



End of Life Choice Act: Implications for Nurses

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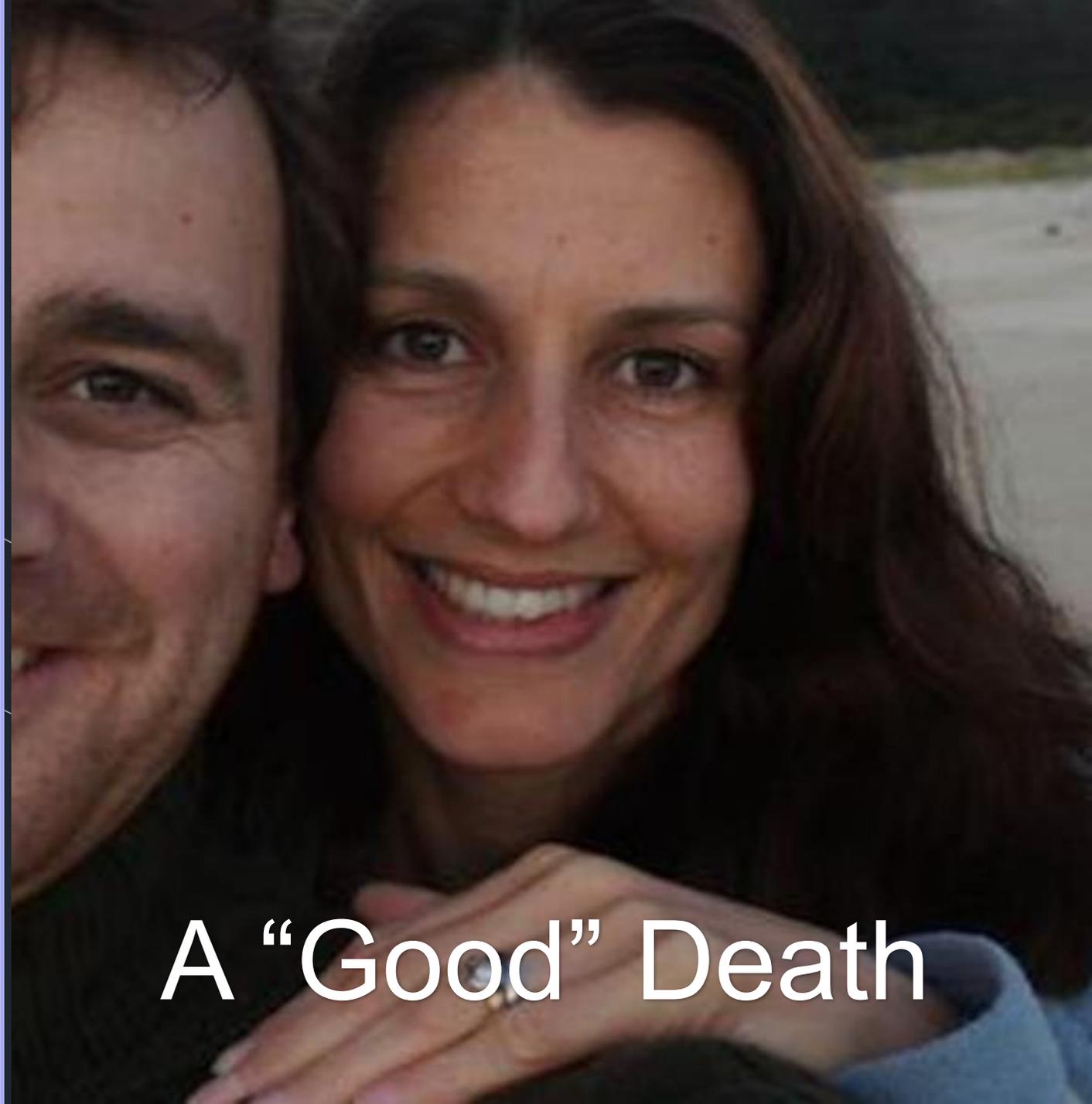
End of Life Choice Act

