

PROCEDURE: End of Life Choice Act

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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.

Compliance: Compliance with this procedure is mandatory and non-compliance may be actionable through relevant conduct policies.

1. Purpose

This document outlines practices for implementation of the Assisted Dying Act requirements if this occurs in the DHB premises. The procedure is aligned with the DHB's Policy on Assisted Dying.

2. Scope

These procedures must be followed in all cases where the intervention of assisted dying is requested to occur in hospital at Taranaki DHB

3. Exclusions

None.

4. Definitions

Assisted dying – the act of a medical practitioner or 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 No 67, Public Act Contents – New Zealand Legislation](#)

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

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

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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 and prepares 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)

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. Standard(s)

Persons using the hospital for an end-of-life intervention will receive a compassionate service that follows legal and procedural pathways.

6. Criteria and Measures

This procedure is guided by the End of Life Choices Act - [End of Life Choice Act 2019 No 67, Public Act Contents – New Zealand Legislation](#)

7. Equipment

N/A

8. Procedure(s)

8.1 Confirmation of assisted dying to take place in the hospital

All options for assisted dying to take place outside of the hospital must have been explored and exhausted prior to considering the hospital as the location of last resort.

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Formal agreement for assisted dying to take place in the hospital is required from the CMA with input from the Professional Lead, Nursing (PLN), and Director of Allied (DAH) or their delegates.

8.2 Readiness to undertake assisted dying in the hospital

Applications for a hospital intervention are sent to the e-mail assisted.dying@tdhb.org.nz at least two weeks prior to the proposed date.

The choice of date and time, as required in Section 18, and completion of the form referred to in Section 17(2)(d), must be discussed with the hospital prior to the form being sent to the Registrar (for assisted dying under Section 27 of the Act).

The choice of date and time must meet the hospital's operational requirements.

A patient cannot be considered ready to complete assisted dying until the requirements of Section 19 are met, particularly that the Registrar is satisfied that the processes in sections 11 to 18 of the Act have been complied with and has notified the attending medical or nurse practitioner of that.

8.3 The eligible person is not currently an inpatient in Taranaki Base or Hawera Hospitals

The AMP must contact the office of the CMA at Taranaki DHB to request the intervention of assisted dying in the hospital.

The AMP must demonstrate to the satisfaction of the CMA, with input from the PLN and DAH, that all possible non-hospital-based options for the intervention have been explored and exhausted.

The CMA must confirm to the AMP in writing or by email that the assisted death can take place in the hospital prior to any discussion of the time or date with the eligible person.

Prior to the completion of the form described in Section 17(2)(d), the AMP must work with TDHB to ensure a date and time that is mutually agreed by the DHB and the person eligible for assisted dying

After agreement and the sending of the form to the Registrar, the assisted death will be booked for that time and date with the DHB.

No less than 48 hours prior to the agreed date and time of the assisted death, the AMP will confirm in writing to the DHB, by sending an e-mail to the assisted.dying@tdhb.org.nz, that the requirements of Section 19 have been fulfilled and provide evidence that the Registrar has advised that sections 11 through 18 of the Act have been met. The number of whanau requesting to attend the intervention is stated.

The booking will be reconfirmed by the DHB (Duty Nurse Manager) by 0800 on the morning of the agreed date. The DHB reserves the right to postpone or reschedule the booking for unforeseen capacity or emergency requirements.

The DHB (CMA and Duty Nurse Manager) will confirm the location, time, capacity and maximum available time in the location no later than 0800 on the date of the assisted death.

The DHB will ensure the location for the assisted death is in a suitable state of readiness. Room occupancy will be reflected on the ward whiteboard.

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The AMP is required to be present in the hospital no later than 30 minutes prior to the arrival of the eligible person and their whanau or support persons.

Assistance from DHB staff will include transport of the body to the morgue and may include nursing or specific medical support (such as IV cannulation).

No admission or discharge documentation will be completed by DHB clinical staff for the planned intervention.

If the eligible person rescinds the request for assisted dying (Section 23) while in hospital for the intervention, they will return to their place of residence unless admission is required for clinical reasons, as determined by the relevant DHB acute admitting service.

