

A watercolor illustration of various green leaves and flowers, including a prominent pink bush flower on the right and a white flower on the left. A light blue rectangular box is overlaid on the left side of the image, containing the text "Voluntary assisted dying".

Voluntary assisted dying

HNELHD Voluntary Assisted Dying Implementation

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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



Introduction of voluntary assisted dying

NSW Parliament passed the Voluntary Assisted Dying Act 2022 on 19 May 2022.

The Act will allow eligible people the choice to access voluntary assisted dying in NSW from 28 November 2023.

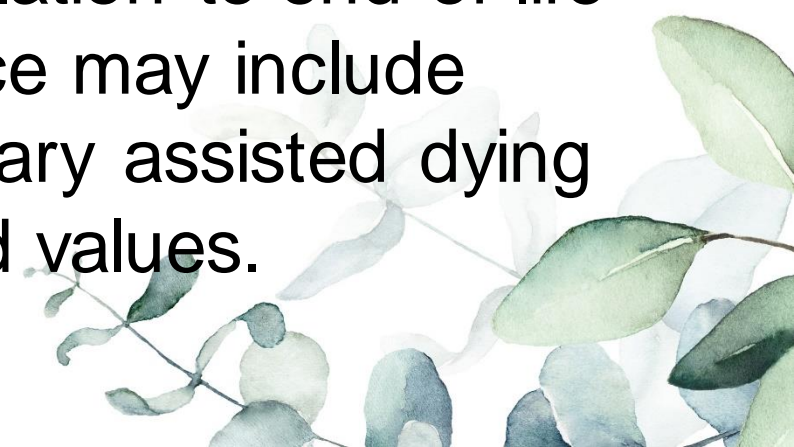


Hunter New England Local Health District Voluntary Assisted Dying Statement



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**



	Victoria	Western Australia
First Requests	581	738
Eligible	548	384
Complete all assessments	486	284
Died from taking substance	401	190
% of deaths in state	0.58%	1.1%
Self administered the substance	~57%	~32%
Practitioner administered the substance	~9%	~68%
Died without taking the substance	~31%	28%

WA Voluntary Assisted Dying Board Report 2021-22

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



	Victoria %	Western Australia %
Average age	73	73
Place of residence at time of request	81.2	92.6
English speaking	93	99.1
Engaged with Pall Care	81.2	85.3
Metro	63.5	78.8
ATSI	0.4	1.7
Time from 1st to final assess.**	16 days	*17% within 9 day period
Malignant Disease	81.5	68
Neurodegenerative Disease	7.6	14.4
Respiratory Disease	3.7	9.1
Other non-malignancy	5.7	8.5

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



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.





NSW Voluntary Assisted Dying Clinical Practice Handbook

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

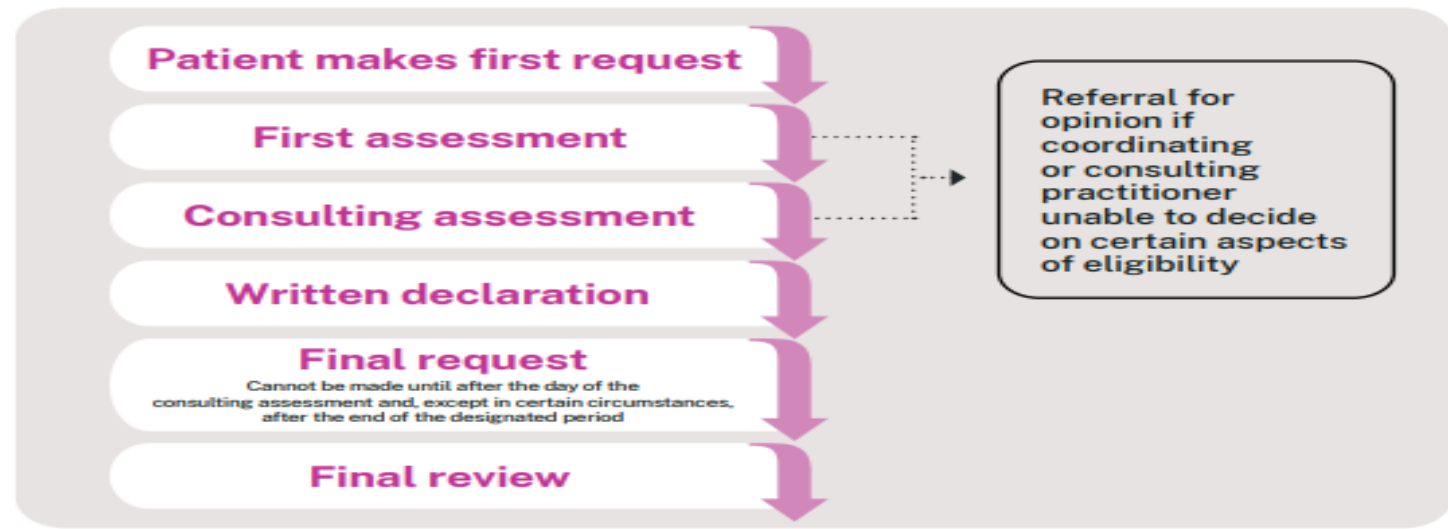
A contravention to this may constitute unsatisfactory professional conduct or professional misconduct through Health Practitioner Regulation national Law.

