Imagining the Ideal Assisted Dying Service in Aotearoa Conference: Access, Safety and Equity

12–13 February 2026
Rutherford House
Te Herenga Waka—Victoria University of Wellington

Exploring the
Early Experiences
of the Assisted Dying
Service in Aotearoa

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Nau mai, haere mai

Welcome and thank you for joining us! We appreciate people hold strong views on assisted dying and we ask that you are mindful and respectful of others during discussions. Please mix, mingle, and make connections to create a welcoming, inclusive, and enriching experience together.

In case of evacuation: assemble at the Government Building car park.

WIFI: Select VUWguest wireless network. You will be redirected to a web portal. More guidance is available on page 9.

Map: You can view the Pipitea Campus Map on pages 10-12.

Food: There will be kai, water, coffee and tea provided in the breaks in the Ground Floor Foyer. There is also a café in Rutherford if you wish to bring a reusable cup.

Joining the conference online: The conference will entirely be offered in a hybrid format. We are using **Zoom** as the platform for our hybrid event. The links for each room are shared below on page 9. You can use the Q&A function to ask questions, and the chair will keep an eye on these. If you wish to receive a CPD certificate, please fill out this form.

Concurrent sessions: Please allow for travel time so these sessions can begin on time. When you are presenting, please be in your session room **at least 10 minutes before** the start to transfer your file to the conference computer. All presentations will need to run from the conference-provided computer. Please stick to the 20-minute presentation and 8 minutes for questions format, leaving 2 minutes to swap over presenters or to switch sessions. For AV support, please contact 04 463 5050.

Conference dinner: Attendance at the conference dinner is only possible with a pre-purchased ticket. The dinner will begin at 7pm. The venue is St John's Bar and Restaurant, 5 Cable Street.

For help: Please see registration desk in the ground floor foyer, before the sessions commence and during breaks. If no one is there, go to Lecture Theatre 2.

Support: Support is available for individuals who find the discussion distressing. Please ask for Dr Aida Dehkhoda during the conference or email her aida.dehkhoda@vuw.ac.nz

Transport: As the campus is based at Wellington's commuter transport hub, there is easy access for train and bus users to the conference venue. There are several parking areas run by the Wellington Council that are within walking distance.

Luggage storage: You can store your bags in RH104 during the conference. Please note this room is near the conference rooms, but will be unattended, so leave at your own risk.

CPD: See page 9.

Noho ora mai,
Jessica Young, Aida Dehkhoda and Jeanne Snelling

Thursday 12 February 2026 – Day 1

Time	Session	Location
08:30 onwards	Registration Desk Opens	RH Ground Floor Foyer
09:00 – 10:00	Networking Breakfast for Assisted Dying Providers	RH Ground Floor Foyer
10:00 – 10:05	**Official Welcome** Mihi whakatau, welcome, housekeeping	RH Lecture Theatre 2
10:05 – 11:05	**Keynote Presentation** **James Downar: Assisted dying: What can we measure and what does this tell us?** **Chair**: Jessica Young	RH Lecture Theatre 2
11:05 – 11:35	**Featured Speaker** **Jeanne Snelling: Setting the Scene: Regulatory Review** **Chair**: Jessica Young	RH Lecture Theatre 2
11:35 – 12:00	Morning Tea	Ground Floor Foyer

CONCURRENT SESSION 1 – Day 1: 12:00 – 13:30

Time	Presenter	Title	Location/Co-authors
12:00 – 13:30	**Weaving Wairua, Whānau, and Tamariki: Guiding Aotearoa Through Mate Whakaahuru** Chair: Te Hurinui Karaka-Clarke		**RH 105**
	Richard Egan	The Quiet Thread: Spirituality’s Role in Aotearoa New Zealand’s Assisted Dying Experience	Jessica Young and HRC Research Team
	Marshall Setu	He kākano i ruia mai: Protecting whanau Māori in the assisted dying process in Aotearoa	
	Freyja Mann	How to talk to tamariki (children) and mātātahi (young people) about assisted dying	Nic Russell
12:00 – 13:30	**Whose Choice Is It? Navigating Assisted Dying Across Time, Autonomy, and Access** Chair: Ben White		**RH Lecture Theatre 2**
	Jessica Young	Is there a right time to die? Patients, families and providers’ experiences of assisted dying date decision-making	Antonia Lyons, Kevin Dew, Richard Egan

	Uma Devi Ananth	Navigating Autonomy and Constraint in Assisted Dying: A Tōtara Hospice Case Study	Susan Fryer
	Kate Diesfeld	Barriers and Enablers to the Assisted Dying Service According to Deaf and Disabled People and Their Whānau	Pip Patston
12:00 – 13:30	**Practicing with Compassion: Perspectives from Health Practitioners in Assisted Dying** Chair: Kate Reid		**GB Lecture Theatre 4**
	Waqas Arshad	The first year of assisted dying in New Zealand through the lens of healthcare professionals not directly involved in the process	Gary Cheung, Aida Dehkhoda
	Yi Jeng Chan	Exploring the Emotional Experiences of Non-Provider Health Professionals Involved in Assisted Dying in New Zealand	
	Heather Bustin	Exploring the Assisted Dying Service experiences of nurse practitioners and medical practitioners	Kate Reid, Cathy Andrew
13:30 – 14:15		Lunch	Ground Floor Foyer

CONCURRENT SESSION 2 – Day 1: 14:15 – 15:45

Time	Presenter	Title	Location/Co-authors
14:15 – 15:45	**The Gift That Follows Goodbye: Experiences of Organ and Tissue Donation After Assisted Dying** Chair: Tess Moeke-Maxwell		**RH 105**
	Kim Grayson	Building a national program for donation after Assisted Dying in Aotearoa New Zealand from the ground up	
	Sharon Skinner	The lived experience of Organ and Tissue Donation after Assisted Dying in New Zealand	Leigh Travers, Rosie Stewart, Sam Hansen
	Wade Stedman	A Gift at Life's End: Exploring Organ Donation after Voluntary Assisted Dying	
14:15 – 15:45	**Between Resistance and Reform: Institutional Objection and Equitable Assisted Dying** Chair: Jessica Young		**RH Lecture Theatre 2**
	Ben White	Institutional Objection to Voluntary Assisted Dying: Research findings from Aotearoa New Zealand, Australia and Canada	

	Lisa Blyth	Nowhere to Go: The impact on Families When Voluntary Assisted Dying Cannot Occur in a home, hospice or hospital setting	
	Aida Dehkhoda	Best practice model for integrating assisted dying into the healthcare system: what’s working well?	Jessica Young
14:15 – 15:45	**Supporting Safe Practice: The Roles of SCENZ, Review Committees, and Competency in Assisted Dying** Chair: Kate Diesfeld		**GB Lecture Theatre 4**
	Te Hurinui Karaka-Clarke	SCENZ: Who are we and what do we do?	Peter Reynolds, Sheila Hart, Ariel Hubbert
	Brenda Close	End of Life Review Committee: who we are and what we do	Elizabeth Fenton, Danielle Heron
	Jackie Robinson	Competencies for healthcare professionals providing an assisted death from the perspectives of patients and whānau	
15:45 – 16:00		Afternoon Tea	Ground Floor Foyer
16:00 – 17:00		**Keynote Presentations** **Te Hurinui Karaka-Clarke, Annabel Ahuriri-Driscoll, Tess Moeke-Maxwell: Titiro whakamuri, kia anga whakamua – Māori Perspectives on Assisted Dying** **Tess Moeke-Maxwell: Waerea Study: Initial Findings** **Chair**: Richard Egan	RH Lecture Theatre 2
17:00 – 17:45		**Assisted Dying Provider Panel** **Panellists:** Katie Ben, Shane Dunphy, & Sheila Hart **Chair:** Jackie Robinson	RH Lecture Theatre 2
19:00		Networking Dinner (Ticketed) at St John's Bar and Restaurant	5 Cable Street, Te Aro

Friday 13 February 2026 – Day 2

Time	Session	Location
08:15 onward	Registration for Day 2	RH Ground Floor Foyer
08:30 – 09:30	**Featured Speaker** **Dr Jessica Young and the HRC Research Team: Safety, access and equity: Are we there yet?** **Chair**: Jeanne Snelling	RH Lecture Theatre 2
09:30 – 10:30	**Keynote Presentation** **Ben White: Optimal regulation of voluntary assisted dying: Reflections from a 4-year multi-country study** **Chair**: Jeanne Snelling	RH Lecture Theatre 2
10:30 – 11:00	Morning Tea	Ground Floor Foyer

CONCURRENT SESSION 3 – Day 2: 11:00 – 12:30

Time	Presenter	Title	Location/Co-authors
11:00 – 12:30	**Walking Together: Whānau, Support, and Grief in Assisted Dying** Chair: Jessica Young		**RH 105**
	Manu Pelayo	Whānau and assisted dying: A qualitative study of family experiences in Aotearoa New Zealand	
	Treza Gallogy	Real-life experience of Doulas supporting families through the AD process in Aotearoa	Sarah Carberry
	Aida Dehkhoda	Grieving the Chosen Death: A Synthesised Grief Framework for Assisted Dying	Jessica Young and the HRC Research Team
11:00 – 12:30	**Threads of Care: Provider Perspectives, Palliative Care, and Vulnerability in Assisted Dying** Chair: Annabel Ahuriri-Driscoll		**RH Lecture Theatre 2**
	Gary Cheung	Early implementation of assisted dying in Aotearoa New Zealand: Perspectives from providers and healthcare professionals	Aida Dehkhoda, Eric Zhou
	Tess Moeke-Maxwell	Suicide risk after ineligible assisted dying assessment: The first indigenous case report from Aotearoa	Gary Cheung

	James Downar	Palliative Care and Assisted Dying: Uneasy bedfellows	
11:00 – 12:30	**Care at the Crossroads: Nursing, Culture, and Compassion in Assisted Dying** Chair: Jeanne Snelling		**GB Lecture Theatre 4**
	Rosalie McLauda	Sees, Feels, Listens, Hears, of Utmost Importance, Truly Cares: End-of-Life Nurse Narratives from the Implementation of the End-of-Life Choice Act	Rhona Winnington
	Farhana Binte Mohd Sulong	When Cultures Collide: Internationally Qualified Nurses Navigating Assisted Dying in New Zealand's Autonomy-Based System	Rabikah Begum
	Isaac Amankwaa	Evolving Nursing Roles in Assisted Dying Services: Lessons for Imagining Ideal Care	Cathy Liu, Jacqui Coates-Harris, Mellisa Chin, Sharon Brownie, Patricia McClunie-Trust
12:30 – 13:30		Lunch Concurrent for AD providers: Te Whatu Ora Peer Support Group	Ground Floor Foyer RH 105
13:30 – 14:15		**Learning from Experience: Family Panel** **Panellists**: Margaret Tennant, Robyn Tyler, & Andrew Crawford **Chair**: Aida Dehkhoda	RH Lecture Theatre 2
14:15 – 15:00		**Integrating Assisted Dying Panel** **Panellists**: James Jap, Kynan Bazley, & Fiona Bailey **Chair:** Jeanne Snelling	RH Lecture Theatre 2
15:00 – 15:15		Afternoon Tea	Ground Floor Foyer
15:15 – 16:00		**Imagining the Future of Assisted Dying in Aotearoa NZ Panel** **Panellists**: Michael Nestmann, James Downar & Tess Moeke-Maxwell **Chair:** Jessica Young	RH Lecture Theatre 2
16:00		Closing	RH Lecture Theatre 2

Zoom Links for Day 1 & 2

Please use these links to attend sessions in the corresponding rooms. A reminder to remain mute. You are welcome to chat with one another in the chat box. Use the Q&A feature only for questions directed to the speakers.

