

House of Representatives

Supplementary Order Paper

Tuesday, 30 July 2019

End of Life Choice Bill

Proposed amendments for the consideration of the Committee of the whole House

Key:

- **this is inserted text**
- **~~this is deleted text~~**

Note: This Supplementary Order Paper shows amendments to the Bill that are being proposed by the Member for the purposes of consideration in Committee of the whole House. This document does—

- **NOT have official status in terms of unamended text**
- **NOT have the status of an as-reported version of the Bill.**

Explanatory note

This Supplementary Order Paper sets out amendments to the End of Life Choice Bill. The following substantive amendments are made to the Bill:

- a purpose clause is inserted (*new clause 2A*):
- definitions of approved form, attending nurse practitioner, conscientious objection, medication, and nurse practitioner are inserted (*clause 3*):
- the definition of independent medical practitioner is amended to require the medical practitioner to have held a practising certificate for at least the previous 5 years, to ensure that an experienced medical practitioner gives the second opinion as to whether a person is eligible for assisted dying (*clause 3*):
- the definition of person who is eligible for assisted dying is amended so that a person who has a grievous and irremediable medical condition that is not a terminal illness likely to end the person's life within 6 months will not be eligible for assisted dying (*clause 4(1)(c) replaced*):
- the competence of a person who wishes to exercise the option of receiving assisted dying must be assessed having regard to more detailed criteria (*clause 4(1)(f) replaced and new clause 4A inserted*):
- a new provision is inserted to expressly provide that a person is not eligible for assisted dying by reason only that the person is suffering from any form of mental disorder or mental illness, has a disability of any kind, or is of advanced age (*new clause 4(2)*):
- a broader conscientious objection provision is inserted that applies to all health practitioners and explicitly states that an employer cannot discriminate on the grounds of an employee's conscientious objection (*new clause 5A*):
- a new provision is inserted prohibiting a health practitioner from initiating with a person to whom they are providing health services any discussion about assisted dying, or from making any suggestion to the person that the person exercise the option of receiving assisted dying (*new clause 7*):
- the requirements for signing the form requesting assisted dying are redrafted to make them clearer (*clause 9*):
- a third opinion on whether a person is competent to make an informed decision about assisted dying can be given only by a psychiatrist, not by a psychologist. The definition of specialist is consequentially deleted (*clause 12 and clause 3*):
- a person who is eligible to receive assisted dying must complete a form choosing a date and time for the administration of the medication and must be advised by the attending medical practitioner that they may subsequently decide to defer the procedure for a period of up to 6 months (as an additional option to deciding not to receive the medication at all) (*new clauses 14(2)(e) and 14A inserted, and clause 15(3)(d) amended*):

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- an attending nurse practitioner (a nurse practitioner acting under the instruction of an attending medical practitioner) may prescribe and administer medication (*clauses 3, 15(4), and 16(4)*):
- the clear choices that must be given to an eligible person at the time chosen by that person for the administration of the medication are specified (*clause 16(2)*):
- a new provision is inserted to confirm that no further action may be taken in respect of an eligible person's request to exercise the option of receiving assisted dying if the person rescinds their request, and if subsequently the person wishes to pursue this option a new request under *clause 8* would need to be made (*new clause 18A*):
- *clause 22A*, which provides that an attending medical practitioner or attending nurse practitioner must take no further action under this Bill if the medical practitioner or nurse practitioner suspects on reasonable grounds that a person who has expressed the wish to exercise the option of receiving assisted dying has not expressed their wish free from pressure, is moved to *Part 2* of the Bill (*new clause 18B*):
- the Director-General of Health may appoint as members of the SCENZ Group any persons who the Director-General considers collectively have knowledge and understanding of the matters relevant to the Group's functions (*clause 19(1)* amended and *new clause 19(1A)* inserted):
- the Minister must, as soon as practicable after receiving a report on the operation of the Act, present the report to the House of Representatives (*new clause 22(2)* inserted):
- a new provision is inserted to provide that a person wishing to request to exercise the option of receiving assisted dying must sign and date the relevant form and that wish cannot be expressed by the person in an advance directive, will, contract, or other document. A wish to rescind a request to exercise the option of receiving assisted dying must be communicated to the attending medical practitioner, or an attending nurse practitioner, orally, in writing, or by gesture and cannot be otherwise expressed, including in an advance directive (*new clause 24A*):
- a new provision is inserted to provide that a welfare guardian appointed under the Protection of Personal and Property Rights Act 1988 for any person does not, in their capacity as a welfare guardian, have any power to make a decision, or take any action, under this Bill for that person (*new clause 24B*):
- a new provision is inserted to prohibit the publication of details relating to assisted dying deaths (*new clause 25A*):
- the criminal immunity provision is redrafted to expressly address immunity from the provisions of the Crimes Act 1961, particularly sections 41, 48, 63, and 179 of that Act (*clause 26*):

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- the Director-General of Health is authorised to approve and issue forms for the purposes of this Bill (*new clause 27A*):
 - the Health and Disability Commissioner Act 1994 is amended to include services provided to a person who has requested assisted dying as a health service under that Act. This ensures that persons providing assisted dying services who are not health practitioners are also subject to the duties in the Code of Health and Disability Services Consumers' Rights (*Schedule, Part 1*):
 - the definition of services in the New Zealand Public Health and Disability Act 2000 is amended to include services provided to a person who has requested assisted dying to enable public funding of these services (*Schedule, Part 1*):
 - as a result of the amendment to the definition of services in the New Zealand Public Health and Disability Act 2000, the amendments to the definition of that term in the Health Act 1956 and the Health (Retention of Health Information) Regulations 1996 are no longer required and are deleted (*Schedule, Parts 1 and 2*):
 - the Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996 are amended to include a new clause in the Code of Health and Disability Services Consumers' Rights to set out how the Code operates with this Bill (*Schedule, Part 2*).

Minor technical amendments are also made to the Bill.

David Seymour, in Committee, to propose the amendments shown in the following document.

David Seymour

End of Life Choice Bill

Member's Bill

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The Parliament of New Zealand enacts as follows:

1 Title

This Act is the End of Life Choice Act **2017**.

2 Commencement

This Act comes into force 12 months after the date on which it receives the Royal assent.

**Part 1
Preliminary provisions**

2A Purpose of Act

The purpose of this Act is—

- (a) to give persons who have a terminal illness and who meet certain criteria the option of lawfully requesting medical assistance to end their lives; and
- (b) to establish a lawful process for assisting eligible persons who exercise that option.

