

Whanganui doctor: The medical profession needs a No vote in End of Life Choice referendum

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The 40,000 submissions to the select committee and the subsequent correspondence speaks to the interest in this issue. Photo / file Whanganui Chronicle

By: Dr John McMenamin

The End of Life Choice Referendum requires us to vote for or against the 2019 act coming into force.

The 40,000 submissions to the select committee and the subsequent correspondence speaks to the interest in this issue.

Many statements, comments and perspectives have been presented and it can be confusing for us to weigh them and come to a yes/no conclusion. However, that is what the referendum is about, we either vote yes or no.

We might vote yes because we think the decision to end life should be left to each person to make for themselves.

At first look, this seems reasonable because we generally want people to be free to make decisions that affect them.

We have a Health and Disability code where patients have rights and doctors have responsibilities, and the code includes the right for a person to make an informed choice.



Dr John McMenamin ... says NO to End of Life Choice referendum. Photo / file

A deeper look, however, reveals that the person's decision does not just affect them. It also includes the doctor who is being asked to assist in actively ending the person's life.

The introductory article to this series of commentaries on the referendum includes a key statement that is easy to read over without recognising the implication contained within it: "The main benefit is for assisted dying to complement the limitations of palliative care when suffering can no longer be relieved." (Euthanasia - What the End of Life Choice referendum means and what Whanganui politicians and other experts think, Chronicle, August 1.)

But assisted dying is not an option that complements palliative care.

There are many examples of how doctors might complement a treatment with other options.

We might treat heart disease but we will also encourage fitness and a healthy diet because those actions complement the treatment.

The complementary actions in palliative care include organising services, providing physical care, ensuring whānau and family members are supported and many other options besides.

It is these actions as much as the medications essential for symptom control that ease suffering.

Complementary actions may also include not providing inappropriate interventions but allowing a natural course to death. Assisted dying is not any of this.

Assisted dying asks the doctor to give up the responsibility to provide care and be involved in an action that is contrary to all the other health care we provide.

This is the deeper look into the end of life decision. We need to treasure the commitment doctors and other health professionals make to providing care that goes beyond just treating symptoms.

This is the commitment they bring to end of life care.

As doctors, we can't stand in professionally conflicting places and our right place is providing care not assisting death.

The medical profession needs a No vote in this referendum.

- Dr John McMenamin is a Whanganui GP whose practice has included care of the dying over many years