Keynote Presentations and Panel Discussions	Zoom Link
RH Lecture Theatre 2	**https://vuw.zoom.us/j/91915339447**
Concurrent sessions	Zoom Links
RH105	**https://vuw.zoom.us/j/96326277574**
RH Lecture Theatre 2	**https://vuw.zoom.us/j/91915339447**
GB Lecture Theatre 4	**https://vuw.zoom.us/j/93655000606**

Additional useful information

Contact email	AssistedDyingResearch@vuw.ac.nz
Pipitea Campus Map	Pipitea campus map

WIFI

Please follow these instructions for guest access to the Wi-Fi:

1. Connect to 'VUWguest' Wi-Fi

2. Open a web browser and navigate to the internet

3. Upon redirection to the VUW Wireless Portal page, press 'Don't have an account?'

4. Enter your email address and, after reading the terms and conditions, tick the 'agree' box

5. Press 'Register', and then 'Sign On' to complete the sign-in process

6. The screen will then display temporary login credentials, which you can use on a maximum of 5 devices concurrently if you wish

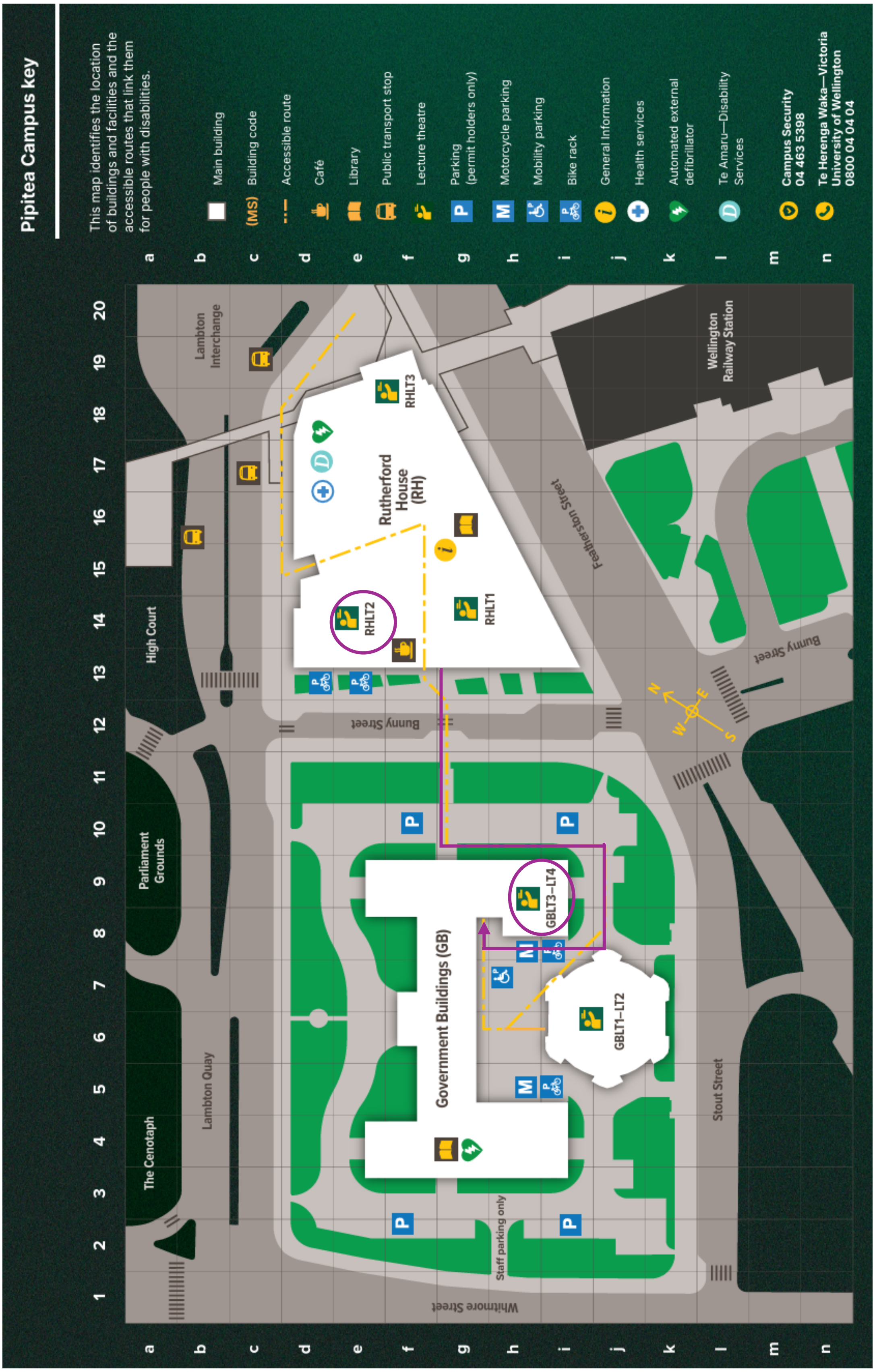
7. Guest access will expire after 24 hours, though it can be initiated again at any time

For more information, see: https://www.wgtn.ac.nz/digital-solutions/wireless-networks-and-internet/wellingtonuniversityguest

CPD

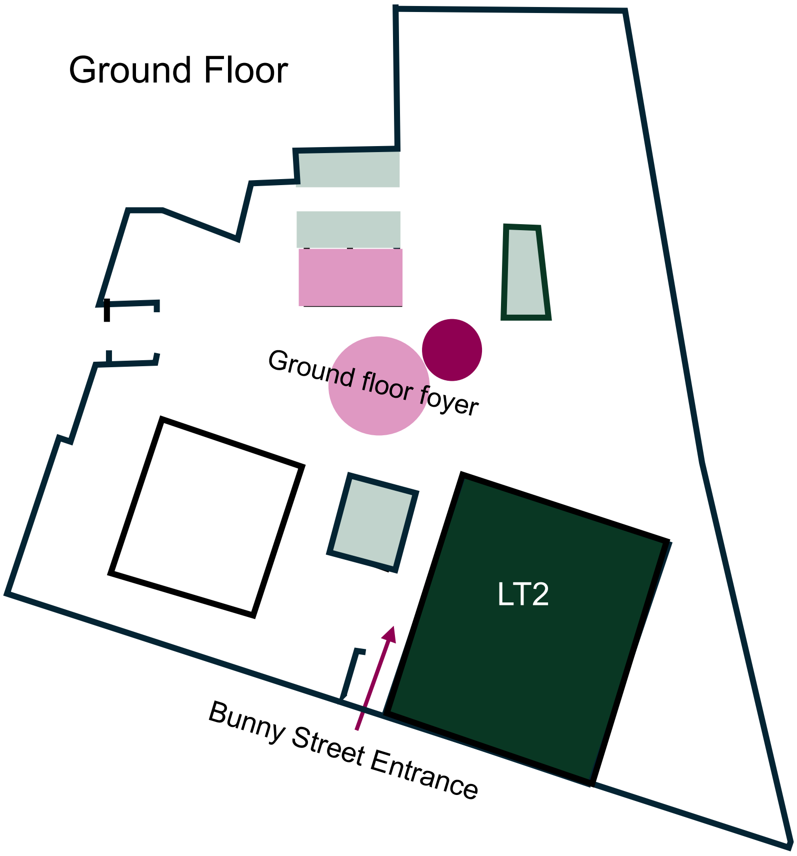
Please use this link or QR code to fill out the CPD form. An attendance certificate will be emailed after the conference.
https://forms.office.com/r/2WHvQjYvU7

Pipitea Campus Map



Rutherford House

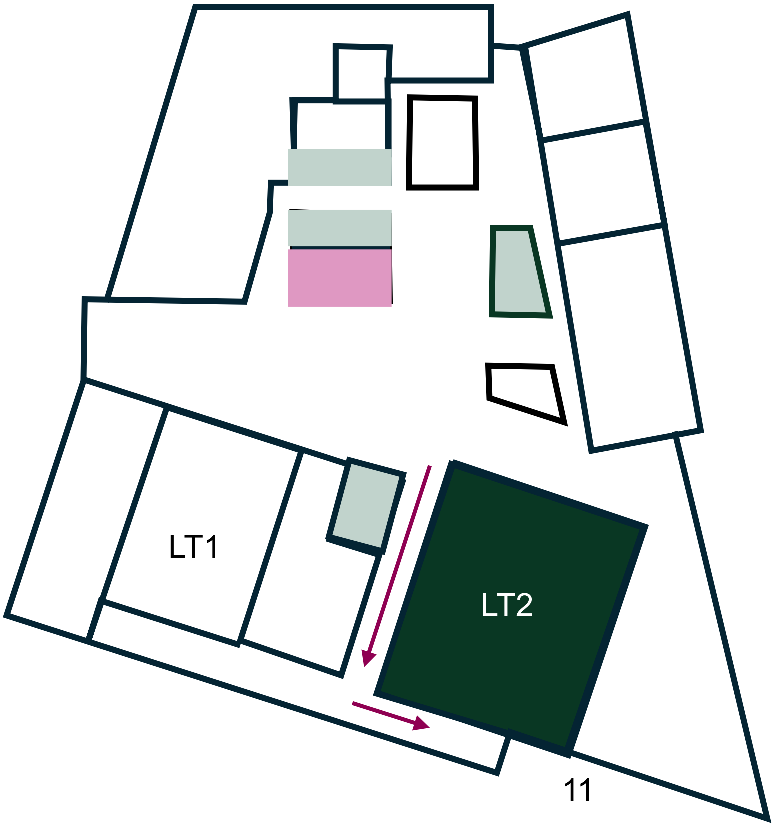
Ground Floor



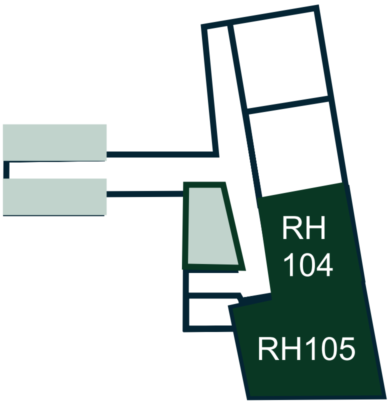
KEY

- ▣ Stairs
- ■ Lifts
- ■ Session Rooms
- ■ Toilets
- ● Registration Desk
- ● Breaks and Lunch Area

