



## National Council of Women of New Zealand

Te Kaunihera  
Wahine O Aotearoa

### Oral Submission to the Health Select Committee on the Petition of Hon Maryan Street and 8,974 others

by Beryl Anderson and Helen Reilly on 23 September 2016

#### ***Health Select Committee***

Chairperson: **Simon O'Connor**, National Party, Tāmaki; Deputy-Chairperson: **Barbara Kuriger**, National Party, Taranaki-King Country; Members: **Jacqui Dean**, National Party, Waitaki; **Scott Simpson**, National Party, Coromandel; **Barbara Stewart**, NZ First, List; **Louisa Wall**, Labour Party, Manurewa; **Eugenie Sage**, Green Party, List; **Brett Hudson**, National Party, List; **David Seymour**, ACT New Zealand, Epsom (but probably not when NCWNZ presented).

My name is Beryl Anderson, I am the Convener of NCWNZ's Parliamentary Watch Committee. With me today is committee member Helen Reilly. We were both involved in the compilation of NCWNZ's submission.

Responses were received from across the spectrum of NCWNZ's membership, providing a diverse range of opinions. What many NCWNZ respondents wished for themselves and the population of New Zealand, is that they could each have the option of choosing an easy, well managed death, overseen by a compassionate doctor who is able to act legally to end their suffering and release them to death. Having the option to choose does not mean that a decision will be made to choose medically assisted dying.

Religious views were expressed by a number of respondents – from those who believe that euthanasia has a place in society, that suicide is considered a grave sin, and those who held the acceptance of the right to die.

A number of respondents identified that medically assisted dying should only be allowed when survival is estimated at six months or less while other respondents valued the sanctity of life and that all people have a fundamental right to life.

Many respondents shared their experiences, commenting on how they had been inspired and frightened and had learned from the experiences of family and friends as they faced death.

One shared the experience of how her husband and sister died from Parkinson's disease having both otherwise been healthy. The husband spent his last two years in a DHB facility where he was very well cared for. There seemed to be enough staff rostered on so that his needs were met promptly, his medication given on time, and his physical handling done by competent staff. The registered nurses and the carers were very capable and caring. The

sister spent three years prior to death in a privately run Rest Home spending the last year in the hospital care section of the Home. The standard of care received caused concerns and it seemed that there were too few staff to care for the number of patients. Her sister developed bedsores and was left too long when she asked for attention, and often did not receive her medications at the specified time – something that is very important for Parkinson's patients. There was a very high turnover of carers who seemed, though kindly, to have very little training and were not interested in training for a career. The rates of pay as a carer in these rest homes are very low. A carer's job is both physically demanding and needs good verbal skills, great patience and compassion.

One person shared her mother's choice to commit suicide some twenty five years ago, because of her illness and the side effects of the medication. She had long been a member of the Euthanasia Society and chose to use the system recommended by the Society.

Another shared that in her mother's case the rest home felt they could manage her care but they did not have the expertise or time to do so. Hospice services were requested, but they were stretched through inadequate resourcing to provide people to come frequently.

And another, that her father died in a rest home where hospice was contacted by staff immediately and he had a great death with no pain.

There was a strong recommendation from NCWNZ members that there should be more funding for palliative care and for palliative training.

Some respondents wanted a better understanding of the drivers to legalise medically assisted dying. These were identified as a societal reluctance to care for the aged and frail, the expense of the care and the medicines, the non-availability of hospital / palliative care beds and staff. There was also a fear that if euthanasia was legalised, this would be financially beneficial to the Health Budget in comparison to the cost of ongoing care.

Overall NCWNZ members held a wide range of views reflecting the complexity of the issue.

### ***Questions***

#### **Simon O'Connor:**

He had looked at the international experience of Holland and Belgium, two countries where euthanasia is legal. He noticed that more than 75% of the psychiatric patients who believed in euthanasia were women. Were the statistics for the NCWNZ women who responded to the question [in the AI, he meant] similar?

#### **Beryl's reply:**

We did not discuss this aspect with our members.

Beryl continued: NCWNZ members who were in favour of legalizing medically assisted dying emphasized the people must give their consent, that if they have a mental illness, they must have given their consent before becoming mentally ill. Beryl added that women were more susceptible to pressure, as articulated by previous presenters.

### ***Prior presenters***

Those appearing before us (Roger Laurence Gadd, Maxim Institute, Elevate Christian Disability Trust (Teleconference), Grace Presbyterian Church of New Zealand, Neville Watkin) were opposed to the introduction of medically assisted dying. The [Maxim](#) submission is worth reading for the amount of research they did. The Elevate oral submission was powerful. Both were critical of the Human Rights Commission submission.

### ***Words from Chairman***

As we were talking outside the committee room, the Chairman, **Simon O'Connor** left the room and spoke briefly with us, thanking NCWNZ for canvassing so widely and presenting the views of NZ women.

### ***On the Radio***

There was a [soundbite](#) on Radio New Zealand's John Campbell show on Friday afternoon – reporter saying need for palliative care, soundbite the sentence about the Health Budget.