

## MINISTRY OF HEALTH OVERSIGHT AND ADMINISTRATION OF END OF LIFE CHOICE ACT

1. The Ministry of Health ("the Ministry"), which is presently responsible for suicide prevention in New Zealand, will have responsibility for overseeing the operation of assisted suicide and euthanasia under the End of Life Choice Act.<sup>1</sup> The Ministry will also be responsible for servicing those medical practitioners who are willing to help New Zealanders be euthanised or commit suicide.<sup>2</sup> Any person who seeks euthanasia or assisted suicide must be referred to the Support and Consultation for End of Life in New Zealand Group (SCENZ Group).<sup>3</sup> The SCENZ Group will be established by the Director-General of Health, serviced by the Ministry, and will comprise identified practitioners who are "willing to participate" in euthanasia and assisted suicide.<sup>4</sup>
2. The Ministry's involvement in helping New Zealanders be euthanised or commit suicide will confuse New Zealand's attempts to eliminate suicide, seeing that the Ministry will be actively assisting some New Zealanders to commit suicide or be euthanised at the same time as advising other New Zealanders not to. Each group will receive the same message: that the state endorses the deliberate ending of a person's life as an appropriate response to suffering, the only difference being that those who do not meet the End of Life Choice Bill's eligibility criteria for assistance in their suicide will be left on their own to achieve it.
3. The inevitable state of confusion is aptly illustrated in the following drawing:



4. The Explanatory Note to the End of Life Choice Bill asserts that *"..some people in New Zealand are suffering unbearably at the end of their lives and are taking their lives earlier than they would if assisted dying were legally available to them"*.

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<sup>1</sup> Clauses 21 and 22.

<sup>2</sup> Clause 19(3).

<sup>3</sup> Clauses 7(2)(b) and 11(2).

<sup>4</sup> Clause 19.

5. Paradoxically, this suggests that the State should provide a means of committing suicide **as a suicide prevention measure**. If this claim holds true, then euthanasia and/or assisted suicide in other countries ought to have resulted in a reduction in the rate of general suicide in those jurisdictions where euthanasia and/or assisted suicide is permitted. Recent studies in those jurisdictions, however, provide no support for this claim:

5.1 In a 2015 study, Jones and Paton examined “the association between the legalization of PAS (physician assisted suicide) and state-level suicide rates in the United States between 1990 and 2013.”<sup>5</sup> Their analysis showed that legalizing PAS was associated with a 6.3% increase in total suicides (including assisted suicides). Introduction of PAS was neither associated with a reduction in non-assisted suicide rates nor with an increase in the mean age of non-assisted suicide.<sup>6</sup> They concluded that “[l]egalizing PAS has been associated with an increased rate of total suicides relative to other states and no decrease in non-assisted suicides. This suggests either that PAS does not inhibit (nor acts as an alternative to) non-assisted suicide, or that it acts in this way in some individuals but is associated with an increased inclination to suicide in other individuals.”<sup>7</sup>

5.2 In a more recent study (2018), Rymowicz and Joshi examined the influence of Physician Assisted Suicide (“PAS”) on suicide in Oregon from 1995 to 2015. The study found that in women aged over 65 years, the rate of assisted suicides increased during this period but so too did the rate of amateur suicides, and the overall rate of deliberate self-death in this demographic of women increased dramatically. In men aged over 65 years, the rate of amateur suicides decreased during this period while the rate of assisted suicide rapidly increased. The overall rate of deliberate self-death for men largely remained the same.<sup>8</sup>

5.3 In the Netherlands the data shows no overall decrease in general suicide rates as EAS rates increase:<sup>9</sup>

<b>Netherlands</b>			
	<b>Non-assisted Suicide</b>	<b>Assisted suicide &amp; euthanasia</b>	<b>Combined</b>
<i>per 100,000 population</i>			
<b>2000</b>	9.4		<b>9.4</b>
<b>2001</b>	9.1		<b>9.1</b>
<b>2002</b>	9.6	11.7	<b>21.3</b>
<b>2003</b>	9.2	11.2	<b>20.4</b>
<b>2004</b>	9.1	11.6	<b>20.7</b>
<b>2005</b>	9.4	11.9	<b>21.3</b>

<sup>5</sup> David Albert Jones and David Patton “How Does Legalization of Physician-Assisted Suicide Affect Rates of Suicide?” (2015) 108 Southern Medical Journal 599 at 599.

<sup>6</sup> At 601.

<sup>7</sup> At 603.

<sup>8</sup> Robert Rymowicz and Pallavi Joshi “Physician Assisted Suicide Influences Suicide Rates among Older Adults in Oregon” (2018) 26(3) Am J Geriatr Psychiatry 113.

<sup>9</sup> Murphy S “Euthanasia Statistics: Netherlands: From 2002” (August 2017) Protection of Conscience Project <<http://www.consciencelaws.org>>.

<b>2006</b>	9.1	11.8	<b>20.9</b>
<b>2007</b>	8.0	13.0	<b>21.0</b>
<b>2008</b>	8.4	14.2	<b>22.6</b>
<b>2009</b>	8.9	16.0	<b>24.9</b>
<b>2010</b>	9.2	18.9	<b>28.1</b>
<b>2011</b>	9.5	22.2	<b>31.7</b>
<b>2012</b>	10.0	25.0	<b>35.0</b>
<b>2013</b>	10.5	28.8	<b>39.3</b>
<b>2014</b>	10.4	31.5	<b>41.9</b>

5.4 These developments recently prompted one Dutch academic to write:<sup>10</sup>

“The assumption that euthanasia will lead to lower suicide rates is not supported by the numbers. In the Netherlands, the percentage of euthanasia of the total mortality rate tripled from 1.3% in 2002 to 4.08% in 2016. During that same period, the suicide numbers did not go down. From 1,567 in 2002, they went up to 1,894 in 2016, a rise of 20.8%. Suicide rates reached a relative low of 1,353 in 2007, compared to which the 2016 numbers did not only constitute a rise of 40%, but also reached the highest level ever. This is even more significant given the fact that euthanasia from 2007 on started becoming available to people with chronic and psychiatric illnesses, dementia, and others (see section below). In terms of the percentage of the overall mortality, suicide numbers went up from 1.01% in 2007 to 1.27% of overall mortality in 2016.”

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<sup>10</sup> Theo A Boer “Does Euthanasia Have a Dampening Effect on Suicide Rates? Recent Experiences from the Netherlands” (2017) 10 JEMH 1 at [3].