

End of Life Choice Act

The End of Life Choice Act 2019 came into force on 7 November 2021. Under the Act, people who experience unbearable suffering from a terminal illness can ask their doctor for medical assistance to end their lives.

This is referred to as assisted dying (AD), that is: 'the administration by a medical practitioner, or the self-administration by the person, of medication to relieve the person's suffering by hastening death.' This article covers the key points from the Act that medical practitioners should be aware of.

Is a person eligible for AD?

An "eligible" person must meet all of the following criteria:

- be 18 years or over;
- be a New Zealand citizen or permanent resident;
- be suffering from a terminal illness that is likely to end their life within 6 months;
- be in an advanced state of irreversible decline in physical capability;
- be experiencing unbearable suffering that cannot be relieved in a manner that the person considers tolerable;
- be competent to make an informed decision about AD. (This means they can understand information about AD, remember it and weigh it up, and communicate the decision).

Eligibility is not satisfied simply because a person is suffering from a mental disorder or mental illness, has a disability, or is of an advanced age.

A medical practitioner will need to notify the Registrar (Assisted Dying) when a person makes a request for AD. (The Registrar (Assisted Dying) is an employee of the Ministry of Health, appointed to report on the assisted dying service (amongst other things)).

Note: a person cannot use an 'advance directive' to request AD. (An advance directive is a statement signed by a person setting out ahead of time what treatment they want, or do not want, to receive in the future).



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Process to check eligibility

Both the medical practitioner treating the person and a second, independent, medical practitioner must consider that the person is eligible. If either or both of the medical practitioners are not satisfied that the person is competent to make an informed decision, a third opinion must be given by a psychiatrist.

If it is determined that the person is not eligible, the process ends.

The Registrar (assisted dying) Annual Report, June 2025, reported that for those found eligible following assessment, the average time between initial formal application and notification of eligibility, was 14 days in 2024/2025.

[See the report here.](#)

Choosing and administering medication

If the person is eligible, the medical practitioner must advise on, and the person must choose how, they want the medication to be administered. Methods of administration include ingestion or intravenous delivery (triggered by the person), or injection or ingestion through a tube (administered/triggered by the attending medical practitioner).

Medication does not need to be administered in a hospital. To date, the majority of assisted deaths have occurred at the person's home or another private property.

After the method of administration is chosen, **the medical practitioner must ensure the person knows they can change their mind at any time.** If a person changes his or her mind or asks for more time before the medication is administered, the medical practitioner must notify the Registrar (Assisted Dying).

The Registrar must also confirm that all necessary steps have been completed before the medication can be administered. Once this confirmation is received, and before administering the medication, the attending medical practitioner must ask the person if they choose to receive it. The person may use verbal, or non-verbal communication such as gestures, to respond.

Within 14 days of the person's death as a result of administration of medication, the death must be reported to the Registrar (Assisted Dying).

While there is no specified 'waiting period' between when a request for AD is made and the medication is administered, the above steps will take some time and need to be followed carefully and diligently. It should be noted also that the information above provides a broad overview. There are a number of quite specific steps that the Act requires practitioners to take within each 'phase' of the process, and practitioners need to be aware of these.

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Standards and guidelines

Professional standards and frameworks such as the Code of Health and Disability Services Consumers' Rights continue to apply and should be followed.

MCNZ has not issued a standard in relation to the Act, however it has issued a statement setting out key provisions of the Act and some existing MCNZ standards that it considers relevant.

That statement can be found here:

End of Life Choice Act 2019 and Council Statements.

The Ministry of Health provides specific guidance for the AD service which includes the **Standard of Care** and the AD Clinical Guideline for administering AD medication in NZ. (The AD Clinical Guideline is provided directly to medical practitioners who are providing the AD service. For safety reasons it is not available online). These documents should be read alongside **Ngā paerewa Health and disability services standard NZS 8134 2021.**

You may be wondering, am I covered by my NZMII insurance when providing services under the Act? Yes, absolutely.

The role of the Medical Practitioner

MUST

Consider whether the person is competent to make an informed decision about AD.

Inform the person of the irreversible nature of AD and its anticipated impacts, and ensure the person understands alternatives for end-of-life care.

Encourage the person to discuss their decision to receive AD with friends, family and counsellors, and ensure they have the opportunity to do so. But importantly a person is under no obligation to discuss their decision if they do not want to!

Ensure the person is aware that they can change their mind at any point, may delay the date of administration by 6 months, or stop the process altogether.

Do their best to ensure that the person is not under any pressure from anyone to receive AD, and that the decision is their own. The medical practitioner can do this by talking with:

- Other medical practitioners who are in regular contact with the person;
- Members of the person's family (with the person's permission).

Stop the process immediately if it is suspected that the person is being pressured about their decision to receive AD.

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MAY

Discuss AD only when the person initiates the discussion themselves (s 10).

Opt out of helping a person with AD if they have a conscientious objection.

- In other words, **if on the basis of your personal beliefs you object to providing end of life services, and you consider this might affect the advice or treatment you provide, you may opt out.**
- However in doing so, you must inform the person of your objection, as well as the person's right to ask for a replacement doctor from SCENZ.

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

MUST NOT

Initiate any discussion about AD or make any suggestion to a person that they exercise the option of AD under the Act (s 10).

Contact Us

NZMII are here to help!

Contact us if you have any questions about your medical indemnity cover.

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