

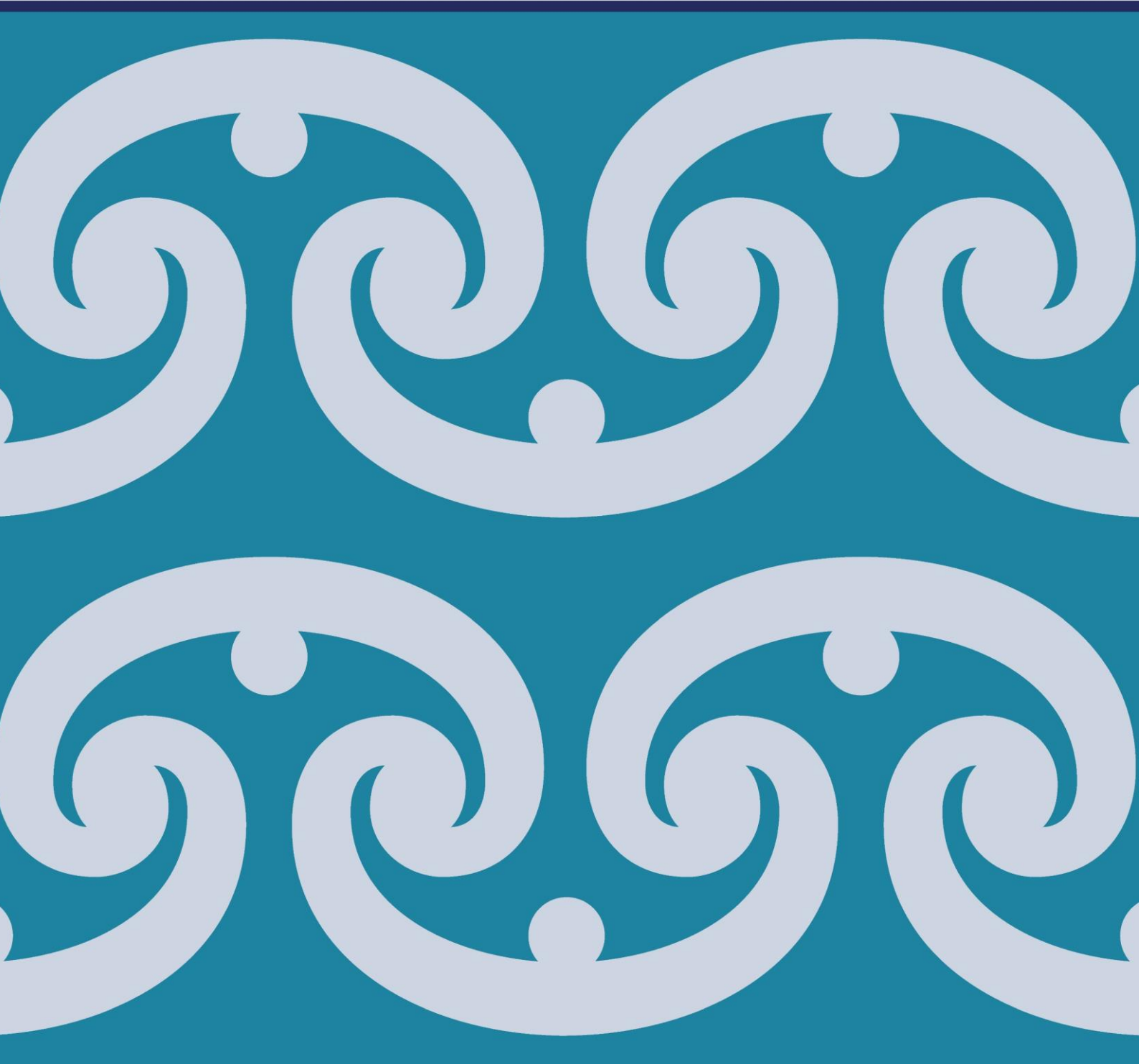


Te Kāwanatanga o Aotearoa
New Zealand Government



Ngā Ratonga Mate Whakaahuru – Assisted Dying Service

Registrar (assisted dying) Annual Report
to the Minister of Health – June 2024





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Citation: Ministry of Health. 2024. *Ngā Ratonga Mate Whakaahuru - Assisted Dying Service: Registrar (assisted dying) Annual Report to the Minister of Health – June 2024*. Wellington: Ministry of Health.

