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From New Zealand

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The production of this report on euthanasia and physician-assisted suicide will come as a welcome addition to the debate concerning these issues in New Zealand, both within the health professions and the public. New Zealand healthcare is influenced by many laws but of particular interest in end-of-life care are the Bill of Rights Act 1990, the Human Rights Act 1993 and the Health and Disability Commissioner's Act 1994 ('the HDC Act'). The development of the Code of Health and Disability Services Consumers' Rights[1] ('the Code') became law in 1996 as a regulation under the HDC Act and as such it confers a number of rights on all those who use health and disability services in New Zealand. The obligations under the Code may be qualified by proof that the provider took 'reasonable actions in the circumstances to give effect to the rights and comply with the duties' in the Code. Among the rights that are enshrined in the Code are: the right to be treated with dignity and independence; the right to services of an appropriate standard; to be fully informed and to make an informed choice and give informed consent. Subsections of parts of the Code include the right to make a choice about a future healthcare procedure; an 'advanced directive' and the right to refuse services. The clarity with which many concepts and definitions have been dealt with in this position paper will reinforce and clarify the rights of people who are dying, as identified in the Code and if used appropriately will add to the ability of people to make a truly informed choice.

The modified definition of palliative care[2] shifts the emphasis enough to be more inclusive of many aspects of care as it *should* be practised in our country. In particular, it will provide opportunities for further discussion of the involvement of palliative care at an earlier stage in the disease process.

Some professional bodies in New Zealand have been unequivocal in their condemnation of euthanasia and physician-assisted suicide. The New Zealand Medical Association, for example, 'does not accept or support the concept of euthanasia' and 'encourages the concept of death with dignity and comfort and supports a greater understanding and awareness of terminal care management by the medical profession' (June 2001).[3]

Hospice New Zealand, the national representative body for hospice/palliative care, has a position statement: 'Hospice New Zealand does not support the practice of euthanasia . . . [w]e are committed to upholding international and national laws promoting human rights and respect for life.'[4]

These sorts of response have been stimulated in part by attempts to introduce legislation in the New Zealand Parliament. In fact, there has, to date, only been one successful attempt; a private members' bill (the 'Death with Dignity Bill'), which was debated on two occasions in the House and was defeated on 16 August 1995. One MP currently has a private members' bill in the ballot for consideration by Parliament at a later date. The government has not taken any particular stance on the issue but has concentrated on providing adequate healthcare for those who are dying. Recently, the Minister of Health launched the New Zealand Palliative Care Strategy, 'to ensure that people who are dying and their family/whanau have access to all essential services, and that these services are provided in a co-ordinated and culturally appropriate manner'.[5,6] The document is designed 'to set in place a systematic and informed approach to the future provision and funding of palliative care services. Despite the evidence that palliative care is effective in improving the quality of life for people who are dying, it is still poorly understood by many health professionals'.

The Ethics Task Force in its 10 points raises issues that are essential for discussion by New Zealanders. The clarification of terminology and definitions concerning euthanasia and physician-assisted suicide is particularly appreciated and should be welcomed worldwide. There remains a diversity of understanding around these issues both within the professions and among some ethicists so providing such clear thinking and direction will help the debate in this country to be better informed.

This document, by urging that palliative care must be supported by appropriate funding, education and research, supports the aims of the New Zealand Palliative Care Strategy, that *all* people in New Zealand will be provided with a genuinely informed choice about their future and end-of-life care. Consequently, we can continue to aim for further prevention and reduction in suffering and hopelessness at the end of life.

References

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3 http://www.nzma.org.nz/news/euthanasia.html

4 http://www.hospice.org.nz/faq.html

5 Ministry of Health. *The New Zealand Palliative Care Strategy; discussion document*. Wellington: Ministry of Health, 2000. (http://www.moh.govt.nz)

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