8.4 The eligible person is currently an inpatient in Taranaki Base of Hawera Hospitals

The patient and/or AMP must advise the lead clinical team responsible for the patient's inpatient care of the patient's wish to consider assisted dying in the hospital.

The AMP must demonstrate to the satisfaction of the CMA, with input from the PLN and DAH, that all possible non-hospital-based options for the intervention have been explored and exhausted.

The CMA must confirm to the AMP in writing or by email that the assisted death can take place in the hospital prior to any discussion of the time or date with the eligible person.

Prior to the completion of the form described in 17(2)(d) the AMP must work with Taranaki DHB to ensure a date and time that is mutually agreed by the DHB and the eligible person.

After agreement of the date and time, the AMP is responsible for sending of the form to the Registrar, and the assisted death will be planned for that time and date.

No less than 24 hours prior to the agreed date and time of the assisted death, the AMP will confirm in writing to the DHB that the requirements of Section 19 have been fulfilled, and provide evidence that the Registrar has advised that sections 11 through 18 of the Act have been met.

The DHB reserves the right to postpone or reschedule the booking for capacity, operational or emergency requirements.

The DHB will ensure the location for the assisted death is in a suitable state of readiness.

The AMP is required to be present at the hospital no later than 30 minutes prior to the planned time of the assisted death.

The lead clinical team will formally complete a handover of the eligible person to the AMP, and the person will be transferred to the location prepared. The AMP will be responsible for all medical care following the completion of the handover by the lead clinical team. The clinical team will complete a discharge summary following death.

Assistance from DHB staff will include transport of the body to the morgue and may include nursing or specific medical support (such as IV cannulation).

The lead clinical team will complete a written discharge summary as per usual practice.

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If the eligible person rescinds the request for assisted dying (Section 23) while in hospital, they will return to the care of the lead clinical team.

8.5 Location for Assisted Dying

The hospital location will provide a private space suitable for the intervention of assisted dying, with provision for the attendance of whanau or friends as requested by the eligible person.

The location will provide for appropriate facilities for the intervention, including a handbasin, sharps container. Additional consumables such as portable oxygen, IV equipment may be provided at the AMP's/ANP's request.

The eligible person will be advised of the maximum capacity for whanau or friends to attend (no more than 6).

The DHB will ensure the privacy of the assisted death and will support whanau and friends in accessing the location without undue signage.

The DHB is responsible for appropriate Tikanga and cleaning of the location prior to and following an assisted death.

8.6 Timing of Assisted Dying

The intervention of assisted dying will only take place during the hours of 0800 and 2000, 7 days a week.

The eligible person and their whanau and friends will be advised of the maximum length of time that the location is available (up to 4 hours).

The DHB may vary the date or time of the assisted death if unforeseen capacity requirements demand, or if there are emergency circumstances.

8.7 DHB staff involved in an Assisted Death

The DHB will be the sole determinant of the staffing support provided to the intervention of assisted dying. These staff may include medical staff, nursing staff and non-clinical staff. No DHB staff will be obligated to be involved in the intervention.

8.8 The Attending Medical Practitioner (AMP) or Attending Nurse Practitioner (ANP)

The AMP or ANP must have a signed Access Agreement in place with Taranaki DHB prior to planning an assisted death.

The AMP or ANP must meet the requirements of Section 20, in particular that they must be available to the eligible person in the hospital until the person dies or arrange for another medical practitioner or nurse practitioner to be available.

8.9 Responsibility of the AMP or ANP for the medication

The AMP or ANP is solely responsible for all aspects of transporting, safeguarding, administering and disposing of the medication and additional consumables provided by the SCENZ process that are used in the assisted dying intervention.

The DHB will keep no record of the medication administration and will not provide the facility for disposal or destruction of the medication (Section 22 of the Act).

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8.10 Completion of the Death Certificate and statutory documentation

The AMP/ANP is solely responsible for the completion of the Death Certificate and other end of life documentation, as required by the Act.

8.11 Removal of the Body/Tupapaku

The AMP/ANP is responsible for ensuring that arrangements are made for the removal of the body from the hospital morgue. Arrangements should be agreed prior to the intervention taking place.

