



Policy Guidance for Assisted Dying Services

Information for district health boards – public hospitals

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Introduction

District health boards can use this information to help them create internal policies and procedures about assisted dying services for public hospitals.

District health boards (DHBs) and their provider arm hospitals will need to create operational policies and procedures about assisted dying services for public hospitals. Hospitals will be required to have guidance, planning and procedures that support staff to respond appropriately if a person in the hospital's care asks for information about or access to assisted dying services.

The Ministry of Health will oversee assisted dying services. These services will become part of the existing health and disability system and there will be continuous quality improvement activities related to them. The Ministry has a work programme underway to ensure an operational assisted dying service is available nationally from 7 November 2021. For more information, visit the **Ministry's website**.

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

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.

The role of DHBs in assisted dying services

As the **District Health Board Operational Policy Framework 20/21 and Service Schedule 21/22** sets out, DHBs should be prepared for the introduction of assisted dying services from 7 November 2021.

Assisted dying services are expected to generally be provided in home and community settings by practitioners from community or primary care providers. However, DHB hospital staff may be involved in assisted dying services in certain situations. These situations may include where:

- a person in the DHB hospital's care requests assisted dying while in a public hospital
- a DHB hospital staff member chooses to provide assisted dying services or to play a supporting role in the process.

In rare situations, parts of the assisted dying process, including the assisted death, may take place in a public hospital. These situations may include where:

- a patient who has already started the assisted dying process is admitted to a public hospital and certain circumstances apply, such as that:
 - the assessment process must take place while the person is in a public hospital
 - an assisted death must take place in a public hospital because the person is not able to leave the hospital
- a person who is found to be eligible for assisted dying is living or currently residing somewhere where it is not appropriate or possible for an assisted death to take place. In this case, a public hospital is expected to be the place of last resort for the assisted death to occur.

It is recommended that each hospital sets up a working group to talk about what planning may be required, and the steps the hospital would take if a person made a request for assisted dying at its facility. This planning should include considering where assisted dying may happen in a hospital and how the hospital would work with an external attending medical practitioner or attending nurse practitioner if they are delivering the service for the person.

In addition, some DHBs may find it helpful to have a central individual or team to coordinate 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.

Arrangements for hospital staff providing assisted dying services

DHB hospitals are cannot opt out from being involved in supporting assisted dying services to be provided.

DHBs are not expected to establish a workforce for assisted dying services. Individual employees can choose to be involved in providing these services, or to choose not to be involved for reasons of conscientious objection.

It is recommended that DHB hospitals assess how many of their staff may be willing to be involved in assisted dying services, either providing services as per the roles specified under the Act, or supporting the provision of these services, such as providing after-death care.

Any medical or nurse practitioner who is willing and meets statutory requirements can provide assisted dying services.

Medical or nurse practitioners employed by DHB hospitals who wish to provide assisted dying services as part of their DHB role need to discuss and agree this with their manager in order to make appropriate arrangements. If a practitioner provides assisted dying services as part of their agreed employee role with the DHB hospital, this will be covered by existing DHB funding.

In some situations, a medical or nurse practitioner who is employed by a DHB may choose to provide assisted dying services outside of their employment agreement with the DHB hospital. For example, they may be a part-time DHB hospital employee who also has a private practice. In these instances, the medical or nurse practitioner can claim funding for these services using a section 88 notice.

Any other hospital staff providing care or support for a patient receiving assisted dying services, such as helping make practical arrangements or providing care before or after the assisted death, should do so as part of their existing employment agreement with the DHB hospital.

Creating internal policies and procedures for assisted dying

This document contains a policy template that supports DHBs and their hospitals to create new policies and procedures for assisted dying services that are nationally consistent. The template also allows for local variation as required.

The Ministry has drafted the policy template with input from a DHB planning group that was established to advise on and support national planning for the implementation of assisted dying services.

DHBs may already have policies that cover some aspects of assisted dying services, such as conscientious objection, provision of services by 'Special Staff Status' agreements, or providing care in home settings. DHBs may need to adapt such 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. DHBs' existing policies are likely to already cover these topics. However, DHBs 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. DHBs should ensure that all their policies related to those services align 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

DHBs 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

This document includes a template of a policy for assisted dying services, which supports each hospital to decide on its internal procedures for assisted dying services and how it will deliver these services in its particular setting in practice.

The policy template includes various options that a hospital can adjust, add to or delete based on its local context. Factors that hospitals should consider when adapting this policy may include:

- 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.

Preparing staff for introduction of assisted dying services

DHBs should support staff to learn about the Act and assisted dying services. DHBs 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. This responsibility includes ensuring staff are aware of additional internal policies or procedures and any changes to those policies or procedures.

For information to support DHBs to educate and prepare staff, see the 'Preparing for assisted dying services' information sheet on [LearnOnline](#).

Public hospitals should consider the level of information that individual employees will need based on their role and level of involvement in providing assisted dying services. It is important that all staff are aware of:

- the hospital's policies and procedures 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.

