

A decorative horizontal band featuring watercolor-style illustrations of various green and blue leaves and stems, set against a white background.

# Voluntary assisted dying

- Information Session

# Acknowledgement of Country



# Commonwealth Criminal Code Act 1995

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

- VAD Act 2022 uses different terminology than Commonwealth Criminal Code
- Offences exist related to using a “carriage service” to disseminate or access “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.

# Overview

Voluntary Assisted Dying (VAD) is the assistance provided by a health practitioner to a person with a terminal disease, illness or medical condition to end their life

## Background

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**

- It includes
  - Self administration, where the person takes the VAD substance themselves, and
  - Practitioner administration, where the person is administered the substance by a health practitioner
- Voluntary – means it is the persons voluntary choice
- The person must have decision making capacity to decide to access VAD
- VAD is a choice available to an eligible person who is approaching the end of their life. This is in addition to other choices they may make about the end of life care including palliative care



# Who is eligible to access voluntary assisted dying?

## 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 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
- have the ability to make and communicate requests and decisions about voluntary assisted dying throughout the formal request process.



# Central Coast Local Health District and Voluntary Assisted Dying



“VAD is a choice available to an eligible person who is approaching the end of their life. This is in addition to other choices they may make about end-of-life (EOL) care, including palliative care.

A person’s decision to seek information about, or access to, VAD has no impact on the person’s access to high-quality palliative care as part of best practice patient centred care. Therefore, VAD will be embedded within the LHD’s end-of-life framework. Additionally, VAD pathways and care processes will be embedded in existing clinical pathways and operational processes to ensure patient-centred care is achieved.”



# Projected demand for VAD in CCLHD

- Projections range from 1.5% of deaths to 2% of all deaths
- LHD projections are based on NSW population and mortality data from 2020
- The number of first requests may be under reported

<b>Table 1: Projected demand for VAD in CCLHD</b>	
(1.5% of deaths, first 12 months)	
<b>Stage</b>	<b>CCLHD</b>
First requests reported*	130
First assessments	92
Consulting assessments	79
Final reviews	70
Prescriptions issued	57
VAD deaths	47



	Victoria %	Western Australia %
<b>Average age</b>	<b>73</b>	<b>73</b>
<b>First Request from usual place of residence</b>	<b>81.2</b>	<b>92.6</b>
<b>English speaking</b>	<b>93</b>	<b>99.1</b>
<b>Engaged with Pall Care</b>	<b>81.2</b>	<b>85.3</b>
<b>Metro</b>	<b>63.5</b>	<b>78.8</b>
<b>Aboriginal and Torres Strait Islander</b>	<b>0.4</b>	<b>1.7</b>
<b>Average Time from 1st to final assess.**</b>	<b>16 days</b>	<b>Similar 17% within 9 day period</b>
<b>Malignant Disease</b>	<b>81.5</b>	<b>68</b>
<b>Neurodegenerative Disease</b>	<b>7.6</b>	<b>14.4</b>
<b>Respiratory Disease</b>	<b>3.7</b>	<b>9.1</b>
<b>Other non-malignancy</b>	<b>5.7</b>	<b>8.5</b>

WA Voluntary Assisted Dying Board Report 2021-22

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





# Projected demand for VAD in CCLHD

- Practitioner vs self-administration
  - Some states 20% and some state 50%
  - VAD Clinical Lead for NSW is expecting around 50-60% of patient to make a practitioner administration request
- Expecting 20-40% of VAD deaths to occur in the acute/sub-acute setting – important to note that the legislation is different across the states

# Who is eligible to provide voluntary assisted dying services?

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 practitioner is eligible to act as an administering practitioner if they meet certain requirements and are a:

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



# Practitioner Involvement

Practitioner involvement in the VAD process is opt-in.

A healthcare worker who has a conscientious objection to VAD has the right to refuse to do any of the following:

1. Participate in the request and assessment process
2. Prescribe, supply or administer the VAD substance
3. Be physically present at the time of VAD substance administration

***It is unlawful for the treating practitioner to withdraw any services that would usually be provided to the patient or the patient's family or other close contacts because of the patient's request for VAD***



# NSW Voluntary Assisted Dying Clinical Practice Handbook

# Outline of voluntary assisted dying process

Board



Formal submissions (including up to 17 approved forms) must be supplied to the Board throughout the process



**Patient** makes first request



**Coordinating Practitioner** undertakes first assessment



**Consulting Practitioner** undertakes consulting assessment



Written declaration, final request & final review



Substance authorisation issued by **Board**



**Coordinating Practitioner** prescribes substance



**Authorised Supplier** supplies approved substance



Substance can be taken at home, aged care facility, hospital etc.



