

END OF LIFE CHOICE ACT IMPLEMENTATION

Delivery of assisted dying services Scenarios for health service provider planning

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This document includes scenarios to help support health service providers to plan for the delivery of assisted dying services.

This document is designed to help health services providers create policies and procedures for situations where a patient may request access to assisted dying services and how these services will then be delivered.

It is recommended that before using these scenarios to support planning you read the information sheets '[Preparing for assisted dying services – Information for health services providers](#)' and '[Funding and delivery model for assisted dying services – Information for medical and nurse practitioners](#)' for context.

More information about assisted dying can be found on [the Ministry of Health's website](#).

How to use the scenarios in this document

The scenarios in this document offer examples of different situations in which a person may request access to assisted dying services. They intend to help health service providers consider how they can ensure the quality and continuity of care for a person who requests access to assisted dying services.

Health service providers may find it helpful to consider these scenarios as they develop policies and plans within their own organisations to prepare for when assisted dying services are available in New Zealand.

Assisted dying services will be provided within the context of our existing public health and disability system. Providers will already have policies and procedures that cover some aspects of assisted dying services and their delivery, such as policies about conscientious objection or providing care in home settings. However, these policies and procedures may need to be adapted to reflect the introduction of assisted dying services.

Health service providers should ensure that all policies and procedures are in line with the End of Life Choice Act 2019 (the Act), as well as the Code of Health and Disability Services Consumers' Rights.

Preparing staff for the introduction of assisted dying is a key part of a health service provider's planning and preparation. Health service providers may want to use the scenarios in this document to guide discussions with staff, or create their own scenarios for this purpose based on their specific context.

An overview of the assisted dying process

The Act outlines that certain steps must take place as part of the assisted dying process. An overview of this process is outlined below to support the use of the scenarios in this document.

It is important to note that:

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

You can read about this process in more depth in [the Act](#), or you can find out more about the Act by completing [the End of Life Choice Act: Overview e-learning module](#).



Questions to consider for each scenario

Each scenario is accompanied by several questions that are intended to support planning. In addition to these questions, there are some questions that should be considered in all situations.

For example:

- Does the person understand their other options for care, such as palliative care?
- Is the person making an informed decision of their own free will?
- How are the person's cultural needs being respected and upheld?
- How are the person's spiritual needs being respected and upheld?
- How are the person's psychological needs being respected and upheld?
- Is the service being provided in a person- and whānau-centred way?
- Would the person benefit from any additional health care or social supports?
- How are the staff working with this person being kept safe?
- How are the person's rights under the Code of Health and Disability Services Consumers' Rights being upheld?

Scenario One – Janie

Context	<ul style="list-style-type: none">• Janie is a 24-year-old woman who lives in Wellington. She lives in a residential care facility due to a physical disability.• Janie has leukaemia. She has been given a prognosis of less than three months.• The medical practitioners that work at the facility conscientiously object to providing assisted dying services.
Situation	<ul style="list-style-type: none">• Janie wants to request assisted dying services, but isn't sure how.• Janie asks a carer who works at her facility what to do.
Considerations	<ul style="list-style-type: none">• Is Janie aware that the medical practitioners that work at the facility do not provide assisted dying services?• Has Janie's carer had appropriate training and guidance on what to do in this situation?• If Janie decides to start the process how will the facility ensure she can access this care?• Does the facility have a policy about letting an external medical practitioner into the facility to provide the service?• If Janie is found eligible, what are her options for where her assisted death can take place and, if necessary, how will the facility support the transfer of her care?• Are there any additional considerations needed due to Janie's physical disability?

Scenario Two – Rangi

Context	<ul style="list-style-type: none">• Rangi is an 85-year-old woman who lives alone in Christchurch. Her whānau is spread across New Zealand.• Rangi has end stage heart failure.• Rangi would like to return to her turangawaewae in Kaitaia to die on the marae.
Situation	<ul style="list-style-type: none">• Rangi has requested assisted dying through her general practitioner and has been found eligible.• Her general practitioner is not able to travel to Kaitaia to perform the assisted death and would like to support Rangi to get support in Kaitaia.
Considerations	<ul style="list-style-type: none">• How might the general practitioner arrange for a medical or nurse practitioner in Kaitaia to administer the medication?• Who helps support and arrange Rangi's travel to Kaitaia from Christchurch, including any medical care that she may need during the journey?• How does Rangi and her whānau find out if her assisted death is able to take place at the marae and then discuss the outcome of this with the practitioner?• If the assisted death can take place on the marae, how will Rangi and her whānau let the medical or nurse practitioner know the tikanga to be followed on this marae?• If the assisted death cannot take place on the marae, what other options may be available to Rangi?• Throughout the assessment process and at the time of the assisted death, how will her general practitioner and any other staff involved in her care ensure her cultural needs are upheld, including any spiritual support or guidance?

