

Assisted Dying Service

Annual Service Report 2024

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Foreword

The third Annual Service report summarises individuals' interactions with the Assisted Dying Service between 1 January 2024 – 31 December 2024. Please note that some applications received during this time are ongoing at the end of the reporting period.

Within the document, the acronyms AMP (referring to attending medical practitioner) and IMP (referring to independent medical practitioner) are used. These practitioners perform medical assessments to determine eligibility. For more information relating to practitioner roles, please refer to our website: [Assisted Dying Service](#).

The information routinely collected by Health New Zealand | Te Whatu Ora (Health NZ) for this report is determined by the requirements outlined in the [End of Life Choice Act 2019](#) (the Act). This report follows the specific purpose of gathering and reviewing information as mandated within the Act. The content included within this report is presented in the interest of both public and academic review.

Certain low numbers relating to applications within the year review are provided in full. The decision to not disclose some information is made in specific instances with explicit consideration to the protection of privacy of those involved. Some information has been suppressed to protect the privacy of the patients, whanau, and medical practitioners involved with the service.

A more detailed report on the data from the first year of service (November 2021 - November 2022) is available on the Te Whatu Ora website.

Additionally, all other service reports, including quarterly and previous annual reports (November 2022 to December 2023), can be found here: [Assisted Dying Service Data and Reporting](#).

More information on assisted dying can be found in the Registrar's report. The Registrar (Assisted Dying) serves as a safeguard under the End of Life Choice Act 2019 and submits an annual report to the Minister of Health on the Assisted Dying Service's operations. Their latest report is available on the [Ministry of Health](#) website: [Assisted Dying - Regulation & Reporting](#).

For the complete text of the Assisted Dying legislation, please follow this link: [End of Life Choice Act 2019](#).

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Overview of assisted dying service

Mate whakaahuru

Te reo Māori translation for assisted dying is mate whakaahuru – to die in a warm and comforting manner.

This wording was used by Māori media and proficient Te Reo speakers prior to the End of Life Choice Act 2019 coming into force. It has since been adopted by Manatū Hauora - Ministry of Health as the translation for the name of the service, based on consultation with **Te Apārangi: Māori Partnership Alliance** and the **Support and Consultation for End of Life in New Zealand (SCENZ) Group**.

In 2023, as part of the wider Health reform under Pae Ora, parts of the Assisted Dying Service, particularly those with an operational focus were transferred to Health NZ.

The assisted dying services team at Health NZ is responsible for the operation of assisted dying services throughout New Zealand. This includes providing a person-centred, equitable and accessible service to the New Zealand public.

Clinical advisors (Senior Nurses) in Health NZ provide information and support to help a person and their whānau navigate the assisted dying process, as well as the connecting people to health professionals who provide the service.

Assisted Dying in New Zealand

The Assisted Dying Service allows a person with a terminal illness to request medication to end their life. The person must meet strict eligibility and follow the process set out in a law called the **End of Life Choice Act 2019**. Assisted dying became legal in New Zealand on 7 November 2021.

Assisted dying involves a person experiencing unbearable suffering from a terminal illness taking or being administered medication to end their life. Not everyone with a terminal illness will be eligible. New Zealanders aged 18 or over who have a terminal illness which is likely to end their life within 6 months may be able to access assisted dying. Importantly, a person with a disability or mental illness can access assisted dying if they meet the above criteria. However, a person can't access assisted dying solely because they have a mental disorder or mental illness, have a disability or are of advanced age.

The assisted dying process involves specific steps, medical assessments, and essential safeguards. These are to ensure a person is eligible and making their decision independently, without pressure from anyone. The framework for the service and its eligibility criteria and safeguards are set out in the law, called the **End of Life Choice Act**

2019 (the Act). More details on the assessment process can be found on our website: [Assisted dying assessment processes](#).

The Assisted Dying Service is overseen by the [Ministry of Health | Manatū Hauora](#), with further information available on their website: [Assisted dying | Ministry of Health NZ](#).

