

# DRAFT FOR CONSULTATION

## End of Life Choice Bill

Member's Bill

### Explanatory note

#### General policy statement

##### Purpose

This Bill gives people with a terminal illness or a grievous and irremediable medical condition the option of requesting assisted dying.

The motivation for this Bill is compassion. It allows people who so choose, and are eligible under this Bill, to end their lives in peace and dignity, surrounded by loved ones.

The Bill carefully defines those eligible for assisted dying, details a comprehensive set of provisions to ensure this is a free choice, made without coercion, and outlines a stringent series of steps to ensure the person is mentally capable of understanding the nature and consequences of assisted dying.

##### Background

Bills relating to assisted dying have been debated twice before by the New Zealand Parliament. The first time was in 1995, when Michael Laws' Death with Dignity Bill was defeated 61/29 at first reading. The second time was in 2003, when Peter Brown's Death with Dignity Bill was defeated 60/58 at first reading.

Since that time, evidence and developments have established that there are serious problems with the current state of the law in New Zealand that will be ongoing without a legislative solution. Extensive evidence and analysis considered in the case of *Seales v Attorney-General* [2015] NZHC 1239 demonstrated that, without a change in the law, some people in New Zealand are suffering unbearably at the end of their lives and are taking their lives earlier than they would if assisted dying were legally available to them. There was broad consensus that palliative care cannot alleviate all suffering, including suffering that is unbearable for a person.

Continuation of the status quo cannot be an option when the risks can be managed and the law targeted to the small but significant group of competent adults who are not vulnerable and who wish to die without unbearable suffering and pain. Analysis of overseas jurisdictions where assisted dying is permitted demonstrates that concerns, including concerns about abuse of the vulnerable, have not materialised and that risks can be properly managed through appropriate legislative safeguards. In countries where assisted dying is permitted, medical practitioners and organisations have adapted well, developing guidelines that inform ethical and medical practice.

A change in the law will bring benefits beyond alleviating unbearable suffering and avoiding people being at risk of premature death. The evidence considered in *Seales* and overseas studies show that, when assisted dying is permitted, the quality and uptake of palliative care increases and the doctor-patient relationship is positively enhanced.

In other cases in New Zealand, the courts are treating the family members who have assisted their loved ones to die at their request with increasing leniency and compassion.

Evidence of this includes a case in 2008 in which a sentence of 6 months community detention plus 150 hours community work was given to a man who assisted his mother to die, when his mother had been suffering from the final stages of terminal stomach cancer. Another case in 2012, of a man whose wife had been suffering from primary progressive multiple sclerosis (PPMS), resulted in a discharge without conviction for his assisting his wife to die. The public reaction to such trials has been overwhelmingly compassionate and understanding.

These cases highlight the very difficult position family members can be placed in when assisted dying is not legally available for their loved ones. It also demonstrates further issues with the current state of our law, under which it is becoming permissible, in effect, for family members to assist loved ones to take their own lives. This is clearly less ideal, less clear, and considerably more risky than a regulated process in which medical practitioners can, in limited circumstances, assist those who are suffering.

The state of the law in New Zealand is increasingly out of step with public opinion and with developments overseas. The *Seales* case has promoted nationwide debate around assisted dying and has demonstrated evidence of strong public support for legalising it. There will be those who remain opposed to assisted dying, including those who are opposed because of their personal views and religious or cultural beliefs. This Bill ensures that medical practitioners who are opposed to the practice are under no obligation to advise on or provide assisted dying.

This Bill provides a legal pathway that prevents medical practitioners from being charged with an offence when the request for assisted dying comes from the expressed will of a person who is suffering unbearably.

Under this Bill, it remains a criminal offence to assist a person to die except by an action undertaken by a medical practitioner in the very limited circumstances prescri-

bed. This Bill will provide the option of relief to a small but significant number of people who suffer unendurably during the terminal days or weeks of a difficult illness, despite the best that palliative care can offer, or to those who suffer unendurably as a result of a grievous and irremediable medical condition, despite the best available medical care.

### **Main Provisions**

The Bill defines a person eligible for assisted dying as someone who:

- is aged 18 years or over
- has New Zealand citizenship or is a permanent resident
- suffers from a terminal illness likely to end their life within 6 months or has a grievous and irremediable medical condition
- is in an advanced state of irreversible decline in capability
- experiences unbearable suffering that cannot be relieved in a manner that he or she considers tolerable
- has the ability to understand the nature and consequences of assisted dying.

