



# Assisted Dying Service

## Planning and preparation for assisted dying services

Information for health and disability service providers

November 2021

This information aims to support health and disability service providers plan and prepare for situations where a person in their care requests information about or access to assisted dying.

Note: This document refers to health and disability service providers as a collective to represent the range of service providers in the public health and disability system, such as district health boards, primary care providers, aged residential care, disability support services.

The purpose of this document is to support providers to give general guidance to staff. It is not intended to address specific circumstances of any particular individual or entity. While we have made every effort to ensure the quality and accuracy of this guidance, the Ministry of Health makes no warranty, express or implied, nor assumes any legal liability or responsibility for the accuracy, correctness or completeness of this guidance. This guidance is not legal or professional advice. Providers should seek their own legal advice.

## Assisted dying is an additional option for end-of-life care

Assisted dying means that a person with a terminal illness who meets the eligibility criteria can request medication that will end their life.

Assisted dying became a new health service in New Zealand from 7 November 2021. The process for accessing assisted dying is set out in the End of Life Choice Act 2019 (the Act). The Act details the eligibility criteria, assessment process and safeguards for the assisted dying service.

Assisted dying is another option for people who have a terminal illness and exists within the context of other health services. It is not a replacement for palliative care or health care services more generally.

The Ministry of Health is responsible for the oversight and funding of the assisted dying service. This includes monitoring the service and improving it over time.

More information about the assisted dying service, including the eligibility criteria and the process, can be found on **the Ministry's website**.

## **Health practitioners can choose whether they are involved assisted dying services**

The process set out in the Act has specific roles for medical practitioners, nurse practitioners, psychiatrists and pharmacists. Other health practitioners and health professionals may also be involved in supporting a person to access assisted dying services.

Any health practitioner can conscientiously object to being involved in assisted dying services. Service providers must ensure a health practitioner's right to conscientious objection is upheld and accommodated.

Regardless of personal belief, health practitioners must understand and meet their legal and professional obligations by ensuring continuity of care is maintained for the person and access to lawful medical treatment is not being inhibited. Health and disability service providers should support their employees to understand and fulfil these obligations.

### **Involvement of medical and nurse practitioners**

Any medical or nurse practitioner who is suitably qualified and willing to do so will be able to provide assisted dying services and access funding for providing these services. This means that assisted dying services may be provided through a variety of different health service providers. It is expected that generally assisted dying services will be provided in home and community settings.

- 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. This funding will be provided on a modular basis and will include funding to cover travel costs associated with providing assisted dying services, such as if a person would like to die at home.
- If a practitioner is providing services as part of their employment within a district health board (DHB), DHB funding will cover these costs. DHBs are expected to have policies in place for if assisted dying services are provided by DHB staff or within DHB facilities. These may include provision for a practitioner to travel to a person's home or other community setting to provide assisted dying services.

## **Involvement of pharmacists**

The Ministry is responsible for procuring and funding medications for the assisted dying service. The Ministry has contracted two district health board pharmacies to supply and distribute medications and equipment to attending medical practitioners.

Pharmacists and other staff working at the contracted pharmacies will have appropriate training and guidance. They may also choose to conscientiously object to being involved in the preparation of assisted dying medications.

Pharmacists working elsewhere, including in community pharmacies, still have important roles to play in supporting people and whānau who may choose this option. For example, pharmacists may be asked about assisted dying and will need to be able to respond appropriately, including providing relevant information.

## **Involvement of other health practitioners or health professionals**

Other health practitioners or health professionals may play a role in supporting a person to access assisted dying. For example, responding when a person raises assisted dying, supporting a person to make or attend appointments as part of the process, providing post-death care.

This care is considered part of the person's existing care, and additional funding is not available through the assisted dying service.

More details on the roles of health practitioners, including the funding and delivery model, can be found on the **Ministry of Health's website**.

## **Service providers may be involved in assisted dying in different ways**

Not all health and disability service providers will be involved in providing assisted dying services.

Service providers are not required to provide assisted dying services, either because of the views of the organisation or practicality considerations.

All service providers have a duty of care to a person in their care who raises assisted dying or chooses to access this service. Service providers should ensure a person is not inhibited from accessing this service.

