

The Pharmaceutical Society of New Zealand: Submission on the End of Life Choice Bill

The Pharmaceutical Society of New Zealand Inc. (the Society) is the professional association representing over 3,000 pharmacists, from all sectors of pharmacy practice. We provide to pharmacists professional support and representation, training for continuing professional development, and assistance to enable them to deliver to all New Zealanders the best pharmaceutical practice and professional services in relation to medicines. The Society focuses on the important role pharmacists have in medicines management and in the safe and quality use of medicines.

General Overview

The Pharmaceutical Society acknowledges that the End of Life Choice Bill represents an area where individual members have conflicting and deeply held personal views. The Society believes that for most Pharmacists the proposed Bill is contrary to the practice of keeping patients well and may conflict with the Pharmacy Council Code of Ethics. Pharmacists are extensively involved in the current palliative care model in which patients may choose to forgo active treatment.

The Pharmaceutical Society of New Zealand accepts that this Bill is also matter for law makers. If the Bill does pass in to legislation appropriate safe guards need to be included to fully protect the patient, medical practitioner and pharmacist involved in the process.

We would like the legislation to specifically state that:

- No pharmacist should be compelled by any party to provide the medicine
- If a medicine is required then appropriate and timely access should be defined and also involve the patient (or representative), medical practitioner and pharmacist
- Full and appropriate disposal processes for any unused medicines are defined, especially if the medicine falls under the Misuse of Drugs Act 1975 or Misuse of Drugs Regulations 1977.

If the Bill is enacted we strongly recommend that the Pharmaceutical Society are involved in the planning process that will be used to implement the Bill.

Pharmacists must be an integral part of the implementation and delivery of a legislated pathway that provides consumers with access to medications for the purpose of assisting a person to voluntary end their life. This will ensure equity and access for patients, the correct and appropriate implementation of voluntary assisted dying processes and the preservation of an individual pharmacist's professional autonomy and right to conscientious objection.

Specific Comments

Clause 3: Interpretation

Competent: Please can the committee consider references to Section 3 and Section 4 of the "RIGHT 7: Right to Make an Informed Choice HDC Code of Health and Disability Services Consumers' Rights Regulation 1996" as part of the definition of "competent" under the proposed Bill?

Clause 4: Meaning of person who is eligible for assisted dying

Section c(ii): Please can the committee consider defining “a **grievous and irremediable** medical condition” as this could be open to interpretation?

Section (d): Please can the committee consider defining “**advanced state** of irreversible decline in capability” as this could be open to interpretation?

Section (e): Please can the committee consider defining “experiences unbearable suffering that cannot be relieved in a manner that he or she **considers tolerable**” as this could be open to interpretation?

Due to the nature of this Bill it may be beneficial if these terms were clearly defined within the legislature.

Clause 7: Effect of Conscientious objection

Section 2(b): We are concerned that the person requested assisted dying can directly contact the SCENZ Group. This may create additional work for the people involved, the person requested assisted dying and could be seen as a perceived short cut to accessing the requested path.

Clause 8: Request made

Section 8(e),(f),(g): We can understand the intention of this section of the Bill, however it could be sending mixed messaging to the person requesting assisted dying. Aligning this section of the Bill with Privacy Act 1993, the Health Information Privacy Code 1994 and subsequent additions may provide some clarity.

Please can the committee consider the ability for the medical practitioner to refer directly to a specialist if required (as defined in the Bill) before a request for assisted dying is confirmed (First Opinion (Clause 10)?

Clause 9: Request confirmed

Section 4: Please can the committee consider linking this section to the “Part 9 Enduring Powers of Attorney” of the Protection of Personal and Property Rights Act 1988?

Clause 15: Medication Chosen

Section 3(a)(iv): Please can the committee consider clarifying the word “injection” as a method of administration? It may be beneficial if the committee could consider adding “by medical practitioner” to this reference point. The specific route of intravenous delivery, triggered by the patient is already stated (a)(ii). This may help balance section (a), if this was the initial intention of the wording.

Section 4: Please can the committee consider how the medicine will be obtained from the pharmacy including timely access to the medicine, the process of dispensing, linkages to the current medicines legislation and potential impact on the pharmacist’s professional responsibility by being involved in the supply process?

Clause 18: Unused medication returned

Section 5(a): Please can the committee include the actual process of return and method of disposal of the medicine by the pharmacist, especially if the dispensed medicine falls under the Misuse of Drugs Act 1975 or Misuse of Drugs Regulations 1977?

Clause 19: SCENZ Group

Section 2(e): Please could the committee clarify how the list of pharmacists will be determined and how they will ensure that by working with this group it will not interfere with the pharmacist professional and ethical obligations as a registered health professional under the Health Practitioners Competence Assurance Act 2003?