

The *End of Life Choice Act*: Reasons to say ‘No’

Sermon notes

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Texts

Psalm 72: 1-4; 12-14

Luke 14: 1-6; 12-24

Introduction

As a teenager, I remember hearing concerns about ‘youth in Asia’. ‘What big problem are the youth in Asia causing?’ I wondered. What bad things are these young people up to? I subsequently realized that euthanasia had nothing to do with young people in Asian countries! I also came to understand that euthanasia is a serious moral issue; indeed, one of the most momentous of our age.

In late 2019 our Parliament passed the *End of Life Choice Act*. The legislation provides for people in certain circumstances to request medical assistance to end their lives. In short, it legalizes physician administered euthanasia and physician assisted suicide. The Act refers to both as ‘assisted dying’. In one of two separate referendums later this year the voting public will have an opportunity to support or reject the implementation of the *End of Life Choice Act*.

The referendum on assisted dying raises profoundly important ethical issues. Here are five to consider:

1. First, are all human beings inherently, equally and permanently precious? Are all people precious in the sight of God, as the author of Psalm 72 asserts? Or are some human lives of lesser value or lesser moral worth than others – perhaps those Jesus referred to in the parable of the Great Banquet as ‘the poor, the crippled, the blind and the lame’ (Luke 14: 21)?
2. Second, and related to this, are all human lives worth living or are some lives not worth living?
3. Third, what is the proper ethical response to human suffering? Does compassion justify, and perhaps even require, the killing of those who suffer and, if so, does this apply to all suffering or only certain kinds of suffering?
4. Fourth, if there is a moral right to life, and thus a corresponding duty on all persons not to kill, can there also be a moral right to die or hasten death, and thus a corresponding duty to kill those who wish to die? Moreover, can these two sets of moral rights and duties co-exist harmoniously or will not a moral right to die, if codified in law, eventually undermine the right to life?
5. Fifth, should the medical profession have a legal right, and indeed a moral duty, to kill their patients under certain circumstances or is this incompatible with long-standing medical ethics?

These are big issues and I cannot do them all justice in a short sermon. In the time available, I will briefly comment on the purpose and key provisions of the *End of Life Choice Act*, and outline why, based on a Christian understanding of the moral universal, I will be voting ‘no’ in the forthcoming referendum. In short, I believe that the *End of Life Choice Act* is unjust, unwise, unnecessary, and unsafe. Fundamentally, it devalues human life. In some doing, it poses significant risks and dishonours God.

Having said this, I respect the intentions and goals of those who drafted the legislation and those who supported its passage through Parliament. This includes, incidentally, the current

leaders of all five parliamentary parties. The arguments for the Act have weight; I feel their moral force. However, they are not compelling.

Terminology

Euthanasia is where a person's death is sought for the sake of the person who dies; that is, death is deemed to be in the person's best interests. Typically, the term euthanasia is limited to situations where a person's death is brought about intentionally by another person, usually a medical practitioner, at the explicit request of the person wishing to die. By contrast, physician-assisted suicide is where a person brings about her/his own death, with a medical practitioner supplying lethal drugs which are then self-administered.

As already mentioned, the *End of Life Choice Act* embraces both euthanasia, in the form of active voluntary euthanasia, and physician-assisted suicide under the single term 'assisted dying'. For simplicity, I will use the term assisted dying.

The purpose of the *End of Life Choice Act*

The *End of Life Choice Act* has two main purposes. First, it gives people with a terminal illness and who meet certain additional criteria the option of lawfully requesting medical assistance to end their lives. Second, it establishes a lawful process to assist eligible people to exercise this option if they wish. Medical practitioners who have conscientious objections to assisted dying are not required to assist a person who seeks their help to die.

The Act also mandates the forthcoming referendum. If at least 50% vote 'yes' in the referendum, assisted dying will become legal 12 months later – that is, in late 2021.