Published in June 2024 by the Ministry of Health
PO Box 5013, Wellington 6140, New Zealand

ISBN 978-1-991075-79-6 (print)
ISBN 978-1-991075-80-2 (online)
HP 9078



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Foreword

Tēnā koutou

The last year has seen a period of change for the Ministry of the Health's – Manatū Hauora (the Ministry's) role in Ngā Ratonga Mate Whakaahuru – the Assisted Dying Service (the Service). The transfer of the operational functions to Health New Zealand – Te Whatu Ora (Health New Zealand) in March 2023 provided an opportunity for the Ministry to focus on its core functions, including a greater focus on our regulatory stewardship role.

This report covers the period 1 April 2023 to 31 March 2024. Included in the report is general information about the Ministry's role in the Service, a summary of service activities for the reporting period and an overview of complaints received about the Service.

Our regulation and monitoring activities are informed by data and insights and supplemented by feedback and complaints. These activities, along with the safeguards in the End of Life Choice Act 2019 (the Act), help ensure assisted dying services in New Zealand are safe, of good quality, and trusted.

Assisted dying is a person-centred service that gives eligible people choice and control at the end of their life. They can decide when, where, and how their assisted death takes place. While dying at home remains the chosen location for many assisted deaths, some have chosen a funeral home, the beach, or another location of significance to them and their whānau.

Over this period, we have observed an increase of 3.3% new applications for assisted dying services compared with the previous reporting period. Including open cases (those that remained open at the end of the previous reporting year), this has resulted in a total increase of 10.9% in active applications and an increase of 15% in medical assessments completed by attending medical practitioners (AMPs).

Within the context of this observed increase, outcomes have remained markedly consistent with the previous reporting period. Specifically, the percentage of applicants assessed as 'eligible' by AMPs and independent medical practitioners (IMPs) was similar to the previous year. Furthermore, as with the previous year's reporting, over one-third of active applications within the current period resulted in an assisted death.

Notably, for those found eligible for assisted dying following assessment, there was an average of 16 days between initial formal application and eligibility approval. This is a decrease of two days compared with the last reporting period and reflects the efforts made by the teams of medical practitioners and staff working to support applicants and their whānau through this process.

The number of complaints received about the Service remains low and comparable with the number for the previous report. During our regulatory activities, including the

review of each application to ensure compliance with the Act, we identified a small number of potential breaches. These are related to the process rather than eligibility.

We receive feedback from applicants who seek assisted dying, their whānau and supports, and the practitioners providing assisted dying services. This feedback is essential in helping ensure we understand how assisted dying services are working in New Zealand. Thank you to everyone who took the time to provide us with feedback.

Medical practitioners are pivotal to the delivery of safe assisted dying services. Their role in assessing eligibility in strict compliance with the Act and supporting people to access palliative care and other supports at a vulnerable time in their lives is key. I extend my thanks to them for their dedication and compassion to those who chose this option at the end of their lives. I would also like to thank other health practitioners, pharmacies, the Assisted Dying Secretariat, the principal clinical advisors at Health New Zealand, whānau, and those supporting and caring for people at this time.

Engagement with international jurisdictions is a key part of my role. I meet regularly with the chairs of the Australian review boards, with the objective of sharing insights and improving the quality and safety of assisted dying services in New Zealand. I am also a member of the European Partnership of Supervisory Organisations Assisted Dying working group. The purpose of my involvement with this group is to understand how various countries have enacted and implemented assisted dying and to explore the role of the regulator.