Mezzanine Floor – LT2 back entrance

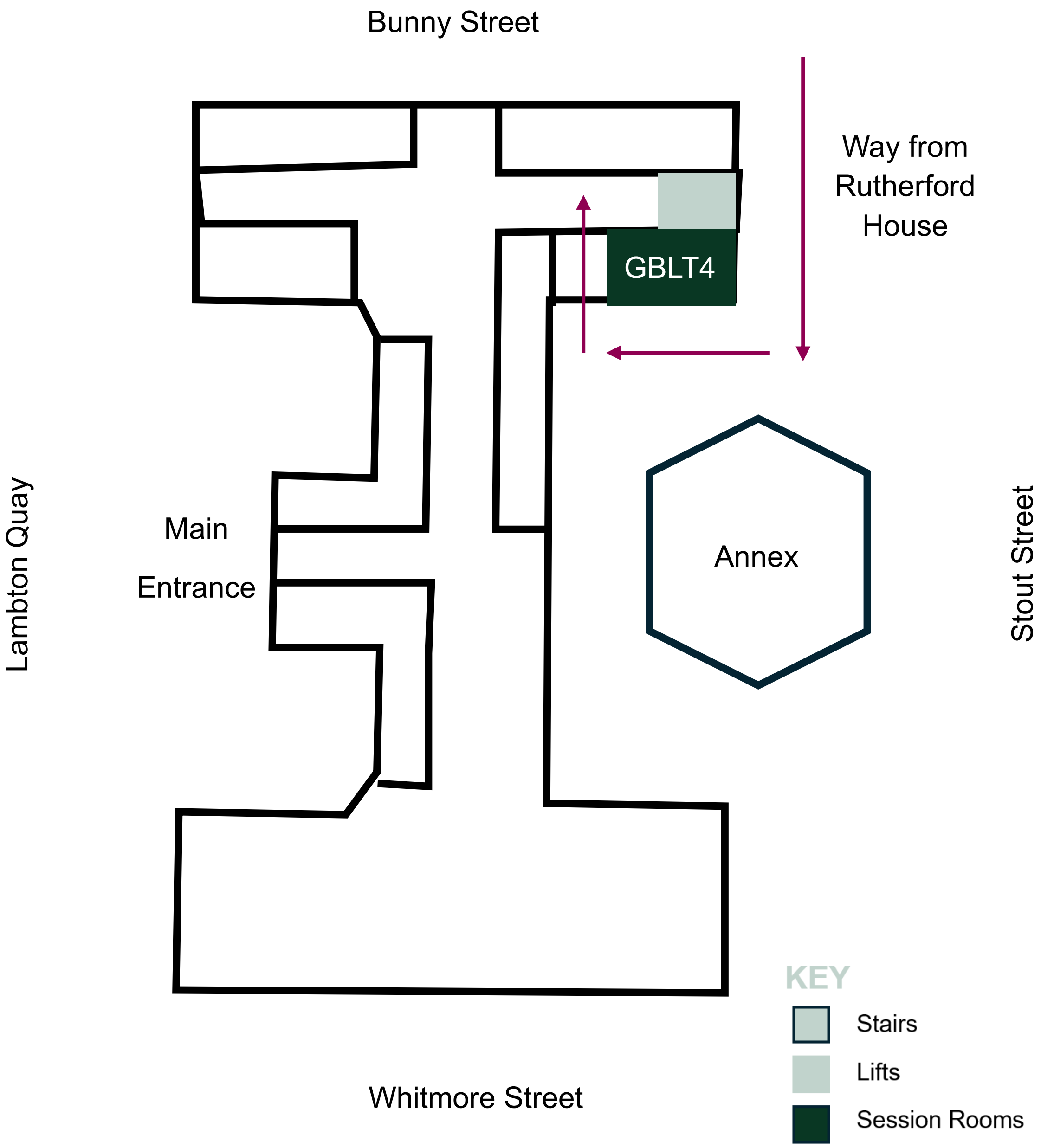


First Floor



Government Buildings Map – Lecture Theatre 4

Follow the purple arrows on page 10 map for easy access to the lift that will take you up to where **GBLT4 is on the 1st floor**.



Abstracts

Abstracts ordered by the programme

Day 1

10:05 – 11:05 [RH Lecture Theatre 2] – Keynote Presentation: James Downar "Assisted dying: What can we measure and what does this tell us?"

Assisted Dying (AD) has become a focal point of discussions around end-of-life policy, ethics, and clinical practice in many jurisdictions. Much of the debate has focused on the potential risks posed by legalising AD, in particular to "vulnerable" populations. Central to this debate is the use of observational data to support or refute assertions that vulnerable populations are disproportionately affected by AD. This talk will examine the available data sources and metrics, including the limitations of these metrics in analysing the practice of AD. This talk will focus on what Canadian data specifically reveals about AD recipients, their characteristics, their experience with their illness, and their interactions with the healthcare system.

11:05 – 11:35 [RH Lecture Theatre 2] – Featured Speaker: Jeanne Snelling "Setting the Scene: Regulatory Review"

The introduction of the End of Life Choice Act 2019 was a watershed moment in Aotearoa New Zealand. The Act fundamentally alters the law governing the end-of-life options for some persons living with advanced terminal illnesses who meet specific eligibility criteria. Whilst the Act establishes the legality of assisted dying, the integration of assisted dying within the health sector is still ongoing. Multiple factors have influenced the environment in which assisted dying is currently provided and, by extension, experienced by patients, whānau and other stakeholders. Taking a broad approach, this presentation first considers and contextualises the Act within the broader regulatory environment. It then draws on theoretical and empirical analysis, including an independent evidence-based submission from an assisted dying HRC-funded research group as well as the 2024 Ministry of Health Review of the Act, to highlight current debates and proposed reforms of assisted dying law and policy.

12:00 – 13:30 [RH 105] – Weaving Wairua, Whānau, and Tamariki: Guiding Aotearoa Through Mate Whakaahuru

Richard Egan "The Quiet Thread: Spirituality's Role in Aotearoa New Zealand's Assisted Dying Experience"

> Spirituality and religion are often part of the conversation leading up to the legalisation of assisted dying, but they seem to receive limited focus afterwards, as seen in Aotearoa New Zealand. Recognising that all individuals possess implicit or explicit spiritual frameworks for meaning-making, this presentation reports on a New Zealand study that investigated the diverse spiritual considerations underpinning end-of-life care in the context of assisted dying. Qualitative data were collected through 77 semi-structured interviews and analysed using reflexive thematic analysis. Key findings underscore a critical need for greater spiritual consideration, awareness, and literacy in the assisted dying process, revealing that spiritual beliefs profoundly impact experiences and decisions related to assisted dying for patients, families, and healthcare providers. These findings are discussed through a conceptual framework exploring spirituality's definitions, various frameworks, empirical evidence, contemporary relevance (zeitgeist), and numinous experiences. This discussion aims to deepen understanding of nuanced spiritual considerations, offering insights that can shape more compassionate policy and enhance person-centred care practices.

Marshall Setu “He kākano i ruia mai: Protecting whanau Māori in the assisted dying process in Aotearoa”

The End of Life Choice Act 2019, which legalised assisted dying in Aotearoa New Zealand, seeks to uphold individual autonomy whilst protecting vulnerable peoples against coercion through a highly regulated process for accessing the service. This framework, however, also embeds a set of liberal cultural assumptions about what it means to die well that may not align with Māori understandings of health, life, and death, rooted in tikanga. Māori remain markedly underrepresented among those who access assisted dying; there are likely many to be many reasons for this, in addition to different understandings about what it means to die well. In applying a tikanga lens, this paper argues that aspects of the assisted dying process itself contribute to a barrier to equitable access for Māori. Drawing on Māori health scholarship and principles of tikanga, particularly whanaungatanga and manaakitanga, it identifies theoretical points of tension with the procedural requirements of the Act. These include the requirement for the opinion of an independent practitioner, the handling of conscientious objection, and the absence of mandated support where applications are declined or following an assisted death. While the Act provides a pathway for individual autonomy amongst robust safeguards, the paper reiterates that tikanga Māori, along with the experiences of whanau Māori, should be an equally weighted consideration in any amendments made to the Act or service. Barriers to access for Māori should be removed.

Freyja Mann “How to talk to tamariki (children) and mātātahi (young people) about assisted dying”

Kenzie’s Gift is a charity that supports tamariki and mātātahi facing the serious illness or death of a loved one. In addition to offering 1:1 therapy for those with a sibling or parent who is seriously ill or has died, we also strive to create resources designed to support whānau in the wider community who are experiencing grief. For whānau, and especially for tamariki and mātātahi, assisted dying will bring with it many complex emotions and challenging decisions. Our new resource has been designed to help families navigate this process with compassion and honesty. In this talk, we introduce our new support kit: “How to talk to tamariki (children) and mātātahi (young people) about assisted dying”

The questions whānau are asking us:

- How much should we tell tamariki about what's happening?
- What language helps them understand without causing unnecessary distress?
- How involved should tamariki and mātātahi be in the process of assisted death itself?
- How do we support them through feelings of anger, confusion, or guilt?
- How can I support tamariki when I also have a lot of feelings about what is happening?
- By addressing common questions, offering age-appropriate language, and suggesting practical steps, this resource enables you to approach an emotionally charged topic without fear and ensures children receive the reassurance they need.

12:00 – 13:30 [RH Lecture Theatre 2] – Whose Choice Is It? Navigating Assisted Dying Across Time, Autonomy, and Access

Jessica Young “Is there a right time to die? Patients, families and providers’ experiences of assisted dying date decision-making”

For those whose desire for hastened death manifests in an application for assisted dying (AD), they will need to select a time and date for death. We longitudinally interviewed seven patients with cancer applying for AD, 10 family members, and six AD providers in 44 interviews over two years. We conducted a thematic analysis of the interview transcripts. We identified four phases: deciding how and when to draw a line in the sand; the final countdown; a date with death; and the right time; which helped illuminate participants’ experiences of picking and anticipating a date for AD. Picking a date for an assisted death was an embodied, relational, situational decision that is made to balance situations, people, and regulatory systems. Existentially, socially, and clinically difficult decisions about a date for death are made (and re-made) by patients to balance time left and the quality of that time. Time is a silent crucial factor in AD decision-making. Leading up to the date of death, time is reoriented and experienced variously by AD patients and their families. In having to choose a date, the notion of 'the right time' for death is contrived. We offer recommendations to support all involved in AD date-setting.

Uma Devi Ananth "Navigating Autonomy and Constraint in Assisted Dying: A Tōtara Hospice Case Study"

This presentation explores the layered complexities of assisted dying through a hospice case study involving a person with a progressive neurological condition. While the End of Life Choice Act 2019 affirms an individual's right to determine how and when they die, this case reveals a deeper dichotomy: the constrained reality of where one may die. Institutional and interpersonal limitations—including housing, facility objections, hospice capacity, organ donation logistics, and whānau dynamics—can significantly restrict choice. Grounded in the Te Whare Tapa Whā framework, the hospice team provided holistic care that extended beyond the biomedical model. The counsellor played a pivotal role in supporting the patient's emotional, spiritual, and relational wellbeing—facilitating informed decision-making, addressing anticipatory grief, and enabling legacy creation through biography services. The patient's wish to donate organs necessitated a hospital death, overriding her preference for a hospice setting. A decision not to bequest their body to medical science reflected cultural values around timely return to family, challenging institutional timelines. Relational complexities within the whānau further shaped the dying process, underscoring the emotional and cultural dimensions of assisted death. Bereavement support proved vital in mitigating conflict and fostering healing. While this whānau received continued care due to prior hospice contact, a service gap remains for those 'forced transfers' to Tōtara Hospice solely for assisted dying, as bereavement care is not mandated under the Act. This presentation advocates for equitable, culturally responsive grief support in the context of assisted dying, across all care settings.

