The Beginning of End of Life Choice
Miles Williams

The coming into force of the End of Life Choice Act (EOLC) has been a uniquely New Zealand experience. Politicians have toured the country to hear and read submissions from thousands of their fellow countrymen and women. The EOLC bill was vigorously debated in Parliament and voting was by conscience vote rather than along party lines. As a result, Members of Parliament voted that the bill become an Act. However it was an Act with a difference; it could only come into force if the majority of New Zealanders voted for it in a binding referendum, an additional step stipulated by one of the government coalition members, a party incidentally that has now gone west.

Many would say that a referendum is the worst possible manner in which to decide the fate of any bill, particularly one of this nature, because it allows the uninformed or the grossly misinformed to determine the outcome: in this case whether New Zealanders should gain the right to make an intensely personal decision at the end of their lives.

Nonetheless despite a well-funded anti-euthanasia campaign that included the publication of misleading and distorted versions of the EOLC Act, and statements that were downright false, the referendum passed overwhelmingly, and work can now focus on establishing how the benefits of this legislation can be made available to all New Zealanders: both to the small number who will actually require assisted dying, and to all other New Zealanders who will benefit from the type of engagement that can occur under this legislation. This includes the subtly different types of conversations that will now be possible between patients, their families, and their doctors.

Senior members of the medical profession have let the New Zealand public down by putting their heads in the sand and remaining tight lipped on this issue. This is despite the obvious fact that the End of Life Choice movement has been a global one initiated by ordinary people facing personal tragedy for many years, and it has been clear for years that the people of New Zealand have wanted to join this movement.

Why is it that the medical profession did not support their patients on this issue, particularly when doctors were in a position to reassure the public by referring to the abundant literature describing successful overseas experience?

The answer is complex, reflecting issues such as the conservative nature of the profession, deeply ingrained outdated medical traditions, uncertainty, lack of knowledge, and personal convictions. Many were frightened to explore the topic with their patients lest they themselves become labeled or stigmatised, or engendered fear.

The New Zealand Medical Association (NZMA) has not helped in this regard. The NZMA Board members have shown themselves prepared to use disingenuity and dishonesty to maintain the status quo rather than explore new approaches. Members of the organization have behaved as if the title of ‘doctor’ entitles them to pass judgment without consultation, without research, without attending international conferences and without listening to those with different perspectives: all things that registered medical practitioners must do if they wish to fulfill their ongoing medical, educational, and professional requirements for the purpose of making sound and informed decisions on issues that will affect their patients.

The hospice/palliative care specialty must review its position. Assisted dying has been successfully integrated with palliative care
in many countries including Australia, and there is no reason why this cannot be achieved in New Zealand. We live in a secular society and the hospice/palliative care specialty is not some form of commune where everyone must conform strictly to the leaders’ beliefs. It is unreasonable and unacceptable for any organisation to impose its doctrinal beliefs on all of its members. There are those who work in hospice/palliative care who support the Act but are unable to participate; they should be permitted to voice their opinion.

This legislation will be truly liberating for the majority of New Zealanders even though only a small number will actually need its benefits. The conversations that can occur when patients as well as their doctors can be truly honest with one another and discuss their deepest fears, will be importantly different than from before. Difficult conversations such as “should I have a heart transplant?” “should I consider potentially disabling or personality changing brain surgery?”, or “should I have palliative chemotherapy?” will be more complete and offer a clearer perspective when they can also include “should I consider euthanasia or assisted dying?”

You only ask such questions when your back is truly against the wall, and you know it. I am relieved and proud that New Zealand has joined this movement, and I know that the legislation will bed down safely and securely in this country.

Competing interests: 
Nil.

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