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1973 - 2015

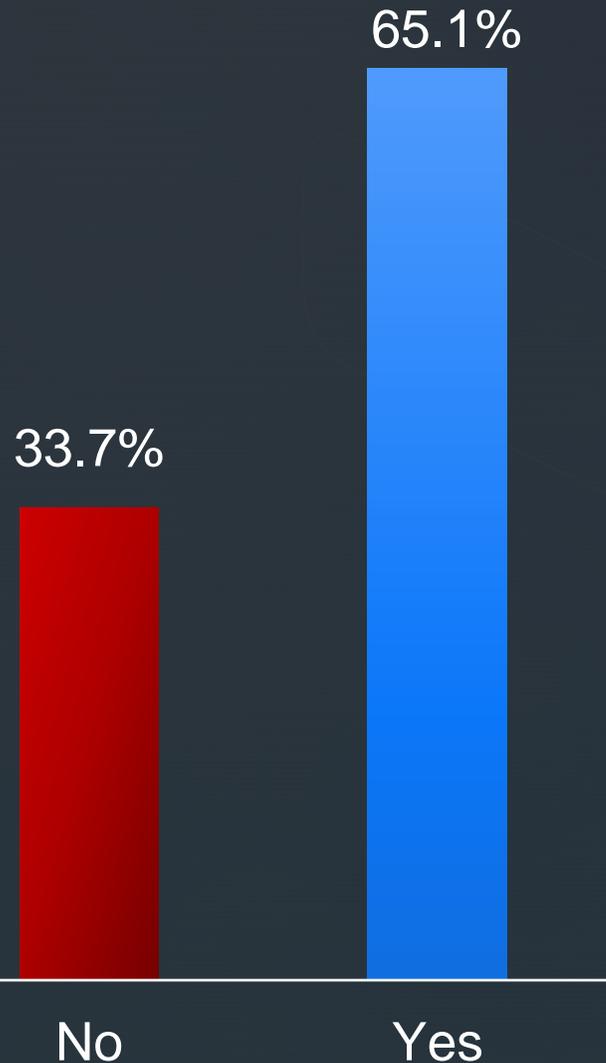
“I want to be able to die with a sense of who I am and with a dignity and independence that represents the way I have always lived my life.

I desperately want to be respected in my wish not to have to suffer unnecessarily at the end. I really want to be able to say goodbye well.”



A “Good” Death

End of Life Choice Act Referendum Results 2019



The purpose of this presentation:

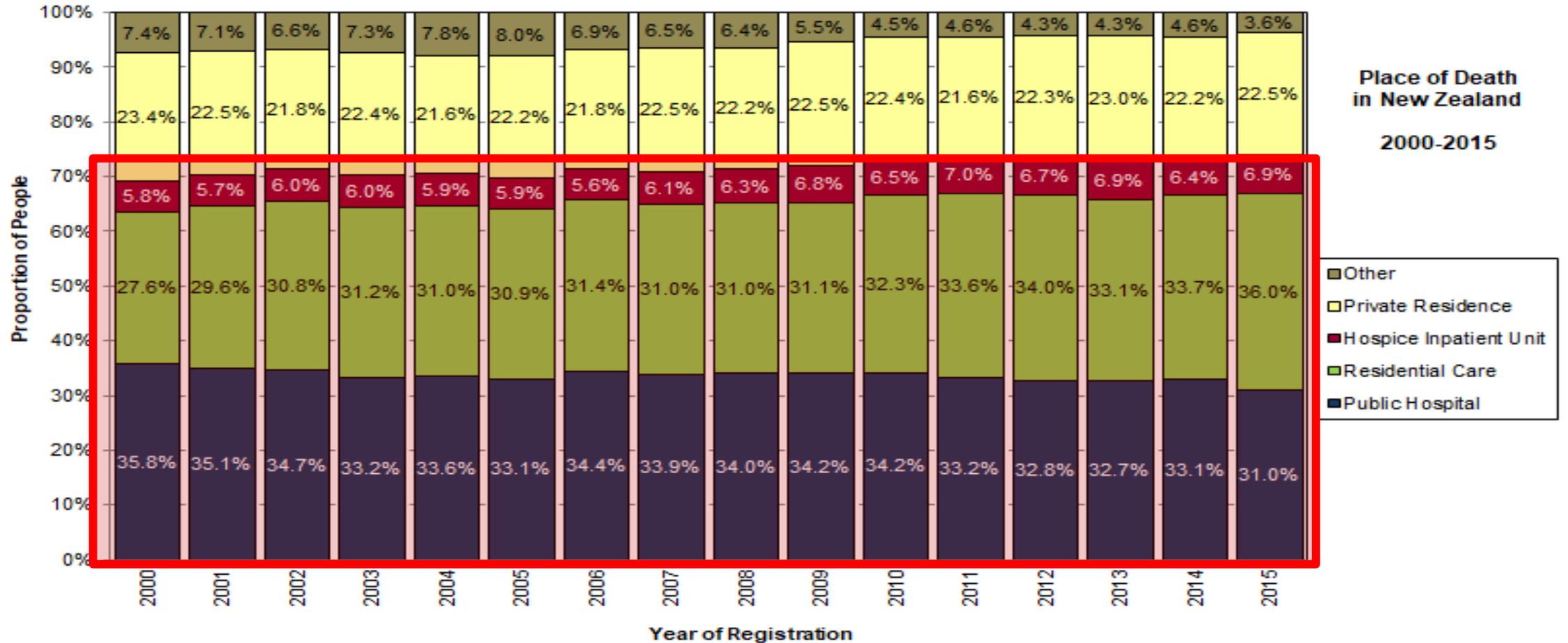
The purpose is NOT:

- To debate the legitimacy of the act
- To discuss whether the act is right or wrong

The purpose IS to:

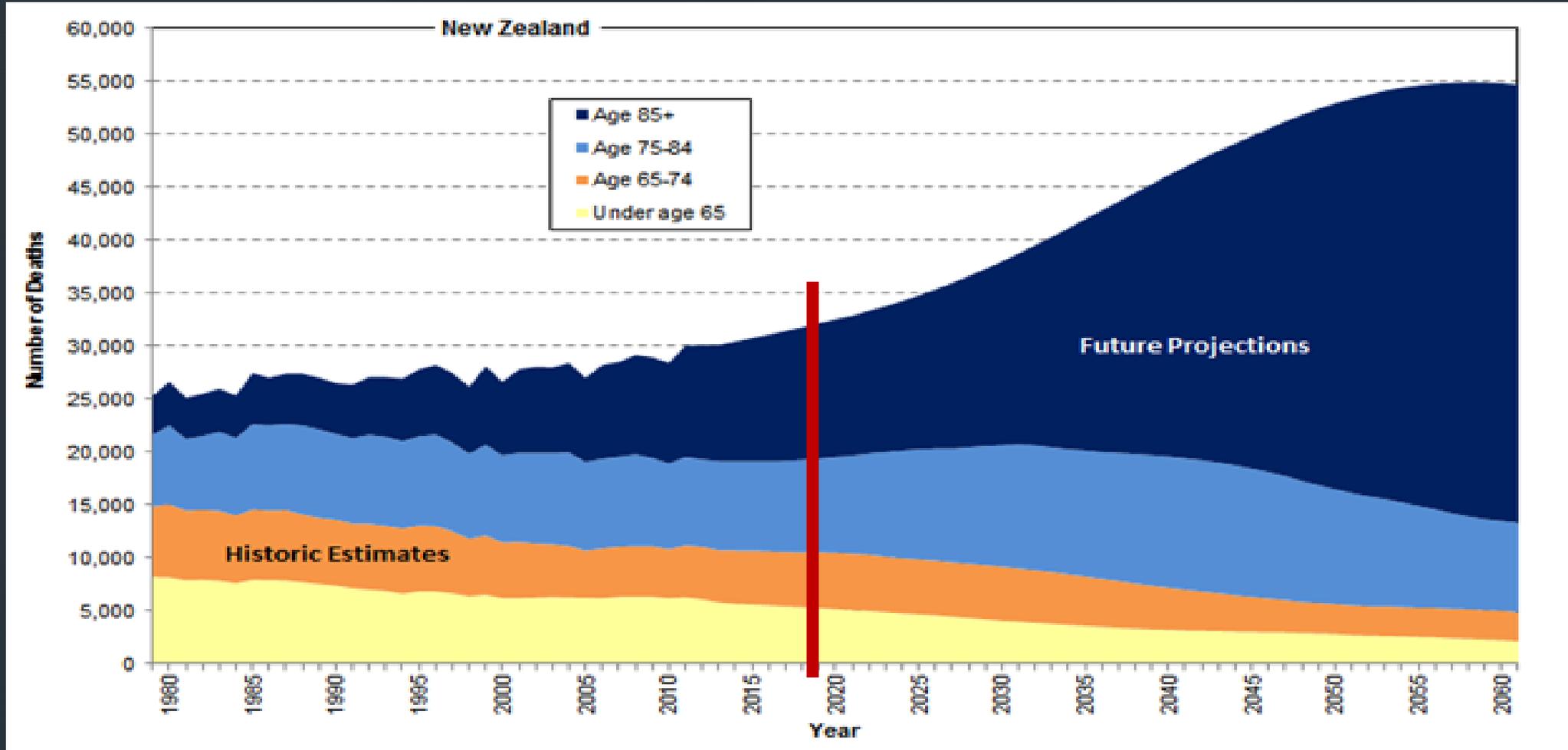
- To discuss the implications for nurses when it becomes the law of New Zealand
- 7 November 2021

