

# End of Life Choice Act

What Will a Yes Vote Mean ?

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# The referendum question is:

**Do you support the End of Life Choice Act 2019 coming into force?**

You can choose 1 of these 2 answers.

**Yes**

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I support the End of Life Choice Act 2019 coming into force.

50% or more Vote YES the act comes into force 12 months later. It is reviewed after 3 years and then every 5 years.

**No**

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I do not support the End of Life Choice Act 2019 coming into force.

50% or more vote NO the act does not come into force.

# Existing Patient rights



People can still refuse life sustaining basic support or treatment



Doctors still have a duty to alleviate suffering.

## Terms used in the Act

In the Act, 'assisted dying' means:

- a person's doctor or nurse practitioner giving them medication to relieve their suffering by bringing on death; or
- the taking of medication by the person to relieve their suffering by bringing on death.

In the Act, 'medication' means a lethal dose of the medication used for assisted dying.

Definitions

# Eligibility

- 18 years + NZ Citizen or perm resident
- Terminal illness with end of life 6/12 or less
- Significant ongoing decline in physical capability
- Unbearable suffering which cannot be eased
- Able to make informed decision (understand, remember, weigh up and communicate decision)

# Exclusions

- Mental illness or mental disorder
- Disability alone
- Advanced age in isolation of other issues

N.B.

- Advanced directive cannot be used
- Welfare guardians (Personal and Property) do not have power to make decision

# Doctor Obligation

- If ( and only if ) someone asks
- Provide prognosis/predicted course
- Advise irreversibility and expected impacts of assisted dying
- Regularly talk with the patient about their wish
- Make sure person understands other options
- Make sure person knows they can change their mind
- Encourage discussion with family/friends/counselors
- Doctor must discuss with other HPs involved in care

