

Assisted Dying Service - the first six months

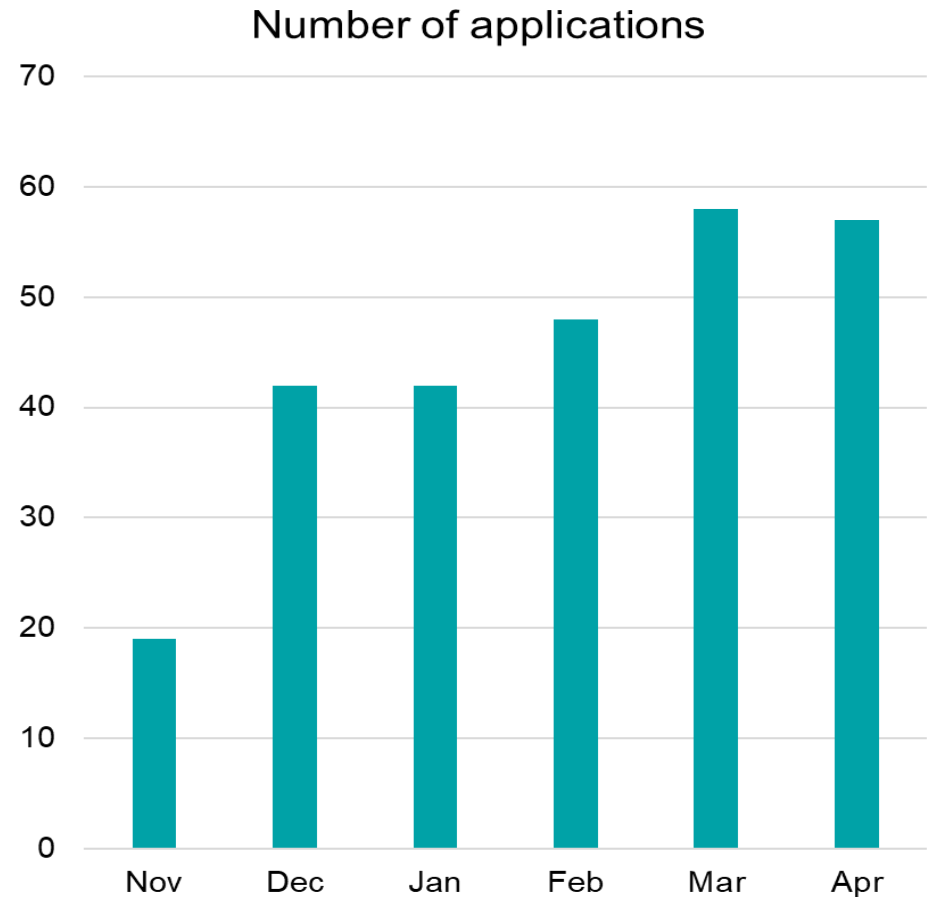
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May 2022

Contact with the secretariat

- Ministry of Health responsible for administration of Act
 - Over 1,000 contacts by phone or email
 - 20% of all contacts in the first two weeks
 - Approximately 45 contacts per week now
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- Equal split between public and practitioner
 - Public
 - request for assisted dying, information
 - Practitioners
 - training, becoming part of the team, referral, payment

Applications - overview

- 278 formal applications have been received
- Growing application volumes with time
- 80% receiving palliative care
- 70% Cancer and 15% neurodegenerative diseases

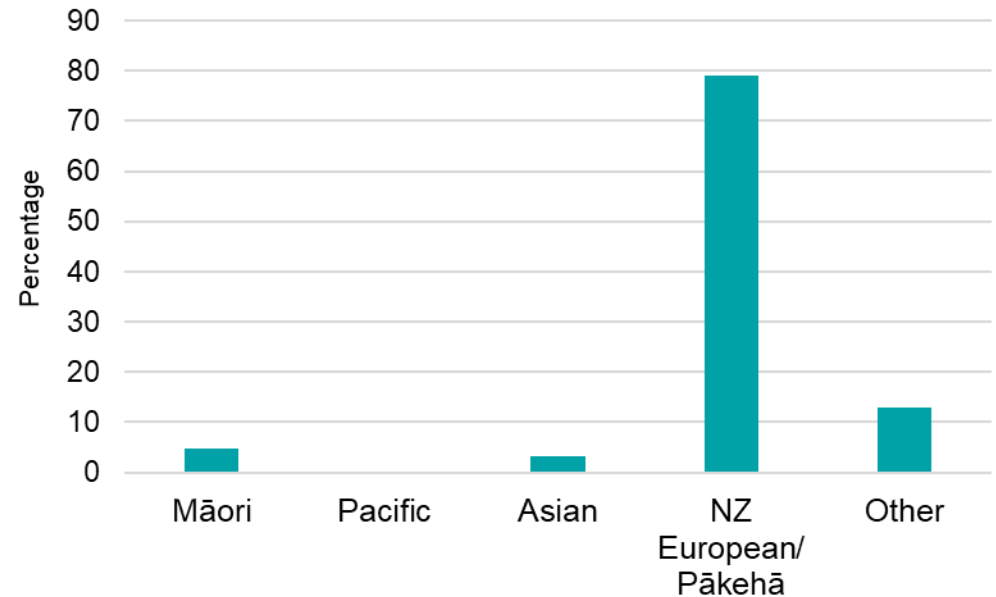


An application is defined as started when the first form in the process (Advise & Request) has been submitted.

