

A watercolor illustration of a pink flower with many stamens and green leaves, positioned on the right side of the slide.

Voluntary assisted dying

A legal choice at end of life:

What do we need to know to support each other and our community

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Group
Nurse Practitioner
HNELHD

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Acknowledgement of Country



We acknowledge the Aboriginal people as the Traditional Owners of the land that we live and work on, and pay our respects to Elders past, present and future – for they hold the memories, the traditions, the culture and hopes of Aboriginal Australia



Acknowledgement of Views

We acknowledge and respect that voluntary assisted dying and other end of life options are extremely complex, with many holding deeply personal views for reasons that are important to them.

Respect for all views is central to successful implementation of a voluntary assisted dying framework in HNELHD and all of NSW.



Introduction to the Assisted Dying Act 2022

NSW Parliament has passed the Assisted Dying Act 2022

26 days

from today's presentation date

The Act will allow access to voluntary assisted dying from 1 October 2023.



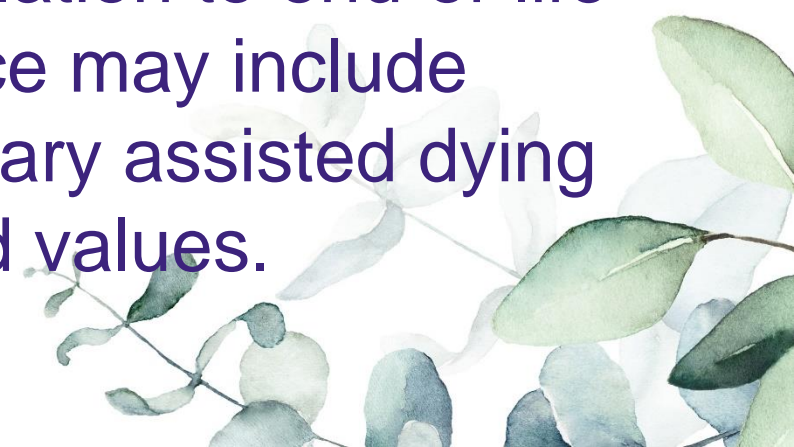
Hunter New England Local Health District

Voluntary Assisted Dying Statement



Every person has inherent dignity and should be treated equally and with compassion and respect. Every person approaching the end of life should have access to high quality care and treatment, including palliative care, to minimise the person's suffering and maximise the person's quality of life.

A person's autonomy, including autonomy in relation to end-of-life choices, should be respected. This choice may include discussing, considering, and pursuing voluntary assisted dying in line with their personal views and values.



Annual Reports of WA and VIC 2021-2022**

QLD jan-june 2023



	Vic	WA	QLD
First Requests	581	738	591 (FA)
Eligible	548	562	504 (SA)
Complete all assessments	486	284	414
Died from taking substance	401	190	245
% of deaths in state	0.58%	1.1%	
Self administered the substance	~57%	~32%	25
Practitioner administered the substance	~9%	~68%	33%
Died without taking the substance	~31%	28%	38%

WA Voluntary Assisted Dying Board Report 2021-22

NSW Health
State of Victoria. Voluntary assisted Dying Review Board Report of operations 6. July 21-June 22.

QLD Voluntary assisted Dying annual report Jan-June 2023

	Victoria %	WA %	QLD %
Average age	73y	73y	73y
Place of residence at time of request (home)	81.2	92.6	82.7 Hosp (6.6)
English speaking	93	99.1	98
Engaged with Pall Care	81.2	85.3	77.2
Metro	63.5	78.8	~50
ATSI	0.4	1.7	1.4
Time from 1st to final assess.**	16 days	*17% within 9 day	17.5 days
Malignant Disease	81.5	68	78.2
Neurodegenerative Disease	7.6	14.4	8.3
Respiratory Disease	3.7	9.1	8.7
Other non-neoplastic	5.7	8.5	4.8

WA Voluntary Assisted Dying Board Report 2021-22

State of Victoria. Voluntary assisted Dying Review Board Report of operations. July 21-June 22.



NSW Voluntary Assisted Dying Clinical Practice Handbook

In order to be eligible to access voluntary assisted dying, a person must:

- be an adult, who is an Australian citizen, a permanent resident of Australia, or has been a resident in Australia for at least three continuous years
- have been living in NSW for at least 12 months
- have decision-making capacity in relation to voluntary assisted dying and be acting voluntarily without pressure or duress
- have the ability to make and communicate requests and decisions about voluntary assisted dying throughout the formal request process.
- have at least one disease, illness or medical condition that is advanced, progressive and:
 - will, on the balance of probabilities, cause their death within six months (or within 12 months for neurodegenerative diseases like motor neurone disease), and
 - is causing the person suffering that cannot be relieved in a way the person considers tolerable

Roles for Health Care Workers: Authorised Practitioners and others

Coordinating Practitioner

- Accepts the first request, assessment and eligibility and coordinates the entire process for the patient

Consulting Practitioner

- Provides a second assessment on eligibility

Administering Practitioner

- Administers the substance to the patient

Expert Opinion

- Registered Health Workers asked for opinion on prognostication, decision making capacity or voluntariness

Medical Practitioners

- Business as Usual
- First Request
- Death Verification and Certification

Support Structures

- Everyone else, normal care must continue

Witnesses

- People who may be asked to witness a written document, or the administration of the substance (ideally a person known to the patient)

A medical practitioner is eligible to act as a coordinating or consulting practitioner if they:

- hold specialist registration, or hold general registration and have practised the medical profession for at least 10 years as the holder of general registration
- have completed the approved training
- meet any other requirements prescribed by regulations
- are not a family member of the patient
- do not know or believe that they will benefit financially or materially from the death of the patient, beyond reasonable fees incurred as a practitioner.

