



Petition of Hon Maryan Street and 8,974 others: An investigation into the factors that contribute to the desire to end one's life, the effectiveness of services and support available to those who desire to end their own lives, the attitudes of New Zealanders towards the ending of one's life and the current legal situation and international experiences.

Health Select Committee

The Salvation Army New Zealand Fiji and Tonga Territory Submission

BACKGROUND

1. The Salvation Army is an international Christian and social services organisation that has worked in New Zealand for over one hundred and thirty years. The Army provides a wide range of practical social, community and faith-based services, particularly for those who are suffering, facing injustice or those who have been forgotten and marginalised by mainstream society.
2. We have over 90 Community Ministry centres and Churches (Corps) across the nation, serving local families and communities. We are passionately committed to our communities as we aim to fulfil our mission of caring for people, transforming lives and reforming society through God in Christ by the Holy Spirit's power.¹
3. The Salvation Army seeks to provide care, support and advocacy for vulnerable members of society through services such as The Salvation Army HomeCare and Hospice Marlborough. The Salvation Army HomeCare provides services to enable the aged, or those with ill health or disabilities, to live independently in their communities. HomeCare's mission is 'Together; preserving independence, dignity and quality of life for people living at home requiring support.'² Hospice Marlborough represents a partnership between the Marlborough Hospice Trust, the Marlborough Hospice Foundation, and The Salvation Army. The Marlborough Hospice Trust is responsible for fundraising to support the hospice. The Marlborough Hospice Foundation and the Salvation Army are the service providers.³
4. This submission has been prepared by the Moral and Social Issues Council of The Salvation Army. The Council seeks to fulfil the mission of The Salvation Army by considering and responding to significant moral and social issues affecting the lives of people living within the Territory (New Zealand, Fiji and Tonga).
5. This submission has been approved by Commissioner Robert Donaldson, the Territorial Commander of The Salvation Army New Zealand, Fiji and Tonga Territory.

¹ <http://www.salvationarmy.org.nz/our-community/mission/>

² <http://homecare.org.nz/about-us>

³ <http://www.marlboroughhospice.org.nz/>

THE SALVATION ARMY PERSPECTIVE

6. The Salvation Army believes strongly that all people deserve compassion and care in their suffering and dying. Euthanasia and assisted suicide should not, however, be considered acceptable responses. They undermine human dignity and are morally wrong. The Salvation Army believes therefore that euthanasia and assisted suicide should remain illegal.
7. Death is a human reality. Even with the most advanced medical science and attentive care giving, cure is not always possible, and pain and suffering cannot always be overcome. We must never use anyone's suffering as a justification for causing their death, however, or judge a person's life as not worth living. Respecting the sanctity of human life means we value all human beings irrespective of age, health status, gender, race, religion, social status or their potential for achievement.
8. The Salvation Army accepts the following principles:
 - All people deserve to have their suffering minimised in every possible way consistent with respect for the sanctity of life.
 - It is not suicide for people to choose to refuse or terminate medical treatment.
 - It is not euthanasia for health care professionals to withhold or withdraw medical treatment that only prolongs the dying process.
 - To provide supportive care for the alleviation of intolerable pain and suffering may be appropriate even if the dying process is shortened as a side effect.
9. It is important to communicate by word and deed to the sick, the elderly, the dying, and other vulnerable members of society that they remain worthy of respect, that they are loved and will not be abandoned to their suffering.
10. Respect for the dignity of human life demands quality care for all persons to the end of their lives. The Salvation Army therefore promotes access to palliative services that provide holistic care (physical, emotional, psychological, social and spiritual) when there is no longer medical hope for a cure. Optimal pain control and the overall comfort of the individual person should be the primary goals of this care.
11. Human beings exist in social relationships; what happens to one person has a deep impact on others. Part of The Salvation Army's commitment to vulnerable members of society is to raise concerns over changes to social policy and legislation that serve to increase that vulnerability and/or decrease society's awareness of and empathy for, that vulnerability.

SPECIFIC RESPONSES

The factors that contribute to the desire to end one's life

12. The Salvation Army recognises the wide range of factors (physical, emotional, psychological, social and spiritual) that can contribute to the desire to end one's life.
13. The Salvation Army regularly works with, and supports, people who are sufficiently distressed to entertain suicidal thoughts. It deeply empathises with people in this situation and works hard to help them address the combination of factors affecting them.

14. However, The Salvation Army believes that there are no circumstances in which terminating a person's life or terminating one's own life is a proper or necessary response to existential distress of any kind.
15. The Salvation Army believes that it is incumbent upon any reasonable society to continue to develop and resource improved ways of ameliorating those factors. Society's task is not to eliminate those who suffer but to continue to find better ways of dealing with their suffering.

