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From New Zealand: on defining perspectives

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A recently published biography *To Die Like a Dog* aims to rekindle the euthanasia debate in New Zealand.[1] In it a nurse recounts how she tried to kill her dying mother by morphine injection and then smothering with a pillow. Public euthanasia arguments are often introduced from such strongly personal and passionate perspectives. Emotive and poorly explained terms are frequently used: 'dignity in dying', 'the right to die' and 'mercy-killing' are examples but their meanings are often unclear, uninformed or ambiguous. Against such a background is a need for equipoise and precision – the appeal to the personal and subjective balanced by the clarity of the objective and dispassionate. The language of the debate should first be defined if it is to inform meaningfully and to that aim, the EAPC view is exemplary. It unambiguously explains the terms used, identifies phrases that mislead and presents arguments without subjective and emotional overtones. The document thus becomes a useful reference that clarifies basic premises and so helps in promoting understanding within the debate.

Within New Zealand the euthanasia debate is sporadic but recurrent. Our Parliament last considered legalizing euthanasia in 1995 and the bill was defeated 61 to 29. A further private members' bill is awaiting possible selection by ballot. The Australian proeuthanasia activist Philip Neitchke has visited us twice to conduct public 'educational' workshops and is due again soon, and the media often reports on the state of play in Australia. Concurrently, New Zealand has seen major developments in palliative care over the last few years. The Ministry of Health has released a National Strategy for Palliative Care, specialists in palliative medicine have been given vocational recognition and funded specialist training schemes for doctors and nurses are now available.[2] Improved access to quality palliative care should result, although problems in care provision for Maori, Pacific Islanders and geographically isolated communities remain. The EAPC document argues strongly for such palliative care mainstreaming and this is to be supported. It claims this will achieve two things: a reduction in ongoing requests for euthanasia and a reduction in the strength of calls for its legalization. The former is likely to occur, although I suspect most of us have had continued demands on us despite the provision of appropriate palliative care. Unless improved palliative care provision completely abolishes euthanasia requests (and therefore need), a practical argument to legalize it remains. It also does not necessarily follow that mainstreaming palliative care will change the leanings of society, or the views of those who on theoretical, moral or ethical grounds advocate for euthanasia. The latter premise is thus attractive but open to question.

The explicit distinction that this EAPC document goes on to make between palliative care and euthanasia/physician-assisted suicide is probably the most important position outlined – both for us as a specialist group and also for the public. An explicit anti-euthanasia legislation position is not stated in this updated document, though one is left in no doubt to which side of the debate it strongly leans. It stops short of the unequivocal stand against euthanasia taken by the New Zealand Medical Association and Hospice New Zealand.[3,4] The call for the membership of EAPC 'to engage in direct and open dialogue with those within medicine and healthcare who promote euthanasia and physician-assisted suicide' assumes all members of EAPC have similar anti-euthanasia views. This is unlikely and it would be interesting to know what proportion of EAPC membership support the direction of this document. In Australasia there has been open debate within the palliative care community with a few arguing strongly for euthanasia. Confusion in the eyes of both the public and colleagues about the goals of palliative care may result from this and ultimately weaken the movement's standing. The Australian and New Zealand Society of Palliative Medicine (ANZSPM) representing Australasian palliative medicine doctors recognizes the divergent views among its members concerning the ethics and legitimacy of euthanasia. It has also suggested separating the practice of palliative care from that of euthanasia and physician-assisted suicide. ANZSPM, however, does not yet have a consensus position concerning these practices. Perhaps this EAPC statement may stimulate ANZSPM to re-engage the debate within its own membership and clearly define its antipodean perspective on these issues.

References

1 Martin L. *To die like a dog*. Wanganui: M-Press, 2002.
2 New Zealand Ministry of Health. *The New Zealand Palliative Care Strategy*. Wellington, 2001. http://www.moh.govt.nz

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3 Gillett G, Bloore S, Ngata P. A *New Zealand Medical Association Report on Euthanasia*. Wellington: NZMA Central Office, 1996.

4 Hospice New Zealand. http://www.hospice.org.nz/faq.html

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