In late 2023, I presented to the Irish Joint Committee on Assisted Dying, focusing on the New Zealand legislation, our implementation experience and the safeguards in the Act. The number of countries offering assisted dying continues to grow, and with this growth comes the opportunity for us to engage further internationally, to share our experiences, and to learn from the other regulatory systems around the world.

Ngā mihi

Dr Kristin Good

Registrar (assisted dying)

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Introduction

About this report

The Ministry of Health - Manatū Hauora (the Ministry) is responsible for administering the End of Life Choice Act 2019 (the Act).

The Registrar (assisted dying) (the Registrar) is required to report on the Assisted Dying Service (the Service), as required by section 27(7) of the Act.

Reporting is due to the Minister of Health by 30 June each year, and covers:

- the total number of deaths occurring under the Act
- the number of deaths occurring through each of the methods of administration of medication
- the number of complaints received about breaches of this Act and how those complaints were dealt with
- any other matter relating to the operation of the Act that the Registrar thinks appropriate.

This report covers the period 1 April 2023 to 31 March 2024. This is the second full-year report published since the Act came into force on 7 November 2021.

End of Life Choice Act 2019

The Act came into force on 7 November 2021. It gives a person with a terminal illness the option to request medication to end their life. The Act outlines the legal framework for assisted dying, including eligibility criteria and some key safeguards.

To be eligible for an assisted death, a person must be:

- aged 18 years or over
- a citizen or permanent resident of New Zealand
- suffering from a terminal illness that is likely to end their life within six months
- in an advanced state of irreversible decline in physical capability
- experiencing unbearable suffering that cannot be relieved in a manner the person considers tolerable
- competent to make an informed decision about assisted dying.

The decision to have an assisted death must be made by the person with a terminal illness. A health practitioner is not permitted to raise this option with a patient unprompted.

Read the full Act on the [New Zealand Legislation website](#).

Under section 30 of the Act, the Ministry is required to review the operation of the Act, commencing in 2024. Work on the review is underway. The terms of reference for the review will be published on the Ministry's website.

Roles and groups

Registrar (assisted dying)

The Registrar (assisted dying) (the Registrar) is a statutory role under the Act and must be a Ministry employee who is nominated by the Director-General of Health. The Registrar's responsibilities under the Act include:

- reviewing the assisted dying forms completed by health practitioners to ensure compliance with the Act before the prescription is released
- establishing and maintaining a register of approved forms for the assisted dying process, including consulting the Privacy Commissioner as required under the Act
- receiving and managing complaints, including referring them to the Health and Disability Commissioner (HDC), New Zealand Police and/or other appropriate authorities
- taking any action as directed by the End of Life Review Committee.

The Support and Consultation for End of Life in New Zealand Group

The Support and Consultation for End of Life in New Zealand Group (SCENZ Group) is a statutory body under the Act. Members are appointed by the Director-General of Health for a period of two years. The role of the SCENZ Group is specified in section 25 of the Act. The SCENZ Group maintains a list of health practitioners willing to provide assisted dying services in New Zealand and is responsible for the clinical guidelines for administering medication for an assisted death and the standard of care for assisted dying in New Zealand.

Appointments to the SCENZ Group were renewed at the end of 2023. More information about the SCENZ Group, including details of its current members, can be found on **The Support and Consultation for End of Life in New Zealand (SCENZ) Group webpage on the Ministry's website.**

End of Life Review Committee

The End of Life Review Committee (the Committee) is responsible for considering the death reports sent to them by the Registrar under section 21(3) of the Act. The Committee decides whether the death report shows satisfactory compliance with section 21(2) of the Act. Its function is to make recommendations to the Registrar about the death report information should that be necessary.

Following the resignation of one of the Committee members in late 2023, the work of the Committee has been on hold pending the appointment of new members by the Minister of Health. More information about the Committee can be found on **The End of Life Review Committee webpage on the Ministry's website**.

The Registrar did not receive any recommendations from the Committee for the period of this report.