The Director-General of Health will establish a group of medical practitioners, serviced by the Ministry of Health, known as the Support and Consultation for End of Life in New Zealand (SCENZ) Group. This group will maintain a list of medical practitioners, specialists in mental health, and pharmacists willing to participate in assisted dying. The group will be responsible for allocating replacement and independent medical practitioners, thereby ensuring that the attending medical practitioner does not choose the replacement or independent practitioner. The group will write standards of care, provide advice on medical and legal procedures, and provide practitioners practical assistance if requested.

A Registrar (assisted dying) will be nominated by the Director-General of Health and will have a number of responsibilities under this Bill. These responsibilities include maintaining a register of forms lodged with the Registrar as this Bill requires, co-signing prescriptions, establishing a procedure to deal with complaints, and reporting to the Minister of Health and End of Life Review Committee as required.

No person is obligated to take a role under this Bill, although medical practitioners who conscientiously object must refer people to the SCENZ Group.

### **Process**

A legal process will be created for a person who asks to receive assisted dying. Two medical practitioners will have to be satisfied that the person meets the criteria required.

The attending medical practitioner must provide the person with the prognosis for the terminal illness or grievous and irremediable medical condition and inform the person of the irreversible nature and anticipated impacts of assisted dying. The medical practitioner must also encourage the person to talk about his or her choice with family, friends, and counsellors, ensure that the person has had the opportunity to talk to his

or her choice of people, and do his or her best to ensure that the person has chosen assisted dying free of any pressure or coercion. Should the person wish to proceed with his or her choice, the medical practitioner must provide the prescribed form to the person.

The medical practitioner must then contact the SCENZ Group, which will refer the person requesting assisted dying to a second medical practitioner, who must be independent of the person and of the initial medical practitioner. The second practitioner must read the person's files and examine the person and decide whether the person is a person who is eligible for assisted dying.

After the reading of the person's files and the examination of the person have occurred, should either medical practitioner be uncertain about whether the person requesting assisted dying is competent, the two medical practitioners must jointly refer the person to a specialist with a relevant scope in mental health. The specialist must read the person's files, examine the person, and provide his or her opinion about whether the person requesting assisted dying is competent.

Once this process has occurred, the person must be informed about whether he or she is eligible for assisted dying. Should a person be told he or she is not eligible, the reason for this must be explained.

At each step of this process, a prescribed form – the signed request form, the opinion of the attending medical practitioner, the opinion of the independent medical practitioner, and when required the opinion of the specialist – must be sent independently to the Registrar, so that the Registrar has a complete record of the decisions taken and opinions formed, regardless of whether the request has been approved or declined.

In the case that the person is found to be a person eligible for assisted dying, the medical practitioner must discuss with the person the likely timing and make provisional arrangements to be available. When the person wishes to exercise the option of assisted dying, he or she must tell the medical practitioner, who must inform the person of the medication options available, ask the person to choose one of them and to choose a suitable time for the administration of the prescribed medication, and ensure that the person knows that he or she can change his or her mind at any time. At least 48 hours prior to the administration of the prescribed medication, the practitioner must inform the registrar, who will check that all safeguards have been correctly followed and will then co-sign the prescription for the medication.

At the chosen time of the administration, the medical practitioner must confirm that the person wishes to receive the medication. Should the person wish to receive the medication, the medical practitioner must administer it and either be available to the person until death occurs or arrange for another medical practitioner to be available to the person until death occurs. The medical practitioner must then report the death to the registrar within 14 working days.

A review of the operation of this Act must start three years after commencement and be completed within six months. The report must be presented to Parliament. Thereafter, a review must be conducted every five years.

### Clause by clause analysis

*Clause 1* states the title.

*Clause 2* describes the commencement date.

*Clause 3* defines terms.

*Clause 4* contains the definition of **person who is eligible for assisted dying**.

*Clause 5* provides that the Act binds the Crown.

*Clauses 6 to 18* deal with assisted dying.

*Clause 19 to 22* set out accountability mechanisms.

*Clauses 23 to 28* cover a range of related matters.



*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 **2015**.

**2 Commencement**

This Act comes into force 6 months after the date on which it receives the Royal assent.

