TO MAKE A SUBMISSION ON THE End-of-Life Choice ACT REVIEW **BEFORE 26/09**:

<https://consult.health.govt.nz/regulatory-policy/public-consultation-for-the-review-of-the-end-of-l/>

[Questions asked in this consultation](https://consult.health.govt.nz/regulatory-policy/public-consultation-for-the-review-of-the-end-of-l/#factbank-9568fe0baca64ae0893eb799f585911a)

**About you**

* Your name
* Who you represent
* Are you part of an organisation?
* Do you live in New Zealand?
* Do you want your personal details removed from your submission in Official Information Act requests?

**Access to assisted dying**

* Do you think changes are needed to the eligibility requirements for a person to receive assisted dying?
* Do you think that changes to areas other than eligibility are needed to support access to assisted dying?

**Safeguards**

* Do you think the Act provides sufficient safeguards to ensure that people only receive assisted dying if:
	+ they are eligible (referenced in clauses 5, 13, 14, 15, 16, and 17 of the Act)
	+ they actively seek and consent to it (referenced in clauses 11, 12, 18, 23, 33, and 34 of the Act)
	+ they are competent to consent to it (referenced in clauses 5, 6, and 15 of the Act)
	+ this consent is provided without pressure from others (referenced in clauses 11 and 24 of the Act).
* Do you think any changes are needed to safeguards provided through the Act?

**Process to receive assisted dying**

* Do you think any changes are needed to the process to apply for and receive assisted dying?

**Practitioners providing assisted dying**

* Do you think changes should be made to the requirements for medical practitioners and nurse practitioners to provide parts of the assisted dying process?

**Oversight of assisted dying**

* Do you think changes are required to the roles and responsibilities of the entities established under the Act to oversee assisted dying (the SCENZ Group (clause 25), the End-of-Life Review Committee (clause 26), and the Registrar (assisted dying) (clause 27))?

**Alignment with the wider health system**

* Do you think the assisted dying process aligns with other parts of the health system?
* Is there anything that could be improved?

**Other feedback**

* Do you have any other feedback related to the Act?

End-of-Life Choice SOCIETY’S 3 MOST DESIRED CHANGES TO NZ’S EOLC ACT

1. Allow medical practitioners to raise topic of assisted dying with end-of-life patients or with patients experiencing unbearable suffering that cannot otherwise be relieved, provided the practitioners explain the full range of other end-of-life options at the same time.

Reason: the requirement for the patient to raise the topic is forcing inequity into the assisted-dying service. Only well informed and/or well educated patients know about the Act, and often only assertive patients feel comfortable raising the topic.

1. Extend eligibility clause Part 1, Clause 5 (1)© from 6 months to 12 months so that it will read: “suffers from a terminal illness that is likely to end the person’s life within **12** months”

Reason: some diseases cause significant suffering for a considerable time, certainly longer than 6 months. When the disease is terminal and when suffering is acute and escalating, and cannot be satisfactorily palliated, patients should not be forced to endure this situation. Neither should doctors be obliged to decline a patient when they know the patient to be terminal but believe a prognosis of, for example, 8 or 9 months, is more likely. The current short prognosis period causes unnecessary suffering to the patient and hardship for the doctor.

1. Allow patients suffering from neurodegenerative diseases to access assisted dying with a prognosis of death in the “reasonably foreseeable future”, provided patients meet the other eligibility criteria.

Reason: Neuro-degenerative diseases such as Huntington’s MND, MS, and Parkinson’s, can cause extreme suffering and advanced physical decline well before natural death. However, due to their variable progress, it is very difficult for doctors to give a precise prognosis. In recognition of this, “reasonably foreseeable future” is becoming the preferred wording, e.g. in Canada.