To be eligible for assisted dying, Section 5 of the Act requires a person to satisfy six conditions. The person must be:

1. at least 18 years or older;
2. a New Zealand citizen or permanent resident;
3. suffering from a terminal illness that is likely to end the person's life within six months;
4. in an advanced state of irreversible decline in physical capability;

5. experiencing unbearable suffering that cannot be relieved in a manner that the person considers tolerable; and
6. competent to make an informed decision about assisted dying.

Under the Act, assisted dying is not available to children under 18, those with a mental illness, those with a long-term physical disability, any form of dementia or a curable, but painful, condition (unless such people also meet the conditions outlined above). Having a physical illness or mental disorder is not sufficient grounds on their own. In effect, many, perhaps most, of those who might wish to consider assisted dying will be ineligible. Having said this, there is no bright line test between having a disability and having a terminal illness. After all, some types of disability can be terminal (e.g. motor-neuron disease).

I will not discuss the processes that the Act establishes for enabling assisted dying and the various safeguards that are to be instituted, save to say that much of the Act is about such matters.

Importantly, the Act prohibits both *non-voluntary* and *involuntary euthanasia*. Non-voluntary euthanasia is where a person is euthanized but without being able to provide informed consent, for instance because he or she was in a persistent vegetative state or suffering a severe psychiatric disorder. Involuntary euthanasia refers to situations where a person is euthanized against their explicit wishes. Both non-voluntary and involuntary euthanasia are generally regarded as immoral by people on all sides of the debate over assisted dying.

Importantly, too, the Act does not permit the use of *advance directives*. Nor does it cover situations where medical treatment is withheld or withdrawn because such treatment is most likely to be futile and/or excessively burdensome. Such situations are common and are widely regarded, certainly here in New Zealand, as morally and legally acceptable.

Moral disagreement – being respectful

The topic of assisted dying is morally complex, emotionally charged and politically controversial. There are thoughtful and sincere people on all sides of the issue, including within the Christian community. Of course, sharp differences on momentous moral issues are not new. Over the centuries Christians have disagreed about many things. These include slavery, child labour, gender equality, the ethics of war, the use of nuclear weapons, capital

punishment, sexual ethics, and all manner of economic, regulatory, welfare-related and environmental issues.

We should not be fearful of such disagreements. But as Christians we are morally obliged to disagree respectfully, with civility and with humility. We must always be open to the possibility of being wrong and that the Spirit of God is prompting us to review our position. Almost certainly, God has sought over many millennia to inform, renew and transform humanity's moral beliefs and practices, and the conscience of individuals. Our Lord's words and deeds bear testimony to this process. Note, for instance, how Jesus re-interpreted and radicalized the meaning of the Ten Commandments in His Sermon on the Mount (Matthew: chapters 5-7).

The language of discourse

Language matters. Our words frame our understanding and influence our emotional response to the topic of conversation. Compare, for instance, the words 'assisted dying' or 'death with dignity' with 'murder', 'killing' or 'suicide'. Arguably, the words 'assisted dying' understate and even mask what is at stake ethically and practically. So, let us be absolutely clear: assisted dying involves the deliberate killing of another person or deliberately assisting a person to die. If a medical practitioner were to administer lethal drugs with the intention of killing a patient, the normal legal category would be 'murder' and the doctor would be charged accordingly. The *End of Life Choice Act* makes murder legal in certain situations or, more accurately, redefines murder so that it ceases to apply under clearly defined circumstances.

Key arguments for assisted dying

There are two main moral arguments for legalizing assisted dying – *individual autonomy and mercy*. The argument based on individual autonomy or free choice asserts that cognitively competent individuals should be able to live their lives as they choose, including being able to define their own concept or meaning of existence and to decide how and when to die. Such assumptions underpin the claim that individuals have a moral right to seek death, including assistance from others in dying if they cannot administer lethal drugs themselves.

The second main moral argument for assisted dying is based on mercy, beneficence or compassion, namely the imperative to relieve severe or unbearable suffering, not least unremitting or non-relievable physical pain.