Applications - demographics

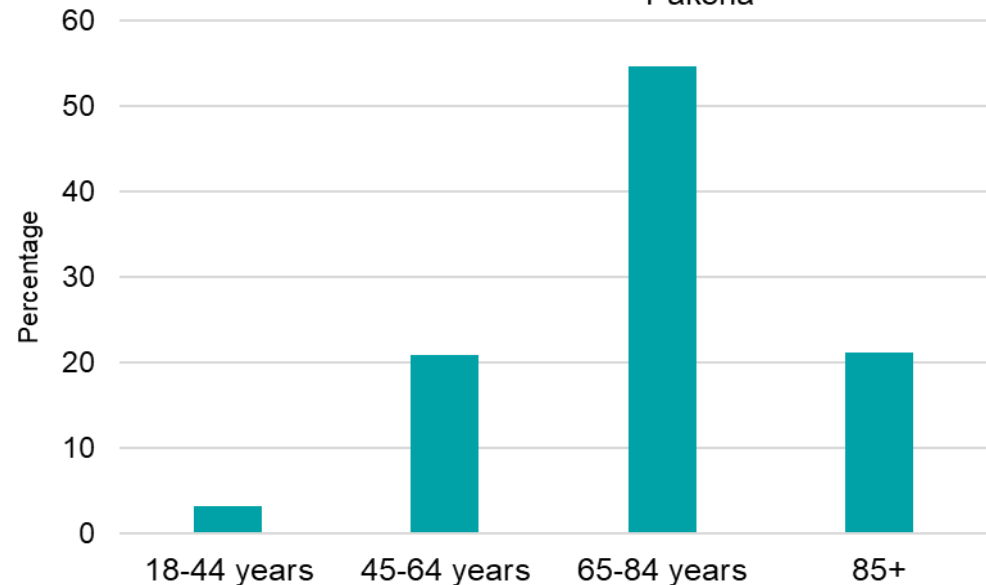
By ethnic group:

- 80% Pākehā
- 5% Māori
- 3% Asian
- 0% Pacific
- 12% Other



By age group:

- 55% aged 65-84
- 21% aged 45-64 and 85+
- 3% <45 years



Applications that did not proceed to the end

113 applications did not proceed to end

49 assessed as ineligible

Reasons: (may be more than one for each person)

- 29 not expected to die in six months
 - 23 not considered to have unbearable suffering
 - 21 not in a state of irreversible decline
-
- 46 died in process
 - 18 withdrew – setting date is hard, palliative care

Assisted Deaths

- 94 completed assisted deaths (as of **8 May**)
- 50:50 male: female
- 6 Māori, 5 Asian, 76 Pākehā, 7 other ethnic groups

Place of death:

- 72 at home
- 12 at aged residential care facility
- 6 within DHB facility
- 4 in hospice

Assisted Deaths

Medication Administration:

- Intravenous predominantly – 84 to oral 10
- 13 self-administered – 9 oral, 4 intravenous
- Person chooses oral/self admin to spare the doctor
- 81 practitioner administered – 80 intravenous
- Time to death 5-15 minutes
- Minor complications only to date
 - reliable venous access

The lay perspective

"Assisted dying services must be marinated in integrity. Clinicians need to bring their best compassionate self to the table."

Bronwyn

Workforce

125 practitioners on SCENZ list (stable)

- Most will perform both first or second opinion
- 11 psychiatrists
- 2 Māori, 1 Pasifika, 9 Asian, 69 Pakeha, 28 “other”
- 63 women and 62 men (50:50)
- 38% general practitioners
- 60% diverse medical specialties based in DHBs
- GPs increasingly delivering to own patients
 - an additional workforce to SCENZ practitioners
- Only one region with no local practitioners
- Virtual consultations or travelling

Workforce

- International experience
 - compassionate, high performers
- In NZ a high calibre workforce
 - dedicated, compassionate, person focussed
 - a small number of house surgeons
- Overseas a high drop off in first six months
- Has not happened in New Zealand
- Supported by secretariate
- peer support group, local networks, training, 1:1