Substance can be self-administered or by an **Adminstrating Practitioner**



Unused substance disposed by **Authorised Disposer**

Care Navigator Service



Provides support and information to patients, practitioners and community throughout process

# Obligations under the Act – Discussing VAD with patients

- A medical practitioner can only initiate a discussion about or suggest VAD to a person if in the same discussion they also advise the patient about
  - Standard treatment options and their likely outcomes for the disease, illness or medical condition with which the person has been diagnosed, and
  - Palliative care and treatment options and their likely outcomes
- Any other health care worker cannot initiate a discussion about or suggest VAD to a person unless in the same discussion, they also advise that:
  - Palliative care and treatment options are available and,
  - The person should discuss the palliative care and treatment options with their medical practitioner



# 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
- Guidance about end-of-life conversations is included in the Clinical Practice Handbook.

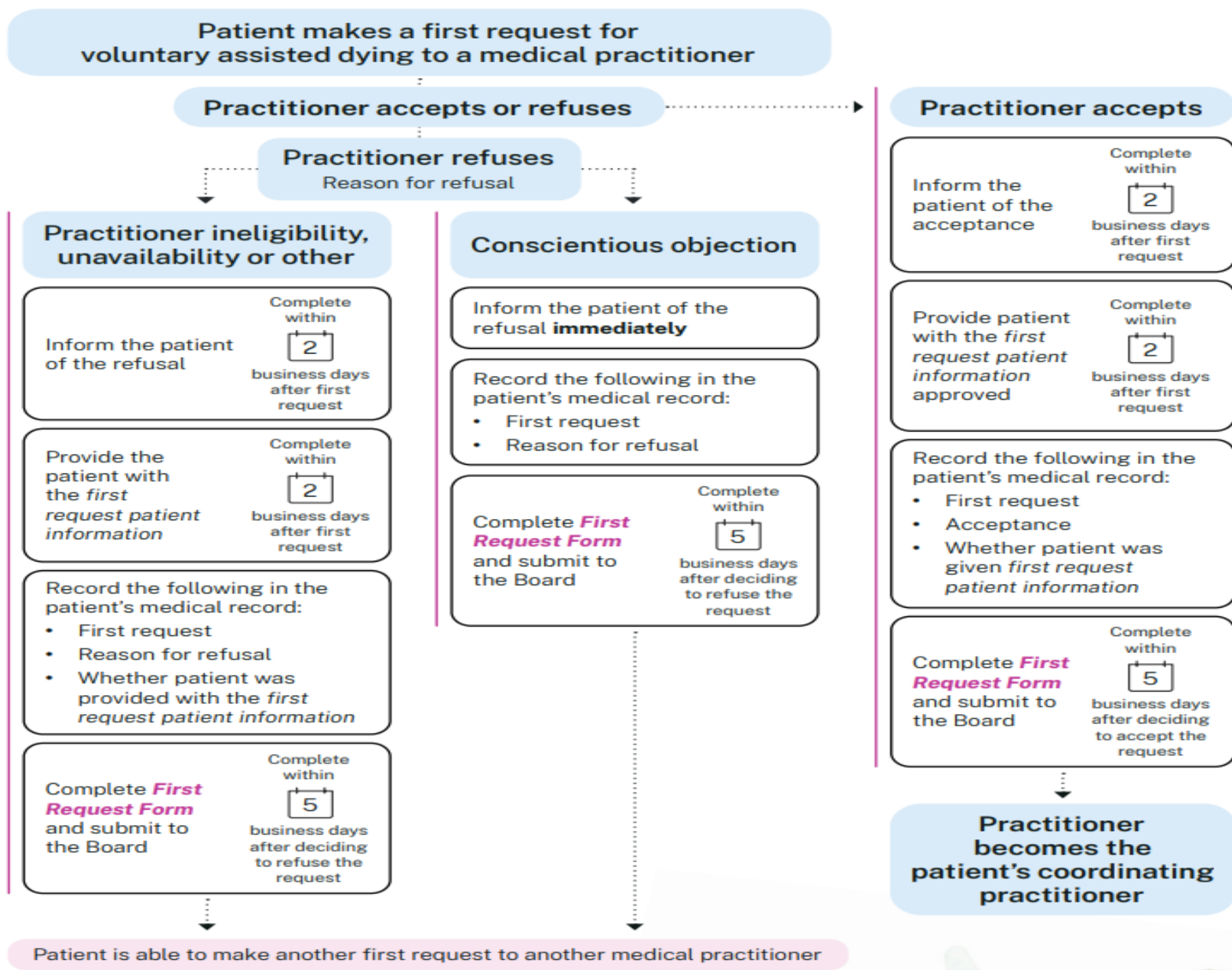
Further resources that may assist to further improve communication skills include:

- [PREPARED communication framework](#)
- [Clinical practice guidelines for communicating prognosis and end-of-life issues with adults in the advanced stages of a life-limiting illness, and their caregivers](#)
- End of life Essentials: [End-of-Life Essentials \(endoflifeessentials.com.au\)](#)
- Vital Talk: [Home - VitalTalk](#)
- Deakin University Centre for Organisational Change in Person Centred Healthcare: Courses and Events – [Centre for Organisational Change in Person-Centred Healthcare \(deakin.edu.au\)](#)
- Australian National University: Institute for Communication in Health Care: [Institute for Communication in Health Care | School of Literature, Languages and Linguistics \(anu.edu.au\)](#)

# What is a First Request?

- A First Request is the point at which a patient makes a clear, unambiguous request for VAD to any medical practitioner during a medical consultation. This would include any medical interaction within a hospital setting
- A First Request may be made by someone who is ineligible, or to a practitioner who is not considered an Authorised Practitioner
- A First Request may be made verbal or made in another way such as writing or gestures or with an approved interpreter
- A request for VAD made to any other health practitioners other than medical practitioners, is not considered a First Request. It is not associated with any legal obligations





# 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 happens after the first request is accepted?

Board



Formal submissions  
(including up to 17  
approved forms) must be  
supplied to the Board  
throughout the process



**Patient** makes first  
request



**Coordinating  
Practitioner**  
undertakes first  
assessment



**Consulting  
Practitioner**  
undertakes  
consulting  
assessment



Written  
declaration, final  
request & final  
review



Substance  
authorisation  
issued by **Board**



**Coordinating  
Practitioner**  
prescribes  
substance



**Authorised  
Supplier** supplies  
approved  
substance



Substance can  
be taken at  
home, aged care  
facility, hospital  
etc.



Substance can be self-  
administered or by an  
**Adminstrating  
Practitioner**



Unused  
substance  
disposed by  
**Authorised  
Disposer**

Care Navigator Service



Provides support and information  
to patients, practitioners and  
community throughout process

# The 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

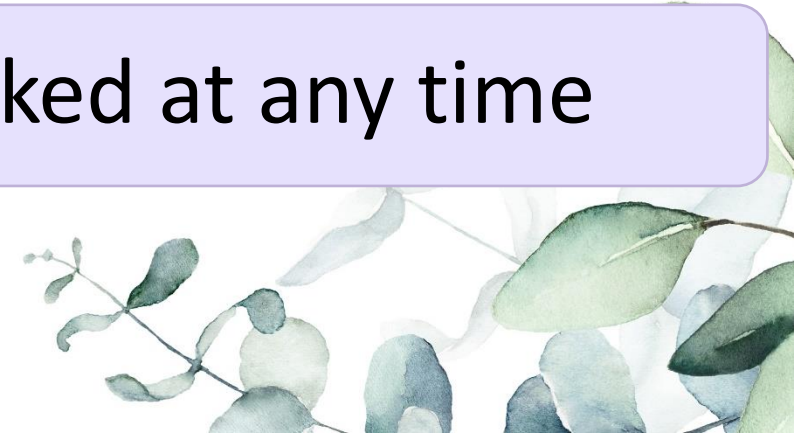
## Clear and Unambiguous

- 

## 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 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.



# Medical Certificate of Cause of Death


- The Medical Certificate of Cause of Death (MCCD) has been updated to include voluntary assisted dying and will be available in **mid-November**.
- The law requires practitioners to include Voluntary Assisted Dying and the underlying cause of death the Medical Certificate of Cause of Death
- The changes
  1. Updated forms will be marked as ‘voluntary assisted dying compliant’ in the header
  2. There is a new question “did the person die as a result of the administration of a voluntary assisted dying substance in accordance with the Voluntary Assisted Dying Act 2022?”
  3. Part 3 of the form includes reference to Voluntary Assisted Dying
  4. There is a reference to section 87 of the Voluntary Assisted Dying Act about the statutory requirements for completing the MCCD.



# What changes have been made to the MCCD?

Updated MCCD forms will be marked as 'Voluntary Assisted Dying Compliant' in the header:



 Registry of Births  
Deaths & Marriages

## MEDICAL CERTIFICATE OF CAUSE OF DEATH

*Voluntary Assisted Dying Compliant*

**Disposition of form**

Original white copy is required by the Registrar to be forwarded within 48 hours to the funeral director with the body to permit burial or other disposal of the deceased. The same original white copy is then required by the Registrar to be provided as a supporting document by the funeral director to the Registry of Births, Deaths and Marriages within 7 days after burial or other disposal of the deceased.

Duplicate yellow copy for the health record.

The cause of death as completed by the doctor is recorded on the death certificate issued by the Registry of Births Deaths & Marriages to the family of the deceased. Please ensure that no abbreviations are used and no remarks made which did not contribute to the cause of death.