9. Training and Certification

The Attending Medical Practitioner or Attending Nurse Practitioner AMP or ANP must be registered with SCENZ to undertake assisted dying in the hospital, and that registration must be active.

10. References and Supporting Guidance

[Policy guidance for assisted dying services: information for district health boards – public hospitals](#)

11. Legislation / Standards

This procedure is guided by the End of Life Choices Act - [End of Life Choice Act 2019 No 67, Public Act Contents – New Zealand Legislation](#)

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

12. Related Documents

Assisted Dying Policy

13. Appendices

Appendix 1 - Assisted dying service diagram (as per [Policy guidance for assisted dying services: information for district health boards – public hospitals](#))

Appendix 2 - Assisted dying flowchart (as per Taranaki DHB End of Life Choice Act procedure)

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Document Controls

Revision History

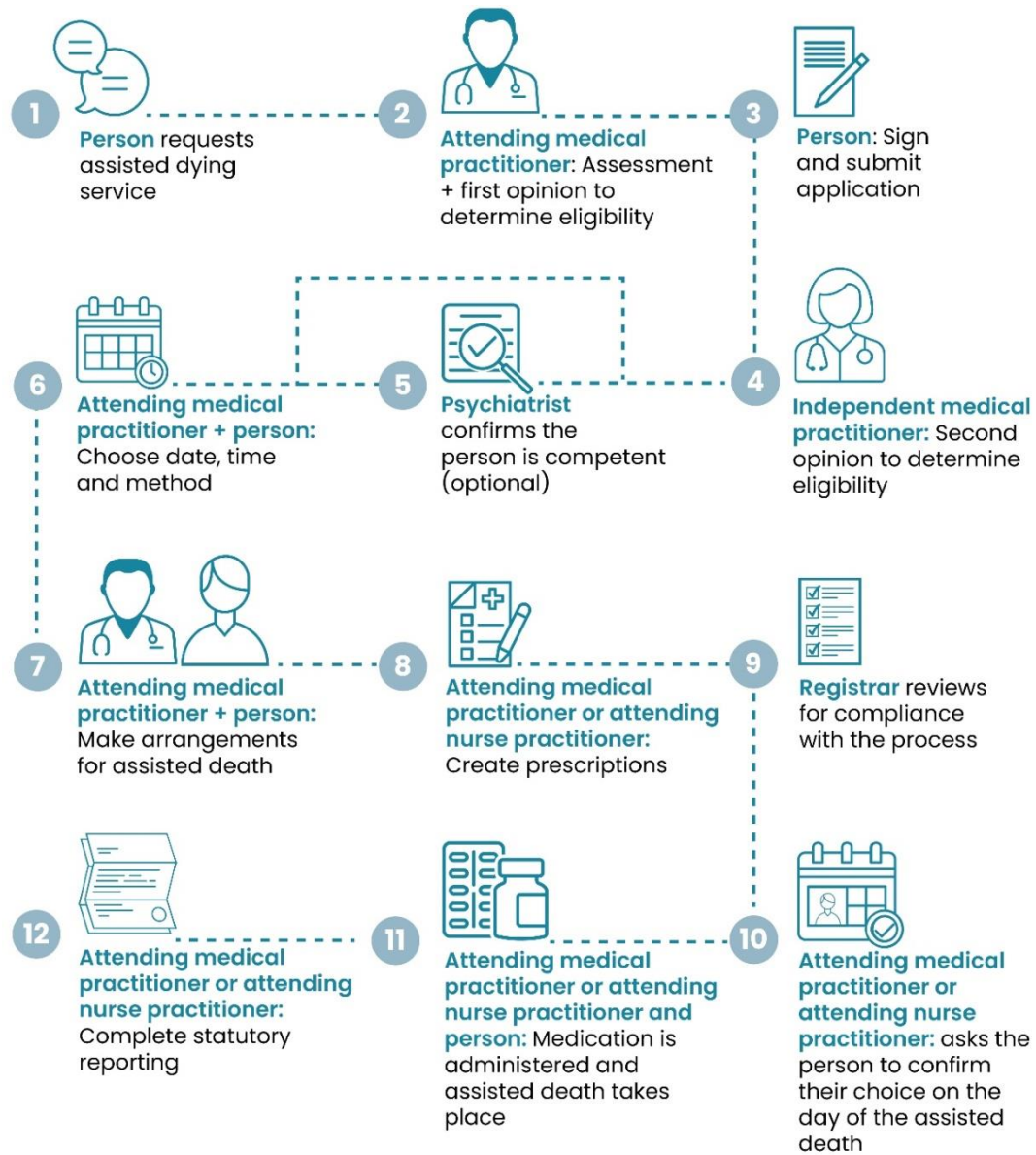
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1	22/10/2021	Changes made as a result of feedback from consultation
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Review and Approval

