

# Assisted dying referendum: People at the end of their lives say it offers a 'good death'

September 30 2020, by Jessica Young

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Credit: AI-generated image ([disclaimer](#))

According to the latest [1 News Colmar Brunton poll](#), almost two-thirds of New Zealanders are planning to vote yes in the upcoming [referendum on assisted dying](#).

Our [research](#) shows this number aligns with the past 20 years of polling,

which suggests stable support for the idea.

The [referendum](#), to be held at the [general election](#) on October 17, will decide whether the [End of Life Choice Act 2019](#) comes into force.

The act authorizes a doctor to administer or prescribe a lethal dose of medication to competent adults suffering unbearably from a terminal illness that would likely end their life within six months—as long as they request it directly and voluntarily.

A person will not be eligible if their only reason is that they have a mental illness or a disability of any kind, or are of advanced age. Overall, the Act has more than 45 safeguards that must be met.

Understandably, discussions about assisted dying produce strong reactions. Evidence-based information is essential and we must sort fact from fiction, particularly about any hypothetical social consequences of the legalization.

Having the option of assisted dying available *if* they needed it appealed to the terminally ill participants in my [doctoral research](#). Assisted dying guaranteed what they understood as a good [death](#), including being able to [choose the timing and way they died](#).

Participants also felt dying would be difficult for their families if it took too long and they themselves would know best the [right time for them to die](#). They felt medicine and religion shouldn't get to decide what's right for society as they didn't know [what it was like](#) to approach the end of life. They saw the tight controls on assisted dying as a good thing and wanted it to be safe for everyone.

## **Coercion or consent?**

The latest and largest [review of international research](#) on assisted dying, carried out by highly respected researchers in this field (including those who oppose it), concluded: "Existing data do not indicate widespread abuse of these practices."

[Evidence](#) from the Netherlands and the US state of Oregon, where assisted dying is legal, shows concerns it would disproportionately affect people from vulnerable groups are unfounded. Instead, those who access assisted dying appear to be economically and socially privileged.

Of course, the health system is by no means perfect. Its problems include inequitable access, systemic racism and ableism. But denying dying people the right to choose is not going to change those disparities.

We can let terminally ill people make choices about how and when they die as well as advocate for a system that doesn't force those choices on others.

Providing robust safeguards in legislation deals with the concerns about vulnerable groups. The New Zealand law requires two (or even three) independent doctors to confirm the request is genuinely voluntary and informed. They also have to speak to the person over a number of sessions to ensure the patient's decision is unwavering. If any pressure is suspected at any stage, the doctor must stop the process immediately and report it to the Registrar Assisted Dying.

Although there is skepticism about whether everybody would comply with safeguards, there is [equally a concern](#) about decisions to withdraw life-sustaining interventions or administer pain relief that may hasten death. These are just as susceptible to abuse as assisted dying, but are already lawful. Dying people prefer a [quick death](#) to a long, drawn-out or violent death.

In fact, 5.6% of New Zealand's general practitioners (and nurses under their instruction) who responded to an international standardized survey admit they are [intentionally hastening death](#) regardless of the legality, and not always with patients' consent. These findings should be interpreted alongside [research](#) that suggests one-third of New Zealand doctors may not honestly answer questions about assisted dying.

It is safer to bring the practice of hastening death out into the open so doctors who are willing to administer an [assisted death](#) can be regulated and monitored and patients can give informed consent.

## **Contagion or conversation?**

Some have suggested a contagion effect if assisted dying is legalized. As we have slowly learned with suicide, talking about suicide is more likely to [prevent it](#). An in-depth study in the Netherlands similarly concluded that talking about euthanasia [prevents euthanasia](#) most of the time.

Legalized assisted dying will open up conversations about what people want at the end of life as it has done in [other jurisdictions](#).

In terms of New Zealand evidence, the world-renowned [longitudinal study](#) of 987 25-year-olds found they distinguish between suicide and euthanasia. If 25-year-olds can see the difference, surely others can too?

Those bereaved by assisted dying witness less suffering and the impact on them is [similar or no worse](#) than other deaths.

If people vote for this law to come into force, there will be fewer suicides because terminally ill New Zealanders are sadly [taking their own lives](#).

If assisted dying is legalized, dying people will [experience less suffering](#)

at the end of life; there won't be more deaths because the only people eligible are already dying.

As a dying person said to me in an interview for my research: "I think that there's a profound principle in there somewhere, that people ought to have some, some way of saying this is long enough."

The views of people approaching the end of life are startlingly absent from the debate about legalization. This is a rare opportunity to have input into passing a [compassionate](#) piece of law on their behalf.

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