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

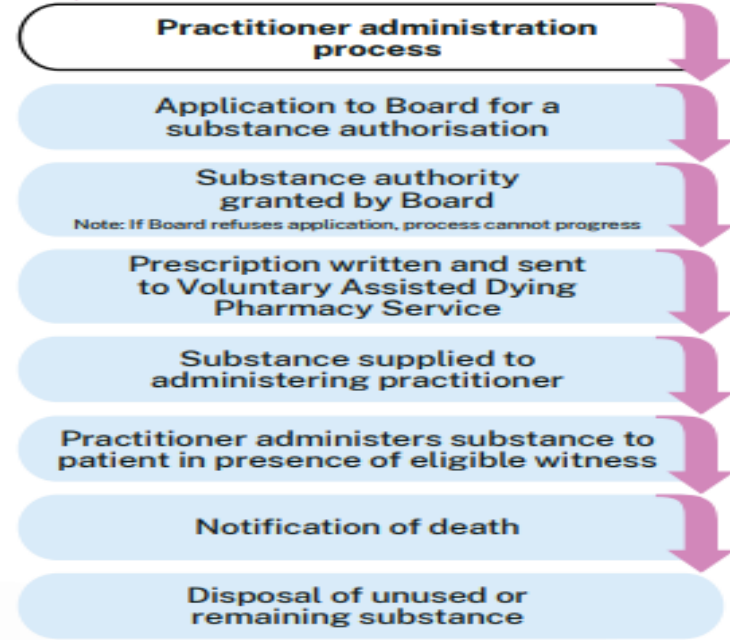
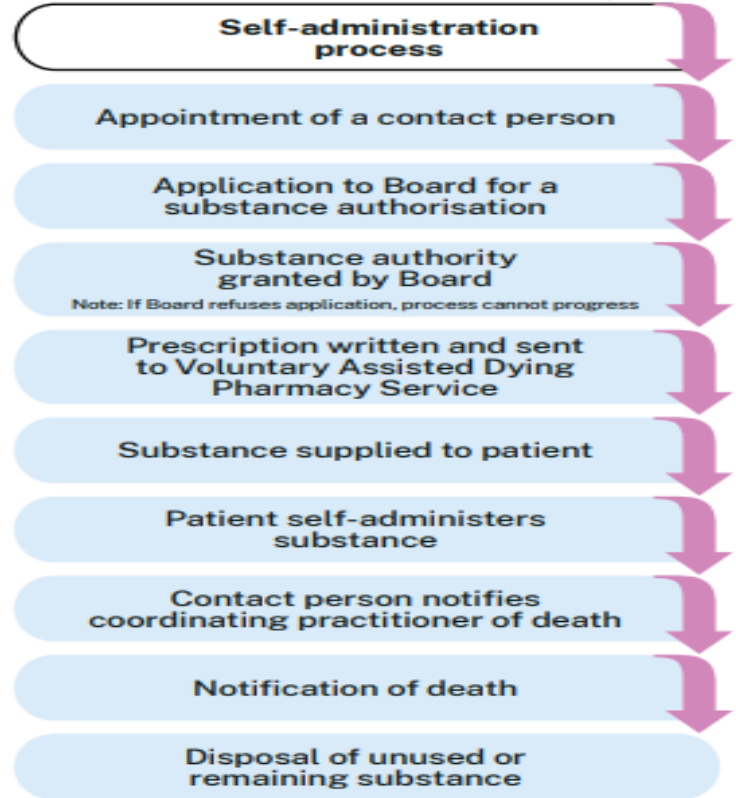
- Patient-centred
- Recognition of the challenges and complexities for end-of-life decision making
- Clarify
- Curiosity
- Empathy
- Support
- Ongoing care
- Referral if required to services such as Palliative and end of life care or voluntary assisted dying services (via SeNT), or mental health supports

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



Administration decision



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 will:

- maintain a central list of coordinating, consulting and administering practitioners
- provide support, assistance and information to patients, families and practitioners
- in some circumstances, connect patients seeking access to voluntary assisted dying to participating practitioners
- support queries from LHDs and practitioners.