Assisted Dying applications

Overview of assisted dying applications

Between 1 January 2024 – 31 December 2024, Health NZ received 1,044 formal applications for assisted dying. Of these 1,044 applications 983 have progressed from initial application to AMP assessment. The 61 applicants that did not progress either:

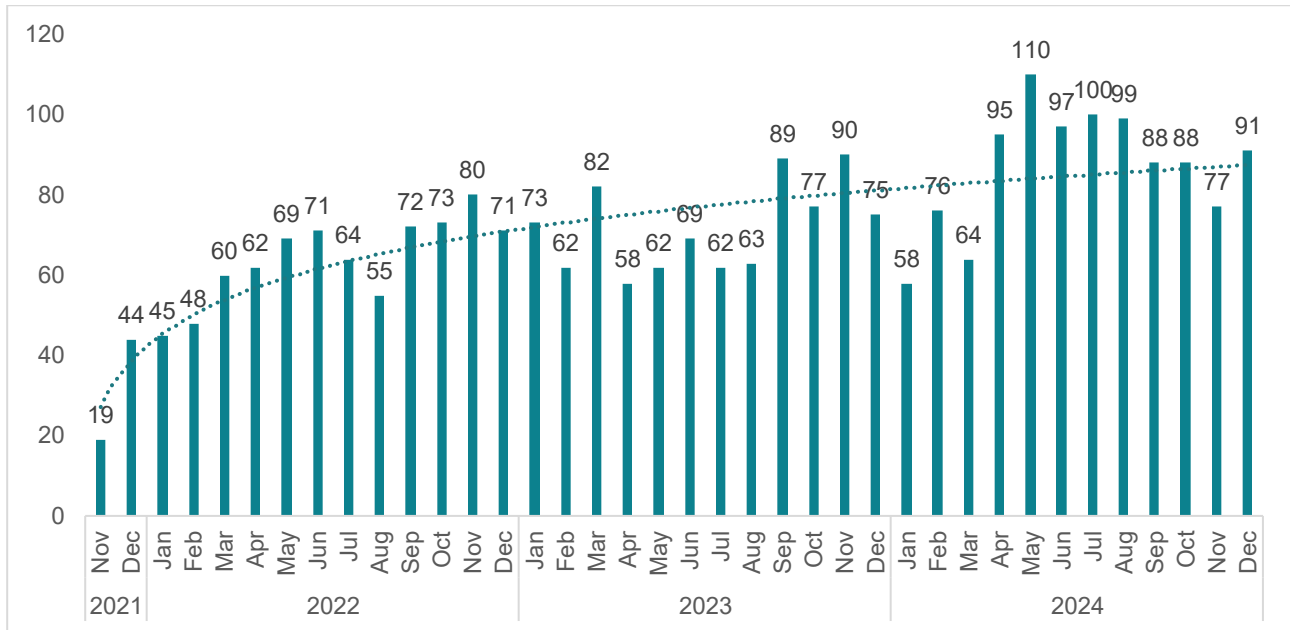
- withdrew their application
- died before the AMP assessment was formally initiated
- were determined to be ineligible before their formal AMP assessment
- have an application that was still open (had not yet progressed to assessment) during the period set out in this report.

During this reporting period, AMPs completed 983 assessments, while IMPs completed 791 assessments. These numbers include assessments for open applications carried over from the previous period. Over the year, 676 applications were confirmed as eligible and 453 assisted deaths occurred. During this period, 518 applications did not proceed to an assisted death following assessment due to the applicant:

- withdrawing their application
- being found ineligible or not competent to give consent at or following assessment with AMP, IMP or Psychiatrist
- dying as a result of underlying conditions
- having their application found to not comply with the Act at final review.

Figure 1 outlines the number of applications initiated per month during this period. Note that November 2022 in Figure 1 reflects a partial month from 7 November 2022.