Kate Diesfeld "Barriers and Facilitators to the Assisted Dying Service According to Deaf and Disabled People and Their Whānau"

To what extent do Deaf and disabled people in Aotearoa have equitable access to assisted dying? This question was posed to Deaf and disabled people who had applied for assisted dying or their whānau. Based on 10 interviews, we will discuss the key themes regarding their engagement with the Assisted Dying Service. As part of a larger cohort, these participants offered unique insights regarding how the system functioned and may beneficially influence future directions in serving the people of Aotearoa. The aim of this analysis is to increase disability awareness, and establish best practice, in the AD sector for Deaf and disabled people.

12:00 – 13:30 [GB Lecture Theatre 4] – Practicing with Compassion: Perspectives from Health Practitioners in Assisted Dying

Waqas Arshad "The first year of assisted dying in New Zealand through the lens of healthcare professionals not directly involved in the process"

Background: New Zealand's End of Life Choice Act 2019 was enacted in 2021, allowing terminally ill people experiencing unbearable suffering to request assisted dying if they are expected to die within six months. Healthcare professionals not directly involved in assisted dying provision may have unique perspectives on implementation, yet this remains under-explored.

Methods: This qualitative study was conducted between June and November 2022. We used purposive and snowball sampling to recruit potential participants through various sources, including the Ministry of Health's assisted dying training and communication email list. A multidisciplinary research team developed a semi-structured interview guide. The individual interviews were recorded, transcribed, and thematically analysed to identify core themes.

Results: Ten healthcare professionals with palliative and primary care backgrounds participated. Five main themes were generated: diverse views on assisted dying; views on the End of Life Choice Act; the interface between palliative care and assisted dying services; education on palliative care and assisted dying; and self-care coping and support. Participants expressed varied attitudes and ethical concerns, with most emphasising the need for reforms in eligibility criteria and improved public understanding. These healthcare professionals provided valuable insights into the broader impact of assisted dying on the healthcare system and the complexities of integrating it with palliative care.

Conclusions: Integration between palliative care and assisted dying services is crucial for delivering patient-centred care and addressing stigma surrounding end-of-life choices in New Zealand. Adapting international policies around eligibility criteria and safeguards can help streamline the process.

Yi Jeng Chan "Exploring the Emotional Experiences of Non-Provider Health Professionals Involved in Assisted Dying in New Zealand"

Assisted dying (AD) remains a complex ethical, legal, and emotionally charged issue, especially for healthcare professionals. While much research focuses on providers directly involved in AD, less is known about the emotional experiences of non-provider health professionals (NPHPs) who support patients and families in this context. This study explores the emotional experiences of NPHPs in New Zealand using Lazarus's cognitive-motivational-relational theory and Hochschild's concept of emotional labour as frameworks. Employing a Heideggerian interpretive phenomenological approach and reflexive thematic analysis, data were collected through semi-structured interviews with ten NPHPs. Five key themes emerged: (1) finding meaning in the NPHP role, (2) the impact of institutional regulations on lived experiences, (3) concerns surrounding AD, (4) problem-focused coping, and (5) emotion-focused coping. These findings reveal the personal, professional, and contextual factors shaping emotional appraisals and coping strategies. Despite meaningful role engagement, participants faced challenges including institutional ambiguity, stigma, and emotional labour. This highlights the need for targeted psychosocial support, clear policy guidance, and culturally appropriate training to foster sustainable and compassionate AD care. This presentation addresses emphasising the critical role of NPHPs' emotional wellbeing in creating a holistic and effective AD service. By exploring their lived experiences and coping strategies, it advocates for inclusive, supportive healthcare environments that not only meet patient needs but also sustain all staff involved in the AD process, thus contributing to the vision of an ideal AD service.

Heather Bustin "Exploring the Assisted Dying Service experiences of nurse practitioners and medical practitioners"

Background: The End of Life Choice Act allows eligible adults to end their lives lawfully, however, for this service to be functional, sustainable, equitable and accessible, there needs to be a well-established network of health practitioners (HPs) willing to provide this service. In Aotearoa New Zealand, one hospice permits assisted dying services on the premises, the other 31 across the motu do not (Hospice, n.d.). Health care accessibility is broad and complex; according to Levesque et al.'s (2013) accessibility framework, there are five key dimensions which determine overall accessibility. These are: approachability, acceptability, availability and accommodation, affordability and lastly, appropriateness. For HPs with a scope of practice which permits AD service provision, this end-of-life care option can be challenging. The AD experiences of HPs help to shape their attitudes, contributing to their approachability and acceptability of the AD service; thus, HPs have a vital role in the accessibility of AD services.

Aim: To explore the experiences of health practitioners with a scope of practice which permits assisted dying service provision.

Design: Hermeneutic phenomenology has been used to explore the common shared experiences of health practitioners working within an assisted dying jurisdiction. Nurse practitioners and medical practitioners have been recruited using purposive and snowball sampling. Semi-structured interviews have been conducted using a participatory based approach.

Results: Themes will be identified and discussed

NB: Data analysis has not yet been completed so themes cannot be stated within this abstract.

14:15 – 15:45 [RH 105] – The Gift That Follows Goodbye: Experiences of Organ and Tissue Donation After Assisted Dying

Kim Grayson "Building a national program for donation after Assisted Dying in Aotearoa New Zealand from the ground up"

Introduction: After Assisted Dying (AD) became available, Organ Donation New Zealand (ODNZ) received inquiries from terminally ill individuals wishing to explore donation. This prompted the development of a national Assisted Dying Donation (ADD) program.

Methods: Guided by the principle that every individual should have the opportunity to consider donation, the development of an ethical, equitable, and aspirational ADD program was initiated. We expanded our stakeholder network and leveraged off current Donation after Circulatory Death experience. We established a national strategy with five core pillars. This was underpinned by an iteratively developed Ethics Framework with eight guiding principles upholding clinical integrity and public trust. Given NZ's unique cultural landscape, and constitutional obligations to Indigenous rights, the program emphasised cultural safety and equity for Māori and other communities. International collaboration with countries experienced in ADD enabled NZ to adopt and adapt proven practices.

Results: In 2024, NZ became the sixth country to facilitate ADD. National pathways were created for eye tissue and organ donation. Resources were developed to support whānau and clinicians.

Lessons Learned: Key considerations include the emotional depth of long-term relationships with donors, ethical issues around first-person consent, hospital admission logistics and identification of a suitable location for AD. AD clinicians play a pivotal role in identifying, informing, and supporting motivated individuals considering ADD. Facilitating communication between AD providers, surgical teams, and hospital staff is crucial.

Conclusions: This collaborative journey has been challenging and rewarding. An ideal service honours donor wishes with sensitivity, integrity, and a commitment to quality end-of-life care.

Sharon Skinner "The lived experience of Organ and Tissue Donation after Assisted Dying in New Zealand"

Aims: Organ Donation New Zealand (ODNZ) is committed to providing compassionate, patient-centred care to support the wishes of people at the end of their lives. This presentation will share clinical experiences of developing safe and ethical implementation of Assisted Dying Donation (ADD). The program aims to provide equitable access to ADD whilst maintaining public trust.

Background: The introduction of Assisted Dying (AD) in 2021 in New Zealand created a meaningful opportunity for individuals choosing AD to explore deceased donation, as well as unique challenges in facilitating donation. ODNZ engaged in a learning journey, culminating in New Zealand becoming the sixth country in the world to undertake ADD in 2024.

Methods: The first cases of ADD necessitated collaborative efforts of donor coordinators, clinicians and whānau to successfully facilitate donation. They left a profound personal impact on those involved in honouring the generosity of the donors. Clinical experiences informed subsequent development of a new national clinical pathway for facilitating ADD.

Results: Case studies will be presented including the first organ donation and the first tissue-only eye donation in ADD. Reflective learning undertaken after these cases will be shared, on the referral and assessment pathway, the role of the multi-disciplinary team and the importance of early, compassionate and ethical engagement with donors and whānau.

Ongoing Practice: A clinical process for ADD has been aligned with existing donation and AD services to ensure safety, dignity and respect for the quality of the end-of-life. We invite discussion on the future of ADD in New Zealand.

Wade Stedman "A Gift at Life's End: Exploring Organ Donation after Voluntary Assisted Dying"

This presentation explores how organ donation can be ethically and practically integrated into Voluntary Assisted Dying (VAD) pathways, drawing on international best practice, identified through a Churchill Fellowship. While 80% of Australians and many New Zealanders support organ donation, current policies often discourage or delay donation discussions in the VAD context due to concerns about coercion. As a result, many patients nearing end of life remain unaware of this final opportunity to give the gift of life. Through site visits and interviews across Canada, the Netherlands, Spain, and Belgium, this project identified emerging models that safeguard patient autonomy while enabling choice. These include early, patient-led discussions, well-defined referral pathways, multidisciplinary planning, and written prompts integrated into VAD workflows. The presentation will discuss ethical frameworks and practical protocols ranging from The Dutch and Canadian home-based MAiD-to-donation pathways to Spain's seamless system integration that can provide lessons for designing ideal assisted dying services in New Zealand and Australia. This session addresses the conference theme by imagining a VAD service that empowers patient agency, upholds ethical standards, and expands the meaning of a "good death." It argues that enabling informed organ donation decisions is not only possible but essential to delivering truly patient-centred, holistic end-of-life care. By outlining modest reforms—such as clinician training, standardised protocols, and multifaceted information tools—this talk presents a vision of assisted dying that embraces compassion, dignity, and the potential to save lives.

14:15 – 15:45 [RH Lecture Theatre 2] – Between Resistance and Reform: Institutional Objection and Equitable Assisted Dying

Ben White "Institutional Objection to Voluntary Assisted Dying: Research findings from Aotearoa New Zealand, Australia and Canada"

As more countries legalise voluntary assisted dying (VAD), one issue increasingly debated is institutional objection. This is when an institution decides it does not want to provide AD and wishes to prohibit some or all aspects of the VAD process from occurring onsite. This presentation will outline research findings from three separate interview-based studies of institutional objection undertaken in each of Aotearoa New Zealand, Australia and Canada. Interview participants varied across jurisdictions (respectively, n=81, 48 and 32) and include patients seeking VAD and their families, health professionals who provide VAD and those who do not, those who provide VAD coordination, and regulators involved in the VAD field. Similarities across jurisdictions included: the existence of institutional objection and the reasons for it; the harms institutional objection causes; and variation in positions of staff working within objecting institutions. This analysis also found some distinctive features of institutional objection in each country such as differences in: what aspects of VAD practice were objected to; how different health settings responded to VAD; and changes to institutional positions on VAD that occurred over time. Institutional objection has the potential to impact significantly on access to VAD. “Imagining the ideal assisted dying service” includes reflection on optimal regulatory responses to institutional objection. As a comparative study, this research acknowledges that what is optimal regulation for each jurisdiction is informed by local needs, culture and values.

