

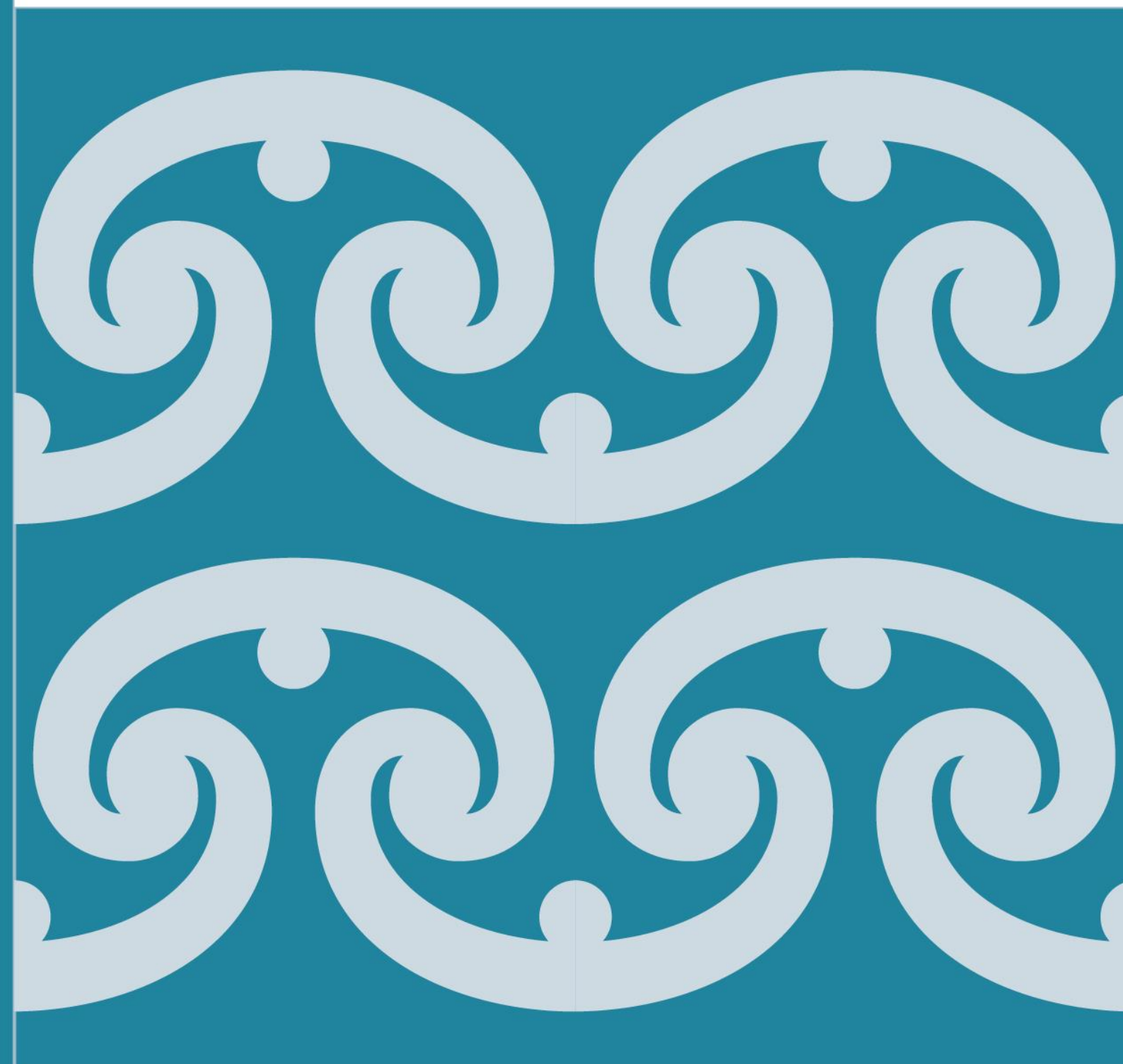


**Te Kāwanatanga o Aotearoa**  
New Zealand Government



# Assisted Dying Service – Ngā Ratonga Mate Whakaahuru

Registrar (assisted dying) Annual Report  
to the Minister of Health – June 2025









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# Introduction

## About this report

The Ministry of Health – Manatū Hauora is responsible for administering the End of Life Choice Act 2019.

