



# **Policy Guidance for Assisted Dying Services**

Information for community and primary care health  
and disability support providers

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# Introduction

Community and primary care health and disability service providers can use this information to help them create internal policies and procedures about assisted dying services.

Health and disability service providers are encouraged to create policies about assisted dying services that support staff to respond appropriately if a person in the service provider's care asks for information about or access to assisted dying services.

This document is designed to be used alongside the 'Preparing for assisted dying services' information sheet and checklist. To access them, visit **LearnOnline**.

The Ministry of Health has a work programme under way to ensure an operational assisted dying service is available from 7 November 2021. For more information, visit the **Ministry's website**.

Note: 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.

# Creating internal policies and procedures for assisted dying

This document supports health and disability service providers (including primary care, aged residential care, community or disability support services) to create new policies and procedures specifically on how they may be involved in assisted dying services.

It contains a policy template for assisted dying services that different service providers can adapt to their context and level of involvement in providing assisted dying services. For example, residential service providers will need to develop particular procedures given they may be a person's primary home.

Service providers may already have policies that cover some aspects of assisted dying services, such as conscientious objection or providing care in home settings. They may need to adapt these policies to reflect the introduction of assisted dying services.

This document is not intended to provide guidance on end of life care or palliative care policy or procedures. Service providers' existing policies are likely to already cover these topics. However, service providers should consider whether they need to update these existing policies to take account of the introduction of assisted dying services.

## Framework for policies and procedures on assisted dying

Assisted dying services will be provided within the context of the existing public health and disability system. Health service providers should ensure that all policies are aligned with:

- **The End of Life Choice Act 2019 (the Act)**
- **The Code of Health and Disability Services Consumers' Rights**
- **Ngā Paerewa: Health and Disability Services Standard NZS 8134:2021.**

# Responsibilities under Te Tiriti o Waitangi

Service providers should provide health services in a way that aligns with their responsibilities under Te Tiriti o Waitangi. They should consider these responsibilities when drafting policies and procedures, and staff should understand what Te Tiriti o Waitangi means to their practice.

Meeting these responsibilities may include:

- ensuring Māori have equitable access to services and equitable health outcomes
- supporting Māori in their aspirations – that is, supporting mana motuhake
- delivering services in a way that embraces, supports and encourages a Māori world view of health
- delivering services in a whānau-centred way.

# Adapting the policy template for your own context

This document includes a template of a policy for assisted dying services, which supports service providers to decide on their internal procedures for assisted dying services. The policy template includes various options that service providers can adjust, add to or delete based on their particular context.

In adapting the template, service providers should consider their own level of involvement in providing assisted dying services. The main influence on this level of involvement is whether the service provider employs medical or nurse practitioners who are planning to provide assisted dying services.

Other factors that service providers should consider when adapting this policy may include:

- the type of service provider and care currently provided – for example, residential or in-home
- the local context and populations – for example, Māori, rural and/or complex needs
- available resources and expertise
- whether staff are willing to be involved in assisted dying services
- the mix of staff roles – for example, the number of medical practitioners and other health practitioners and the size of the unregulated workforce.

Service providers may also choose to adjust the language in the template to suit their context. For example, the template uses 'person' to refer to the person who has requested or is accessing assisted dying services. For some service providers, it may be more appropriate to use the term patient, client or resident.



# Assessing the level of involvement in providing assisted dying services

It is recommended that service providers assess their level of involvement in providing assisted dying services before adapting the policy template, as this will affect the policy and procedures they need. Some service providers will not directly provide assisted dying services, particularly if they do not employ medical or nurse practitioners.

All service providers may care for or support people who choose to access assisted dying services. Service providers should have appropriate policies in place to support staff in situations where a person in the service provider's care asks for information about or access to assisted dying services.

Several factors may affect how a service provider responds to such requests. Some service providers may find it helpful to have a central individual or team to manage requests for information about or access to assisted dying services. This individual or team may have had additional training or been involved in planning related to assisted dying services.

For more information that supports health service providers to assess their level of involvement, see the 'Preparing for assisted dying services' information sheet in **LearnOnline**.