A health practitioner is eligible to act as an administering practitioner if they are:



- a medical practitioner who holds specialist registration
- a medical practitioner who holds general registration and has practiced the medical profession for at least 5 years.
- a medical practitioner who is an overseas-trained specialist who holds limited registration or provisional registration
- a nurse practitioner.

**Practitioner involvement is
opt-in**

Conscientious Objection

Health Care workers can hold a conscientious Objection and have the right to refuse to:

- Participate in the request and assessment process,
- prescribe, supply, or administer a voluntary assisted dying substance.
- be present at the time of the administration of a voluntary assisted dying substance.

However Medical Practitioners who are conscientious objectors have obligations for documentation under the Act

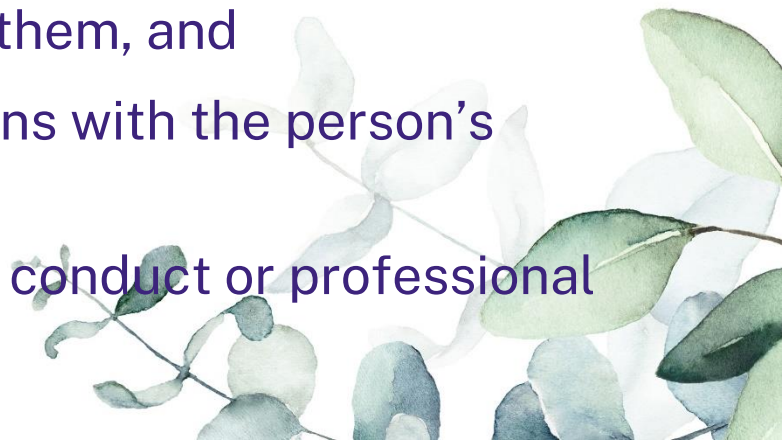
It is against the law for a medical practitioner to withdraw other services the practitioner would usually provide to a patient or the patients family because of a request for voluntary assisted dying.



Discussing Voluntary Assisted Dying

- ▶ If patient raises Voluntary Assisted Dying with any of the people that provide them with health or personal care, that HCW can provide information commensurate with their level of knowledge or refer to the Care Navigator Service.
- ▶ A medical practitioner may initiate a discussion or make a suggestion about voluntary assisted dying if at that time they also inform the patient :
 - ▶ About the treatment options and outcomes available to them, and
 - ▶ About Palliative care treatment options and outcomes available to them
- ▶ A health care worker may initiate a discussion or makes a suggestion about voluntary assisted dying if at the time of the discussion they also inform the patient that:
 - ▶ They have treatment and palliative care options available to them, and
 - ▶ They should discuss their treatment and palliative care options with the person's medical practitioner

A contravention to this may constitute unsatisfactory professional conduct or professional misconduct through Health Practitioner Regulation national Law.



Conversations about end-of-life care +/- Voluntary Assisted Dying

- Patient-centered
- Recognition of the challenges and complexities for end-of-life decision making
- Clarify
- Curiosity
- Empathy
- Support
- Ongoing care
- Referral if required to services such as Palliative and end of life care or voluntary assisted dying services (via SeNT), or mental health supports

Support for end-of-life conversations, eg Vital Talk, End of life essentials, End of life law for clinicians

A patient can pause or stop the voluntary assisted dying process at any time

Patient makes first request

First assessment

Consulting assessment

Written declaration

Final request

Cannot be made until after the day of the consulting assessment and, except in certain circumstances, after the end of the designated period

Final review

Referral for opinion if coordinating or consulting practitioner unable to decide on certain aspects of eligibility

Administration decision

Self-administration process

Appointment of a contact person

Application to Board for a substance authorisation

Substance authority granted by Board

Note: If Board refuses application, process cannot progress

Prescription written and sent to Voluntary Assisted Dying Pharmacy Service

Substance supplied to patient

Patient self-administers substance

Contact person notifies coordinating practitioner of death

Notification of death

Disposal of unused or remaining substance

Practitioner administration process

Application to Board for a substance authorisation

Substance authority granted by Board

Note: If Board refuses application, process cannot progress

Prescription written and sent to Voluntary Assisted Dying Pharmacy Service

Substance supplied to administering practitioner

Practitioner administers substance to patient in presence of eligible witness

Notification of death

Disposal of unused or remaining substance

This is a summary of the key steps of the voluntary assisted dying process under the Voluntary Assisted Dying Act 2022. This summary is indicative only and does not cover all the scenarios that might arise during a patient's individual voluntary assisted dying process.

