



Assisted Dying Service

Planning for an assisted death

November 2021

Information for a person who is eligible for assisted dying to support planning for their assisted death

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.

This document contains general information about assisted dying. It does not replace the advice of your health care team. If you would like to know about assisted dying, speak to your doctor or health care team about the options available. This document will be reviewed and updated from time to time; please make sure you have the current version. (Last updated – November 2021)

Summary

- If you are eligible for assisted dying, you may want to start making plans if you want to have an assisted death. You can change your mind at any time.
- You can make these plans with your whānau and your attending medical practitioner. Some people will also have an attending nurse practitioner who will support this part of the process.
- You can change your mind about having an assisted death at any time before the medication is administered. Assisted dying is only one of the care options you have at the end of your life.
- You will choose the date, time and method to receive the medication. Your attending medical practitioner (or attending nurse practitioner) will give you advice about these options.
- Your assisted dying care plan can help you make decisions about your assisted death, such as who is there, where it takes place, and any social, cultural or spiritual practices that are important to you.
- At the time of your assisted death, your attending medical practitioner (or attending nurse practitioner) will check if you still want to proceed and receive the medication.

- Your clinical advisor at the Ministry of Health can support you and your whānau with this planning. They can also offer support and advice to your whānau after your death, if needed.

What is an assisted death?

An assisted death is when a person with a terminal illness who is nearing the end of their life, gets medication that will help them to die. There are strict eligibility criteria for assisted dying. Not everyone with a terminal illness will be able to choose this option.

Everyone going through the assisted dying process will have an attending medical practitioner. Some people may also have an attending nurse practitioner who will support the later part of the process and may give the medication.

If you are eligible for an assisted death, you will take or receive the medication at the date, time and location you have agreed with your attending medical practitioner. You can choose to take the medication yourself, or have it administered by your attending medical or nurse practitioner.

Being eligible for assisted dying does not mean you must continue with an assisted death. You can change your mind at any time up until the medication is administered.

Assisted dying is one option for end-of-life care. You can choose other care, including palliative or hospice care, throughout the assisted dying process and until your death.

What decisions will I make about my assisted death?

If you are eligible, there are several decisions to make about your assisted death.

Some of these are clinical and practical decisions. For example, the date and time, and place for your assisted death, and which method of medication to choose. These decisions will be recorded in the forms that are part of the process for assisted dying.

You can also make decisions about the social, cultural and spiritual aspects of your assisted death. You can use your assisted dying care plan, *My Journey, My Needs*, to help you and your whānau think about what is important to you.

Your attending medical practitioner will give you a copy of the assisted dying care plan, and you can also download one from the **Ministry of Health's website**.

The assisted dying care plan is to help you and your whānau think about what is important to you as go through the process. You can use this care plan to record questions, thoughts or decisions about assisted dying, including your plans for your assisted death.

Who can help me make these decisions?

Only you can decide to have an assisted death. However, other people can help you make decisions about how it will happen. These people may include your:

- friends, family and whānau
- attending medical or nurse practitioner
- community, spiritual or cultural leaders.

If you or your whānau would like help in having these conversations or making these decisions, you can ask your attending medical or nurse practitioner, or your Ministry of Health clinical advisor for support.

You don't need to make all of these decisions at one appointment. Some options may not be practical or appropriate based on your medical condition. Your attending medical or nurse practitioner can explain what may or may not be possible.

Choosing a date and time

You will choose a date and time for the medication to be administered. Your attending medical practitioner will discuss the options with you when they explain that you are eligible.

They will discuss the progress of your medical condition, such as how long you likely have left to live, and whether you might lose competency to make an informed decision as your condition worsens. You must be competent to give consent at the time the medication is administered.

You and your whānau might also want to think about practical arrangements, such as allowing time for whānau or others to travel if you would like them to be there.

Your attending medical practitioner will give you a time and date form to fill out when they explain that you are eligible. You can do this straight away, or you can take some time to think about it.

Your attending medical or nurse practitioner will need to agree that the date and time you have chosen is suitable for their involvement. For example, it needs to allow enough time for the medication to be arranged and be suitable for their work schedule.

You can change the date and time

After you complete the form, you can still change the date and time, or change your mind about having an assisted death.

You can delay the date you have chosen for up to six months. You will need to reapply if you would like to delay for longer than six months.

You can also choose to bring the date forward, if this is practical for the attending medical or nurse practitioner. The prescription for the medication must be written at least 48 hours before the assisted death takes place, but it is best to do this as far ahead as possible.

If you think you want to change the date and time, talk to your attending medical practitioner, nurse practitioner or your clinical advisor. They can offer advice on your options.

Choosing the method for the administration of the medication

You have a choice of four methods for the administration of the medication.