# Preparing staff for the introduction of assisted dying services

Service providers are encouraged to support staff to learn about the Act and assisted dying services. Service providers are responsible for ensuring staff members are prepared to respond appropriately if a person in their care asks for information about assisted dying or access to this service. Meeting this responsibility includes making staff aware of additional internal policies or procedures or changes to additional policies or procedures.

For information that supports service providers to educate and prepare staff, see the 'Preparing for assisted dying services' information sheet on **LearnOnline**.

Each service provider should consider what level of information its employees will need based on how the service provider and its staff are involved in providing assisted dying services. It is important that all staff are aware of:

- their employer's position and policy related to assisted dying
- their legal obligations under the Act, including:
  - the rights and responsibilities related to conscientious objection
  - restrictions around raising the topic of assisted dying with a person in their care
- how to respond to requests for information about or access to assisted dying services from a person who they support or is in their care
- how to respond to requests for information from whānau or family members
- what support is available to them – for example, the Employee Assistance Programme.

Service providers should have plans for how to communicate information to their staff, such as through newsletters, intranet pages or information and discussion sessions.

Service providers can also prepare their staff by encouraging and supporting them to access Ministry of Health information and training. All of these resources are available through **LearnOnline**.

Ministry of Health resources include:

- e-learning modules about assisted dying services that an individual or group can complete as part of an information and discussion session
- webinars about implementing assisted dying services
- information sheets for health practitioners
- a presentation on assisted dying, which is aimed at the non-clinical and non-regulated workforce.

Staff who are likely to be involved in providing or supporting access to assisted dying services may need additional support. This support could include briefings or focus groups during the process, and/or debrief sessions after the assisted death to review the experience of applying internal policies or procedures in practice.

Medical and nurse practitioners who provide assisted dying services and wish to access funding under the fee-for-service model must complete certain training in order to claim funding. For more information, see the **Ministry's website**.

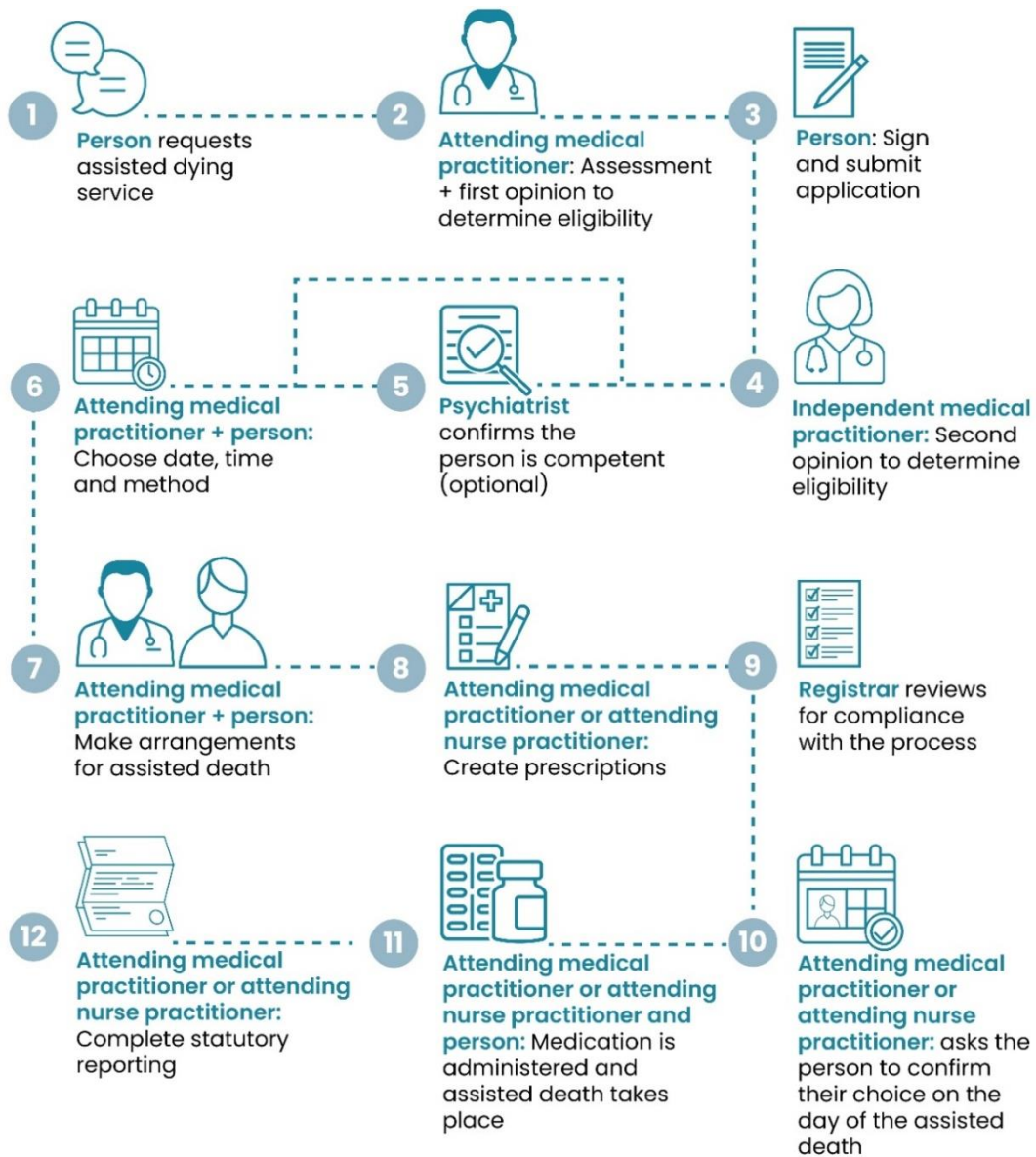
# An overview of the assisted dying service