The Registrar (assisted dying) must report on the assisted dying service under section 27(7) of the Act.

Reporting is due to the Minister of Health by 30 June each year and must cover the following matters for the year:

- the total number of deaths that occurred under the Act
- the number of deaths that occurred through each of the methods of administration of medication
- the number of complaints received about breaches of the Act and how those complaints were dealt with
- any other matter relating to the operation of the Act that the Registrar thinks appropriate.

This report covers the period 1 April 2024 to 31 March 2025. For copies of previous reports, please refer to the **publications page** on the Ministry of Health website.

## End of Life Choice Act 2019

The Act came into force on 7 November 2021. It gives a person with a terminal illness the option to request medication to end their life. The Act outlines the legal framework for assisted dying, including eligibility criteria and some key safeguards.

To be eligible for an assisted death, a person must be:

- aged 18 years or over
- a citizen or permanent resident of New Zealand
- suffering from a terminal illness that is likely to end their life within six months
- in an advanced state of irreversible decline in physical capability
- experiencing unbearable suffering that cannot be relieved in a manner the person considers tolerable
- competent to make an informed decision about assisted dying.

The request to have an assisted death must be raised by the person with a terminal illness. A health practitioner is not permitted to raise this option with a patient unprompted.

Read the full Act on the [New Zealand Legislation website](#).

## Review of the operation of the Act

Under section 30 of the Act, the Ministry must undertake a review of the operation of the Act within three years of it coming into force and then at subsequent intervals of not more than five years.

The Ministry completed its first review of the Act in November 2024. Please see the [Review of the End of Life Choice Act](#) webpage on the Ministry's website for more information, including the terms of reference, an outline of how the review was completed and final reports.

# Roles and groups

## Registrar (assisted dying)

The Registrar (assisted dying) is a statutory role under the Act and must be a Ministry employee who is nominated by the Director-General of Health. The Registrar's responsibilities under the Act include:

- reviewing the assisted dying forms health practitioners complete to ensure compliance with the Act before the prescription is released
- establishing and maintaining a register of approved forms for the assisted dying process and consulting the Privacy Commissioner as required under the Act
- receiving and managing complaints and referring them to the Health and Disability Commissioner (HDC), New Zealand Police and/or other appropriate authorities
- taking any action as directed by the End of Life Review Committee.

The Registrar must perform any other functions that the Act requires the Registrar to perform.

## The Support and Consultation for End of Life in New Zealand Group

The Support and Consultation for End of Life in New Zealand Group (the SCENZ Group) is a statutory body under the Act. The Director-General of Health appoints its members. The role of the SCENZ Group is specified in section 25 of the Act: the group maintains a list of health professionals willing to provide assisted dying services in New Zealand and is responsible for the clinical guidelines for administering medication for an assisted death and the standard of care for assisted dying in New Zealand.

More information about the SCENZ Group, including details of its current members, can be found on the **Support and Consultation for End of Life in New Zealand (SCENZ) Group webpage** on the Ministry's website.

## End of Life Review Committee

The End of Life Review Committee is responsible for considering all assisted death reports the Registrar receives under section 21(3) of the Act.

The assisted death report is a mandatory report completed by the attending medical practitioner (AMP) or attending nurse practitioner (ANP) after each assisted death provided in New Zealand.

The Committee is responsible for reviewing whether the information contained within each assisted death report shows satisfactory compliance with section 21(2) of the Act. The Committee may make recommendations for the Registrar to follow up on any information contained within the assisted death report, if it considers that the report does not show satisfactory compliance with the requirements of the Act.

Note that, following the resignation of one of the Committee members in late 2023, the work of the Committee was placed on hold pending the appointment of new members by the Minister of Health. In mid-2024, new appointments were made and work resumed. Part of this work included reviewing outstanding assisted death report forms; this is now complete.

