

# Euthanasia bill before New Zealand parliament

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A bill that would make assisted-suicide legal in New Zealand passed its second reading in parliament on June 26, and is one step closer to becoming law. The End of Life Choice Bill, sponsored by leader of the far-right ACT party David Seymour, is being treated as a “conscience” vote, with MPs not bound by party policy.

There were 70 votes for the bill, including 32 Labour MPs plus Prime Minister Jacinda Ardern, and 50 against. Deputy Prime Minister Winston Peters’ right-wing NZ First Party backed the bill—but on condition it goes to a referendum. The Greens, part of the coalition government, also voted in favour. The bill, which had more than 39,000 public submissions, now goes to the house for further debate, where major amendments may be proposed, before its final reading.

Currently, euthanasia is illegal in New Zealand and it is also illegal to “aid and abet suicide” and to “incite, procure or counsel” someone else to commit suicide.

In the bill’s current form, people over 18 would be able to request a fatal dose of medication if they have less than six months to live or are suffering from a “grievous and irremediable medical condition.” Seymour has promised to amend the bill in the coming stage to limit euthanasia to people who have “a terminal illness that is likely to end the person’s life within six months,” and to state that age, disability or mental illness cannot be reasons to grant consent.

As a basic democratic question, everyone should have the right to decide when to die, and the state should have no power to compel someone to continue in pointless suffering. However, against a background of widespread poverty among the elderly, the increasing erosion and privatisation of healthcare and deepening austerity measures, including talk of slashing aged pensions, there is no doubt many people feel under

pressure to take their lives because they lack financial and psychological resources or social support.

In response to the widening social crisis, New Zealand’s overall suicide rate in 2018 was the highest since records began, with 668 deaths. Mainly working-class Maori men continued to be disproportionately represented: 97 died, up 12 percent on 2017. Female suicides increased by 44 compared to the year before. NZ has the highest death rate for young people among developed countries, with 35 deaths per 100,000 for those aged 10–24 years.

The ACT Party leader claims his bill will provide “choice” for people who are sufficiently ill to seek assisted suicide. Seymour declared “it is possible to design a law that gives choice for those who want it and protection for those who want nothing to do with it.” He said the fact that similar legislation was being adopted by many countries, including Canada and the Australian state of Victoria, showed it was becoming “normal.” He claimed most opponents had “religious convictions.”

In fact, the growing prevalence of legislation legalising suicide is testimony to the mounting social crisis in country after country, in which the lack of adequate social services, including health and aged care, for the aged and chronically ill, and their families contribute to feelings that it is pointless to continue living. ACT played no small part in creating this social disaster. Established in 1993 by former Labour Party finance minister Roger Douglas, it sought to extend the 1984–90 Lange government’s pro-business program of flat tax, privatisations, “small” government and sweeping attacks on the working class.

Opposing the legislation, some 1,000 doctors have signed an open letter saying they “want no part in assisted suicide.” The doctors declare that their focus is

on saving lives and care for the dying, rather than taking lives, which they deem unethical. The letter states: “We are especially concerned with protecting vulnerable people who can feel they have become a burden to others, and we are committed to supporting those who find their own life situations a heavy burden.” It also upholds the right of patients to decline treatment.

Sinead Donnelly, a palliative medicine specialist, told Radio NZ that in Oregon USA, where assisted suicide is legal, statistics show the most common reasons people have for requesting such a procedure are “feeling a burden,” “fear of institutionalisation” and loneliness—that is, “societal issues,” not medical ones. The NZ legislation, she argued, will increase such pressures.

The public health system is in deep crisis. In 2018 New Zealand was among the worst of a dozen similar countries for waiting times for elective surgery, specialist appointments, and treatment after diagnosis. It ranked third-to-last on measures of health equity, and last for access to diagnostic tests. The Cancer Society has described access to treatment for cancer, one of the major killers, as a “postcode lottery” depending on which District Health Board (DHB) area patients live in.

Sections of the media, academics and political establishment are expressing concern about the proportion of the health budget spent on the elderly, particularly as the population ages. According to the Ministry of Health, people over 65 make up 15 percent of the population but use 42 percent of health services.

Over the last decade, DHB spending on older people increased twice as fast as their overall expenses and 5 times as fast as inflation. DHBs spend \$NZ983 million on support services for older people, of which 60 percent goes to residential care.

The implicit solution is to slash or “rebalance” the health budget to save billions of dollars. It is no accident that the demand for access to euthanasia, previously politically unpalatable, is brought forward at a time of deepening austerity and attacks on the social rights of working people.

While organisations such as the Voluntary Euthanasia Society and Exit International have conducted high-profile campaigns for a law change, attempts to legislate for euthanasia in 1995 and 2003 failed to get

through parliament. Following the 2014 election, Labour MP Maryan Street’s euthanasia bill was dropped and the party’s then-leader Andrew Little declared it was “not an issue Labour should be focused on.”

The treatment of the terminally ill is a serious and difficult social issue, not given to simple solutions. In 1998 the WSWS warned: “There are many reasons to be wary when euthanasia is offered as a solution to the problems of the sick and the elderly. The precedents of this century—the Nazis were the most enthusiastic proponents of this practice—are not hopeful. There is enormous potential for abuse and discrimination, for distortion of the decisions of the terminally ill by economic circumstances and social conditions.”

The warning remains extremely prescient.



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