The Act outlines certain steps that must take place as part of the assisted dying service. The diagram below gives an overview of this process to support development of policy guidance.

It is important to note that:

- the diagram outlines the process where an assessment finds a person is eligible for assisted dying and the person chooses to have an assisted death
- at any time the process must stop if the person chooses not to go ahead, is not eligible or is being coerced.

You can read about this process in more depth in **the Act** or find out more about the Act by completing the 'End of Life Choice Act: Overview' e-learning module on **LearnOnline**.



# Health and disability service provider policy template (community and primary care)

## Purpose

The purpose of this policy is to provide information to [service provider] staff about the procedures and guidelines that a staff member should follow if a person in [service provider's] care asks for information about and/or access to assisted dying services.

## Policy statement

[Service provider] notes that a person in the care of [service provider] may ask about assisted dying services or choose to access this service.

When a person asks for information about or access to assisted dying services, staff at [service provider] may help the person to access this information or service in the way this policy describes.

Staff should consider what their role is at [service provider] and their level of knowledge about assisted dying when helping someone access this information or service.

Staff must not directly or indirectly encourage a person in the care of [service provider] to ask about or access assisted dying services. The person must raise the topic of assisted dying themselves.

Staff can choose not to be involved in assisted dying services due to their personal beliefs (conscientious objection). However, staff must not stop a person from getting information about or access to assisted dying services.

Staff are encouraged to share any questions or concerns about this policy with their manager.

## Scope

All [service provider] staff.

## Responsibility

This policy has been created by [eg, department, executive sponsor, working group].

[eg, provider department, executive sponsor, working group] is responsible for operational matters related to assisted dying at [service provider].

This policy will be available to staff through [location]. It will be reviewed and updated on [date].

## Definitions to support use of this policy

**assisted dying** – the administration by an attending medical practitioner or an attending nurse practitioner of medication to a person to relieve the person's suffering by hastening death; or the self-administration by the person of medication to relieve their suffering by hastening death.

**attending medical practitioner (AMP)** – the medical practitioner who provides end-to-end care throughout the assisted dying service, including carrying out the first eligibility assessment and preparing and administering the medication for assisted dying.

