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End-of-Life Issues Questions raised by the Death with Dignity Bill 2003

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End-of-Life Issues

Questions raised by the Death with Dignity Bill 2003

A discussion paper for church groups and individuals
<http://www.casi.org.nz/publications/Euthanasia%20groups.htm>

Introduction

In May 2003 a private members bill entitled “Death with Dignity” was introduced into Parliament. According to its explanatory note: “The purpose of this bill is to allow persons who are terminally and/or incurably ill the opportunity of requesting assistance from a medically qualified person to end their lives in a humane and dignified way and to provide for that to occur after medical confirmation, a psychiatric assessment, counselling, and personal reflection.”

This paper is intended to provide a starting point for church members and groups wanting to examine the issues surrounding the bill and euthanasia in general. The questions are for personal reflection or group discussion. A further paper by David Simmers provides a deeper discussion and is available from CASI.

CASI would appreciate feedback and comment on the topic from individuals or groups. This would help guide the Agency in any submission it may make if the Bill progresses through the Parliamentary process.

What does the bill say?

The bill is short and we strongly recommend you read it. At present, however, copies have to be obtained from Mr Peter Brown, MP. CASI has one and will post you a copy if requested. There is also a legal analysis of it as a Bills Digest no. 961 (see references). This Digest contains a number of criticisms of weaknesses in the drafting of the bill.

Here are some of the important points:

- A person who is incurably or terminally ill may ask a doctor to end his or her life. The request must be written and witnessed.
- The doctor must then advise the patient, in writing, of the likely course of the illness and what would happen if the person decides to invoke the “Death with Dignity Bill”.
- A second written medical opinion must be sought that agrees with the first doctor’s findings.
- The patient must undergo a psychiatric assessment that shows he or she is not depressed or suffering from any mental disorder.
- The patient must accept counselling.
- The doctor must attempt to notify the patient’s next of kin.
- 48 hours after all of the above the doctor can legally administer drugs that will cause death.
- The doctors, psychiatrist or counsellor can refuse to assist the patient to die.
- The person can make an ‘advance directive’ appointing someone to act for him or her should they become incapable of making the request for euthanasia themselves.

- Although it does not dictate the exact method of death, the bill strongly suggests that the doctor will administer medication which will terminate life.
- Death following the removal of life support systems is NOT covered.
- If passed through Parliament, the Death with Dignity Bill would become law if a majority of voters voted 'yes' in a referendum.

Matters for reflection and/or discussion

Christians believe that God gives the gift of life and because of this that life is sacred. Belief in the sacredness of life is expressed in the bible in Gen 2:7 where God breathes life into human kind; and in Jn 15:13 where Jesus states that the greatest love a person can have is to give up life for a friend. It is evident in Jesus' ministry, especially in his care for the sick and disadvantaged.

Some Christians believe that God alone ordains the moment of our death and that life should not be shortened or taken away deliberately. Some believe that God's gifts of human skills and knowledge are as relevant in dying well as in other spheres of life. Others believe that God would not wish people to continue living when they were suffering and all hope for improvement had gone and they wished to die.

If life is God's gift, are there circumstances in which active euthanasia is a correct action?

The main reason given for allowing euthanasia is to end or avoid suffering. Suffering is part of being human. Jesus was aware that he would undergo great suffering and die and faced these things without resorting to suicide.

Opponents of euthanasia often claim that palliative care is now so advanced that there is no need for euthanasia to be considered at all. Modern medical methods allow us to prolong life and often to alleviate suffering. In such cases the things that characterise us as persons can be nurtured, cherished and life prolonged. Often people who are critically ill can have a high quality of life and end their lives peacefully with little pain.

In such an environment is euthanasia justified?

Is every one guaranteed this treatment?

Medical advances have produced another dilemma. There are those who become afraid, not of death, but of a long drawn out process of dying. These people often fear what will happen to them if they become unable to make their own decisions. They often specify that they don't want extraordinary steps taken to prolong their lives.

The 'Death With Dignity' Bill would allow people to write a document that gave another person power of attorney over their life should they become incapable of expressing their own will. In this case, if the person was incapacitated, their appointed representative would be able instruct a doctor to actively terminate their life.

Studies in other places (Oregon and the Netherlands) show that personal suffering is not the only reason terminally ill or incurably sick people wish to die. Other reasons include the wish to spare their family the anguish of a prolonged illness and, in some cases, the wish to preserve an inheritance for generations to come.

Are there valid reasons to actively end a life?

The whole euthanasia debate is a relatively modern phenomenon and has become more topical as modern medicine has advanced. To some extent it is also a result of a culture which stresses individual rights and control. Being dependant on others is seen as a negative thing.

