

POLICY: End of Life Choice Act

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| Document ID: | |
| Date Issued: | 27 October 2021 |
| Review by Date: | 31 October 2023 |
| Document Owner: | Chief Medical Advisor |
| Document Facilitator: | PA to Chief Medical Advisor |
| Authorised By: | Chief Medical Advisor |
| Pages: | 5 |
| Version: | 1.0 |

TE TIRITI STATEMENT

Principles

Taranaki DHB is committed to ensuring Te Tiriti o Waitangi informs policy and practice across all service units. The principles outlined below guide the types of actions needed for the DHB to meet its obligations in this respect:

Tino Rangatiratanga

Provides for Māori self-determination and mana motuhake. This means that Māori are key decision makers in the design, delivery, and monitoring of health and disability services.

Equity

Requires the Crown to commit to achieving equitable health outcomes for Māori and to eliminate health disparities. This includes the active surveillance and monitoring of Māori health to ensure a proportionate and coordinated response to health need.

Active Protection

Means to act to the fullest extent practicable, to protect Māori health and achieve equitable health outcomes for Māori. This includes ensuring that the DHB and its Treaty partner under Te Tiriti o Waitangi are well-informed on the extent and nature of both Māori health outcomes and efforts to achieve Māori health equity.

Options

Requires the DHB to provide for and properly resource kaupapa Māori health services. Furthermore, the DHB is obliged to ensure that all healthcare services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.

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Partnership

Requires the DHB and Māori to work in partnership in the governance, design, approval, delivery and monitoring of health and disability services. Māori must be co-designers, with the DHB, of the health and disability system for Māori. This contributes to a shared responsibility for achieving health equity for Māori.

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Governance Statement: This governance document is consistent with the TDHB Values and supports the TDHB’s Mission by establishing and mandating appropriate controls to support the delivery of health care services.

1. Purpose

The purpose of this policy is to provide direction to the Taranaki DHB staff about the End of Life Choices Act (2021) that a staff member should follow should a person in hospital request and/or access assisted dying services.

2. Scope

All hospital staff.

3. Exclusions

N/A

4. Definitions

This policy has been created by a Taranaki DHB working group. The Chief Medical Advisor is responsible for operational matters related to assisted dying at the Taranaki DHB.

Assisted dying – the act of an attending medical practitioner or attending nurse practitioner giving a person medication to relieve their suffering by bringing on their death or the taking of medication by the person to relieve their suffering by bringing on their death.

Assisted dying pathway – the pathway that a person will follow if they choose to access assisted dying, including the steps that must occur as outlined in the End of Life Choice Act 2019.

Request for assisted dying – the clear request that a person would like to start the assisted dying process, noting that some conversations related to assisted dying may have taken place ahead of this request.

Person – the person who has requested assisted dying.

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Health practitioner – a health professional who is required to be registered and hold a practising certificate as per the Health Practitioner Competency Assurance Act 2003.

Medical practitioner - a doctor who is registered with the Medical Council of New Zealand, and who 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.

Attending medical practitioner (AMP) – the medical practitioner who provides the first eligibility assessment, delivers the opinion on eligibility, prepares the documentation and administers the medications for assisted dying.

Independent medical practitioner (IMP) – the medical practitioner who provides the second eligibility assessment. The IMP is provided by the SCENZ Group.

Replacement AMP – the medical practitioner who agrees to take over responsibility for the provision of the assisted dying service if the medical practitioner to whom the request is made is not able to provide/complete the service (once the replacement AMP has started providing assisted dying care they are known as the AMP).

Psychiatrist – The person who provides a third opinion where the competence of the person eligible for assisted dying cannot be established.

Attending nurse practitioner (ANP) – the nurse practitioner who administers the medications for assisted dying.

Support and Consultation for End of Life in New Zealand Group (SCENZ Group) - a statutory body for the assisted dying service that is required under the End of Life Choice Act 2019 and is responsible for maintaining lists of practitioners who are willing to provide assisted dying services.

5. This policy will be available to staff through the Taranaki DHB Intranet.

6. Policy Objectives

7. Policy Statements

- It is expected most interventions will occur in a person’s home or at another community location and not in a public hospital.
- The hospital is the location of last resort for the intervention of assisted dying.
- The Attending Medical Practitioner (AMP) or Attending Nurse Practitioner (ANP) will have explored all non-DHB options and have formally applied to the DHB to use the DHB premises for the intervention.
- Formal agreement for assisted dying to take place in the hospital is required from the Chief Medical Advisor (CMA) with input from the Professional Lead, Nursing (PLN), and Director of Allied (DAH) or their delegates

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- The AMP or ANP must be registered with SCENZ to undertake assisted dying in the hospital, and that registration must be active.
- Completion of the requirements of Section 18 and 19 of the End of Life Choice Act is required prior to progressing with assisted dying in the hospital.
- The eligible person is expected to be domiciled in the Taranaki DHB area. Consideration of assisted dying for an eligible person who is not domiciled in the DHB area will only be under exceptional circumstances.
- Staff at Taranaki DHB should help a patient to access information about or access to assisted dying services.
- Staff should consider what their role is in the service provider and the level of knowledge they have about assisted dying when helping someone access this information or service.
- Staff can choose not to be involved assisted dying services due to their personal beliefs (conscientious objection), but staff must not stop a person from getting information about or access to assisted dying services.
- Assisted dying will only take place at Taranaki Base and Hawera Hospitals in a location specified by the DHB.
- The AMP or ANP is solely responsible for the intervention of assisted dying in the hospital.
- DHB staff will only assist at the discretion of the DHB and as the DHB determines the situation requires. No DHB staff will be obligated to assist in the intervention.
- Staff are encouraged to share any questions or concerns they may have about this policy with their manager.
- Staff are strongly encouraged to undertake online learning modules on the Ministry of Health website.

8. References

Responding when a person raises assisted dying: a handbook for registered health professionals. Ministry of Health 2021.

9. Legislation / Standards

The End of Life Choice Act 2019

Health Practitioner Competency Assurance Act 2003

Assisted Dying Services Notice 2021, NZ Gazette

The Code of Health and Disability Services Consumers' Rights

Ngā Paerewa: Health and Disability Services Standard NZS 8134:2021

10. Related Documents

Policy guidance for assisted dying services: information for district health boards – public hospitals

11. Appendices

Nil

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Document Controls

Revision History

| <i>Version</i> | <i>Date</i> | <i>Description</i> |
|----------------|-------------|--|
| <i>Draft</i> | 10/10/2021 | Initial Draft |
| <i>1</i> | 22/10/2021 | Changes made as a result of feedback from consultation |
| <i>2</i> | 27/10/2021 | Changes made as a result of feedback from document owner |
| <i>3</i> | | Changes made as a result of consideration by EOLCA Committee |
| <i>4</i> | | Final |

Review and Approval

| <i>Person Name / Committee</i> | <i>Position /Purpose</i> | <i>Function (Owner Review Approve)</i> |
|--------------------------------|--------------------------|--|
| <i>Dr Greg Simmons</i> | CMA | Document Owner |
| <i>EOLCA Committee</i> | | Review |
| <i>Dr Greg Simmons</i> | CMA | Approve |

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