Place of Death in New Zealand 2000-2015



Deaths in residential aged care increased 8.4% in 15 years. Hospital deaths decreased 4.8% in the same time period.

Historic Deaths and Future Projections by Age Band





The purpose of the End of Life Choice Act is to:

- To give persons who have a terminal illness, and who meet ***certain criteria***, the option of lawfully requesting medical assistance to end their lives
- To establish a lawful process for assisting eligible persons who exercise that option.

Over 18	Be aged 18 years or over
NZ Citizen	Be a citizen or permanent resident of New Zealand
<6 months to live	Have a terminal illness that is likely to end their life within 6 months
Irreversibly Ill	Be in an advanced state of irreversible decline in physical capability
Unbearable Suffering	Experience unbearable suffering that cannot be relieved in a manner that the person considers tolerable
Mentally Competent	be competent to make an informed decision about assisted dying.

Eligibility criteria

- There is no 'stand down' period (Canada, some US states)
- Not only based on 'suffering', but also on the presence of an irreversible illness and determined to have <6 months to live (Netherlands, Belgium)
- Does not include mental illness (Netherlands, Belgium, Canada)
- Non-residents are not eligible (Switzerland)
- A clinician can administer the medication, rather self-administration only (some US states, Victoria Australia)
- The person must be mentally competent at the time of death – it cannot be post-dated for a future date when they no longer have capacity or by ACP (Canada, Belgium, Netherlands)
- Children under 18 are not eligible (Belgium, Netherlands requires parental consent for minors)

How the
New
Zealand
Law is
different
than other
countries

The “surprise question” for predicting death in seriously ill patients: a systematic review and meta-analysis

James Downar MDCM MHSc, Russell Goldman MD MPH, Ruxandra Pinto PhD, Marina Englesakis MLIS, Neill K.J. Adhikari MDCM MSc

■ Cite as: *CMAJ* 2017 April 3;189:E484-93. doi: 10.1503/cmaj.160775

- Worse discrimination for those with non-cancer diagnosis
- ***“The surprise questions performs poorly to modestly as predictive tool for death”***

What if I don't want to be involved?

- It's important that you consider the level of involvement you are willing to have in the assisted dying process.
- You are not obliged to participate in assisted dying if you have a conscientious objection.

- **Regardless of personal beliefs about assisted dying, you should:**

- meet professional standards by not inhibiting a person's access to lawful medical treatment
- ensure continuity of care is maintained for a person requesting assisted dying

Conscientious objection

- **If a medical practitioner or other healthcare professional with a conscientious objection is asked by a person about assisted dying, they have certain responsibilities under the Act.**
- They must:
 - Inform the person of their objection
 - Tell the person that they have the right to ask the SCENZ Group for the name and contact details of a medical practitioner who is willing to participate in assisted dying.
 - Suggest that a person talks to their medical practitioner about assisted dying and/or direct a person to where they can find information about assisted dying.
 - A medical practitioner **must** ensure the person understands their other options for end-of-life care such as palliative care options

Can a
healthcare
organisation
be a
conscientious
objector?

The EoLCA is silent on objection for organisations, eg, hospices

Recent ruling states that organisations like hospice services, aged care facilities or GP practices for example, can object to assisted dying as set out in the End of Life Choice Act happening on their premises by their staff.