Assisted Dying Secretariat

The Assisted Dying Secretariat (the Secretariat) is part of the Regulatory Assurance team in the Ministry's Regulation and Monitoring – Te Pou Whakamaru directorate. The Secretariat supports the SCENZ Group, the Committee and the Office of the Registrar and has a regulatory and monitoring function to ensure compliance with the Act. The Registrar works closely with the Secretariat.

Office of the Registrar

The Office of the Registrar (the Office) supports the Registrar. The Office includes the Deputy Registrar and members of the Secretariat who hold the relevant knowledge and technical skills.

Health New Zealand - Te Whatu Ora

Health New Zealand - Te Whatu Ora (Health New Zealand) is responsible for the delivery of assisted dying services. As such, this report does not include general information relating to the operational functions, such as training, clinical support, service provision and data collection.

Reporting and service activity

The Ministry, through Health New Zealand, collects data about assisted dying services as part of its role in overseeing and monitoring those services. Collecting this information helps us understand both who is accessing services and how these services are provided. Data can provide insight into how the process is experienced by individuals, their whānau, and the health practitioners who provide the services. This drives continuous improvements and results in better outcomes for those accessing assisted dying services.

The level of detail that can currently be reported is limited due to the need to protect confidentiality of individuals using the services when there are a low number of cases to date.

The collection and consolidation of data informing this report has been undertaken by Health New Zealand and provided to the Ministry of Health. As part of its supervisory role, the Ministry reviews and ratifies this information over time. Further review and adjustment may occur because of this process.

Overview of assisted dying applications

The data provided below reflects a summary of individuals' interactions with the Service from 1 April 2023 to 31 March 2024. Accordingly, medical assessments and outcomes may refer to applications initiated in the Registrar's previous annual report. Between 1 April 2023 and 31 March 2024, there were 834 new formal applications for assisted dying. This report also contains information on 111 applications that were ongoing at the end of the last Registrar annual report (for the 2022/23 year). Thus, a total of 945 applications were active during this 2023/24 reporting period, reflecting an increase in active applications of 11% from the previous reporting period.

As of 31 March 2024, there were 71 individuals still in the process of assessment or in preparation for assisted dying, and 344 people had an assisted death. The remaining applications had not progressed to an assisted death due to:

- the application being found to not comply with the Act
- the applicant withdrawing their application
- the applicant being found ineligible or not competent to give consent at or following assessment
- the applicant dying as a result of underlying conditions.

Assisted dying services are person-centred, and the time taken from application through to assisted death varies based on the applicant's personal situation. People requesting assisted deaths are nearing the end of their life, which means they may feel a sense of urgency about moving through the process quickly. However, assisted dying is not an acute or urgent service, and the Secretariat aims to set realistic expectations with people that the process from initial application through to determination of eligibility may take up to six weeks. The Act stipulates the processes and steps that need to be followed to ensure a safe and quality service. For those found eligible following assessment, the average time between initial formal application and eligibility approval is 16 days.

While individual circumstances specific to each case can impact the length of time between application and determination of eligibility, the number of people dying during the assessment process is reflective of how close to the end of life some applicants are, as opposed to there being significant delays in accessing services.

Demographics of applicants

The Ministry collects information about the demographics of applicants, including gender and ethnicity data, which is collected based on health sector standards and protocols.

Of the 834 new applications received over the 2023/24 year:

- 82% identified as New Zealand European/Pākehā
- 4% identified as Māori
- 49% identified as female/wāhine
- 78% were 65 years or older
- 76% were receiving palliative care at the time of the application
- 69% had a diagnosis of cancer.

As part of the assisted dying process, the attending medical practitioner (AMP) must ensure the person understands all their choices for end-of-life care. As a result, the Ministry notes there have been occasions in which a person's request for assisted dying has led to them exploring alternative care or services. This may include optimising palliative care or accessing additional social or wrap-around supports, which has resulted in them rescinding their application for assisted dying.

Additionally, the principal clinical advisors within Health New Zealand work with other health services, such as the person's general practitioner, to help coordinate their care or support. This has led some people to then choose to withdraw their application for assisted dying as they have felt this option was no longer needed. For some people, just knowing they have options within their control is comfort enough and they choose not to have an assisted death.