Figure 1: Applications by month 2022-2024



Applications received by location

Table 1 provides a summary of formal applications by location for the review period (1 January 2024 – 31 December 2024). We have included a summary relating to both the historical DHB (District Health Board) system, as well as the newly observed Health NZ regions.

Table 1: Applications by location

Region	District	Total
Northern - Te Tai Tokerau	Auckland	247
	Northland	54
Midland - Te Manawa Taki	Bay of Plenty	100
	Gisborne	11
	Taranaki	32
	Waikato	112
Central- Te Ikaroa	Hawke's Bay	53
	Manawatu-Wanganui	40
	Wellington	134
Southern - Te Waipounamu	Canterbury	128
	Marlborough	19
	Nelson	33
	Otago	37
	Southland	15
	Tasman	22
	West Coast	7
Grand Total		1,044

Demographic summary of new applications

Table 2 provides an overview of the demographics for all new applications received in this reporting period (1 January 2024 – 31 December 2024)

Table 2: Demographic summary: New Applications (N= 1,044)

		Number of people ³	% of applications
Ethnic group¹	NZ European/Pākehā	838	79.1%
	Māori	53	5.0%
	Asian inc. Pacific	39	3.7%
	Other	130	12.3%
Sex	Female/Wāhine	505	48.4%
	Male/Tāne	539	51.6%
	Gender diverse	0	0.0%
Age group	18-44 years	28	2.7%
	45-64 years	202	19.3%
	65-84 years	606	58.0%
	85+ years	208	19.9%
Diagnosis²	Cancer	686	66.2%
	Neurological condition	67	6.5%
	Chronic Respiratory Disease	69	6.7%
	Cardio-Vascular condition	43	4.2%
	Other organ failure	22	2.1%
	Other Diagnosis	33	3.2%
	Not known ⁴	116	11.2%
Receiving palliative care at the time of application?	Yes	792	75.9%
	No	252	24.1%

		Number of people ³	% of applications
Reported a disability at the time of application?	Yes	117	11.2%
	No	927	88.8%

Notes

1. Total ethnicity has been used. This means that individuals reporting more than one ethnicity are included within each category to which they identify. In the current report, individual identification as 'European' has been included within the 'Other' category, distinct from NZ European/Pākehā
2. Total diagnosis has been used. This means that individuals presenting with multiple diagnoses are included within each applicable diagnostic category.
3. Repeat applications are included as unique instances. This means that in cases where an individual submits multiple applications during this period, their information is recorded in the demographic data each time.
4. 'Diagnosis not known' includes individuals who have applied but have not yet completed their first assessment with their AMP, as well as those who have withdrawn before assessment, died before this assessment was completed, or were ineligible due to not having a terminal illness.

Assisted Dying assessments

Assessments completed during this period

After an application is received, an AMP makes an initial assessment. This practitioner reviews eligibility against the criteria as outlined in the Act. The IMP provides an independent second assessment. For more information relating to practitioner roles, [please refer to our website](#) or the [End of Life Choice Act 2019](#).

Applications may be found ineligible at any of these assessments for a variety of reasons. For more information on ineligibility outcomes at assessment for this first year of service please see Table 3.

Following eligible outcomes at both AMP and IMP assessments, AMPs meet with the applicant for further discussion relating to eligibility and the assisted dying process. At this time, some previously eligible applicants may be found no longer competent to continue. This outcome occurred 4 times between 1 January 2024 to 31 December 2024.

Table 3 outlines the number of assessments undertaken, and the associated outcomes, at each stage of the assisted dying process.

Table 3: Assessment outcomes

	Outcome of assessment	Number of assessments
AMP Assessments (N = 983)	Eligible incl. 3rd opinion request	818
	Ineligible	161
IMP Assessments (N = 791)	Eligible incl. 3rd opinion request	707
	Ineligible	34
Eligibility Discussion following Assessment (N = 685)	Eligible	676
	Ineligible	4
	Pending	5

Reasons to be found ineligible at AMP and IMP stage

Not all applications made to the Assisted Dying Service will result in an assisted death; some individuals may be assessed as ineligible. Reasons for ineligibility vary, and may relate to an applicant's age, status as a New Zealand Citizen/Permanent Resident, or considerations relating to their health and physical decline. For more information about eligibility criteria, please refer to our website: [Assisted dying eligibility and access](#).