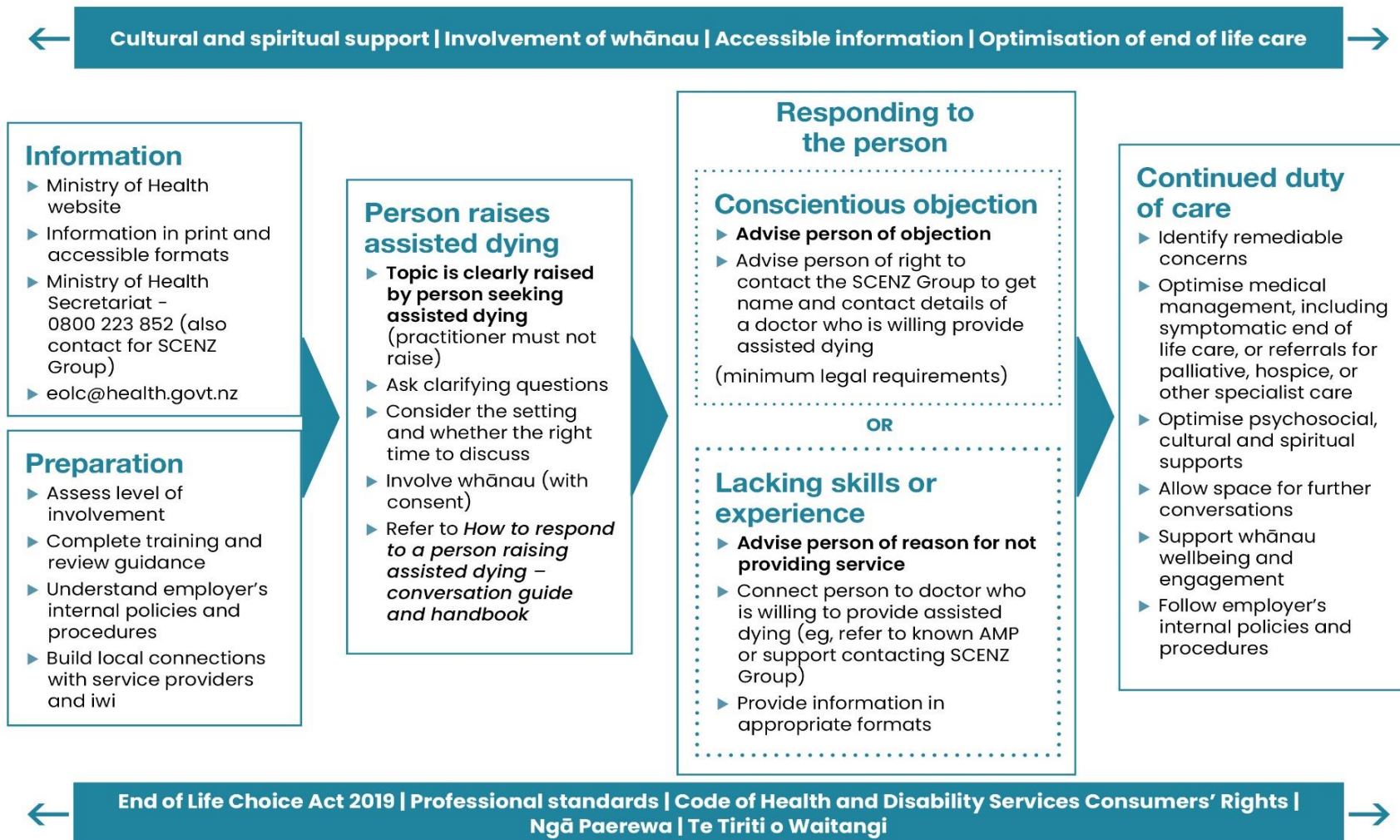
Patient rights versus practitioner rights

The Act versus the Code

Patient/whanau perspectives

- *"Mum was treated like a criminal"*
- *"We were told that dad had to leave his private room and go to the basement"*
- *"The staff avoided talking to us and when they did they tried to change mum's mind every time and told us she would have to leave"*
- *"My GP Dr X tried to block me getting euthanasia and I did not know where to go"*

Care pathway for medical practitioners not providing assisted dying services



Bright spots

- Access to palliative care and better outcomes
- Māori dictating what is culturally appropriate for them
- Research interest and collaboration
- Totara Hospice
- DHB multidisciplinary team input to prognosis
- Collaboration with Australian services
- Feedback

Perspectives

Person perspective

*"I am so **grateful** to you for giving me choice at the end of my life and empowering me"*

Practitioner perspectives

*"I never saw myself doing this work, but it is such a **privilege** and so **rewarding** and I feel like it has made me a better doctor."*

*"I feel so **supported** by the Ministry and feel part of a team."*

Whanau perspective

"Though I did not agree with Dad's decision, I supported his right to choose for himself. He died the way he wanted"

"We were amazed by how peaceful his death was. Afterwards we talked about his life and laughed at the memories"

Perspectives

Dr Corinne Glenn