**attending nurse practitioner (ANP)** – the nurse practitioner who administers the medication for assisted dying (under the instruction of the attending medical practitioner).

**health practitioner** – a health professional who is registered and holds practising certificate in line with the Health Practitioners Competence Assurance Act 2003.

**independent medical practitioner (IMP)** – the medical practitioner who provides the second eligibility assessment (the SCENZ Group provides the IMP – see below).

**medical practitioner** – a doctor who is registered with the Medical Council of New Zealand and 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.

**person** – the person who has requested assisted dying.

**psychiatrist** – a medical practitioner with a specialty in psychiatry, who may perform a competency assessment as part of the assisted dying process, if required (the SCENZ Group provides the psychiatrist – see below.)

**request for assisted dying** – the clear request that a person would like to start the assisted dying process, noting that they may have already had some conversations before making this request.

**Support and Consultation for End of Life in New Zealand Group (SCENZ Group)** – the statutory body for the assisted dying service that is responsible for maintaining lists of practitioners who are willing to provide assisted dying services, as well as providing practical help in relation to assisted dying.

[Insert other relevant definitions.]

## Relevant links

- **End of Life Choice Act 2019**
- **Code of Health and Disability Services Consumers' Rights**
- **Ngā Paerewa: Health and Disability Services Standard NZS 8134:2021**
- **Health Practitioners Competence Assurance Act 2003**

## Related policies and procedures

[Insert links to related health service policy and/or procedures, for example, end-of-life care, conscientious objection, care for deceased and bereavement support, providing care in a person's home, tikanga guidelines.]

# Policy

## Requests for information about and access to assisted dying services

It is possible that a person may ask a staff member at [service provider] about assisted dying services. They may ask for information about assisted dying or for help to access this service.

Under the End of Life Choice Act 2019, the person must raise the topic of assisted dying first. A health practitioner is not able to suggest it as an option.

The staff member's response to a person who raises the topic of assisted dying depends partly on what their role is in [service provider]. For more on the procedures for different roles, see below.

Health practitioners are encouraged to use *Responding when a person raises assisted dying – a conversation guide*, has been developed to support practitioners. To access the conversation guide, visit **LearnOnline** or **the Ministry's website**.

A staff member's response may also depend on their personal beliefs. Staff can choose not to be involved in assisted dying services due to their personal beliefs (conscientious objection). However, staff must not stop a person from getting information about or access to assisted dying services.

## What to consider when responding to a person who asks about assisted dying

No matter what their personal beliefs or role in [service provider] are, staff members should respond respectfully and professionally to a person who raises the topic of assisted dying.

A person must make their own choice to access assisted dying services and should do so without pressure from anyone else. Staff should be careful to avoid directly or indirectly encouraging someone to choose assisted dying.

Equally staff should be careful to avoid directly or indirectly discouraging a person from choosing assisted dying. Staff should carry out their responsibilities under the **Code of Health and Disability Services Consumers' Rights** and ensure that a person is not prevented from accessing lawful medical care.



Staff should use a person-centred approach during conversations about assisted dying. During these conversations, staff should keep in mind **Ngā Paerewa: Health and Disability Services Standard NZS 8134:2021**. In particular, they should consider the criteria in Section 1.4: E whakautetia ana ahau | I am treated with respect and in Section 1.6: Ka kitea ngā whakawhitwhitinga whai hua | Effective communication occurs.

If a staff member is not sure about how to respond or feels uncomfortable with something a person has talked to them about, they should speak to [name, role, contact details – this may be a central contact for assisted dying, the person’s medical practitioner or the staff member’s manager].

[Note: Providers are strongly encouraged to record requests for information about or access to assisted dying services. In doing so, they should keep in mind **Ngā Paerewa: Health and Disability Services Standard NZS 8134:2021** – in particular, the criteria in Section 2.5: Mōhiohio | Information.]

