

<u>Submission on behalf of:</u> Cancer Society of New Zealand Claire Austin: Chief Executive.

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Submission addressed to: Committee Secretariat Health Parliament Buildings Wellington

Date of submission: 26<sup>th</sup> January 2016 The Cancer Society of New Zealand (CSNZ) neither endorses or negates the introduction of legislation which would permit medically-assisted dying in the event of a terminal illness or an irreversible condition which would make life unbearable.

However, CSNZ submits in support of the Health Select Committee undertaking an investigation into public opinion as it aligns with our policy of patientcentred management and choice of care.

#### Introduction to Cancer Society of New Zealand:

The Cancer Society of New Zealand is a Federation of six Divisions and a National Office. We are committed to helping reduce the incidence and impact of cancer on the community. Cancer affects many of us and is a major cause of disease, disability and death in New Zealand, with 21,050 new registrations and 8,891 deaths in 2011 (Ministry of Health 2015). To lessen this impact, we need an organised approach to reduce the number of people who die from cancer and improve the quality of life of those who are diagnosed.

As part of our approach, the Cancer Society has a set of objectives, including:

a) Providing supportive care and information to people affected by cancer, their families/whanau and carers.

b) Encouraging, organising, supporting and funding research within New Zealand into the prevention, treatment and cure of cancer.

- c) Delivering health promotion programmes focusing on cancer prevention.
- d) Leading advocacy across the cancer continuum.

e) Promoting education about cancer for health professionals and publicising progress made in research and treatment.

f) Working collaboratively with other organisations who share similar goals to the Cancer Society.

Cancer Society staff also participate in Regional Cancer Networks, which were set up by the Ministry of Health in 2008. These networks have District Health Boards (DHB's), Primary Care, Non-Government Organisations (NGO's) and Consumer representatives.

## Purpose of submission:

Following the receiving of the petition of Hon Maryan Street and 8,974 others requesting "That the House of Representatives 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"<sup>1</sup>, the Health Select Committee has asked for submissions from interested groups and individuals regarding this issue.

As the leading organisation dedicated to reducing the incidence of cancer and ensuring the best cancer care for everyone in New Zealand<sup>2</sup>, the Cancer Society of New Zealand classifies itself as an interested group, and so responds to this request from the Health Select Committee.

# Current situation:

Currently, medically assisted dying is illegal in New Zealand. Relevant provisions of the Crimes Act 1961 states the following:

- s158 Homicide defined: Homicide is the killing of a human being by another, directly or indirectly, by any means whatsoever.
- s164 Acceleration of death: Everyone who by any act or omission causes the death of another person kills that person, although the effect of the bodily injury caused to that person was merely to hasten his or her death while labouring under some disorder or disease arising from some other cause<sup>3</sup>.

### How this submission was prepared:

As the Cancer Society of New Zealand is a national federation, we consulted with our six divisions across the country in formulating this response.

## Recommendation:

The Cancer Society of New Zealand (CSNZ) neither endorses or negates the introduction of legislation which would permit medically-assisted dying in the event of a terminal illness or an irreversible condition which would make life unbearable.

However, CSNZ submits in support of the Health Select Committee undertaking an investigation into public opinion as it aligns with our policy of patient-centred management and choice of care.

## Conclusion:

With high-profile cases attracting media coverage and sparking discussion within our society, as well as the international trend of increasingly being open to discussions such as these, New Zealand needs to ensure we do not fall behind in such matters of social,

<sup>&</sup>lt;sup>3</sup> http://www.legislation.govt.nz/act/public/1961/0043/latest/DLM327382.html



<sup>&</sup>lt;sup>1</sup> <u>http://www.parliament.nz/en-nz/pb/sc/make-submission/0SCHE\_SCF\_51DBHOH\_PET63268\_1/petition-of-hon-maryan-street-and-8974-others</u>

<sup>&</sup>lt;sup>2</sup> <u>https://canterbury-west-coast.cancernz.org.nz/en/about-us/about-us/vision-and-mission/</u>

medical, and human rights issues. As such, we support this investigation into public attitudes towards medically assisted dying proceeding, and encourage conversations such as these to be held.

<u>References:</u> The New Zealand Crimes Act 1961 <u>http://www.legislation.govt.nz/act/public/1961/0043/latest/DLM327382.html</u>

New Zealand Parliament, Petition of Hon Maryan Street and 8,974 others

http://www.parliament.nz/en-nz/pb/sc/makesubmission/0SCHE\_SCF\_51DBHOH\_PET63268\_1/petition-of-hon-maryan-street-and-8974others

Cancer Society of New Zealand website

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