

## The Palliative Care Council of New Zealand's Position on Euthanasia

June 2013

### *Introduction and Purpose*

There is widespread debate in New Zealand society about euthanasia and physician assisted suicide, largely based around anecdotal stories of sub-optimal care at the end of life. The Palliative Care Council of New Zealand (the Council) is an independent body with a multi-disciplinary membership reporting to and providing strategic advice to the Minister of Health about palliative and end-of-life care.

A priority of the Council is to ensure that every person in New Zealand has access to quality palliative care, whenever and wherever it is needed. Palliative care is not only provided by specialist services such as hospices, but by health care professionals in a range of settings, including primary care, residential care facilities and hospitals. Palliative care providers must ensure that holistic and respectful care is always provided, that symptoms are managed adequately and family/whanau and carers are supported, wherever the dying person may be. This is essential if societal fears around care at the end of life are to be allayed.

Dignity in dying is a fundamental goal, something our patients are quite justified in expecting us to provide. Through work done at Starship Children's Health, Maori leadership offer us "Te Wa Aroha – Allow Natural Death". Te Wa Aroha means "a time of love" and focuses on what can and will be done at the end of life for individuals and their families, and that this time and care is as natural as possible. Terminology emphasises reducing suffering and promoting comfort, quality and dignity.

Despite on-going improvements in the availability and quality of palliative care, the debate around euthanasia will continue, especially given our ageing population. Conversations must focus not only on the wishes, fears and concerns of individuals but also what is right for the community. The Council recognises this dialogue is challenging, as views and opinions vary widely, both within the general public but also amongst health professionals.

This statement sets out the Council's position on this complex and emotive issue. Some relevant definitions are noted below:

**Euthanasia** is the deliberate ending of another person's life at his or her request. It is generally performed with the intention of relieving "intractable suffering". If someone other than the person who dies performs the last act, euthanasia has occurred.

**Physician assisted suicide (PAS)** is where a doctor intentionally helps a person to commit suicide by providing drugs (or other means) for self-administration, at the person's voluntary and competent request. If the person who dies performs the last act, physician-assisted suicide has occurred.

**Palliative care** is the care of people dying from active, progressive diseases or other conditions that are not responsive to curative treatment; providing relief from pain and other distressing symptoms. Palliative care embraces the physical, social, emotional and spiritual elements of wellbeing – tinana, whanau, hinengaro and wairua – and enhances a person's quality of life while they are dying. Palliative care integrates a multi-disciplinary team approach to address the needs of patients and their families/whanau, extending into the psychological and spiritual aspects of care and into the bereavement phase if required. Palliative care affirms life and regards dying as a normal process and intends neither to hasten nor postpone death.

### ***Focussing on Palliative Care***

The Palliative Care Council of New Zealand believes that dying is part of the experience of living and that no-one has to die in avoidable pain and suffering. All New Zealanders have the right to receive high quality palliative and end-of-life care regardless of ethnicity, age, geographic location or diagnosis.

Palliative care is appropriate for all people, not just those with cancer. It extends to anyone with any life-limiting illness or condition that would benefit, such as cardiac, respiratory, neurological, renal, vascular conditions, etc.

When requests for euthanasia or assisted suicide arise, particular attention should be given to good symptom control, especially those commonly associated with a serious and sustained "desire for death" such as depressive disorders and poorly controlled pain. In such situations early referral to an appropriate specialist should be considered.

### ***The Palliative Care Council***

- *strongly encourages* the concept of death with dignity and advocates that this be a high priority for health care in New Zealand;
- *acknowledges* it is not always possible to completely relieve suffering, but that good palliative care improves the experience of living with and dying of a terminal condition;
- *believes* that people have the absolute right to refuse life sustaining treatments including the provision of medically assisted nutrition and/or hydration, and that carrying out the person's wishes of refusal does **not** constitute euthanasia;
- *believes* that the benefits and harms of any treatments (including the provision of medically-assisted nutrition and/or hydration) should be considered before they are started and that the benefits and harms of continuing treatments should also be regularly reviewed. Stopping treatments that are not benefitting the patient is **not** euthanasia;
- *believes that* if treatment **appropriately** titrated to relieve symptoms has a secondary and unintended consequence of hastening death that this is **not** euthanasia;

- *advocates* that all patients should be made aware of the options for hospice and palliative care, with individual assessment of their needs to ensure appropriate palliative care is being provided;
- *believes* that euthanasia and physician assisted suicide do not have a place in New Zealand society; instead the focus should be on ensuring high quality palliative care is available to all who would benefit;
- *notes* that both euthanasia and assisted suicide are against the current ethical positions of the medical and nursing professions in New Zealand;
- *understands* the practices of euthanasia and physician assisted suicide to be illegal in New Zealand and that palliative care does not include the practice of either as there is a clear distinction between good care for the dying and active interventions instituted in order to deliberately end the life of a patient; and
- *acknowledges* that there are divergent views held by wider society about the ethics of euthanasia and physician assisted suicide and respects and upholds the rights of all to their own personal views.

**The Palliative Care Council of New Zealand wishes to acknowledge the New Zealand Medical Association, Hospice New Zealand, the Australian & New Zealand Society of Palliative Medicine and the Palliative Care Nurses New Zealand Society. This position statement has been distilled from the work and words of all five organisations.**

**This statement is endorsed by Cancer Control New Zealand**