The Registrar met with the Committee following the new appointments and has not received any recommendations from the Committee for the period of this report.

More information about the Committee (including the current members) can be found on the **End of Life Review Committee webpage** on the Ministry's website.

## Assisted Dying Secretariat

The Assisted Dying Secretariat is part of the Regulatory Assurance team in the Ministry's Regulation and Monitoring – Te Pou Whakamaru directorate. The Secretariat supports the SCENZ Group, the Committee and the Office of the Registrar.

The Regulatory Assurance team regulates and monitors the service to ensure compliance with the Act. The Registrar works closely with the team.

## Office of the Registrar

The Office of the Registrar supports the Registrar. The Office includes the Deputy Registrar and members of the Regulatory Assurance team who hold the relevant knowledge and technical skills to support the Registrar.

## Health New Zealand

Health New Zealand – Te Whatu Ora is responsible for operational aspects of health care in New Zealand, including the delivery of assisted dying services. As such, this report does not include general information relating to the operational functions of assisted dying services, such as training, clinical support, service provision and data collection.

# Reporting and service activity

The Ministry, through Health New Zealand, collects data about assisted dying services as part of its role in regulating and monitoring assisted dying services. Collecting this information helps us to understand who is accessing services and how services are provided and enables us to report on information about assisted dying, as required by the Act. Data can provide insight into how individuals, their whānau and health practitioners experience assisted dying services. This drives continuous improvements and results in better outcomes.

The level of detail that we can currently report on is limited due to the need to protect the confidentiality of individuals using the services.

The Ministry of Health has undertaken consolidation and review of the data informing this report in collaboration with Health New Zealand. The Ministry reviews and ratifies this information over time. Further review and adjustment may occur.

# Overview of assisted dying applications

The data provided below reflects a summary of individuals' interactions with the assisted dying service from 1 April 2024 to 31 March 2025. Accordingly, medical assessments and outcomes may refer to applications initiated in the Registrar's previous annual report.

Between 1 April 2024 and 31 March 2025, there were 1,066 new formal applications for assisted dying. This report also contains information on 71 applications that were ongoing at the end of last year's report (for the 2023/24 year). Thus, a total of 1,137 applications were active during this 2024/25 reporting period, reflecting an increase in active applications of 20% from the previous reporting period, in which the total number of active applications was 945.

As of 31 March 2025, there were 125 individuals still in the process of assessment or in preparation for assisted dying, and 472 people had an assisted death. The remaining applications had not progressed to an assisted death due to one of the following reasons:

- the application was found to not comply with the Act
- the applicant withdrew their application
- the applicant died in the process, or was found ineligible or not competent to give consent before assessment by the AMP
- the applicant was found ineligible or not competent to give consent at or following assessment
- the applicant died as a result of their underlying conditions following assessment.

As part of the assisted dying process, the AMP must ensure the person understands all their choices for end-of-life care. As a result, there have been occasions on which a person's request for assisted dying has led to them exploring alternative care or services, such as optimising palliative care or additional social or wrap-around supports. In some cases, this resulted in the person rescinding (withdrawing) their application for assisted dying.

The principal clinical advisors within Health New Zealand work with other health services, such as people's general practitioners, to help coordinate their care or support. In some cases, following further consultation, some people to choose to withdraw their application for assisted dying; was no longer their preferred option. For some people, just knowing they have options within their control is comfort enough.

## Timeframes for eligibility

Assisted dying services are person-centred. The time taken from application through to eligibility approval, and then to an assisted death, varies based on applicants' personal situation, their choices and the progression of their terminal illness.

The process from initial application through to determination of eligibility may take up to six weeks. For those found eligible following assessment, the average time between initial formal application and notification of eligibility by the AMP was 14 days in 2024/2025. After notification of eligibility, the Registrar must review the application to ensure it is compliant with the Act before the assisted death can take place.

People requesting the option of assisted dying are nearing the end of their life; this may mean they feel a sense of urgency about moving through the process quickly. However, the processes and steps that must be followed under the Act ensure a safe and quality service, and should therefore not be rushed.