NSW Support Services

The Care Navigator Service

- Central list of coordinating, consulting and administering practitioners
- Support, assistance and information to patients, families and practitioners
- Access service
- Community of Practice

The Pharmacy Service

- Maintain a trained voluntary assisted dying pharmacy workforce
- Procure substances and materials
- Support accessibility to the substance for patients across the state

The Portal

- Central database for all forms
- To register as a practitioner
- First Request and Death Notification form available

The Board

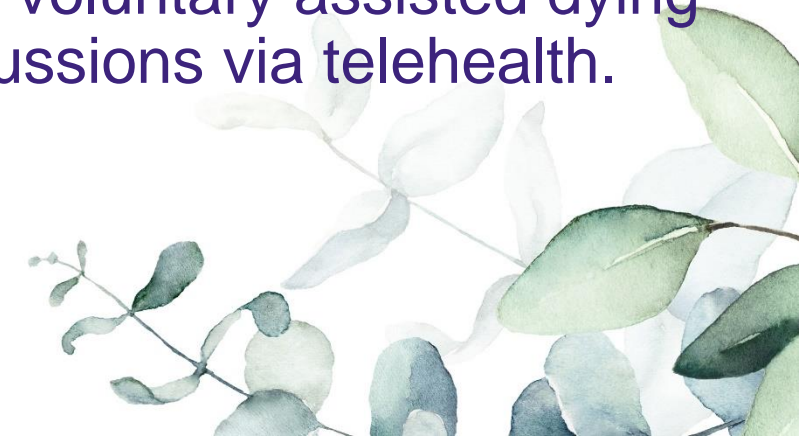
- Independent oversight and governance
- Approving or rejecting applications for access to voluntary assisted dying
- monitoring and reporting on the operation of the Act
- keeping a list of registered health practitioners

Commonwealth Criminal Code Act 1995



- Offences related to using a carriage service to disseminate or assess suicide related material.
- Includes telehealth, telephone, fax, email, internet webpage, or videoconference.
- Particular attention should be made to discussions about
 - Potential risk of administering the voluntary assisted dying substance
 - Making a plan for the administration of the voluntary assisted dying substance.

Practitioners should advise patients going through the voluntary assisted dying process that it may be unlawful to hold certain discussions via telehealth.



First Request

- Can be made to any medical practitioner
- Can be made verbally or in another way (such as gestures or other communication device)
- MO can refuse or accept the request
- MO must record the first request in the medical record, decision, if refused the reason, whether information has been provided

First Request

- Clear and Unambiguous

And

- Made during a medical consultation

And

- Made in person or in accordance with the use of audio-visual communication



Patient makes a first request for voluntary assisted dying to a medical practitioner

Practitioner accepts or refuses

Practitioner refuses

Reason for refusal

Practitioner ineligibility, unavailability or other

Inform the patient of the refusal

Complete within
2
business days after first request

Provide the patient with the *first request patient information*

Complete within
2
business days after first request

Record the following in the patient's medical record:

- First request
- Reason for refusal
- Whether patient was provided with the *first request patient information*

Complete *First Request Form* and submit to the Board

Complete within
5
business days after deciding to refuse the request

Conscientious objection

Inform the patient of the refusal **immediately**

Record the following in the patient's medical record:

- First request
- Reason for refusal

Complete *First Request Form* and submit to the Board

Complete within
5
business days after deciding to refuse the request

Practitioner accepts

Inform the patient of the acceptance

Complete within
2
business days after first request

Provide patient with the *first request patient information* approved

Complete within
2
business days after first request

Record the following in the patient's medical record:

- First request
- Acceptance
- Whether patient was given *first request patient information*

Complete *First Request Form* and submit to the Board

Complete within
5
business days after deciding to accept the request

Practitioner becomes the patient's coordinating practitioner

Patient is able to make another first request to another medical practitioner

Guardianship and Advance Care Directives



- Voluntary assisted dying must be requested by the individual with decision making capacity acting voluntarily
- No enduring guardian can request on someone's behalf
- An Advance Care Directive is only valid after a person loses capacity thus making the person ineligible for Voluntary assisted dying



What is not a First Request

- A request made to someone other than a medical practitioner
- A request made by someone on behalf of someone else
- A person asking general questions or expressing interest in VAD
- A request made outside a medical consultation
- Including the request in an advanced care directive

Coordinating and Consulting Assessments

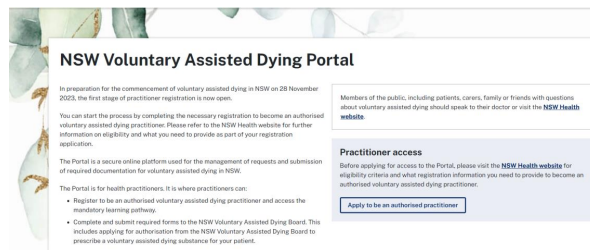
Is the person
eligible for access
to VAD

May refer to others
medical or health
practitioners for
opinions

Provide eligible
patient with
information to the
patient and confirm
understanding

This may include
specialists, mental
health, capacity
assessments

Reporting and form
compliance



Written Declaration

On the approved form
and given to the
coordinating
practitioner

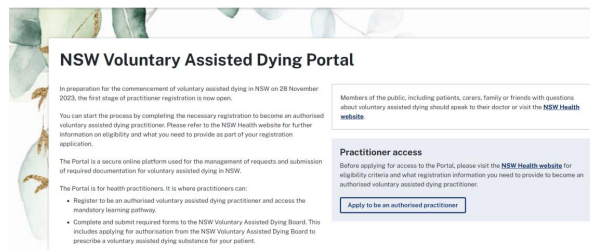
State the patient makes
the declaration
voluntarily, nor because
of pressure or duress,
understands nature and
effect

