# Assisted Dying Services Expression of Interest (EOI) for new practitioners

## **Purpose:**

Health New Zealand | Te Whatu Ora (Health NZ) manages the operational function of the Assisted Dying (AD) Mate Whakaahuru service.

Health NZ seeks to recruit health professionals who are interested in delivering AD services.

AD services are funded through the Assisted Dying Service Notice 2021 and all practitioners providing AD services are well supported.

If you are a medical practitioner or a nurse practitioner and would like to be involved in AD service delivery, please contact us on: **AssistedDying@TeWhatuOra.govt.nz** 

# Overview of assisted dying

Assisted dying (AD) – Mate Whakaahuru - was introduced on November 7, 2021, following a referendum during the 2020 General Election.

The End of Life Choice Act 2019 (the Act) gives individuals with terminal illnesses the option to request medical assistance to end their life. The Act provides a lawful process for eligible individuals to exercise this option.

The Support and Consultation for End of Life in New Zealand (SCENZ) Group is responsible for making and maintaining lists of health professionals who provide assisted dying services in New Zealand. Health professionals can register for these lists:

- medical practitioners willing to provide assisted dying services to patients outside their practice (replacement medical practitioners)
- medical practitioners willing to undertake the second independent assessment (independent medical practitioners)
- psychiatrists.

# The assisted dying process

Health professionals must not initiate discussion about AD with a person. The person must raise it first. Once a person has raised AD, and this is clearly documented, health professionals can discuss AD with the person, without them needing to raise it again.

People can apply for AD direct by

- emailing: <u>AssistedDying@TeWhatuOra.govt.nz</u> or
- by calling **0800 223 852**, or
- or they may ask their practitioner to do a referral.

Two medical practitioners are required to confirm a person's eligibility. They are responsible for assessing whether the individual is competent to make an informed decision, as competence is not assumed under the Act. If either or both medical practitioners have doubts about the individual's competence, they can consult a psychiatrist for an opinion. The Act outlines the specific procedures for delivering AD services to ensure compliance and protection for all involved.

When a person is deemed eligible, arrangements can be made for the day AD is to happen. This includes planning the day, the method, and where and when the AD will happen.

NB: Practitioners can provide assisted dying to patients who are already in their care (or enrolled in the practice). These practitioners <u>do not</u> need to register with the SCENZ Group.

## Referring a patient to the Assisted dying service

When referring a patient, the practitioner must confirm that the patient raised AD unprompted, and that they have consented to the referral to the AD team. Your referral should include:

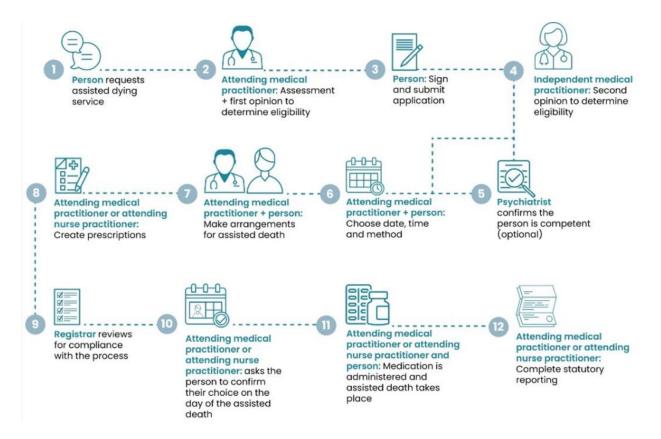
- the patient's full contact details
- Confirm that your patient raised assisted dying unprompted

## Safeguards for patients

The Act includes several safeguards for those requesting AD. Notably, individuals have the right to stop or defer AD at any point in the process, right up to the time of administering medication, and they must be aware of this.

Consent is continuously verified throughout the assessment and service delivery process. If at any stage consent is withdrawn, or if there are concerns about coercion, the process must be halted immediately.

Another important safeguard is that every application undergoes a compliance review conducted by the Registrar (AD), a medical practitioner appointed by the Director-General of Health. This review ensures that all the procedures outlined in the Act have been followed and that the individual is eligible under the law. Once the Registrar confirms a person's eligibility, the assisted death can proceed.