If the issue of the Medical Certificate of Cause of Death is to be deferred please refer to page 1 of the MCCD.

A new question 9 has been added:

9. Did the person die as a result of the administration of a voluntary dying substance in accordance with the Voluntary Assisted Dying Act 2022?  Yes  No

*Note: If yes, record the disease, illness or medical condition that made the person eligible to access voluntary assisted dying in section 22.1.*

Part 3 of the form has been updated to include reference to voluntary assisted dying:

22.1	Description of disease or condition	Approximate duration between onset & death
Disease, illness or medical condition directly leading to death, or which made the person eligible for voluntary assisted dying. Do not only state the mode of dying such as cardiac or respiratory failure without also stating antecedent causes.		
a)	Due to	

A reference to section 87 of the Voluntary Assisted Dying Act 2022 has also been inserted in the statutory requirements on page 4:

**VOLUNTARY ASSISTED DYING ACT 2022**  
Section 87 Notification of death

...

(6) 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.

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For non voluntary assisted dying deaths, the previous (current) version of the MCCD may continue to be used.



# Voluntary Assisted Dying Implementation

Governance  
Structures

Executive  
Sponsorship

Workforce  
Survey

Education

Cancer  
Services  
Mapping

HealthPathway

Model of Care

Staff Wellbeing

# CCLHD Model of Care

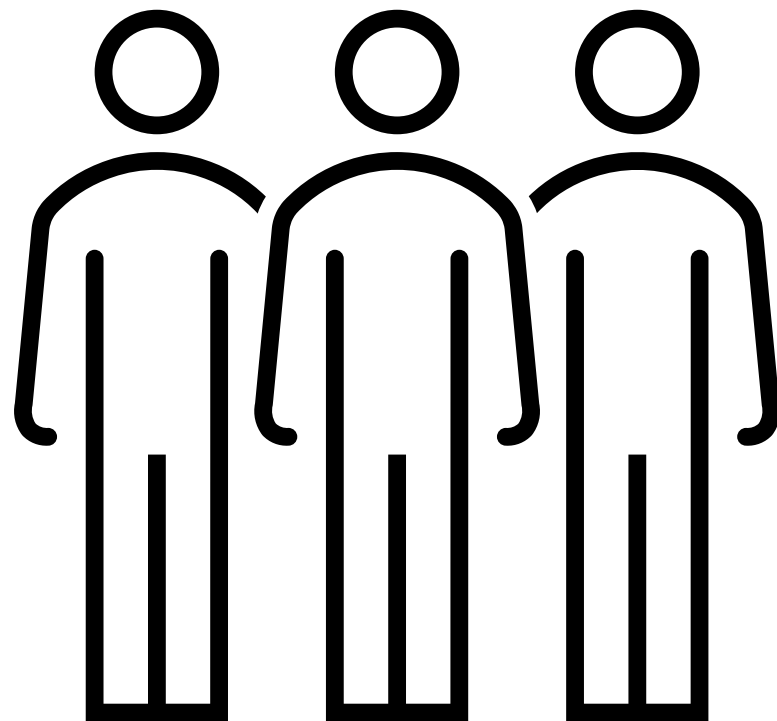
- The CCLHD Voluntary Assisted Dying (VAD) Service is a model of care aimed to high-quality, person-centred care for patients who choose to access VAD in the Central Coast. This is in alignment with the [New South Wales Voluntary Assisted Dying Act 2022 No. 17](#).
- Centralised service that will act as a consulting service – ready for 28 November 2023
- Accessible to all Central Coast residents
- Recruiting a local CCLHD VAD Team to support the delivery of the VAD service

## **Overall aims of the service are to:**

- Timely and equitable access to VAD for eligible patients
- VAD is seamlessly embedded within existing systems and processes, including in conversations about end of life
- VAD patients are treated with dignity, their autonomy is respected and they are empowered in their decision making
- Support for family and carers
- Support for CCLHD staff when directly or indirectly involved with VAD



# CCLHD VAD Service



# Referring to the CCLHD VAD Service

Reasons for referral	Referral Criteria
1. A patient has made a first request and is seeking VAD.	<ol style="list-style-type: none"><li>1. Adult</li><li>2. Meets residential criteria + residing in the Central Coast</li><li>3. Has made a first request for voluntary assisted dying</li><li>4. Is not clearly ineligible</li></ol>
2. A patient is seeking substance administration in the hospital setting	The patient has been authorised the substance by the VAD Board

# 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



# Current Priorities

Continuing to operationalise our model of care

Onboarding our local team and liaising with interested practitioners

Ongoing staff education

Face-to-face authorised practitioner training day

Communication strategy

# Resources

- 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 CCLHD can be directed to  
[CCLHD-VAD@health.nsw.gov.au](mailto:CCLHD-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.

