



Assisted Dying Service

Providing assisted dying services

November 2021

Information for medical or nurse practitioners about the assisted dying service funding and delivery model

There is general information for health professionals in *Assisted Dying Service – information for health professionals*.

Assisted dying is a sensitive topic and may be difficult for some people. If reading this information raises some distressing feelings for you, support is available. You can call or text **1737** for free to speak to a trained counsellor at any time.

Note: This document contains only general information about assisted dying. It is not legal or professional advice of any kind. This document will be reviewed and updated from time to time; please make sure you have the latest version. (Last updated – November 2021)

Choosing to provide assisted dying services

Any suitably qualified medical or nurse practitioner can provide assisted dying services

The assisted dying service operates as a fee-for-service delivery model. This means any medical or nurse practitioner who is suitably qualified and willing to do so can provide assisted dying services through the public health system.

Medical or nurse practitioners working in primary care, private practice and other non-district health board (DHB) settings can receive funding on a fee-for-service basis. The fee-for-service model has been created through a section 88 notice under the New Zealand Public Health and Disability Act 2000.

Medical or nurse practitioners working in DHB hospital settings can provide the assisted dying service if agreed as part of their DHB role. In these situations, the practitioner and the DHB do not receive any additional funding.

Practitioners employed by DHBs could also provide the service as part of their private practice (outside their DHB role) and can then access funding under section 88.

Providing assisted dying services is an individual choice, and you can choose to provide assisted dying services as an individual outside of the organisation you work for. However, you may wish to discuss this with your employer. Health and disability service providers are expected to create policies and procedures about assisted dying services, so please make sure you are aware of your employer's policies.

If you are employed by a DHB and wish to provide assisted dying services as part of your role at the DHB, discuss this with your manager.

More information about the provision and payment can be found on the **Ministry of Health's website**.

You can choose to be on the list held by the SCENZ Group

The Support and Consultation for End of Life in New Zealand (SCENZ) Group is a statutory body for the assisted dying service. One of its key responsibilities is to maintain a list of medical practitioners and psychiatrists who are willing to provide assisted dying services in the process in the End of Life Choice Act 2019 (the Act). The SCENZ Group will also hold a list of willing nurse practitioners.

These lists support access to the service and connect people with the appropriate practitioners. This includes medical practitioners who are willing to provide assisted dying services to people who are not already in their care. This can happen if a person's existing medical practitioner does not provide assisted dying services (due to conscientious objection or if they do not have the skills or experience required).

In summary:

- You do not have to be on the list held by the SCENZ Group if you wish to provide assisted dying services as an attending medical or nurse practitioner to people who are already in your care.
- You need to be on the list held by the SCENZ Group if you wish to provide assisted dying services as an attending medical or nurse practitioner for people who are not already in your care, or as an independent medical practitioner or a psychiatrist. These roles are explained further below.

Registering to be on the list held by the SCENZ Group

You can find more information about the lists held by the SCENZ Group, including how to register, on **the Ministry of Health's website**.

You can specify certain details about services you are willing to provide, such as which parts of the process and which regions.

These lists and any information held about you will be secure and kept private. The Ministry will contact you to see if you are willing to provide assisted dying services to a particular person and will not provide your contact details to a person without your consent.

Medical practitioners can choose which parts of the service to provide

The Act outlines the process for assisted dying services. Medical practitioners can choose which parts of the process they wish to be involved in, depending on their experience and the scope of their practice.

More information about these roles and the care pathway for assisted dying is available in the ***Assisted dying care pathways for health practitioners – Support information guide***.

Attending medical practitioner

The attending medical practitioner provides end-to-end care throughout the assisted dying service. This includes carrying out the first eligibility assessment, providing the decision on eligibility, and preparing and administering the medication for assisted dying (or supporting an attending nurse practitioner to do this).

Any suitably qualified medical practitioner can be an attending medical practitioner. You can be an attending medical practitioner for a person already in your care. You can accept referrals directly from other medical practitioners for the assisted dying service if you wish.

You can also choose to be on the list held by the SCENZ Group if you are willing to provide assisted dying services for people who are not already in your care. This is most likely in situations where a person's existing medical practitioner does not provide assisted dying services due to reasons of conscientious objection or lacking the appropriate skills or training.