It is unclear if publicly funded organisations can decide not to provide End of Life Choice Act services

Who can determine a person's eligibility for an assisted death?

The Act specifically states that determining a person's eligibility for an assisted death can only be done by a **medical practitioner**.

A person must be assessed by **two medical practitioners** and found eligible by both before the process can continue.



End of Life Choice Act **Critical Criteria:**
The person must be **competent** to make the decision

The act includes safeguards to ensure anyone who seeks assistance to end their life is making an informed decision of their own accord.

What if competence is not established by one or both medical practitioners?

Then a third opinion is to be given by a psychiatrist.

They must

- read the person's medical files, examine the person
- reach the opinion that the person is competent (or not competent) to make an informed decision about assisted dying.
- The person cannot be delirious at the time of the procedure



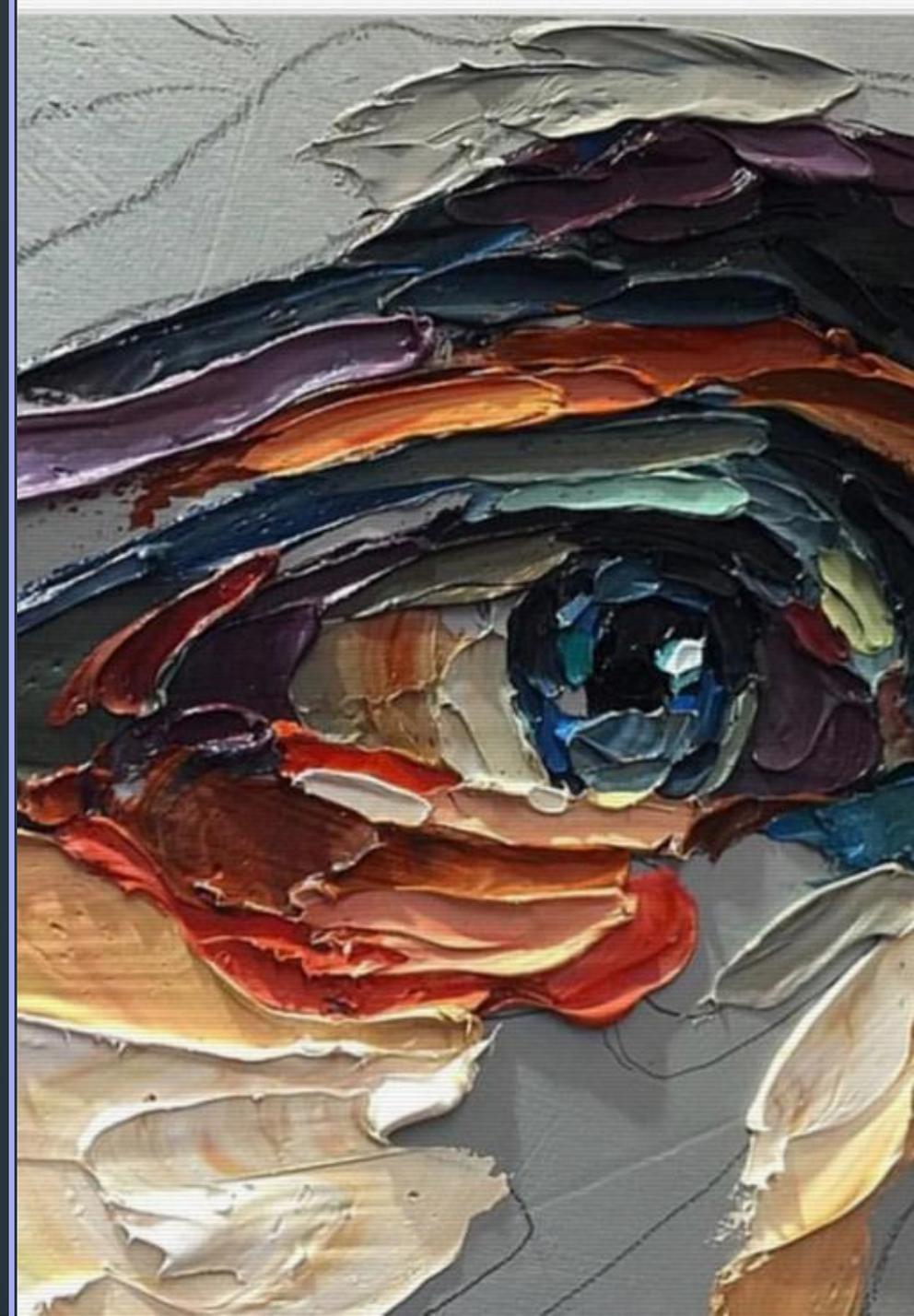
Protecting against coercion

The medical and/or nurse practitioner must do their best to ensure that the person expresses their wish free from pressure from any other person.

- The attending medical practitioner should:
 - speak to other health practitioners (eg Nurses) who are in regular contact with the person
 - speak with the person's whānau (if approved by the person).
 - It is important that a person has enough time and support to ensure they understand the choice they are making.
 - Some people may be particularly vulnerable to coercion, such as intellectually disabled people or older people. The person must make their own decision.

What does “suffering” mean?

- A person **cannot access** assisted dying solely because they are **suffering** from:
 - a mental disorder or mental illness
 - have a disability
 - are of advanced age





End of Life Choice Act ***Critical Criteria:***

- The Act is clear that a health practitioner ***cannot*** raise assisted dying with a person ***unprompted***.
- ***The person needs to raise assisted dying first.***
