

New Zealand (2021-)

Euthanasia and assistance to suicide became legal in New Zealand from 7 November 2021 under the *End of Life Choices Act* which passed the Parliament by 69 votes to 51 in December 2019 and was endorsed at a referendum in 2020 by 65.1% of voters.

Eligibility criteria

The key eligibility criteria are that the person is an adult New Zealand citizen or permanent resident who, according to two assessing medical practitioners, *“suffers from a terminal illness that is likely to end the person’s life within 6 months”*.

Neither medical practitioner needs to have any specialist qualification in a field relevant to the particular terminal illness.

If either or both assessing practitioners are uncertain of the person’s competence to make an informed decision then the person must be examined by a psychiatrist to determine this matter.

Only 19 (1.6%) of the 1175 applicants in 2024-25 were referred to a psychiatrist and of these 3 were found not to be competent to make an informed decision.

Health practitioner

Health practitioners are not permitted to initiate a discussion with or make a suggestion to a patient about accessing euthanasia or assistance to suicide under the Act.

A medical practitioner with a conscientious objection can refuse to participate but must advise a person who requests access of the person’s right to ask the SCENZ Group for the name and contact details of a replacement medical practitioner. The SCENZ (Support and Consultation for End of Life in New Zealand) Group maintains a register of health practitioners willing to provide access to people seeking euthanasia or assistance to suicide.

Administration

If the person chooses to self-administer the prescribed lethal poison it is only supplied to them shortly before a time specified by the person for self-administration (suicide).

Regardless of whether the lethal poison is self-administered or administered by an attending medical or nurse practitioner, the attending medical or nurse practitioner (or a substitute practitioner) must be in *“close proximity to the person”*, but not necessarily in the same room or area, until the person’s death.

Annual report

The only elements required by the Act to be in the annual report from the Registrar (Assisted Dying) are the total number of deaths and the number of deaths occurring through each of the four methods described in the Act and the number of complaints received about breaches of this Act and how those complaints were dealt with.

The first [annual report](#) covered the period 7 November 2021 to 31 March 2022 and reported on 66 deaths by assisted suicide or euthanasia.¹

¹ <https://www.health.govt.nz/system/files/documents/publications/registrar-assisted-dying-annual-report-jun22.pdf>

The [second annual report](#) covers the period from 1 April 2022 to 31 March 2023 and reports on a further 328 deaths by assisted suicide or euthanasia. This represents 0.84% of all deaths in New Zealand in this period.

The [third annual report](#) covers the period from 1 April 2023 to 31 March 2024 and reports on a further 344 deaths by assisted suicide or euthanasia.

The [fourth annual report](#) covers the period from 1 April 2024 to 31 March 2025 and reports on a further 472 deaths by assisted suicide or euthanasia. This represents 1.25% of all deaths in New Zealand in this period – a 49% increase since 2022-23.

Of these 472 deaths, 450 (95.3%) were by euthanasia. Of the 1210 deaths in total since legalisation, 1130 (93.4%) were by euthanasia.

The four methods of administration of the lethal poison set out in s19(2)(a) of the Act are, and the number of deaths by each method between 1 April 2024 and 31 March 2025 and in total to 31 March 2025 were:

- (i) ingestion, triggered by the person – 17,60
- (ii) [intravenous](#) delivery, triggered by the person – 5,20
- (iii) ingestion through a tube, triggered by the attending medical practitioner or an attending nurse practitioner – 9,14
- (iv) injection administered by the attending medical practitioner or attending nurse practitioner – 441,1116

Multiple Co-morbidities

In 2023-24, 4.44% of applicants were reported as having “multiple co-morbidities” as the underlying condition. In 2024-25 this represented 2.44% of applicants. This category is used in the Netherlands and Belgium for a range of common conditions in the aged none of which is terminal in itself – fragility, loss of vision or hearing, etc. How rigorous is the test of likely death in six months from a terminal illness being applied to these cases?

Palliative Care

In 2024-25, 20.92% of applicants were not receiving palliative care at the time of the application. How can you have suffering unable to be relieved if you are not accessing palliative care which is directed at providing such relief?

Statutory Review

The [report](#) of the first statutory review of the Act was published in December 2024.

It made a series of recommendations under five headings:

- Supporting access and safety, including lifting the ban on a health practitioner raising the matter first before a patient does, but also strengthening obligations to check for lack of coercion;
- Improving the process to receive assisted dying;
- Aligning the Act with the wider health system, that is eroding the rights to conscientious objection by individual practitioners and for facilities including residential aged care;

- Ensuring a capable and effective workforce for assisted dying, on the one hand the qualifications set by the Act are too low so unqualified practitioners are providing the “service”; on the other hand more practitioners are needed;
- Clarifying organisational roles and responsibilities in the Act “the Registrar lacks explicit powers to fulfil its safeguarding function. With its current scope, the Review Committee is unable to be an effective oversight body.”

Government parties agreed that any changes to the Act will be proposed through members’ bills. No amendment bill has yet been introduced, although in August 2024 the ACT Party foreshadowed a bill to remove the six months to death requirement. Member’s bills can only progress through a ballot process.