Most advocates of assisted dying embrace both types of argument and maintain that assisted dying should only be permissible when both autonomy and mercy apply simultaneously. That is to say, assisted dying is *only morally justifiable* when: firstly, the person seeking death is fully autonomous: that is, mature, properly informed, able to give their voluntary consent, and wishing to die; and secondly, the person is experiencing unbearable suffering and/or is in the final stages of a terminal illness.

Potentially, however, assisted dying could be defended using only one these two arguments – as some advocates highlight. For instance, if there is a genuine and unconditional moral right to choose *when to die* (i.e. a categorically exceptionless right to *hasten one's death*), then logically this right exists irrespective of a person's age, health status or degree of suffering. For instance, a person might simply be tired of living or perhaps interested in the experience of dying. Moreover, if a person has an unconditional right to choose when to die, then logically there must be a moral duty on someone else to kill the person who seeks death, regardless of whether the latter is experiencing severe pain or a terminal illness. For reasons I will outline shortly, such arguments are not persuasive. Indeed, they are deeply concerning.

Against this, I feel keenly the weight of the argument for assisted dying for those suffering a painful and debilitating terminal illness, not least those experiencing severe and protracted pain that may be difficult to control or those facing a potentially long, slow process of dying with ever growing incapacity. No one with any sense of humanity or compassion can close their mind to people enduring such circumstances. No doubt, we all know of friends, relatives or neighbours who have experienced such situations. When we witness severe suffering, there is a natural human impulse to seek relief.

But is it ever merciful to kill someone? Does compassion justify assisted dying? Surely not. After all, if the argument for assisted dying based solely on mercy is compelling, then logically there would be grounds for killing people who experience severe or unbearable suffering, regardless of whether they wish to die or are close to death. Unfortunately, there is a risk that once assisted dying becomes legal and more widely practiced, then both

involuntary and non-voluntary euthanasia will become more acceptable – and more common. Doctors, after all, have always had the power to kill their patients – and to disguise their actions.

A Christian perspective

For Christians, judgements about critical issues of ethics, law and public policy, such as assisted dying, must be based on some combination of revelation and reason. Revelation refers to God's gracious disclosure of important truths to humanity through various means, most vividly and compellingly in the life, death and resurrection of Jesus Christ. The exercise of reason involves thinking rigorous, systematically and logically.

Regarding revelation, the starting point for Christians must be the Old and New Testaments and what they reveal about the nature of God and the moral universe, especially through the words and deeds of Jesus Christ – God incarnate.

The Scriptures point to at least five theological principles and moral insights of keen relevance to the debate about assisted dying. These are:

1. God is the creator and sustainer of all life. Hence, all life is a gift from God; our lives are not our own possession.
2. All human life is intrinsically, permanently and equally valuable; there is thus a moral right to life, but no equivalent right to be killed or deprived of life.
3. There is a moral duty to love our neighbours, and this includes protecting the weak, frail, defenceless, vulnerable and disabled.
4. There is a moral duty to relieve suffering, but not by killing the sufferer.
5. All governments have a responsibility to govern justly. This includes upholding and protecting fundamental human rights.

Let me quickly comment on each topic.

Life as a gift from God

First, the Scriptures affirm that the entire created order is a *gift of God*. Hence, every part and aspect of the cosmos, including every human being, reflect the Creator's handiwork and are the outcome of God's creative genius. To quote Psalm 24, verse 1: 'The earth is the LORD's, and everything in it, the world, and all who live in it'. As such, everything belongs to God. This implies that our lives are not our own to do with however we please; rather, in a deep and fundamental sense we all belong to God and we are all responsible to God for how we live our lives. Such a worldview stands in marked contrast to the possessive individualism and utilitarianism which so dominate contemporary ethical thinking. Under possessive individualism, the individual, not God, is at the centre of the moral universe. Such an approach assumes that our lives are our own possession and that individual autonomy is paramount and must be given free reign. It promotes the grasping-self over the giving-self (see Wolterstorff, 2008). Such ideas have no Biblical basis.