- *Research shows that Nurses are frequently the first person to be asked about assisted dying*

Only the person considering assisted dying can make the choice to proceed with this option.

If someone asks you about end of life options, you can talk to them about other end-of-life-care, such as palliative care.



However, the Act is clear that you **must not** raise the topic of assisted dying unless the person seeking an assisted death raises it first.

A registered nurse can be involved by

- Participating in conversations with a person, their whānau and other treating practitioners about assisted dying if it is raised by the person
- Discussing appointments related to an assessment for assisted dying with a person
- Helping a person and their whānau make practical arrangements for assisted dying, such as deciding where the assisted death may take place
- Being present and providing comfort care to the person and support to their whānau at the time of the assisted death.



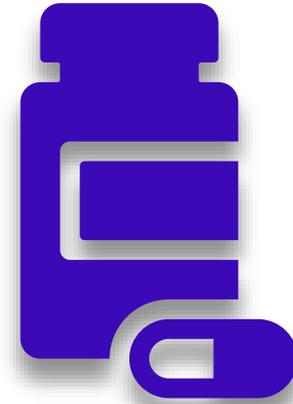
Role of whānau

- ***Whānau cannot make a decision on the person's behalf.***
- Whānau can still play an important role in supporting the person through the process.
- If the person chooses, whānau can be present to provide care and support when the medication is administered.
- ***If the person gives permission,*** the medical practitioner and nurses should speak to the whānau to help ensure that the person is not being pressured by anyone to choose assisted dying.

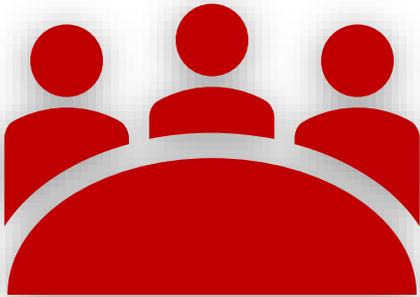
Who can administer assisted dying medication?

The administration of assisted dying medication can only be done by a medical practitioner or a nurse practitioner.

A person can also choose to self-administer the medication.



The Act creates three statutory roles to oversee assisted dying and make sure the processes outlined in the Act are followed



The Support and Consultation for End of Life in New Zealand (SCENZ) Group

The Registrar (assisted dying)

The End of Life Review Committee

The Support and Consultation for End of Life in New Zealand (SCENZ) Group

Maintains a list of health practitioners who are willing to be involved in assisted dying.