## Demographics of applicants

The Ministry collects, based on health sector standards and protocols, information about the demographics of applicants to the assisted dying service, including gender and ethnicity data.

Of the 1,066 new applications received over the 2024/25 year:

- 80% identified as New Zealand European/Pākehā
- 5% identified as Māori
- 49% identified as female/wāhine
- 79% were 65 years or older
- 78% were receiving palliative care at the time of the application
- 65% had a diagnosis of cancer.

**Table 1: Demographic summary of new applications**

<b>Demographic summary: New applications (N = 1,066) 1 April 2024–31 March 2025</b>		<b>Number of people<sup>3</sup></b>	<b>% of applications</b>
Ethnic group <sup>1</sup>	Māori	53	4.97
	Pacific peoples	6	0.56
	New Zealand European/Pākehā	852	79.92
	Asian	38	3.56
	Other	106	9.94
	Not stated	22	2.06
Sex	Female/wāhine	517	48.50
	Male/tāne	549	51.50
	Gender diverse	0	0.00
Age group	18–44 years	21	1.97
	45–64 years	198	18.57
	65–84 years	639	59.94
	85+ years	208	19.51
Diagnosis <sup>2</sup>	Cancer	688	64.54
	Neurological condition	102	9.57
	Chronic respiratory disease	92	8.63
	Cardiovascular condition	47	4.41
	Other organ failure	18	1.69
	Multiple co-morbidities	26	2.44
	Not known <sup>4</sup>	156	14.63
Receiving palliative care at time of application?	Yes	835	78.33
	No	223	20.92
	Not stated	8	0.75
Reported a disability at time of application?	Yes	124	11.63
	No	929	87.15
	Not stated	13	1.22

**Notes:**

1. Total ethnicity has been used. This means that individuals reporting more than one ethnicity are included within each category they identify with. In the current report, individuals identifying as 'European' have been included within the 'Other' category, distinct from New Zealand European/Pākehā.
2. Total diagnosis has been used. This means that individuals presenting with multiple diagnoses are included within each applicable diagnostic category.
3. Repeat applications are included as unique instances. This means that, in cases where an individual has submitted multiple applications during this period, their information appears in the demographic data each time.
4. A diagnosis of 'not known' was recorded for individuals who had applied but have not yet completed their first assessment with their AMP, as well as those who withdrew their application before assessment, died before their assessment was completed, were found not eligible or not competent prior to assessment by AMP, or were ineligible due to not having a terminal illness.

# Application outcomes

## Assessments completed during this period

After an application is submitted, an AMP makes an initial assessment. The AMP reviews the person's eligibility against the strict criteria outlined in the Act. An independent medical practitioner (IMP) then provides an independent second assessment.

During the reporting period, AMPs assessed 1,027 applications, representing an increase of 12% compared with the previous year's reporting period (914 applications). During the same period, IMPs assessed 804 applications: an increase of 21% compared with the previous year (664 applications). The percentage of applications AMPs found to be eligible (85%) was consistent with the trend observed in the two prior years' reporting, in which this figure was 86% and 82% respectively. There was a slight decrease in the percentage of applications IMPs found to be eligible (95%) compared to the two prior years, in which this figure was 97% and 99% respectively. We note that this figure has remained above 90% across all reporting periods.

Applicants may be found ineligible at each of these assessments for a variety of reasons. Applicants may also be found to be not competent at any time during their application process, including at each of these assessments. Table 2 shows more information on ineligibility and 'not competent' outcomes for the current period.

Following eligible outcomes at both AMP and IMP assessment, the AMP meets with the applicant for another discussion about eligibility and about the assisted dying process itself. At this time, some eligible applicants may be found not competent or ineligible to continue. However, as in the previous reporting period, 99% (or more) of applicants deemed eligible at both AMP and IMP initial assessments were found to be eligible at this stage.