Scenario Three – Hope

Context	<ul style="list-style-type: none">• Hope is a 55-year-old woman who lives in Hamilton. She normally lives alone, but recently her daughter, Jen, moved in with her to provide some extra care and support.• Hope has been living with cervical cancer for several years. She has a prognosis of a few months.• Hope’s discomfort has increased considerably in the last few days and she now requires additional personal care.
Situation	<ul style="list-style-type: none">• Hope has been admitted to hospital following presenting at the emergency department in severe pain.• She tells the medical practitioner in the emergency department she would like to request assisted dying.• Hope is reluctant to return home as she feels she needs more care than Jen can offer. Jen says she is happy to care for her mother, but Hope is worried about being a burden.
Considerations	<ul style="list-style-type: none">• What is the process in the hospital for responding to a request for assisted dying?• Who can help Hope access an assessment for assisted dying either through the hospital or a different provider?• What care/referrals can Hope get to manage her pain and discomfort?• How long is Hope able to stay in the hospital? Can supports be provided to help Hope to feel comfortable to return home? Otherwise, what are her other options for ongoing care?• If Hope agrees, how might the medical practitioner involve Jen in Hope’s assessment for assisted dying?• How might Hope’s worries about being a burden on Jen be considered as part of the assessment process?• If Hope is found eligible and would prefer for her assisted death to take place in hospital, what are the necessary arrangements for this?

Scenario Four – Josie

Context	<ul style="list-style-type: none"> • Josie is a 75-year-old woman who lives in an aged care facility in Dunedin. Her daughter, Susie, visits regularly. • Josie has pancreatic cancer. • Josie has requested assisted dying by contacting the Support and Consultation for End of Life in New Zealand (SCENZ) Group directly to find a suitable medical practitioner. She is waiting for her first assessment for eligibility. • The aged care facility conscientiously objects to assisted dying services and does not allow assisted deaths to take place in its facilities.
Situation	<ul style="list-style-type: none"> • Josie would like to leave the facility and have her assisted death take place in Susie’s home. • A nurse at the aged care facility notices some conflict between Josie and Susie. • Susie wants Josie to stay in the facility and thinks Josie requesting assisted dying is out of character. • The nurse is concerned about Josie as the conflict with Susie has really upset her.
Considerations	<ul style="list-style-type: none"> • Are residents and prospective residents aware of the facility’s conscientious objection? • Does the facility have a policy in place for if a resident requests assisted dying that means medical practitioners can meet their statutory duties to provide assisted dying services unless due to conscientious objection or lack of competence? • Is there clear guidance on who the nurse should raise her concerns with? • How might the medical practitioner assessing Josie’s eligibility for assisted dying be notified of the incident between Josie and Susie? • Who might be involved in ensuring that no coercion has taken place? • If Josie is found to be eligible and goes ahead with accessing assisted dying services, what are her options if Susie refuses to have her move to her home?

Scenario Five – Tipene

Context	<ul style="list-style-type: none"> • Tipene is a 62-year-old man living in a rural community in the Waikato. • Tipene has complex, chronic health needs, including heart failure. He has been living with depression for many years. • His regular general practitioner is an hour’s drive away. • Tipene cannot drive and relies on whānau and support services to help him get to medical appointments.
Situation	<ul style="list-style-type: none"> • During a telehealth appointment with his regular general practitioner, Tipene requests to start the assessment process for assisted dying. • The general practitioner does not provide assisted dying services as he does not consider himself competent to do so. He does not have a conscientious objection to assisted dying.
Considerations	<ul style="list-style-type: none"> • What steps should Tipene’s general practitioner take to ensure Tipene can access an assessment for assisted dying? • How else may the general practitioner be involved in supporting Tipene through the assisted dying process? • What should the general practitioner do to ensure that Tipene understands what care options he has? • If Tipene goes ahead with getting an assessment for his eligibility for assisted dying, what additional considerations should the attending medical practitioner make given Tipene’s ongoing health needs, including his depression? • What complexities might Tipene’s rural location add to this situation?