Table 4 outlines a summary of ineligibility decisions at each stage of assessment by AMP and IMPs (referred to in Table 3). Being found eligible at AMP assessment stage and ineligible at IMP assessment stage may occur due to a number of reasons.

Table 4: Reasons for non-eligibility

Non-Eligibility Reason	Total
Not a New Zealand Citizen or permanent resident	7
Not Competent	22
Not experiencing unbearable suffering that cannot be relieved in a manner that the person considers tolerable	76
Not in an advanced state of irreversible decline in physical capability	20
Not suffering from a terminal illness that is likely to end their life within 6 months	70
Grand total	195

Assessed applications not continuing to an Assisted Death

There are several reasons why an individual may not continue their application to an assisted death. These include being found ineligible following a prior eligible outcome or becoming unable to make an informed decision/give consent. Individuals may also withdraw their application or die of an underlying condition/terminal illness at any point during the application process or before their scheduled assisted death. Furthermore, individual applications may be found non-compliant with the Act during final review before an assisted death may occur.

Table 5 summarises applications where an assessment had occurred (at AMP or IMP), but the applicant had not progressed to an assisted death. This table specifically relates to applications not accounted for as ineligible at the AMP or IMP assessments (as per Table 3). Additionally, this table includes applications which are still open at the time of review and are therefore not associated with a known outcome.

Table 5: Applications not proceeding to AD for this period

Final Outcome	Count of Applications
Died in Process	248
Open	116
Lost Competence incl. 3 rd opinion	33
Did not Proceed	31
Rescinded	13
Grand Total	441

Requested competence assessment

In some situations, a psychiatrist will also see a person. This will happen if the AMP and IMP both think the person is eligible, but one or both have concerns about whether the person is competent to make an informed decision. This is also referred to as the 3rd assessment.

During the period described, 17 individuals were referred for a competence assessment. All but one applicant were determined to be competent to consent

Number of re-applications

During the reporting period, 122 individuals made more than one application for an assisted death. There are several reasons why an individual might make more than one request. This includes, but is not limited to:

- the applicant being assessed as ineligible at the time of the first application, and choosing to reapply
- the applicant withdrawing their original request and then deciding to reapply
- an observed change in the applicant’s circumstances which affects their eligibility (e.g., a change in prognosis).

