



# Assisted Dying Service

## About the Assisted Dying Service

### Overview information

November 2021

This information sheet provides an overview of the assisted dying service that is available in New Zealand from 7 November 2021.

Assisted dying is a sensitive topic and may be difficult for some people. If reading this information raises some distressing feelings for you, support is available. You can call or text **1737** for free to speak to a trained counsellor at any time.

In this information sheet, the word 'person' means someone who may request assisted dying. There are strict criteria for assisted dying, and not everyone with a terminal illness will be eligible. Assisted dying is one option for people at the end of their lives. It does not replace other end of life care.

Assisted dying is an individual and personal choice to consider and to make. The request for this service must be made by the person without pressure from anyone else.

More information about the assisted dying service is available on the **Ministry of Health's website**.

## About assisted dying

### Background

Assisted dying is a new health service in New Zealand and has been introduced following public support in a referendum held at the 2020 general election.

The process for accessing assisted dying is set out in a law called the End of Life Choice Act 2019 (the Act). The Act sets the eligibility criteria, assessment process and safeguards for the assisted dying service. Assisted dying is legal in New Zealand from 7 November 2021.

## **Assisted dying is one option for a person at the end of their life**

Assisted dying means that a person with a terminal illness who meets the eligibility criteria can request medication that will end their life.

The assisted dying service does not replace existing end of life care options, such as palliative care. It provides another option for a person with a terminal illness in specific circumstances.

Palliative care is about managing pain and symptoms for people who have an illness that cannot be cured. It can be provided at home or in a community facility, like a hospice. More information can be found on **the Ministry's website**.

The person may also be receiving other end of life care, such as palliative care, and they can continue to receive this care while also accessing the assisted dying service. As part of the assisted dying process, the person's doctor will make sure the person understands their other options for end of life care.

## **There is a set process for accessing assisted dying**

The process for accessing assisted dying is set out in the Act. The steps involved include:

- a doctor assessing whether the person is eligible
- a second, independent doctor assessing whether the person is eligible
- if required, a psychiatrist assessing whether the person is competent to make an informed decision
- planning for the assisted death, including choosing a date and time and the method for the administering the medication
- a doctor or a nurse practitioner (under the instruction of a doctor) administering the medication.

This information sheet has more detail about these steps.

## **The Ministry of Health's role**

The Ministry of Health is responsible for overseeing and funding the assisted dying service. This includes monitoring the service and improving it over time.

The Ministry of Health has a secretariat team that is a contact point for the person, their whānau and the involved health professionals.

The Registrar (Assisted Dying) is part of the secretariat. They will check that the processes required in the Act have been complied with for each eligible person.

## **The Support and Consultation for End of Life in New Zealand (SCENZ) Group**

The Support and Consultation for End of Life in New Zealand (SCENZ) Group is a statutory body created for the assisted dying service. The SCENZ Group is responsible for maintaining lists of medical practitioners, nurse practitioners, and psychiatrists who provide assisted dying services.

A person can ask for the name and contact details of a medical practitioner from this list if their doctor does not provide assisted dying services, or they do not want to talk to their own doctor.

## **Eligibility for assisted dying**

### **There are strict eligibility criteria for assisted dying**

Not everyone with a terminal illness will be eligible for assisted dying. The Act states that to be eligible, the person must meet all of the criteria. The person must be:

- aged 18 years or over
- a citizen or permanent resident of New Zealand
- suffering from a terminal illness that is likely to end their life within six months
- in an advanced state of irreversible decline in physical capability
- experiencing unbearable suffering that cannot be relieved in a manner that the person considers tolerable
- competent to make an informed decision about assisted dying.

A person with a disability or mental illness can access assisted dying if they meet the above criteria. A person can't access assisted dying solely because they have a mental disorder or mental illness, have a disability or are of advanced age.

### **Being competent to make an informed decision**

The person must be assessed as being competent to make an informed choice about assisted dying. This means that the person is able to understand, retain, use and weigh relevant information about assisted dying, and can communicate their decision in some way.

The person must be considered competent throughout the assessment process and must also be competent at the time of the assisted death. This means if the person is found eligible for assisted dying but then loses competency, they cannot have an assisted death.

Advance directives cannot be used for assisted dying in New Zealand. An advance directive is a statement setting out what treatment the person wants, or does not want, to receive in the future.

# Accessing assisted dying

## Whānau can support the person through the process

Whānau and carers can play an important role in supporting a person through the process, if the person wants them to. The person does not have to discuss assisted dying with their whānau if they don't want to. However, the person is encouraged to talk to their whānau or other support people who are important to them, and there must be opportunity for them to do so.

Whānau may mean different things for different people. Whānau may be the person's close family and may also include their extended family, partner, friends or other representatives. The involved whānau could be one person or many people.

