# End of Life Choice Act (Named Practice) policy

## Purpose

The purpose of this policy is to provide information to [practice name] staff about the procedures and guidelines that a staff member should follow if a person in [practice name’s] care asks for information about and/or access to assisted dying services.

## Policy statement

[Practice name] notes that a person in the care of [practice name] may ask about assisted dying services or choose to access this service.

When a person asks for information about or access to assisted dying services, staff at [practice name] may help the person to access this information or service in the way this policy describes.

Staff should consider what their role is at [practice name] and their level of knowledge about assisted dying when helping someone access this information or service.

Staff must not directly or indirectly encourage a person in the care of [practice name] to ask about or access assisted dying services. The person must raise the topic of assisted dying themselves.

Staff can choose not to be involved in assisted dying services due to their personal beliefs (conscientious objection). However, staff must not stop a person from getting information about or access to assisted dying services.

Staff are encouraged to share any questions or concerns about this policy with their manager.

## Scope

All [practice name] staff.

## Responsibility

This policy has been created by [ practice directors / owners ].

[Named practice lead ] is responsible for operational matters related to assisted dying at [practice name].

This policy will be available to staff through [location]. It will be reviewed and updated on [date].

## Definitions to support use of this policy

**assisted dying** – the administration by an attending medical practitioner or an attending nurse practitioner of medication to a person to relieve the person’s suffering by hastening death; or the self-administration by the person of medication to relieve their suffering by hastening death.

**attending medical practitioner (AMP)** – the medical practitioner who provides end-to-end care throughout the assisted dying service, including carrying out the first eligibility assessment and preparing and administering the medication for assisted dying.

**attending nurse practitioner (ANP)** – the nurse practitioner who administers the medication for assisted dying (under the instruction of the attending medical practitioner).

**health practitioner** – a health professional who is registered and holds practising certificate in line with the Health Practitioners Competence Assurance Act 2003.

**independent medical practitioner (IMP)** – the medical practitioner who provides the second eligibility assessment (the SCENZ Group provides the IMP – see below).

**medical practitioner** – a doctor who is registered with the Medical Council of New Zealand and holds a practising certificate.

**nurse practitioner** – a practitioner who has advanced education, clinical training and the demonstrated competence and legal authority to practise beyond the level of a registered nurse.

**person** – the person who has requested assisted dying.

**psychiatrist** – a medical practitioner with a specialty in psychiatry, who may perform a competency assessment as part of the assisted dying process, if required (the SCENZ Group provides the psychiatrist – see below.)

**request for assisted dying** – the clear request that a person would like to start the assisted dying process, noting that they may have already had some conversations before making this request.

**Support and Consultation for End of Life in New Zealand Group (SCENZ Group)** – the statutory body for the assisted dying service that is responsible for maintaining lists of practitioners who are willing to provide assisted dying services, as well as providing practical help in relation to assisted dying.

[Insert other relevant definitions.]

## Relevant links

* [End of Life Choice Act 2019](https://www.legislation.govt.nz/act/public/2019/0067/latest/DLM7285905.html)
* [Code of Health and Disability Services Consumers’ Rights](https://www.hdc.org.nz/your-rights/the-code-and-your-rights/)
* [Ngā Paerewa: Health and Disability Services Standard NZS 8134:2021](https://www.standards.govt.nz/shop/nzs-81342021/)
* [Health Practitioners Competence Assurance Act 2003](https://www.legislation.govt.nz/act/public/2003/0048/latest/DLM203312.html)

## Related policies and procedures

[Insert links to related practice policies and/or procedures, for example, end-of-life care, conscientious objection, care for deceased and bereavement support, providing care in a person’s home, tikanga guidelines if available.]

## Policy

### Requests for information about and access to assisted dying services

It is possible that a person may ask a staff member at [practice name] about assisted dying services. They may ask for information about assisted dying or for help to access this service.

Under the End of Life Choice Act 2019, the person must raise the topic of assisted dying first. A health practitioner is not able to suggest it as an option.