1. Your attending medical or nurse practitioner can administer the medication by intravenous (IV) injection.
2. Your attending medical or nurse practitioner can administer the medication orally (including by a feeding tube).
3. You can take the medication yourself by triggering the IV.
4. You can take the medication yourself orally.

If you choose to take the medication yourself, the attending medical or nurse practitioner will explain how to do it. They must be with you when you do this – you cannot take the medication alone.

All the options are safe and effective and are intended to bring about death without suffering and within a short time.

Your attending medical or nurse practitioner will explain the risks and benefits of each option and which might be the most appropriate for your situation and medical condition. For example, if you have mobility issues that affect your hands, you may not feel comfortable or be able to take the medication yourself, or if you feel nauseous then you may not want to choose the oral option.

You and your whānau can ask questions or for these options to be explained in a way that makes sense to you. This is important to make sure you are making an informed decision. You might want to write down questions or notes in your assisted dying care plan to help you remember what to ask.

Here are some examples of questions you might want to ask:

- If I choose the oral option, what does it taste like?
- How long will it take for me to die once the medication is administered?
- How do you know the medication is safe and effective?
- What will I feel or experience? Will it hurt?
- What will it look like for my whānau?

How do I get the medication?

Your attending medical or nurse practitioner will get the medication from the pharmacy by a secure courier. They will keep it safe and bring it with them at the time arranged for your assisted death. You do not have to pay for the medication.

Choosing where your assisted death takes place

Where your assisted death takes place is up to you. Your attending medical or nurse practitioner will be able to travel to you.

There are some clinical and practical things to consider. For example, the place will need appropriate shelter, running water and electricity. Your attending medical or nurse practitioner can discuss your questions or concerns.

Having an assisted death at home

There might be certain things you would like your attending medical or nurse practitioner to do when they are in your home (for example, taking off their shoes or not going in certain rooms). You can explain these when you discuss your plans. You can also include them in your assisted dying care plan.

If you live in a residential facility, like an aged care home, you or your whānau will need to discuss this with the management. Some organisations may not allow assisted deaths to take place in their facilities.

If your assisted death can't take place at the facility, the management may be able to help you find another suitable location. Your attending medical or nurse practitioner and your clinical advisor can also help you and your whānau with this planning.

Having an assisted death at place that isn't your home

If you would like your assisted death to take place somewhere that is not your current home, such as a holiday home or a whānau member's home, it is best if you can tell your attending medical or nurse practitioner about this as early as possible.

There may be practical and clinical arrangements to talk through, such as whether you are well enough to travel. You may also need to get permission from the owner if the place is not a private residence.

You will not have to pay for the attending medical or nurse practitioner to travel to you, but you will need to cover the costs of you and your whānau travelling to this place.

Having an assisted death in hospital

In some cases, an assisted death may take place in a hospital. This might be because you are admitted to hospital and cannot go home, or because you are transferred to hospital if a more appropriate location for your assisted death cannot be found.

If your assisted death takes place in hospital, your attending medical or nurse practitioner will still be able to administer the medication. The hospital staff will provide other care and support to you and your whānau.

Who will be at my assisted death?

You can choose who is present at your assisted death. It is a good idea to talk about this with your whānau and make this decision together. You might only want a few people, or you might want lots of your whānau with you.

Tell your attending medical or nurse practitioner how many people will be there, so they know what to expect. You might also want to put this in your assisted dying care plan.

If you have a regular carer or support worker you may want to talk to them about being there if you would like this. Some health professionals may not feel comfortable being present at an assisted death.

You may want to consider if you want a community, cultural or spiritual leader there too. You and your whānau can arrange this as part of the planning.

Your attending medical or nurse practitioner will be there when the medication is given, and they will stay there until you have died.

Including social, cultural or spiritual practices

You can include social, cultural or spiritual practices that are important to you as part of your assisted death. These might happen before you take the medication, while you are dying, and after you have died.

They can be anything that is important or meaningful to you and your whānau. Some examples are:

- saying karakia or prayer
- singing waiata or hymns, or listening to music that is special to you
- reading a poem or another piece of writing
- telling stories or sharing memories
- rongoā, such as mirimiri, or other traditional medicine.

You can change your plans on the day of your assisted death, but it is a good idea to make decisions in advance so you, your whānau and your attending medical or nurse practitioner all know what you want and what is important to you. You and your whānau can record your conversations and plans in your assisted dying care plan.

It is important that your attending medical or nurse practitioner know what to expect in case any of your plans affect the administration of the medication. If this is the case, they will discuss this with you.