3 Interpretation

In this Act, unless the context otherwise requires another meaning,—

approved form means a form approved and issued under **section 27A**

assisted dying, in relation to a person, means—

- (a) the administration by ~~a~~ an attending medical practitioner or an attending nurse practitioner of ~~a lethal dose~~ of medication to the person to relieve the person's suffering by hastening death; or
- (b) the self-administration by the person of ~~a lethal dose~~ of medication to relieve their suffering by hastening death

~~attending medical practitioner~~ means, in relation to a person, means the person's medical practitioner

attending nurse practitioner means a nurse practitioner who is acting under the instruction of an attending medical practitioner (or replacement medical practitioner)

authority has the meaning given to it by section 5(1) of the Health Practitioners Competence Assurance Act 2003

Code of Health and Disability Services Consumers' Rights means the Code of Health and Disability Services Consumers' Rights prescribed by regulations made under section 74(1) of the Health and Disability Commissioner Act 1994

competent means having the ability described in **section 4(f)**

competent to make an informed decision about assisted dying has the meaning given to it in **section 4A**

conscientious objection means an objection on the ground of conscience

Director-General means the Director-General of Health

eligible person has the meaning given to it in **section 4**

health practitioner has the meaning given to it by section 5(1) of the Health Practitioners Competence Assurance Act 2003

~~**independent medical practitioner** means a medical practitioner who is independent of an attending medical practitioner and the person a medical practitioner who,—~~

- (a) in relation to a person who has requested to exercise the option of receiving assisted dying, is independent of the person and of the person's attending medical practitioner (and any replacement medical practitioner); and
- (b) has held, for at least the previous 5 years, a practising certificate, or the equivalent certification from an overseas authority responsible for the registration or licensing of medical practitioners

medical practitioner means a health practitioner who—

- (a) is, or is deemed to be, registered with the Medical Council of New Zealand continued by section 114(1)(a) of the Health Practitioners Competence Assurance Act 2003 as a practitioner of the profession of medicine; and
- (b) holds a current practising certificate

medication, in relation to assisted dying, means a lethal dose of the medication

~~**Minister**~~ means the Minister of the Crown who is responsible for the administration of this Act—

- (a) under the authority of a warrant; or
- (b) under the authority of the Prime Minister

~~**Ministry**~~ means the Ministry of Health

nurse practitioner means a health practitioner who—

- (a) is, or is deemed to be, registered with the Nursing Council of New Zealand continued by section 114(1)(a) of the Health Practitioners Competence Assurance Act 2003 as a practitioner of the profession of nursing and whose scope of practice permits the performance of nurse practitioner functions; and
- (b) holds a current practising certificate

person who is eligible for assisted dying has the meaning given to it in **section 4**

pharmacist means a health practitioner who—

- (a) is, or is deemed to be, registered with the Pharmacy Council established by section 114(5) of the Health Practitioners Competence Assurance Act 2003 as a practitioner of the profession of pharmacy; and
- (b) holds a current practising certificate

psychiatrist means a medical practitioner whose scope of practice includes psychiatry

~~**psychologist** means a health practitioner who—~~

- ~~(a) is, or is deemed to be, registered with the Psychologists Board continued by section 114(a) of the Health Practitioners Competence Assurance Act 2003 as a practitioner of the profession of psychology; and~~
- ~~(b) holds a current practising certificate~~

~~**rRegistrar** means the rRegistrar (assisted dying) nominated under **section 21**~~

~~**rReview eCommittee** means the committee established appointed under **section 20**~~

SCENZ means Support and Consultation for End of Life in New Zealand

SCENZ Group means the body established under **section 19**.

~~**specialist** means a psychiatrist or a psychologist.~~

4 **Meaning of person who is eligible for assisted dying or eligible person**

- (1) In this Act, **person who is eligible for assisted dying or eligible person** means a person who—
- (a) is aged 18 years or over; and
 - (b) is—
 - (i) a person who has New Zealand citizenship as provided in the Citizenship Act 1977; or
 - (ii) a permanent resident as defined in section 4 of the Immigration Act 2009; and
 - ~~(e) suffers from—
 - (i) a terminal illness that is likely to end the person's life within 6 months; or
 - (ii) a grievous and irremediable medical condition; and~~
 - (c) suffers from a terminal illness that is likely to end the person's life within 6 months; and
 - (d) is in an advanced state of irreversible decline in physical capability; and
 - (e) experiences unbearable suffering that cannot be relieved in a manner that the person considers tolerable; and
 - ~~(f) has the ability to understand—~~

- (i) ~~the nature of assisted dying; and~~
- (ii) ~~the consequences for them of assisted dying.~~
- (f) is competent to make an informed decision about assisted dying.
- (2) A person is not a **person who is eligible for assisted dying or an eligible person** by reason only that the person—
 - (a) is suffering from any form of mental disorder or mental illness; or
 - (b) has a disability of any kind; or
 - (c) is of advanced age.

4A Meaning of competent to make an informed decision about assisted dying

In this Act, a person is **competent to make an informed decision about assisted dying** if the person is able to—

- (a) understand information about the nature of assisted dying that is relevant to the decision; and
- (b) retain that information to the extent necessary to make the decision; and
- (c) use or weigh that information as part of the process of making the decision; and
- (d) communicate the decision in some way.

5 Act binds the Crown

This Act binds the Crown.

Part 2 Assisted dying

5A Conscientious objection

- (1) A health practitioner is not under any obligation to assist any person who wishes to exercise the option of receiving assisted dying under this Act if the health practitioner has a conscientious objection to providing that assistance to the person.
- (2) **Subsection (1)—**
 - (a) applies despite any legal obligation to which the health practitioner is subject, regardless of how the legal obligation arises; but
 - (b) does not apply to the obligation in **section 6(2)**.
- (3) An employer must not—
 - (a) deny to an employee any employment, accommodation, goods, service, right, title, privilege, or benefit merely because the employee objects on the grounds of conscience to providing any assistance referred to in **subsection (1)**; or

- (b) provide or grant to an employee any employment, accommodation, goods, service, right, title, privilege, or benefit conditional upon the employee providing or agreeing to provide any assistance referred to in **subsection (1)**.
- (4) A person who suffers any loss by reason of any breach of **subsection (3)** is entitled to recover damages from the person responsible for that breach.
- (5) In **subsection (3)**, employee includes a prospective employee.
- 6 Effect of conscientious objection by attending medical practitioner**
- (1) This section applies if—
- (a) a person informs the attending medical practitioner under **section 8(1)** that they wish to ~~have~~ exercise the option of receiving assisted dying; and
- (b) the attending medical practitioner has ~~an~~ a conscientious objection to providing that option to the person ~~(a conscientious objection)~~.
- (2) The attending medical practitioner must tell the person—
- (a) of their conscientious objection; and
- (b) of the person’s right to ask the SCENZ Group for the name and contact details of a replacement medical practitioner.
- (3) If the person chooses to have a replacement medical practitioner, all subsequent references in this Act to the attending medical practitioner (except in **section 8(1)**) are to the person’s replacement medical practitioner.
- 7 Assisted dying must not be initiated by health practitioner**
- (1) A health practitioner who provides any health service to a person must not, in the course of providing that service to the person,—
- (a) initiate any discussion with the person that, in substance, is about assisted dying under this Act; or
- (b) make any suggestion to the person that, in substance, is a suggestion that the person exercise the option of receiving assisted dying under this Act.
- (2) **Subsection (1)** does not prevent a health practitioner from—
- (a) discussing with a person, at that person’s request, assisted dying under this Act; or
- (b) providing information to a person, at that person’s request, about assisted dying under this Act.
- (3) A health practitioner who contravenes **subsection (1)**—
- (a) is not to be treated as having committed an offence under **section 27(1)**; but
- (b) may under the Health and Disability Commissioner Act 1994 be found by the Health and Disability Commissioner or held by the Human Rights

Review Tribunal to have acted in breach of the Code of Health and Disability Services Consumers' Rights by providing services that do not comply with relevant legal standards; and

(c) may be the subject of disciplinary proceedings for professional misconduct under the Health Practitioners Competence Assurance Act 2003.