The staff member’s response to a person who raises the topic of assisted dying depends partly on what their role is in [practice name]. For more on the procedures for different roles, see below.

Health practitioners are encouraged to use the *Conversation guide – how to respond when a person raises assisted dying*, which the Health Quality & Safety Commission and the Ministry of Health have developed to support practitioners. To access the conversation guide, visit [LearnOnline](https://learnonline.health.nz/course/view.php?id=470) or [the Ministry’s website](https://www.health.govt.nz/our-work/regulation-health-and-disability-system/end-life-choice-act-implementation/end-life-choice-act-implementation-resources).

A staff member’s response may also depend on their personal beliefs. Staff can choose not to be involved in assisted dying services due to their personal beliefs (conscientious objection). However, staff must not stop a person from getting information about or access to assisted dying services.

### What to consider when responding to a person who asks about assisted dying

No matter what their personal beliefs or role in [practice name] are, staff members should respond respectfully and professionally to a person who raises the topic of assisted dying.

A person must make their own choice to access assisted dying services and should do so without pressure from anyone else. Staff should be careful to avoid directly or indirectly encouraging someone to choose assisted dying.

Equally staff should be careful to avoid directly or indirectly discouraging a person from choosing assisted dying. Staff should carry out their responsibilities under the [Code of Health and Disability Services Consumers’ Rights](https://www.hdc.org.nz/your-rights/the-code-and-your-rights/) and ensure that a person is not prevented from accessing lawful medical care.

Staff should use a person-centred approach during conversations about assisted dying. During these conversations, staff should keep in mind [Ngā Paerewa: Health and Disability Services Standard NZS 8134:2021](https://www.standards.govt.nz/shop/nzs-81342021/). In particular, they should consider the criteria in Section 1.4: E whakautetia ana ahau | I am treated with respect and in Section 1.6: Ka kitea ngā whakawhitiwhitinga whai hua | Effective communication occurs.

If a staff member is not sure about how to respond or feels uncomfortable with something a person has talked to them about, they should speak to [Named practice lead].

[Note: Providers are strongly encouragedto record requests for information about or access to assisted dying services. In doing so, they should keep in mind [Ngā Paerewa: Health and Disability Services Standard NZS 8134:2021](https://www.standards.govt.nz/shop/nzs-81342021/) – in particular, the criteria in Section 2.5: Mōhiohio | Information.]

### Procedures for non-clinical and non-regulated staff [adjust/insert as appropriate: health care assistants, support workers, receptionists]

Steps non-clinical and non-regulated staff may follow include [adjust/insert/delete below as appropriate]:

* telling the person they can find information about assisted dying on the [Ministry of Health’s website](https://www.health.govt.nz/our-work/regulation-health-and-disability-system/end-life-choice-act-implementation/end-life-choice-act-implementation-resources) or providing them with printed copies of this information
* telling the person they can speak to their doctor about assisted dying services
* telling the person that [Named practice lead] is the main contact for assisted dying services in [practice name] and can talk to the person about assisted dying services.

If they follow any of the above steps, it is expected that the staff member will tell [Named practice lead] that a person has asked for information about assisted dying and describe what information they provided.

[Insert steps about recording requests for information about or access to assisted dying services according to practice policy on “cross corridor consultations”.]

### Procedures for health practitioners (other than medical practitioners)

Health practitioners may, if they do not have a conscientious objection, provide information about assisted dying services to a person who raises the topic of assisted dying, in line with the scope of their professional role.

Steps health practitioners may follow include [adjust/insert/delete below as appropriate]:

* talking with the person about assisted dying services and their other care options – see *Conversation guide – how to respond when a person raises assisted dying* on the [Ministry’s website](https://www.health.govt.nz/our-work/regulation-health-and-disability-system/end-life-choice-act-implementation/end-life-choice-act-implementation-resources).
* telling the person they can find information about assisted dying on the [Ministry of Health’s website](https://www.health.govt.nz/our-work/regulation-health-and-disability-system/end-life-choice-act-implementation/end-life-choice-act-implementation-resources) or providing them with printed copies of this information
* telling the person that [Named practice lead] is [practice name’s] main contact for assisted dying services and can talk to the person about assisted dying
* telling the person they can contact the SCENZ Group to get the name and contact details of a medical practitioner who is willing to provide assisted dying services. The SCENZ Group can be contacted via 0800 223 852.

