

OPEN LETTER TO ALL NZ MEMBERS OF PARLIAMENT

Doctors say 'Yes' to Medical Assistance in Dying



Reports from Palliative Care Australia, providing assessments made by the clinicians themselves, show that even in hospice, at least 6 percent die experiencing severe pain and severe suffering from other symptoms. These include suffocating or choking to death or drowning in lung fluids, all of which induce terror. We'd be foolish to imagine the statistics are much different here in NZ. On this evidence alone, assisted dying must be included among the options available for end-of-life care and David Seymour's End of Life Choice Bill must be supported.

Among opponents is the 'Care Alliance' which includes a group of medical practitioners, including some palliative care doctors, attempting to sabotage the EOLC Bill. It is emailing every medical practice in the country and inviting doctors to sign up to its charter ie 'Drs say No'. However, since its formation in 2012, it has achieved only 800 sign-ups out of the 15,000 registered medical practitioners (this is well under 10%).

In a 2018 survey done by NZ Doctor 37 percent of New Zealand's doctors declared support for the legalisation of Medical Assistance in Dying in terminal illness, with 11% undecided. As has happened in other legalised jurisdictions, supporting numbers will grow once a law allowing Medical Assistance in Dying is in place.

Medical Assistance in Dying is a difficult issue for many NZ doctors, as at the moment it is illegal, and if in favour, they are circumspect about expressing their views publicly in case their patients and colleagues get the wrong idea. They don't want to be classed with the approximately 4% of doctors who illegally help people to die in their final illness (2 repeated studies from Auckland University).

However, the doctors contributing to this document (part of a larger group) believe it is time to make their support for Medical Assistance in Dying clear, so that the public and MPs understand why there are many doctors in favour.

Some quotes from a group of doctors supporting 'Medical Assistance in Dying' include:

Gary Payinda (Emergency Medicine Specialist)

'The public needs to know that many doctors out there support medical assistance in dying. At the end of the day, my own reason for supporting it is pretty simple: if I was dying a miserable death (and some deaths truly are miserable, despite the very best palliative care), I would certainly want a caring doctor to be able to help me end my suffering.

And if I'd want that option for myself--isn't it only fair that my patients would have that option too?'

Alastair Macdonald (Renal Physician)

I completely echo the comments made by Gary. There is a gentle pragmatism to these important sentiments.

Dr Libby Smales (Grief Counsellor and experienced Palliative Care and Hospice doctor)

'I have been thinking about this issue a lot recently, after decades working as a Hospice doctor, when I left, I realised:

- 1) I had been working in a therapeutic bubble that was not and still is not available to every dying person.
- 2) Even in that privileged situation, some deaths would have been truly horrible without terminal sedation.
- 3) In the world outside the bubble things were and still are very different,
- 4) I have some sympathy for my Hospice colleagues who are so fiercely anti, like them, in my arrogance and ignorance, while I was "in" I believed that H/PC could and did, fix all of it for everyone, I had to get "out" to see the truth.
- 5) I think we have it round the wrong way, we shouldn't have to justify this overdue legislative change, the reasons for compassion and change, are well researched and compelling, I think the anti's need to justify why not.

Stanley Koshy (General Practitioner)

'There has never been a better moment to get into legislation an act as significant as Medical Assistance in Dying. There is a government that is supportive of the motion, an international movement with more territories legislating in support of MAID, a public that has indicated a level of maturity in accepting that this is the next forward step to take, and a group of doctors who are willing to ensure that this movement does not lose momentum.

Jay Kuten (Psychiatrist)

A good death is to be seen as a consequence of and an extension of good palliative care.'
'Say Yes to Patient Choice in Dying and No to playing God and choosing for them'.

Lannes Johnson (General Practitioner experienced in palliative care)

'I have seen many miserable deaths, in rest homes especially (private hospitals too). Home dying in more peaceful. Unlike rest homes, nobody counts the ampoules in the home environment'.