Table 1: Demographic summary of new applications

Demographic summary: New applications (N= 834) 1 April 2023–31 March 2024		Number of people ³	% of applications
Ethnic group ¹	Māori	32	3.84
	Pacific peoples	4	0.48
	NZ European/Pākehā	688	82.49
	Asian	19	2.28
	Other	103	12.35
Sex	Female/wāhine	407	48.80
	Male/tāne	427	51.20
	Gender diverse	0	0.00
Age group	18–44 years	21	2.52
	45–64 years	159	19.06
	65–84 years	496	59.47

Demographic summary: New applications (N= 834)		Number of people³	% of applications
1 April 2023–31 March 2024			
	85+ years	158	18.94
Diagnosis ²	Cancer	574	68.82
	Neurological condition	55	6.59
	Chronic respiratory disease	39	4.68
	Cardiovascular condition	42	5.04
	Other organ failure	21	2.52
	Multiple co-morbidities	37	4.44
	Not known ⁴	126	15.11
Receiving palliative care at time of application?	Yes	632	75.78
	No	202	24.22
	Not stated	0	0.00
Reported a disability at time of application?	Yes	98	11.75
	No	736	88.25
	Not stated	0	0.00

Notes:

1. Total ethnicity has been used. This means that individuals reporting more than one ethnicity are included within each category they identify with. In the current report, individuals identifying as 'European' have been included within the 'Other' category, distinct from New Zealand 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 withdrew their application before assessment, died before their assessment was completed or were ineligible due to not having a terminal illness.

Assisted deaths

Between 1 April 2023 and 31 March 2024, a total of 344 people had an assisted death, reflecting 36% of the total active applications during this reporting period. This figure is similar to the previous year's reporting, in which 38% of active applications resulted in an assisted death.

Often, people having an assisted death have made efforts to ensure that the experience is personal to them and their whānau. Some people choose to include cultural or spiritual practices, such as karakia or prayer, before or during the administration of the medication, while others choose to play music that is significant to them. People also choose who they would like to be present, including whānau, friends and pets, and where their death will occur.

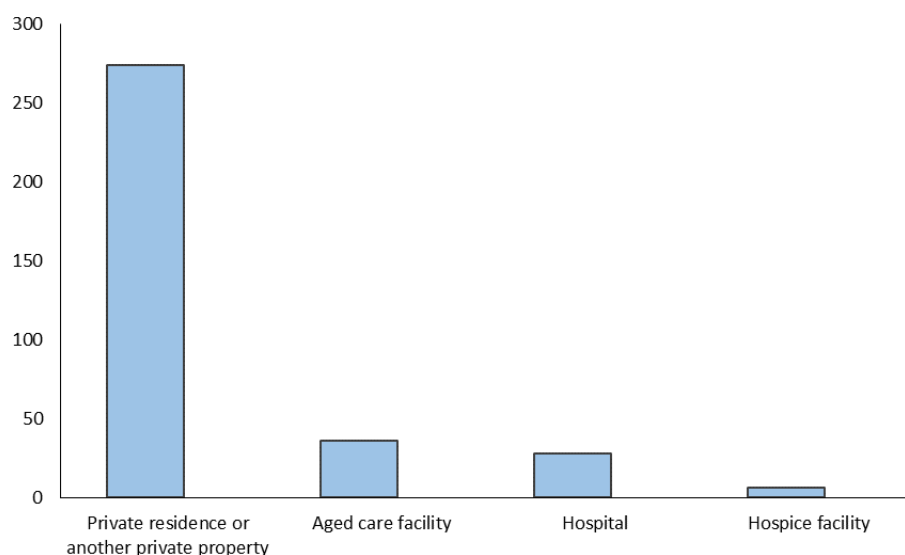
Health New Zealand encourages health practitioners to discuss these choices with the person to ensure that the service provided is responsive to their cultural, spiritual and social needs. Resources are provided to support these conversations in the health practitioner training.