If they follow any of the above steps, it is expected that the staff member will tell [Named practice lead] that a person has asked for information about assisted dying and describe what information they provided.

[Insert steps about recording requests for information about or access to assisted dying services according to practice policy on “cross corridor consultations” ]

### Procedures for medical practitioners

Medical practitioners should consider whether they are willing and able to provide the full assisted dying service before they agree to be the person’s attending medical practitioner (AMP) and start the assessment process as outlined in the End of Life Choice Act 2019.

If a medical practitioner employed by [practice name] is willing and able to start the assessment process for assisted dying, they should follow the guidance on the [Ministry of Health’s website](https://www.health.govt.nz/our-work/regulation-health-and-disability-system/end-life-choice-act-implementation/end-life-choice-act-implementation-resources).

[Insert any additional internal procedures for medical practitioners acting as an AMP.]

If a medical practitioner has a conscientious objection to assisted dying, they must follow the obligations as set out in [section 9(2) the End of Life Choice Act 2019](https://www.legislation.govt.nz/act/public/2019/0067/latest/LMS167538.html). They must:

* inform the person that they have an objection
* tell the person of their right to ask the SCENZ Group for the name and contact details of a medical practitioner who is willing to provide assisted dying services.

(The SCENZ Group can be contacted via 0800 223 852.)

The medical practitioner may also choose to [adjust/insert/delete below as appropriate]:

* talk with the person about assisted dying services and their other care options – see *Conversation guide – how to respond when a person raises assisted dying* on the [Ministry’s website](https://www.health.govt.nz/our-work/regulation-health-and-disability-system/end-life-choice-act-implementation/end-life-choice-act-implementation-resources).
* tell the person they can find information about assisted dying on the [Ministry of Health’s website](https://www.health.govt.nz/our-work/regulation-health-and-disability-system/end-life-choice-act-implementation/end-life-choice-act-implementation-resources) or providing them with printed copies of this information
* tell the person that [ Named practice lead] is [practice name’s] main contact for assisted dying services and can talk to the person about assisted dying.

If a medical practitioner does not consider themselves competent to provide assisted dying services (for example, they have not completed the appropriate training) they can decline to be the person’s AMP.

In these cases, a medical practitioner should at a minimum explain why they do not provide the service and tell the person of their right to ask the SCENZ Group for the name and contact details of a replacement medical practitioner.

[Insert steps about recording requests for information about or access to assisted dying services according to practice policy on “cross corridor consultations”.]

### Procedures for when a person’s whānau or family member asks about assisted dying

The staff member should inform the person’s whānau or family member that only the person wanting to access assisted dying services can make a request for assisted dying services.

Staff may tell the whānau or family member that they can find general information about assisted dying services on the [Ministry of Health’s website](https://www.health.govt.nz/our-work/regulation-health-and-disability-system/end-life-choice-act-implementation/end-life-choice-act-implementation-resources).

The staff member should tell [Named practice lead] that a person’s whānau or family member has asked for information about assisted dying and describe what information they provided.

If the staff member has concerns about the person being pressured into choosing assisted dying, they should tell [Named practice lead].

[Insert steps about recording requests for information about or access to assisted dying services according to practice policy on “cross corridor consultations”.]

[Insert links to relevant practice policies or guidelines – eg, communication, conscientious objection, coercion if available.]

### Duty of care to a person during the assessment process for assisted dying

Assisted dying does not replace the care a person is already getting. Instead, it provides another option in some circumstances. If a person chooses to access assisted dying services, this option will most likely be in addition to the care they are already getting, such as palliative care.

It is important to continue a person’s wider care so that their other health needs are addressed while assessment for whether they are eligible for assisted dying occurs and/or up until their assisted death takes place. Continuing this care also means that if the assessment finds a person is not eligible for assisted dying or the person chooses not to have an assisted death, practice names are still meeting their wider health needs.