**Table 2: Assessment outcomes**

	Outcome of assessment	Number of assessments
AMP assessments (N = 1,027)	Eligible	874
	Ineligible	141
	Not competent at assessment	12
IMP assessments (N = 804)	Eligible	764
	Ineligible	24
	Not competent at assessment	16
Eligibility discussion following assessment (N = 712)	Eligible	711
	Not competent at assessment	1

An AMP or an IMP may request an assessment from a psychiatrist from the SCENZ list as to whether a particular applicant is competent to make an informed decision about assisted dying. In the current period, psychiatrists completed 19 such assessments. As a result, three individuals were determined not to be competent to make an informed decision about assisted dying.

For more information about the process for assisted dying or the roles of the practitioners in the service, please visit the Health New Zealand website and search for 'assisted dying services'.

## Ineligibility summaries

Not all applications made to the Service will result in an assisted death; some individuals may be assessed as ineligible. Reasons for ineligibility vary and may relate to an applicant's age, status as a New Zealand citizen/resident or considerations relating to their health and physical decline. More information about the eligibility criteria can be found on the **Assisted dying eligibility and access webpage on Health New Zealand's website**.

Table 3 summarises ineligibility decisions AMPs and IMPs made in 2024/2025 at each stage of assessment. Being found eligible at the AMP assessment stage but then ineligible at the IMP assessment stage may occur due to a number of reasons, including but not limited to, a change in personal circumstances impacting eligibility and/or a change in prognosis.

**Table 3: Ineligibility decisions**

Reason	Ineligible at AMP assessment (141)	Ineligible at IMP assessment (24)
Not a New Zealand citizen / permanent resident	6 (4.3%)	1 (5.0%)
Not aged 18 or over	0 (0.0%)	0 (0.0%)
Not experiencing unbearable suffering that cannot be relieved in a manner the person considers tolerable	59 (41.8%)	9 (45.0%)
Not in an advanced state of irreversible physical decline	63 (44.7%)	7 (35.0%)
Not suffering from a terminal illness that is likely to end their life within six months	120 (85.1%)	17 (85.0%)

Notes:

Total reasons for ineligibility have been applied. This means that individuals may have been found to be ineligible across multiple criteria; each observed reason is included in the report.

This table does not include cases where an applicant was found not competent at AMP/IMP assessment.

# Applications not progressed to an assisted death

Table 4 summarises applications where an AMP or IMP assessment occurred but the applicant did not have an assisted death. This table specifically relates to applications not accounted for as ineligible at the AMP or IMP assessments (see Table 3). Additionally, this table includes applications that were still open at the close of this reporting period and therefore not associated with a known outcome.

There are several reasons why an individual may not continue their application to an assisted death. These include being found ineligible following a previous eligible outcome or becoming unable to make an informed decision / give their consent. Individuals may also withdraw their application or die of an underlying condition / terminal illness at any point during the application process or before their scheduled assisted death.

Furthermore, individual applications may be found non-compliant with the Act during review by the Registrar (assisted dying) and before an assisted death may occur. The number of people dying from their underlying terminal illness during the assessment process is indicative of how close to the end of life some applicants are, as opposed to significant delays in accessing services.

**Table 4: Assessment outcomes**

Outcome type	Number of applications
<b>Closed application outcomes not continuing to AMP assessment</b>	
Died in process, found not competent or found not eligible before assessment by AMP	31
<b>Further application outcomes not progressing to assisted death during this reporting period</b>	
Died in process	242
Lost competence	38
Lost eligibility	1
Decided to withdraw	33
Application found to be not compliant with the Act at compliance review by the Registrar (assisted dying)	1
Application still open at the time of this reporting period	125

# Assisted deaths

Between 1 April 2024 and 31 March 2025, a total of 472 people had an assisted death, reflecting 42% of the total active applications during this reporting period. This figure represents a slight increase compared to the prior two years, when 36% and 38% of active applications resulted in an assisted death, respectively.

The number of assisted deaths between 1 April 2024 and 31 March 2025 represents 1.25% of all deaths in New Zealand over that time.

