

END OF LIFE CHOICE ACT IMPLEMENTATION

Funding and delivery model for assisted dying services

Information for medical and nurse practitioners

July 2021

This information sheet provides an overview of the funding and delivery model for assisted dying services in New Zealand.

The Ministry of Health (the Ministry) has a work programme underway to ensure an operational service is available from 7 November 2021, which is when assisted dying becomes legal. More information on this work can be found on [the Ministry's website](#).

You can find the End of Life Choice Act 2019 (the Act) in full on [the New Zealand Legislation website](#).

Note: unless specified, the word 'practitioner' is used in this information sheet to reference medical practitioners (including psychiatrists) and nurse practitioners as per their specified roles in the assisted dying process under the End of Life Choice Act 2019.

Any suitably qualified practitioner can provide assisted dying services

Any medical or nurse practitioner who is suitably qualified and willing to do so will be able to provide assisted dying services through the public health system.

- If a practitioner is providing services through private practice, a non-government organisation or a primary care organisation, they will be able to access funding through a fee-for-service model.
- If a practitioner is providing services as part of their employment within a district health board (DHB), DHB funding will cover these costs. Individual practitioners will not receive separate funding in this instance.

This is a similar approach to how some other services are currently provided and funded in New Zealand.

This model will help maximise the number of practitioners who can participate in providing assisted dying services. It also provides flexibility to the practitioner and the patient.

- The practitioner is able to choose if they provide assisted dying services, and also choose certain aspects of how or when they will provide these services. For example, only taking part as an independent medical practitioner to provide a second opinion, or only providing services to people within a certain region.
- Patients will have choice over their preferred practitioner. For example, this could be their regular general practitioner (GP) or a practitioner from a kaupapa Māori provider, as long as the practitioner they choose is suitably qualified and willing to provide the service.

The Ministry is developing the details of how assisted dying services will be provided in practice. This includes developing a service specification, standards of care and clinical guidance for assisted dying services.

Practitioners will be able to access training about assisted dying

Practitioners who provide assisted dying services need to be able to provide the services to a high standard. This is the case in relation to all health services. It is a requirement under the Health Practitioners Competence Assurance Act 2003 and is an important part of meeting consumer's rights under the Code of Health and Disability Services Consumers' Rights.

The Ministry of Health is providing training to practitioners to help them upskill in relation to assisted dying. This training will include several e-learning modules and practical training. Practitioners who are accessing funding for providing assisted dying services through the fee-for-service model will be required to complete specified training. All practitioners providing assisted dying services are strongly encouraged to complete this training to support them to demonstrate competence.

Training will be available from September 2021 to enable practitioners to complete training prior to assisted dying becoming legal. Training will continue to be available after 7 November 2021 to enable practitioners to choose to provide services at a later date. For example, if a practitioner decides to provide assisted dying services after a patient requests the service.

An e-learning module about the Act and assisted dying is already available through [the Ministry's LearnOnline platform](#).

Practitioners do not have to provide assisted dying services

The person seeking assisted dying must be the one to raise this topic first, and they may raise assisted dying with any practitioner or health professional. However, only medical practitioners

are able to be an attending medical practitioner and provide assisted dying services. Medical practitioners should consider their ability to provide the full service before they start the assessment processes required by the Act.

The Support and Consultation for End-of-life in New Zealand (SCENZ) Group, which is a statutory body established under the Act, will hold a list of practitioners who are willing and able to provide assisted dying services. The list will be held securely and privately managed by the SCENZ Group. More information about being on this list will be available soon. (More information about the SCENZ Group can be found [on the Ministry's website](#).)

If a person wanting to access assisted dying would prefer not to speak to their own medical practitioner, they will be able to contact the SCENZ Group directly to find a medical practitioner who is willing to help them with their request.

If a patient requests assisted dying from a practitioner who does not provide the service, the steps the practitioner takes may depend on their reasons for not providing the service.

Obligations for practitioners who do not provide services due to a conscientious objection

If a person requests assisted dying from a medical practitioner who conscientiously objects to providing assisted dying services, the medical practitioner is legally required to:

- inform the person of their objection
- tell the person they have the right to ask the SCENZ Group for the name and contact details of a medical practitioner who is willing to participate in assisted dying.

Obligations for practitioners who do not provide services due to reasons other than conscientious objection

If a person requests assisted dying from a medical practitioner who does not provide services for reasons other than conscientious objection, the medical practitioner has a responsibility to ensure that the person can access this care. The Code of Health and Disability Consumer's Rights states that every consumer has the right to co-operation among providers to ensure quality and continuity of services.

One option available to practitioners is to help the person to contact the SCENZ Group to ask for the name and contact details of a medical practitioner who is willing to participate in assisted dying. The medical practitioner should ensure that their patient continues to receive continuity of care in relation to their other health needs.

