

House of Representatives

Supplementary Order Paper

Tuesday, 20 August 2019

End of Life Choice Bill

Proposed amendment

Simeon Brown, in Committee, to move the following amendment:

Clause 8

Replace *clause 8(2)* (page 6, lines 4 to 32) with:

- (2) The attending medical practitioner must—
 - (a) give the person the following information:
 - (i) an accurate prognosis for the terminal illness; and
 - (ii) the irreversible nature of assisted dying; and
 - (iii) the anticipated impacts of assisted dying on whānau; and
 - (b) talk face to face with the person about their wish at intervals determined by the progress of their terminal illness; and
 - (c) ensure that the person has exhausted all options for end-of-life care; and
 - (d) require the person to talk about their wish with at least two others such as family, friends, and counsellors; and
 - (e) verify that the person has talked about their wish with at least two other people other than the attending medical practitioners; and
 - (f) certify beyond all reasonable doubt that the person expresses their wish free from undue influence or pressure from any other person by—
 - (i) talking with other health practitioners who are in regular contact with the person; and

- (ii) talking with members of the person's family; and
 - (iii) talking to any other person that the health practitioner may determine as necessary to ensure the absence of coercion; and
 - (iv) talking to any other person the health practitioner may determine as necessary to ensure the absence of abuse; and
- (g) complete the first part of the prescribed form requesting the option of assisted dying by recording the actions the attending medical practitioner took to comply with **paragraphs (a) to (f)**.

Explanatory note

This Supplementary Order Paper amends *clause 8* of the End of Life Choice Bill by increasing the specificity of the requirements related to the process that must be undertaken when a request is made for physician-assisted suicide. These amendments will provide further safeguards against this decision being taken without a full appreciation of the consequences, and against coercion or other untoward influences. Specifying requirements such as a face-to-face meeting occurring between practitioner and patient, stipulating that the full effects of the death are considered with relation to whānau, and ensuring that alternative options for end-of-life care means more comprehensive support and exploration of the consequences of physician-assisted suicide are provided.