Lisa Blyth “Nowhere to Go: The impact on Families When Voluntary Assisted Dying Cannot Occur in a home, hospice or hospital setting”

With Voluntary Assisted Dying now legal in New Zealand and all Australian states and territories except the Northern Territory, a new challenge has emerged: limited availability of appropriate and supported setting beyond hospitals and private residence in which individuals can exercise their end-of-life choice with dignity and autonomy. While legislation allows for death in hospital or home, these options do not suit everyone. Home may be emotionally unsafe due to family dynamics or personal beliefs, and hospitals can trigger past trauma or distress. Queensland and New Zealand face significant constraints in the practical availability of settings outside hospital and home for people to die. There is a notable absence of dedicated hospices or in-between style facilities spaces where dying can occur peacefully, privately, and with clinical oversight, without the heavy emotional and logistical burdens on families. This presentation explores the real-world consequences of this service gap from the perspective of patients and families and in particular Erika Lehmann and her loved ones. It highlights the emotional toll and complex logistics that the practitioner, patients, and families must navigate when planning a VAD death that cannot be done at home or in hospital. In the absence of choice, patients are left with limited autonomy at the end-of-life, and families carry disproportionate emotional and physical burden potentially complicating the normal grieving process not only before death but after. When we create alternative settings for death, that reflect a person’s values and wishes, we uphold not just choice, but humanity. My talk addresses the theme of 'Family perspectives and experiences' of not being able to provide emotional safe space for death.

Aida Dehkhoda “Best practice model for integrating assisted dying into the healthcare system: what’s working well?”

Reports from New Zealand on assisted dying (AD) indicate that over 70% of individuals who request AD are already receiving palliative care at the time of their application. Additionally, around 20% of applicants who proceed with AD are in an aged care facility, hospital, or hospice setting that provides end-of-life care. These findings show the importance of understanding how AD practice interacts with existing end-of-life care practices and how it is integrated within or rejected by them. This presentation draws on qualitative data from interviews with 81 participants involved in the AD process, including AD providers, non-providing health professionals (including conscientious objectors), health service leaders, eligible and ineligible service users (with and without impairments), and family members. The research discussed is the first large-scale study of the experiences of the assisted dying service in New Zealand. Using reflexive thematic analysis, we explored how AD is being implemented across diverse healthcare settings and what supports or hinders its integration. Preliminary themes include organisational approaches to implementing AD (e.g., policy development, staff education, consultation, and managing diverse views), the relationship between AD and the broader health system, particularly palliative care, inequity of funding for palliative care, and the dynamics of collaboration between AD providers and other health professionals. Participants also identified elements they perceive as working well and shared insights into what an ideal AD service might look like. This presentation will highlight emerging practices that may inform a best practice model for AD integration.

14:15 – 15:45 [GB Lecture Theatre 4] – Supporting Safe Practice: The Roles of SCENZ, Review Committees, and Competency in Assisted Dying

Te Hurinui Karaka-Clarke “SCENZ: Who are we and what do we do?”

> This presentation outlines the role and responsibilities of SCENZ, the statutory body established under the End-of-Life Choice Act 2019 to support the delivery of assisted dying services in Aotearoa. It will provide clarity on how SCENZ operates within its legislative mandate to uphold a system that is safe, effective, and ethically grounded for all those involved in the assisted dying process. This session will also address commonly asked questions and explain how SCENZ fulfils its statutory functions.

Brenda Close “End of Life Review Committee: who we are and what we do”

> This presentation and discussion outlines the role of the Review Committee as established under the End of Life Choice Act 2019, with a focus on its core statutory responsibilities. Set within Aotearoa’s nascent and evolving assisted dying landscape, the session will address how the Committee’s legislative mandate is currently interpreted and enacted. It will offer key insights into how its work aligns with the broader regulatory framework governing assisted dying services in Aotearoa. The session will explore enablers that can help strengthen its oversight role for assisted dying services in Aotearoa and provide an opportunity for engagement between the Committee and the wider sector.

Jackie Robinson “Competencies for healthcare professionals providing an assisted death from the perspectives of patients and whānau”

> There is currently limited international evidence outlining the specific skills required by healthcare professionals involved in providing assisted dying. In Aotearoa New Zealand, the only formal requirement is that doctors hold a current practising certificate and are “willing” to participate in the process. Although Te Whatu Ora – Health New Zealand has developed online modules to support healthcare professionals, completion of these modules is not mandatory. Internationally, while many countries offer some form of training for assisted dying practitioners, content is often focused on the legal aspects of providing an assisted death. Gaining insight into the competencies needed from the perspectives of patients and whānau could help identify the essential skills required to ensure a positive and compassionate assisted dying experience. Drawing on data from patients who have been approved for assisted dying and their whānau, this presentation will outline the key competencies necessary for quality care in this context.

16:00 – 17:00 [RH Lecture Theatre 2] – Keynote Presentations: Annabel Ahuriri-Driscoll, Te Hurinui Karaka-Clarke, Tess Moeke-Maxwell “Titiro whakamuri, kia anga whakamua – Māori Perspectives on Assisted Dying”

Titiro whakamuri, kia anga whakamua - looking back in order to move forward. This guiding proverb underscores two strands of research and analysis that we undertook in the Māori-focused aspect of our team’s study on assisted dying.

1. Drawing forth whānau Māori experiences of death and dying in two community case studies, and in one, a community’s exploration and revitalisation of traditional dying practices;
2. Drawing upon the wisdom and insights of ancestral knowledge in the form of pūrākau.

By engaging with mātauranga passed down through generations, we sought to ensure that our work was both culturally rooted and future-focused with respect to assisted dying. In this presentation we share the weaving together of these research strands; to show how ancestral narratives and practices might guide present-day decisions that are grounded in cultural integrity, spiritual awareness, and collective wellbeing.

Tess Moeke-Maxwell "Waerea Study: Initial Findings"

Background: The Waerea study was designed to explore Māori whānau experiences of AD and bereavement. The voices of Māori who have a terminal diagnosis who want to use the End of Life Choice Act, and bereaved whānau who cared for a person who used the Act, need to be heard to reduce potential inequities.

Methods: We used qualitative Kaupapa Māori Research (KMR) methods to investigate the lived experiences of Māori whānau who used or wanted to use the assisted dying service. Māori research networks and palliative care services were used to recruit and interview over fifty whānau participants across New Zealand. We interviewed over twenty support workers (assisted dying clinicians, rongoā (natural healing) practitioners, spiritual leaders, tohunga (experts) in spiritual care, health professionals, and funeral directors), to understand their experiences of supporting whānau. A KMR inductive thematic analysis was used to analyse the data. The findings are being translated into a website, App and educational resources using creative arts methods.

Findings: The desire of whānau to uphold the mana motuhake (autonomy, independence) of the person seeking AD outweighed any personal feelings of ambivalence or confusion; whānau perceived AD as 'new, different, weird, strange and surreal.' Being unfamiliar with assisted dying meant whānau felt unprepared to navigate the AD pathway. Whānau functioned as whānau manaaki (family carers) and they had the role of being kaitiaki (guardians). Their need to protect the privacy of the terminally ill person was an important factor in navigating the AD pathway. Whānau felt proud of the person for bravely choosing AD, however, many people experienced guilt and complicated grief.

Conclusion: We developed a range of culturally appropriate information and resources to support whānau to contemplate their views, feelings, thoughts, beliefs, and desires concerning AD. These resources will support whānau and communities to navigate, discuss, plan, and prepare for AD. This will hopefully reduce guilt and complicated grief.

Day 2

8:30 – 9:30 [RH Lecture Theatre 2] – Featured Speaker: Jessica Young "Safety, access and equity: Are we there yet?"

Assisted dying (AD) is legally available, yet legalisation has not guaranteed equitable access. Drawing on a three-year HRC-funded, qualitative study involving 96 participants—including eligible and ineligible applicants, whānau of applicants, AD providers, non-providers, health service leaders, and Māori communities—this presentation examines whether the End of Life Choice Act is achieving its intended goals of safety, accessibility, person-centredness, and equity.

Guided by research principles of manaakitanga, ōritetanga, whakapono and kōkiri ngātahi, and using appreciative inquiry and reflexive thematic analysis, we investigated experiences of AD across the system, cultural perspectives, and what an "ideal" AD service could look like. Findings show that safety is multidimensional—procedural, clinical, relational, cultural, experiential, and ethical—and functioning well, though it could be strengthened in certain areas. We found evidence of access barriers, which were compounded for structurally disadvantaged groups. These include limited public awareness, misunderstanding of eligibility, unclear access pathways, literacy demands, the prohibition on clinicians raising AD, inconsistent referrals, communication barriers, conscientious objectors' non-compliance, disability-related access issues and institutional gatekeeping. Delays are particularly harmful in a time-sensitive service, and these barriers can critically undermine equitable access. Our contention is that equity must be the fulcrum for balancing safety and access. Current law, policy, and practice do not sufficiently give effect to Te Tiriti o Waitangi or health equity principles. Addressing avoidable inequities requires legislative amendments, strengthened referral obligations, improved public and clinician AD literacy, culturally safe practice, systemwide accessibility, and more robust monitoring and data collection. Ultimately, AD can only be as equitable as the wider health, disability, and social systems in which it operates.

09:30 – 10:30 [RH Lecture Theatre 2] – Keynote Presentation: Ben White "Optimal regulation of voluntary assisted dying: Reflections from a 4-year multi-country study"

Regulation is a standard component of voluntary assisted dying (VAD) systems globally and aims to ensure that this end-of-life choice is safe and accessible. Yet there is a high degree of variation in how this practice is regulated in countries where it is permitted. Drawing on a study examining regulation of VAD in Australia, Canada and Belgium, as well as exposure to a study of Aotearoa New Zealand, this presentation considers different approaches to optimal regulation of VAD. It reflects both on the content of VAD regulation (e.g. who should be able to access VAD and the process for doing so) and the way that VAD is regulated (e.g. how does the system most effectively guide behaviour).

11:00 – 12:30 [RH 105] – Walking Together: Whānau, Support, and Grief in Assisted Dying

Manu Pelayo "Whānau and assisted dying: A qualitative study of family experiences in Aotearoa New Zealand"

> While the End of Life Choice Act 2019 legalised assisted dying (AD) in New Zealand as an individual choice, findings from this study show that the process is rarely experienced in isolation. Using Interpretive Description, in-depth interviews were conducted with family members, either individually or in family groups (n= 17 to date). The findings show that AD is deeply relational and often a complex family journey. Participants described assisted dying as a collective process involving open conversations, shared responsibilities, and opportunities for planned closure. Being able to say goodbye in advance was described as profoundly meaningful — something that brought peace, helped with grief, and offered a sense of conclusion. Families also described emotional duality of relief and anticipatory grief in the lead-up to a death that had a set date. For some, witnessing their relative's deterioration and suffering helped them come to terms with the decision. Many described the experience as surreal, particularly when selecting the date and preparing for the final day. After the death, several participants described a noticeable silence from the AD service, with no structured follow-up. In the absence of formal support, families relied heavily on one another and their communities. Engagement experiences with the AD service ranged from compassionate and personal to procedural and cold. Despite these challenges, many families described the experience as one of control and dignity. The participants' stories highlight the need to recognise assisted dying as a relational experience with their families, providers, and communities, and the need for follow-up care.