The intrinsic and equal worth of all human beings

Second, the Scriptures – including both the Old and New Testaments – repeatedly affirm the *intrinsic and equal worth of human beings*, including the claim that God has bestowed on all human beings – of every ethnicity, background and circumstance – a unique and special value (Genesis 1:26; Genesis 9:6-7). Notice that for Jesus, as reflected in the Parable of the Great Banquet in Luke 14, there are no exclusions; every person, including those commonly excluded from full participation in society at the time of His earthly ministry, such as the blind, lame and crippled, is of equal worth. Every person is equally welcome at God's great feast.

For Christians, then, all human beings have an inherent dignity or intrinsic value. But what is the basis of this claim? Why do we all have great worth? Is it because human beings have certain capacities or attributes which non-humans lack? No, it is because our value is endowed, bestowed or conferred by God – our Creator, Redeemer and Giver of Life. Put simply, we all have worth because God loves us; and, moreover, we are all equally loved by God, each and every person. Our worth is unrelated to our looks, social status, abilities, rationality, knowledge, expertise or any other human characteristic. Nor is our value based on, or related to, our achievements or experiences. Rather, our value rests solely and squarely on being loved by God. It is God's love which determines our worth and it is this worth which provides the basis for our rights, such as the right to life. Having human rights reflects

what our worth requires. Abusing such rights is to act unjustly; it wrongs both the victims and God; it is morally culpable.

Given this situation, human beings must never be valued simply or solely in *instrumental* terms, that is, as a *means* to a desirable end. Rather, our moral value is *intrinsic*; it is thus continuous and permanent; it remains throughout our lives, all the way to death. Accordingly, a severely disabled person, such as a tetraplegic or quadriplegic person, is of equal moral value to an able-bodied person. People with severe dementia are of no less worth than those of high cognitive ability. People with disabilities are fully and equally *human* in their disability, not *sub-human* or less than human. Likewise, severely ill elderly people on their death beds are of no less value than healthy young children.

Critically, the theologically-based claim that every person is intrinsically and equally valuable means that *no human life is worthless*, that *all lives are worth living*, and that *no human life is worth more, or less, than any other human life*. This claim is profoundly important. It provides the moral and logical foundation for the strong and unequivocal Biblical prohibition against killing legally innocent persons, formalised in the sixth commandment: ‘You shall not murder’ (Exodus 20:13). Equally, it helps explain the following:

1. firstly, why the Scriptures contain no provision for killing a person on compassionate grounds, even at the person’s explicit request;
2. secondly, why there is no recognition in the Bible of a right to die or a corresponding duty to kill; and
3. thirdly, why there is no scriptural sanction for suicide.

In short, Christians must assert – with vigour and passion – that every human being should be treated with equal concern and respect. Every person’s life matters equally. Accordingly, there is no moral basis for classifying some human lives as ‘worth living’ and other lives as ‘not worth living’. To do so, would totally undermine the assumption of absolute moral equality. All lives are worth living.

The claim that all human beings have intrinsic and equal worth has profoundly sharpened the course of human history. For instance, the American Declaration of Independence (1776)

declares: ‘We hold these truths to be self-evident, that all men [and women] are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness’. Likewise, the Preamble to the Universal Declaration of Human Rights (1948) refers to ‘the inherent dignity and ... equal and inalienable rights of all members of the human family’. Article 1 states that ‘All human beings are born free and equal in dignity and rights’; Article 3 states that: ‘Everyone has the right to life, liberty and security of person’; Article 4 declares that: ‘No one shall be held in slavery or servitude; slavery and the slave trade shall be prohibited in all their forms’; while Article 5 states that: ‘No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment’.

