

I, [REDACTED], General Practitioner, of Wellington, affirm:

Introduction

1. I am a medical doctor and general practitioner practising in Wellington.
2. I have been asked to give evidence concerning:
 - (a) my experience of Lecretia as a patient; and
 - (b) my willingness to assist Lecretia to die in possible future circumstances where she is experiencing enduring intolerable suffering.

Personal profile

3. My qualifications are:
 - (a) [REDACTED]
 - (b) [REDACTED]
 - (c) [REDACTED]
4. To the extent in this affidavit I express opinions, I confirm that such matters are within my experience.
5. I confirm that I have read the High Court Code of Conduct for Expert Witnesses as set out in schedule 4 of the High Court Rules. I agree to comply with that Code.

My knowledge of Lecretia

6. Lecretia has been a patient of mine since 2004. Over the course of that time I have seen her generally several times a year, including since her diagnosis with cancer in 2011.
7. My experience of Lecretia as a patient is that she is an independent and articulate person who evaluates the information available and makes clear decisions.
8. Following her diagnosis, Lecretia has retained those qualities. I have been very impressed by how positive, pragmatic and resilient Lecretia has been in relation to her illness and her treatment.
9. At no time prior to, or following, Lecretia's diagnosis have I observed any sign of depression or any other emotional issue. Lecretia has dealt, and continues to deal, with her illness in a courageous and determined way.

Discussion about assisted dying

10. In February this year Lecretia called me to discuss her wish to avoid dying in a way that involved enduring intolerable suffering. She explained that she wanted to enjoy her life for as long as she could but wanted to be

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able to exercise choice if the suffering became distressing and unbearable.

11. Lecretia explained that she was considering making an application to the Court. She asked whether I would be willing to assist her die if the Court clarified that it was lawful to do so if and when her suffering become intolerable and provided she was able to give consent. Lecretia was able to clearly explain the reasons for this request.
12. I advised her that I would be prepared to assist if the Court clarified that assisting her in this way was lawful. I understand that the declaration Lecretia is seeking from the Court is that it would not be unlawful to provide assisted dying services to her where Lecretia is competent and:
 - (a) clearly consents to the termination of life; and
 - (b) her terminal illness it causing suffering that is intolerable to her in the circumstances of her condition.
13. I spoke to Lecretia again on 26 March 2015 when I visited her at home. Lecretia made the request again and I confirmed I would be prepared to assist if the Court made a declaration that such assistance was lawful. Lecretia did not present as depressed or in low mood. Rather she seemed positive and determined to enjoy her life for as long as she could, despite the physical symptoms she is already experiencing. Lecretia was also very concerned that she may not be able to seek assisted dying services if and when her suffering becomes unbearable. It was clear to me that Lecretia is competent and able to give consent.
14. In the course of my practice, I am often required to make assessments concerning mental capacity and mental health and to deal with issues of informed consent. Those matters are a routine aspect of practice as a general practitioner, and I am very familiar with them.
15. I anticipate being involved in the provision of Lecretia's palliative care services together with the hospice palliative care team. I have had experience in assisting with patients' palliative care treatment over the years for a range of terminal conditions. I understand Lecretia's concerns that the existing palliative care model that is in place in New Zealand may not address her concerns in regard to the suffering and distress that may arise from the progressive immobility, inability to communicate or swallow, and possible incontinence as her illness progresses. Lecretia is already experiencing problems with mobility and has difficulty swallowing. From my understanding of Lecretia, these symptoms could be extremely distressing for her, notwithstanding the efforts of the palliative care team.
16. I am prepared to be able to offer assisted dying services to Lecretia as part of her end of life treatment. I believe that knowing she has the choice would provide great comfort to Lecretia and avoid the risk of her taking action herself to end her life while she still can. I also believe that being able to provide this assistance would ensure that Lecretia does not have to suffer for longer than she needs once her life no longer has quality for her.
17. If I could be assured by the Court that assisting Lecretia was not a criminal offence, I would be prepared to assist Lecretia to end her life as

part of her end of life care provided she was clearly able to request, and consent to, such assistance.

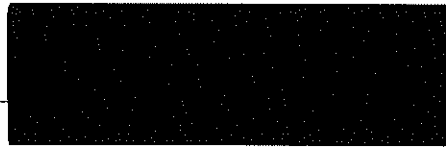

Contemplated process for assisted dying

18. If the Court provided the contemplated assurance, and Lecretia's suffering became intolerable, and Lecretia was able to clearly consent to assisted dying and did so consent, then I envisage the following process:
- (a) I would consult with specialists as appropriate;
 - (b) I would talk with Lecretia over a period to ascertain whether assisted dying is what she actually wants (that is, whether she has a settled intention to die);
 - (c) I would ensure that Lecretia has a good understanding of the alternatives available to her (including palliative care); and
 - (d) I would bring her husband Matt into the discussion on the issue.
19. Only at the conclusion of that process would we discuss an end of life plan to enable Lecretia to have a safe death. That would include:
- (a) discussion of the medications to be used;
 - (b) consideration of the appropriate timing; and
 - (c) finding a suitable place.
20. I would of course provide my assistance within the terms of any order made by the Court, and, as set out above, drawing on specialist expertise as and when required.

Confidentiality

21. I am conscious that my affidavit touches on the confidential doctor patient relationship between myself and Lecretia. Additionally, because of the subject matter of this case, I am concerned about the possibility of unsolicited negative reactions to my involvement from members of the public. For those reasons, it is important to me that my involvement in this case and the content of my affidavit remain confidential to the parties.

AFFIRMED at Wellington this 10th day of April 2015 before me:



 A Solicitor of the High Court of New Zealand