## Procedures for non-clinical and non-regulated staff [adjust/insert as appropriate: health care assistants, support workers, receptionists]

Steps non-clinical and non-regulated staff may follow include [adjust/insert/delete below as appropriate]:

- telling the person they can find information about assisted dying on the **Ministry of Health’s website** or providing them with printed copies of this information
- telling the person they can speak to their doctor about assisted dying services
- telling the person that [name, title, contact] is the main contact for assisted dying services in [service provider] and can talk to the person about assisted dying services.

If they follow any of the above steps, it is expected that the staff member will tell [name, role, contact details – this may be a central contact for assisted dying, the person’s medical practitioner or the staff member’s manager] that a person has asked for information about assisted dying and describe what information they provided.

[Insert steps about recording requests for information about or access to assisted dying services – see above.]

## Procedures for health practitioners (other than medical practitioners)

Health practitioners may, if they do not have a conscientious objection, provide information about assisted dying services to a person who raises the topic of assisted dying, in line with the scope of their professional role.

Steps health practitioners may follow include [adjust/insert/delete below as appropriate]:

- talking with the person about assisted dying services and their other care options – see *Responding when a person raises assisted dying – a conversation guide* on the **Ministry's website**.
- telling the person they can find information about assisted dying on the **Ministry of Health's website** or providing them with printed copies of this information
- telling the person that [name, title, contact] is [service provider's] main contact for assisted dying services and can talk to the person about assisted dying
- telling the person they can contact the SCENZ Group to get the name and contact details of a medical practitioner who is willing to provide assisted dying services. The SCENZ Group can be contacted via 0800 223 852.

If they follow any of the above steps, it is expected that the staff member will tell [name, role, contact details – this may be a central contact for assisted dying, the person's medical practitioner or the staff member's manager] that a person has asked for information about assisted dying and describe what information they provided.

[Insert steps about recording requests for information about or access to assisted dying services – see above.]

## Procedures for medical practitioners

Medical practitioners should consider whether they are willing and able to provide the full assisted dying service before they agree to be the person's attending medical practitioner (AMP) and start the assessment process as outlined in the End of Life Choice Act 2019.

If a medical practitioner employed by [service provider] is willing and able to start the assessment process for assisted dying, they should follow the guidance on the **Ministry of Health's website**.

[Insert any additional internal procedures for medical practitioners acting as an AMP.]

If a medical practitioner has a conscientious objection to assisted dying, they must follow the obligations as set out in **section 9(2) the End of Life Choice Act 2019**. They must:

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

(The SCENZ Group can be contacted via 0800 223 852.)

The medical practitioner may also choose to [\[adjust/insert/delete below as appropriate\]](#):

- talk with the person about assisted dying services and their other care options – see *Responding when a person raises assisted dying – a conversation guide* on the **Ministry’s website**.
- tell the person they can find information about assisted dying on the **Ministry of Health’s website** or providing them with printed copies of this information
- tell the person that [\[name, title, contact\]](#) is [\[service provider’s\]](#) main contact for assisted dying services and can talk to the person about assisted dying.

If a medical practitioner does not consider themselves competent to provide assisted dying services (for example, they have not completed the appropriate training) they can decline to be the person’s AMP.

In these cases, a medical practitioner should at a minimum explain why they do not provide the service and tell the person of their right to ask the SCENZ Group for the name and contact details of a replacement medical practitioner.

[\[Insert steps about recording requests for information about or access to assisted dying services – see above.\]](#)

## Procedures for when a person’s whānau or family member asks about assisted dying

The staff member should inform the person’s whānau or family member that only the person wanting to access assisted dying services can make a request for assisted dying services.

Staff may tell the whānau or family member that they can find general information about assisted dying services on the **Ministry of Health’s website**.

The staff member should tell [name, role, contact details – this may be a central contact for assisted dying, the person’s medical practitioner or the staff member’s manager] that a person’s whānau or family member has asked for information about assisted dying and describe what information they provided.

If the staff member has concerns about the person being pressured into choosing assisted dying, they should tell [name, role, contact details – this may be a central contact for assisted dying, the person’s medical practitioner or the staff member’s manager].

[Insert steps about recording requests for information about or access to assisted dying services – see above.]

