



## *Nurse Practitioners New Zealand*

# End of Life Choice Act Review August 2024

Thank you for the opportunity to comment on the review of the End of Life Choice Act 2019. As you are aware, the Act came into force in Aotearoa New Zealand in 2021. Following the implementation of the Act, many Mātanga Tapuhi/Nurse Practitioners have questioned the phrasing, which failed to accurately recognize the accurate scope and role of the Mātanga Tapuhi/Nurse Practitioner workforce and how these skilled clinicians can support the Assisted Dying Service.

## Background

Mātanga Tapuhi/Nurse Practitioners are highly skilled autonomous health practitioners who combine their advanced nursing knowledge and skills with diagnostic reasoning and therapeutic knowledge. They are authorized prescribers under the Medicines Act 1981, alongside doctors, with the scope and expertise to undertake competency assessments. Mātanga Tapuhi/Nurse Practitioners provide care for people throughout a variety of settings with many working in the primary and aged care settings as the lead practitioner for health consumers and their families/whānau. There are now almost 800 registered Mātanga Tapuhi/Nurse Practitioners in Aotearoa New Zealand. This workforce is more likely to work in rural areas and in underserved communities, helping address some of the significant health equity challenges experienced by everyday New Zealanders.

Nurse Practitioners New Zealand is an organization that provides a collective voice to advance Mātanga Tapuhi/Nurse Practitioner practice and enable high quality integrated and accessible healthcare throughout Aotearoa New Zealand. Through frustrations at the apparent exclusion of Mātanga Tapuhi/Nurse Practitioners due to the limitations imposed in the Act, a subset of our members has established the Assisted Dying in Aotearoa Nurse Practitioner Network. This group currently consists of 21 Nurse Practitioners who are supportive of the assisted dying service, however due to restrictions in the current act are being underutilized in this work. Therefore, we are excited to have the opportunity to provide feedback to yourselves for the upcoming review; highlighting several key areas where the Act could be strengthened to improve quality and access of the Assisted Dying Service to users, whilst fully integrating the role and expertise of the Mātanga Tapuhi/Nurse Practitioner.



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### **1. Qualifications and skills for practitioners providing assisted dying.**

One key concern regarding the End of Life Choice Act 2019 is the lack of clarity regarding the qualifications and skills required for practitioners who provide assisted dying. The current requirements only include holding a current practicing certificate and being willing to provide the service. This overlooks essential skills that a clinician should possess, such as excellent communication skills for sensitive conversations, cultural awareness, and understanding of community-based care. Healthcare professionals providing assisted dying need to be able to effectively communicate with patients and their families during end-of-life discussions, ensuring that their wishes and concerns are understood and addressed. Additionally, cultural awareness is crucial, especially in a diverse country like New Zealand, it is essential to be aware of and sensitive to the needs and beliefs of Māori and Pacific populations. The lack of specific requirements in these areas raises concerns about the consistency and quality of care provided under the Act.

### **2. Requirements re: practice for independent practitioners**

Section 4; outlines the requirement of independent providers having to of *“held, for at least the previous 5 years, a practicing certificate, or the equivalent certification from an overseas authority responsible for the registration or licensing of medical practitioners”*. This requirement may disproportionately affect female healthcare professionals who take maternity leave or temporarily exited the workforce. Specifically, the nursing workforce which is female dominated. Such a requirement may limit the pool of qualified practitioners and hinder access to assisted dying for patients in need.

### **3. Visibility and Integration of Mātanga Tapuhi/Nurse Practitioners**

Mātanga Tapuhi/Nurse Practitioners possess advanced clinical skills and are well-equipped to provide end-of-life care. The Act does not explicitly recognize their role or scope of practice in this context. For example, Mātanga Tapuhi/Nurse Practitioners have the appropriate level of skill to act as the attending medical practitioner (AMP) or provide a secondary competency assessment if required, as these fall within their scope of practice. By not fully utilizing the skills and expertise of nurse practitioners, the Act may be missing an opportunity to enhance the quality and accessibility of end-of-life care.

Section 4 Interpretation; subsection (b) defines the role of attending nurse practitioner as a nurse practitioner who is acting under the instruction of an attending medical practitioner (or replacement medical practitioner). Mātanga Tapuhi/Nurse



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Practitioners are independent practitioners who do not practice under the instruction or supervision of medical practitioners in any other setting.

We therefore suggest that the Act is updated to change the wording from attending Medical Practitioner (AMP) to attending medical/nurse practitioner(AMP/ANP) . We also recommend that the definition of attending Nurse Practitioners is updated to reflect that of the ANP - “in relation to a person, means the person’s Nurse Practitioner.

#### **4. Informed choice and communication regarding end of life care options in Aotearoa New Zealand**

Section 10; states assisted dying must not be initiated by health practitioner. Despite this legislation being in practice since 2021, we have noted in clinical practice there remains a significant lack of public awareness about the End of Life Choice Act. With many New Zealanders remaining unaware that assisted dying is now a legal option for their end-of-life care. This lack of awareness unintentionally excludes people from this service, creating significant inequity. The Act currently limits the ability of clinicians to notify patients about this option for end of life care. As health care providers it is an important part of informed care to ensure that people are aware of all of their options for end of life care. We feel it appropriate that in the context of discussing end of life care options the health care provider is able to inform the person of the End of Life Choice Act and assisted dying service. We agree specifically suggesting that a person exercise the option of receiving assisted dying under this Act is inappropriate. However, it is essential to ensure that the public is well-informed about their options and rights in order to access preferred health care services in a timely manner.

#### **5. Identifying coercion**

Section 24, states “no further action to be taken if pressure suspected”.

The wording of the Act regarding coercion is another area that requires urgent review. The Act should clearly define and address coercive control, ensuring that vulnerable individuals are protected from any undue influence or pressure to choose assisted dying against their will.



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### **6. Practitioner safety**

Practitioner safety and privacy are also significant concerns. The Act needs to provide clear guidelines and safeguards to protect the privacy and safety of healthcare professionals involved in assisted dying. This includes ensuring that personal information and details of practitioners are kept confidential to prevent any potential harm or harassment.

### **Summary**

In summary, the End of Life Choice Act 2019 has several key areas that warrant urgent review. We strongly believe amending the Act with the above suggestions will clarify the role, qualifications and skills required of practitioners providing assisted dying and build capacity within the assisted dying service. In turn, ensuring a safe, compassionate, and accessible choice for terminally ill patients while safeguarding against potential abuse.

We would be happy to be contacted to discuss further if we can be of assistance. We look forward to hearing your feedback and seeing how the review progresses.

NPNZ wishes to be able to present at the Select Committee when the legislative review progresses to this stage.

**Ngā mihi,**

Chelsea Willmott

*Mātanga Tapuhi | Nurse Practitioner*

Chair

Nurse Practitioners New Zealand (NPNZ)

[Chair@npnz.org.nz](mailto:Chair@npnz.org.nz)