

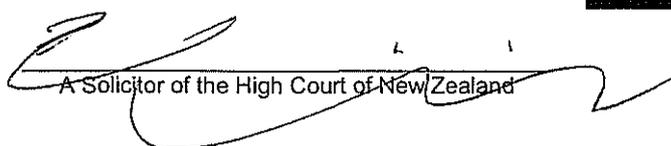


I, [REDACTED], General Practitioner, of Wellington, affirm:

1. I am a medical doctor and general practitioner practising in Wellington. I have previously affirmed an affidavit in this proceeding on 10 April 2015 and I refer to that affidavit.
2. I have read the evidence of Dr Grube and Dr Morris, concerning the practice of prescribing lethal medication in Oregon. I understand that their experience is that prescribing lethal medication will often relieve the psychological suffering of a patient. I also understand that, having been prescribed lethal medication, approximately one third of patients do not ingest it.
3. The primary consideration in my decision to assist Lecretia if the circumstances set out in my first affidavit arise, is that doing so would be likely to significantly relieve one important aspect of Lecretia's non-physical suffering (see paragraph 16 of my first affidavit). In doing so I am also conscious that it may improve the efficacy of Lecretia's palliative care. Restoring some measure of control to Lecretia would, I believe, help her to cope with her current challenges and would remove the need for her to contemplate taking her own life prematurely by other means.
4. Even if I did prescribe a lethal medicine for Lecretia, having followed an appropriate process, she would then have to make a separate and subsequent decision to ingest the medicine, and may never actually do so.
5. I reiterate the point made at paragraphs 18 and 20 of my first affidavit, that any treatment decision would be made in the context of an integrated treatment approach involving specialist consultation as and when required.

**AFFIRMED** at Wellington this 30<sup>th</sup> day of  
April 2015 before me:

**Bridget Maria Chamberlain**

  
A Solicitor of the High Court of New Zealand