Scenario Six – Anna

Context	<ul style="list-style-type: none">• Anna is a 45-year-old woman who lives in Rotorua with her partner, Claire.• Anna has multiple sclerosis. Claire works part-time and is also Anna’s main carer.• Anna’s condition has got worse recently and her mobility is very limited. She doesn’t feel like herself anymore, but she is also worried about Claire who is struggling to cope with caring for Anna and working.
Situation	<ul style="list-style-type: none">• Anna tells her specialist she is tired of suffering and asks if she can get help to die.• Anna’s specialist tells her she isn’t eligible, but Anna is struggling to understand why.• Claire is concerned about Anna as she’s been acting strangely since being found not eligible for assisted dying.
Considerations	<ul style="list-style-type: none">• Does Anna’s hospital have a policy in place for when someone requests assisted dying?• When being told she wasn’t eligible, what other support and care options should Anna have been offered?• What other care can Anna be offered that may help reduce her suffering?• What other services or supports can Claire be offered to reduce the pressure on her?

Scenario Seven – Manaia

Context	<ul style="list-style-type: none"> • Manaia is a 77-year-old woman who lives in South Auckland with her son, Sam, his wife, and some of her grand-children and great-grandchildren. • Manaia has advanced breast cancer and is considering assisted dying.
Situation	<ul style="list-style-type: none"> • Manaia is religious and concerned about the reaction of her community if she were to have an assisted death. • Sam suggests she talks through her options with her general practitioner. Manaia is reluctant as she prefers to speak in Samoan and her general practitioner only speaks English. • Sam goes to speak to the general practitioner on Manaia’s behalf to tell them to ask if Manaia can access assisted dying.
Considerations	<ul style="list-style-type: none"> • What advice or information might the general practitioner give Sam? • Does the provider have any policies or guidance in place around checking for coercion if family members raise the topic first? • Can the general practitioner work with a translator to support Manaia’s preference to speak in Samoan? What guidance or training might the translator need? • Who else might the general practitioner suggest Manaia speak with to help make her decision? • How will the general practitioner make sure that Manaia understands what other care options are available to her? • Who will facilitate any conflict among the aiga, if any should occur? • If Manaia has an assisted death, what role will the provider play in ensuring her cultural needs are upheld, including access to any spiritual support or guidance?

Scenario Eight – Raj

Context	<ul style="list-style-type: none">• Raj is a 36-year-old man who lives alone in Nelson.• Raj has autism spectrum disorder. He has support with some aspects of his household management.• Raj’s parents live nearby and are in regular contact with his support workers.• Raj was recently diagnosed with late-stage prostate cancer and is struggling to come to terms with this diagnosis.
Situation	<ul style="list-style-type: none">• Raj has a particularly strong relationship with one of his support workers, Harry.• Raj tells Harry that he doesn’t want to live anymore. Raj shows Harry some information he found online about assisted dying.• Raj wants Harry to help him read through the information. There are some parts he’s not sure about and he has some questions.• Harry disagrees with assisted dying and no longer wants to work with Raj.
Considerations	<ul style="list-style-type: none">• Does the provider have a policy for what to do if a client is considering assisted dying?• Has Harry had appropriate guidance and training on what to do in this situation?• What is the provider’s policy in situations of conscientious objection?• How would the provider help make sure Raj is supported to cope with his diagnosis and understand his options?• How might the provider involve Raj’s parents and what privacy considerations need to be made?• If Raj decides to request assisted dying and seek an assessment, who might the medical practitioner speak with to establish if Steven is making an informed decision of his own free will?

