

Assisted Dying Service

- the first six months

Dr Kristin Good May 2022



Contact with the secretariat

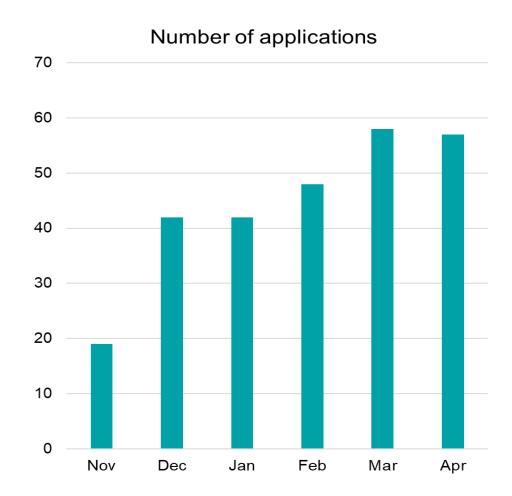
- Ministry of Health responsible for administration of Act
- Over 1,000 contacts by phone or email
- 20% of all contacts in the first two weeks
- Approximately 45 contacts per week now

- 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

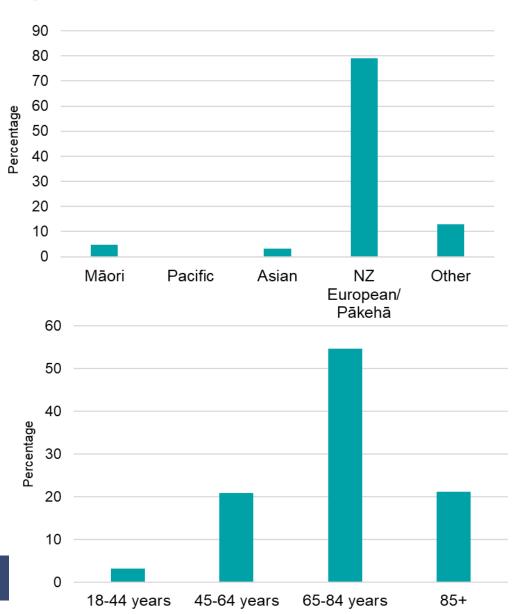


By ethnic group:

- 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



Cultural and spiritual support | Involvement of whānau | Accessible information | Optimisation of end of life care



Information

- Ministry of Health website
- Information in print and accessible formats
- Ministry of Health Secretariat -0800 223 852 (also contact for SCENZ Group)
- ▶ eolc@health.govt.nz

Preparation

- Assess level of involvement
- Complete training and review guidance
- Understand employer's internal policies and procedures
- Build local connections with service providers and iwi

Person raises assisted dying

- Topic is clearly raised by person seeking assisted dying (practitioner must not raise)
- Ask clarifying questions
- Consider the setting and whether the right time to discuss
- Involve whānau (with consent)
- Refer to How to respond to a person raising assisted dying – conversation guide and handbook

Responding to the person

Conscientious objection

- Advise person of objection
- Advise person of right to contact the SCENZ Group to get name and contact details of a doctor who is willing provide assisted dying

(minimum legal requirements)

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Lacking skills or experience

- Advise person of reason for not providing service
- Connect person to doctor who is willing to provide assisted dying (eg, refer to known AMP or support contacting SCENZ Group)
- Provide information in appropriate formats

Continued duty of care

- Identify remediable concerns
- Optimise medical management, including symptomatic end of life care, or referrals for palliative, hospice, or other specialist care
- Optimise psychosocial, cultural and spiritual supports
- Allow space for further conversations
- Support whānau wellbeing and engagement
- Follow employer's internal policies and procedures



End of Life Choice Act 2019 | Professional standards | Code of Health and Disability Services Consumers' Rights | Ngā Paerewa | Te Tiriti o Waitangi





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





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