Be signed by the patient
in presence of two
witnesses

Another person may
sign on behalf of patient
(in their presence)

Not a beneficiary under
the will, or a family
member, or the
coordinating/consulting
practitioner or their
employee

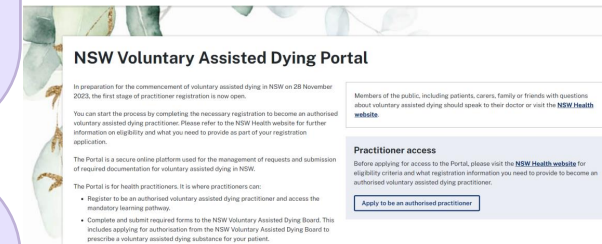
If done with an
interpreter must also be
signed as a true and
correct translation



Final Request

Must be made a minimum of 5 days after the first request*

Must be made at least 1 day after the Consulting assessment



Final Review



NSW Voluntary Assisted Dying Portal

In preparation for the commencement of voluntary assisted dying in NSW on 28 November 2023, the first stage of practitioner registration is now open.

You can start the process by completing the necessary registration to become an authorised voluntary assisted dying practitioner. Please refer to the NSW Health website for further information on eligibility and what you need to provide as part of your registration application.

The Portal is a secure online platform used for the management of requests and submission of required documentation for voluntary assisted dying in NSW.

The Portal is for health practitioners. It is where practitioners can:

- Register to be an authorised voluntary assisted dying practitioner and access the mandatory learning pathway.
- Complete and submit required forms to the NSW Voluntary Assisted Dying Board. This includes applying for authorisation from the NSW Voluntary Assisted Dying Board to prescribe a voluntary assisted dying substance for your patient.

Members of the public, including patients, carers, family or friends with questions about voluntary assisted dying should speak to their doctor or visit the [NSW Health website](#).

Practitioner access

Before applying for access to the Portal, please visit the [NSW Health website](#) for eligibility criteria and what registration information you need to provide to become an authorised voluntary assisted dying practitioner.

[Apply to be an authorised practitioner](#)



Coordinating MO must review:



First Request information



Coordinating and Consulting Assessments



Expert opinions



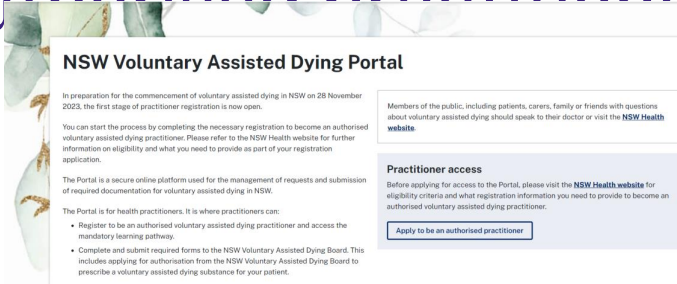
Written declaration



Final request

Administration Decision

The patient may, in consultation with and on the advice of coordinating practitioner decide to self-administer or have the substance administered by an authorised practitioner



Clear and Unambiguous

Made in person

- Verbally or in another way
- Or with an interpreter

Can be revoked at any time

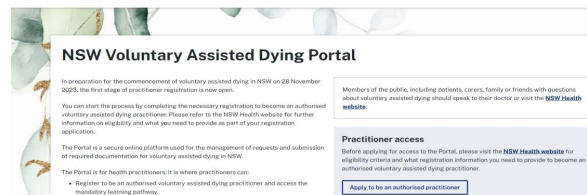
The administration decision

➤ Self-Administration

- Must be ingested by the patient without assistance
- Must appoint a contact person
 - Receive the substance
 - Possess the substance
 - Prepare the substance
 - Supply to patient
 - give unused substance to authorised disposer