The Pharmacy Service will:

- maintain a trained voluntary assisted dying pharmacy workforce
- procure substances and materials
- support accessibility to the substance for patients across the state



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
- ▶ MO must within 5 days notify the board of the request on form

First Request

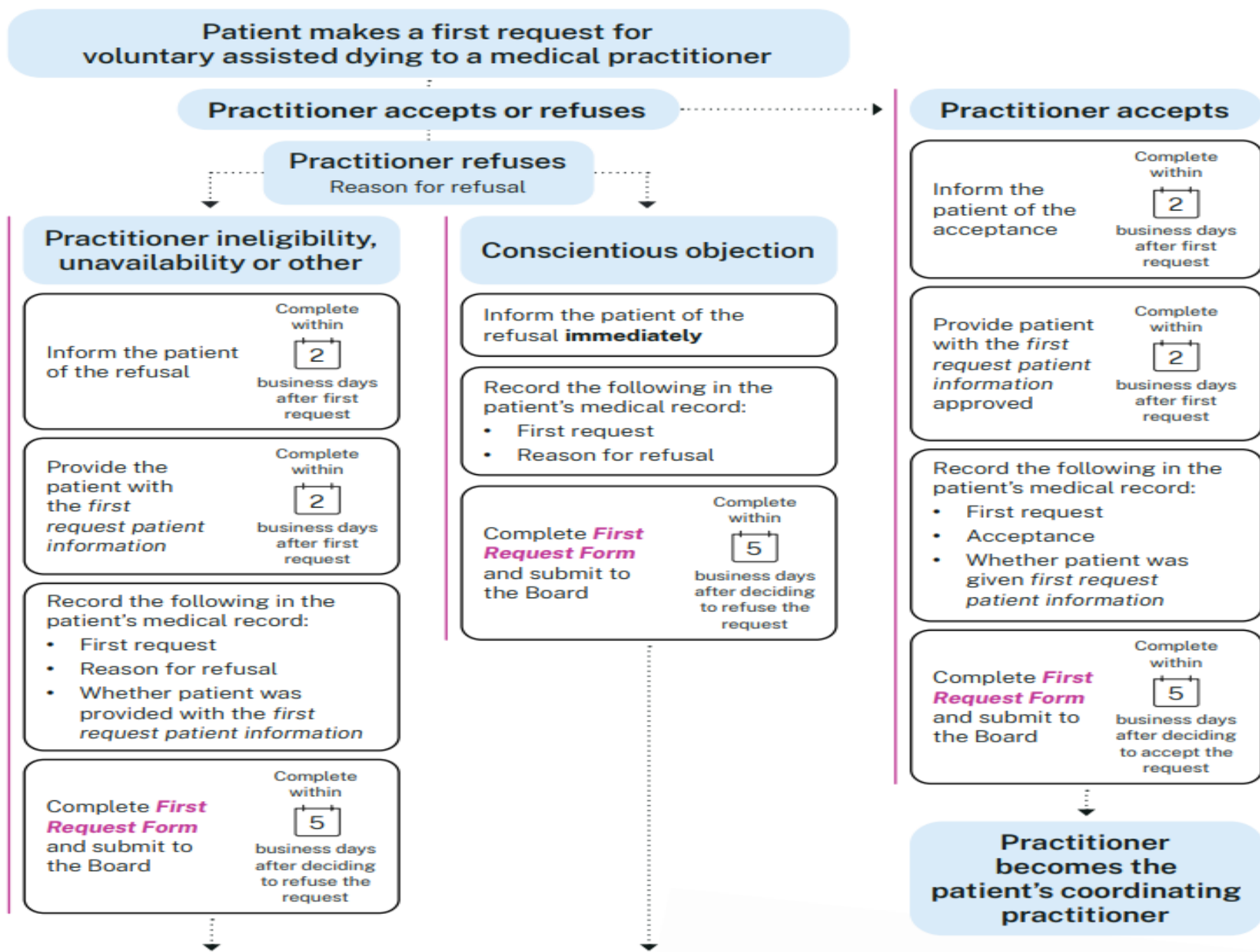
- Clear and Unambiguous

And

- Made during a medical consultation

And

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



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



Coordinating and Consulting Assessments

Is the person eligible for access to VAD

May refer to others medical or health practitioners for opinions

- This may include specialists, mental health, capacity assessments

Provide eligible patient with information to the patient and confirm understanding

Notify the board

Refer for independent Consulting assessment

As Above and notify the board

- If deemed ineligible can refer to another consulting practitioner

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

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

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

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

Final Request and Final Review

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

Must be made at least 1 day after the Consulting assessment

Coordinating MO must:

- Review all reports, written declaration and notify board

There is no obligation to continue



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

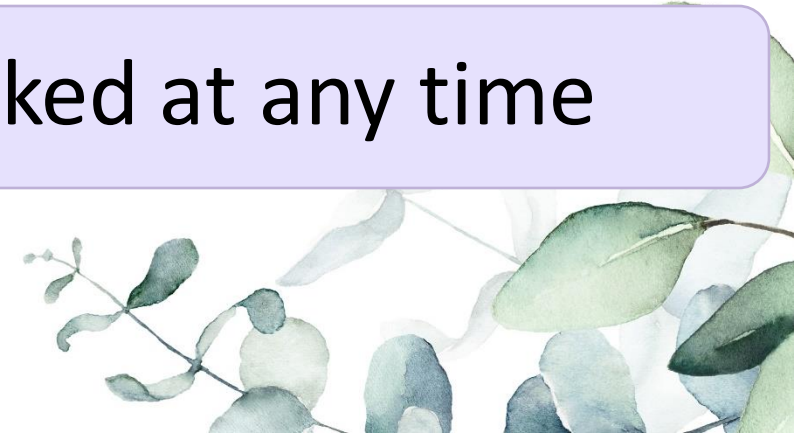
Clear and Unambiguous

-

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,
 - ▶ The decision to want VAD is enduring

Notification must occur to the board of the administration by contact or authorised prescriber

Substance Authorisation

- After final review and administration decision (+/- contact person appointment)
- Application to board (no timeframe for coordinating practitioner to do this)
- It must be approved 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

- After substance authorisation has been granted the coordinating practitioner has 6 months (or 12 for neurodegenerative) to prescribe the substance. It is valid for 6 months from date written
- Prescription is written on the approved voluntary assisted dying prescription template, and goes directly to NSW VAD-pharmacy service (NOT THE PATIENT)
- Before writing prescription must have provided in writing the patient with the Patient Information Booklet for their chose administration decision
- The patient will contact the pharmacy service when they want the prescription filled, or the administering practitioner when they are ready.
- Supply will be by the NSW VAD-PS after they have authenticated the prescription.
- It will be delivered directly to the patient and/or contact person (or administering practitioner) with further verbal and written information

Substance Management

Self Administration: Substance will be supplied to the person or their contact person, face to face by the pharmacy service. Management of the substance will be explained to the patient and/or contact person.

Practitioner administration: Substance supplied to the practitioner, storage will be at the discretion of the place of employment/service.

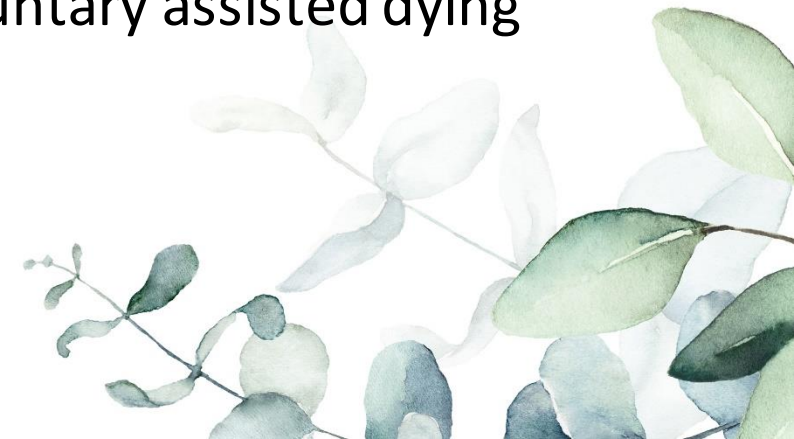
Facility management: Patient is entitled to have their legally obtained medication. It is in a locked box, that only the patient/contact person has the key

Facilities will need to arrange their procedures to ensure the patient has access to their substance 24/7 and will not have that access hindered.



Death Certification in NSW

- ▶ 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



Grief and Bereavement

JOURNAL OF PALLIATIVE MEDICINE
 Volume 24, Number 9, 2021
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 DOI: 10.1089/jpm.2020.0654

Quality of Bereavement for Caregivers of Patients Who Died by Medical Assistance in Dying at Home and the Factors Impacting Their Experience: A Qualitative Study

Narges Hashemi, MD,^{1,2} Elizabeth Amos, MD,^{1,2} and Bhadra Lokuge, MHS¹

facilitated the grieving process for patients in addition to being able to choose the place where they were able to die at home, which was not as difficult compared with those who were admitted to an acute care center under circumstances that did not align with their wishes.

Caregivers perceived that the experience was less burdensome because they were given a sense of control to preserve their dignity, and had an opportunity to say goodbye to their loved ones and friends. Most importantly, patients and their families reported that their loved one was able to get clarity about their life and came to terms with their relationships.

Families reported that with MAiD, caring for the patient during their final days was not as difficult compared with their experience with a natural death at home. They attributed this to the avoidance of the escalating care needs typically required in the final days of a patient's life. Other caregivers who went through bereavement counseling or participated in support groups felt that they were coping better compared to those who had lost a loved one through a terminal illness or chronic disease.