(4) In this section, **health service** has the meaning given to it by section 5(1) of the Health Practitioners Competence Assurance Act 2003.

8 Request made

(1) A person who wishes to ~~have~~ exercise the option of receiving assisted dying must inform the attending medical practitioner of their wish.

(2) The attending medical practitioner must—

(a) give the person the following information:

(i) ~~the prognosis for the person's terminal illness or grievous and irremediable medical condition;~~ and

(ii) the irreversible nature of assisted dying; and

(iii) the anticipated impacts of assisted dying; and

(b) personally communicate by any means (for example, by telephone or ~~using social media~~ electronic communication) with the person about the person's wish at intervals determined by the progress of the person's terminal illness ~~or medical condition;~~ and

(c) ensure that the person understands their other options for end-of-life care; and

(d) ensure that the person knows that they ~~can change their mind~~ decide at any time before the administration of the medication not to receive the medication; and

(e) encourage the person to discuss their wish with others such as family, friends, and counsellors; and

(f) ensure that the person knows that they are not obliged to discuss their wish with anyone; and

(g) ensure that the person has had the opportunity to discuss their wish with those whom they choose; and

(h) do their best to ensure that the person expresses their wish free from pressure from any other person by—

(i) conferring with other health practitioners who are in regular contact with the person; and

(ii) conferring with members of the person's family approved by the person; and

- (i) ~~complete the first part of the prescribed form requesting the option of assisted dying by recording the actions the attending medical practitioner took to comply with **paragraphs (a) to (h)**:~~
- (i) record the actions they have taken to comply with **paragraphs (a) to (h)** in the first part of the approved form that requests the option of receiving assisted dying.

9 Request confirmed

- (1) This section applies after the attending medical practitioner complies with **section 8** is complied with.
- (2) If the person requesting to exercise the option of receiving assisted dying (A) wishes to proceed, the attending medical practitioner must give the person A the prescribed approved form requesting the option of assisted dying referred to in **section 8(2)(i)**.
- (3) The person A must—
 - (a) sign and date the second part of the form; or
 - (b) be present when the second part of the form is signed and dated as described in **subsection (4)**.
- (4) The second part of the form may be signed and dated by a person other than the person to whom it relates another person (B) if—
 - (a) the person to whom it relates A cannot write for any reason; and
 - (b) the person to whom it relates A requests the other person B to sign and date it; and
 - (c) the person who signs and dates the part B notes on it the form that they did so signed the second part of the form in the presence of the person to whom the form relates A; and
 - (d) the person who signs and dates the part B confirms on the form that B is not—
 - (i) a health practitioner caring for the person to whom the part relates A; or
 - (ii) a person who knows that they stand to benefit from the death of the person to whom the part relates A; or
 - (iii) a person aged under 18 years; or
 - (iv) a person with a mental incapacity.
- (5) The attending medical practitioner must—
 - (a) be present when—
 - (i) **subsection (3)(a)** is complied with; or
 - (ii) **subsections (3)(b) and (4)** are complied with; and
 - (b) collect the form; and

- (c) send the completed form to the Registrar.

10 First opinion reached to be given by attending medical practitioner

- (1) This section applies after ~~section 9 is complied with the attending medical practitioner complies with **section 9(5)(c)**.~~
- (2) The attending medical practitioner must reach the opinion that—
- (a) the person requesting the option of receiving assisted dying is a person who is eligible for assisted dying; or
 - (b) the person requesting the option of receiving assisted dying is not a person who is eligible for assisted dying; or
 - (c) the person requesting the option of receiving assisted dying would be a person who is eligible for assisted dying ~~if the person's competence it were established as described in under **section 12** that the person was competent to make an informed decision about assisted dying.~~
- (3) The attending medical practitioner must—
- (a) complete a ~~prescribed~~ approved form recording their opinion; and
 - (b) send the completed form to the Registrar.

11 Second opinion reached to be given by independent medical practitioner

- (1) This section applies if the attending medical practitioner reaches the opinion described in **section 10(2)(a) or (c)**.
- (2) The attending medical practitioner must—
- (a) ask the SCENZ Group for the name and contact details of an independent medical practitioner; and
 - (b) ask the independent medical practitioner for their opinion on whether the person requesting the option of receiving assisted dying is a person who is eligible for assisted dying.
- (3) The independent medical practitioner must—
- (a) read the person's medical files; and
 - (b) examine the person; and
 - (c) reach the opinion that—
 - (i) the person is a person who is eligible for assisted dying; or
 - (ii) the person is not a person who is eligible for assisted dying; or
 - (iii) the person would be a person who is eligible for assisted dying ~~if the person's competence it were established as described in under **section 12** that the person was competent to make an informed decision about assisted dying.~~
- (4) The independent medical practitioner must—
- (a) complete a ~~prescribed~~ approved form recording their opinion; and

- (b) send the completed form to the Registrar; and
- (c) send a copy of the completed form to the attending medical practitioner.

12 Third opinion reached, if necessary to be given by psychiatrist if competence not established to satisfaction of 1 or both medical practitioners

- (1) This section applies if—
 - (a) the following situation exists:
 - (i) the attending medical practitioner reaches the opinion described in **section 10(2)(a)**; and
 - (ii) the independent medical practitioner reaches the opinion described in **section 11(3)(c)(iii)**; or
 - (b) the following situation exists:
 - (i) the attending medical practitioner reaches the opinion described in **section 10(2)(c)**; and
 - (ii) the independent medical practitioner reaches the opinion described in **section 11(3)(c)(i)**; or
 - (c) the following situation exists:
 - (i) the attending medical practitioner reaches the opinion described in **section 10(2)(c)**; and
 - (ii) the independent medical practitioner reaches the opinion described in **section 11(3)(c)(iii)**.
- (2) The medical practitioners must jointly—
 - (a) ask the SCENZ Group for the name and contact details of a ~~specialist~~ psychiatrist; and
 - (b) ask the ~~specialist~~ psychiatrist for their opinion on whether the person requesting the option of receiving assisted dying is competent to make an informed decision about assisted dying.
- (3) The ~~specialist~~ psychiatrist must—
 - (a) read the person's medical files; and
 - (b) examine the person; and
 - (c) reach the opinion that—
 - (i) the person is competent to make an informed decision about assisted dying; or
 - (ii) the person is not competent to make an informed decision about assisted dying.
- (4) The ~~specialist~~ psychiatrist must—
 - (a) complete a ~~prescribed~~ an approved form recording their opinion; and

- (b) send the completed form to the Registrar; and
- (c) send a copy of the completed form to—
 - (i) the attending medical practitioner; and
 - (ii) the independent medical practitioner.