➤ Practitioner Administration

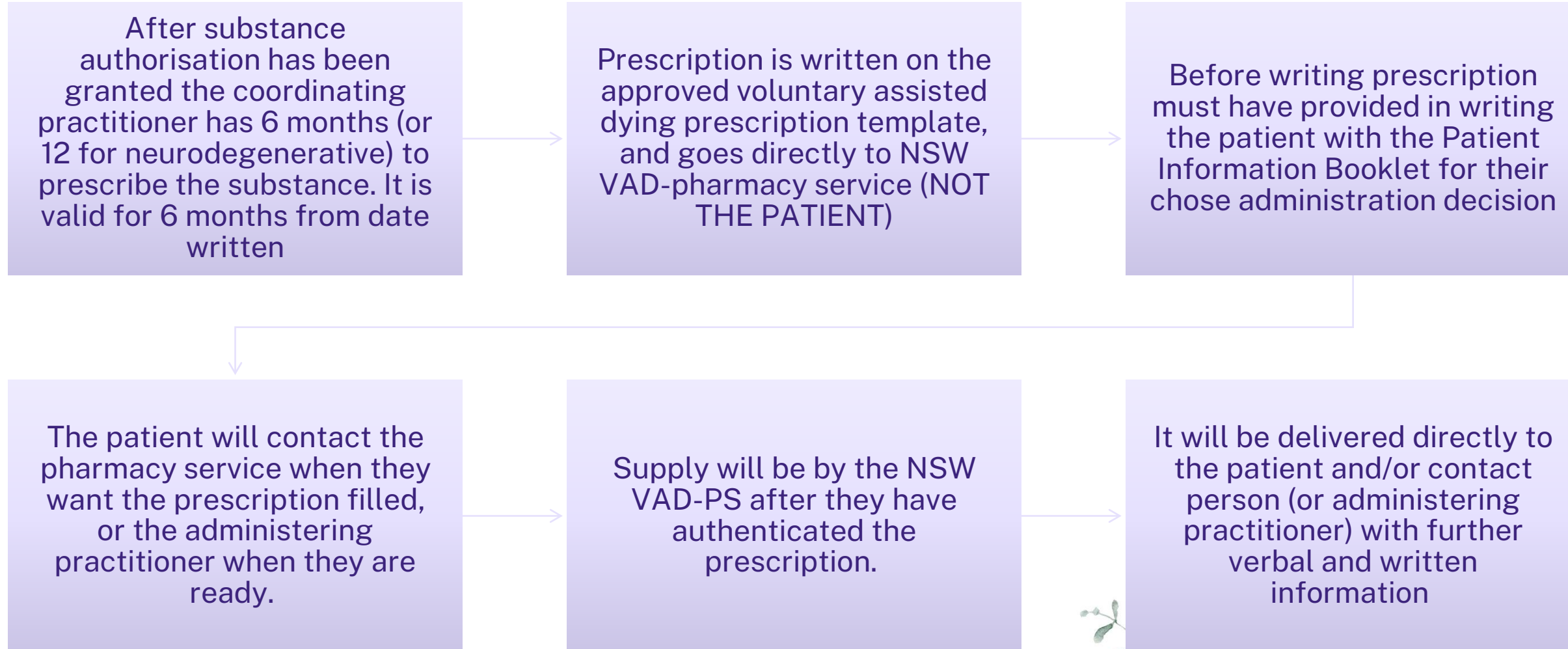
- Authorised Supplier will prepare and supply substance to administering practitioner
- Must only administer the substance
 - In the presence of a witness
 - If the patient has decision making capacity
 - If the patient is acting voluntarily, and not because of pressure or duress, decision to want VAD is enduring



Substance Authorisation

- Application to board
- The board must approve unless:
 - They have not received all the documents relating to the request and assessment process
 - They suspect the requirements of the Act have not been met
- If refused the coordinating practitioner will be advised within two business days of the decision
- If approved substance authority will be granted as soon as practicable and authorisation will be on the portal.

Prescription





Substance Management in Facility:

NEW



Patient is entitled to have their legally obtained medication.



It is in a locked box, that only the patient/contact person has the key.



Suggest the patients contact person takes substance home

If a patients voluntary assisted dying substance is provided to HNELHD staff for storage in a facility, it must be

- Stored in a 'patients own' tamper proof bag, with the receipt provided to the patient
- Stored in the 'patient own medication' drawer in the locked medication room
- Documented in the notes that 'patients own medication' and receipt number is stored in the ward medication room, and entered into the Drug register as "patients own medication" with receipt number
- The patient must be given back their voluntary assisted dying substance if they request it, or if they are transferred to another ward, facility or discharged home. The receipt number and return of the substance should be documented in the medical record.

Facilities will ensure procedures that enable patients access to their legally owned substance 24/7.

Authorised Disposers are known to the contact person and authorised practitioner (HNELHD designated pharmacy)

Death Certification in NSW

Normal planning and Verification of Death process for your area should occur

- ▶ The medical practitioner must identify the following in the cause of death certificate for the person —
- ▶ (a) that the medical practitioner knows or reasonably believes the patient self-administered, or was administered, a voluntary assisted dying substance in accordance with this Act,
- ▶ (b) the disease, illness or medical condition with which the person had been diagnosed that made the person eligible to access voluntary assisted dying



