

End of Life Choice Act

What Will a Yes Vote Mean ?

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The referendum question is:

Do you support the End of Life Choice Act 2019 coming into force?

You can choose 1 of these 2 answers.

Yes

I support the End of Life Choice Act 2019 coming into force.

50% or more Vote YES the act comes into force 12 months later. It is reviewed after 3 years and then every 5 years.

No

I do not support the End of Life Choice Act 2019 coming into force.

50% or more vote NO the act does not come into force.

Existing Patient rights



People can still refuse life sustaining basic support or treatment



Doctor's still have a duty to alleviate suffering.

Terms used in the Act

In the Act, 'assisted dying' means:

- a person's doctor or nurse practitioner giving them medication to relieve their suffering by bringing on death; or
- the taking of medication by the person to relieve their suffering by bringing on death.

In the Act, 'medication' means a lethal dose of the medication used for assisted dying.

Definitions

Eligibility

- 18 years + NZ Citizen or perm resident
- Terminal illness with end of life 6/12 or less
- Significant ongoing decline in physical capability
- Unbearable suffering which cannot be eased
- Able to make informed decision (understand, remember, weigh up and communicate decision)

Exclusions

- Mental illness or mental disorder
- Disability alone
- Advanced age in isolation of other issues

N.B.

- Advanced directive cannot be used
- Welfare guardians (Personal and Property) do not have power to make decision

Doctor Obligation

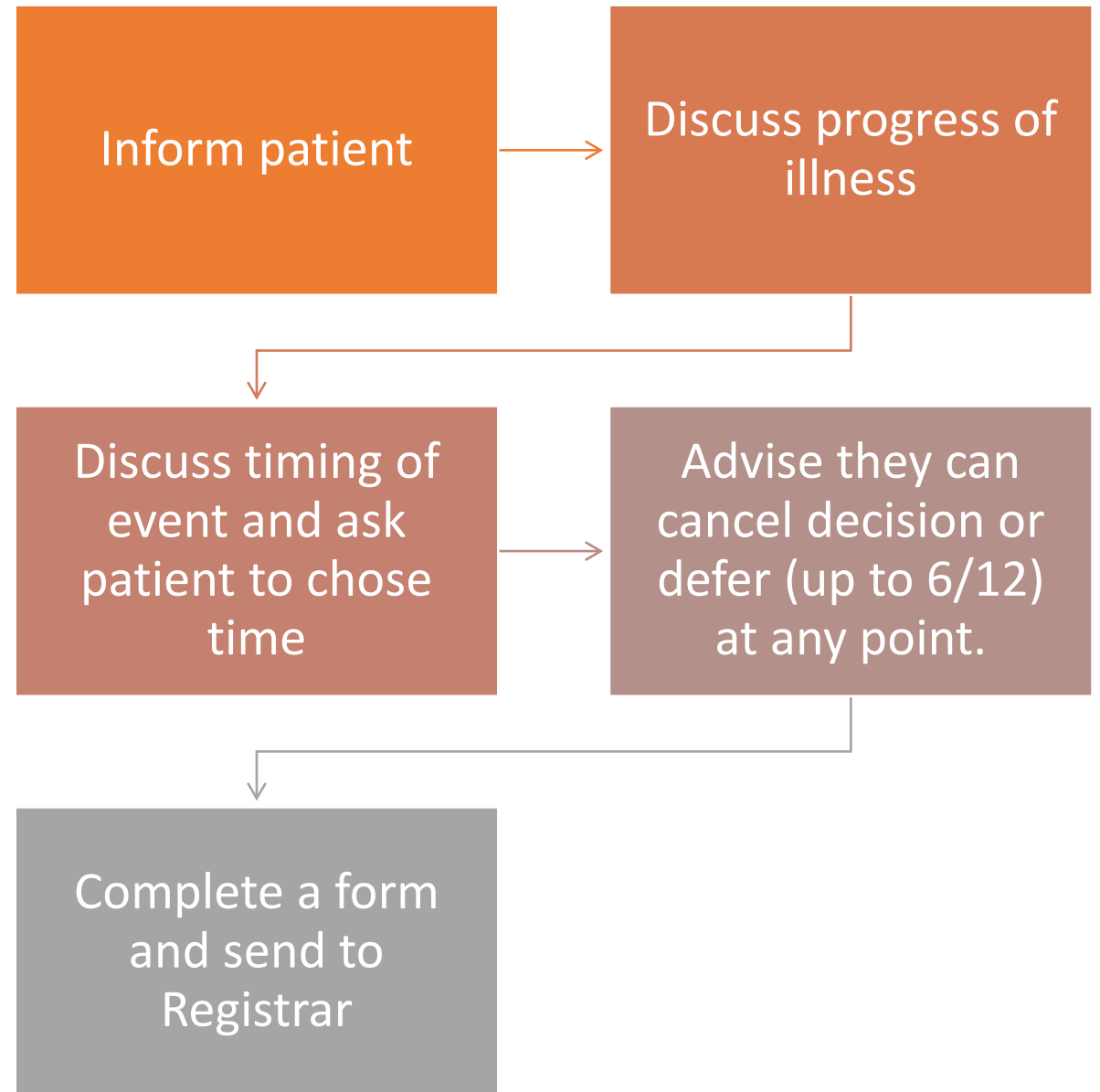
- If (and only if) someone asks
- Provide prognosis/predicted course
- Advise irreversibility and expected impacts of assisted dying
- Regularly talk with the patient about their wish
- Make sure person understands other options
- Make sure person knows they can change their mind
- Encourage discussion with family/friends/counselors
- Doctor must discuss with other HPs involved in care