Locations of assisted deaths

Assisted deaths have mainly taken place in a person's home or another private residence. The breakdown by location is:

- 80% at a private residence or another private property
- 10% in an aged care facility
- 8% at a hospital
- 2% in a hospice facility.

Figure 1: Assisted deaths by location



The Secretariat continues to support and encourage health care providers to support person-centred access to assisted dying should a person in their care request assisted dying.

Method of administration

Under the Act, there are four options for administering the assisted dying medication. The AMP provides the person with advice on each of the options, and the person then selects their preferred option. For the 344 assisted deaths that took place between 1 April 2023 and 31 March 2024:

- 22 people chose ingestion, triggered by the person
- 4 people chose intravenous delivery, triggered by the person
- 1 person chose ingestion through a tube, triggered by the AMP or attending nurse practitioner (ANP)
- 317 people chose injection, administered by the AMP/ANP.

Each medication method has a standard administration protocol to ensure consistent, safe and quality services. As of 31 March 2024, there have been no major complications related to the administration of the medication, and all deaths have occurred within expected timeframes. The details of the protocol are only provided to the health practitioners involved in the assisted dying service.

Assessments completed during this period

A person must meet strict eligibility criteria to have an assisted death.

After an application is submitted, an initial assessment is made by an AMP. The AMP reviews the person's eligibility against the criteria outlined in the Act. The independent medical practitioner (IMP) then provides an independent second assessment. More information on the health practitioner roles can be found in the Act or the **Roles in the Assisted Dying Service webpage on Health New Zealand's website**.

During the current reporting period, AMPs assessed 914 applications, which was an increase of 15% as compared with the previous year's reporting period (794 applications). Additionally, during the current period of reporting, IMPs assessed 664 applications, which was an increase of 13% as compared with the previous year's reporting period (578 applications). The proportion of applications found to be eligible (82%) by the AMP during the current reporting period was slightly lower than observed in the previous reporting year (86%), however the percentage of applications found eligible by IMPs remained high across both periods (97% and 99%, respectively).

Applicants may be found ineligible at each 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 2.

Following eligible outcomes at both AMP and IMP assessment the AMP meets with the applicant for another discussion about eligibility and the assisted dying process. At this time, some previously eligible applicants may be found not competent or eligible to continue. However, as with the previous reporting year, 99% of applicants who have received eligible outcomes at both AMP and IMP initial assessments were found to be eligible at this stage.

Table 2: Assessment outcomes

	Outcome of assessment	Number of assessments
AMP assessments (N = 914)	Eligible	753
	Ineligible	161
IMP assessments (N = 664)	Eligible	655
	Ineligible	9
Eligibility discussion following assessment (N = 492)	Eligible	488
	Ineligible	4

The AMP and IMP may request a psychiatrist from the SCENZ list for their opinion on whether the person requesting the option of receiving assisted dying is competent to make an informed decision about assisted dying. Of the ten assessments completed by a psychiatrist during this reporting period, one person was determined not to be competent to make an informed decision.

Ineligibility summaries: Assessed by AMP and IMP

Not all applications made to the 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/resident or considerations relating to their health and physical decline. More information about eligibility criteria can be found on the **Assisted dying eligibility and access webpage on Health New Zealand's website**.

Table 3 summarises the ineligibility decisions made at each stage of assessment by AMP and IMPs. Being found eligible at the AMP assessment stage but then ineligible at the IMP assessment stage may occur due to a number of reasons, including but not limited to, a change in personal circumstances impacting eligibility and/or a change in prognosis.

Table 3: Ineligibility decisions

The applicant is ...	Ineligible at AMP assessment (171)	Ineligible at IMP assessment (22)
Not a New Zealand citizen / permanent resident	4 (2.5%)	0 (0.0%)
Not aged 18 or over	0 (0.0%)	0 (0.0%)
Not experiencing unbearable suffering that cannot be relieved in a manner the person considers tolerable	62 (38.5%)	4 (44.4%)
Not in an advanced state of irreversible physical decline	70 (43.5%)	5 (55.6%)
Not suffering from a terminal illness that is likely to end their life within six months	130 (80.7%)	6 (66.7%)

Note:

Total reasons for ineligibility have been applied. This means that individuals may be found to be ineligible across multiple criteria, and each observed reason is included in the report.