13 ~~Negative decision made on request~~Opinion reached that person is not eligible for assisted dying

- (1) **Subsection (2)** applies if the attending medical practitioner reaches the opinion described in **section 10(2)(b)**.
- (2) The attending medical practitioner must explain the reasons for their opinion to the person requesting the option of receiving assisted dying.
- (3) **Subsection (4)** applies if—
 - (a) the independent medical practitioner reaches the opinion described in **section 11(3)(c)(ii)**; or
 - (b) the following situation exists:
 - (i) ~~a specialist psychiatrist~~ is asked for their opinion under **section 12(2)(b)**; and
 - (ii) ~~the specialist psychiatrist~~ reaches the opinion described in **section 12(3)(c)(ii)**.
- (4) The independent medical practitioner or ~~the specialist psychiatrist~~, as appropriate, must meet the person with the attending medical practitioner must explain their reasons for their opinion to the person requesting the option of receiving assisted dying to explain the reasons for their opinion to the person and the attending medical practitioner.
- (5) The attending medical practitioner must—
 - (a) complete ~~a prescribed~~ an approved form recording the actions taken to comply with **subsection (2) or (4)**; and
 - (b) send the completed form to the Registrar.

14 ~~Positive decision made on request~~Opinion reached that person is eligible for assisted dying

- (1) This section applies if—
 - (a) the following situation exists:
 - (i) the attending medical practitioner reaches the opinion described in **section 10(2)(a)**; and
 - (ii) the independent medical practitioner reaches the opinion described in **section 11(3)(c)(i)**; or
 - (b) the following situation exists:

- (i) ~~a specialist psychiatrist~~ is asked for their opinion under **section 12(2)(b)**; and
 - (ii) ~~the specialist psychiatrist~~ reaches the opinion described in **section 12(3)(c)(i)**.
- (2) The attending medical practitioner must—
- (a) advise the person requesting the option of receiving assisted dying that the person is a person who is eligible for assisted dying; and
 - (b) discuss with the person the progress of the person's terminal illness ~~or grievous and irremediable medical condition~~; and
 - (c) discuss with the person the likely timing ~~of the assisted dying for the administration of the medication~~; and
 - (d) make ~~provisional arrangements to be available to administer the medication at the time indicated~~.
 - (d) give the person an approved form for the person to complete by choosing the date and time for the administration of the medication; and
 - (e) advise the person that at any time after completing the approved form referred to in **paragraph (d)** the person may decide—
 - (i) not to receive the medication; or
 - (ii) to receive the medication at a time on a later date that is not more than 6 months after the date initially chosen for the administration of the medication.
- (3) The attending medical practitioner must—
- (a) complete ~~a prescribed~~ an approved form recording the actions taken to comply with **subsection (2)**; and
 - (b) send the completed form to the Registrar.

14A Eligible person to choose date and time for administration of medication

- (1) If an eligible person wishes to receive assisted dying, the person must—
 - (a) complete the approved form referred to in **section 14(2)(d)**; and
 - (b) return the completed form to the attending medical practitioner.
- (2) After receiving the completed form, the attending medical practitioner must send the form to the Registrar.
- (3) Each time (if any) that an eligible person decides under **section 14 or 16** to receive the medication on a date later than the date initially chosen and specified in the approved form referred to in **section 14(2)(d)**,—
 - (a) the eligible person must complete a new approved form to replace the form initially or most recently completed under **section 14(2)(d)** (**a replacement form**); and

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- (b) references in **sections 15 and 16** to the date chosen or chosen time are references to the date and time chosen in the replacement form.

15 ~~Lethal dose of medication chosen~~Provisional arrangements for administration of medication

- (1) ~~This section applies after **section 14** is complied with the attending medical practitioner complies with **section 14A(2)**.~~
- (2) ~~When the person wishes to exercise the option of receiving assisted dying, they must inform the attending medical practitioner.~~
- (3) ~~The~~ Before the date chosen by an eligible person for the administration of the medication, the attending medical practitioner must—
- (a) ~~advise the person about the following methods for the administration of a lethal dose of the medication:~~
- (i) ~~ingestion, triggered by the person:~~
- (ii) ~~intravenous delivery, triggered by the person:~~
- (iii) ~~ingestion through a tube, triggered by the attending medical practitioner or an attending nurse practitioner:~~
- (iv) ~~injection administered by the attending medical practitioner or an attending nurse practitioner; and~~
- (b) ~~ask the person to choose one of the methods; and~~
- (e) ~~ask the person to choose the time for the administration of the medication; and~~
- (d) ~~ensure that the person knows that they can change their mind at any time before the administration of the medication; decide, at any time before the administration of the medication, not to receive the medication or to receive the medication at a time on a later date that is not more than 6 months after the date initially chosen for the administration of the medication; and~~
- (e) make provisional arrangements for the administration of the medication on the chosen day and time.
- (4) ~~At least 48 hours before the chosen time of for the administration of the medication, the attending medical practitioner, or an attending nurse practitioner, must—~~
- (a) ~~write the appropriate prescription for the eligible person; and~~
- (b) ~~advise the Registrar of the method and of the date and time chosen for the administration of the medication.~~
- (5) ~~The Registrar must check that the process processes in **sections 8 to 14A** has have been complied with.~~

- (6) If the Registrar is satisfied that the ~~process~~ processes in **sections 8 to 14A** ~~has~~ have been complied with, the Registrar must notify the attending medical practitioner accordingly.

16 ~~Lethal dose~~ Administration of medication administered

- (1) This section applies after ~~section 15~~ is complied with the attending medical practitioner has received notification from the Registrar under **section 15(6)**.
- (2) At the chosen time ~~of administration~~ for the administration of the medication, the attending medical practitioner, or an attending nurse practitioner, must ask the eligible person if they ~~choose to receive the medication~~ choose—
- (a) to receive the medication at that time; or
 - (b) not to receive the medication at that time, but to receive the medication at a time on a later date that is not more than 6 months after the date initially chosen for the administration of the medication; or
 - (c) not to receive the medication at that time, and to rescind their request to exercise the option of assisted dying.
- (3) If the eligible person chooses not to receive the medication at the chosen time, the attending medical practitioner, or an attending nurse practitioner, must—
- (a) immediately ~~remove~~ take the medication away from the room eligible person; and
 - (c) complete a ~~prescribed~~ an approved form recording the action taken to comply with **paragraph (a)**; and
 - (d) send the completed form to the Registrar.
- (4) If the eligible person chooses to receive the medication, the attending medical practitioner, or the attending nurse practitioner, must—
- (a) provide the medication to the person, for administration by either of the methods described in **section 15(3)(a)(i) and (ii)**; or
 - (b) administer the medication by either of the methods described in **section 15(3)(a)(iii) and (iv)**.
- (5) The attending medical practitioner, or the attending nurse practitioner, must—
- (a) be available to the eligible person until the person dies; or
 - (b) arrange for another medical practitioner or attending nurse practitioner to be available to the person until the eligible person dies.
- (6) For the purposes of **subsection (5)**, the attending medical practitioner or attending nurse practitioner is available to the eligible person if the medical practitioner or attending nurse practitioner—
- (a) is in the same room or area as the person; or
 - (b) is not in same room or area as the person but is in close proximity to the person.

17 Death to be reported

- (1) Within 14 working days of a person's death as a result of the administration of medication under **section 16**, the attending medical practitioner, or the attending nurse practitioner who provided or administered the medication on the instruction of the attending medical practitioner, must send the Registrar a report in the ~~prescribed~~approved form containing the information described in **subsection (2)**.
- (2) The information is—
 - (a) the ~~name of the~~ attending medical practitioner's ~~name~~ or attending nurse practitioner; and
 - (b) the person's name; and
 - (c) the person's last known address; and
 - (d) the fact that the person has died; and
 - (f) which of the methods described in **section 15(3)(a)** was used; and
 - (g) a description of the administration of the medication; and
 - (h) whether any problem arose in the administration of the medication and, if so, how it was dealt with; and
 - (i) the place where the person died; and
 - (j) the date and time when the person died; and
 - (k) the name of the medical practitioner or nurse practitioner who was available to the person until the person died; and
 - (l) the names of any other health practitioners who were present when the person died.
- (3) The Registrar must send the report to the Review Committee.

18 Destruction of prescription if no longer required

- (1) **Subsection (2)** applies if—
 - (a) an attending medical practitioner, or an attending nurse practitioner, holds a prescription written under **section 15(4)(a)**; and
 - (b) the medication is no longer required.
- (2) The attending medical practitioner, or the attending nurse practitioner, must—
 - (a) immediately destroy the prescription; and
 - (b) complete a ~~prescribed~~an approved form recording the action taken to comply with **paragraph (a)**; and
 - (c) send the completed form to the Registrar.

18A No further action to be taken if person rescinds request to exercise option of receiving assisted dying

- (1) This section applies if, at any time, an eligible person rescinds their request to exercise the option of receiving assisted dying.
- (2) The attending medical practitioner or attending nurse practitioner must—
 - (a) complete an approved form recording that the person has rescinded their request; and
 - (b) send the completed form to the Registrar; and
 - (c) take no further action in respect of the person’s request (other than under **section 18**, if applicable)
- (3) If at any subsequent time the person wishes to exercise the option of receiving assisted dying, the person may make a new request under **section 8**.

18B No further action to be taken if pressure suspected

If, at any time, the attending medical practitioner or attending nurse practitioner suspects on reasonable grounds that a person who has expressed the wish to exercise the option of receiving assisted dying is not expressing their wish free from pressure from any other person, the medical practitioner or nurse practitioner must—

- (a) take no further action under this Act to assist the person in exercising the option of receiving assisted dying; and
- (b) tell the person that they are taking no further action under this Act to assist the person in exercising the option of receiving assisted dying; and
- (c) complete an approved form recording—
 - (i) that they are taking no further action under this Act to assist the person in exercising the option of receiving assisted dying; and
 - (ii) the actions taken to comply with **paragraph (b)**; and
- (d) send the form completed under **paragraph (c)** to the Registrar.

Part 3

Accountability

19 SCENZ Group

- (1) The Director-General must establish the SCENZ Group by appointing to it the number of ~~medical practitioners~~ members that the Director-General considers appropriate.
- (1A) The Director-General must appoint members who the Director-General considers have, collectively, knowledge and understanding of matters relevant to the functions of the SCENZ Group.
- (2) The functions of the SCENZ Group are—

- (a) to make and maintain a list of medical practitioners who are willing to act for the purposes of this Act as—
 - (i) replacement medical practitioners;
 - (ii) independent medical practitioners;
 - (b) to provide a name and contact details from the list maintained under **paragraph (a)**, when this Act requires the use of a replacement medical practitioner or independent medical practitioner, ~~in such a way as to ensure that~~ that ensures that the attending medical practitioner does not choose the replacement medical practitioner or independent medical practitioner;
 - (c) to make and maintain a list of health practitioners who are willing to act for the purposes of this Act as ~~specialists~~ psychiatrists;
 - (d) to provide a name and contact details from the list maintained under **paragraph (c)**, when this Act requires the use of a ~~specialist~~ psychiatrist, ~~in such a way as to~~ that ensures that neither the attending medical practitioner nor the independent medical practitioner chooses the ~~specialist~~ psychiatrist;
 - (e) to make and maintain a list of pharmacists who are willing to dispense medication for the purposes of **section 16**;
 - (f) to provide a name and contact details from the list maintained under **paragraph (e)** when **section 16** is to be applied;
 - (g) in relation to the administration of medication under **section 16**,—
 - (i) to prepare standards of care; and
 - (ii) to advise on the required medical and legal procedures; and
 - (iii) to provide practical assistance if assistance is requested.
- (3) The ~~m~~Ministry must service the SCENZ Group.

20 Review eCommittee

- (1) The ~~m~~Minister must appoint an end-of-life ~~r~~Review eCommittee consisting of—
- (a) a medical ethicist; and
 - (b) ~~a medical practitioner who practises in the area of end-of-life care; and~~
 - (c) ~~another medical practitioner.~~
 - (b) 2 health practitioners, one of whom must be a medical practitioner who practises in the area of end-of-life care.
- (2) The ~~r~~Review eCommittee has the following functions:
- (a) to consider reports sent to it under **section 17(3) (attending medical practitioner-assisted death reports)**; and

- (b) to report to the ~~Registrar~~ whether it considers that the information contained in an ~~attending medical practitioner assisted death~~ report shows satisfactory compliance with the requirements of this Act; and
- (c) to direct the ~~Registrar~~ to follow up on any information contained in a ~~medical practitioner an assisted death~~ report that the ~~Review eCommittee considered did~~ considers does not show satisfactory compliance with the requirements of this Act.

21 Registrar (assisted dying)

- (1) The Director-General must nominate an employee of the ~~m~~Ministry as the ~~R~~Registrar (assisted dying).
- (2) The ~~R~~Registrar must establish and maintain a register recording the following:
 - (a) ~~prescribed approved~~ forms held by the ~~R~~Registrar; and
 - (b) the ~~R~~Review eCommittee's reports to the ~~R~~Registrar; and
 - (c) the ~~R~~Registrar's reports to the ~~m~~Minister.
- (3) The ~~R~~Registrar must consult the Privacy Commissioner—
 - (a) before establishing the register; and
 - (b) at regular intervals while maintaining the register.
- (4) If the ~~R~~Registrar receives a complaint about the appropriateness of the conduct of any person health practitioner under this Act that the ~~R~~Registrar considers relates to a matter ~~more properly~~ within the jurisdiction of any of the following persons, the ~~R~~Registrar must refer the complaint to that person:
 - (a) ~~to the Health and Disability Commissioner, if it appears that the complaint relates to a~~ alleges that the conduct of the health practitioner is, or appears to be, in breach of the Code of Health and Disability Services Consumers' Rights; or
 - (b) ~~to the appropriate authority, if it appears that the complaint relates to a health practitioner's competence, fitness to practise, or conduct; or~~
 - (c) ~~to the New Zealand Police.~~
- (4A) If the ~~R~~Registrar does not refer a complaint under **subsection (4)**, the ~~R~~Registrar must notify the complainant of that fact and of the reason why a referral was not made.
- (4B) The ~~R~~Registrar must take any action directed by the ~~R~~Review eCommittee under **section 20(2)(c)**.
- (5) The ~~R~~Registrar must report to the ~~m~~Minister by the end of 30 June each year on the following matters for the year:
 - (a) the total number of deaths occurring under **section 16**;
 - (b) ~~the total broken down into~~ number of deaths occurring through each of the methods described in **section 15(3)(a)**;

- (c) the number of complaints received about breaches of this Act;
 - (d) how ~~the~~ those complaints were dealt with;
 - (e) any other matter relating to the operation of this Act that the ~~the~~ Registrar thinks appropriate.
- (6) The ~~the~~ Registrar must perform any other functions that this Act requires the ~~the~~ Registrar to perform.

21A Persons to provide information to ~~the~~ Registrar

- (1) This section applies to—
- (a) the Health and Disability Commissioner; and
 - (b) an authority; and
 - (c) the New Zealand Police.
- (2) A person to whom this section applies must provide to the ~~the~~ Registrar each year any information that the ~~the~~ Registrar may require to enable the ~~the~~ Registrar to report to the ~~the~~ Minister on the matters referred to in **section 21(5)(c) and (d)**.
- (3) The information must be provided within the time and in the manner ~~(which must be reasonable in the circumstances)~~ specified by the ~~the~~ Registrar ~~(which must be reasonable in the circumstances)~~.

21B Minister must present to House of Representatives copy of report under section 21

As soon as practicable after receiving a report under **section 21(5)**, the ~~the~~ Minister must present a copy of the report to the House of Representatives.

22 Review of operation of Act

- (1) The ~~the~~ Ministry must, within 3 years after the commencement of this Act and then at subsequent intervals of not more than 5 years,—
- (a) review the operation of this Act; and
 - (b) consider whether any amendments to this Act or any other enactment are necessary or desirable; and
 - (c) report on its findings to the ~~the~~ Minister.
- (2) As soon as practicable after receiving a report under **subsection (1)(c)**, the Minister must present a copy of the report to the House of Representatives.

~~22A Attending medical practitioner to take no further action if coercion suspected~~

~~If at any time the attending medical practitioner has reasonable grounds to suspect that a person who has expressed the wish to exercise the option of assisted dying is not expressing their wish free from pressure from any other person, the medical practitioner must—~~

- (a) ~~take no further action under this Act to assist the person in exercising that option; and~~
- (b) ~~tell the person that they are taking no further action under this Act to provide assisted dying services to the person; and~~
- (e) complete a prescribed form recording—
 - (i) ~~that they are taking no further action under this Act to assist the person in exercising the option of assisted dying; and~~
 - (ii) ~~the actions taken to comply with **paragraph (b)**; and~~
- (d) send the form completed under **paragraph (c)** to the registrar.

Part 4 Related matters

23 ~~Regulations prescribing forms~~

~~The Governor-General may, by Order in Council, make regulations prescribing forms for the purposes of this Act, providing for any matters contemplated by this Act, necessary for its administration, or necessary for giving it full effect.~~

24 **Other rights and duties not affected**

- (1) Nothing in this Act affects a person's rights to—
 - (a) refuse to receive nutrition;
 - (b) refuse to receive hydration;
 - (c) refuse to receive life-sustaining medical treatment.
- (2) Nothing in this Act affects a medical practitioner's duty to alleviate suffering in accordance with standard medical practice.

24A Advance directive, etc, may not provide for assisted dying

- (1) A person who wishes to request to exercise the option of receiving assisted dying under this Act must sign and date the approved form referred to in **section 9(3)** (the **request form**), and to the extent that any provision expressing such a wish is included by the person in an advance written or oral directive, will, contract, or other document that provision is invalid.
- (2) A person who, after signing and dating the request form, wishes to rescind a request to exercise the option of receiving assisted dying under this Act must communicate that wish to the attending medical practitioner or the attending nurse practitioner orally, in writing (a **rescind document**), or by gesture and to the extent that any provision expressing such a wish is included by the person in an advance written or oral directive, will, contract, or other document (not being a rescind document) that provision is invalid.
- (3) No particular form of words is required to rescind orally or in writing a request to exercise the option of receiving assisted dying under this Act.

24B Welfare guardians have no power to make decisions or take actions under this Act

A welfare guardian appointed under the Protection of Personal and Property Rights Act 1988 for a person does not, in that capacity, have the power to make any decision, or take any action, under this Act for that person.

25 Effect on contracts of death under this Act

A person who dies as a result of ~~the provision of~~ assisted dying is, for the purposes of any life insurance contract, or any other contract,—

- (a) taken to have died as if assisted dying had not been provided; and
- (b) ~~taken to have died from—~~
 - (i) ~~the terminal illness referred to in **section 4(c)(i)** from which they suffered; or~~
 - (ii) ~~the grievous and irremediable medical condition referred to in **section 4(c)(ii)** from which they suffered.~~
- (b) taken to have died from the terminal illness referred to in **section 4(c)** from which they suffered.