Practical and financial decisions

You may want to make some plans and decisions for after you die. This isn't part of the assisted dying process, but it is something that people often do as they near the end of their life. Some examples are:

- making or updating your will, or preparing your finances
- contacting an undertaker and making arrangements for your funeral or tangihanga
- giving your whānau access to things that are important, such as paperwork or online accounts, including social media.

There's more information about making plans on the Te Hokinga ā Wairua – End of Life Service website: endoflife.services.govt.nz.

What happens on the day of my assisted death?

Your attending medical or nurse practitioner will talk you through what will happen on the day of your assisted death. It's important you understand what will happen and that you know you can change your mind at any time before you receive the medication.

Checking you are still eligible and asking for consent

Your attending medical or nurse practitioner will bring the medication in a secure kit. They will talk through what will happen when the medication is administered, and answer any questions you have.

Before the medication is administered, your attending medical or nurse practitioner will do some final checks. They may ask to speak to you in private, but you can have someone in the room with you, if you prefer.

They will check three things.

1. You are still competent to make an informed decision about having an assisted death – if you are no longer able to make decisions about assisted dying the medication cannot be administered and the process must stop.
2. You are not being pressured into choosing assisted dying – this is solely your choice and no one should pressure you to do it.
3. Whether you want to go ahead and give consent for the medication to be administered – you can choose to go ahead, delay or change your mind and stop the process.

Following the social, cultural and spiritual practices in your care plan

You and your whānau may have written down in your care plan what social, cultural or spiritual practices you want to happen on the day of your assisted death.

Even if you've already spoken to your attending medical or nurse practitioner about this, it's a good idea to remind them what you want or tell them if anything has changed. You can do this, or someone in your whānau can talk to them for you.

At certain points, your attending medical or nurse practitioner might need to do certain checks. They will try to do this without interrupting any social, cultural or spiritual practices.

Administering the medication

Your attending medical or nurse practitioner will get the medication ready. With your consent, they will administer the medication to you, or prepare it for you to take, if you have chosen to do this.

Your whānau can be with you while the medication is administered and while you are dying. They can continue with any social, cultural or spiritual practices. Your attending medical or nurse practitioner will be able to explain what you may experience and what your whānau may see while you are dying.

Your attending medical or nurse practitioner will stay nearby until you die. They don't have to be in the same room as you, but they should be close. They need to be there to record your death, and they can also answer questions that your whānau might have. If there is an emergency or urgent reason they must leave, they will make sure another doctor can be there.

What happens after I die?

Post-death care

If your attending medical or nurse practitioner is not in the same room as you, someone in your whānau should tell them when they think you have died. This doesn't have to be straight away, but should be within a few minutes. Your attending medical or nurse practitioner will check and confirm your death.

They will remove any items related to the medication, such as IV lines or feeding tubes. They will pack this up safely and take it with them. They will also fill out a death certificate for the funeral director. They will let your whānau know when they are going to leave.

Your whānau can spend some time saying goodbye and being with you. Your whānau may also want to carry out post-death rituals or care, such as washing your body. When they are ready, they can call the funeral director.

Certain information about your death must not be made public

The law says that certain details about your death must not be made public. It is very important you and your whānau are aware of this. It is illegal to make public:

- the type and method of medication that was used in your assisted death
- where your assisted death took place
- the name of the medical or nurse practitioner who administered the medication, or their employer.

This includes putting this information in your obituary or posting it on social media, including in videos or photos.

Can my whānau take photos or videos of my assisted death?

Your whānau can take photos or videos for private use only. If any of the photos or videos feature the information explained above, they must not be published or put on social media.

If your whānau wants to take photos or videos, they must check with your attending medical or nurse practitioner. The practitioner will likely say that they, or anything that identifies them, cannot be included in any of the photos or videos.

What support is available to my whānau?

Grief will look different for everyone, and there is no right way to feel when losing a loved one. Grief can be complex, and it can also start before a person dies.

Your attending medical or nurse practitioner will support you and your whānau throughout the assisted dying process. Their involvement with your whānau will normally end once you have died.

Your clinical advisor at the Ministry of Health can also support your whānau. Before your assisted death, they will have spoken to your whānau and asked if they would like a follow-up conversation after you have died. During this conversation they will find out how your whānau is doing and provide advice about support if needed.

If grief or your involvement in the assisted dying service is affecting a whānau member's physical or mental wellbeing, they can see their general practitioner or another health professional. Their health care team can advise on support or care options. If you are receiving hospice care, your whānau may also be able to use their bereavement support service.

If they want to speak to someone immediately about how they are feeling, they can call or text 1737 for free at any time.

Your whānau or other people who are supporting you through this process might find it helpful to read the *Supporting someone who is using the assisted dying service* information sheet.

For more information

More information about the assisted dying service is available on the **Ministry of Health's website**.



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