## Length of process

We advise applicants that the process takes between 4-6 weeks. On average it takes three weeks from application to a person receiving an assisted death. However, a person may choose a date up to six months away, once deemed eligible by the practitioner.

## **Location for Assisted Dying**

Most people choose to die at home. In 2024, 67% of people choosing assisted death did so at home, surrounded by family and friends. A further 18% had their assisted death in a rest home or a care facility. Sometimes an assisted death happens in a hospital. This may be needed when an applicant is too unwell to be moved.

Our team work closely with practitioners, care providers and hospitals, to ensure everyone involved in the process is well supported.

# **Assisted Dying Practitioners**

Practitioners interested in providing AD can choose to be listed as SCENZ practitioners and can provide services to any applicant seeking AD. Practitioners who wish to provide AD only to people already in their care do not have to be on this list. The ability to claim for service is independent of them being listed with SCENZ.

At present, the AD team works with approximately 170 AD providers.

Practitioners can choose to be the lead practitioner, also called Attending Medical Practitioner (AMP), or to provide services as an Independent Medical Practitioner (IMP).

#### **AMPs**

AMPs support people throughout the entire process, including giving medication for AD.

#### **IMPs**

IMPs complete only one assessment for a person. IMPs are drawn from the SCENZ list, as they must be completely independent of the AMP and must not be known to the patient.

The Act also requires a practitioner to have held an APC for the last 5 years continuously.

#### **ANPs**

Nurse Practitioners (ANP) can be involved. The Act enables them to work with an AMP and administer the medication on the AD Day, supported by the AMP. The AMP does not have to be physically present on the day but needs to be available to the ANP.

Whether practitioners are enrolled with SCENZ or not has no impact on their ability to claim for providing Assisted Dying Services (see below for details on funding).

#### **Contentious objection**

Health practitioners have a right to conscientiously object to AD under the Act. While they are not required to participate in providing AD, the must still follow the obligations outlined in section <u>9(2)</u> of the Act.

If a patient asks about assisted dying, practitioners with a conscientious objection must fulfil their responsibilities under the Act, which includes to:

- tell the person of their conscientious objection; and
- inform the person's right to ask the SCENZ Group for the name and contact details of a medical practitioner.

All healthcare staff have a responsibility to uphold professional standards by ensuring that they do not obstruct someone's access to lawful medical treatment.

## **Support for AD Practitioners**

The AD team at Health NZ, provides extensive support to AD practitioners, including phone support 7 days a week, follow-up calls, psychological support and quarterly National Peer Support Evenings, which include case review workshops. Local peer groups are also available in many regions. There are follow-up calls, particularly after all first cases, and cases that are challenging or complex.

Practitioners may require additional support for technical or clinical reasons. Our team is expanding the network of support for practitioners to help with issues such as intravenous catheter insertion particularly with critically ill applicants, as this can be more challenging for people at the end of their lives.

Health NZ also supports practitioners to have a second support person with them when they need one, beyond their first AD delivery.

Phone support is available 24/7 and the AD team has engaged a psychologist at Auckland University of Technology (AUT) to provide additional support upon referral from the Manager. The support is often retrospective after an assisted death has occurred.

Practitioners must use their discretion when seeking support and they should contact the AD team first. Support arranged through the AD team is eligible for additional payments.

## More practitioners needed

Since the service was established, the AD team has supported 3000 applicants and assisted medical practitioners to support 1200 people to receive an assisted death.

Practitioners interested in providing assisted dying services complete a suite of 5 online learning modules, each approx. 30 – 60 min long. Once completed, the practitioner can decide whether they want to register with SCENZ, and if they want to be an AMP, and IMP or both.

Finally, you are set up as a provider and you can start providing assisted dying services.

If you are interested or like to talk someone about providing assisted dying services, email us on: <a href="mailto:AssistedDying@TeWhatuOra.govt.nz">AssistedDying@TeWhatuOra.govt.nz</a>

# **Assisted dying across Aotearoa**

The distance between an applicant and a practitioner can vary significantly, depending on where the applicant lives.

Many applicants are not able to see a practitioner at their location or practice, due to being very unwell. The Service supports and funds practitioners to see an applicant in their home.

Having more practitioners locally available will support applicants to access Assisted Dying services.

