

# Euthanasia-Free New Zealand

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Should active euthanasia be legalised in New Zealand for end of life care?

The term euthanasia has Greek origins from the early 17<sup>th</sup> century meaning “good death” with a modern definition “the painless killing of a patient suffering from an incurable and painful disease or in an irreversible coma” (Thompson, 2000).  
Euthanasia has been debated both nationally and internationally for centuries in regards to whether or not it should be legalised for medical use.  
While internationally the Netherlands, Belgium, Luxembourg and Switzerland all have current legislation permitting euthanasia (Euthanasia Research & Guidance Organi-

## Legislation

The current legislation illegalising euthanasia in New Zealand is The Crimes Act 1961 which covers taking one’s own life and causing the death of another by various means which may include withholding the essentials of life or administering substances to hasten death, which therefore assists suicide (The Life Resources Charitable Trust, n.d.). Section 11 of The New Zealand Bill of Rights 1990 allows a person to refuse medical treatment which is not deemed as euthanasia, however in accordance with section 151 of The Crimes Act 1961, withholding the necessities of life causing death from starvation or dehydration is defined as passive euthanasia. Additionally, the patients right to refuse medical treatment is reinforced in The Health and Disability Commissioner Act 1994 which permits the right to refuse services (such as food and fluids which may cause starvation or dehydration) and to withdraw consent to services.

## Why should active euthanasia remain illegal in New Zealand?

A Finnish study conducted by Kuppelomaki (2000) where euthanasia is legalised found that 45% of patients in the study were against active euthanasia because they believe euthanasia advances death in an unnatural way, that it is murder, and they voiced concerns that euthanasia may be abused when the uncertainty of a patients deterioration and prognosis make it difficult to make life changing decisions. These views are shared by Euthanasia-Free NZ (n.d.) which is a non-profit organisation whom believe legal voluntary euthanasia and assisted suicide is dangerous to society due to the lack of safeguards to protect elderly, disabled and mentally ill persons from pressure to request euthanasia.

## Implications

Kuuppelomaki (2000) found two doctors from his study that claimed the withdrawal of active treatment and effective pain relief administration are sufficient actions to advance death and alleviate symptoms effectively. Another doctor raised the concern of the impact on the medical staff stating that when requested by patients, the doctor is faced with the decision to administer active euthanasia and end a life, which is against the principal to protect life. The importance of these decisions can way heavy on the mental health of doctors and nurses, including the stigma of being a “killer doctor”.

## Recommendation

I recommend that New Zealand does not legalise active euthanasia for end of life, but continues the New Zealand Hospice’s lead in providing adequate palliative care. By continuing palliative care our nation can ensure that there are safeguards for health professionals who do not wish to partake in actively taking a patient’s life and ensures a safeguard for the elderly, mentally ill and disabled who may be subject to abuse and killing without consent. Appropriate and excellent palliative care still supports the patient’s decisions to actively withdraw from treatment and The Health and Disability Commissioner Act 1994 still protects the right to withdraw and refuse, however palliative care ensures comfort measures are administered to allow for a dignified death.



In my previous literature review I began my preliminary search with the question “Should euthanasia be legalised?”. Using the PECOT table from Nursing and midwifery research methods and appraisal for evidence based practice (2013), I expanded this search to include;

PECOT category	Information relating to question	Explanation
Population	Any age seeking end of life care.	Different age groups seek euthanasia for different reasons, such as elderly in hospice at the end of life, and parents of neonates with poor prognosis, therefore I would like to include all age brackets.
Exposure	Patients in an in-patient setting seeking end of life care, either terminally ill or with a poor prognosis.	I will be looking at articles for patients in an in-patient setting where euthanasia is administered by health professionals.
Comparison	Patients who receive passive euthanasia/ withdraw from treatment.	I am interested in the preference for this type of treatment compared to active euthanasia.
Outcome	Hastened death without signs of prolonged suffering	I want to know if active euthanasia is preferred to hasten death over passive euthanasia/treatment withdrawal and if it prevents pain and suffering.
Time	Not applicable	Not applicable

This directed me to redefine my research question to “**Should active euthanasia be legalised in New Zealand for end of life care?**”.

There is an expectation that midwives and nurses who participate in research can disseminate their findings into a written format suitable for coverage or publication in the public domain to contribute to the development of quality service provision. Usually this takes form in publication of an article in relevant Journals however it can potentially take years for an academic research-based article to find its way into print (Whitehead, 2013). Other means can be by oral dissemination at local clinical forums and conferences, or by poster presentation. Poster presentations can be a very useful means of disseminating findings with the added benefit of being displayed elsewhere later (Whitehead, 2013). Although post presentation may reach smaller audiences than published articles, poster presentation offers an opportunity of personal interaction, networking and problem solving.

I have chosen a poster presentation because I would like the imagery of my poster to draw attention to my clinical issue and draw viewers at the evidenced-based practice forum in to initiate interaction and conversation about my literature review. I have chosen a grim colour scheme of black and white because the topic of Euthanasia itself can be perceived as a taboo discussion, however I believe my one, large image used as a background is thought provoking. The image of a syringe could indicate vaccinations, immunisations and medications, however the elderly hand could represent death and illness. Therefore is the syringe present for life saving measures or to hasten death? These potential thoughts encourage the viewer to make an assumption of the topic before they are able to clearly read the title and therefore I hope the viewer would approach my literature review ready to engage in conversation, thus networking.

References

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