

Research Briefing: Institutional Objection to Assisted Dying in Aotearoa New Zealand

What is this study about?

Assisted dying (AD) became legal in Aotearoa New Zealand under the End of Life Choice Act 2019, effective from November 2021. While the Act provides for individual conscientious objection, it is silent on institutional objection. Institutional objection is when facilities refuse to allow AD on their premises. This study explores how institutional objection operates in practice and its implications for access, equity, and care.

Who was involved?

Researchers conducted 77 semi-structured interviews with 81 stakeholders, including AD service users (eligible and ineligible), family members of service users, AD providers, other health professionals, and health service leaders. Six key themes were identified using thematic analysis.

Key findings

1

Nature and Settings of Objection

Institutional objection was most prevalent in hospices. While some allowed AD assessments, most required patients to transfer elsewhere for the procedure. Some aged residential care facilities also objected, often due to lack of policy or convenience rather than principle. Public hospitals, despite being designated “facilities of last resort,” sometimes resisted AD deaths, citing bed shortages or appropriateness concerns.

2

Basis for Objection

Facilities cited palliative care ethos, religious beliefs, and fears of reputational harm as grounds for their objection. Some aged care facilities opted out because it was “easier” than engaging with new legal requirements. Concerns about staff retention also influenced decisions.

3

Communication and Navigation

Hospices were generally transparent about their position, but aged care facilities often lacked clear policies, creating uncertainty for patients and families. Navigating objections led to secrecy, awkward negotiations, and workarounds such as discreet entry for AD providers.

4

Impact on Staff

Staff views varied widely. Some welcomed institutional objection as aligning with personal beliefs. Others felt constrained by their institution’s position with some covertly supporting patients outside work hours. Tensions arose when institutional policies conflicted with individual values.

5

Harms of Objection

Reported harms included emotional distress, anxiety, and anger for patients and families, and physical pain during transfers. There were additional logistical burdens and stigma for clinicians. Patients required to transfer out of an objecting institution did not always have somewhere to go resulting in patients receiving AD in places like motels and funeral homes. Some missed out on AD entirely when transfers were clinically inappropriate.

6

Evolving Positions

Some institutions, in particular aged care facilities, showed greater openness to AD over time, driven by staff and family advocacy as well as positive AD experiences.

Implications

Institutional objection causes harms and creates practical challenges, undermining patient choice and access to AD. The Ministry of Health's 2024 review recommends legislative reform to clarify obligations and ensure reasonable access, especially where facilities are a person's home. Our findings support this recommendation. Transparency about institutional position is also important.

Key takeaway

Institutional objection causes harms and creates practical challenges, undermining patient choice and access to AD. Legislative reform, transparent policies, and tailored training and information are needed to ensure safe, equitable access to AD in Aotearoa.

Policy Responses

- **Reform Legislation:** Clarify rights and obligations of patients, residents and institutions to ensure equitable access to AD. Law reform should ensure reasonable access within objecting facilities.
- **Transparent Policies:** Institutions should develop policies on AD and make them publicly available. Policies should transparently state positions on AD and outline clear processes. Policy development should reflect on evidence of harm to patients and residents and the need for cultural safety.
- **Training and Information:** The Ministry of Health and institutions should support staff with relevant training. There should also be accessible information for patients and residents about AD, institutional positions and access procedures.

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