Grief and bereavement of family and friends around medical assistance in dying: scoping review

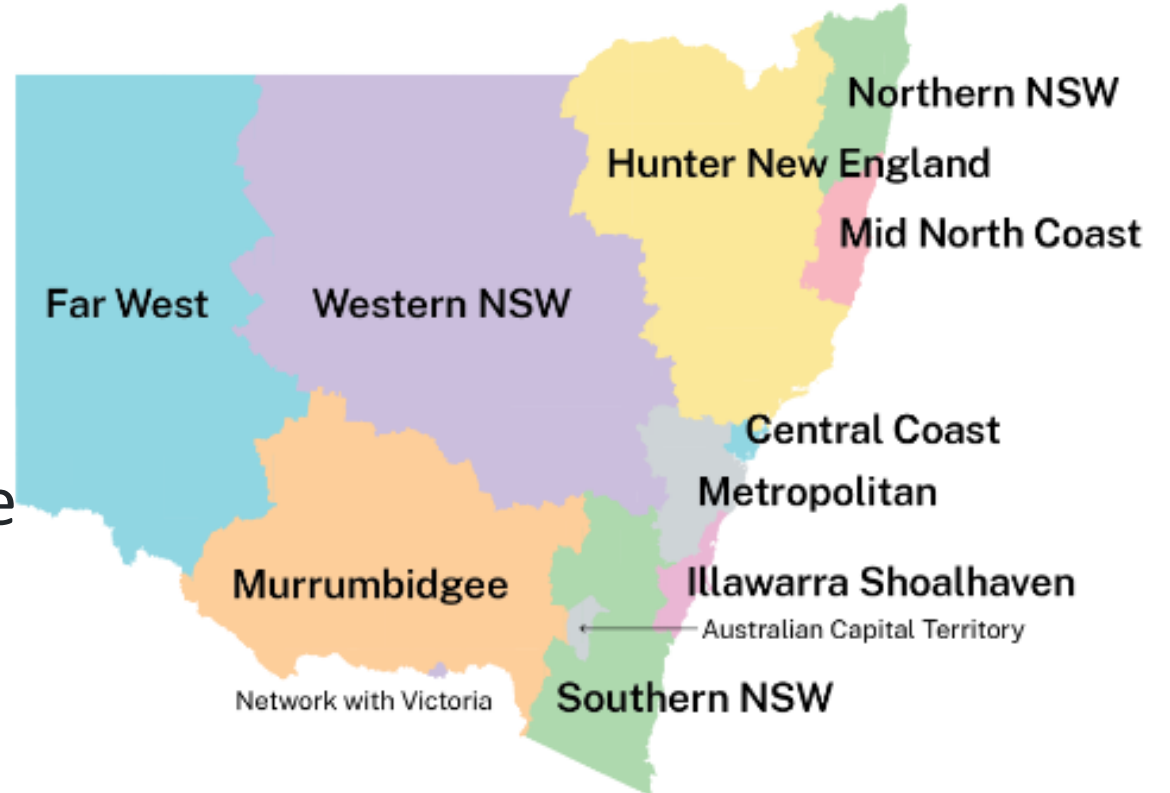
Han Yan ^{1,2} Jessica Bytautas ³ Sarina Roslyn Isenberg,⁴
Ari Kaplan,^{5,6} Narges Hashemi,^{2,7} Mona Kornberg,⁵ Tekla Hendrickson⁵

Ultimately, when considering how HCPs can ‘support the circle of support,’²⁴ greater structure, funding and resources are needed. Currently, the full obligation and duration of the relationship between HCPs and family/friends is ambiguous and variable.¹⁶ Several studies suggested that support for family/friends should be provided before and after MAiD, with trust established over time.^{24 41 45}



Demographics

- Covers 131,785 km²
- Population of 964,016
- 15% of the State's deaths
- 14% of the State's cancer incidence
- Workforce challenges in Rural and Regional NSW