Whānau may support a person by:

- helping them understand and consider their end of life options
- attending medical appointments with them (the involved doctors may want to speak to the person on their own at some points in the process)
- providing personal care, such as bathing and feeding
- supporting planning for the assisted death
- providing comfort and pastoral care
- offering care and support when the medication is administered.

## The person must raise assisted dying themselves

The person must be the one to raise assisted dying with someone in their health care team. A health professional cannot suggest it as an option.

The person can raise assisted dying with anyone in their health care team, but it is best to talk to a doctor, as only doctors can start the assessment process set out in the Act.

The person should be clear that they are seeking information about assisted dying. The health professional will likely ask the person some questions to check what the person is asking about, and why they want to know about assisted dying.

## A doctor will provide care to the person throughout the process

A doctor (known as the attending medical practitioner) will support the person throughout the assisted dying process. The attending medical practitioner will lead the assessment process, and if the person is eligible, they can help the person and their whānau with planning for the assisted death, and can also administer the medication.

Sometimes the person's attending medical practitioner will be their current doctor, such as their general practitioner or specialist. However, not all doctors will provide assisted dying services. This may be due to personal beliefs (conscientious objection), or because they do not have the appropriate skills or experience.

If a person's doctor does not provide assisted dying services, the doctor should:

- explain why they do not provide the service
- connect the person with a doctor who can be their attending medical practitioner, or tell the person that they can ask the SCENZ Group for the name and contact details of a medical practitioner who is willing to provide assisted dying services.

The person can contact the SCENZ Group on 0800 223 852 for help to find a medical practitioner who provides assisted dying services. The Ministry of Health secretariat will work with the SCENZ Group to help connect the person with an appropriate attending medical practitioner.

A person can also choose to directly contact the SCENZ Group without speaking to their health care team first.

## **Other health professionals are involved in the assisted dying service**

The person will be assessed and supported by other health professionals as they go through the process.

If the attending medical practitioner considers that the person is eligible, a second independent doctor (known as the independent medical practitioner) will then assess the person. If one or both of these doctors thinks that the person might not be competent to make a decision, a psychiatrist may carry out a third assessment. A psychiatrist is a doctor who specialises in mental health.

The independent medical practitioner and psychiatrist, if required, will be from the practitioner lists held by the SCENZ Group.

The person may also have a nurse practitioner (known as an attending nurse practitioner) involved in their care. An attending nurse practitioner will work with the person's attending medical practitioner and can help the person and their whānau with planning related to the assisted death and can administer the medication if the person chooses this.

The person's existing health care team may also provide support at different stages, such as providing information or helping them and their whānau plan arrangements. However, this is not considered part of the formal process for assisted dying.

## **The assisted dying service is free**

A person does not have to pay for appointments or medications that are part of the assisted dying service. The person may still have to pay for other costs that are part of their wider health care. This includes:

- the cost of the appointment where they first talk to their general practitioner about assisted dying (even if the general practitioner then becomes the person's attending medical practitioner)
- the cost of general practitioner appointments that are not specifically related to the assisted dying service (even if the general practitioner is the person's attending medical practitioner)
- the cost of prescriptions that are needed for the person's wider health care, such as pain relief.

The person should continue to speak to their general practitioner or others in their health care team about any other health care they might need during the assisted dying process, and this care will be provided as usual.

## **The formal assessment process**

The law sets out a formal assessment process for accessing assisted dying. These steps are important to keep the person safe. The steps have to happen in a certain order, and specific forms must be filled out at each step to record the process.

Each step may be made up of more than one appointment. The doctor involved at each step can visit the person if needed, such as if they are not well enough to travel. Telehealth appointments (such as by phone or video call) may be possible for some of these steps.

## **Application**

The person must make a formal request to their attending medical practitioner. As part of this conversation the attending medical practitioner will talk to the person about their other options for end of life care, and also explain that the person can change their mind about assisted dying at any time.

The attending medical practitioner will encourage the person to talk about their choice with their whānau. The attending medical practitioner will also talk to other health professionals who care for the person, and the person's whānau (if the person consents to this) to make sure the person is not being pressured into choosing assisted dying.

If the person wants to proceed, they will sign a form. The person can ask someone to sign on their behalf if they are unable to write or sign the form. The person must be present when the form is signed.

## **First assessment**

The person will be assessed by their attending medical practitioner to make sure they meet the eligibility criteria. This includes checking if the person is competent to make an informed decision and that they are making this choice without pressure from someone else.

If the person is not eligible, the attending medical practitioner will explain the reasons, and then make sure the person is supported and has access to other end of life care.

## **Independent assessment**

If the attending medical practitioner assesses that the person is eligible, they will then see an independent medical practitioner for the second assessment. This is an important safeguard to make sure a person is clearly eligible for assisted dying.

This assessment also includes checking whether the person is competent to make an informed decision and that they are making the choice without pressure from someone else.

