

End of Life Choice Act Implementation

Programme Overview – Updated 23 July 2021

End of Life Choice Act 2019 Overview

The End of Life Choice Act 2019 (the Act) comes into force on 7 November 2021.

It enables people, who experience unbearable suffering from a terminal illness, and who meet all the criteria for assisted dying set out in the Act, to legally request medical assistance to end their lives.

The Act includes safeguards to ensure anyone seeking this assistance is making an informed decision of their own accord.

Objectives and expectations for the End of Life Choice Act implementation

The objectives of the implementation project are to:

- have a functional assisted dying system at the time the Act comes into force (12 months after an official majority support result at referendum – 7 November 2021)
- transfer the function and any remaining implementation of the system to a business-as-usual team within the Ministry shortly after the Act comes into force.

For day one (7 November 2021) a functional assisted dying system means:

- establishment of the statutory bodies and roles set out in the Act (Support and Consultation for End of Life in New Zealand (SCENZ) Group, Review Committee, Registrar) to oversee and support the provision of assisted dying
- medical / nurse practitioners trained and available to provide an assisted dying service to eligible people
- implementation of administrative systems and professional guidance to support and inform this service
- provision of public information about the Act and how people can exercise the choices and rights that it provides
- introduction of any regulations required to support the administration and operation of assisted dying in NZ.

Programme management and workstreams

The Ministry has established a project team to manage the implementation of the Act. The team is working closely with the health and disability sector on the work programme throughout 2021.

The work programme has 10 workstreams:

- Stakeholder engagement and communications
- Public information and support
- Workforce, training and support
- Statutory roles, medical standards and advisory network
- Medicines and methods
- Legal and ethics
- Policy, legislation and regulations
- Data collection, reporting and IT
- Service design and implementation
- Funding and accountability

Design principles

The following principles will guide the design and delivery of assisted dying services:

- giving effect to our obligations under Te Tiriti o Waitangi, including considering the interests and needs of Māori
- ensuring equity (inclusiveness for all communities and equity of access to services)
- providing services that are effective and have robust accountability and safety measures
- providing good value for health and disability system resources
- ensuring consistency with health and disability system strategies.

Te Tiriti o Waitangi

The Ministry has an obligation to Te Tiriti o Waitangi (Te Tiriti) in every aspect of health and disability service design, delivery, and review.

Engagement with Māori during the design and implementation of assisted dying services is crucial for the Ministry to meet these obligations and for a successful service implementation. Te Ao Māori (Māori world view) in relation to health and disability services needs to be considered and incorporated at every phase of the programme, as part of the commitment to improve access and equity of services for Māori.

Engagement and communications

The programme team within the Ministry is working closely with the health and disability sector on this work programme throughout 2021. There is also a significant focus on information being available for the general public as implementation progresses. The implementation will also consider support mechanisms for the public, and family and whanau of those who choose to receive assisted dying.

Website content will continue to be updated with details on the implementation of the Act including information sheets, and an email address remains in place for general queries from stakeholders including the general public.

Regular newsletter communications are released frequently, and anyone can sign up to receive these updates by visiting the Ministry of Health website.

Additional communications materials will be developed and released during the course of the implementation period as needed.

Delivery of assisted dying services in New Zealand

Assisted dying services will be publicly funded in New Zealand and the Ministry is responsible for overseeing the funding and provision of assisted dying.

To support equitable access to services, any medical or nurse practitioner who is suitably qualified, and willing to do so, will be able to provide parts of the assisted dying service, in line with the End of Life Choice Act 2019.

If a practitioner is providing services through private practice, a non-government organisation or primary practice, they will be able to access funding through a fee-for-service model. This model is being developed.

Assisted dying services are most likely to be provided in a person's home or other community settings, rather than in hospital settings. A person's medical or nurse practitioner will be able to travel to the person to provide care, and travel costs will be funded.

The Support and Consultation for End of Life in New Zealand (SCENZ) group will maintain the lists of practitioners who will be involved in assisted dying services. This group is expected to be established during July, and expressions of interest will be invited from practitioners willing to provide assisted dying services.

The funding mechanism to pay health practitioners for providing assisted dying services will be created through a section 88 Notice, under the New Zealand Public Health and Disability Act 2000.

If a practitioner is providing services as part of their employment within a district health board (DHB), DHB funding will cover these costs where assisted dying is being provided in the DHB setting.

Funding

The funding mechanism to pay health practitioners for providing assisted dying services will be created through a section 88 notice, under the New Zealand Public Health and Disability Act 2000.