Voluntary Assisted Dying Implementation

Governance
Structures

Executive
Sponsorship

Workforce
Survey

Education

Cancer
Services
Mapping

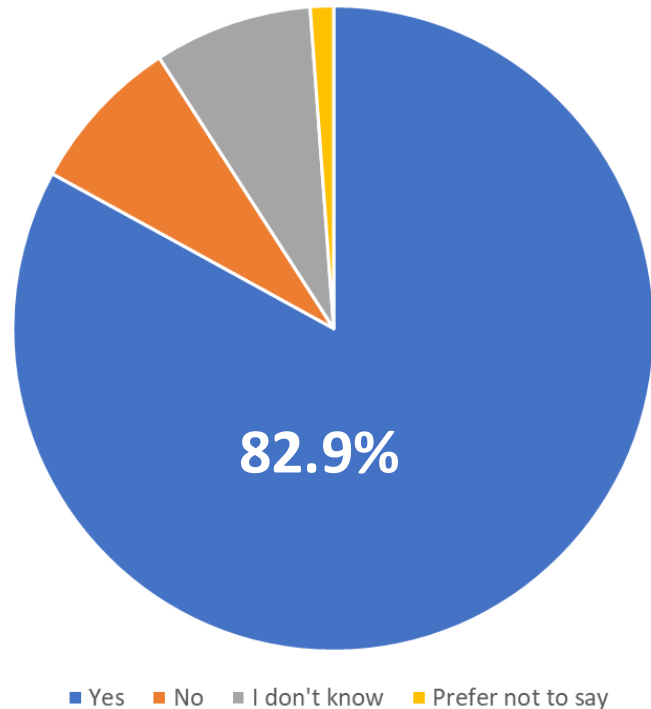
HealthPathway

Model of Care

Staff Wellbeing

Workforce Survey (n = 2,385)

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

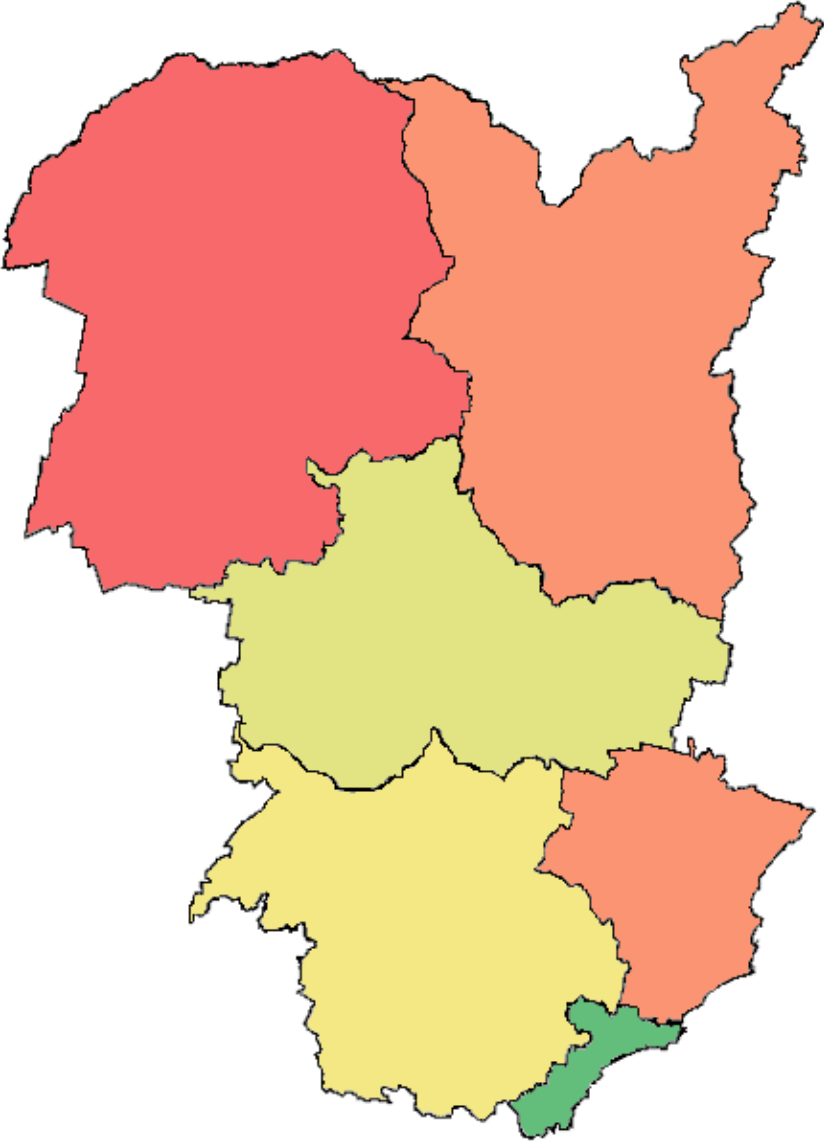


Would you be willing to participate in the following activities?