# **AD Funding**

AD services are funded through the Assisted Dying Service Notice 2021, and practitioners are supported for providing this service. While many practitioners deliver AD services as private practitioners, other practitioners have made this a part of the services offered through their practice. Both models are widely in use.

Module	Who can Claim	Standard Payment Amount	Additional Payment Amount for Complex Cases (where needed)
Module 1 (clause BC2(2) of the notice)	Attending medical practitioner	\$724.80	\$483.20 (being available where attending medical practitioner spends more than three hours completing Module 1 services)
Module 2 (clause BC2(3) of the notice)	Independent medical practitioner	\$604.00	Not applicable
Module 3 (clause BC2(4) of the notice)	Psychiatrist	\$1,544.16	Not applicable
Module 4 (clause BC2(5) of the notice)	Attending medical practitioner	\$362.40	\$483.20 (being available where attending medical practitioner spends more than one and a half hours completing Module 4 services)

#### Module 5 - Complete

	Who can Claim	Payment Amount
Module 5 (clauses BC2(6) and (7) of the notice)	Attending medical practitioner or attending nurse practitioner	\$1,087.20
Supervisor fee (see clause BC4(1) of the notice)	Attending medical practitioner	50% of the fee for "Module 5 – complete", being \$543.60
Optional payment to allow another health practitioner to support where an attending medical practitioner will be administering medication for the first time (see clause BC4(2) to (3) of the notice)	Supporting health practitioner or attending medical practitioner on behalf of the supporting health practitioner	50% of the fee for attending medical practitioners or attending nurse practitioners for "Module 5 – complete", being \$543.60

The funding model also includes provisions for practitioners to travel to the applicant.

More details can be found in the Notice: <u>Assisted Dying Services Notice 2021 - 2021-go4217-New Zealand Gazette</u>

#### Education

<u>LearnOnline</u> has a series of general education modules available. We recommend all health professionals to complete this, as it includes information-assisted dying and the responsibilities of registered Health professionals under the Act. However, the access settings for training about assisted dying is different from other courses in <u>LearnOnline</u>, and you have to request access to this training by emailing us at: <u>AssistedDying@TeWhatuOra.govt.nz</u>

Our team provides education, seminars and presentations about assisted dying. Whether you want to know more about assisted dying or your team of health professionals and support staff would like to learn more, we are here to help. This session can be tailored to the needs of the audience. We acknowledge the sensitive and challenging nature of people talking about assisted dying.

We also provide debrief sessions for teams, that have been involved in a patient-assisted death.

## Reporting

Health NZ completes regular reporting on assisted dying. These can be found here: <u>Assisted Dying Service data and reporting – Health New Zealand | Te Whatu Ora</u>

#### Other resources

There is more information, resources and guidance on assisted dying on our web page: Assisted Dying Service – Health New Zealand | Te Whatu Ora

If you have any questions or would like to know more about being a provider, please get in touch with us:AssistedDying@TeWhatuOra.govt.nz

## **Legislation and Standards**

- End of Life Choice Act 2019
- Births, Deaths, Marriages, and Relationships Registration (Prescribed Information) Regulations 1995
- Burial and Cremation Act 1964
- Coroners Act 2006
- Cremation Regulations 1973
- Crimes Act 1961
- Health Act 1956
- Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996
- Health and Disability Commissioner Act 1994
- Health Practitioners Competence Assurance Act 2003
- New Zealand Public Health and Disability Act 2000
- Ngā Paerewa: Health and Disability Services Standard NZS 8134:2021
- Privacy Act 2020
- Protection of Personal Property Rights Act 1988

#### Resources

- About the Assisted Dying Service Health New Zealand | Te Whatu Ora
- Assisted dying | Ministry of Health NZ
- Assisted dying assessment processes Health New Zealand | Te Whatu Ora
- Assisted dying care pathways Health New Zealand | Te Whatu Ora.
- Assisted dying information for the public Health New Zealand | Te Whatu Ora
- End of Life Choice Act 2019 Overview of online learning modules
- Information for health professionals Health New Zealand | Te Whatu Ora
- LearnOnline
- Responding When a Person Raises Assisted Dying Health New Zealand | Te Whatu Ora
- SCENZ Group | Ministry of Health NZ
- Training resources for health professionals Health New Zealand | Te Whatu Ora