Care Alliance
Te Manaaki Haumi
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Unpacking the End of Life Choice Act 2019

If the Referendum on the End of Life Choice Act passes, it will be enacted in its current form. Just how safe is this law?

1. **The proposed NZ law is broader in scope** than other assisted dying laws. It allows for both euthanasia and assisted suicide. The laws in US states such as Oregon, and in Victoria (with rare exceptions), only allow for assisted suicide. The countries that allow both have much higher numbers of assisted deaths.

2. **No independent witnesses are required at any stage of the process, including at the death.** In contrast, Victoria's law requires an independent witness when the request is made and prior to administering the lethal dose. Two people need to witness the signing of the written request in Oregon, Victoria and Canada. Overseas laws specifically prevent a doctor caring for a person acting as an independent witness.

3. **The proposed law requires a doctor to confirm that a person is mentally competent when being assessed for eligibility, but not when the lethal dose is administered.** This differs from both Victoria and Canada whose laws specifically require a doctor to verify that a person retains competency up to death.

4. **There is no prescribed minimum cooling off period,** such as 15 days in Oregon, 9 in Victoria, or 10 in Canada to protect against hasty decision-making. The only timeframe specified in the Act is a minimum of 48 hours between the writing of the prescription and the chosen time of death. **The Ministry of Health has advised that, in some circumstances, death can happen as soon as 4 days after a request is made.** People have greater protections under our 'door to door sales' legislation than under the End of Life Choice Act.

5. **An eligible person does not have to be in physical pain to access an assisted death. Nor is assisted death limited to an act of last resort.** There is no requirement that a person tries any available treatment or palliative care first before requesting a lethal dose. This Act does not make sufficient provision for discovering and resolving the multiple, often treatable, reasons that may contribute to a request for assisted dying.

6. **Only the first doctor needs to check that a person is not being pressured.** The second doctor is only required to check that a person meets the eligibility criteria as spelled out in Section 5 of the Act. The first doctor does not need to talk to the person face-to-face. **Neither doctor needs to have met the person before.**

7. **There is no requirement for doctors to discuss a request with family.** This seriously compromises the investigation of coercion, a vital safeguard against abuse. **An eligible person as young as 18 years can end their life under the Act without family or friends knowing.**

8. **Doctors are not permitted to encourage assisted dying, but others can – intentionally or otherwise.** A person could easily choose assisted dying under a misguided sense of duty based on the impression that they are a burden to their families or because they feel pressured. It will be impossible to detect subtle coercion.

9. **Specialist medical knowledge is not required.** Neither of the two doctors need training or experience in the disease or illness expected to cause a person's death (as is the case in Victoria) or in palliative care.

10. **Diagnosis and prognosis can be wrong.** Both are based on probability, not certainty. There are many instances where people have been wrongly diagnosed or have lived for many years longer than the medical prediction. In addition, only the second doctor is required to examine the person and read their files.

11. **The Act will include terminally ill people who suffer from depression or another mental illness** and are considered "competent to make an informed decision". Screening for depression is not required.

The End of Life Choice Act lacks adequate safeguards. It is not 'compassion' to vote for a dangerous law.

NO

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