Applications not progressed to an assisted death

Table 4 summarises applications where an AMP or IMP assessment had occurred, 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 that were still open at the close of this reporting period and that are therefore not associated with a known outcome.

There are several reasons why an individual may not continue their application to an assisted death. These include being found ineligible following a previous eligible outcome or becoming unable to make an informed decision / give their 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 and before an assisted death may occur.

Table 4: Assessment outcomes

Outcome type	Number of assessments
Died in process	258
Lost competence	53
Lost eligibility	10
Decided to withdraw	34
Application found to be not compliant with the Act at final review	1
Applications still open at the time of this reporting period	71

Feedback, complaints and queries

Feedback

Feedback is critical to improving the quality, safety and equity of assisted dying services, and the Ministry retains its interest in receiving feedback on the service as part of good monitoring and regulation.

We encourage individuals and their families/whānau to continue to provide feedback about their experience with the assisted dying service. The Ministry is aware of the sensitive nature of this topic and the need to reflect and uphold the emotional wellbeing and privacy of anyone who shares their feedback.

More information about how to provide feedback can be found on the **Assisted Dying Service feedback and complaints process webpage on the Ministry's website**.

Complaints

The Registrar and the Secretariat keep a central record of all complaints received about the Act. The Registrar also receives details of complaints about the Service made to the Health and Disability Commissioner (the HDC), an authority (such as a council) or the New Zealand Police under section 28 of the Act. Health New Zealand also notifies the Registrar (assisted dying) of operational complaints.

The Nursing Council of New Zealand did not receive any complaints in relation to the Service during the reporting period. One complaint, received by the Ministry, was referred to several agencies including the New Zealand Police and the Medical Council of New Zealand – Te Kaunihera Rata o Aotearoa (the Medical Council). Both agencies have advised that this was the only complaint they received during the reporting period and that it is ongoing at the time of this report. Please see complaint number 13 in Table 5 below.

Tables 5 and 6 below contain a summary of all complaints received by the Registrar, the Secretariat and the HDC between 1 April 2023 and 31 March 2024.

Table 5: Complaints received by the Ministry

	Date received	Complainant	Referred by another agency?	Description of complaint	Action(s) taken
1	May 2023	Health practitioner	No	Practitioner not paid correctly for services.	Operational complaint. Complaint referred to Health New Zealand. Payment issue identified and resolved. Complainant advised and complaint closed.
2	May 2023	Other – advocacy group	No	Issue contacting the Service.	Operational complaint. Complaint referred to Health New Zealand. Technical issue identified and resolved. Complainant advised and complaint closed.
3	May 2023	Whānau of applicant	Yes – HNZ	Desire for urgency for assisted dying assessments.	Operational complaint. Complaint referred to Health New Zealand. Engagement with whānau. Complaint closed.
4	May 2023	Health practitioner	No	Concerns raised about AMP’s actions on nominated date.	Registrar discussed the complaint with Health New Zealand staff and the AMP. Referred to Health New Zealand district to manage. Complaint closed.
5	June 2023	Whānau of applicant	No	Complaint regarding cause of death listed as assisted death on death certificate.	Discussed with complainant and agreed to note as feedback for the legislation review. Complaint closed.
6	June 2023	Health practitioner	No	Communication issues regarding location of assisted death.	Discussed with facility staff and Health New Zealand teams. Satisfied the issue was resolved by the facility. Complainant advised and complaint closed.
7	July 2023	Other – member of the public	Yes – HNZ	A member of the public questioned the legality of an assisted death following a media article.	Case reviewed by the Office of the Registrar. No evidence found of a breach of the Act. Complainant advised and complaint closed.
8	July 2023	Health practitioner	No	Facility potentially obstructing applicant in their request for an assisted death.	Referred to HDC.