**Part 1**  
**Preliminary provisions**

**3 Interpretation**

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

**assisted dying** means the administration by a medical practitioner of a lethal dose of medication to a person to relieve his or her suffering by hastening death

**attending medical practitioner** means a person's medical practitioner

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

**conscientious objection** means an objection to doing anything authorised or required by this Act

**Director-General** means the Director-General of Health

**health practitioner** has the meaning given to it by section 5 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

**medical practitioner** means a health practitioner who—



(a) is registered with the Medical Council of New Zealand as a practitioner of the profession of medicine or is deemed to be so registered; and

(b) holds a current practising certificate

**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

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

**pharmacist** means a health practitioner who—

(a) is registered with the Pharmacy Council as a practitioner of the profession of pharmacy or is deemed to be so registered; 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 registered with the Psychologists Board as a practitioner of the profession of psychology or is deemed to be so registered; and

(b) holds a current practising certificate

**registrar** means the registrar (assisted dying) nominated under **section 21**

**review committee** means the committee established 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**

In this Act, **person who is eligible for assisted dying** 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

(c) suffers from—

(i) a terminal illness that is likely to end his or her life within 6 months; or

- (ii) a grievous and irremediable medical condition; and
- (d) is in an advanced state of irreversible decline in capability; and
- (e) experiences unbearable suffering that cannot be relieved in a manner that he or she considers tolerable; and
- (f) has the ability to understand—
  - (i) the nature of assisted dying; and
  - (ii) the consequences for him or her of assisted dying.

## **5 Act binds the Crown**

This Act binds the Crown.

## **Part 2 Assisted dying**

### **6 Conscientious objection**

- (1) This Act does not require a person to do anything to which the person has a conscientious objection.
- (2) **Subsection (1)**—
  - (a) applies despite any legal obligation to which the person is subject, however the obligation arises; and
  - (b) does not apply to the requirement in **section 7(2)**.

### **7 Effect of conscientious objection**

- (1) This section applies when—
  - (a) a person tells the attending medical practitioner under **section 8(1)** that the person wishes to have the option of receiving assisted dying; and
  - (b) the attending medical practitioner has a conscientious objection.
- (2) The attending medical practitioner must tell the person that—
  - (a) the medical practitioner has a conscientious objection; and
  - (b) the person may ask the SCENZ Group for the name and contact details of a replacement medical practitioner.
- (3) If the person chooses to have the replacement medical practitioner, references in this Act to the attending medical practitioner mean the person's replacement medical practitioner, except in **subsection (2) and section 8(1)**.

### **8 Request made**

- (1) A person who wishes to have the option of receiving assisted dying must tell the attending medical practitioner of his or her wish.
- (2) The attending medical practitioner must—

- 
- (a) give the person the following information:
    - (i) the prognosis for the 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) talk with the person about his or her wish at intervals determined by the progress of his or her terminal illness or medical condition; and
  - (c) ensure that the person understands his or her other options for end of life care; and
  - (d) ensure that the person knows that he or she can change his or her mind at any time; and
  - (e) encourage the person to talk about his or her wish with others such as family, friends, and counsellors; and
  - (f) ensure that the person knows that he or she is not obliged to talk to anyone; and
  - (g) ensure that the person has had the opportunity to talk about his or her wish with those whom he or she chooses; and
  - (h) do his or her best to ensure that the person expresses his or her wish free from pressure from any other person by—
    - (i) talking with other health practitioners who are in regular contact with the person; and
    - (ii) talking 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 he or she took to comply with **paragraphs (a) to (h)**.

## 9 Request confirmed

- (1) This section applies after **section 8** is complied with.
- (2) If the person wishes to proceed, the attending medical practitioner must give the person the prescribed form requesting the option of assisted dying.
- (3) The person 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 if—
  - (a) the person to whom it relates cannot write for any reason; and

- (b) the person to whom it relates requests the other person to sign and date it; and
- (c) the person who signs and dates the part notes on it that he or she did so in the presence of the person to whom the form relates; and
- (d) the person who signs and dates the part is not—
  - (i) a health practitioner caring for the person to whom the part relates; or
  - (ii) a person who knows that he or she stands to benefit from the death of the person to whom the part relates; or
  - (iii) a person aged under 18 years; or
  - (iv) a person with a mental disability.
- (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**

- (1) This section applies after **section 9** is complied with.
- (2) The attending medical practitioner must reach the opinion that—
  - (a) the person is a person who is eligible for assisted dying; or
  - (b) the person is not a person who is eligible for assisted dying; or
  - (c) the person would be a person who is eligible for assisted dying if the person's competence were established as described in **section 12**.
- (3) The attending medical practitioner must—
  - (a) complete a prescribed form recording his or her opinion; and
  - (b) send the completed form to the registrar.