The effectiveness of services and support available to those who desire to end their own lives

16. The Salvation Army regards the services and support (ranging from social support and counselling through to Palliative Care) currently available to those who are experiencing some form of existential distress as effective but in need of improved resourcing.
17. The Salvation Army strongly supports current services working to relieve existential distress so that people no longer have the desire to end their own lives.
18. However, The Salvation Army strongly opposes the provision of services and support which encourage a person to end their own life or facilitate the ending of that life.
19. There is a wide range of well-established and competent services that address human distress at various levels. The Salvation Army addresses concern over financial circumstances through its budgeting service and Community Finance Scheme and it addresses emotional and social concerns through its counselling services.
20. Terminal illness can cause distress at the highest level and The Salvation Army remains committed to advocating for significantly improved levels of investment in palliative care services and research.
21. Modern palliative care is a comprehensive package of medical, social and spiritual care. The careful selection and application of the medical tools available to the specific needs of each person receiving care means that almost all physical pain can be relieved effectively. When people are supported emotionally, socially and spiritually, physical pain (and other forms of existential distress) can become more bearable.

The attitudes of New Zealanders towards the ending of one's life and the current legal situation

22. The Salvation Army supports the current legal situation and strongly opposes any change.
23. We strongly oppose any normalisation of the facilitation of death in the context of addressing pain and suffering.
24. We strongly oppose any move that makes doctors and other medical staff party to the facilitation of death in the context of addressing pain and suffering.
25. We strongly oppose any move to medicalise euthanasia and assisted suicide. Killing people should not become a medical option, nor should it be regarded as legitimate medical 'care'.
26. We strongly oppose any move likely to create an environment in which vulnerable members of society may be exposed to, or perceive increased pressure, to end their lives prematurely.

27. The Salvation Army's interaction with, and support of, older people leaves it in no doubt as to the potential for, and existence of, elder abuse. Family members concerned about declining estate values and the inconvenience of looking after frail elderly people, the declining physical and mental faculties of the elderly and the fear of the elderly themselves at becoming a 'burden' emphasise the vulnerability of the elderly generally and their heightened vulnerability should the current legal situation change.
28. We question how legalised euthanasia and assisted suicide could sit rationally alongside the significant suicide prevention efforts currently in place. People wishing to commit suicide wish to terminate their lives in order to relieve existential distress. We cannot logically seek to prevent that happening if we, at the same time, make euthanasia and assisted suicide legally available to another group of people experiencing existential distress.
29. On the 13th July 2015, the Sydney Morning Herald reported the overdose suicide of Lucas Taylor who was twenty six years old. He was a member of Exit International⁴ and used information gained through Exit's online forums to source the drug Nembutal from Peru. He was not suffering from a terminal illness.⁵
30. We strongly oppose any move likely to increase the vulnerability and marginalisation of disabled people. The realities associated with disability; pain, reliance on others for personal care, inability to engage with life as able bodied people can, are all factors that may form part of a claim of irremediable suffering. The Salvation Army is deeply concerned with the message legalised euthanasia and assisted suicide would send disabled people, i.e. "your life is capable of being characterised as not worth living and people experiencing what you experience are entitled to terminate their lives".

International experiences

31. New Zealand law, like the society it reflects, is largely devoted to protecting human life, particularly vulnerable and marginalised people. We believe that euthanasia and/or assisted suicide will seriously undermine that protection and the will to protect. In reviewing the experience of countries where euthanasia and/or assisted suicide are legally available, The Salvation Army is concerned at the extent to which death has been medicalised and normalised as a 'medical' procedure, and ,the ease with which so-called 'safeguards' can be subverted or ignored.
32. We are concerned at the findings of a study published in the Canadian Medical Association Journal (2010) that 32 percent of all assisted deaths in the Flemish region of Belgium are done without explicit request.⁶
33. The same study reported that:
 - Euthanasia deaths increased by over 5000% between legalisation in 2002 and 2011.
 - Only about 50% of euthanasia deaths in the Flanders region are reported to the Federal Control and Evaluation Committee as is required by law.

⁴ Exit International is an organization advocating the legalization of euthanasia.

⁵ <http://www.smh.com.au/national/health/deaths-among-young-an-unintended-consequence-of-euthenasia-movement-mother-20150711-gia7e5>

⁶ Chambaere, Kenneth, Johan Bilsen, Joachim Cohen, et al (2010) "Physician-assisted deaths under the euthanasia law in Belgium: a population-based survey" Canadian Medical Association Journal 182(9): 895-901

34. We are concerned at the potential for vulnerable people, particularly the elderly, to request euthanasia or assisted suicide because they think they are becoming a burden to family, friends or the State.
35. We note with concern an Oregon Public Health Division annual report which states that forty percent of patients who requested assisted suicide in 2014 did so out of concern about being a burden on their family.⁷
36. The same Oregon Public Health Division annual report records that:
 - From 1998 to 2014, the number of deaths from assisted suicide has increased from 16 to 105 per year, and that
 - No healthcare provider was present in over 80% of assisted suicide deaths in 2014.

CONCLUSION

37. The Salvation Army strongly opposes any change to the current legal situation with respect to euthanasia and assisted suicide.
38. The Salvation Army strongly supports increased resourcing for hospices and palliative care research to enable New Zealand society to continue to respond appropriately to the suffering of terminally ill people.
39. The Salvation Army is grateful for the opportunity to submit a written submission and looks forward to making an oral submission to the Select Committee.

⁷ Oregon Public Health Division, Oregon's Death with Dignity Act—2014 [Annual Report-Year 17] (Salem: Oregon Public Health, 2015)