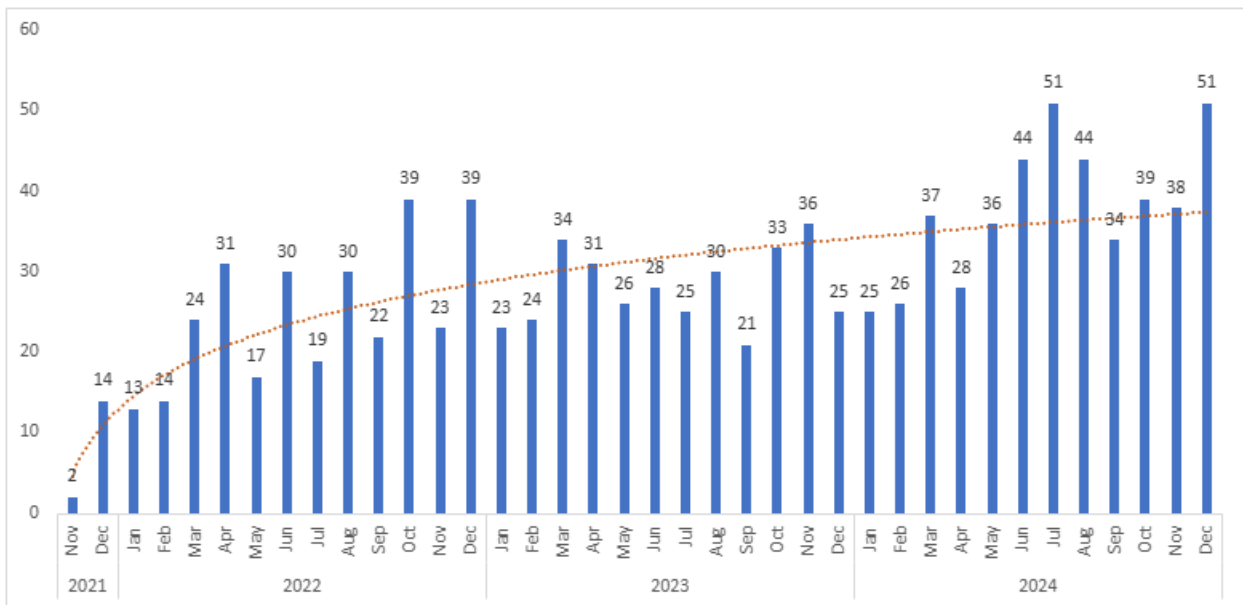
Assisted Deaths

Number of assisted deaths

During this reporting period (1 January 2024 – 31 December 2024), a total of 453 individuals chose to receive an assisted death. Among these, 410 people submitted their applications for assisted dying services within this reporting period. Furthermore, 43 individuals had already submitted their application prior to 1 January 2024.

Figure 2 below shows the number of assisted deaths by month. Note that November 2022 in Figure 2 reflects a partial month (from 7 November 2022 to 30 November 2022).

Figure 2: Assisted deaths



Location of assisted deaths

Assisted deaths can take place at the person’s home, in a hospital, or in the community. **Table 6** provides a summary by location for this period.

Table 6: Assisted Death by location

Location	Number of assisted deaths	% of assisted deaths
Person's home	306	67.5%
Rest Home	82	18.1%
Public Hospital	42	9.3%
Hospice	15	3.3%
Funeral Home	8	1.8%
Total	453	

SCENZ Group and Assisted Dying practitioners

The Support and Consultation for End of Life in New Zealand (SCENZ) Group, a statutory group established under the End of Life Choice Act 2019, is responsible for maintaining a lists of health professionals who are willing to deliver assisted dying services.

Medical practitioners can be on the SCENZ list for more than one role, depending on their scope of practice (AMP, IMP, Psychiatrist). The SCENZ group also holds a list of willing Nurse Practitioners.

Medical practitioners who already have patients in their care and want to support them as their AMP to receive assisted dying do not need to register with the SCENZ Group.

Medical practitioners interested in providing services to patients can refer to the Ministry's website for more information.

Details of practitioners are confidential and protected by privacy legislation. The Ministry, as regulator for Assisted Dying, reports on SCENZ practitioner numbers and other relevant information such as ethnicity, scope of practice, and location in their Registrar (assisted dying) annual report.

The latest Registrar's report is available via their website: [Assisted dying regulation and reporting | Ministry of Health NZ](#).

Assisted Dying Education

Education on assisted dying is a vital part of the work carried out by the Assisted Dying Services team. In 2024, the team delivered educational presentations on assisted dying at 24 study days, conferences, and professional forums. Overall, the team has provided education to 880 people this year. These educational sessions aim to support health practitioners—including doctors, nurses, care staff, and other healthcare professionals across many settings in gaining a better understanding of assisted dying services in New Zealand. The assisted dying team does not provide education to potential applicants or special interest groups.

Related reports

[Health NZ: Assisted Dying Service yearly report 2021/2022](#)

[Health NZ: AD Service Yearly Report Nov 2022 to Dec 2023.](#)

[Health NZ: Assisted Dying Service data and quarterly reports](#)

[Ministry of Health: Registrar \(assisted dying\) annual report June 2024](#)

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