[Insert links to relevant policies or guidelines – eg, communication, conscientious objection, coercion.]

## Duty of care to a person during the assessment process for assisted dying

Assisted dying does not replace the care a person is already getting. Instead, it provides another option in some circumstances. If a person chooses to access assisted dying services, this option will most likely be in addition to the care they are already getting, such as palliative care.

It is important to continue a person’s wider care so that their other health needs are addressed while assessment for whether they are eligible for assisted dying occurs and/or up until their assisted death takes place. Continuing this care also means that if the assessment finds a person is not eligible for assisted dying or the person chooses not to have an assisted death, service providers are still meeting their wider health needs.

## What to consider when a person in [service provider’s] care accesses assisted dying services

Staff at [service provider] are expected to act in a way that promotes cooperation among service providers to ensure quality and continuity of services, in line with the **Code of Health and Disability Services Consumers’ Rights**.

Regardless of personal beliefs, staff should meet professional standards by:

- not stopping a person from accessing assisted dying services or any other health care
- treating a person who is accessing assisted dying in the same way as they treat any other person in [service provider’s] care.

A person in [service provider's] care should be aware that they have choice over the care they receive and should have support to make decisions about their care, including whether they would like whānau or family to be involved.

Staff should keep in mind **Ngā Paerewa: Health and Disability Services Standard NZS 8134:2021** – in particular, the criteria in Section 3.2: Taku huarahi ki te oranga | My pathway to wellbeing.

## Procedures for when a person currently or previously in [service provider's] care accesses assisted dying

Staff at [service provider] may be asked to give information or practical support to a person who is accessing assisted dying. Staff should do so as far as is practicable and in the scope of their role.

This may include:

- providing access to medical records in a timely way, if the person gives appropriate consent
- talking to the medical practitioner who is providing assisted dying services, if required (including to comply with **section 11(2)(h)(i) of the End of Life Choice Act 2019**)
- supporting a person's whānau or family to be involved in their care, if the person chooses this
- talking to a person about or helping them make practical arrangements related to accessing assisted dying, such as arranging or being present for appointments
- [add any other ways staff may be involved].

Staff should work in cooperation with colleagues or external practitioners, such as in situations where the attending medical or attending nurse practitioner is not an employee of [service provider].

Staff should allow for the involvement of whānau or family, advocates and other representatives who may be supporting a person to access assisted dying.

## Preparations for a person's assisted death

### Procedures for when an assisted death takes place at [service provider] [for residential care providers only]

At the time of a person's assisted death, [service provider] may be the person's current or primary residence or home. In this situation, the person's assisted death can take place at the [service provider] if this is practical and reasonable.

Staff who are willing to participate may help make appropriate arrangements and encourage and support a person in arranging what is important to them. This includes understanding and considering needs specific to the person's culture and identity, such as needs related to religious beliefs and te ao Māori tikanga (eg, kawa, blessing of rooms, rākau rongoa, mirimiri, karakia).

Staff may be involved in appropriate preparations, including by [adjust/insert/delete below as appropriate]:

- providing access to a private room with space for whānau or family throughout the time the assisted death is taking place
- making this room available to whānau or family after the assisted death and making them aware of how long this room will be available to them after the person has died
- talking to whānau or family about any cultural practices or rituals they would like to take place before, during or after the assisted death, and supporting these to take place
- arranging an access agreement for an external AMP or attending nurse practitioner (ANP) to provide care within [service provider] [insert link to relevant documents]
- appropriately managing the assisted dying medication, including making notes in appropriate documentation
- ensuring required support staff are present for any care for the person or their whānau or family, including to undertake post-death care.

### Procedures for when a person is transferred out of the [service provider] for the assisted death [for residential care providers only]

A person may choose to have their assisted death take place at a different location, such as in a whānau or family member's home or another community setting. In such instances:

- the person's AMP will discuss with the person and their whānau or family what may be an appropriate setting for the assisted death and what they need to consider, such as whether the person is able to travel

- these decisions may also depend on the chosen location and any external permissions that are needed. For example, if the chosen setting is not a private residence, the person and their whānau or family will need to seek agreement from the relevant parties for the assisted death to occur there.