Does the fact that euthanasia is seen as an option say something about our society?

Euthanasia in New Zealand

What is sometimes called ‘passive euthanasia’ is practised relatively frequently in New Zealand when life support systems are turned off or medication removed to allow people to die.

However, active euthanasia is also practised. In a recent survey of 1100 GPs, 63% had made a medical decision in the last year that could hasten death^[1]. 5.6% of these doctors said that they had caused death by administering or supplying drugs to patients.

While ethical issues already exist, it seems uncertain whether legalising active euthanasia will reduce or exacerbate these issues.

The bill before parliament seeks to protect the patient’s freedom of choice from coercion or external influence. It requires a witnessed document confirming the request, counselling and a psychiatric assessment and a 48 hour period of reflection before the request is carried out.

Some people feel that as the New Zealand population ages there may be indirect pressure to agree to euthanasia. Patients who feel they are using scarce medical resources or that they are a burden to their families, may feel pressured to request euthanasia.

Opponents of euthanasia foresee a slippery slope scenario where, having accepted that active euthanasia is ok for people who declare death to be their wish, it then becomes ok for people who are incapable of making such a declaration.

What should be done about these concerns?

Should the bill be altered in some way to take account of this?

Is New Zealand ready for such legislation?

What about the Doctors?

- • The New Zealand Medical Association has declared that euthanasia is in conflict with the basic ethical principles of medicine.
- • Some doctors question how the doctor patient relationship would be affected if the patient were aware that the doctor’s primary aim might not be to sustain life.
- • There is little doubt that assisting death is often very traumatic for the doctor involved but the bill mentions no special training, counselling or support for doctors.
- • The bill would provide a legal framework for something that happens already, protecting doctors from legal action and maybe making the subject less taboo.

How should doctors’ concerns be catered for?

How would the Death with Dignity Bill become law?

At present the bill has been introduced to Parliament but has not received its first reading. If it passes the first reading, you may want to make submissions. Or you may wish to make your opinions known to CASI, who can collate responses into a single submission.

If you choose to make your own submission, CASI would very much appreciate your supplying us with a copy.

^[1] Little discussion as doctors decide to end lives, NZ GP magazine 14/5/03

Terms and Definitions.

The word 'euthanasia' arises from the Greek language and literally means 'good death'. In modern days it has come to be associated with actions or omissions which cause death in order to eliminate suffering. Usually a distinction is made between 'active euthanasia' and 'passive euthanasia'.

Active euthanasia occurs when some one acts directly to cause death. For example a doctor may prescribe drugs knowing that they will cause death and end suffering.

Passive euthanasia occurs when some one abstains from acting to sustain life. For example not attempting resuscitation of patient or switching off life support machines.

Physician Assisted Suicide (PAS) is active euthanasia where a patient commits suicide with the advice and help of a doctor.

Voluntary euthanasia is when a patient specifically requests to die.

Involuntary euthanasia is when euthanasia occurs without the patient's expressed wish. This is usually because the patient is incapacitated and cannot do so.

'**Death with dignity**' as expressed in the bill before parliament is a euphemism for voluntary, active euthanasia performed by a doctor.

STARTING PLACES for MORE INFORMATION.

Euthanasia – Death with Dignity? A 4-page background paper by the Rev'd David G. Simmers on the issue. Available in hard copy from CASI, P O Box 9049, Wellington, info@casi.org.nz, or downloadable from CASI's website www.casi.org.nz.

Principles of Bioethics An article outlining the Four Principles Approach to Bioethics, developed by Beauchamp and Childress. The article also includes discussion of 6 other key principles from a Catholic Christian perspective. Available from http://www.nathaniel.org.nz/ethical_principles.html This website of the Nathaniel Centre also includes articles from a Catholic perspective on the Death with Dignity Bill and on euthanasia.

Can we end lives? Session 4 in a 5-lecture series on *Playing God: The Boundaries between Human & Divine Control*, by Prof Gareth Jones of Dunedin, first delivered at the Aspiring Faith Community's Summer School 2003. Case studies and questions of principle. Available in hard copy or emailed from CASI, P O Box 9049, Wellington, email info@casi.org.nz

Parliamentary Bills Digest: a commentary on the Bill, Digest no. 961, can be obtained from <http://www.clerk.parliament.govt.nz/Publications/ResearchPapers/>

Historical material

1996: **Euthanasia: A Study Paper for the churches** (from the Methodist & Presbyterian PQ Committee on a very similar Bill)

March 1997 **Euthanasia update** – a response from churches to the 1996 paper. *Broadsheet* issue 56 pp.4-5 (both available from our website, www.casi.org.nz)