Scenario Nine – Mei

Context	<ul style="list-style-type: none">• Mei is a 42-year-old woman who lives in Taupō with her husband, Kevin, and their two teenage children.• Mei was recently diagnosed with a brain tumour.• Mei's mother died after a long illness when Mei was a teenager. Mei is scared of going through the same experience and she doesn't want her own children to see her very ill.
Situation	<ul style="list-style-type: none">• Mei speaks to her specialist about assisted dying.• She isn't ready to tell Kevin or her children that she is considering this option. She wants to wait until she finds out if she is eligible or not.• Mei's specialist starts the assessment process and finds her eligible for assisted dying.• On the second assessment, the independent medical practitioner is unsure if Mei's reasons for choosing assisted dying can be considered as unbearable suffering. He would also like more clarity around her prognosis.
Considerations	<ul style="list-style-type: none">• What other information might be provided to the independent medical practitioner to help them decide if Mei is eligible or not?• As Mei doesn't want her family to know about her request, how will the medical practitioners and any other involved staff make sure her privacy is upheld?• What should the attending medical practitioner do to ensure Mei understands all the care options available to her?• If she is found eligible, how might Mei be supported to tell her family that she is choosing assisted dying?• If she is not found eligible, how will Mei be supported to access other care and support?• Does the provider have any policies in place should Mei decide to reapply in a few months?• What support could Mei's children be offered to help them cope with Mei's illness?

Scenario Ten – Toni

Context	<ul style="list-style-type: none">• Toni is a 58-year-old man who lives in Lower Hutt with his whānau.• Toni has motor neurone disease. He has been growing progressively weaker and has been admitted to hospital for ongoing care. His speech and ability to gesture are now affected.• Toni has been in hospital for several weeks and has lost hope in being able to go home.
Situation	<ul style="list-style-type: none">• Toni raises assisted dying with one of the nurses on the ward. The nurse conscientiously objects to assisted dying.• There are two medical practitioners in the hospital who provide assisted dying services, one is on extended leave and the other is Toni's sister-in-law so it would be inappropriate for her to provide the service.
Considerations	<ul style="list-style-type: none">• What policies does the hospital have in place for situations where a patient requests assisted dying?• How should the nurse respond and who should they notify about Toni's request?• How can Toni access a medical practitioner who can help him go through the assessment process?• If Toni is found eligible and cannot go home, is it possible for an external medical practitioner to provide the service in the hospital?• What is the set-up in the hospital should his assisted death take place there?• What additional considerations need to be made considering Toni's medical condition and that he has limited ability to communicate through speech or gesture?

Scenario Eleven – Jo

<p>Context</p>	<ul style="list-style-type: none"> • Jo is a 22-year-old non-binary person who lives in Auckland with friends. • They have thyroid cancer and were recently found eligible for assisted dying. • Their general practitioner is the person who will administer the medication.
<p>Situation</p>	<ul style="list-style-type: none"> • Jo is admitted to hospital with pneumonia and placed in the intensive care unit. Their assisted death is due to take place in a week. • Jo has a good relationship with their general practitioner and does not want to have the medication administered by a medical or nurse practitioner from the hospital. • Jo has a tight circle of very close friends who they consider to be their whānau. Jo was planning for them all to be there at the time of the assisted death. • One of Jo’s friends, Rose, is their designated contact person for discussing plans for the assisted death.
<p>Considerations</p>	<ul style="list-style-type: none"> • What policies does the hospital have in place for situations where a person who has already been found eligible for assisted dying is admitted to the hospital? • Would Jo’s general practitioner be able to provide the assisted death in the hospital? • Will Jo’s friends still be able to attend the assisted death as they had planned? How might the hospital work with Rose to make appropriate arrangements? • Will Jo’s friends that attend their assisted death receive the same support following the death as a familial relative might?

Scenario Twelve – Sally

Context	<ul style="list-style-type: none">• Sally is a 73-year-old woman who lives in Russell with her husband, George.• Sally has colon cancer.• Sally has always been open with her whānau about choosing an assisted death if she were to be terminally ill.• She has been found eligible for assisted dying and her assisted death is due to take place in a few days.
Situation	<ul style="list-style-type: none">• Sally's whānau have gathered at her home for her assisted death.• Since her whānau arrived, Sally has been quite agitated and confused. Her whānau are concerned as this is quite out of character.• Sally's whānau ask Sally's medical practitioner to come and see Sally on the day before the assisted death is due to take place.• The medical practitioner shares the whānau's concerns and says that Sally no longer seems to be competent to make an informed decision about assisted dying.• Sally's whānau are very upset as they believe that an assisted death is what Sally really wants.
Considerations	<ul style="list-style-type: none">• What assessment might the medical practitioner perform to work out if Sally is competent?• If Sally's confusion is not sustained, can her competency be reassessed, or does she need to reapply?• How might the medical practitioner ensure the whānau has the support and guidance they need to support Sally and each other?• If Sally is not able to have an assisted death, how can her medical practitioner ensure she receives other end-of-life care?



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