A section 88 notice will allow for the provision of funding to any willing health practitioner suitably qualified to provide assisted dying in one overarching arrangement. It will provide some funding flexibility and will enable the service to be ready for 7 November 2021.

Section 88 notices are a form of tertiary legislation that can be made and amended by the Minister of Health. A section 88 notice needs to be approved by the Minister and then published in the New Zealand Gazette before it comes into effect.

As part of implementation, the Ministry is working directly with a group of health and disability organisations that represent the sector to inform and develop the details of the notice.

The Ministry will receive independent advice on the costing model and price schedule, and the level of funding that practitioners should be able to claim for completing parts of the service, and that advice will be informed by discussions with health and disability organisations representative of the sector.

Key milestones

Key milestones are set out below. These are subject to change as policy settings and design decisions are made.

Progressed to Date - Jan-Mar 2021

- Governance Group established
- Advisory network established
- Initial treaty analysis complete
- Stakeholder Engagement and Communications Plans complete
- Assessment of initial workforce interest complete
- Key system-level policy settings defined (e.g., service provision, accountability, funding)
- Budget Bid complete
- Initial consultation with Privacy Commissioner and HDC

Progressed to Date - Apr-Jun 2021

- Nominations process for SCENZ Committee
- Nominations process for Review Committee
- Medications have been selected for medically assisted dying services with clinical oversight
- Care pathway and service model underway
- Further consultation with Privacy Commissioner and HDC
- Funding and accountability arrangements defined
- Workforce training and support needs assessed, and training commences – training roll-out from May 19

Progressing Currently - Jul-Sep 2021

- SCENZ, Review Committee, and Registrar role established
- SCENZ Practitioner lists completed
- Operational processes and guidance developed
- Care pathway and service model completed
- Contractual / funding mechanisms in place – Section 88 consultation and final advice to Minister
- Standards of care developed
- Key workforce information, guidance and support in place
- Medications procured and available
- Public information and support mechanisms developed and in place

Final Preparation for Day 1

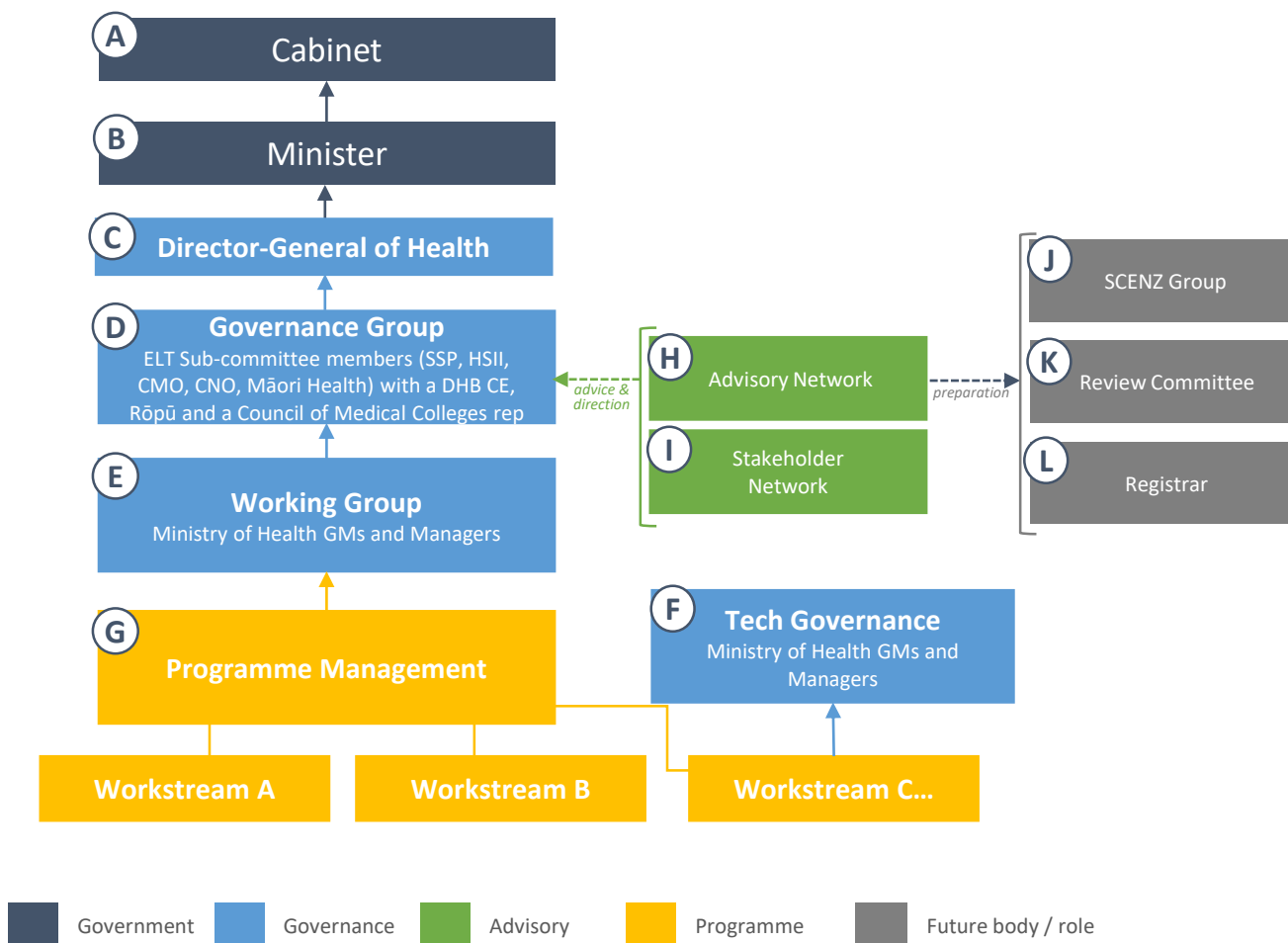
- Day One communications prepared and delivered.
- Any regulations required for Day 1 in place
- End of Life Choice Act 2019 comes into force on 7 November 2021
- Enduring processes and systems in place within the Ministry and with statutory committees for oversight of assisted dying – including review processes
- Review of processes and communication of findings (continues into January 2022)