Independent medical practitioner

The independent medical practitioner provides the second eligibility assessment, if the attending medical practitioner considers the person to be eligible.

To be an independent medical practitioner you must have held a practising certificate for at least five years (or overseas equivalent) and be on the list held by the SCENZ Group.

Psychiatrist

A psychiatrist may be required to provide an opinion on competency if the attending medical practitioner, the independent medical practitioner or both, have concerns that a person is not competent to make a decision about assisted dying.

The psychiatrist is selected from the list held by the SCENZ Group.

Nurse practitioners can only be involved in part of the process

Under the Act, nurse practitioners cannot be involved in the assessment part of the process.

Attending nurse practitioners may support a person's planning for their assisted death, and prepare and administer the medication (under the instruction of the attending medical practitioner).

Some of the medications used for assisted dying are unapproved medications in New Zealand. Under the Medicines Act 1981 (section 29) only a medical practitioner is permitted to prescribe unapproved medications. This means that nurse practitioners are unable to prescribe medications for assisted dying.

An attending nurse practitioner will work with the person's attending medical practitioner. This may be a pre-existing relationship, or the practitioners may be connected via the lists held by the SCENZ Group.

You can be an attending nurse practitioner for a person already in your care. You can also choose to be on the list held by the SCENZ Group and provide assisted dying services to people not already in your care. This may happen if a person has a preference for a nurse practitioner to be involved, or if an attending medical practitioner is not able to complete this part of the process.

Funding model for assisted dying services

Accessing funding through the section 88 notice

The fee-for-service model is set up on a modular basis to fund practitioners for the parts of the service they provide. The modules reflect the steps of the assisted dying care pathway. In addition, the section 88 notice also covers funding for travel, complex cases and support to improve equity and accessibility of the service.

Practitioners must meet the eligibility requirements set out in the section 88 notice to access funding. These include completing the training required by the Ministry. See below for further information.

There is more information about the funding model, including the section 88 notice and a user guide that explains the modules and claim processes, on **the Ministry's website**.

Medical and nurse practitioners can access funding to cover travel

All practitioners involved in providing assisted dying services can claim a travel allowance to compensate for actual costs of travel. This is to help ensure that a person can access assisted dying services regardless of where they live in New Zealand Aotearoa. It also reflects that assisted dying services are likely to be provided in people's homes.

Attending medical practitioners can access additional funding for complex cases

The attending medical practitioner can claim additional funding on two of the payment modules (the application, and first opinion on eligibility and the decision on eligibility) if the case requires more time than in standard delivery. This complexity might be related to clinical, social or cultural considerations.

Funding is available for a supporting practitioner

An attending medical practitioner can request that a supporting practitioner is with them the first time they administer assisted dying medication. This can be a medical practitioner or a registered nurse.

You can ask a colleague to act as a supporting practitioner or the secretariat at the Ministry of Health can connect you with someone.

This payment is not available for an attending nurse practitioner, as the attending medical practitioner they are working with will support them and is paid for this as part of the service.

Funding only covers costs related to assisted dying

Funding under the section 88 notice only covers additional costs associated with assisted dying, such as the assessment process and administering the medication. If a person seeking assisted dying services requires additional support or services, such as at-home care or counselling, these are provided through existing public health services if possible.

General practice co-payments will still apply for appointments outside of the process

If a person chooses to request assisted dying services through their general practitioner (GP), the GP can charge a co-payment for this initial primary care appointment. This also applies if the GP does not provide assisted dying services.

If the GP then becomes the attending medical practitioner, they cannot charge additional co-payments for appointments that are part of the service.

If the GP is not the attending medical practitioner, but chooses to support the person through the assisted dying process, such as discussing assisted dying during other appointments, the GP can still charge for these appointments as they are not covered under the fee-for-service model.

Medications will be procured and funded centrally

The Ministry is responsible for procuring and funding medications for the assisted dying service. There will not be a prescription co-payment for assisted dying medications.

The Ministry has contracted two district health board pharmacies to supply and distribute medications and equipment to attending medical practitioners.