Significantly, both the American Declaration of Independence and the Universal Declaration of Human Rights assert that certain rights, including the right to life, are *inalienable*. An *inalienable right* is a right that cannot be freely given up or unilaterally revoked by the bearer of this right. The idea of inalienable rights provides one the reasons for not allowing people to sell themselves into slavery. Necessarily, such a restriction places a decisive limit on human liberty; it reduces our choices. But, of course, such constraints are designed to protect, not undermine, our autonomy. In limiting some freedoms, they safeguard greater freedoms, including our future freedom. Such restrictions highlight the paradox at the heart of liberty and autonomy: in order to realize and protect such values, they must be bounded and restricted. Unlimited or unconditional autonomy is ultimately destructive of autonomy; in fact, it is a contradiction in terms.

But if such arguments apply to slavery, surely they apply equally, if not more convincingly, to assisted dying. After all, death is final; it is totally irreversible; slavery is not.

This leads to several profoundly important questions. First, is it possible to combine a legal right to choose when to die and a related legal right to be killed, even under limited circumstances such as having a terminal illness, being in severe pain and being close to death, with a moral and legal right to life without undermining the latter rights? And second, is it possible to have a legal right to choose when to die, even under limited circumstances, without eventually creating a moral duty to die – or at least a societal expectation to die – under similar circumstances?

These questions require careful scrutiny and rigorous debate. Surely, however, there is at least a risk – a risk which even some advocates of assisted dying reluctantly acknowledge – that giving some people a legal right to choose when to die might ultimately weaken the value society places on human life, thereby eventually undermining much greater and more critical rights, namely, the *right to life*, including *the right not to be killed* and *the right not to be deprived of life*. Bear in mind that having a legal right to choose when to die implies that someone else has duty to assist – that is, it creates a legal duty to kill another human being. Having such duties must surely impact on societal perceptions and attitudes about the value of human life and the circumstances under which it is morally justified to terminate someone's life.

In short, it can be argued that endorsing a moral right to decide when to die crosses a bright ethical line, a vital moral threshold; it fundamentally changes the ethical assumptions of our moral universe. Likewise, embedding such a right in legislation will fundamentally alter our legal framework and the legal obligations and incentives it creates. Almost certainly, the societal risks are great. In my view, taking these risks is neither necessary nor wise.

The moral imperative to love our neighbours

Our contemporary culture places enormous weight on individual rights, autonomy and choice. Not surprisingly, the language of *choice* is explicitly incorporated into the *End of Life Choice Act*.

Individual liberty, of course, is critically important. But human beings also live in communities and societies. We are social beings and our lives are interdependent. We depend on each other in multiple ways. We cannot live without others, nor flourish alone. Equally, many of our *private* actions, autonomous or otherwise, have *public* consequences; indeed, they can profoundly affect the wellbeing of others. The decision of an individual to exercise his or her legal right to die under the *End of Life Choice Act* will impact on numerous others. The ripple effects will not stop at the person's coffin.

Think about COVID-19, the Level 4 lockdown, team New Zealand and the imperative for everyone to cooperate with the common effort to prevent the spread of the virus. If citizens

had not complied with government directives, including social distancing and working from home, if citizens had not been good neighbours, many more people would have been infected with the virus and many more people would have died.

Such matters take us to the heart of Christian ethics – the commandments to love God and to love our neighbours. We are all called by God to care for one another, to be kind and compassionate, to serve the common good, and to live at times sacrificially – in short, to imitate Christ and walk in His footsteps. This includes protecting the interests and meeting the needs of the poor and afflicted, the lonely and the lost, the vulnerable and defenceless.

Legalising assisted dying is inconsistent with such an ethos. It runs counter to the practice of neighbour love. Rather than protecting the needs of the weak and helpless, it puts their interests at grave risk. If we accept that some *lives are not worth living*, it is obvious whose lives will be under most threat – the elderly, persons with significant physical disabilities, and those afflicted by behavioural, mental or rare genetic disorders; in short, those who Jesus insisted should be invited to the Great Banquet.

Admittedly, such people are not eligible for assisted dying under the *End of Life Choice Act* unless they meet the six criteria. But the international evidence over recent decades points to such legislation, once enacted, being amended or interpreted ever more broadly and liberally. In Belgium, for instance, it is now legal for children to be euthanized, albeit with the consent of their parents.

