

6 November 2019

Dear Member of Parliament,

We, the undersigned religious leaders, wish to take this opportunity to share with you our grave concerns about the final form of the End of Life Choice (EOLC) Bill.

A record number of New Zealanders have already expressed their views to you about this proposed law, both for and against its implementation. We add our voices to this important conversation, hopeful that you will take into account the matters we raise below before ultimately deciding which way you will vote.

We speak out of our extensive experience of actively caring for the dying and their whānau. We understand very well the stresses and fears as well as the opportunities and gifts associated with the dying process. We know the need for, and the effectiveness of, quality, holistic and compassionate end of life palliative care – care that is able to address not just the physical suffering of people who are dying, but also their, and their whānau /friends', emotional, spiritual and psychological suffering.

While there are various religious arguments that could be employed when debating this issue, both for and against, we accept that these are not engaging for those who are not of a religious persuasion. Thus, the following concerns are of an ethical, philosophical and practical nature:

- The proposed EOLC Bill is more radical than the one recently passed in Victoria, Australia, as well as assisted suicide laws in the United States. When a jurisdiction includes 'euthanasia' as well as 'assisted suicide' as an option, as the EOLC Bill does, the numbers availing themselves of an assisted death are up to ten times greater than if it is restricted to 'assisted suicide'. This makes it hard to justify that the proposed law change is just for a very small number of patients in exceptional circumstances.
- Recent reports from Canada and the United States make it clear that numerous patients are choosing assisted death for reasons related to unmet service needs. High quality palliative care is not yet equitably accessible throughout Aotearoa New Zealand and, until it is, there is a strong likelihood that New Zealanders will also choose assisted death because of a lack of other meaningful choices. In such a context, there is the real risk that people in lower socio-economic groups will find themselves being channelled unnecessarily and unjustly towards a premature death.
- It cannot be specifically ruled out that introducing an assisted death regime will not have an adverse effect on our already tragic rates of suicide – there is some evidence from overseas jurisdictions to indicate that the practice of assisted death may lead to a rise in (non-assisted) suicide rates over time. The precautionary principle dictates that we should not proceed with introducing assisted death until the evidence shows there is no direct causal link.
- In Oregon, which keeps detailed records of the reasons people request assisted suicide, the key motivational drivers are existential in nature rather than relief from unremitting pain. It is unacceptable to us that New Zealanders with a terminal illness should choose assisted death for reasons related to issues such as social isolation, fear of being disabled or fear of being a burden on carers or society, issues which are all very real in Aotearoa New Zealand right now.
- In Canada, what was initially promoted as an important safeguard – limiting assisted death to those facing a "foreseeable death" because of a terminal illness – has now been judged by a Superior Court to be an obstacle to free choice for people with long-term conditions or disabilities. We genuinely fear that the EOLC Bill will face similar legal challenges that will likewise lead to a broadening of the scope in Aotearoa New Zealand.
- While it is well-known that fear and depression drive requests for assisted dying, referral for psychological evaluation is extremely rare in overseas jurisdictions. We are well aware that there is already a shortage of mental-health specialists in Aotearoa New Zealand, including up to 1000 psychologists. This highlights, yet again, why our healthcare infrastructure is not currently in a position to support a safe implementation of the EOLC Bill should it be passed.

- We are greatly disturbed by the failure of parliament to include an amendment to the EOLC Bill which would allow for institutions to exercise a right of conscience not to participate. This denial of choice can only be described as the unethical imposition of assisted death on those carers and healthcare providers for whom the provision of assisted dying would directly contradict their medical, ethical, philosophical, spiritual and/or historical traditions. The EOLC Bill should protect state funding for healthcare or aged care services so that it cannot be made conditional on an institution's willingness to provide assisted death in circumstances where it is deemed incompatible with the ethos of the care provider.

We understand both the need to balance, as well as the difficulty of balancing, individual choice with the common good of society. We also recognise the great distress faced by some patients and their whanau and friends in the case of certain intractable and prolonged terminal illnesses. However, on balance, in the current circumstances, we firmly believe that legalising medically-assisted dying will open the gateway to many foreseen and unforeseen consequences which will be damaging to individuals, families and the social fabric of our communities.

This is not the right time to be contemplating the introduction of euthanasia and assisted suicide in Aotearoa New Zealand. Only when effective palliative care is a real choice for all New Zealanders will we as a country be in a position to have a proper discussion about offering assisted dying as an additional end-of-life option. In the meantime, the urgent need is for more resources to be directed towards enhancing the equitable provision of quality palliative care throughout Aotearoa New Zealand, as well as addressing the rising rates of depression and social isolation of our elders.

With kind regards and our prayerful support at this time as you decide how to vote on this extremely important issue.

<b>Bishop Patrick Dunn</b>	President, The NZ Catholic Bishops Conference & Diocese of Auckland
<b>Mustafa Farouk</b>	President, The Federation of Islamic Associations of NZ (FIANZ)
<b>Charles Hewlett</b>	National Leader of the Baptist Churches of NZ
<b>Right Reverend Fakaofu Kaio</b>	Moderator, The Presbyterian Church in New Zealand
<b>Archbishop Philip Richardson</b>	Primate, Senior Bishop of the New Zealand Pakeha Dioceses and Bishop of Diocese of Waikato & Taranaki
<b>Archbishop Don Tamihere</b>	Primate, Pihopa o Aotearoa and Pihopa o Te Tairāwhiti
<b>Commissioner Andrew Westrupp</b>	Territorial Commander, Salvation Army, New Zealand Territory
<b>Bishop Mark Whitfield</b>	Lutheran Church of New Zealand
<b>Bishop Ross Bay</b>	Anglican Diocese of Auckland
<b>Bishop Steven Benford</b>	Anglican Diocese of Dunedin
<b>Bishop Peter Carrell</b>	Anglican Diocese of Christchurch
<b>Cardinal John Dew</b>	Catholic Archdiocese of Wellington
<b>Bishop Michael Dooley</b>	Catholic Diocese of Dunedin
<b>Bishop Justin Duckworth</b>	Anglican Diocese of Wellington
<b>Bishop Stephen Lowe</b>	Catholic Diocese of Hamilton
<b>Bishop Steve Maina</b>	Anglican Diocese of Nelson
<b>Bishop Paul Martin SM</b>	Catholic Diocese of Christchurch
<b>Bishop Te Kitohi Pikaahu</b>	Pihopatanga o Te Taitokerau
<b>Bishop Waitohiariki Quayle</b>	Pihopatanga o Te Upoko o Te Ika
<b>Bishop Eleanor Sanderson</b>	Anglican Diocese of Wellington - Assistant
<b>Bishop Richard Wallace</b>	Anglican Maori Diocese of Te Waipounamu

For further information, please contact:

**Rev Dr Graham O'Brien** - Co Chair, InterChurch Bioethics Council - 021 0601774