

11 May 2022

s 9(2)(a)

By email: s 9(2)(a)
Ref: H202205496

Tēnā koe s 9(2)(a)

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to the Ministry of Health (the Ministry) on 19 April 2022 for information relating to assisted dying and the End of Life Choice Act 2019 (EOLC Act). Each part of your request is responded to below:

“When a doctor administers a lethal injection to a patient his intention is to kill the patient, why then is the report disguising this reality by describing his action as assisted dying?”

The assisted dying service is enabled by the EOLC Act. Assisted dying is the term used in that Act. Section 4 of the EOLC Act defines assisted dying as:

Assisted dying, in relation to a person, means—

- (a) the administration by an attending medical practitioner or an attending nurse practitioner of medication to the person to relieve the person’s suffering by hastening death; or
- (b) the self-administration by the person of medication to relieve their suffering by hastening death.

The Ministry uses the term assisted dying to refer to deaths that occur under the provisions of the EOLC Act.

The report advises that 66 patients had an “assisted death” how many of these patients were assisted to commit suicide?

All deaths as described by section 4 of the EOLC Act are assisted deaths.

There were 81 patients who did not continue with the process, for those who were ineligible, were they offered palliative care?

There were 39 patients who were not receiving palliative care at the time of application what was the reason for this?

What was the number of patients who applied for “assisted dying” who did so because palliative care was not available?

The Ministry does not collect data regarding palliative care. Options for ongoing care are discussed with all individuals assessed as ineligible for assisted dying. Their medical care is coordinated by their general practitioner throughout the application process. If someone does not have an assisted death, this coordination continues.

There were 38 patients whose diagnosis was not provided, what follow-up action was taken to obtain the diagnosis?

As the report is published as soon as possible after the end of the quarter, there will always be several people that are still being assessed, due to them having started their application close to the end of the reporting period.

Every person who applies for assisted dying follows the same process. To continue through the application process to an assisted death a person must meet all eligibility criteria, which includes having a diagnosis of a terminal illness with a prognosis of less than 6 months.

People that are assessed as eligible for assisted dying will always have a diagnosis recorded.

If a person is assessed as ineligible at their first assessment then, depending on the reason for their ineligibility, a diagnosis may not be recorded. For example, this will be the case if the person is ineligible because they do not have a terminal illness with a prognosis less than six months. Most of the 38 people who are reported as 'diagnosis not known' are in this group. The remainder of the 38 either withdrew their application prior to assessment, died from their terminal illness during the assessment phase, or were still being assessed.

It is recorded that 17% of "assisted deaths" took place in aged care facilities. Do these "assisted deaths" require the knowledge and permission of the management of these aged care facilities?

The person seeking an assisted death will nominate a location for this to occur. This depends on their preferences and the availability of a suitable place. The location of the death will be known to the care staff and managers of a facility, if it occurs in an aged care facility. This is because the attending practitioners liaise with staff prior to gaining access to the facility.

If the facility does not wish for the assisted death to occur on their premises, they will assist the applicant to find an alternative location. Each district health board can provide a facility for an assisted death if needed, so that access to an assisted death is not limited due to difficulty arranging a location.

What are the delays between the day of application for "assisted dying" and the day of execution?

Assisted deaths occur at a time and date mutually agreed between the person, attending practitioner and if needed, the facility in which the assisted death will occur. The applicant can choose any time within six months of being assessed as eligible for an assisted death. This time may be altered if the applicant wishes to extend or reduce the time. This is detailed in section 20(2)(b) of the EOLC Act which is available at: www.legislation.govt.nz/act/public/2019/0067/latest/DLM7285964.html.

What are the drugs required to be used by a doctor in giving a lethal injection to kill the patient or to assist in their suicide?

For safety reasons, the details of the medication regimes are only provided directly to the practitioners providing the service. Details and names of the medications used will not be made publicly available due to restrictions on promotion and legislative criteria. Therefore, this part of your request is withheld under section 9(2)(c) of the Act to avoid prejudice to measures to protect the health or safety of the public.

How many of these patients had an “assisted death” without the knowledge of the patients family?”

The Ministry does not collect information on the number of patients who have accessed assisted dying without their family’s knowledge.

I trust this information fulfils your request. Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Ministry website at: www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests

Nāku noa, nā



Emma Prestidge
Acting Deputy Director-General
Health System Innovation and Improvement