

**“Whatever’s in the law or not, it’s
US.....”**

The nurse role in legal assisted dying

The facts...

- AD is a process, not a single event
- The greatest barrier internationally for AD 'seekers' is the lack of willing doctors
- Only 37% of NZ doctors willing, vs 67% of nurses
- The NZMA will continue to oppose AD *after* legalisation
- Nurses *are* involved in legal AD

Some other facts...

Where AD is legal, it's nurses who...

- Receive *most* AD requests (e.g. at night)
- Support requests
- Provide the emotional support to patients during eligibility assessment processes
- Are invited by patients to 'accompany' them
- Become the de facto 'counsellors' to family
- Notice the patient's decline

Because they are present, and empathic

“Whatever’s in the law or not, it’s us.....”

- Doctors have much less contact with patients than do nurses
- Most doctors want to have nurses involved - practical and emotional reasons
- Nurse involvement occurs through nurses’ everyday roles and the traditional division of tasks – doctors diagnose and prescribe, nurses administer the treatments
- Patients commonly ask a nurse to remain involved

“They don’t like to ask the doctor, because if the doctor says no, then they’re frightened to ask anyone else again. So they start by asking the nurses, because we’re very close to them anyway by that stage.”

“We often end up being a kind of mediator between the patient and their family, they [family] can be very shocked and confused. In a way it’s not really our job, but you’re in there... We [nurses] don’t have any training for that, so you have to get some, or you could actually make a problem worse when they [family] ask you what you think. It can make a big difference to help the family.”

“Whatever’s in the law or not, it’s us.....”

- In The Netherlands and Belgium are *routinely* involved in both undertaking AD assessments *and* administering AD
- In Switzerland and the US, many nurses volunteer with the AD provider organisations, because participation is prohibited by their employers

BUT

- These laws do not give explicit immunities to nurses

A potential leadership role for NZ nurses

- The Canadian law authorises nurse practitioners for tasks related to AD
- Canadian nurse practitioners have become equal partners with doctors in providing AD services

Major opportunity for NZ nurses to take a leadership role through the legislation

Being prepared for AD tasks

What do you do when:

- You receive an AD request from a person you think may have incipient dementia?
- You receive a request from a close friend or family member?
- You have agreed to support a patient through their assessment, and then find it's too emotional for you?
- The family asks you to talk the patient out of having AD?
- A doctor prescribes a dose that you think will be inadequate?

“If it hadn’t been that we [nurses] encouraged her to keep making the request, she would have finally killed herself. It was only when her husband died that the doctors agreed that she would be allowed to have it [AD].”

“Even after helping a lot of patients, I still remember every person, every name, every face, how happy they looked when they knew it would really happen for them at last. It stays with you always.”

Being prepared for AD impacts

What do you do when:

- A colleague accuses you of being a “murderer” when you have supported an AD request?
- Your employer, or manager, or senior practitioner, pressures you to not take part in AD services?
- You take part in a legal AD and then find you’ve been declined a promotion that had already been confirmed?
- You are ostracised by your team for taking part in AD services?
- A colleague tries to pressure you into taking part when you prefer not to?