HNELHD Voluntary Assisted Dying Implementation

Governance Structures

Executive Sponsorship

Workforce Survey

Education

Cancer Services Mapping

HealthPathway

Model of Care

Private Facility engagement

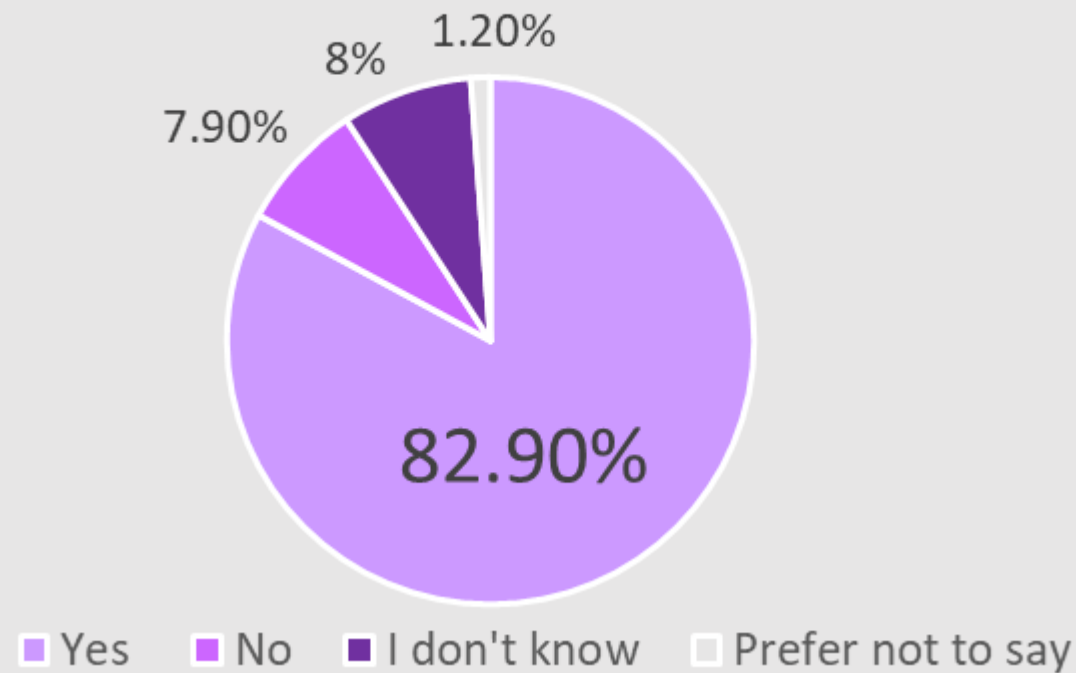
Staff Wellbeing



Workforce Survey (n = 2,385)

Medical N=80 NP=6

Do you support the Introduction of Voluntary Assisted Dying in NSW?

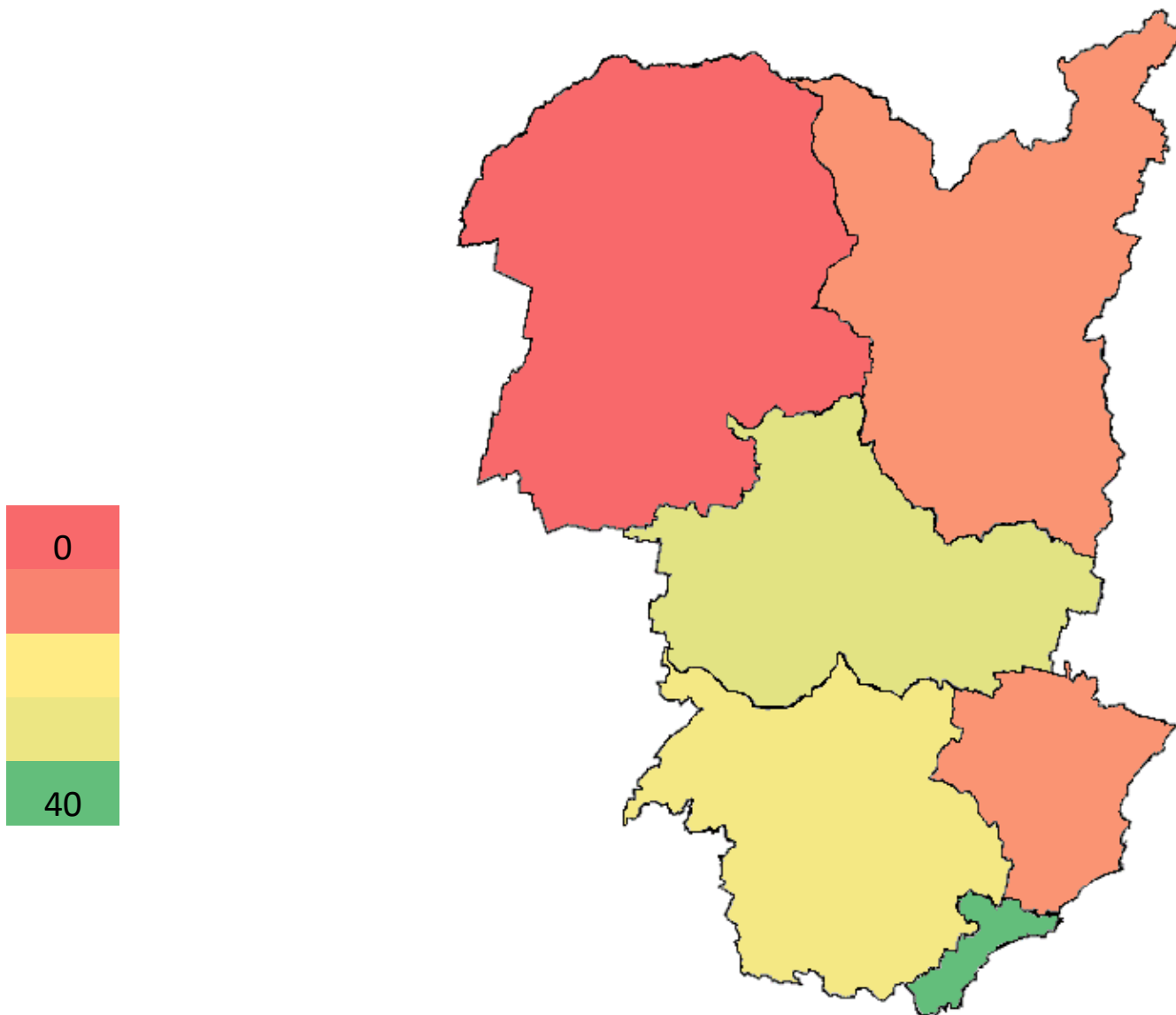


Would you be willing to participate in the following activities?