Often, people having an assisted death make efforts to ensure that the experience is personal to them and their whānau. Some people choose to include cultural or spiritual practices, such as karakia or prayer, before or during the administration of the medication; others choose to play music that is significant to them. People also choose who they would like to be present, including whānau, friends and pets, and where their death will occur.

Health practitioners are encouraged to discuss these choices with people, to ensure that the service provided is responsive to their cultural, spiritual and social needs. Resources are provided to support these conversations in the health practitioner training provided by Health New Zealand.

With consent from the person seeking an assisted death, AMPs may bring a support person with them when they administer the medication.

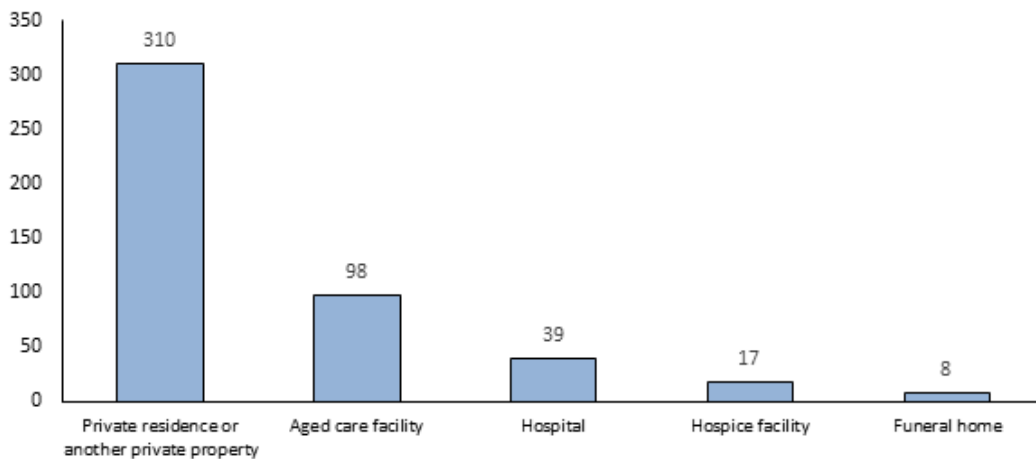
## Locations of assisted deaths

As in prior years, assisted deaths mainly took place in people's homes or another private residence in 2024/2025. However, an increasing proportion are occurring at an aged care facility or retirement home. Additionally, a greater number of assisted deaths occurring within funeral homes has resulted in the creation of a new distinct category for those deaths within this reporting period.

Of the total number of assisted deaths that took place in 2024/2025, by location:

- 65.7% took place at a private residence or another private property
- 20.8% took place in an aged care facility
- 8.3% took place at a hospital
- 3.6% took place in a hospice facility
- 1.7% took place at a funeral home.

**Figure 1: Assisted deaths by location**



## Method of administration

Under the Act, there are four options for administering the assisted dying medication. The AMP provides the person with advice on each option, and the person then selects their preferred option.

On the day of the assisted death, the AMP confirms whether the person wishes to proceed and the method they have chosen. Due to the nature of the person's disease progression, it may no longer be possible for their initially chosen method to be used. In this case, with the person's consent, a backup method will be used instead. It is also possible that the person simply changes their mind.

For the 472 assisted deaths that took place between 1 April 2024 and 31 March 2025:

- 17 people chose ingestion, triggered by the person
- 5 people chose intravenous delivery, triggered by the person
- 9 people chose ingestion through a tube, triggered by the AMP or ANP
- 441 people chose injection, administered by the AMP/ANP.

For each medication method, there is a standard administration protocol to ensure consistent, safe and quality services. As of 31 March 2025, there have been no major complications related to the administration of the medication, and all deaths have occurred within expected timeframes. The details of the protocol are only provided to the health practitioners involved in the assisted dying service.

# The assisted dying workforce

The assisted dying workforce is essential to the delivery of assisted dying services in New Zealand. The workforce consists of health practitioners providing services to their own patients or as a replacement AMP, IMP or ANP and psychiatrists from the SCENZ list.

Any health practitioner may conscientiously object to providing assisted dying services under the Act. However, there are important legal obligations under the Act which practitioners must be aware of and understand.