Treza Gallogy "Real-life experience of Doulas supporting families through the AD process in Aotearoa"

> Across Aotearoa, End-of-Life Doulas (EOLDs) have cared for dying people and their whānau with essential non-medical, non-judgemental holistic support throughout the Assisted Dying (AD) journey. While the current framework provides a crucial medical pathway, gaps can exist for individuals and families between the initial decision to explore AD and the final moments and beyond. Drawing from our first-hand experience across the country, this presentation will share unique insights into the successes and challenges of the AD framework from the perspective of EOLD's, our clients and their whānau. We will illustrate how EOLDs are filling the gaps in a myriad of ways including liaising with medical teams, providing continuous support during assessment process (regardless of the outcome), and helping families navigate the complex emotional and spiritual journey. EOLD's empower clients to plan for a death that reflects their values - with education, exploration, and co-creating personalised and meaningful before and after-death care and rituals. Doulas can also be there at death and afterwards to support all involved. By sharing these real world experiences we directly address the conference theme of imagining the ideal assisted dying service. We will demonstrate that together we can create an ideal service that transcends the medical procedure, integrating the non-medical, person-centred support of a EOLD to ensure the entire process is one of dignity, compassion, and true supported choice.

Aida Dehkhoda “Grieving the Chosen Death: A Synthesised Grief Framework for Assisted Dying”

The recent legalisation of assisted dying (AD) in New Zealand has reshaped how dying and grief are experienced by terminally ill individuals and their families, yet AD-related grief remains under-theorised. This qualitative study explores how grief theories apply to AD. Using appreciative inquiry, we interviewed 46 participants, eligible or ineligible for AD, and their families. Through a whole-team coding and inductive-deductive analysis, we identified a distinct AD grief trajectory shaped by anticipatory and preparatory processes. AD is structurally constitutive of how grief unfolds. Advocacy work (e.g., navigating AD processes) and legacy work (e.g., memory-sharing, creating final experiences) supported readiness and meaning-making pre-AD. After death, families continued these practices through advocacy and remembrance, continuing their bonds. Their grief also aligned with the dual process model while being shaped by the intentionality of AD and, at times, stigma. The resulting framework offers guidance for clinicians and professionals supporting people experiencing AD-related grief.

11:00 – 12:30 [RH Lecture Theatre 2] – Threads of Care: Provider Perspectives, Palliative Care, and Vulnerability in Assisted Dying

Gary Cheung “Early implementation of assisted dying in Aotearoa New Zealand: Perspectives from providers and healthcare professionals”

Background: The End of Life Choice Act 2019 was enacted in NZ in 2021 to legalise assisted dying for terminally ill individuals experiencing unbearable suffering. This legislative shift has significantly reshaped end-of-life care. However, empirical research on its implementation remains limited. This abstract summarises three studies that explored experiences of health professionals involved in, or impacted by, assisted dying in the first two years of legalisation.

Methods: All three studies employed qualitative methodologies using semi-structured interviews. Participants were recruited through purposive and snowball sampling. Study 1 involved 22 assisted dying providers who reflected on their experiences within the first year. Study 2 examined the perspectives of 10 healthcare professionals not directly involved in assisted dying. Study 3 interviewed 10 assisted dying providers regarding their approaches to identifying comorbid depression in assisted dying applicants. Data were analysed thematically.

Results: Study 1 revealed three domains shaping assisted dying provider experiences: knowing, doing, and being, all within a health system facing infrastructure challenges. In Study 2 the themes identified among non-assisted dying healthcare included challenges at the interface with palliative care, gaps in public and professional education, and the emotional toll on clinicians. Study 3 found that while depression was common in terminally ill patients, assisted dying providers generally used informal, non-systematised approaches to assess it.

Conclusion: These studies provide an early, multifaceted picture of assisted dying implementation in NZ. Findings highlight the need for better training, systemic support, and clearer integration between assisted dying and palliative care.

Tess Moeke-Maxwell “Suicide risk after ineligible assisted dying assessment: The first indigenous case report from Aotearoa”

The time following an ineligible assisted dying assessment represents a heightened suicide at-risk period. International literature on this is limited, with two case reports of older Pākehā in Aotearoa. This is the first indigenous case report ever in the world, part of the Waerea Study exploring Māori whānau experiences of assisted dying. Forty-one confidential face-to-face interviews took place with individuals/whānau from the top of the North Island to the bottom of the South. Kaupapa Māori Research Methods informed interviews with people on the assisted dying pathway, those who wished to hasten their death, bereaved whānau who supported someone who had an assisted death and people who were declined. The case involves a 90-year-old frail, widowed Māori kuia (older woman) with dementia after meningitis, who felt lonely and a burden on her daughter. She had a strong desire to die to join her deceased husband and siblings and had attempted suicide months before formally requesting assisted dying. Her request was declined as she had no terminal illness or limited prognosis. She, her daughter, and cousin were interviewed; themes of depression and longing to join whānau emerged. Soon after, she stopped eating and drinking. Whānau and hospice provided palliative care, and she died at home. Her daughter was re-interviewed after her mother's death, sharing reflections on her mother's final days and care. The kuia's mamae (emotional pain) and physical suffering (starvation) impacted heavily on the daughter resulting in complex grief. This case raises clinical, ethical, medicolegal and cultural issues: the relationship between frailty and suicidality, the lack of mental health follow-up in someone with a strong wish to die, the role of palliative care versus mental health services and the need for support to help whānau who have the responsibility to care for someone declined an assisted death.

James Downar "Palliative Care and Assisted Dying: Uneasy bedfellows"

Palliative Care (PC) providers and organizations have long opposed the legalization of Assisted Dying (AD), but attitudes have begun to change in recent years. Many have argued that PC should be the priority, and that high quality PC can address the types of suffering that prompts an AD request. Yet studies repeatedly show that the large majority of people who request AD are receive PC, and that populations known to receive the best PC are also the populations with the highest incidence of AD. Positioning PC as the opposite of (or the antidote to) AD is unfair to patients who see the two as complimentary, not competitive. And the increasing use of AD among patients receiving PC should not be considered a sign of failure but a call to develop new, effective and scalable therapies that address the suffering they experience.

11:00 – 12:30 [GB Lecture Theatre 4] – Care at the Crossroads: Nursing, Culture, and Compassion in Assisted Dying

Rosalie McLauda "Sees, Feels, Listens, Hears, of Utmost Importance, Truly Cares: End-of-Life Nurse Narratives from the Implementation of the End-of-Life Choice Act"

Nurses have a distinct role in end-of-life care, this research highlights the need for recognition of that role within the assisted dying service through the provision of culturally responsive resources, education, and holistic support. This study used narrative inquiry within a social constructivist paradigm to explore the experiences of ten nurses working across end-of-life care settings in Aotearoa New Zealand. Interviews were conducted two to three months prior to the enactment of the End-of-Life Choice Act (2019). Thematic analysis revealed assisted dying implementation challenged the professional identity of end-of-life care nurses. Participants described a responsibility to both patients and whānau, viewing death as a moment that has ongoing impact on those left behind. Nurses have a duty not just to provide care, but to care, a value they felt was compromised during the Act's implementation. The findings revealed systemic gaps, nurses were excluded from local planning, underprepared for new responsibilities, and left without clear guidance or adequate education. As such, many felt unsafe, not only in delivering care to patients and whānau, but also in supporting colleagues and protecting their own wellbeing. Given that nurses make up the largest segment of the health workforce, their exclusion undermines quality, safety, and equity of the assisted dying service. To realise an ideal assisted dying service, the inclusion of nurses as key stakeholders is essential.

Farhana Binte Mohd Sulong "When Cultures Collide: Internationally Qualified Nurses Navigating Assisted Dying in New Zealand's Autonomy-Based System"

Our presentation explores the clinical experiences of internationally qualified nurses navigating assisted dying in New Zealand. It features unique ethical, cultural, and professional challenges these nurses face personally, and in practice. This session also offers insights into how diverse backgrounds shape nursing care around assisted dying, thus contributing to broader clinical perspectives from the frontline. The legalisation of assisted dying (AD) in Aotearoa New Zealand (NZ) presents unique challenges for internationally qualified nurses (IQNs), particularly those from cultures where AD is prohibited. As IQNs with clinical backgrounds in Singapore, where AD remains illegal and palliative care is prioritised, we navigate profound tensions between New Zealand's autonomy-based AD framework and our own culturally shaped professional perspectives. Through our lived experiences, we highlight three key themes:

1. Ethical Dissonance: Adapting to AD in NZ when our training emphasised preserving life at all costs creates moral distress.
2. Cultural Clashes: NZ's individualistic approach contrasts sharply with Asian values of family-led decision-making, complicating patient interactions.
3. Professional Identity: Balancing legal obligations in NZ with deep-seated cultural beliefs reshapes our nursing practice.

Our reflections reveal the unspoken emotional and ethical challenges IQNs face in AD contexts, an underexplored dimension in NZ's evolving healthcare landscape.

Isaac Amankwaa "Evolving Nursing Roles in Assisted Dying Services: Lessons for Imagining Ideal Care"

Background: As assisted dying legislation expands globally, understanding nursing experiences becomes crucial for designing optimal service delivery models. Aotearoa New Zealand's End-of-Life Choice Act 2019 offers valuable insights into the gap between policy intentions and practice realities.

Objective: This scoping review examined the experiences of registered nurses and nurse practitioners in delivering assisted dying services, identifying lessons for developing ideal service frameworks.

Method: Following the guidelines of the Joanna Briggs Institute, we searched four databases for literature published between 2021 and 2025. Nineteen studies underwent thematic synthesis using a convergent, segregated approach.

Results: Four key domains emerged that inform ideal service design. Role clarity revealed fragmented responsibilities: nurse practitioners can administer medication but cannot assess eligibility, whereas registered nurses coordinate care and yet cannot initiate discussions. Ethical navigation revealed moral distress stemming from unclear boundaries and fractured team dynamics resulting from conscientious objection policies. Professional support highlighted inconsistent training and limited institutional guidance, though peer reflection proved valuable when available. Contextual adaptation demonstrated how hospice, rural, aged care, and community settings each require tailored approaches.

Implications for Ideal Services: An ideal assisted dying service would feature integrated nursing roles with clear scope boundaries, comprehensive ethics training and ongoing support, standardised protocols with contextual flexibility, robust peer support systems, and legislative frameworks that enable rather than fragment nursing contributions. These findings contrast with more integrated models in established jurisdictions, such as Canada, suggesting potential pathways for service improvement.