DHBs should have plans on how to communicate this information to their staff, such as through newsletters, intranet pages or information and discussion sessions.

DHBs 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.

DHBs could consider making it mandatory for their staff to complete training. Once they have completed e-learning modules, staff can download certificates that they can provide to their manager as proof of completion.

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.

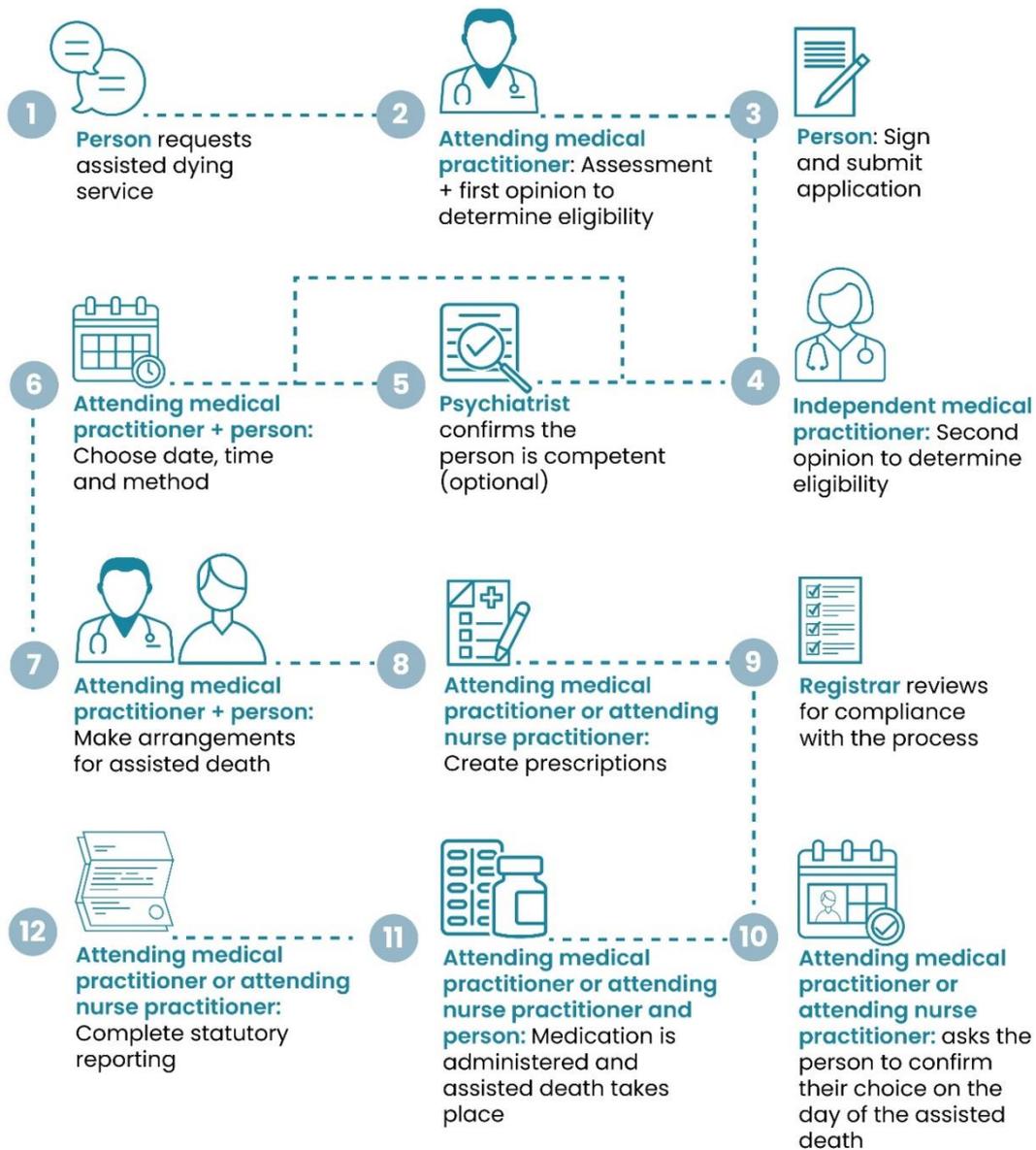
An overview of the assisted dying service

The Act outlines certain steps that must take place as part of the assisted dying service. The diagram below gives an outline 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**.



District health board policy template (public hospital)

Purpose

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

Policy statement

Staff at [hospital] should help a patient to access information about or access to assisted dying services in line with this policy.

Staff should consider what their role is at [hospital] 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 [hospital] 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 [hospital] 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 [hospital].

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 must be registered and hold a 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 already have had some conversations related to assisted dying 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 [hospital] 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 [hospital]. For more on the procedures for different roles, see below.