#### What to consider when a person in [practice name’s] care accesses assisted dying services

Staff at [practice name] are expected to act in a way that promotes cooperation among practice names to ensure quality and continuity of services, in line with the [Code of Health and Disability Services Consumers’ Rights](https://www.hdc.org.nz/your-rights/the-code-and-your-rights/).

Regardless of personal beliefs, staff should meet professional standards by:

* not stopping a person from accessing assisted dying services or any other health care
* treating a person who is accessing assisted dying in the same way as they treat any other person in [practice name’s] care.

A person in [practice name’s] care should be aware that they have choice over the care they receive and should have support to make decisions about their care, including whether they would like whānau or family to be involved.

Staff should keep in mind [Ngā Paerewa: Health and Disability Services Standard NZS 8134:2021](https://www.standards.govt.nz/shop/nzs-81342021/) – in particular, the criteria in Section 3.2: Taku huarahi ki te oranga | My pathway to wellbeing.

#### Procedures for when a person currently or previously in [practice name’s] care accesses assisted dying

Staff at [practice name] may be asked to give information or practical support to a person who is accessing assisted dying. Staff should do so as far as is practicable and in the scope of their role.

This may include:

* providing access to medical records in a timely way, if the person gives appropriate consent
* talking to the medical practitioner who is providing assisted dying services, if required (including to comply with [section 11(2)(h)(i) of the End of Life Choice Act 2019](https://www.legislation.govt.nz/act/public/2019/0067/latest/DLM7285956.html))
* supporting a person’s whānau or family to be involved in their care, if the person chooses this
* talking to a person about or helping them make practical arrangements related to accessing assisted dying, such as arranging or being present for appointments
* [add any other ways staff may be involved].

Staff should work in cooperation with colleagues or external practitioners, such as in situations where the attending medical or attending nurse practitioner is not an employee of [practice name].

Staff should allow for the involvement of whānau or family, advocates and other representatives who may be supporting a person to access assisted dying.

### Preparations for a person’s assisted death

#### Procedures for when an assisted death takes place at [location] [for residential care providers only]

At the time of a person’s assisted death, [location] may be the person’s current or primary residence or home. In this situation, the person’s assisted death can take place at the [location] if this is practical and reasonable.

Staff who are willing to participate may help make appropriate arrangements and encourage and support a person in arranging what is important to them. This includes understanding and considering needs specific to the person’s culture and identity, such as needs related to religious beliefs and te ao Māori tikanga (eg, kawa, blessing of rooms, rākau rongoā, mirimiri, karakia).

Staff may be involved in appropriate preparations, including by [adjust/insert/delete below as appropriate]:

* providing access to a private room with space for whānau or family throughout the time the assisted death is taking place
* making this room available to whānau or family after the assisted death and making them aware of how long this room will be available to them after the person has died
* talking to whānau or family about any cultural practices or rituals they would like to take place before, during or after the assisted death, and supporting these to take place
* arranging an access agreement for an external AMP or attending nurse practitioner (ANP) to provide care within [practice name] [insert link to relevant documents]
* appropriately managing the assisted dying medication, including making notes in appropriate documentation
* ensuring required support staff are present for any care for the person or their whānau or family, including to undertake post-death care.

#### Procedures for when a person is transferred out of the [location] for the assisted death [for residential care providers only]

A person may choose to have their assisted death take place at a different location, such as in a whānau or family member’s home or another community setting. In such instances:

* the person’s AMP will discuss with the person and their whānau or family what may be an appropriate setting for the assisted death and what they need to consider, such as whether the person is able to travel
* these decisions may also depend on the chosen location and any external permissions that are needed. For example, if the chosen setting is not a private residence, the person and their whānau or family will need to seek agreement from the relevant parties for the assisted death to occur there.