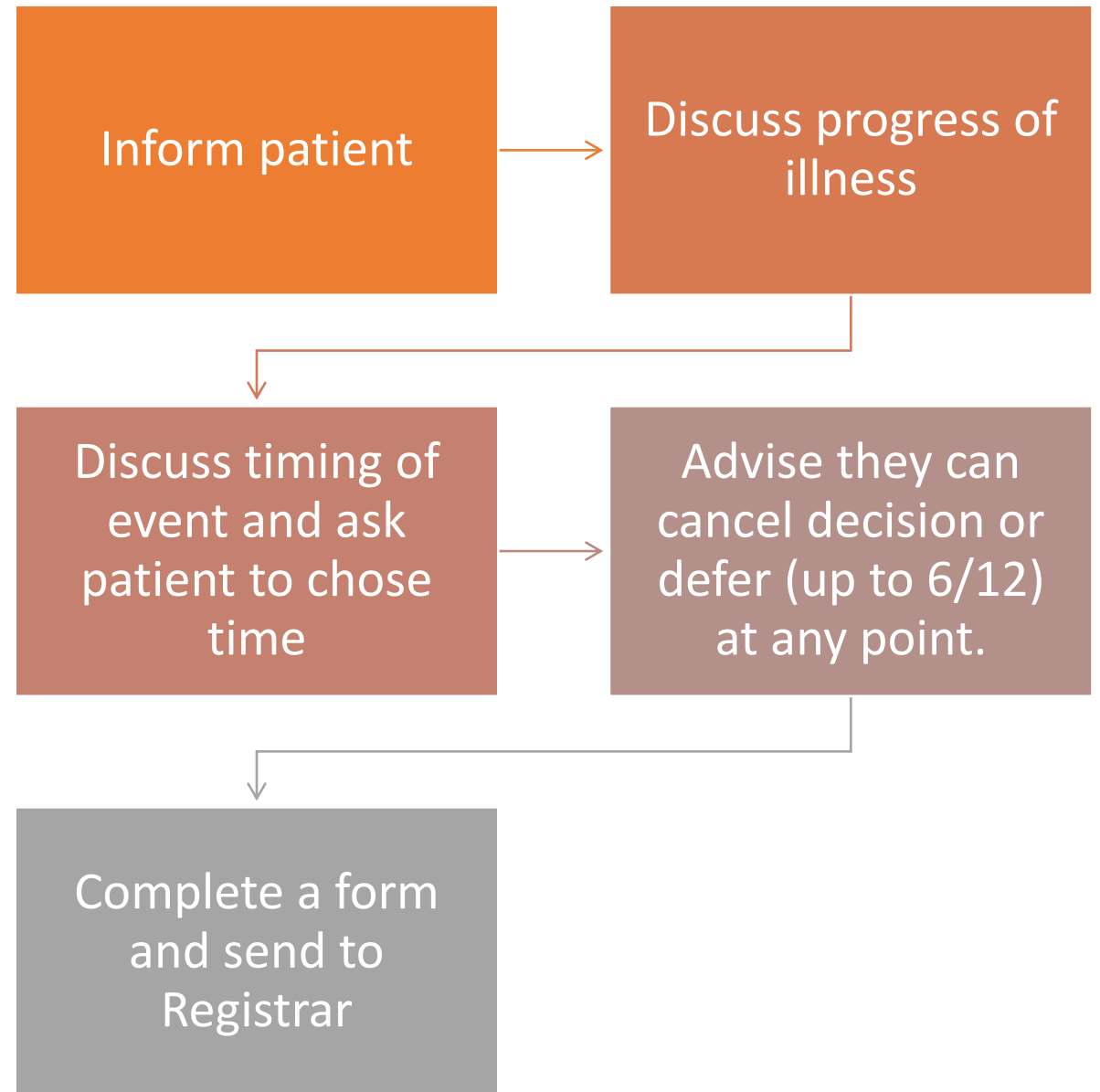
# Doctor Obligation

- Stop process if any pressure/coercion detected
- Record everything on the approved form
- Get patient to sign a form ( can be signed for them )
- If eligible second opinion from independent doctor provided by SCENZ who uses same criteria
- If either unsure of competence then a 3<sup>rd</sup> opinion from SCENZ psychiatrist is to be sought
- If any doctor thinks not eligible explain reasons to person





# If Eligible



# Patient Choices

- Ingestion triggered by person
- Intravenous injection triggered by person
- Ingestion via tube administered by doctor or nurse practitioner
- Injection administered by doctor or nurse practitioner.

48hours prior



Write prescription



Advise Registrar of method and date



Registrar will then give go ahead if satisfied process complied with

# At chosen time

- Doctor asks patient if they wish to go ahead, stop request or defer for a period less than 6/12 (prescription to be destroyed).
- If request stopped, medication to be removed immediately and inform Registrar via “rescind form”.
- If ongoing consent, medication left in same room or nearby.
- Dr or NP must be available till person dies either in same room or nearby (or can deputise to replacement Dr or NP)
- Report sent to Registrar
- N.B. Confidential as to method, place, administration person (or their employer).



# Insurance

- For life insurance purposes, the person died of their terminal illness as if assisted dying had not occurred

# Legal issues for Health Practitioners

- “Immune” from criminal or civil liability provided all requirements of the Act are complied with.

# Conscientious objection



NO HEALTH PRACTITIONER HAS TO HELP A PERSON WITH ASSISTED DYING IF THEY HAVE A CONSCIENTIOUS OBJECTION



THE HP MUST INFORM THE PERSON OF THEIR CONSCIENTIOUS OBJECTION



THE HP MUST INFORM THE PERSON OF THEIR RIGHT TO ASK FOR THE NAME AND CONTACT DETAILS OF A REPLACEMENT DOCTOR (FROM SCENZ).



EMPLOYER CANNOT DENY EMPLOYMENT ON BASIS OF CONSCIENTIOUS OBJECTION, NOR CAN THEY EMPLOY FOR THIS PURPOSE.

# Support and Consultation for End of Life Care NZ (SCENZ)

- Established by Director General of Health
- Provide list of replacement and/or independent doctors
- Provide contact details in a way that the doctor does not chose replacement/independent doctor
- Maintain list of willing Psychiatrists
- Maintain list of Pharmacists willing to dispense this medication
- Create standards of care for administration of medication
- Advise re medical and legal procedures
- Provide practical assistance if requested



# End of Life Review Committee

- Small committee consisting of Medical Ethicist, End of Life care medical practitioner, one other HP
- Appointed by Minister of Health
- Consider reports from Dr./NP on assisted deaths
- Report to the Registrar whether the report complies with the Act
- Ask Registrar to follow up if report suggests death does not comply

# Registrar (Assisted Dying)

- Appointed by Director General of Health
- Ensures processes are complied with
- Maintains register of approved forms, reports from EOL review committee, and reports to Minister
- Receive complaints and refer on if appropriate to HDC or Police.
- Annual report to Minister of Health who reports to Parliament



# Medications used in other countries

- Antiemetic premed –metoclopramide/ondansetron/haloperidol
- Oral barbiturates –Secobarbital or Pentobarbital mixture-94%in 60mins and 98% in 120mins
- If availability issues- DDMP2 (Digoxin,diazepam,morphine,propranolol)-147mins ave up to 450mins.
- IV usually barbiturate, neuromuscular blocker, potassium
- Opioids and Benzodiazepines not recommended (unpredictable)
- Alternatives are Chloral hydrate, helium etc.



## Medications Continued.

- Side effects include taste, swallowing, nausea (up to 10%), waking up and prolonged time to death.
- Belgium study 1998-2013 showed initial use of non recommended drugs at start but reduced over time. Still some being used.
- Difficulty of availability of Secobarbital in USA (since 2015) because of cost and pharmacy issues.
- MAiD Canada (Medical assistance in dying)
- <https://camapcanada.ca/wp-content/uploads/2019/01/OralMAiD-Med.pdf>