## **Competency assessment (if required)**

In some situations, a person will also be seen by a psychiatrist. This will happen if the attending medical practitioner and the independent medical practitioner both think the person is eligible, but one or both of them have concerns about whether the person is competent to make an informed decision.

The psychiatrist will assess the person to make sure they are competent. They will also check if the person is making the choice without pressure from someone else. The psychiatrist will not check the other eligibility criteria.

## **Decision on eligibility**

The person's attending medical practitioner will talk to the person about the outcome of the second assessment and the competency assessment, if required.

If the person is eligible for assisted dying, they can start making plans for their assisted death, including deciding the date and time, and preferred place.

If the person is not eligible for assisted dying, their attending medical practitioner will explain the reasons, and then make sure the person is supported and has access to other end of life care options.

# **The assisted dying process can stop at any time**

## **The process will stop if the person is not eligible**

If any of the assessments find that the person is not eligible for assisted dying, the process will stop at that point.

However, a person may become ineligible after the assessment process if their situation changes. For example, if the person loses competency to make an informed decision after being found eligible, the process will stop, and they will not be able to have an assisted death.

If the process stops at any stage, the attending medical practitioner (or attending nurse practitioner if the person has one) will explain the reasons to the person and their whānau.

## **The process will stop if the person is being pressured**

Only the person can choose to access assisted dying. It must be their informed choice, and they must have made this choice without pressure from anyone else. Whānau, carers, welfare guardians or holders of an enduring power of attorney cannot request assisted dying on behalf of another person. A health professional cannot suggest it as an option.

If the person's attending medical practitioner or attending nurse practitioner thinks at any time that the person is being pressured into choosing assisted dying, the process must stop and the attending medical practitioner or attending nurse practitioner should explain the reason to the person.

## **The process will stop if the person changes their mind**

The person can change their mind about choosing assisted dying, and they can stop the process at any time up to when the medication is administered. The person's attending medical practitioner or attending nurse practitioner must make sure the person understands that they can change their mind.

Before the medication is administered, the attending medical practitioner or attending nurse practitioner will ask the person if they want to receive the medication. The person can choose one of three options:

- take the medication at this time
- delay taking the medication to a later date (within six months of the date originally chosen)
- cancel their request for assisted dying.

## **Planning for an assisted death**

If the person is eligible for assisted dying, there are several decisions to make, including decisions about their medical care and decisions about what matters to the person and their whānau at the end of life. The attending medical practitioner or attending nurse practitioner will provide advice and support as part of this planning.

The attending medical practitioner or attending nurse practitioner will encourage the person to talk to their whānau about the plans and decisions. This planning will likely take place across several conversations, and the person and their whānau can ask questions or for more information if needed.

### **Agreeing on the date and time**

When the attending medical practitioner tells the person they are eligible, they will talk about possible dates and times for the assisted death to take place.

The attending medical practitioner will give advice based on the person's prognosis (how long they likely have left to live). There may also be practical factors to consider, such as if the person has whānau who want to travel to see them before they die.

The person will choose the date and time and fill in a form to confirm this.

### **The person will choose how the medication is administered**

The person has a choice of four methods for the administration of the medication, which are set out in the Act.

- The attending medical practitioner or attending nurse practitioner can administer the medication, by either an intravenous (IV) injection or orally (including by a feeding tube).
- The person can take the medication themselves by either triggering the IV or taking it orally.

If the person chooses to take the medication themselves, the attending medical practitioner or attending nurse practitioner must be present to support the process.

The attending medical practitioner or attending nurse practitioner will discuss the options and make sure the person understands them. They will also explain what will happen on the day of the assisted death.

Some of the options may not be appropriate or possible depending on the person's medical condition. The attending medical practitioner or attending nurse practitioner may give the person advice on what is most suitable for them. The person will be given time to consider and decide.

## **Most assisted deaths are likely to take place in the person's home**

People are likely to choose to die at home, if this is possible. The attending medical practitioner or attending nurse practitioner will travel to the person to provide this care.

The person may live in a place where assisted dying is not possible or appropriate, such as a residential facility that does not agree with or provide assisted dying. In this case, the person's attending medical practitioner or attending nurse practitioner, with support from the Ministry of Health secretariat, will provide advice on other options.

## **The person can choose who they want to be present and what happens**

The person can choose if they would like whānau or other people to be at their assisted death. Some people might choose to have a cultural or spiritual leader with them as well.

The person can also choose to have certain rituals or practices before or after the medication is administered. The person and their whānau can plan this together and choose rituals or practices that are important to them and their culture or beliefs. For example, some people might choose to have a karakia or prayer, or to play music or read something that is special to the person.

The person's attending medical practitioner or attending nurse practitioner will also talk to the person about these plans and decisions as part of preparing for the assisted death. This helps ensure everyone is clear on what will happen and that the person's choices are respected and upheld.

## **For more information**

More information about the assisted dying service is available on the **Ministry of Health's website**.



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