Health New Zealand provides training and guidance on assisted dying (including on how to respond when a person raises assisted dying) for all health practitioners.

## Practitioners on the SCENZ list

Under the Act, one of the responsibilities of the SCENZ Group is to maintain lists of health professionals who are willing to deliver assisted dying services. The assisted dying workforce is critical to ensuring that people seeking an assisted death can still access the service, even if their own health practitioner does not provide the service, or if the person doesn't feel comfortable raising the subject.

Table 5 summarises practitioners on the SCENZ Group lists across Health New Zealand regions. This includes health practitioners available to perform the AMP, IMP ANP and psychiatrist roles exclusively, as well as those available to provide services as either an AMP or an IMP.

**Table 5: Health practitioners on the SCENZ Group lists across Health New Zealand regions**

Region	AMP	IMP	AMP and IMP	ANP	Psychiatrist
Northern	6	6	16	5	3
Te Manawa Taki	1	5	12	0	0
Central	7	1	14	1	2
Te Waipounamu	12	4	22	5	4

If a person wishes to access assisted dying services and a practitioner is not available in their area, an approved practitioner will travel to their location. Practitioners may come from anywhere in New Zealand. Practitioners are sought as close in location to the person requesting the service as possible. Audio-visual consultations may be used, where appropriate.

The SCENZ Group is working to encourage more health practitioners to join these lists, to ensure service availability and bolster resilience in this small workforce.

Information for health practitioners who are interested in providing assisted dying services and would like to register for an assisted dying practitioner list is available on **the Ministry's website**.

# Feedback, complaints and queries

## Feedback

Feedback is critical to improving the quality, safety and equity of assisted dying services. The Ministry retains its interest in receiving feedback on the assisted dying service for this reason.

We encourage individuals and their families/whānau to continue to provide feedback about their experience with the assisted dying service. We are aware of the sensitive nature of this topic; upholding the emotional wellbeing and the privacy of anyone who shares their feedback is therefore a priority.

More information about how to give feedback and how to make a complaint about assisted dying services can be found on **the Ministry's website**.

## Complaints

The Registrar and the Secretariat keep a central record of all complaints received about the Act. The Registrar also receives details of complaints about the Service made to the HDC, authorities such as professional bodies and councils and the New Zealand Police under section 28 of the Act. Health New Zealand notifies the Registrar (assisted dying) of operational complaints.

The Nursing Council of New Zealand and the New Zealand Police did not receive any complaints in relation to assisted dying services under the Act during the reporting period.

The tables below contain a summary of all complaints received by the Registrar and the Secretariat within the Ministry of Health (Table 6), the HDC (Table 7) and the New Zealand Medical Council (Table 8) between 1 April 2024 and 31 March 2025.

**Table 6: Complaints received by the Ministry of Health**

<b>Date received</b>	<b>Complainant</b>	<b>Referred by another agency?</b>	<b>Description of complaint</b>	<b>Action(s) taken</b>
April 2024	Agency	Yes – Health New Zealand	Concerns raised about the professionalism and actions of an AMP.	The Registrar discussed the complaint with the AMP. Letter sent to AMP advising of outcome. Complaint closed.
April 2024	Whānau of applicant	No	Concerns raised about the AMP's actions on the nominated date and the conduct of the IMP during assessment.	Referred to HDC by the complainant. The Registrar discussed the complaint with the AMP and IMP. As the complaint had already been referred to the HDC, no further action was taken pending advice from the HDC. Ongoing at the time of this report.
May 2024	Health practitioner	Yes – Health New Zealand	Facility potentially obstructing access by AMP.	Issue addressed by Health New Zealand following referral by the Registrar.
November 2024	Agency	Yes	Concerns raised over the actions of an AMP leading up to an assisted death.	The Registrar discussed the complaint with the practitioner. The Registrar referred the complaint to Health New Zealand and encouraged Health New Zealand to consider training and support for practitioners. Complaint closed.
November 2024	Agency	No	Concerns raised about the actions of an AMP.	Complaint referred to the HDC. Ongoing at the time of this report.

