care for older people, you have to care about them” *me mātua aroha ki te tangata, hei manaaki tika i a rātou* and this principle is reflected in our charitable activities, community services, village environments and in our care for those who are most vulnerable or in greatest need in society.

Our Request

We wish to focus our submission on the principle of conscientious objection and ask the committee to very carefully consider implications for individual health professionals and organisations. Our concerns are for other patients, for staff working in a care situation where PAS is taking place though not directly involved, and for families and patients in the immediate environment.

Clause 7

- (2) The attending medical practitioner must tell the person that –
- (a) the medical practitioner has a conscientious objection: and
 - (b) the person may ask the SCENZ group for the name and contact details of a replacement medical practitioner.

We are concerned by this clause as, while it allows for conscientious objection, it also legislates that the medical practitioner must tell the person they can contact the SCENZ group and seek the name of a replacement medical practitioner. A SCENZ medical practitioner is more likely to be in favour of the practice of assisted suicide and less independent in providing an opinion. This stipulation is unlikely to safeguard the original practitioner’s moral position.

There is also no mention of conscientious objection for those left to care for the patient and family after lethal drugs have been administered.

Health Care Organisations and Physician Assisted Suicide

The End of Life Choice Bill is silent on the place of assisted suicide. It does not address the issue of whether health care organisations may have a policy or practice of not providing physician assisted suicide. We ask that the committee pays close attention to the impact of PAS on the wider health workforce.

Is it envisaged that PAS could take place in public hospitals, residential care organisations or hospices? Residential care homes are ‘home’ for many older New Zealanders. The potential impact on staff and other residents must be thoroughly and fully considered and deliberated.