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



Coordinating and consulting practitioners



Views on Participation in Voluntary Assisted Dying



Motivators

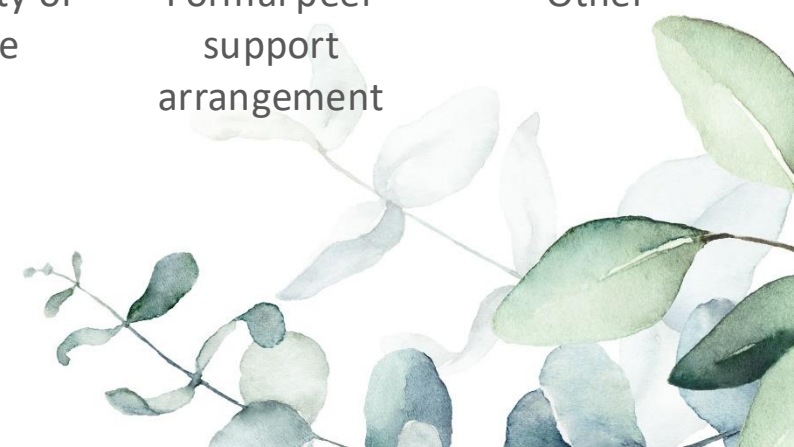
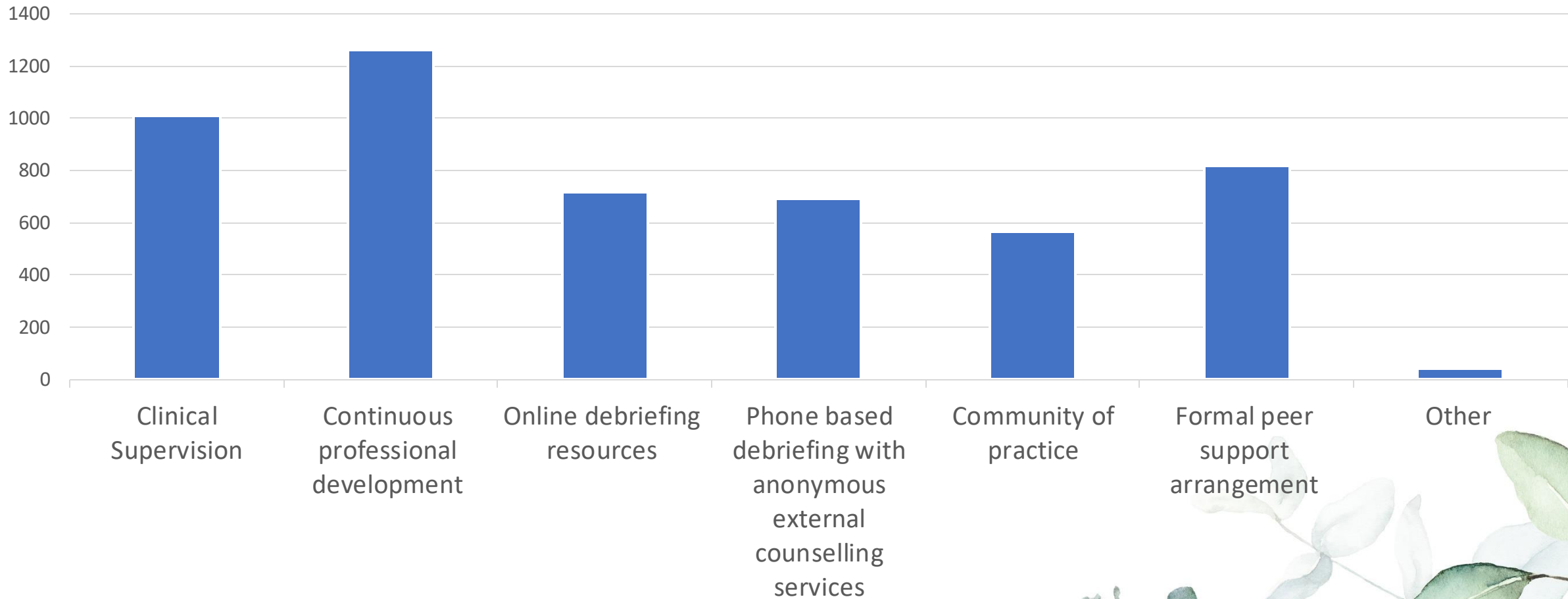
- Relieving a patient's suffering
- Respecting the patient's right to choose the time of their death
- Supporting access to a legal medical intervention

Barriers

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

Source: Workforce Survey

What support do you think you would need?