Angela Hancock (General Practitioner)

"I am baffled, saddened and concerned that so many of our colleagues are unable to consider providing the support that some patients want (and need) when the end of their days is inevitable. I am baffled that they do not uphold the patient's right to refuse treatment and palliative sedation, both often leading to miserable situations prolonging the inevitable and causing suffering. This is tantamount to abandoning patients at one of their greatest times of need in my opinion. I must support conscience decisions in this situation but I object to the obstructive "we know best" for everyone approach. I would be honoured to sign an open letter expressing support our view here and thank you everyone for your willingness to be seen and heard'.

Rowan Stephens (General Practitioner)

I carry a lingering guilt into retirement knowing that I was not always able to best serve my patients at the end of their life, due to the law. I failed in my duty, and did cause harm. My motivation is to change the law so everyone has a possibility of choice at the end of their life, and well funded hospice care is integral to this aim. Recently I decided to change out of my (morning volunteer) End of Life Choice T shirt before attending my afternoon volunteering for Hospice. Not wanting to upset any hospice supporters I was actually being cowardly.

Frank Kueppers (Urologist specialising in Oncology)

I support 'Doctors say Yes'.'

James Davidson (Pathologist)

'I believe that everyone should be able to choose a peaceful painless and dignified end of life, when faced with the prospect of a prolonged, painful or miserable one.'

John Musgrove (General Practitioner)

As General Practitioners we should provide high-quality, supportive health care for all our patients' lives. The Hippocratic Oath is always brought up when people opposed to Assisted Dying criticize the proposed legislation. I wonder if they have ever read the Oath or know Hippocrates lived over 2000 years ago. I would like to quote one of our mentors and a Senior Professor in Otago who told us when we graduated " Thou shall not kill but thou shall not strive officiously to keep alive. With the emphasis on officiously, this is what proper caring really means.

Carol Shand (General Practitioner and Sexual Health Physician)

My years in general practice, unable to support the requests of many patients for assistance in dying, have left me ashamed of myself, my profession, and our NZ law. All of us need to adopt the principle of patient autonomy which we teach to students but only partially believe in.

Miles Williams (Cardiologist)

The 3rd statement of the World Medical Association Declaration of Geneva says "I will respect the autonomy and dignity of my patient" and doctors accept this unquestionably until the patient asks for relief from their suffering by medical assistance in dying. We then appear to abandon our belief in the basic human right to self-determination. Some doctors say it is unethical – it is not. Some say it puts the vulnerable at risk – there is no evidence for this. Clarity of thinking, objectivity and compassion for the individual, should replace beliefs and practice based on culture and dogma.

Jack Havill (Intensive Care Medicine Specialist)

Patients are very vulnerable as they often have to shift between home, hospital, hospice and rest home. A friend of mine, a strong advocate for assisted dying, who died from multiple myeloma in 2018, was shifted from hospice to a rest home with inexperienced staff. She was in a highly drugged state, and in her three week stay developed fractures caused by falling out of bed 3 times. This necessitated hospital admission. These last few horrible weeks could have been avoided by a law allowing medical assistance in dying.

In conclusion, it is clear that the general public (65-75%), in repeated scientific surveys over many years, want Medical Assistance in Dying legalised. We would encourage Members of Parliament to consider carefully the supporting evidence. One day we will look back and wonder why we allowed patients to suffer so much at the end of their lives.

Signatures:

Gary Payinda (Emergency Medicine Specialist)

Margaret Sparrow (Sexual Health Physician)

James Davidson (Pathologist)

Jay Kuten (Psychiatrist)

Lannes Johnson (General Practitioner with lot of experience in palliative care)

Angela Hancock (General Practitioner)

Rowan Stephens (General Practitioner)

Frank Kueppers (Urologist specialising in Oncology)

Alastair Macdonald (Renal Physician)

Elizabeth Smales (Palliative Care Physician and Grief Counsellor)

John Musgrove (General Practitioner)

Carol Shand (General Practitioner and Sexual Health Physician)

Stanley Koshy (General Practitioner)

Miles Williams (Cardiologist)

Alison Glover (General Practitioner/Sports Medicine)

Jonathon Baskett (Geriatrician)

Jack Havill (Intensive Care Medicine Specialist) - **contact person for comments**

or queries - email: jackhavill@outlook.com) Cell: 021 330255