



Ministry of Health New Zealand

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Tēnā koutou katoa,

My name is Dr Kristin Good. I am the Chief Clinical Advisor at the Ministry of Health New Zealand. I also hold the statutory role of Registrar (assisted dying).

The Ministry was responsible for implementation of the End of Life Choice Act and has ongoing responsibility for its regulation and monitoring. I have been involved since early implementation phase.

Thank you for the invitation to contribute to this discussion.

Following the referendum at the 2020 General Election when 65.1% of the voting public voted “yes”, the Ministry had one year to implement the Act, which came in to force on 7 November 2021.

The Act includes –

- Strict eligibility criteria
- Specific eligibility exclusions
- Heavy reliance on process
- Assessments for competence and coercion

These offer important protections for people at a highly vulnerable time in their lives.

Assisted Dying is an emotional and polarising topic. Implementation required sensitivity and consideration with particular attention to the welfare of those vulnerable groups.

I'd like to focus on some of the key aspects of the implementation.

Broad Stakeholder engagement was key. The attitude across the various groups varied from excitement, to interest, to concern, to opposition and included the hard to manage group of the disengaged. Across the health sector every group needed to at least decide their position on assisted dying, implement policies to support that position,

and upskill staff. There was a lot to do to be ready for the first person who raised the topic, so we needed engagement. We actively included those opposed to the Act and those who represented vulnerable groups, such as disability and Maori and included them on our advisory groups receiving invaluable contributions to operationalising the Act and particularly to safeguards and equity considerations.

Workforce. Would we have a workforce to deliver the service? We knew there was low support and high levels of opposition to the Act within medical professions and professional bodies. We were also aware of high early attrition of assisted dying practitioners in other jurisdictions often after the first administration of medication. Practitioners were stretched and exhausted by COVID. We delivered interactive webinars, educational sessions, training, resources, and guidance and included practitioners in consultation of key aspects of implementation, including funding. Layers of accessible support were also in place for assisted dying practitioners from the day the Act came into force.

Additional Safeguards were developed to complement those in the Act. Recently described as “the race to be the safest/toughest” safeguards are essential to keeping people and practitioners safe. There is some practitioner intolerance of having to function within the legal constraints of the Act where the freedom they normally enjoy is curtailed. Governance and quality assurance systems were established and were vital to building trust and confidence.

Accessible mechanisms for feedback and complaints. Complaints have been low – 16 over two years. Predominantly concerning the impact of conscientious objection on people trying to access the service.

We commissioned a post-Implementation review after one year of service. Feedback was that a robust and trusted service foundation had been developed. The service has operated smoothly and feedback has been overwhelmingly positive. The Act is working well.