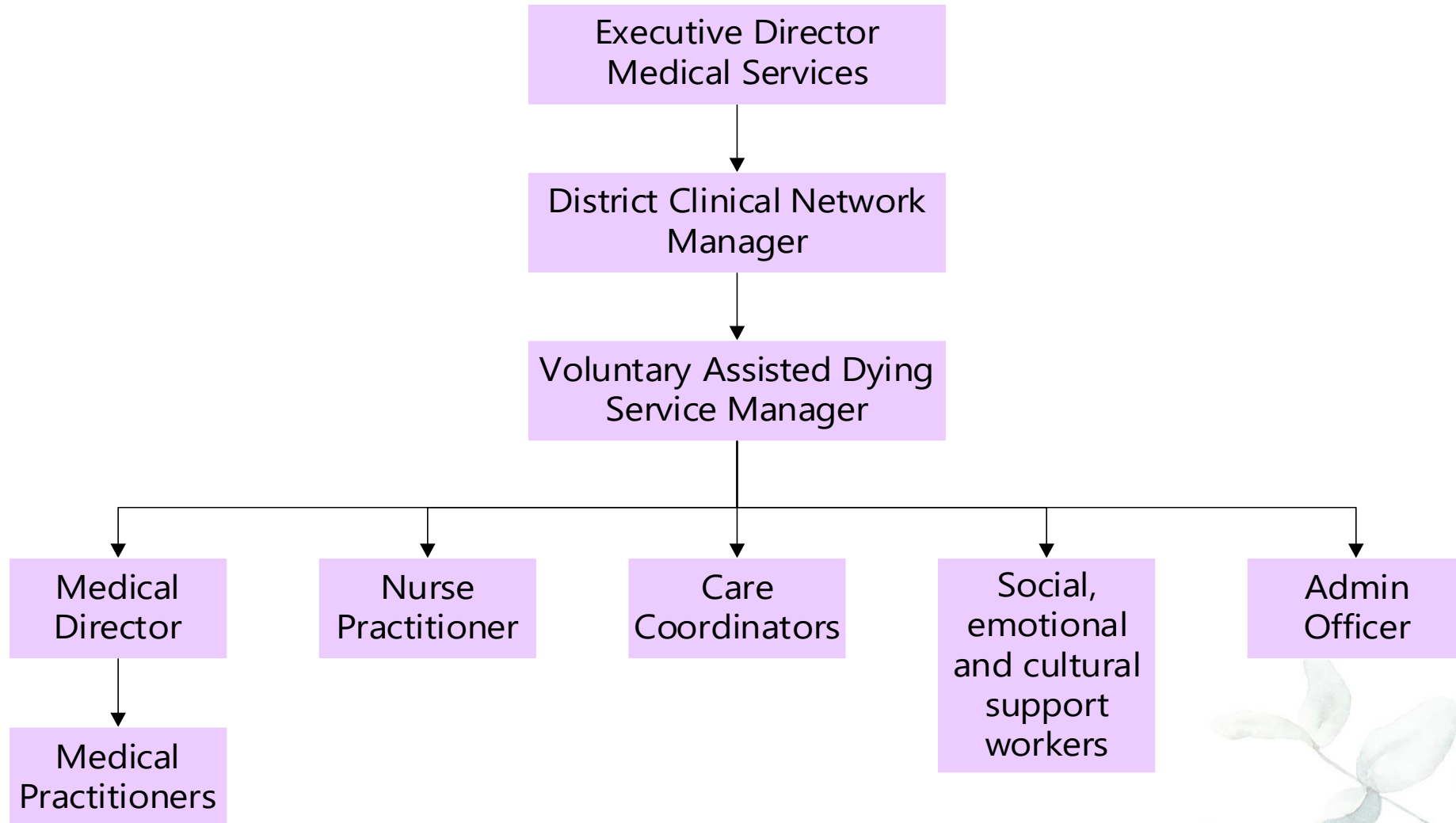


Voluntary Assisted Dying Model of Care

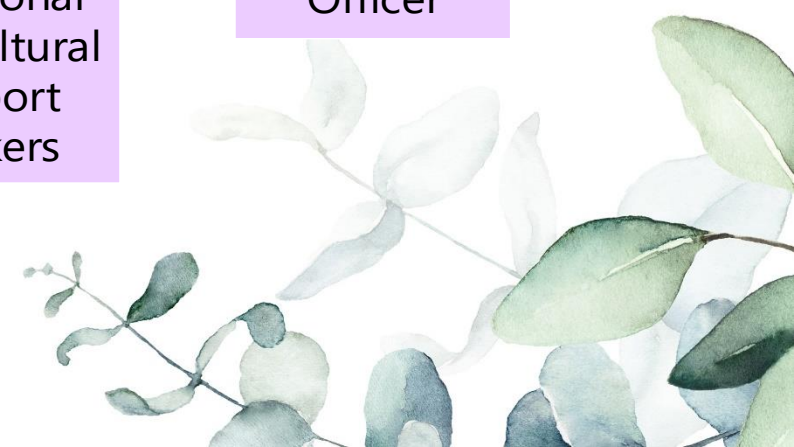
- ~ 330–440 first requests per year
- ~ 120–160 deaths per year
- Centralised service that will act as a consulting team
- Processes will be patient-centred and embedded in existing clinical pathways
- Coordination with NSW Voluntary Assisted Dying Support Services



HNE Voluntary Assisted Dying Service



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



Current Priorities



Consultation on Hospital HealthPathway and Model of Care



Recruitment and onboarding (positions advertised)



Fit out-of-office space



Ongoing staff education



Face-to-face authorised practitioner training day



Communication strategy

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](#).
- Recording of Jeanette Lacey's Grand round presentation: [Voluntary assisted dying: Legislation, obligations and patient centred care](#)

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.