**Table 7: Complaints received by the Health and Disability Commissioner**

<b>Date received</b>	<b>Referred by another agency?</b>	<b>Description of complaint</b>	<b>Action(s) taken</b>
April 2024	No	The complainant raised concerns about the appropriateness of undertaking an IMP assessment virtually as well as whether adequate sedation was administered to the consumer prior to the administration of assisted dying medication.	Ongoing at the time of this report. The HDC sent a referral to alert the Medical Council under section 34(1)(a) of the Health and Disability Commissioner Act 1994 (the HDC Act).
July 2024	Yes – Nationwide Health and Disability Advocacy Service	The complainant raised concerns about the administration of assisted dying medication without adequate sedation/pain relief.	Ongoing at the time of this report. The HDC sent a referral under section 59(4) of the HDC Act to bring this issue to the attention of the Medical Council, Health New Zealand, SCENZ and the Registrar.
August 2024	No	The complainant raised concerns about the consumer not being supported to access information about assisted dying services when it was raised with their provider. They also raised concerns about a perceived reduction in the quality of care	Closed – With educational comment
November 2024	No	The complainant was concerned that their decision to pursue an assisted death may have affected the timeliness of the person’s access to palliative care.	The HDC sent a referral under section 59(4) of the HDC Act to bring this issue to the attention of Health New Zealand and the Registrar. Closed – No further action.

**Table 8: Complaints received by the New Zealand Medical Council**

<b>Date received</b>	<b>Referred by another agency?</b>	<b>Description of complaint</b>	<b>Action(s) taken</b>
May 2024	Yes – HDC	Concerns raised about the AMP’s administration of the assisted dying medication without prior sedation, as well as his manner and communication on a nominated date.	Awaiting outcome of HDC’s process to inform what, if any, action to take. Ongoing at the time of this report.
May 2024	Yes – HDC	Concerns raised about the IMP’s professional conduct in relation to services provided as an IMP in the process of the patient’s assisted death.	Awaiting outcome of HDC’s process to inform what, if any, action to take. Ongoing at the time of this report.
July 2024	Yes – HDC	HDC notified Council of two complaints, in respect of the care the doctor provided to two patients. Complaint 1: Concerns were raised about the adequacy of the doctor’s initial AMP review, where they found the consumer ineligible to receive assisted dying services. Complaint 2: Concerns were raised about the doctor’s preparedness for the procedure, and whether a sedative could have been provided.	The Council assessed the complaint and sent an educational letter to the doctor. Complaint closed.
July 2024	Yes – HDC	Concerns were raised about the AMP and the way the assisted death was performed, including communication with the consumer’s family.	The Council assessed the complaint and sent an educational letter to the doctor. Complaint closed.
July 2024	Yes – HDC	Concerns were raised about the doctor’s communication with the consumer’s family member who held enduring power of attorney, examination and treatment of the consumer.	Awaiting outcome of HDC’s process to inform what, if any, action to take. Ongoing at the time of this report.

# Queries

There is ongoing public interest in assisted dying, beyond people accessing or providing the service. This is evident from the queries and Official Information Act 1982 (OIA) requests from individuals, interest groups and the media the service has received since services became available on 7 November 2021.

Queries and OIA requests received in this reporting period have encompassed a range of topics, including the Committee, the numbers of practitioners on the SCENZ lists and complaints.

The Ministry is committed to being open and transparent about matters of public interest and routinely publishes responses to OIA requests on its **website**.

Table 9 lists the number of queries and OIA requests the Ministry has responded to during each reporting year since the service began. Please note, queries relating to operational aspects are the responsibility of Health New Zealand and are not reflected in these figures.

There were no written parliamentary questions received during this reporting period.

**Table 9: Number and type of queries received by the assisted dying service by reporting year**

Query type	7 November 2021– 31 March 2022	1 April 2022– 31 March 2023	1 April 2023– 31 March 2024	1 April 2024– 31 March 2025
OIA requests	10	14	7	39
Media queries	25	30	23	18