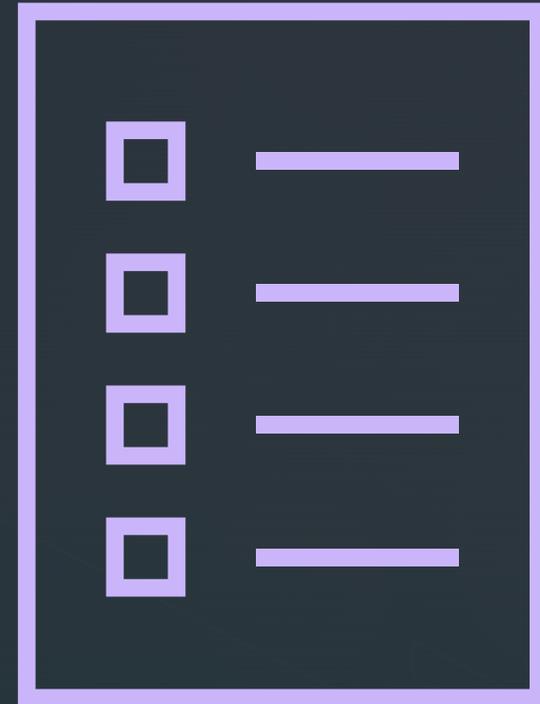
Maintains Standards of Care for medical and legal procedures and the provision of practical assistance.

Members include:

- **Dr Jackie Robinson**, NP, Palliative Care specialist and researcher
- **Dr Caroline Ansley**, GP
- **Dr Michael Austen**, Urgent Care, ACC advisor and Barrister
- **Dr Kynan Bazley**, GP
- **Heather Browning**, Disability sector auditor
- **Dr Gary Cheung**, Old Age Psychiatrist
- **Máté Hegedus-Gaspar**, Pharmacist
- **Dr Te Hurinui Karaka-Clarke**, Te Arawa, Ngāi Tahu, Educator
- **Leanne Manson**, Maori policy analyst NZNO
- **Philip Patston**, Company Director, Social Worker
- **Dr Jessica Young**, Assisted dying researcher

▶ The Registrar (assisted dying)

- Checks compliance of processes required by the Act
- Notifies the medical practitioner of whether the process can continue
- Receives complaints and, if necessary, refer them to the appropriate agency, such as the Health and Disability Commissioner (HDC).



▶ The End of Life Review Committee

Considers reports about the assisted death of a person under the Act

Reports to the Registrar on whether these reports show compliance with the Act.



The person asks to start the process for assisted dying and must record their wish in writing.

The attending medical practitioner assesses if they are eligible.

An independent medical practitioner assesses if they are eligible

If required, a psychiatrist is asked to provide a competency assessment

The attending medical practitioner, or nurse practitioner, writes the prescription and informs the Registrar.

The Registrar confirms the correct process has been followed

The person is confirmed as eligible and chooses when the medication will be administered

A pharmacist dispenses the medication.

The medication is administered by the attending doctor or NP or self-administered by the person.

The assisted death is confirmed and reported to the Registrar

The Process

During the process

- The person can choose to withdraw from the process at any time before the medication is administered.
- If during any stage of the process it is decided that the person is not eligible, the medical or nurse practitioner must stop the process and explain the reason why the process has stopped to the person.
- The medical or nurse practitioner must also stop the process if coercion is suspected.

Participating in the process

There will be a **list of health practitioners who are willing to provide assisted dying services.**

- This list will be securely and privately held and managed by the SCENZ Group.
- Being on the list means a health practitioner may be contacted in different circumstances to take part in the assisted dying process.
- For example:
 - A medical practitioner may be asked to be the attending medical practitioner in a situation where the person's medical practitioner has a conscientious objection.
 - A medical practitioner may be asked to provide an independent second opinion.
 - A psychiatrist may be asked to provide a competency assessment.
 - A nurse practitioner may be asked to administer the medication

Take Home Messages

- The End of Life Choice Act is the law in New Zealand
 - We must be informed of the implications for our work and our institutions
- There are very clear criteria regarding eligibility
- If someone is likely to die in the next 6 months
 - You can discuss palliative care options
 - you **must not** raise the topic of assisted dying unless the person seeking an assisted death raises it first
- Two medical practitioners must agree to eligibility
- The person must be mentally competent at the time of the procedures
- Medical and Nurse Practitioners can perform the procedure
- Safeguards are in place: SCENZ, Medical Registrar and End of Life Review Committee



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AUCKLAND
Te Whare Wānanga o Tamaki Makaurau
NEW ZEALAND

Thank You.



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