# Overseas legislation

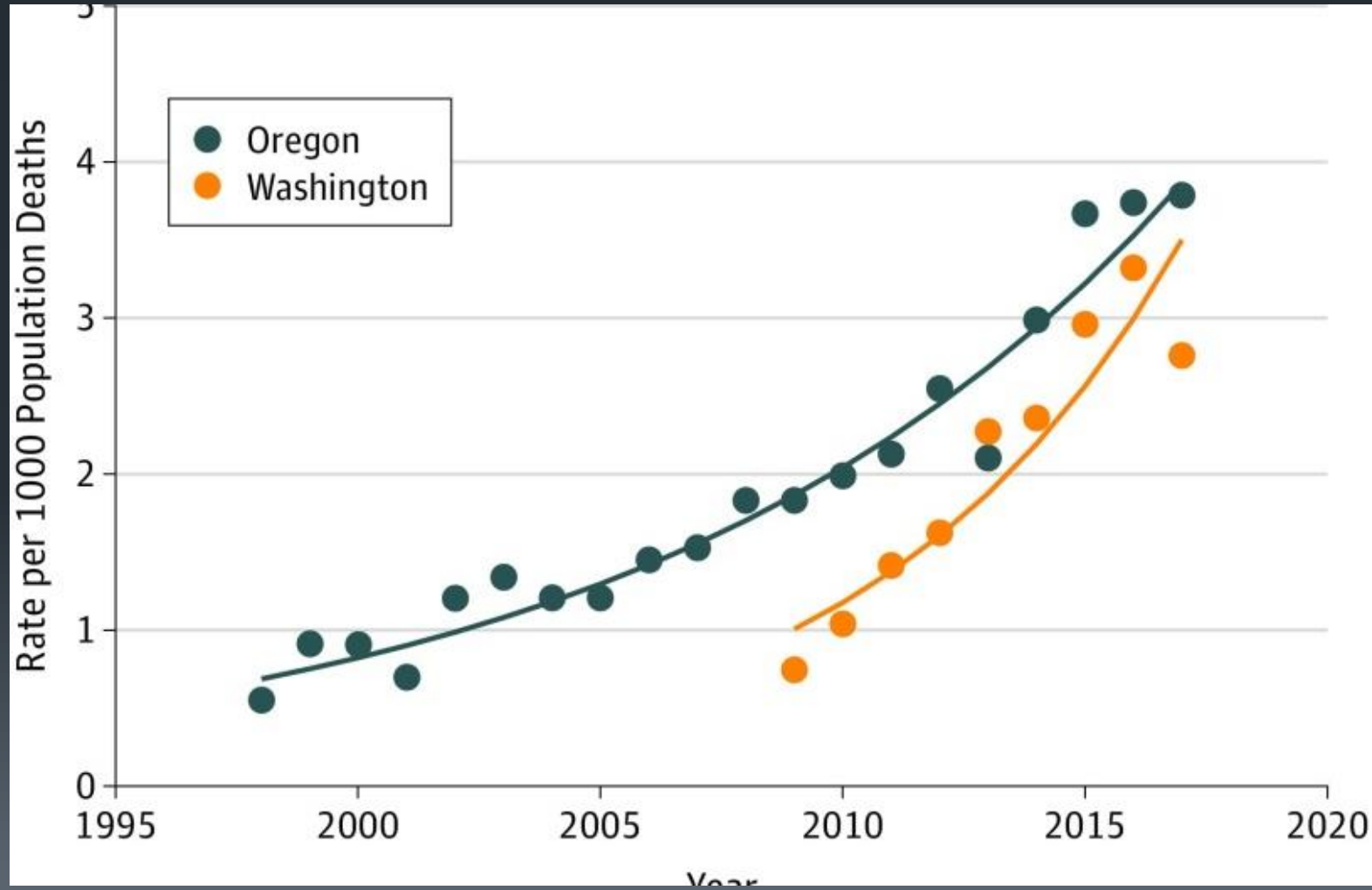
- Assisted suicide and euthanasia- Netherlands, Belgium, Colombia, Luxembourg (but no information), Canada
- Assisted suicide -10 USA states (starting in Oregon and Washington state), Switzerland (non physicians), Germany, Victoria Aus (can have euthanasia if not capable of suicide), WA Aus.
- S Korea and Portugal may join list.
- Flanders 0.05% of deaths assisted suicide, 4.6% euthanasia
- Netherlands-0.1% ass suicide 2.8% euthanasia



# Who

- Usually terminal cancer or ALS
- Older
- White well educated.
- Increasing for dementia
- Now some children and youth (Belgium)
- Increasing for mental health and neurodegenerative diseases.
- Occasional newborn (Netherlands) if unbearable suffering

# What may happen over time?



# Essential further reading

- <https://www.votesafe.nz>
- <https://carealliance.org.nz>
- See also statements from World Medical Association, NZMA, Australian and NZ Society of Palliative Medicine all obtainable within the Care Alliance site.
- See also the statement from Hospice NZ :
- <https://www.hospice.org.nz/resources/end-of-life-choice-act-our-concerns/euthanasia-our-opinion/>
- RNZCGP statement also available on college website.
- Government website :
- <https://www.referendums.govt.nz/endoflifechoice/summary.html>
- Yes for Compassion:
- [https://www.yesforcompassion.org.nz/?gclid=EAlaIQobChMIyu7SpOa56wIVzRErCh3E3QYAEAAyAAEgKDI\\_D\\_BwE](https://www.yesforcompassion.org.nz/?gclid=EAlaIQobChMIyu7SpOa56wIVzRErCh3E3QYAEAAyAAEgKDI_D_BwE)