The medicines for assisted dying are safe and effective. There will be a standard prescription (medications and doses) for each method of administration.

Details of the medications and its administration are in the *Assisted Dying Clinical Guideline*. For safety reasons, the Clinical Guideline will only be available to medical and nurse practitioners who are providing the service.

All medical and nurse practitioners providing assisted dying services will need to use and submit the relevant forms. These forms will be checked by the Registrar (Assisted Dying) and must be approved before the prescription can be released from the contracted pharmacy.

Medical and nurse practitioners who plan to provide assisted dying services will be given access to the Clinical Guideline once they have completed the training that is required under the section 88 notice (see below).

If you are providing assisted dying services and are not claiming under the section 88 notice you are strongly encouraged to still complete this training. If you choose not to complete the training, you can request a copy of the Clinical Guideline by emailing the secretariat AssistedDying@health.govt.nz.

Training and support for medical and nurse practitioners

Training and guidance available

The Ministry has produced training and guidance resources about assisted dying services, which are available through **the Ministry's LearnOnline platform**.

Please consider your competency to provide assisted dying services before you start doing so. The Health Practitioners Competence Assurance Act 2003 requires you to provide services to a high standard, and this is an important part of meeting consumers' rights under the Code of Health and Disability Services Consumers' Rights.

Required training

Providing Assisted Dying Services is a package of five learning modules for medical and nurse practitioners, which covers the assessment process; planning for an assisted death; the assisted death and after-care; wellbeing, safety and support; and a review of learning.

To claim funding under the fee-for-service model for providing assisted dying services you must complete these modules.

You can request access to this training by emailing AssistedDying@health.govt.nz. You will need to provide your name, date of birth, profession, email used for LearnOnline, and your Medical or Nursing Council number.

Additional learning and support

You are also strongly encouraged to complete the three e-learning modules that are open to all health professionals. These cover the Act, the care pathway and responding when a person raises assisted dying. You can access these training modules in **LearnOnline**.

As part of the implementation of the Act, the Ministry hosted a series of webinars and a workforce forum about assisted dying. You can watch recordings in **LearnOnline**.

Medical and nurse practitioners involved in providing assisted dying services will also be invited to attend other learning opportunities, such as peer network sessions. Invitation lists for these sessions will be drawn from those who have completed the required online learning and/or signed up for the lists held by the SCENZ Group.

The Ministry of Health will oversee the assisted dying service

The Ministry is responsible for overseeing and monitoring the assisted dying service.

The secretariat can provide advice and support throughout the process

An assisted dying secretariat at the Ministry will support the service. This secretariat includes a clinical team made up of the Registrar (Assisted Dying), who is a senior doctor, and two clinical advisors, who are senior registered nurses.

The Registrar is a statutory role created under the Act. They must check the forms and notify the attending medical practitioner that they are satisfied that the processes in the Act have been complied with before the assisted dying medication can be given.

The secretariat will identify practitioners to undertake the assessment process from the lists held by the SCENZ Group. The clinical advisors provide information and support to help the person and their whānau navigate the assisted dying service, and provide follow-up pastoral support after the assisted death.

You can contact the secretariat for advice and support when providing assisted dying services. The role of the secretariat is explained further in the online training.

There is a centralised system for the required forms and documentation

There are a number of forms that must be filled out at different stages of the assisted dying service by the involved practitioners and the person. These document the assessment process and decisions around the assisted death.

Completion of these forms is mandated by the Act. The Registrar must check that the contents of the forms shows compliance with the process before the prescription for the assisted dying medication can be released.

The Ministry has created a centralised electronic system to house, collect and manage these forms. The forms can be completed online, or can be downloaded and completed manually. This is a standalone system, which will integrate with Death Docs. You will need a verified **RealMe** account to use this system.

Medical and nurse practitioners who plan to provide assisted dying services will be given access to the forms and system once they have completed the training that is required under the section 88 notice.

If you are providing assisted dying services and are not claiming under the section 88 notice you are strongly encouraged to still complete this training. If you choose not to complete the training, you can request access to the forms and system emailing the secretariat **AssistedDying@health.govt.nz**.



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