

NEW ZEALAND AGED CARE ASSOCIATION (NZACA)

SUBMISSION ON THE END OF LIFE CHOICE BILL

Justice Committee

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End of Life Choice Bill

Our Position

The New Zealand Aged Care Association (NZACA) opposes this Bill in its entirety. The Association and its members are whole-heartedly committed to the health and welfare of our vulnerable elderly population. It is our job to keep the residents in our rest homes as comfortable and as pain free as possible towards the end of their lives. The care of our residents is at the forefront of everything we do. This legislation seeks to destroy all of this.

...our industry exists and is supported by government to provide long-term care...

1. Caring for older Kiwis is what we do. Indeed, our industry exists and is supported by government to provide long-term care for New Zealand's older and more vulnerable population. The people that come to our rest homes are sick and frail, but our skilled, passionate and empathetic staff provide outstanding care, enjoy the trust of residents and make this last stage of life as comfortable and rewarding as it can possibly be.
2. An assisted death or ending a person's life intentionally contradicts the beliefs of our industry. Not only does it undermine established clinical protocol, it exposes an already vulnerable sector of our society to even greater vulnerabilities bringing out the worst in people who are prepared to capitalise on such situations.

...fear of being a burden can lie behind individuals wanting an assisted death.

3. Coercion and elder abuse can often be difficult to detect, making it hard to protect vulnerable older people, while fear of being a burden can lie behind individuals wanting an assisted death. Indeed, the notion of assisted dying ignores the very people that need support and comfort in their final days.
4. In the Australian state of Victoria where assisted suicide has been fiercely debated, less than 1% of the 39,000 people that died there in 2016 expressed a desire for an assisted death. This begs the question as to whether assisted suicide is necessary. New Zealand parliamentarians, like those in Victoria should be focusing their efforts not on laws to satisfy a small minority, but on steps to strengthen palliative care services which would have a much more beneficial impact than legalising assisted dying.
5. Just because assisted dying is law in some western European countries, some states of America and some territories of Canada does not make it right here. It would be a retrograde step for New Zealand creating a myriad of problems to benefit just a few. It would detrimentally change the way the aged care industry in New Zealand operates and if such a step occurred here, the rest home sector would

have no option but to seek exclusion from such a law.

6. The Ministry of Health has recently projected very large increases in deaths in people aged 85 – 94 years, with the proportion of deaths occurring at age 85+ expected to increase from 37.0% in 2016 to 55.6% in 2038.¹ Many of these deaths are likely to be occurring to people with more co-morbidities (a number of conditions) and a high prevalence of dementia.

...approximately 35% of New Zealanders presently live out their final years and die in aged residential care facilities.

7. Aged residential care facilities will likely become the new place of residence for many at the older ages. At present, for example, approximately 35% of New Zealanders presently live out their final years and die in aged residential care facilities. If current patterns continue, and all the indications are that it will, it is likely that most of the deaths over age 85 will occur in aged residential care facilities after an extended period of care.²
8. The implications of this trend is that aged care providers in New Zealand will need to cope with a much greater number of older people, more people with co-morbidities and, potentially, a higher prevalence of dementia. Assisted dying would only create more complex issues and distract from the real focus of care.

Death and dying cannot be scripted

9. Death and dying cannot be scripted - no death is ever the same. Not even an assisted suicide is free of pain. Too many imponderables can make that death long and agonising as every patient is different.
10. Finally, it is worth dwelling on this example that has come to the attention of the Association. It should prick the consciences of all parliamentarians when deciding how they vote on the End of Life Choice Bill.

“Like everyone I have heard the arguments for Assisted Suicide but my own personal experience with my Mother in care for 17 years is a perfect illustration of how valuing life lead to many fulfilling years for her. She had a massive stroke and was given weeks to live. (A perfect candidate for AS). Then when she didn’t die she was given 1 year max. (A perfect candidate for AS). Then it was she will never speak, then it was she will never be mobile. She defied all these prophecies. (competently driving an electric wheelchair to her last days), she met new family members, great-great grandchildren, was included in all family events, visited and phoned almost daily etc. Those 17 years were initially hard but were fulfilling and valued. There were times in the early years when she

1 Ministry of Health *The Need for Palliative Care in New Zealand* (Technical report prepared by Heather McLeod for the Ministry of Health, June 2016) at 5.3, available at <https://tas.health.nz/assets/Health-of-Older-People/Technical-Report-Need-for-Palliative-Care-vF2-June-2016-H-McLeod.pdf>

2 Ibid, where the Palliative Care Council states that, over the period of 22 years to 2038, deaths in residential care were projected to increase from 10,400 in 2016 to some 19,000 in 2038, an increase of more than 80%. Over the longer period to 2068, the projection is that deaths in residential care reach some 29,000, an increase of more than 180%.

did want to end her life but as her health improved she became glad to be alive. Under this Bill she may never have seen those years.

11. This Bill should not proceed.

About the NZACA

12. The NZACA is the peak private sector body for the aged residential care (ARC) sector in New Zealand. With close to 600 members, we represent 90% or more than 35,000 rest home beds around the country. Our members range from the very small stand-alone rest homes, often run by welfare or religious based organisations, to large co-located sites that include care facilities and retirement villages. Our members' services include rest home, hospital, dementia and psychogeriatric care, as well as short-term respite care and a small number of YPD (young persons with disabilities) beds. The average ARC home has 57 beds.
13. Advocating and lobbying to government to shape policies and create an environment that helps our members provide outstanding quality care is at the heart of what we do. We also provide leadership on issues that impact on the success of our members, for example, our recent work on the Pay Equity case and our annual contract negotiation with District Health Boards.
14. The Association produces valuable data and research, offers professional development opportunities and provides information and publications to help our members make informed business decisions, improve their capability and keep up to date with sector developments.
15. We have a small team of five (5) staff based at our national office in Wellington led by Chief Executive, Simon Wallace, a representative Board of eleven (11) members chaired by Simon O'Dowd and a network of seventeen (17) branches around New Zealand.
16. For clarity, this submission relates to older citizens living in aged residential care (ARC) facilities where they receive care in a certified rest home setting.
17. NZACA wishes to appear before Parliament's Justice Committee in support of this submission when oral submissions are heard. Any enquiries relating to this paper should in the first instance be referred to Simon Wallace at simon@nzaca.org.nz or phone 04 473 3159.

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