Conclusion: Nursing experiences in early-implementation contexts provide essential blueprints for imagining and developing ideal assisted dying services globally.

Speaker Biographies

Bios ordered alphabetically

Aida Dehkhoda is an early-career academic psychologist with a PhD in assisted dying in the context of dementia. She is a Research Fellow at Victoria University of Wellington and the University of Auckland. Her research focuses on assisted dying, advance euthanasia directives, grief, death and dying. Her post-doctoral research explores early experiences of the assisted dying service in Aotearoa, focusing on safety, access, and equity. She is also currently leading a project trialling assisted dying bereavement support groups for families and professionals. She is a registered counsellor supporting people with chronic/life-threatening illness, grief, existential distress, and those involved in assisted dying personally or professionally. She also offers assisted dying supervision for providers and non-providers.

Andrew Crawford is Team Leader at the Wellington control tower for Airways New Zealand. He has more than two decades of air traffic control experience in roles across Aotearoa. The youngest of six and raised on a dairy farm in the Waikato, Andrew offers a thoughtful, personal perspective on end-of-life decision-making, drawing on his whānau experience engaging with the End of Life Choice Act 2019 when his father, Archie, was diagnosed with terminal cancer in 2023. Andrew resides in Wellington with his wife and three sons.

Annabel Ahuriri-Driscoll (Ngāti Porou, Ngāti Kauwhata, Rangitāne, Ngāti Kahungunu, MPH, PhD) is an associate professor at Te Whare Wānanga o Waitaha | the University of Canterbury, teaching and researching Māori public health. Annabel has worked on a range of kaupapa in her research career, all focused on Māori advancement. These include adoption and whāngai, rongoā Māori, Māori community development, and palliative care.

Ben White is Professor of End-of-Life Law and Regulation and an Australian Research Council Future Fellow in the School of Law, Queensland University of Technology. He was a foundation Director of the Australian Centre for Health Law Research and still co-leads its End-of-Life Research Program. Ben has been researching end-of-life law, policy and practice for over 20 years and been part of interdisciplinary teams awarded $A65 million in the field of end-of-life decision-making, including from the Australian Research Council, the National Health and Medical Research Council, Commonwealth and State governments and philanthropic organisations. Ben's research currently focuses on voluntary assisted dying (VAD). Current projects include an Australian Research Council Future Fellowship on 'Optimal Regulation of Voluntary Assisted Dying', a national study of VAD in practice, and an exploratory study of dementia and VAD. He (with colleagues) developed the mandatory training in Victoria, Western Australia and Queensland for clinicians providing VAD.

Brenda Close (Review Committee member) is a distinguished nursing leader with extensive experience across the health sector. She holds a Master of Nursing and is a Fellow of the College of Nurses Aotearoa, recognised for her commitment to advancing nursing excellence and equity in care. With a strong foundation in clinical practice, Brenda supports healthcare teams to embed best-practice principles and culturally responsive care. Her leadership blends clinical precision with kaupapa Māori, promoting whānau-centred models and championing equitable outcomes.

Danielle Heron (Review Committee member): Dr Danielle Heron (BHSc (Nsg), MBChB, FRNZCGP) is a specialist general practitioner with 30 years of experience within the New Zealand health system across various support, nursing and medical roles. Dr Heron has spent the last three years working in palliative care in Te Tai Tokerau.

Elizabeth Fenton (Review Committee member): Dr Elizabeth Fenton is a senior lecturer in the Bioethics Centre at the University of Otago with a background in philosophy and public health. She was previously a fellow in the Program in Ethics and Health at Harvard University, and a senior policy and research analyst at the U.S. Presidential Bioethics Commission under the Obama administration. Her research focuses on ethical issues in public health, global health, and health policy.

Farhana Binte Mohd Sulong is a registered nurse, specialising mainly in geriatrics and palliative care. Currently working as a hospice nurse, she provides end-of-life care that upholds mana (respect), aroha (compassion), and rangatiratanga (dignity) for patients and their whānau during some of life's most challenging times. She draws from her clinical expertise to support dignified decision-making and meaningful, tender conversations around assisted dying.

Fiona Bailey (Dr) is the Assisted Dying Navigator at Capital Coast and Hutt Valley. This role was designed to support the patient experience for those in CCHV hospital facilities who raise the wish for assisted dying. Her role is also to support staff members, caring for patients, who raise this end of life care wish. She is a member of the CCHV Assisted Dying Steering Group, which oversee governance matters and any concerns raise in this area in the hospitals. Fiona has been a Consultant in Palliative Medicine for 20 years and works in the Hospital Palliative Care Service at Wellington and Kenepuru Hospitals.

Freyja Mann (Dr) is a Clinical Psychologist in private practice in Ōtautahi specialising in working with children and whānau. Having trained in the NHS and completed a doctoral thesis on siblings' needs, she relocated to New Zealand in 2019 and has continued her passion for working with families in both public and private settings. Freyja holds the Triage Practitioner role at Kenzie's Gift, supporting families from referral to discharge to ensure they are matched with an appropriate therapist for their circumstances. Freyja also consults on a variety on Kenzie's Gift resources, including support materials and media projects.

Gary Cheung (A/Prof) is an old age psychiatrist at The University of Auckland. He is a fellow of Royal Australian and New Zealand College of Psychiatrists. Gary served as a member of the Ministry of Health's Support and Consultation for End of Life in New Zealand group, a statutory body for New Zealand's assisted dying service, from 2021-2023. Gary led one of the first research following the legalisation of assisted dying in New Zealand. In 2023, he was invited by the UK Parliament Health and Social Care Committee Assisted Dying/Assisted Suicide to present New Zealand's early experience of assisted dying.

Heather Bustin is a Clinical Nurse Specialist at Health New Zealand Waitaha and a senior educator at the University of Canterbury. She is a doctoral candidate whose research focuses on assisted dying, specifically exploring clinician perspectives through in-depth interviews that examine the ethical, emotional, and professional complexities encountered in this evolving area of practice. Heather recently published in the Journal of Clinical Nursing, synthesising qualitative studies on assisted dying to deepen understanding of healthcare professionals' experiences. She brings a blend of clinical expertise, academic insight, and educational leadership to her work.

Isaac Amankwaa (Dr) is a Senior Nursing Lecturer at AUT with over 20 years of clinical and academic experience, including more than 3 years in the New Zealand aged care system. He completed his PhD at Victoria University of Wellington, applying implementation science to examine human rights principles in health practices. His current research focuses on improving health outcomes for vulnerable populations, particularly support needs for healthcare professionals involved in assisted dying. Isaac's research methodology is grounded in mixed methods, implementation science, and systematic reviews. He serves as Editorial Board Member for BMC Nursing and Academic Editor for PLOS One, with his teaching philosophy influenced by Mātauranga Māori and equity-focused frameworks.

Jackie Robinson is an Associate Professor and Head of Research in the School of Nursing at the University of Auckland. She has over 25 years' experience in palliative care, working as a Nurse Practitioner in the acute hospital setting and more recently in residential aged care settings. Dr Robinson has published extensively in her area of research, which focuses on equity and social justice in palliative and end of life care.

James Downar is a Critical Care and Palliative Care physician in Ottawa. He graduated from McGill Medical School and completed residency training in Internal Medicine, Critical Care and Palliative Care at the University of Toronto. He has a Master's degree in Bioethics from the Joint Centre for Bioethics at the University of Toronto. He is currently Professor and Head of the Division of Palliative

Care at the University of Ottawa, where he holds a Clinical Research Chair in Palliative and End of Life Care. He is an adjunct professor at the Australian Centre for Health Law Research at the Queensland University of Technology. He is the current President of the Canadian Critical Care Society and co-chair of the Pan-Canadian Palliative Care Research Collaborative. He has authored more than 160 peer-reviewed publications and was the principal investigator on more than 30 peer-reviewed grants on topics such as medical aid in dying; communication and decision-making for serious illness; palliative care in the critical care setting; grief and bereavement; and the treatment of psychological and existential distress in advanced illness. In 2024, he received the King Charles III Coronation medal for contributions to Palliative Care in Canada, and in 2021 he received the Award of Excellence from the Ontario Medical Association's Section on Palliative Medicine.

James Jap (Dr) (he/him) is Medical Director and Palliative Care Physician at Tōtara Hospice, where he has worked full-time since 2012. Tōtara Hospice continues to push the boundaries of modern Palliative Care practice and has integrated assisted dying into its holistic patient-centred service. James is co-founder of Palliative Care virtual community of practice, Palliverse. James is a not-so-secret agent of the Spirit of Collaboration and he looks forward to working with you.

Jeanne Snelling is an Associate Professor at the Faculty of Law, University of Otago, New Zealand where she teaches papers in Law and Medicine, Criminal Law, and Law and the Biosciences. Her research primarily encompasses health law and the regulation of biomedical technologies, most recently focusing on the regulation of reproduction (both assisted and unassisted), and Assisted Dying. Jeanne has published widely both nationally and internationally in the health law field, is the Chair of the ministerial Ethics Committee on Assisted Reproductive Technology; a member of the New Zealand Law Commission's Expert Advisory Group for the Review of Adult Decision-making Capacity Law, and is the co-convenor of the University at Otago Masters in Bioethics and Health Law programme. Jeanne is a researcher on an interdisciplinary Health Research Council-funded project on Assisted Dying in New Zealand and is the co-chair of the interdisciplinary Assisted Dying Research Network.

Jessica Young (PhD) (she/her) is a sociologist and senior research fellow at Victoria University of Wellington, and an adjunct in the Australian Centre for Health Law Research, Queensland University of Technology. Since the End of Life Choice Bill was introduced in New Zealand, Dr Young has been building a programme of research to investigate multiple facets of assisted dying. She leads and contributes to several projects on assisted dying, most recently 'Exploring the early experiences of the assisted dying service in Aotearoa', funded by the Health Research Council.

Kate Diesfeld (JD, Professor) held legal advocacy roles with disabled people in Alaska, California and England. She was a legal academic at Kent School at the University of Canterbury (England), the University of Waikato (NZ) and Auckland University of Technology (NZ). In California, she represented people with developmental disabilities. In England, she represented people before the Mental Health Review Tribunal. She co-edited *Involuntary Detention and Therapeutic Jurisprudence* (2003) and *Elder Law in New Zealand* (2014). She is an Associate Editor on two legal journals and Convenor of The Law Association's Mental Health and Disability Committee. At Aotearoa Disability Law (community law centre), she is an Advisory Committee member. With disabled people, she recently researched policing and supported self-management through the Donald Beasley Institute. She is a Co-Principal Investigator on the Marsden Fund study "A rehabilitation model for professional discipline".

Katie Ben (Dr) is an anaesthetist, assisted dying provider, and lead clinical advisor to Te Whatu Ora assisted dying service. She has particular interests in ethical decision-making, clinical governance, and patient safety in complex systems. Dr Ben is also a private pilot, an interest that informs her thinking about risk, accountability, and safety culture in medicine. In her spare time, Katie enjoys barbershop singing, full circle change ringing (church bells), gaming with her family, good wine, and the New York Times daily puzzles.