In some instances, it may not be appropriate or possible for an assisted death to take place in [practice name]. In such instances:

* the [practice name] staff responsible for the person’s care should discuss options for the person who needs to be transferred out of [practice name’s] care with the person, their whānau or family and, if appropriate, their AMP
* these discussions should happen at the earliest opportunity to give ample time for making appropriate arrangements
* these discussions should consider the person’s preferences, as well as any other relevant factors, such as the person’s ability to travel
* staff should support the person and their whānau or family to find an appropriate location for the assisted death to take place
* appropriate locations may include a community setting, such as a family or whānau member’s home, or a hospital setting.

Any arrangements for transferring a person outside of the care of [practice name] should be made in agreement with the person, their whānau or family and [practice name]. Staff should keep in mind existing policies about transferring a person out of [practice name’s] care. [Insert link to relevant policies.]

Staff should also keep in mind [Ngā Paerewa: Health and Disability Services Standard NZS 8134:2021](https://www.standards.govt.nz/shop/nzs-81342021/) – in particular, the criteria in Section 3.6: Te takatau, whakawhiti me te whakaputa | Transition, transfer and discharge.

#### Procedures related to staff being present at an assisted death [for providers who have medical or nurse practitioners providing assisted dying services or where it is usual practice for staff to be present when a person dies]

Staff may be present at a person’s assisted death if they are willing to participate and are needed [adjust/insert/delete below as appropriate]:

* for the assisted death to take place (ie, they are the AMP or ANP, or they are providing clinical support to the AMP or ANP)
* to provide care or support to either the person or the whānau or family, if the person or the whānau or family agrees to this.

Staff should be aware of their obligations under privacy law and under [section 36 of the End of Life Choice Act 2019](https://www.legislation.govt.nz/act/public/2019/0067/latest/LMS225667.html) to keep details of deaths private. These details include:

* the method by which the medication was administered to the deceased
* the place where the medication was administered to the deceased
* the name of the person who administered the medication to the deceased, or the name of that person’s employer.

Staff who are present at an assisted death should have an opportunity to debrief with [Named practice lead ] if they choose to do so.

#### Procedures for staff following a person’s death [for practice names where it is usual practice for staff to provide post-death care]

Staff who are willing to participate should make appropriate arrangements for care following a person’s death from assisted dying. These arrangements may include [adjust/insert/delete below as appropriate]:

* making the room where the assisted death takes place available to whānau or family after the assisted death and making them aware of how long this room will be available to them
* providing post-death care and appropriate liaison with undertakers and other parties following the normal process
* ensuring a person’s records are updated or managed appropriately – noting it is the AMP or ANP who will confirm and report the death.

[Insert link to practice policy on post-death care if available.]

### Arrangements for staff involved in assisted dying services

#### For medical and nurse practitioners

Medical or nurse practitioners employed by [practice name] are permitted to provide assisted dying services as part of their contract with [practice name] as per the End of Life Choice Act 2019 if they choose to do so.

Medical practitioners providing assisted dying services as an AMP, independent medical practitioner (IMP) or replacement AMP, or nurse practitioners providing assisted dying services as an ANP should claim funding for this work under the section 88 notice.

[AND/OR]

Medical or nurse practitioners may provide assisted dying services outside of their contract with [practice name]. Staff should [insert any arrangements and policies that staff providing assisted dying services outside of their contract with practice name should follow].

#### For staff providing care or support related to assisted dying services

Staff providing care and support related to assisted dying services, such as helping make practical arrangements or providing care before or after the assisted death, may do so as part of their existing contract with [practice name] at the discretion of the staff member’s manager.

## Staff information and support related to assisted dying services

Where staff have questions and concerns relating to assisted dying services within [practice name], they should direct them to [ Named practice lead].

For general information about assisted dying services, visit the [Ministry of Health’s website](https://www.health.govt.nz/our-work/regulation-health-and-disability-system/end-life-choice-act-implementation/end-life-choice-act-implementation-resources).

For training and guidance related to assisted dying services, visit [LearnOnline](https://learnonline.health.nz/course/view.php?id=470).

Assisted dying is a sensitive topic and may be difficult for some people. Staff at [practice name] can seek wellbeing support through [Employee Assistance Programme]. They may also access support through their professional organisations.