Person Name / Committee	Position /Purpose	Function (Owner Review Approve)
Dr Greg Simmons	CMA	Document Owner
ELOCA Committee		Review
Dr Greg Simmons	CMA	Approve

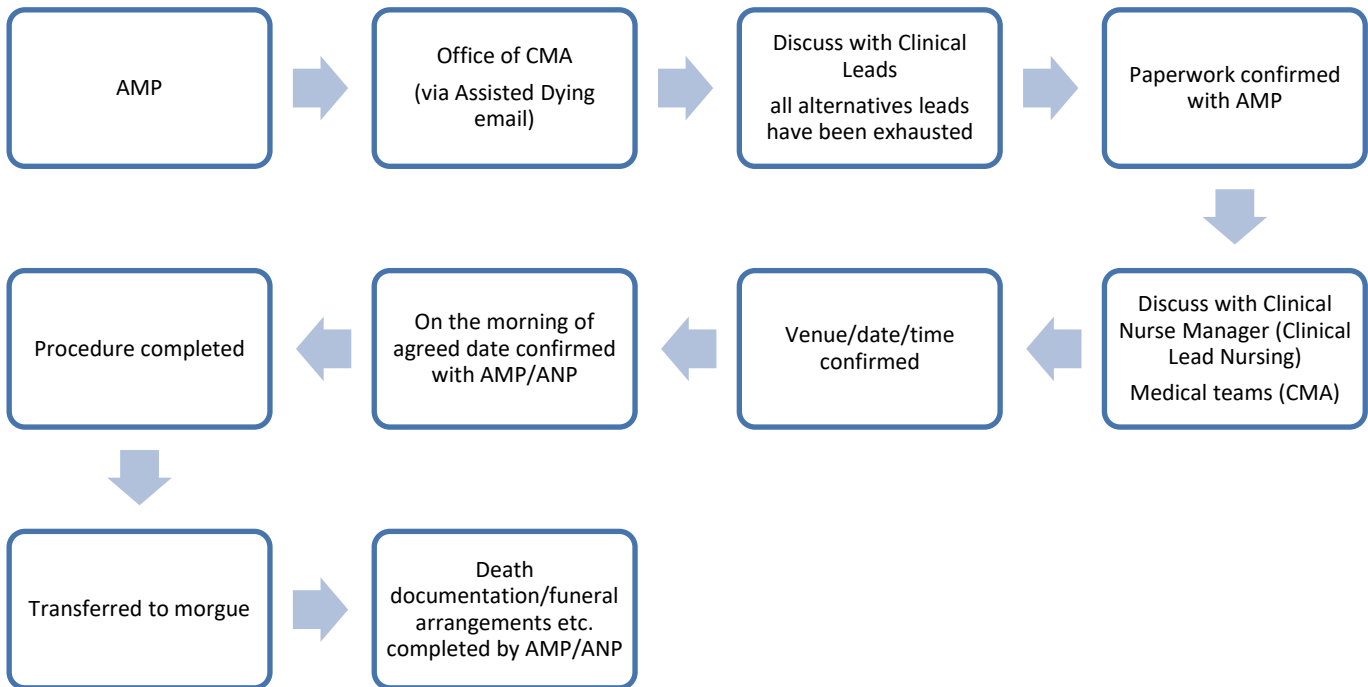
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Appendix 2 - Assisted dying flowchart (as per Taranaki DHB End of Life Choice Act procedure)



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