Doctor Obligation

- Stop process if any pressure/coercion detected
- Record everything on the approved form
- Get patient to sign a form (can be signed for them)
- If eligible second opinion from independent doctor provided by SCENZ who uses same criteria
- If either unsure of competence then a 3rd opinion from SCENZ psychiatrist is to be sought
- If any doctor thinks not eligible explain reasons to person



If Eligible



Patient Choices

- Ingestion triggered by person
- Intravenous injection triggered by person
- Ingestion via tube administered by doctor or nurse practitioner
- Injection administered by doctor or nurse practitioner.

48hours prior



Write prescription



Advise Registrar of method and date



Registrar will then give go ahead if satisfied process complied with

At chosen time

- Doctor asks patient if they wish to go ahead, stop request or defer for a period less than 6/12 (prescription to be destroyed).
- If request stopped, medication to be removed immediately and inform Registrar via “rescind form”.
- If ongoing consent, medication left in same room or nearby.
- Dr or NP must be available till person dies either in same room or nearby (or can deputise to replacement Dr or NP)
- Report sent to Registrar
- N.B. Confidential as to method, place, administration person (or their employer).

Insurance

- For life insurance purposes, the person died of their terminal illness as if assisted dying had not occurred

Legal issues for Health Practitioners

- “Immune” from criminal or civil liability provided all requirements of the Act are complied with.

Conscientious objection



NO HEALTH PRACTITIONER HAS TO HELP A PERSON WITH ASSISTED DYING IF THEY HAVE A CONSCIENTIOUS OBJECTION



THE HP MUST INFORM THE PERSON OF THEIR CONSCIENTIOUS OBJECTION



THE HP MUST INFORM THE PERSON OF THEIR RIGHT TO ASK FOR THE NAME AND CONTACT DETAILS OF A REPLACEMENT DOCTOR (FROM SCENZ).



EMPLOYER CANNOT DENY EMPLOYMENT ON BASIS OF CONSCIENTIOUS OBJECTION, NOR CAN THEY EMPLOY FOR THIS PURPOSE.

Support and Consultation for End of Life Care NZ (SCENZ)

- Established by Director General of Health
- Provide list of replacement and/or independent doctors
- Provide contact details in a way that the doctor does not chose replacement/independent doctor
- Maintain list of willing Psychiatrists
- Maintain list of Pharmacists willing to dispense this medication
- Create standards of care for administration of medication
- Advise re medical and legal procedures
- Provide practical assistance if requested

End of Life Review Committee

- Small committee consisting of Medical Ethicist, End of Life care medical practitioner, one other HP
- Appointed by Minister of Health
- Consider reports from Dr./NP on assisted deaths
- Report to the Registrar whether the report complies with the Act
- Ask Registrar to follow up if report suggests death does not comply

Registrar (Assisted Dying)

- Appointed by Director General of Health
- Ensures processes are complied with
- Maintains register of approved forms, reports from EOL review committee, and reports to Minister
- Receive complaints and refer on if appropriate to HDC or Police.
- Annual report to Minister of Health who reports to Parliament



Medications used in other countries

- Antiemetic premed –metoclopramide/ondansetron/haloperidol
- Oral barbiturates –Secobarbital or Pentobarbital mixture-94%in 60mins and 98% in 120mins
- If availability issues- DDMP2 (Digoxin,diazepam,morphine,propranolol)-147mins ave up to 450mins.
- IV usually barbiturate, neuromuscular blocker, potassium
- Opioids and Benzodiazepines not recommended (unpredictable)
- Alternatives are Chloral hydrate, helium etc.



Medications Continued.

- Side effects include taste, swallowing, nausea (up to 10%), waking up and prolonged time to death.
- Belgium study 1998-2013 showed initial use of non recommended drugs at start but reduced over time. Still some being used.
- Difficulty of availability of Secobarbital in USA (since 2015) because of cost and pharmacy issues.
- MAiD Canada (Medical assistance in dying)
- <https://camapcanada.ca/wp-content/uploads/2019/01/OralMAiD-Med.pdf>