#### **11 Second opinion reached**

- (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 his or her opinion on whether the person is a person who is eligible for assisted dying.
- (3) The independent medical practitioner must—

- (a) read the person's 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 were established as described in **section 12**.
- (4) The independent medical practitioner must—
- (a) complete a prescribed form recording his or her 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**

- (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; and
  - (b) ask the specialist for his or her opinion on whether the person is competent.
- (3) The specialist must—
- (a) read the person's files; and
  - (b) examine the person; and

- (c) reach the opinion that—
  - (i) the person is competent; or
  - (ii) the person is not competent.
- (4) The specialist must—
  - (a) complete a prescribed form recording his or her 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**

- (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 his or her opinion to the person.
- (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 is asked for his or her opinion under **section 12(2)(b)**; and
    - (ii) the specialist reaches the opinion described in **section 12(3)(c)(ii)**.
- (4) The independent medical practitioner or the specialist, as appropriate, must attend the person with the attending medical practitioner to explain the reasons for his or her opinion to the person.
- (5) The attending medical practitioner must—
  - (a) complete a prescribed 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**

- (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 is asked for his or her opinion under **section 12(2)(b)**; and
  - (ii) the specialist reaches the opinion described in **section 12(3)(c)(i)**.
- (2) The attending medical practitioner must—
  - (a) tell the person 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; and
  - (d) make provisional arrangements to be available to administer the medication at the time indicated.

### **15 Medication chosen**

- (1) This section applies after **section 14** is complied with.
- (2) When the person wishes to exercise the option of receiving assisted dying, he or she must tell the attending medical practitioner.
- (3) The attending medical practitioner must—
  - (a) tell the person about the following methods for the administration of a lethal dose of medication:
    - (i) ingestion, triggered by the person:
    - (ii) intravenous delivery, triggered by the person:
    - (iii) ingestion through a tube:
    - (iv) injection; and
  - (b) ask the person to choose one of the methods; and
  - (c) ask the person to choose the time at which he or she wishes the medication to be administered; and
  - (d) ensure that the person knows that he or she can change his or her mind at any time.
- (4) At least 48 hours before the chosen time of administration, the attending medical practitioner must—
  - (a) write the appropriate prescription for the person; and
  - (b) advise the registrar of the method and time chosen; and
  - (c) provide the registrar with the prescription.
- (5) The registrar must check that the process in **sections 8 to 14** has been complied with.

- (6) If the registrar is satisfied that the process in **sections 8 to 14** has been complied with, the registrar must—
- (a) co-sign the prescription for the person; and
  - (b) provide the co-signed prescription to the attending medical practitioner.

#### **16 Medication administered**

- (1) This section applies after **section 15** is complied with.
- (2) At the chosen time of administration, the attending medical practitioner must ask the person if he or she chooses to receive the medication.
- (3) If the person chooses not to receive the medication, the attending medical practitioner must—
  - (a) remove the medication from the room; and
  - (b) return the medication to the pharmacist who dispensed it; and
  - (c) complete a prescribed form recording the actions taken to comply with **paragraphs (a) and (b)**; and
  - (d) send the completed form to the registrar.
- (4) If the person chooses to receive the medication, the attending medical practitioner must administer it by—
  - (a) providing it to the person, for the methods described in **section 15(3)(a)(i) and (ii)**; or
  - (b) providing it, for the methods described in **section 15(3)(a)(iii) and (iv)**.
- (5) The attending medical practitioner must—
  - (a) be available to the person until the person dies; or
  - (b) arrange for another medical practitioner to be available to the person until the person dies.
- (6) For the purposes of **subsection (5)**, the medical practitioner is available to the person if the medical practitioner—
  - (a) is in the same room as the person; or
  - (b) is not in same room as the person but is in close proximity to the person.