Health practitioners are encouraged to use the *Responding when a person raises assisted dying – a conversation guide*, which 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 [hospital] 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 whakawhitiwhitinga 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: We strongly encourage hospitals 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 [hospital] 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 requested 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)

If they do not have a conscientious objection, health practitioners may 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 [hospital’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 requested 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 if 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 [hospital] 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**. In particular, 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 [hospital’s] main contact for assisted dying services and can talk to the person about assisted dying.

If a medical practitioner considers they are not 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 the 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 that 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.

Access agreements for practitioners not employed by the DHB hospital

A medical or nurse practitioner who is not employed by a DHB may require an access agreement to provide assisted dying services in a DHB hospital setting.

DHB staff are expected to work with medical and nurse practitioners providing assisted dying services to arrange these access agreements as appropriate.

[insert link to information about access agreements]

What to consider when a person in [hospital's] care accesses assisted dying services

Staff at [hospital] 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 their 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 [hospital's] care.

A person in [hospital'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 [hospital's] care accesses assisted dying

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

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 [hospital].

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

Staff at [hospital] may be involved in supporting someone through the assisted dying process if the person:

- requests assisted dying while in hospital
- has previously received care from the hospital and chooses assisted dying
- is admitted to hospital part-way through the assisted dying process.

Providing this support 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 as per **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
- enabling an external AMP, independent medical practitioner (IMP) or psychiatrist to undertake assessments as part of the assisted dying process within the hospital, including by arranging for a private or appropriate space where such assessments can take place
- 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].

Preparations for an assisted death within a public hospital

Procedures for when an assisted death takes place in [hospital]

It is expected that most people will choose for their assisted death to take place at home or in another community setting. In some rare situations, an assisted death may take place in a public hospital. These situations may include where:

- a person is not able to be discharged from hospital for medical or practical reasons
- the assisted death cannot take place in the person's regular residence, such as because they live in a residential facility that does not allow assisted deaths to take place on its premises.

In these instances, the person's assisted death can take place in the hospital if this is practicable and reasonable.

Staff who are willing to participate may help make appropriate arrangements and encourage and support the 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 rongoā, 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
- arranging an access agreement for an external AMP or attending nurse practitioner (ANP) to provide care within the hospital [insert link to relevant documents]
- appropriately managing assisted dying medication, either under the controlled drug register or treating it as the patient's own medicines
- 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 [hospital] for the assisted death

It is expected that [hospital] staff will make all efforts to ensure a person's death can occur in [hospital] if this is the most appropriate option. Hospitals are expected to be the place of last resort for assisted deaths to occur.

If it is not practicable or reasonable for a person's death to occur in hospital, staff must be able to make other appropriate arrangements for the assisted death to take place. In such instances:

- the hospital staff responsible for the person's care should discuss options for the person who needs to be transferred out of [hospital'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, another public hospital, or an external service provider with which [hospital] has a contract.

Staff should also follow the above procedures in instances where a person who is in hospital chooses to go home or to another location for their assisted death to take place.

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

Staff should 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

Staff may be present at a person's assisted death if they are willing to participate and are needed:

- 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 **section 36 of the End of Life Choice Act 2019** to keep details of assisted 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

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 or nurse practitioners providing assisted dying services within their employment agreement with the DHB hospital

Medical or nurse practitioners employed directly by DHB hospitals who wish to provide assisted dying services should discuss this with their manager to make appropriate arrangements.

Medical or nurse practitioners who provide assisted dying services as an AMP, IMP, psychiatrist or ANP are expected to have completed the relevant training provided by the Ministry of Health. Staff should provide their manager with copies of certificates as proof that they have completed the e-learning modules.

This includes:

- medical practitioners providing assisted dying services as an AMP, IMP or replacement AMP
- psychiatrists providing a competency assessment as part of the assisted dying process
- nurse practitioners providing assisted dying services as an ANP.

Staff acting as an AMP, IMP, psychiatrist or ANP as part of the assisted dying process may access funding through the DHB to travel to provide services in community settings at the discretion of their manager.

Staff may not charge for any services provided as part of their employment agreement.

For medical or nurse practitioners providing assisted dying services outside their employment agreement with the DHB hospital

Staff are permitted to act as an AMP, IMP, psychiatrist or ANP in the assisted dying process as part of their private practice outside of their contract with the DHB. For example, they may choose to do this if they work part time at the DHB and part time in private practice.

In these situations, staff should claim funding for this work, including reimbursement for travel, under the section 88 notice.

Staff should [insert any arrangements and policies that staff providing assisted dying services outside of their contract with the DHB 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 [hospital] at the discretion of their manager.

Staff are expected to have completed the relevant training provided by the Ministry of Health. Staff should provide their manager with copies of certificates as proof that they have completed the e-learning modules.

Staff information and support related to assisted dying services

Where staff have questions and concerns relating to assisted dying services within [\[hospital\]](#), 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 [\[hospital\]](#) can seek wellbeing support through [\[Employee Assistance Programme\]](#). They may also access support through their professional organisations.