There are a number of considerations that may influence whether a service provider is involved in providing assisted dying services. These include whether a provider:

- already provides end-of-life care
- has health practitioners (medical practitioners, nurse practitioners and psychiatrists) that are willing and able to provide assisted dying as per the process under the Act
- has health practitioners and health professionals (such as nurses and health care assistants) that are willing and able to support the provision of assisted dying services, such as talking to patients about assisted dying or making practical arrangements related to assisted dying
- has guidance and support in place for health practitioners who are involved in assisted dying, as well as guidance and support for those who choose not to be involved.

## **Service providers should have plans and procedures related to assisted dying**

The necessary plans and procedures will vary depending on the level of participation the health service provider is likely to have in providing assisted dying services.

Service providers can use the *Assisted Dying Policy Guidance* to help support the development of these plans and procedures. This document includes a policy template that can be adapted to suit the service providers own context.

There are some actions that all service providers are encouraged to take, whether or not they intend to be involved in providing assisted dying services. These include:

- ensuring staff are prepared and supported for when assisted dying is available, including how to appropriately respond to requests about assisted dying
- considering how the service provider can respond respectfully and appropriately to a person requesting this option, including ensuring continuity of care is possible
- considering what plans and procedures are needed for a person who requests assisted dying and may have to move between service providers to access this service.

There are additional actions that health service providers who are likely to provide assisted dying services should take. These include:

- developing specific systems and processes for assisted dying, including identifying any additional planning or administrative support that may be needed
- making appropriate support available for workforce who may be involved in assisted dying services.

## **Service providers should develop systems and processes for assisted dying**

It is recommended that service providers decide whether assisted dying will be within the scope of services they provide or facilitate, and if so, establish their own systems and processes for assisted dying that are relevant to their context.

Service providers may also want to consider how they can collaborate on or share planning to support each other with this work.

These systems and process may cover:

- forming a group that represents the multidisciplinary team, including Māori representation, that will oversee assisted dying services within the provider
- establishing a contact point for staff questions and concerns, including ethical or legal queries
- developing processes for staff support, including opportunities to debrief about experiences of responding to requests or providing assisted dying services.

If a service provider is choosing not to provide assisted dying services due to the views of the organisation, it is important that the provider also has guidelines for how the organisation and its staff will respond if a person under their care requests assisted dying.

Service providers who choose not to be involved in providing assisted dying services may employ staff who are willing to provide assisted dying services. Service providers should discuss this with their staff and make sure they have appropriate policies and procedures in place. This includes ensuring that medical practitioners are able to comply with their legal obligations under the Act, including in relation to conscientious objection.

Additionally, these guidelines could address expectations in relation to individual staff members who wish to be involved in assisted dying services outside of their contract with the organisation, or within their contract but in a different location to where services are normally provided, such as in a person's home.

## **Service providers should support their employees to access training and guidance**

The Ministry of health has provided a range of information, guidance and training about assisted dying. Service providers should consider how they can prepare and support their employees to access and engage with these resources.

It is important service providers consider all workforce and their potential role in assisted dying services. This includes considering guidance and support for health practitioners and health professionals who are not referenced in the Act, such as nurses, health care assistants or carers.

These health professionals may be asked about assisted dying or may be involved in supporting someone through the assisted dying process.

All health workforce should know how to:

- access information and training related to assisted dying, including understanding their rights and responsibilities under the Act
- respond to requests for assisted dying – including using **the conversation guide and handbook**, if appropriate
- direct people to **relevant information about assisted dying**.

Service providers can ensure their staff are prepared and supported by:

- assessing workforce interest and willingness to be involved in providing assisted dying services, such as through conversations or a workforce survey
- encouraging staff to access information and training produced by the Ministry – three e-learning modules are available to all health professionals via **LearnOnline**
- running discussion or learning sessions for employees – these could include completing the e-learning modules as a group, or using **the presentation created for training non-regulated and/or non-clinical workforce**
- ensuring staff are familiar with professional standards, guidelines, and codes of conduct and consider how these apply in the context of assisted dying services
- developing peer networks for staff who may be involved in assisted dying services.

Assisted dying may be a sensitive or personal topic for some people. It is important that service providers encourage respectful conversation and make appropriate support available to staff, such as access to the Employee Assistance Programme (EAP).

## Further information and support

More information and resources to support planning and preparation can be found on **the Ministry of Health's website**.

Service providers can also email **AssistedDying@health.govt.nz** if they have specific questions that are not addressed in these resources.



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