#### **17 Death reported**

- (1) Within 14 working days of a person dying as a result of the administration of medication under **section 16**, the attending medical practitioner must send the registrar a report in the prescribed form containing the information described in **subsection (2)**.
- (2) The information is—
  - (a) the attending medical practitioner's name; and
  - (b) the person's name; and



- (c) the person's last known address; and
  - (d) the fact that the person died; and
  - (e) a description of how the attending medical practitioner complied with **section 14(2)**; 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 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 Unused medication returned**

- (1) **Subsection (2) or (3)** applies if—
- (a) a prescription is written under **section 15(4)(a)**; and
  - (b) the medication is not dispensed before the person for whom the prescription was written dies.
- (2) If the attending medical practitioner holds the prescription when the person dies, he or she must—
- (a) destroy it; and
  - (b) complete a prescribed form recording the action taken to comply with **paragraph (a)**; and
  - (c) send the completed form to the registrar.
- (3) If the registrar holds the prescription when the person dies, he or she must—
- (a) destroy it; and
  - (b) complete a prescribed form recording the action taken to comply with **paragraph (a)**.
- (4) **Subsection (5)** applies if—
- (a) a prescription is written under **section 15(4)(a)**; and
  - (b) the medication is dispensed but not used before the person for whom the prescription was written dies.
- (5) The attending medical practitioner must—
- (a) return the medication to the pharmacist who dispensed it; and

- (b) complete a prescribed form recording the action taken to comply with **paragraph (a)**; and
- (c) send the completed form 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 that the Director-General considers appropriate.
- (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, when this Act requires the use of a replacement medical practitioner or independent medical practitioner, in such a way as to ensure 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:
  - (d) to provide a name and contact details from the list, when this Act requires the use of a specialist, in such a way as to ensure that neither the attending medical practitioner nor the independent medical practitioner chooses the specialist:
  - (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 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 ministry must service the SCENZ Group.

#### **20 Review committee**

- (1) The minister must appoint an end of life review committee 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.
- (2) The review committee has the following functions:
- (a) to consider reports sent to it under **section 17(3)**; and
  - (b) to report to the registrar about its satisfaction or otherwise with the cases reported; and
  - (c) to recommend actions that the registrar may take to follow up cases with which the review committee was not satisfied.

## **21 Registrar (assisted dying)**

- (1) The Director-General must nominate an employee of the ministry as the registrar (assisted dying).
- (2) The registrar must establish and maintain a register recording the following:
- (a) prescribed forms held by the registrar; and
  - (b) the review committee's reports to the registrar; and
  - (c) the registrar's reports to the minister.
- (3) The registrar must consult the Privacy Commissioner—
- (a) before establishing the register; and
  - (b) at regular intervals while maintaining the register.
- (4) The registrar must establish and maintain a procedure to deal with complaints about breaches of this Act.
- (5) The registrar must report to the 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 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 complaints were dealt with;
  - (e) any other matter relating to the operation of this Act that the registrar thinks appropriate.
- (6) The registrar must perform any other functions that this Act requires the registrar to perform.

## **22 Review of operation of Act**

- (1) Three years after the commencement of this Act, the ministry must start a review of the operation of this Act and must complete it within 6 months of starting it.

- (2) Every 5 years after the date of the last review, the ministry must start another review of the Act and must complete it within 6 months of starting it.
- (3) Every review must consider whether any amendments to this Act are necessary or desirable.
- (4) Every review must be the subject of a report to the minister.
- (5) The minister must present every report to the House of Representatives as soon as practicable after receiving it.

## **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.

#### **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.

#### **25 Effect of death under this Act**

A person who dies as a result of the provision of assisted dying is taken for all purposes to have died as if assisted dying had not been provided.

#### **26 Immunity in civil or criminal proceedings**

A person is immune from liability in civil or criminal proceedings for acts or omissions in good faith and without negligence in providing or intending to provide assisted dying.

#### **27 Offences**

- (1) A person commits an offence who—
  - (a) wilfully fails to comply with a requirement in this Act; or
  - (b) completes or partially completes a prescribed form for a person without the person's consent; or
  - (c) alters or destroys a completed or partially completed prescribed form without the consent of the person who completed or partially completed it.
- (2) The person is liable on conviction to either of both of—

- (a) a term of imprisonment not exceeding 3 months:
- (b) a fine not exceeding \$10,000.

**28 Amendments to Births, Deaths, Marriages, and Relationships Registration (Prescribed Information) Regulations 1995**

- (1) This section amends the Births, Deaths, Marriages, and Relationships Registration (Prescribed Information) Regulations 1995.
- (2) 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 **2015**, the cause or causes of death as if assisted dying had not been provided:
  - (xiiib) in respect of a person who died as a result of the provision of assisted dying under the End of Life Choice Act **2015**, the fact that the person died as a result of the provision of assisted dying under the End of Life Choice Act **2015**:
  - (xiiic) the interval between onset of the cause of death and 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 **2015**, the interval between onset of the cause of death and death by assisted dying, in respect of each cause of death: