

**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.<sup>1</sup>
3. 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).
4. This submission has been approved by Commissioner Andrew Westrupp, the Territorial Commander of The Salvation Army New Zealand, Fiji and Tonga Territory.

**THE SALVATION ARMY PERSPECTIVE**

**INTRODUCTION**

5. The Salvation Army **does not support this Bill.**

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

6. The Salvation Army believes strongly that all people deserve compassion and care in their suffering and dying. Euthanasia and assisted suicide are neither compassionate nor caring. Both undermine human dignity, are morally wrong and pragmatically dangerous and unnecessary. The Salvation Army believes therefore that euthanasia and assisted suicide should remain illegal.
7. The Salvation Army strongly opposes any normalisation of the facilitation of death in the context of addressing pain and suffering.
8. The Salvation Army strongly opposes any move that makes doctors and other medical staff party to the facilitation of death in the context of addressing pain and suffering, even if it is solely by way of referral or the provision of information on how a person may access euthanasia or assisted suicide.
9. The Salvation Army supports the majority of medical profession and national medical associations worldwide who remain opposed to the legalisation of euthanasia or assisted suicide. We note the New Zealand Medical Association Position Statement on Euthanasia which states in part: “Euthanasia, that is the act of deliberately ending the life of a patient, even at the patient's request or at the request of close relatives, is unethical” and “Doctor-assisted suicide, like euthanasia, is unethical”, before concluding that “This NZMA position is not dependent on euthanasia and doctor-assisted suicide remaining unlawful. Even if they were to become legal, or decriminalised, the NZMA would continue to regard them as unethical.”<sup>2</sup>
10. The Salvation Army strongly opposes any move to medicalise euthanasia and assisted suicide. Ending people’s lives should not become a medical option, nor should it be regarded as legitimate medical ‘care’.
11. The Salvation Army strongly opposes 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.

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<sup>2</sup> [https://www.nzma.org.nz/\\_data/assets/pdf\\_file/0004/16996/Euthanasia-2005.pdf](https://www.nzma.org.nz/_data/assets/pdf_file/0004/16996/Euthanasia-2005.pdf), accessed 11/01/2018.

12. The attempt to justify Euthanasia or assisted suicide is effectively a claim that a person's life is no longer worth living. It is that claim which is most undermining of human dignity. Enhancing human dignity requires valuing all human beings irrespective of age, health status, gender, race, religion, social status or their potential for achievement and social engagement.
13. 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.
- We also note with concern the significant levels of confusion about these principles in the debate which has arisen on this issue.
14. The Salvation Army believes that it is important to communicate by word and deed to the sick, the elderly, the dying, and other vulnerable members of society that they retain an inherent dignity, remain worthy of respect, are loved and will not be abandoned to their suffering.
15. 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.
16. The Salvation Army strongly supports **universal access to palliative care**.
17. 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.
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## GENERAL COMMENTS

18. Much has been made of the need for ‘effective safeguards’ but those proposed in the Bill are weak and somewhat illusory. Indeed some of requirements claimed as safeguards are simply eligibility criteria.<sup>3</sup> There are no ‘safeguards’ at all which relate to vulnerable members of society other than the person requesting euthanasia or assisted suicide. The elderly, the disabled, people suffering mental health issues including those with suicidal intentions should be protected against the pernicious social effects of legalising euthanasia or assisted suicide.
  
19. Some of New Zealand’s elderly people are not well cared for and elder abuse is a significant issue. ‘Inheritance impatience’ is a growing phenomenon and it is foreseeable that some elderly people will either feel that they are a burden on family and/or society or be made to feel that way. We note with concern an Oregon Public Health Division annual report which states that 55.2 percent of patients who requested assisted suicide in 2017 did so out of concern about being a burden on their family.<sup>4</sup> How genuine and autonomous was their choice?
  
20. 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 in the same way that able bodied people are, 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 to 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”.
  
21. Legalised euthanasia and assisted suicide cannot rationally sit alongside the suicide prevention efforts currently in place. People wishing to commit suicide wish to terminate their lives in order to relieve existential distress. We cannot effectively seek to prevent that happening if we, at the same time, make euthanasia or assisted suicide legally available to another group of people experiencing existential distress.