In some instances, it may not be appropriate or possible for an assisted death to take place in [service provider]. In such instances:

- the [service provider] staff responsible for the person's care should discuss options for the person who needs to be transferred out of [service provider's] care with the person, their whānau or family and, if appropriate, their AMP
- these discussions should happen at the earliest opportunity to give ample time for making appropriate arrangements
- these discussions should consider the person's preferences, as well as any other relevant factors, such as the person's ability to travel
- staff should support the person and their whānau or family to find an appropriate location for the assisted death to take place
- appropriate locations may include a community setting, such as a family or whānau member's home, or a hospital setting.

Any arrangements for transferring a person outside of the care of [service provider] should be made in agreement with the person, their whānau or family and [service provider]. Staff should keep in mind existing policies about transferring a person out of [service provider's] care. [Insert link to relevant policies.]

Staff should also keep in mind **Ngā Paerewa: Health and Disability Services Standard NZS 8134:2021** – in particular, the criteria in Section 3.6: Te takatau, whakawhiti me te whakaputa | Transition, transfer and discharge.

### Procedures related to staff being present at an assisted death [for providers who have medical or nurse practitioners providing assisted dying services or where it is usual practice for staff to be present when a person dies]

Staff may be present at a person's assisted death if they are willing to participate and are needed [adjust/insert/delete below as appropriate]:

- for the assisted death to take place (ie, they are the AMP or ANP, or they are providing clinical support to the AMP or ANP)
- to provide care or support to either the person or the whānau or family, if the person or the whānau or family agrees to this.

Staff should be aware of their obligations under privacy law and under **section 36 of the End of Life Choice Act 2019** to keep details of deaths private. These details include:

- the method by which the medication was administered to the deceased
- the place where the medication was administered to the deceased
- the name of the person who administered the medication to the deceased, or the name of that person's employer.

Staff who are present at an assisted death should have an opportunity to debrief with [\[insert appropriate person/manager\]](#) if they choose to do so.

## Procedures for staff following a person's death [for service providers where it is usual practice for staff to provide post-death care]

Staff who are willing to participate should make appropriate arrangements for care following a person's death from assisted dying. These arrangements may include [\[adjust/insert/delete below as appropriate\]](#):

- making the room where the assisted death takes place available to whānau or family after the assisted death and making them aware of how long this room will be available to them
- providing post-death care and appropriate liaison with undertakers and other parties following the normal process
- ensuring a person's records are updated or managed appropriately – noting it is the AMP or ANP who will confirm and report the death.

[\[Insert link to policy on post-death care.\]](#)

## Arrangements for staff involved in assisted dying services

### For medical and nurse practitioners

Medical or nurse practitioners employed by [\[service provider\]](#) are permitted to provide assisted dying services as part of their contract with [\[service provider\]](#) as per the End of Life Choice Act 2019 if they choose to do so.

Medical practitioners providing assisted dying services as an AMP, independent medical practitioner (IMP) or replacement AMP, or nurse practitioners providing assisted dying services as an ANP should claim funding for this work under the section 88 notice.



[AND/OR]

Medical or nurse practitioners may provide assisted dying services outside of their contract with [service provider]. Staff should [insert any arrangements and policies that staff providing assisted dying services outside of their contract with service provider should follow].

### For staff providing care or support related to assisted dying services

Staff providing care and support related to assisted dying services, such as helping make practical arrangements or providing care before or after the assisted death, may do so as part of their existing contract with [service provider] at the discretion of the staff member's manager.

## Staff information and support related to assisted dying services

Where staff have questions and concerns relating to assisted dying services within [service provider], they should direct them to [name, role and contact details].

For general information about assisted dying services, visit the **Ministry of Health's website**.

For training and guidance related to assisted dying services, visit **LearnOnline**.

Assisted dying is a sensitive topic and may be difficult for some people. Staff at [service provider] can seek wellbeing support through [Employee Assistance Programme]. They may also access support through their professional organisations.