Aside from this, if hastening death is legally permissible, will not some relatives eagerly seek such an option in the interests of more quickly accessing the deceased's estate, and will there not be pressures from taxpayers and fiscal advisers to encourage assisted dying to reduce health care costs? To reject such possibilities – to ignore the potential for a slippery slope – is simply naïve. It will always be much less costly to prescribe and administer a lethal dose than to care for someone throughout their dying process.

As noted earlier, prioritizing individual autonomy, including the right to seek an early death, runs major societal risks. Helen Keller, the remarkable American author, reformer and activist, wrote a century ago that ‘... the welfare of each is bound up in the welfare of all ...’. This statement, from someone who was both blind and deaf, brilliantly captures the

fundamental reality of human interdependence, the vital need for human solidarity and the critical importance of neighbour love. Human beings and their communities cannot flourish if certain claimed individual rights trump the common good and more vital rights.

The moral imperative to relieve suffering

Finally, a word about suffering. Human suffering is real and often deeply distressing; it must be taken very seriously. Harrowing cases should never be lightly dismissed. No one wants to suffer, nor feel powerless, or totally dependent on others or all alone in their grief or distress.

I have personally endured long periods of physical pain and psychological distress. I fully understand why some people may be tempted to commit suicide or seek help from others to end their life. But do we want our physicians and psychiatrists recommending a quick death as the best ‘treatment option’, let alone intentionally killing their patients as a ‘routine procedure’?

Surely our moral obligation in the face of suffering is to provide compassionate care, not to encourage or hasten death. If so, we must constantly seek ways to reduce and relieve all forms of suffering and provide comfort and companionship to those living in deep darkness or in the process of dying.

Significantly, all four Gospels include numerous cases of Jesus healing those with various infirmities – young and old, women and men, poor and rich. There is no record of Jesus mercifully killing someone; only the opposite. We should follow Christ’s example (Matt 22:37-40; Philippians 2:4-11).

Bear in mind, too, that for every harrowing case of suffering that meets the criteria of the *End of Life Choice Act*, there will be lots more that do not. Indeed, given the current provisions of the Act, most harrowing cases (e.g. motor-neurone disease) will fall on the other side of the line.

Many other issues

There are many other important matters that deserve attention but cannot be dealt with now. These include the implications of the *End of Life Choice Act* for our medical profession, the possible impact on society's trust in doctors, and numerous technical matters, such as what constitutes a 'terminal illness' or 'unbearable suffering', and how it might be established that a person's life is likely to end within six months.

Conclusion

To sum up, *The End of Life Choice Act* is risky legislation. In my view, it is unjust, unwise, unnecessary and unsafe. It poses a threat to the proposition that all human lives are inherently, permanently and equally valuable, and that all lives are worth living. If the Act is supported in September's referendum and implemented next year, it will not end civilization. But it will mark a major shift in how our society values human life and in our legal norms surrounding life and death.

The Catholic legal scholar John Finnis (1998, p.1145), who has thought long and hard about assisted dying, concluded one of his articles with the following words: 'A just society cannot be maintained, and people cannot be treated with the equal concern and respect to which they are entitled, unless we hold fast to the truth ... that none of us is entitled to act on the opinion that the life of another is not worth living. To trash this truth ... is to discard the very foundations of just and equal respect for persons in their liberty, their pursuit of happiness, and their life.'

What, then, are we to do? What are the implications for each of us? Here are a few suggestions. First, and foremost, we can seek to become better informed about what is at stake. Second, we can choose to vote 'no' in the referendum and persuade our friends and family to do likewise. Third, we can support financially and practically those who are campaigning for the 'no' vote. Fourth, we can support financially and practically the work the hospice movement. And finally, we can stand alongside those who experience severe and prolonged suffering, whether physical and psychological, praying for healing, showing compassion and understanding, and demonstrating by word and deed that they are truly loved by God.

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