- **89%** Refer
- **80%** Provide general information
- **65%** Participate in the process



Coordinating and consulting practitioners



Views on Participation in Voluntary Assisted Dying

Motivators

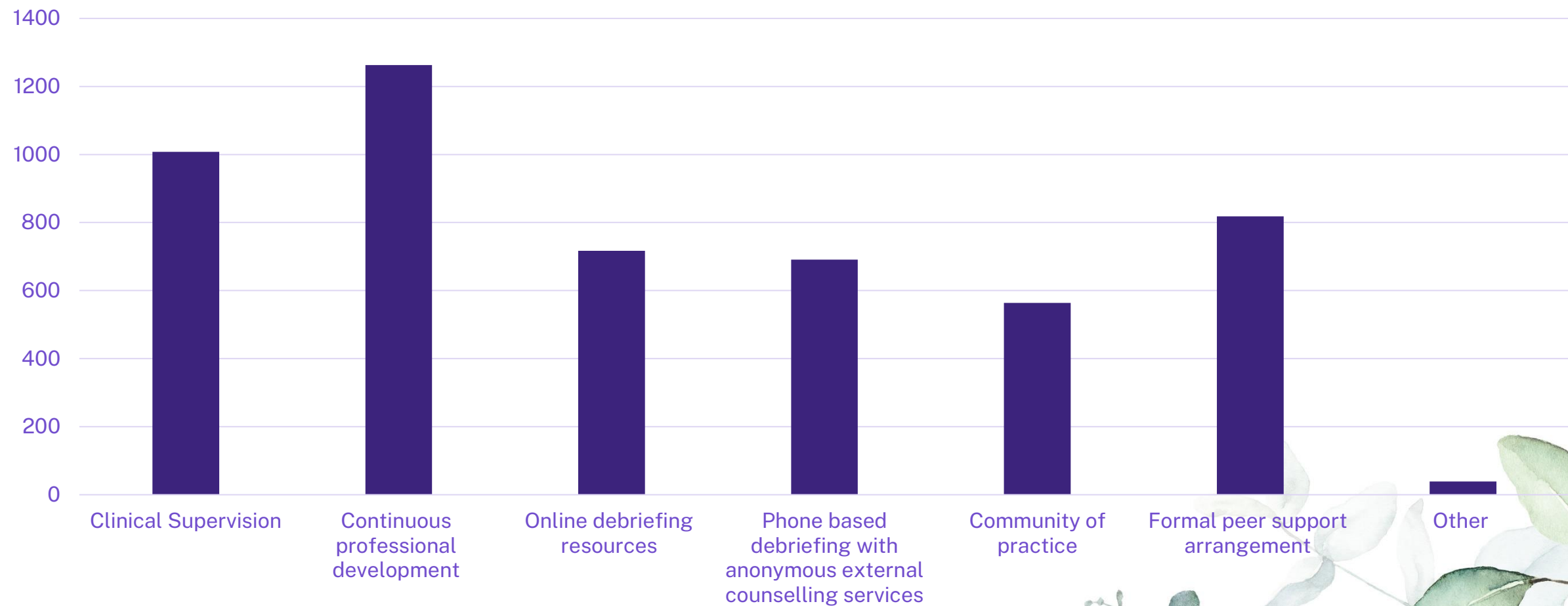
- Relieving a patient's suffering
- Respecting the patient's right to choose the time of their death
- Supporting access to a legal medical intervention

Barriers

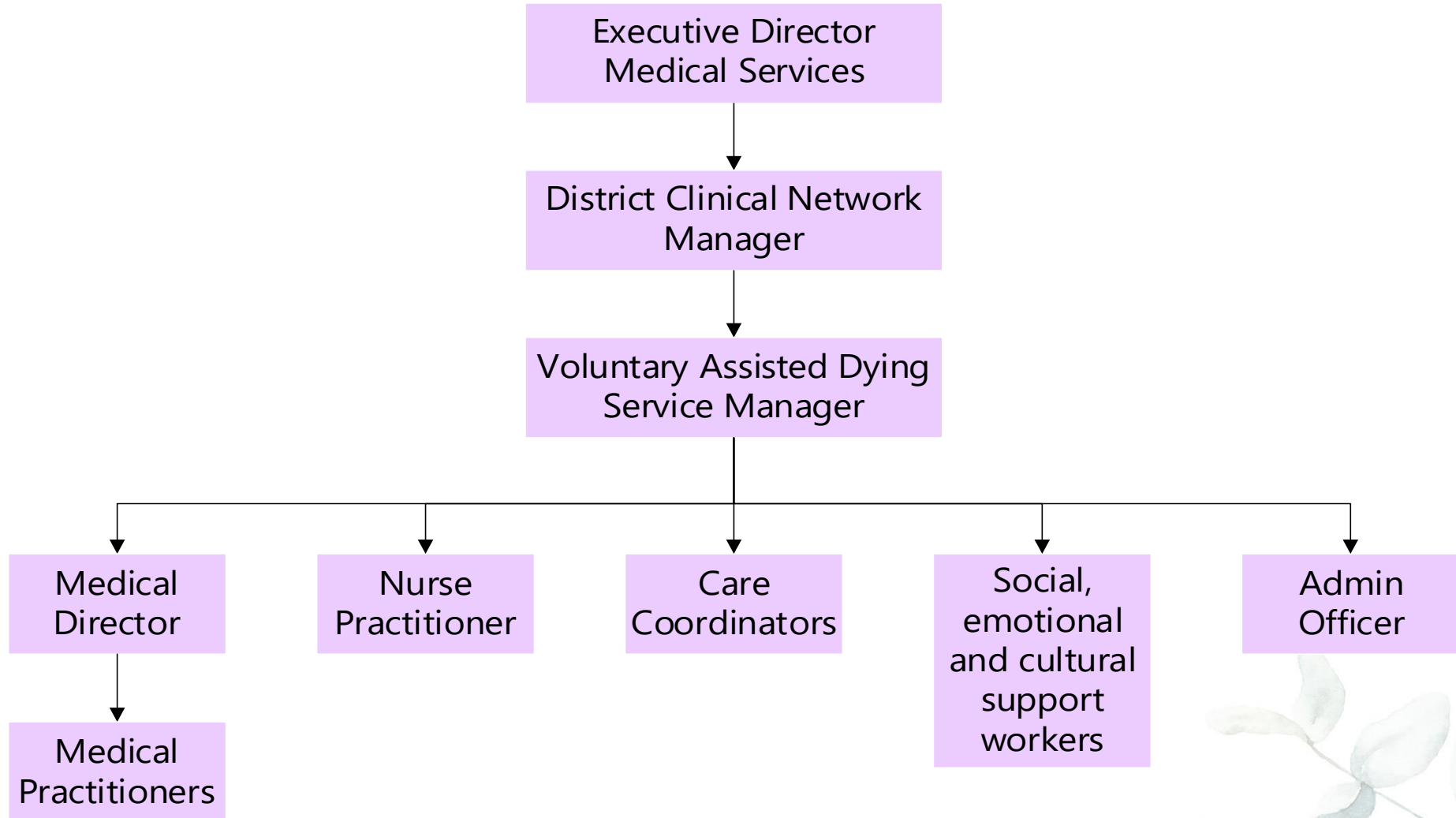
- Fear of the emotional impact on self
- Perceived lack of wellbeing support
- Workforce culture