25A Restrictions on making public details of assisted dying deaths

- (1) This section applies in respect of a death that was, or appears to be, the result of assisted dying under this Act.
- (2) No person may make public in respect of any death to which this section applies—
 - (a) the method by which the medication was administered to the deceased;
 - (b) the place where the medication was administered to the deceased;
 - (c) the name of the person who administered the medication to the deceased, or the name of that person's employer.
- (3) A person who contravenes this section commits an offence and is liable on conviction—
 - (a) to a fine not exceeding \$20,000, in the case of a body corporate;
 - (b) to a fine not exceeding \$5,000, in any other case.
- (4) Nothing in this section applies in respect of court or tribunal proceedings or to reports or publications of those proceedings.
- (5) In this section, **make public** means publish by means of—
 - (a) broadcasting (within the meaning of the Broadcasting Act 1989); or
 - (b) a newspaper (within the meaning of the Defamation Act 1992); or
 - (c) a book, journal, magazine, newsletter, or other similar document; or
 - (d) an audio or a visual recording; or

- (e) an Internet site that is generally accessible to the public, or some other similar electronic means.

26 Immunity from criminal liability

- (1) ~~A person (A) is immune from criminal liability if A, in good faith and believing on reasonable grounds that another person (B) wishes to exercise the option of assisted dying,—~~
- (a) ~~takes any action that assists or facilitates the dying of B in accordance with the requirements of this Act; or~~
- (b) ~~fails to take any action and that failure assists or facilitates the dying of B in accordance with the requirements of this Act.~~
- (2) **Subsection (1)** ~~applies even if that the doing of that thing, or the failure to do that thing, would constitute an offence under any other enactment.~~
- (1) A health practitioner who does all or any of the following is immune from criminal liability under section 179 of the Crimes Act 1961 or any other enactment:
- (a) discusses with a person, at that person's request and in accordance with **sections 7 and 8** of this Act, assisted dying under this Act:
- (b) provides to a person, at that person's request and in accordance with **sections 7 and 8** of this Act, information about assisted dying under this Act:
- (c) gives a person the approved form referred to in **section 8(2)(i)** of this Act in accordance with **section 9(2)** of this Act and complies with **section 9(5)** of this Act:
- (d) takes any other action that this Act authorises or requires them to take in respect of a person who requests to discuss, requests information about, or wishes or requests to exercise the option of receiving, assisted dying under this Act, and who has not yet been advised in accordance with this Act whether the person is a person who is eligible for assisted dying.
- (2) The rest of this section applies if a person (A) is eligible to exercise the option of receiving assisted dying under this Act and wishes or requests to exercise that option.
- (3) A has the right to request to exercise the option of assisted dying under this Act and does not commit an offence under any enactment by exercising that option.
- (4) If another person (B) knows, or has reasonable grounds for believing, that A has requested to exercise the option of assisted dying under this Act, B is not justified—
- (a) in using any force, under section 41 of the Crimes Act 1961, to prevent A from exercising that option; or

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- (b) in using any force, under section 48 of the Crimes Act 1961, to defend A from an action being taken in respect of A and that this Act authorises or requires to be taken in respect of A.
- (5) B, or any other person, is immune from criminal liability if B or that person, in good faith and believing on reasonable grounds that A wishes to exercise the option of assisted dying under this Act,—

 - (a) takes any action that causes, assists, or facilitates the death of A in accordance with the requirements of this Act (for example, an attending medical practitioner who, under **section 16(4)(a)**, administers medication to A in accordance with the requirements of this Act is immune from liability under the Crimes Act 1961 for the death of A); or
 - (b) fails to take any action and that failure causes, assists, or facilitates the death of A in accordance with the requirements of this Act (for example, an attending nurse practitioner who, under **section 16(5)(a)**, is available to A, and takes no action to revive A, is immune from liability under the Crimes Act 1961 for the death of A).
- (6) **Subsection (5)** applies—

 - (a) even if taking that action, or failing to take that action, would, but for **subsection (5)**, constitute an offence under any enactment; and
 - (b) notwithstanding section 63 of the Crimes Act 1961.

26A Immunity from civil liability

- (1) A person (A) is immune from civil liability if A, in good faith and believing on reasonable grounds that another person (B) wishes to exercise the option of assisted dying,—

 - (a) takes any action that assists or facilitates the ~~dying~~ death of B in accordance with the requirements of this Act; or
 - (b) fails to take any action and that failure assists or facilitates the ~~dying~~ death of B in accordance with the requirements of this Act.
- (2) Nothing in this section affects the right of any person to—

 - (a) bring disciplinary proceedings against a health practitioner under the Health Practitioners Competence Assurance Act 2003; or
 - (b) bring proceedings under section 50 or 51 of the Health and Disability Commissioner Act 1994; or
 - (c) apply for judicial review.

27 Offences

- (1) A person who is a medical practitioner, nurse practitioner, or ~~specialist psychiatrist~~ commits an offence if the medical practitioner, nurse practitioner, or ~~specialist psychiatrist~~ wilfully fails to comply with any requirement of this Act.
- (2) A person commits an offence if the person, without lawful excuse,—

-
- (a) completes or partially completes a ~~prescribed~~ approved form for any other person without that other person's consent; or
 - (b) alters or destroys a completed or partially completed ~~prescribed~~ approved form without the consent of the person who completed or partially completed the form.
- (3) A person who commits an offence under this section is liable on conviction to either or both of the following:
- (a) imprisonment for a term not exceeding 3 months;
 - (b) a fine not exceeding \$10,000.

27A Director-General may approve forms

The Director-General may approve and issue forms for the purposes of this Act.

2828 Amendments to other enactments

Amend the enactments specified in the **Schedule** as set out in that schedule.

Schedule

Amendments to other enactments

s 28

Part 1

Amendments to Acts

Burial and Cremation Act 1964 (1964 No 75)

In section 2(1), definition of **certificate of cause of death**, replace “or 46C” with “, 46C, or **46CA**”.

After section 46C, insert:

46CA Certificate of cause of death in relation to assisted dying

- (1) This section applies if a person dies as a result of ~~the provision of~~ assisted dying under the **End of Life Choice Act 2017**.
- (2) The medical practitioner or nurse practitioner who was available to the person until the person died must, immediately after the person’s death, give a certificate of cause of death.
- (3) However, a certificate of cause of death must not be given under this section if the coroner has decided to open an inquiry into the death under Part 3 of the Coroners Act 2006.

In section 46D, replace “or 46C” with “46C, or **46CA**”.

Coroners Act 2006 (2006 No 38)

After section 13(2), insert:

- (2A) However, subsections (1) and (2) do not apply in any case in which the death was a result of ~~the provision of~~ assisted dying under the **End of Life Choice Act 2017**.

In section 60(1)(a), after “self-inflicted”, insert “(other than as a result of ~~the provision of~~ assisted dying under the **End of Life Choice Act 2017**)”.

After section 71(1)(b), insert:

- (e) ~~the death was a result of the provision of assisted dying under the **End of Life Choice Act 2017**.~~

After section 71(3), insert:

- (4) In this section, **self-inflicted**, in relation to a death, does not include a death that was the result of assisted dying under the **End of Life Choice Act 2017** (see **section 25A** of that Act, which restricts making public details of assisted dying deaths).