Date received	Complainant	Referred by another agency?	Description of complaint	Action(s) taken	
9	September 2023	Health practitioner	Yes – HNZ	Concerns raised about health practitioners involved in patient's care barring access to the service.	Ongoing at the time of this report.
10	November 2023	Whānau of applicant	No	Concerns regarding lack of information provided to applicant about how to access the service.	Ongoing at the time of this report.
11	November 2023	Whānau of applicant	Yes - HNZ	Concerns raised about AMP's actions on nominated date.	Case reviewed by Office of the Registrar. No evidence found of a breach of the Act. Complainant advised. Complaint closed.
12	January 2024	Applicant	No	Applicant felt there was a lack of information provided by the AMP after finding applicant deemed ineligible.	Discussed separately with applicant and AMP. Engaged with Health New Zealand to arrange a new assessment for the applicant. Applicant/complainant advised, and complaint closed.
13	March 2024	Other – Health New Zealand	No	Concerns raised about the administration of the assisted dying medication without compliance with the Act being confirmed.	Referred to the HDC, the New Zealand Police and the Medical Council. Ongoing at the time of this report.
14	March 2024	Health practitioner	Yes – HNZ	Concerns raised about IMP assessment.	Ongoing at the time of this report.
15	March 2024	Health practitioner	Yes - HNZ	Concerns raised by the AMP about the treatment of an assisted dying patient by other health practitioners.	Ongoing at the time of this report.

Table 6: Complaints received by the HDC

	Date received	Referred by another agency?	Description of complaint	Action(s) taken
1	April 2023	Yes –Nationwide Health and Disability Advocacy Service (Advocacy Service)	The complainant raised concerns that the consumer was declined access to an assisted death after being found not competent at the third (psychiatrist) opinion.	Closed – No further action. Care provided was appropriate.
2	May 2023	Yes – Advocacy Service	The complainant raised concerns about the adequacy of the consumer’s AMP assessment before the assisted death. Concerns were also raised about possible family coercion.	Ongoing at the time of this report.
3	June 2023	Yes – Advocacy Service	The complainant raised concerns about the requirement under the assisted dying process for ‘Assisted Death’ to be noted on the death certificate.	Closed – no further action. Legislative requirement.
4	July 2023	Yes – the Ministry	The complainant raised concerns about conscientious objection of aged residential care facilities, which led to a vulnerable consumer not being permitted to receive an assisted death on their premises. Concerns were also raised about attempts to use the consumer’s mental health history to obstruct the process and remove the person from the residence.	Ongoing at the time of this report.
5	January 2024	No	The complainant raised concerns about difficulty accessing information about the assisted dying process, as well as concerns about the actual assessment as the consumer was initially found ineligible.	Ongoing at the time of this report.
6	February 2024	No	The complainant raised concerns about the administrative requirements of the assisted dying process whereby consumers are required to provide evidence of name change when the name on their application differs from their birth name.	Ongoing at the time of this report.
7	March 2024	Yes – the Ministry	The complainant raised concerns about assisted dying medication being administered to a consumer without formal approval.	Ongoing at the time of this report.

Queries

The Ministry notes there is public interest in assisted dying beyond people who are accessing or providing the service. This is reflected in the queries and Official Information Act 1982 (OIA) requests from individuals, interest groups and the media since the service became available on 7 November 2021.

Queries and OIA requests received in the last financial year have again generally been related to the various roles of people involved in the service or service usage/activity.

Table 7 lists the number of queries and requests responded to during each reporting year since the service began. Please note, queries relating to operational aspects are the responsibility of Health New Zealand and are not reflected in these figures.

Table 7: Number and type of queries by reporting year, 2021/22, 2022/23, 2023/24

Query type	7 November 2021– 31 March 2022	1 April 2022–31 March 2023	1 April 2023–31 March 2024
OIA requests	10	14	7
Media queries	25	30	23
Written parliamentary questions	12	0	1

