



Tūmuaki Néhi Aotearoa  
HANGAIA NGĀ KAIĀRAHI NÉHI  
Nurse Executives Aotearoa  
DEVELOPING NEW ZEALAND'S NURSE LEADERS

## End of Life Choice Act Review August 2024

Thank you for the opportunity to respond to the request for feedback on the review of the End of Life Choice Act 2019.

This submission has been compiled jointly on behalf of The College of Nurses Aotearoa, and Nurse Executives Aotearoa, following consultation with our membership.

This submission supports the extensive submission made by Nurse Practitioners New Zealand (NPNZ) and supports the review as proposed.

It is essential that systems and processes extend availability for those that need it. There are barriers for people who want to apply for assisted dying. Given current legislative restrictions, member observations are that there are not enough practitioners able to fully assist and, as a result, those who are working in this important and highly specialise area of care are overloaded.

### Background

**The College of Nurses Aotearoa** is a professional association providing professional advice and indemnity support e.g. when an RN or NP has a complaint made against them via HDC.

**Nurse Practitioners New Zealand (NPNZ)** (a Division of the College of Nurses Aotearoa) specifically focuses on the issues affecting Nurse Practitioner practice.

**Nurse Executives Aotearoa Tūmuaki Néhi Aotearoa** focuses on the development and support of nursing leaders.



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## About Mātanga Tapuhi/Nurse Practitioners

- Mātanga Tapuhi/Nurse Practitioners (NP) 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 and practice within their scope as defined by the Nursing Council of NZ and the Health Practitioners Competency Assurance Act(2003).
- 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. Through frustrations at the apparent exclusion of Mātanga Tapuhi/Nurse Practitioners due to the limitations imposed in the Act, a group of NPNZ 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.

## Increasing clarity in the Act

The College notes that the recent legislation End of Life Choices Act (2019) defines health practitioner in some clauses, yet where the legislation makes provision for prescribing and administering, nurse practitioners (NP) are excluded by the restrictive use of the term medical practitioner.

For many people, a Nurse Practitioner is now their enrolled primary healthcare provider, and this number will only increase. This forces a patient/ consumer to



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discuss an enormously personal matter with a stranger. Such restrictive terminology should not be repeated in the revised legislation. We recommend that a broad and encompassing definition of health practitioner used.

### Balancing access and safeguards

Clause 10 of the Act prohibits health practitioners from initiating any discussion with a person about assisted dying under the Act, or from making any suggestion to the person that they exercise the option of receiving assisted dying. This is a barrier. In providing care to people who are nearing the end of their life and wanting to explore options for their future – a window of opportunity may be in the sleepless early hours of the morning or when there are no relatives present. Registered Nurses and Nurse Practitioners should be able to initiate the conversations and refer for further information as necessary to practitioners who are working in this specific area of care provision.

### Improving the process for assisted dying

We are interested in hearing about whether there are parts of the process to seek and receive assisted dying that you consider could be improved. For example, are there steps or requirements required by the Act that you consider should be removed? Are there any process steps that you believe should be added?

### Roles and responsibilities

Our members are Nurse leaders and managers, Registered Nurses, and Nurse Practitioners. The focus of our feedback is in response to those areas highlighted:

- the Attending Medical Practitioner
- the Attending Nurse Practitioner
- the Independent Medical Practitioner
- the Registrar (assisted dying)
- the Support and Consultation for End of Life in New Zealand (SCENZ) group
- the End of Life Review Committee
- the Health and Disability Commissioner



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- any other group.
- Junior medical and nurse practitioners.
- Overseas-trained medical and nurse practitioners.
- Medical and nurse practitioners operating under supervision.

### Attending Nurse Practitioner

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). 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. 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.

### Junior Nurse Practitioners

It is important to define this group as those who are a recently registered nurse practitioner who may be completing or recently completed a Nurse Practitioner Transition to Practice (NPTP programme) and those who are NP Interns - i.e. registered Nurse undertaking the theoretical / academic and clinical requirements to become an NP.

Given the change in scope from being a Registered Nurse to Mātanga Tapuhi/Nurse Practitioner, there are clear differences in the ability to prescribe, diagnose and treat which are not within the Registered Nurse (RN) scope. As an RN on an NP pathway, they have not yet reached the necessary level of education and skill, therefore should not be able to prescribe or administer the medication that will end life, however they should be able to initiate discussions in regard to the process. Recently registered NPs should



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seek advice and mentoring from an experienced practitioner before entering this highly specialized field .

### Overseas-trained medical and nurse practitioners.

The educational experience acquired as a Registered Nurse or Nurse practitioner in another country is valuable and informs practice, however if the NP has not yet achieved the requirements to be recognised as an NP in Aotearoa and registered with the NZ Nursing Council, they should not be considered as a practicing NP and therefore should not have the rights or autonomy of an NZ registered NP. We do note however, that once registration in NZ has been gained, prior relevant experience should be considered. We support the comments from NPNZ in this regard:

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.

### Medical and nurse practitioners operating under supervision.

Nurse practitioners work autonomously and are not required to work under the supervision of another health practitioner - in particular, they are **not required** to work under the supervision of a medical practitioner.

### Alignment with the wider health system

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



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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. Senior nurses such as advanced practice Nurse Specialists working in the clinical specialty and Nurse Managers/ leaders ( e.g. in rest homes) should also be able to initiate discussion, but not prescribe or initiate administration. Consideration may need to be given to the role of an advanced practice registered nurse / registered nurse specialist working in this specialty to the extent of their role.

### General feedback

There are no situations or circumstances where we consider that nurse practitioners should be limited in or prevented from providing assisted dying services.

We support nurse practitioners having an expanded role in the assisted dying process beyond their current responsibilities of arranging and administering medication and completing the death certificate. Specifically, we support NPs being involved in determining and confirming eligibility. Nurse Practitioners working in aged and palliative care settings are particularly well placed to be involved in end of life care across the continuum of the process.

Currently, completing an online training module is required to access funding for assisted dying. There may be an opportunity for professional associations such as NPNZ, or College of Nurses to provide vocational education and support should funding for such training be made available to support such a programme.

Palliative care in Aotearoa is not fully funded. This can be a barrier for some people to be able to access end of life care, as lack of funding can create disconnected service provision.



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## 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.

**Ngā mihi,**

Ngā mihi nui

A handwritten signature in cursive script that reads 'Kate Weston'.

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A handwritten signature in cursive script that reads 'Dr Jill Clendon'.

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