Crimes Act 1961 (1961 No 43)

In section 41, insert as subsection (2):

- (2) ~~However, a person who knows or has reasonable grounds for believing that a person has requested the option of assisted dying under the **End of Life Choice Act 2017** is not justified under **subsection (1)** in using any force to prevent the person from exercising that option.~~
- (2) This section is subject to **section 26 of the End of Life Choice Act 2017**.

In section 48, insert as subsection (2):

- (2) ~~However, a person is not justified under **subsection (1)** in using any force to defend any other person who is taking any action that they are required or authorised to take under the **End of Life Choice Act 2017**.~~
- (2) This section is subject to **section 26 of the End of Life Choice Act 2017**.

After section 179(3), insert:

- (4) This section is subject to **section 26 of the End of Life Choice Act 2017**.

Health Act 1956 (1956 No 65)

In section 22B, replace the definition of **services** with:

~~**services** has the same meaning as in section 6(1) of the New Zealand Public Health and Disability Act 2000, and includes assisted dying services provided under the **End of Life Choice Act 2017**.~~

In section 112B, replace the definition of **health information** with:

~~**health information** has the meaning set out in paragraphs (a) and (c) of the definition of that term in section 22B, but does not include information about assisted dying services provided under the **End of Life Choice Act 2017**.~~

Health and Disability Commissioner Act 1994 (1994 No 88)

In section 2(1), replace the definition of **health consumer** with:

~~**health consumer** includes—~~

(a) ~~any person on or in respect of whom any health care procedure is carried out; and~~

(b) ~~any person who, under the **End of Life Choice Act 2017**, requests to receive assisted dying.~~

After section 30(b)(i), insert:

(ia) ~~health consumers who, under the **End of Life Choice Act 2017**, request to receive assisted dying; and~~

In section 2(1), definition of **health services**, replace paragraph (a)(vii) with:

(vii) diagnostic services;

(viii) services provided to a person who has requested assisted dying under the **End of Life Choice Act 2017**; and

New Zealand Public Health and Disability Act 2000 (2000 No 91)

In section 6(1), replace the definition of **services** with:

services means—

- (a) health services; and
- (b) disability support services; and
- (c) services provided to a person who has requested assisted dying under the **End of Life Choice Act 2017**.

Protection of Personal and Property Rights Act 1988 (1988 No 4)

After section 18(1)(f), insert:

- (g) to request, on behalf of the person, the option of receiving assisted dying under the **End of Life Choice Act 2017**.

Part 2**Amendments to legislative instruments****Births, Deaths, Marriages, and Relationships Registration (Prescribed Information) Regulations 1995 (SR 1995/183)**

Replace regulation 7(1)(a)(xiii) with:

- (xiii) the cause or causes of the person's death, subject to **subparagraph (xiiia)**:
- (xiiia) in respect of a person who died as a result of ~~the provision of~~ assisted dying under the **End of Life Choice Act 2017**, the terminal illness ~~or medical condition~~ that gave rise to the person's eligibility for assisted dying:
- (xiiib) in respect of a person who died as a result of ~~the provision of~~ assisted dying under the **End of Life Choice Act 2017**, the fact that the person died as a result of ~~the provision of~~ assisted dying under that Act:
- (xiiic) the interval between the onset of the cause of death and the death, in respect of each cause of death, subject to **subparagraph (xiiid)**:
- (xiiid) in respect of a person who died as a result of ~~the provision of~~ assisted dying under the **End of Life Choice Act 2017**, the interval between the onset of the terminal illness ~~or medical condition~~ that gave rise to the person's eligibility for assisted dying and the person's death by assisted dying:

Cremation Regulations 1973 (SR 1973/154)

In regulation 7(1)(a), replace “or 46C(1)” with “, 46C, or **46CA**”.

Cremation Regulations 1973 (SR 1973/154)—continued

In Schedule 1, form B, replace “or 46C(1)” with “, 46C, or **46CA**”.

In Schedule 1, form B, replace items 6 and 7 with:

- 6 Did you attend the deceased before the deceased’s death?
If so, for how long? [*State how many weeks, months, or years.*]
- 7 If you attended the deceased before the deceased’s death, when did you last see the deceased alive? [*State how many hours or days before death.*]

~~In Schedule 1, form B, item 8, delete “Period elapsing between onset of each condition and death (*years, months, or days*).”~~

In Schedule 1, form B, replace item 9(a) with:

- (a) immediate cause—the disease, injury, or complication that caused the death, or assisted dying? [*specify*]

In Schedule 1, form B, replace item 10 with:

- 10 What was the mode of death if other than by assisted dying? [*specify*]

In Schedule 1, form B, replace item 14 with:

- 14 In view of your knowledge of the deceased’s habits and constitution, do you feel any doubt whatever as to the cause of the deceased’s death? [*specify*]

In Schedule 1, form B, replace the paragraph immediately following item 17 with:

I certify that the answers given above are true and accurate to the best of my knowledge and belief, and that there is no circumstance known to me that can give rise to any suspicion that the death was due wholly or in part to any other cause than that stated that makes it desirable that the body should not be cremated.

Health and Disability Commissioner (Code of Health and Disability Services Consumers’ Rights) Regulations 1996 (SR 1996/78)

~~In the Schedule, clause 4, replace the definition of **services** with:~~

- ~~**services**—~~
- ~~(a) means—~~
- ~~(i) health services; and~~
- ~~(ii) disability services; and~~
- ~~(iii) the provision of assisted dying under the **End of Life Choice Act 2017**; and~~
- ~~(b) includes health care procedures.~~

In the Schedule, after clause 5, insert:

5A End of Life Choice Act 2017

- (1) This clause sets out how this Code operates with the **End of Life Choice Act 2017** (the **EOLC Act**).

Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996 (SR 1996/78)—*continued*

- (2) For Right 4(2) of this Code, contravening **section 7(1)** of the EOLC Act may be found or held to be providing services that do not comply with relevant legal standards.
- (3) Right 6(1)(b) and (c), and (2) of this Code is overridden by **section 7** (assisted dying must not be initiated by health practitioner) of the EOLC Act.
- (4) Right 7(2) to (5) of this Code is overridden by **section 4A** (meaning of competent to make an informed decision about assisted dying) of the EOLC Act.
- (5) Under clause 5 of this Code (and without limiting that clause), nothing in this Code requires a provider to act in breach of any duty or obligation imposed by the EOLC Act or prevents a provider from doing an act authorised by the EOLC Act.

Health (Retention of Health Information) Regulations 1996 (SR 1996/343)

In regulation 2, replace the definition of **services** with:

services has the same meaning as in section 6(1) of the New Zealand Public Health and Disability Act 2000, and includes assisted dying services provided under the **End of Life Choice Act 2017**.