Kim Grayson works in Wellington ICU as an Intensivist, and as a Medical Specialist with Organ Donation New Zealand (ODNZ). She is passionate about good end of life care, equity and the wellbeing of healthcare professionals. She has led the development of a national pathway for

Assisted Dying Donation (ADD) in Aotearoa NZ. She finds this work meaningful and is proud to be involved in developing this new pathway and supporting the wishes of the patients requesting it.

Kynan Bazley is a Specialist General Practitioner, based in Wakatu/Nelson. He has been involved in Assisted Dying services in Canada and New Zealand since 2016. He has been a member of the SCENZ (Support and Consultation for End of Life in New Zealand) group since its inception in 2021 and is currently the deputy chair. He provides assisted dying services is the northern South Island as both AMP and IMP as well as working as a GP.

Lisa Blyth is a Clinical Nurse Consultant with the Metro North Voluntary Assisted Dying Service in Queensland. She trained as a Registered Nurse in New Zealand and began her career at Waikato Hospital. She later relocated to Darwin, working across community and hospital settings, developing a strong interest in addressing health inequities through Closing the Gap initiatives, and advocated for dignified dying in acute care. After moving to Brisbane, she remained committed to end-of-life care that supports patient comfort, autonomy, and safety. Upon completing her VAD training, Lisa plays a key role in the delivery of VAD in Metro North.

Manu Pelayo has had the privilege of serving in various clinical and leadership positions at local, regional, and national levels across both the public and private health sectors. He holds a Master of Nursing degree from the University of Auckland and is currently pursuing his professional doctorate at Te Herenga Waka—Victoria University of Wellington. In his substantive role at Health New Zealand – Te Whatu Ora, he serves as a Principal Clinical Advisor in the Planning, Funding, and Outcomes directorate. He is currently seconded as a researcher under Evidence, Research, and Clinical Trials in Health NZ, where his research is funded by the Health Research Council.

Margaret Tennant was formerly Professor of History at Massey University, with a particular interest in in women's history, the social history of medicine and NZ history more generally. This, if nothing else, gave her an awareness that life is finite, and that she and her husband Warwick have been small parts of a much vaster human experience.

Marshall Setu (Lotofagā, Safata and Fogāpoa, Samoa) is a fifth-year undergraduate law and psychology student at Te Herenga Waka — Victoria University of Wellington, undertaking the LLB(Hons) programme. Having taken an Honours seminar on Health Law under Justice David Collins and Professor Fiona McDonald, his presentation draws on this focus alongside his interest in socio-legal studies and the intersections of law and custom.

Michael Nestmann Born in southern Germany, he left school at 15 to become a lumberjack. Followed by 5 years as a paramedic in Munich, he trained as a nurse. Since arriving in New Zealand in 2010, Michael has worked as clinical lead and quality manager across Wellington, with a special focus on quality improvement and systems management. After 20 years of nursing, most of it in ARC, he has a strong focus on compassionate care and health care services that are patient-centred and provide high-quality services. Michael is a Rotarian and is fortunate enough to share his home with 4 teenagers.

Nic Russell is the founder and CEO of Kenzie's Gift, a national charity supporting tamariki and mātātahi experiencing the serious illness or death of a loved one. Drawing on her lived experience and two decades of leadership in child and family mental health, Nic works alongside clinical psychologists, researchers, and health professionals to ensure every child and whānau has access to evidence-informed, compassionate support. Under her leadership, Kenzie's Gift has delivered thousands of therapy sessions and co-designed trusted grief and illness resources with clinicians, helping families navigate life-limiting illness, bereavement, and complex emotional conversations with honesty and care.

Philip Patston, Managing Director of Diversity New Zealand Ltd and long-standing human rights advocate, brings a balanced, ethical lens to end-of-life policy in Aotearoa New Zealand. A life member of the End of Life Choice Society, Philip contributed to public awareness and dialogue during the campaign to pass the End of Life Choice Bill into law. His engagement included testifying in the late Lecretia Seales' court case, being interviewed by John Campbell alongside then Disability Rights

Commissioner Paula Tesoriero, and participating in a panel hosted by Paddy Gower. He also served on the SCENZ Group during its inaugural two-year term.

Rabikah Begum works in aged care policy, advocacy, and workforce development. She brings lived and professional experience to complex end-of-life conversations, focusing on dignity, cultural safety, and choice. Rabikah facilitates compassionate, inclusive dialogue across diverse communities to strengthen care partnerships in palliative and assisted dying contexts.

Richard Egan is an Associate Professor at the Department of Preventive & Social Medicine, Dunedin School of Medicine, University of Otago. He co-directs the Social and Behavioural Research Unit and is a former director of the Cancer Society Research Collaboration. Richard's research focuses on spirituality, health, and end-of-life care, supportive care in cancer, and assisted dying. He has over 80 peer-reviewed publications and has held leadership roles in public health organisations. Richard is also an Honorary Research Consultant for Meaningful Aging Australia and collaborates with Hospice NZ on spirituality matters.

Robyn Tyler is a lived-experience contributor whose mother used assisted dying in Aotearoa in 2022. She brings a systems-focused perspective shaped by navigating assisted dying alongside mainstream health, hospice, and residential care services. Robyn’s experience highlights how stigma, misinformation, and institutional avoidance create barriers to access and dignity, even within legally established and medically regulated systems. She is particularly concerned with accessibility, the burden of self-advocacy placed on dying people, and the exclusion of assisted dying from some end-of-life care settings. Robyn advocates for assisted dying without fear or shame, through integrated, stigma-free services that uphold equity and respect for all.

Rosalie McLauda (BNurs, MHSc; Ngāi Tahu, Ngāti Kahungunu) is a lecturer in Nursing at the University of Waikato. She holds a Master of Health Science (First Class Honours) from Auckland University of Technology, completed with the support of a Health Workforce New Zealand scholarship. Her thesis, Nursing Narratives of Assisted Dying Implementation in New Zealand, drew attention to the absence policy, guidelines and support for nurses during assisted dying implementation. Rosalie brings a decade of clinical experience in palliative care, haematology, and general medicine, having practised across primary and secondary settings in both Aotearoa New Zealand and Saudi Arabia.

Sarah Carberry is an End of Life Doula with the Farewell Trust, a charitable organisation based in the Marlborough Sounds. For over nine years, she has supported people in her community through the dying process, offering compassionate, grounded in aroha care. Sarah and the Farewell Trust have also established Poroporoaki, a serene home created as a place of peace, where people can spend their final days with whānau, including those who choose to access Assisted Dying. Sarah is also a founding and committee member of the End of Life Doula Alliance of Aotearoa (ELDAA).

Shane Dunphy is a General Practitioner at Onslow Medical Centre in Wellington, where he has worked for 30 years. He has a special interest in aged residential care and palliative care.

Sharon Skinner (presenter), Leigh Travers, Rosie Stewart and Sam Hansen (co-authors) are Donor Coordinator Nurse Specialists with Organ Donation New Zealand, based in Auckland. They bring extensive clinical experience across intensive care, paediatric haematology, specialist nursing, and education. As donor coordinators, their role encompasses the entire organ donation pathway—from initial referral and coordination with transplant teams to surgical logistics and family support during end-of-life care. They also provide ongoing education to ICU and theatre staff. Their work is fast paced, emotionally complex, and carried out with compassion and respect for donors and their whānau.

Sheila Hart (Dr) is an anaesthetist working in Wellington. She specialises in cardiac anaesthesia and is the current Clinical Director of the Department of Anaesthesia and Pain Management. She was involved in several working groups that contributed to the development of the AD pathway and has been an assisted dying practitioner since the service began. She has recently been appointed to the SCENZ group.

Susan Fryer is a Nurse Practitioner and a lead member of the Assisted Dying resource team at Tōtara Hospice.

Te Hurinui Karaka-Clarke is an Associate Professor of Mātauranga Māori in the Kura Toi Tangata at the University of Waikato. He serves as a member of SCENZ, the statutory body responsible for overseeing the implementation of assisted dying under Aotearoa New Zealand's End of Life Choice Act 2019. His research and advisory work focus on ensuring assisted dying services are safe, accessible, and culturally appropriate, particularly for Māori communities. Te Hurinui brings an understanding of tikanga and mātauranga Māori to this complex and sensitive kaupapa, helping to bridge cultural and clinical perspectives in end-of-life care.

Tess Moeke-Maxwell is a descendant of Ngāi Tai ki Tāmaki and Ngāti Porou. She is a Senior Research Fellow and co-director of the Te Ārai Palliative Care and End of Life Research Group at the School of Nursing, University of Auckland. Tess leads Kaupapa Māori "lived experience" qualitative research on behalf of Te Ārai's Kāhui advisory group. Improving end-of-life, palliative care and Assisted Dying experiences for Māori whānau (family, including extended family) are her research interests. Currently, she leads the Health Research Council funded 'Waerea study' on Māori whānau experiences using Assisted Dying services. Tess is an advisory member of the National Palliative Care Work Programme for Te Whatu Ora – Health New Zealand.

Treza Gallogly is an End of Life Doula and founder of Swansong - a practice she established in 2021. She has since supported many individuals and families through both natural and assisted deaths, offering compassionate, individualised person-centred care. Treza is also the Chair of the End of Life Doula Alliance of Aotearoa (ELDAA), where she advocates for the recognition and integration of doulas within the wider care network. She is passionate about educating communities on all aspects of living with serious illness and planning to die well. Treza believes that conversation and collaboration are the key to providing truly holistic care of the dying.

Uma Devi Ananth is a counsellor based at Tōtara Hospice I Te Kahu o Tōtara in South Auckland. Her role includes family and bereavement support. She has a lead role in the provision of counselling services to patients exploring assisted dying who are under the care of the hospice. Uma Devi's work experience includes working with South Asian migrants and refugees. Originally from Malaysia, she now calls New Zealand home.

Wade Stedman (Dr) is an ICU Specialist and Voluntary Assisted Dying (VAD) practitioner with a strong interest in delivering high-quality end-of-life care. He served as the medical lead for the implementation of VAD in New South Wales, where he chaired the NSW VAD Clinical Advisory Group and played a key role in developing the state's first VAD Clinical Practice Handbook. In 2024, Dr Stedman was awarded a Churchill Fellowship to explore best practice for organ donation after VAD.

Waqas Arshad (Dr) has completed his psychiatry training in Auckland with RANZCP and is currently awaiting his fellowship. His research interests focus on the intersection of mental health, palliative care, and end-of-life decision-making in New Zealand. His abstract on the first year of assisted dying explores the practical and ethical challenges faced by non-providing healthcare professionals as the service integrates with existing medical frameworks. He advocates for fostering a supportive, patient-centred environment within Aotearoa's health care system.

Yi Jeng Chan (Jen) is a recent Master of Health Psychology graduate from Victoria University of Wellington. Originally from Malaysia, she moved to Wellington in 2023 to follow her passion for understanding health promotion, mental health, and the complexities of life and death. Through her research on the emotional experiences of health professionals involved in assisted dying, Jen hopes to help create kinder, more supportive healthcare environments. She is committed to using health psychology to improve wellbeing and bring more compassion into care.