Overseas legislation

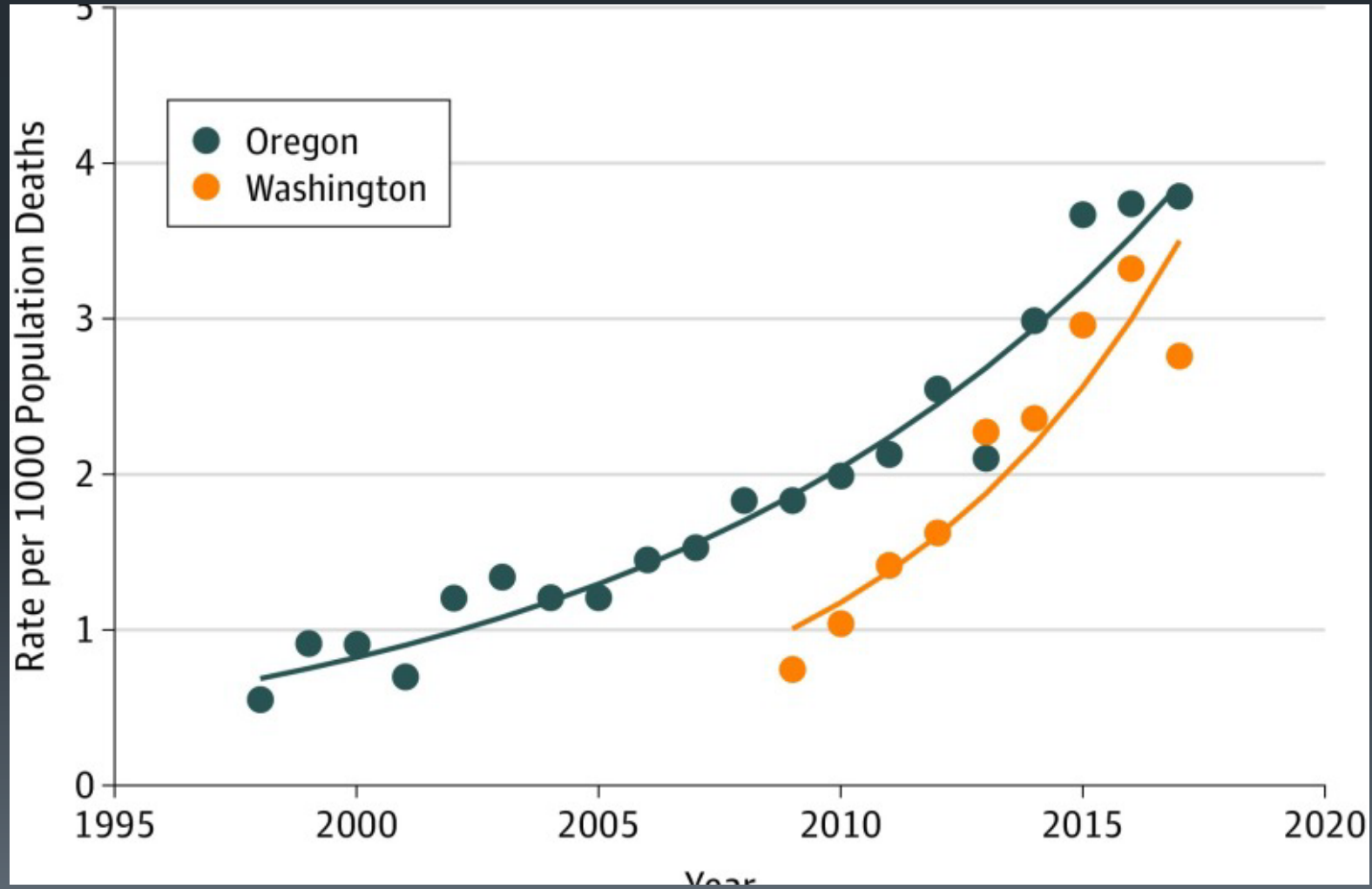
- Assisted suicide and euthanasia- Netherlands, Belgium, Colombia, Luxembourg (but no information), Canada
- Assisted suicide -10 USA states (starting in Oregon and Washington state), Switzerland (non physicians), Germany, Victoria Aus (can have euthanasia if not capable of suicide), WA Aus.
- S Korea and Portugal may join list.
- Flanders 0.05% of deaths assisted suicide, 4.6% euthanasia
- Netherlands-0.1% ass suicide 2.8% euthanasia



Who

- Usually terminal cancer or ALS
- Older
- White well educated.
- Increasing for dementia
- Now some children and youth (Belgium)
- Increasing for mental health and neurodegenerative diseases.
- Occasional newborn (Netherlands) if unbearable suffering

What may happen over time?



Essential further reading

- <https://www.votesafe.nz>
- <https://carealliance.org.nz>
- See also statements from World Medical Association, NZMA, Australian and NZ Society of Palliative Medicine all obtainable within the Care Alliance site.
- See also the statement from Hospice NZ :
- <https://www.hospice.org.nz/resources/end-of-life-choice-act-our-concerns/euthanasia-our-opinion/>
- RNZCGP statement also available on college website.
- Government website :
- <https://www.referendums.govt.nz/endoflifechoice/summary.html>
- Yes for Compassion:
- https://www.yesforcompassion.org.nz/?gclid=EAlaIQobChMIyu7SpOa56wIVzRErCh3E3QYAEAAyAAEgKDI_D_BwE