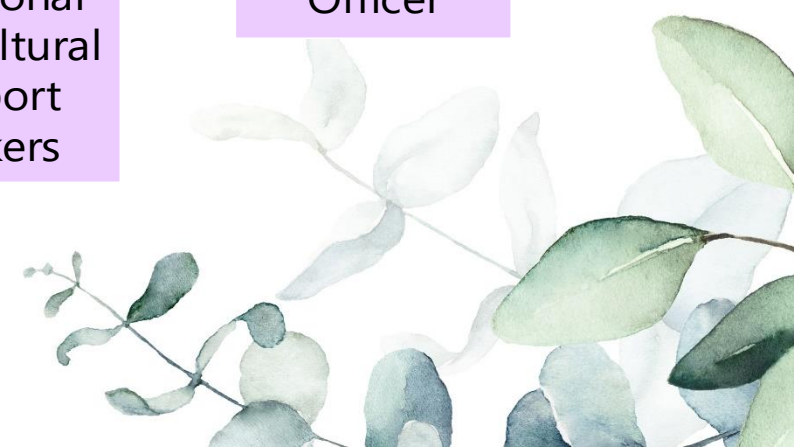
What support do you think you would need?



HNE Voluntary Assisted Dying Service



Note: This model is to provide VAD services across HNELHD only.
It does not include pharmacy services.



Voluntary Assisted Dying Model of Care

- ~ 330–440 first requests per year
- ~ 120–160 deaths per year
- Centralised service that will act as a consulting team
- Processes will be patient-centred and embedded in existing clinical pathways
- Coordination with NSW Voluntary Assisted Dying Support Services



Support Structures



Patients and Families

- Embedded into current structures
- Current support services
- HNEVAD-ST
- HNE Bereavement services

Staff

General:

Participation and Non-Participating

Normal support services

Debrief opportunities

Clinical supervision

Plan for the well-being and support of the HNEVAD-ST

Current Priorities



Hospital
HealthPathway and
Model of Care



Facility Readiness:
Site representation



Recruitment and
onboarding



Clinic and Office
Space



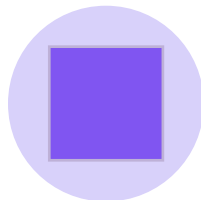
Ongoing
communication and
staff education



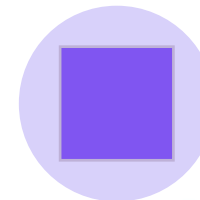
Face-to-face
authorised
practitioner training
day



Seamless and
integrated care
process for patients
(and staff)



Internal systems
and data collection



Referral processes



Resources

- Introductory video by Paul Craven [Voluntary Assisted Dying - Dr Paul Craven - HNELHD](#)
- NSW Voluntary Assisted Dying Clinical Practice Handbook is now available on the [NSW Health website](#).
- The Voluntary Assisted Dying Act 2022 is available on the [NSW Legislation website](#)
- NSW Health internet page: <https://www.health.nsw.gov.au/voluntary-assisted-dying/Pages/default.aspx>
- Dr Kerry Chant, NSW Chief Health Officer two part webinar series are available [here](#) and [here](#).



Further information can be found at [NSW Health website](#)

Queries for HNELHD can be directed to HNELHD-
VAD@health.nsw.gov.au

If you found any part of this presentation distressing and need to talk to someone, please refer to the numbers below.

Lifeline on 13 11 14 - provides telephone or online support and counselling 24 hours a day, 7 days a week.

NSW Mental Health line on 1800 011 511 - available to everyone in NSW and operates 24 hours a day, 7 days a week.

Please consider accessing your **Employee Assistance Program (EAP)** if you are feeling distressed.