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<sup>3</sup> Report of the Health Committee, Petition 2014/18 of Hon Maryan Street and 8,974 others, page 37.

<sup>4</sup>

<http://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year20.pdf>

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22. Eligibility criteria tend to be relaxed over time. Age limits are arbitrary and are set to make the legalisation of euthanasia and assisted suicide more palatable to the New Zealand constituency. We note with concern comments such as that of Maryan Street, “Application for children with a terminal illness was a bridge too far in my view at this time. That might be something that may happen in the future, but not now.”<sup>5</sup> The ‘logic’ used to justify adult access to euthanasia and assisted suicide is equally applicable to children. The Salvation Army says that that ‘logic’ is flawed, dangerous and unnecessary.
23. The provision of palliative care options to all New Zealanders is the right response to the issues of suffering and dying. The legal provision of euthanasia and assisted suicide may well cost the Government less money but New Zealand society would pay a high price for it.
24. From comments made by proponents of euthanasia and assisted suicide it is possible to gain the impression that ‘everyone wants the law changed in New Zealand.’ That is not true. Out of over 21,500 submissions made to the Health Select Committees investigation into public attitudes towards euthanasia, 78% of submissions opposed a law change. Proponents also often present the view that people primarily oppose euthanasia for religious reasons. Yet only 14.8% of submissions to the Health Select Committee used religious arguments.

## SPECIFIC RESPONSES TO THE BILL

### Part 1 Preliminary provisions

25. **Clause 4 (a)** sets the minimum age of eligibility at 18 years. The restriction is arguably inconsistent with New Zealand human rights legislation (New Zealand Bill of Rights Act 1990 and Human Rights Act 1993) and therefore subject to challenge. It is foreseeable that this Bill would form the basis of a legal framework for euthanasia and assisted suicide that had no age restriction at all.

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<sup>5</sup> <http://www.stuff.co.nz/taranaki-daily-news/news/9029192/Euthanasia-bill-close-to-MPs-heart>

26. **Clause 4 (c) (i):** Both diagnosis and prognosis can be wrong. Some people will die after having received incorrect information. They will request death based on the belief that they have a certain medical condition, when they don't. They may believe that their condition is irremediable or terminal, when in fact it isn't. And they may believe that they have weeks or months to live when they actually have years.
27. **Clause 4 (c) (ii):** This sub clause means that there is no requirement that the illness or medical condition have any terminal effect to qualify. "Grievous" and "irremediable" are subjective and open to wide interpretation. The eligibility criteria could be interpreted to include any chronic physical or psychological condition, disability, or ageing-related condition. "Medical condition" is not defined in the Bill. Any mental, psychological or psychiatric condition would render a person eligible.
28. **Clause 4 (d):** "Irreversible decline" is another conclusion that is potentially incorrect. There is no indication of the level of decline required for eligibility. Is marginal decline to be sufficient to allow access to euthanasia and assisted suicide?
29. **Clause 4 (e):** The subjectivity of this clause renders any intended safeguard value worthless and particularly so where a person is depressed or has other mental health issues. "Unbearable suffering" cannot be objectively assessed by any medical practitioner and any person wishing access euthanasia or assisted suicide could simply claim that they do not regard any efforts to relieve their suffering as being 'tolerable'.

## **Part 2 Assisted Dying**

30. **Clause 8 (h):** The attending medical professional cannot ensure that the person is expressing his or her wish to die free from pressure from any other person. This measure is of no value as a 'safe guard.'

## **Part 3 Accountability**

31. Apart from the potential for process improvements it is not obvious how the provisions of Part 3 provide any real and effective system of accountability.

## CONCLUSION

32. It is unnecessary and unsafe to legalise euthanasia and assisted suicide in New Zealand.  
The compassionate response to suffering of any kind is to provide practical support to individuals and their families, including high-quality palliative care.
33. The Salvation Army strongly opposes any change to the current legal situation with respect to euthanasia and assisted suicide and does not support this Bill.
34. 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.
35. The Salvation Army is grateful for the opportunity to make this written submission.