Appendix

Governance and advisory

A Governance Group consisting of ELT Sub-committee members (Health System Improvement & Innovation, Māori Health, System Strategy & Policy,, Chief Medical Officer, Chief Nursing Officer) along with a DHB CE, Rōpū rep, and a Council of Medical Colleges rep will guide programme decision making, strategic risk and issue management and overall programme direction.

In addition to the Governance Group an Advisory Network has been established.



Eligibility criteria and process

Eligibility criteria for assisted dying	Core assisted dying process
<ul style="list-style-type: none"> ▪ To be eligible, a person must meet all of the following criteria: <ul style="list-style-type: none"> – Be aged 18 years or over. – Be a citizen or permanent resident of New Zealand. – Suffer from a terminal illness that is likely to end their life within 6 months. – Be in an advanced state of irreversible decline in physical capability. – Experience unbearable suffering that cannot be relieved in a manner that the person considers tolerable. – Be able to make an informed decision about assisted dying. 	<ul style="list-style-type: none"> ▪ Process steps include: <ul style="list-style-type: none"> – Patient must initiate the request – 1st medical opinion – 2nd medical opinion – 3rd Psychiatric competency opinion (if required) – Eligibility confirmed – Patient chooses method, date and time – Registrar confirms compliance – Administration of medication (this can be refused and/or rescheduled by patient) – Confirmation and report of assisted death

Statutory bodies and roles

Support and Consultation for End of Life in New Zealand Group (SCENZ) Group	Registrar (assisted dying)	Review Committee
<ul style="list-style-type: none"> ▪ Appointed by Director General. ▪ Make lists of: <ul style="list-style-type: none"> – Replacement medical practitioners (conscientious objection). – Independent medical practitioners (2nd opinion). – Psychiatrists (competency). – Pharmacists (dispense medication). ▪ In relation to the administration of medication: <ul style="list-style-type: none"> – Prepares standards of care. – Advise on required medical and legal procedures. – Provide practical assistance if assistance is required. 	<ul style="list-style-type: none"> ▪ Must be a MOH employee. ▪ Establishes and maintains a register of: <ul style="list-style-type: none"> – Approved forms (in effect the event record). – Review committee reports. – Registrar's reports to Minister (annual). ▪ Receives and acts on complaints. ▪ Undertakes actions as directed by the Review Committee. 	<ul style="list-style-type: none"> ▪ Appointed by Minister and consists of: <ul style="list-style-type: none"> – A medical ethicist. – 2 health practitioners (one must work in end-of-life care). ▪ Considers assisted death reports: <ul style="list-style-type: none"> – Compliance with the Act, and – Direction to Registrar when report does not show satisfactory compliance.