The practitioner may also continue to support the person as they go through the assisted dying assessment process, such as taking part in conversations about assisted dying with the person and their whānau as part of their regular consultations with the person. However, medical practitioners who are not acting as the attending medical practitioner will not receive funding

for this through the fee-for-service model as this would be considered part of the person's existing care.

Assisted dying services will generally be provided in home and community settings

The funding and delivery model for assisted dying services is intended to allow assisted dying services to be provided in home and community settings. It is expected that in some cases people may not be well enough to travel to appointments during the assessment process and most people are likely to choose to die at home, if possible.

Funding will be provided under the fee-for-service model to enable practitioners to travel to provide assisted dying services. This funding is to help ensure that a person can access assisted dying services regardless of where they live in New Zealand.

There may be situations where a person's residence is not an appropriate location for an assisted death to take place. For example, if someone lives in managed accommodation, such as an aged residential care facility, that conscientiously objects to assisted dying. In these situations, the facility is expected to have policies that would enable appropriate arrangements to be made. Resources to support health service providers to plan for such instances are available through [the Ministry's LearnOnline platform](#).

There may be some situations where assessments for assisted dying services and assisted deaths are provided by DHB staff or occur within DHB facilities, such as hospitals. DHBs are expected to develop their own policies for assisted dying services. This may include making arrangements for practitioners to provide services in patient's homes or other community settings, as well as having policies for instances where assessments or assisted deaths take place in DHB facilities.

The fee-for-service model will split funding into modules

Practitioners receiving funding under the fee-for-service model will be able to claim payments on a modular basis, depending on which parts of the assisted dying process they provide. Each module will have a fixed price, which will be determined by the Ministry of Health and be based on independent advice.

These modules are still to be finalised, but will likely cover:

- supporting the application process and providing the first assessment (a medical practitioner)
- providing the second independent assessment (a medical practitioner)
- providing a third assessment, if required to determine a person's competence to request assisted dying (a psychiatrist)
- determining a person's eligibility and, if appropriate, the supply and administration of assisted dying medications (a medical or nurse practitioner).

The modular approach means that the practitioner will still be paid for the modules of work completed even if the person does not go through the whole process. Such instances could include:

- A practitioner completes the assessment, but the person is found not to be eligible or decides not to continue the process.
- A practitioner is prepared and present to administer the medication, but on the day the person decides not to receive the medication.

The details of the funding settings are still to be determined

The funding mechanism for assisted dying services will be created through a notice made under section 88 of the New Zealand Public Health and Disability Act 2000 (section 88 notice).

Section 88 notices are used to fund certain health services in a nationally consistent manner. The notice will set out the terms and conditions under which practitioners are paid by government and details the minimum service specifications that apply to all who claim under the notice.

The Ministry is working to determine the settings in this notice. Further information will be available in due course.

The section 88 notice will only cover costs related to assisted dying

If a person chooses to request assisted dying services through their GP, the GP can charge a co-payment for this initial primary care appointment. This includes a GP being able to charge a co-payment for the initial appointment in situations where they do not provide assisted dying services, including for reasons of conscientious objection.

If the GP then becomes the attending medical practitioner for the assisted dying process, the GP cannot charge additional co-payments for appointments that are part of accessing assisted dying services. Not charging co-payments for these services will be a condition of claiming funding under the fee-for-service model.

If the GP is not the attending medical practitioner for the assisted dying process, but chooses to support the person through this process, such as discussing assisted dying during other appointments, the GP can still charge for these appointments as they will not be covered under the fee-for-service model.

Funding under the section 88 notice will only cover additional costs associated with assisted dying, such as the assessment process and the administration of medication. If a person seeking assisted dying services requires additional supports or services, such as at-home care or counselling, these should be provided through existing public health services where possible.

Further information and guidance

The Ministry has further information about the implementation of the Act on [its website](#). You can subscribe to the Ministry's [newsletter for regular updates](#).

Health professionals can also access resources and training related to assisted dying through [the Ministry's LearnOnline platform](#). This includes an e-learning module about a health professional's rights and responsibilities under the Act, as well as recordings from our webinar series about assisted dying.

Support for health professionals

Assisted dying is a sensitive topic and may be difficult for some people.

You may want to talk to your colleagues or your employer about assisted dying services. These conversations can be important in deciding if and how you may be involved once assisted dying services are available.

If reading this information or talking about assisted dying has raised some distressing feelings for you, please know there is support available. You can:

- call or text [1737](#) for free to speak to a trained counsellor at any time
- call or text the Depression Helpline – [0800 111 757](#) or free text [4202](#) to talk to a trained counsellor
- call the Family Services Directory for help finding, and direct transfer to, community-based health and social support services in your area – [0800 211 211](#)
- access employee support services like the Employee Assistance Programme (EAP).



July 2021
HP 7685