

**21 September 2016**

*Oral submission to Health Select Committee: The Maryan Street petition to investigate fully, public attitudes towards the introduction of legislation which would permit medically-assisted dying in the event of a terminal illness or an irreversible condition which makes life unbearable.*

## **Introduction**

Kia ora koutou katoa my name is Kerri Nuku and I am Kaiwhakahaere at NZNO, with me is Jane MacGeorge, Nursing & Professional Services Manager.

NZNO supports this investigation and acknowledges that assisted dying (AD) is a complex and contentious ethical issue. Thank you for the opportunity to provide an oral submission which is to build on our written submission.

NZNO is the leading professional and industrial nursing organisation of Aotearoa. We represent 48,000 nurses/ midwives, kaimahi hauora and students. Nurses are often one of the first health professionals trusted with “wish or desire to die” conversations. Given international trends, NZNO is aware that some form of assisted dying may be legal in Aotearoa in the near future. Many of our members are polarised around AD and we represent their views today.

The decision to legalise medically assisted dying will have serious implications for nurses who are involved in caring for people who are dying. We would like to acknowledge three points raised by our members.

Jane will speak on the impact of legislative changes that may affect ethical standards of nursing practice and I will speak on the Māori approach to death and dying that is broader than a medical framework.

## **Jane MacGeorge**

Nurses need to be in the best possible position to protect and uphold the interests of the people they care for including meeting public expectations of being well cared for when sick and dying. Our members come from different cultural, religious and ethnic backgrounds and hold diverse personal and professional views. Nurses need to understand their rights as well as the ethical and legal implications of their actions in making decisions that honour choices by health consumers in their end of life care.

NZNO is aware that some form of assisted dying may be legal in Aotearoa New Zealand in the near future. As patient advocates NZNO can no longer take a neutral stance but has taken a principled approach to AD, and advocate for individuals to have the option of choice of AD. Health professionals and ethicists hold a range of views on the question of whether AD is ethically permissible.

Our concern is focused on the impact of legislative changes that may affect the day to day practice of nurses who work with dying people.

The Nursing Council of New Zealand's code of conduct for nurses provides clear principles and guidelines to ensure health consumers are treated with respect, and their dignity, culture and individuality are valued. Death and dying is not restricted to one clinical setting. Nurses interact with families and other members of the health care team including medical practitioners and are often the key person supporting patients and whānau 24 hours/7 days a week and may be delegated parts of the AD process.

Our members' views are influenced by personal and professional experiences. We note those concerns from our members here today. Those who support some form of AD legislation have witnessed many prolonged deaths that have been distressing for both patients and families where the desire for assisted death has arisen despite access to adequate pain medication. Members have also expressed the patient's right to dignity and ability to have control over the timing of their death particularly when entering the terminal phase of their illness. Equally there is concern about families not coping or understanding the dying process that requires a lot of emotional support. Being able to take the time to have open discussions and support patients make informed choices has been emphasised along with appropriate education for health professionals on the AD process.

Our members who oppose the introduction of AD legislation have concerns that centre on protection of the vulnerable. There is also a strong argument for improved access to quality palliative care being routinely available to all who need it. Trust is central to a nurse-patient relationship, "as nurses we have a responsibility to advocate for patients, yet how can we advocate for the active killing of a patient?" Promotion of open discussions about death and dying supported by advance care planning is a much better option for society than legalising AD.

Currently there is no universal nursing position on the ethics of AD, this will raise many ethical issues for our members which need to be robustly discussed. We have also considered views of nurses in other countries where euthanasia legislation has already been passed.

Nurses have extensive expertise in care of the dying and should be involved in the drafting of any AD legislation that must make explicit the role of nurses in regard to assisted dying practices, and how nurses will be protected if acting as a delegate to any part of the AD process. Legislation would also need to take into account the right for nurses to object on the grounds of conscience to being involved in the care of a patient that has requested assisted dying services.

We have concerns about the singular focus on the physicians' role and recommend legislation (if passed) clearly outlines the responsibility of all health practitioners. Regulations and guidelines will need to outline best practice standards for nursing and responsibilities of the Health Practitioner (Defined in section 5 of HPCA 2003).

It is also essential to be aware that nurse practitioners and designated registered nurse prescribers may both be in a position to prescribe medicines to assist dying. Legislation relevant to AD must take this into account and provide very clear guidance on practice for these health practitioners as well as physicians.

## Kerri Nuku

*'I whānau mai te tangata kia mate, we are born to die'*.<sup>1</sup> While there is no one single view on assisted dying, neither is there no one single approach to Māori views of death and dying.

The Māori approach to death and dying is a good platform to discuss broad ethical issues much better than narrowly focused medical framework.

We can also learn from indigenous models of care, such as Te Whare Tapa Whā which supported and discuss both life and death issues such as assisted dying. Māori mythology stories describe the interwoven connection between life and death, whakapapa linkages between tupuna and the living whānau, hapū and iwi, the whenua and the environment.

Concepts of Tika, Aroha and Pono to guide decision making process to ensure a dignified death occurs.

We must be careful not to judge or label Māori having only one view on death and dying, rather it is individual and collective cultural approach that must be respected.

As Papaarangi Reid said: “people ask what’s the Māori way, or the Māori perspective or whatever. Its plural, its diverse, its multiple, its flexible, its changeable.

We must resist people trying to make us into museum exhibits of past behaviours. We are complex, changing, challenging and developing – as is our right.”

If we look towards our staunchest Rangatira, tireless advocator and educator Ranginui Walker who chose how he lived to push the boundaries of Māori traditions in a contemporary world, he along with his whānau chose to have his tangi in Auckland and not at his ancestral Whakatohea marae, to be cremated instead of buried, to have a live streaming at his tangi, Māori are adapting to the changing practices with tangihana.

Manaakitanga – duty of care - obligation to ensure all communities are given the opportunity to contribute. Just as live streaming at tangi, cremation rather than burial, organ donation are being accepted and chosen by Māori, we believe that assisted dying will be.

As Te Rūnanga have been staunch advocates for the care of Tūpāpaku and improving the coronial services to be culturally appropriate, we must also be supportive of ensure that assisted dying patients and whānau must have culturally appropriate settings to die.

In conclusion, we would like to reiterate that NZNO supports this investigation on the basis there is provision in any AD legislation that recognises the legal, professional and cultural imperatives of nursing.

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<sup>1</sup> Sullivan, C. L.T. (2013) *Te Okiokinga Mutunga Kore the eternal rest – investigating Māori attitudes towards death.* (Thesis, Master of Arts) University of Otago. Retrieved on 27/6/2016 from <http://hdl.handle.net/10523/4056>