



Voluntary Assisted Dying Policy

1. Background

The Western Australian (WA) *Voluntary Assisted Dying Act (2019)* allows an eligible adult to legally access the voluntary assisted dying substance that will cause their death.

The person may self-administer the substance or may have the substance administered by an eligible medical practitioner or eligible nurse practitioner.

A person will usually choose to access voluntary assisted dying (VAD) in their home but may seek to access VAD in a facility (for example a hospital, hospice, residential care facility etc.).

This policy is not a comprehensive guide to support health professionals who are considering participating in or supporting VAD in WA. Health professionals are encouraged to familiarise themselves with the VAD Guidelines and other resources from the WA Health [Voluntary Assisted Dying website](#) and the WA [Voluntary Assisted Dying Act \(2019\)](#) (the Act).

2. Policy Statement

The WA Country Health Service (WACHS) believes that people who are reaching the end of their life, along with their families and friends, should have access to skilled and compassionate care within the communities in which they are living.

WACHS is committed to providing country Western Australians with culturally appropriate, high quality end-of-life and palliative care guided by the person's own values and choices. This commitment aligns especially with our values of equity and compassion.

Staff are encouraged to work collaboratively with patients and members of their care network to plan for Goals of Patient Care (GoPC) or if appropriate, mental health or disability Care Plans, and Advance Care Planning, including documenting a patient's Advance Health Directive.

WACHS acknowledges VAD as one component of end-of-life care and are dedicated to ensuring that all WACHS employees operate within the framework of the Act. The principles stated within the Act are important to WACHS and reflect the comprehensive community consultation that informed the Act and are reiterated within the [WACHS Position Statement on Voluntary Assisted Dying](#).

WACHS endorses the use of the WA Health [WA Voluntary Assisted Dying Guidelines](#). These are to be read and used in conjunction with this policy.

2.1 Working in conjunction with the WA Statewide Care Navigator Service (SWCNS) and WA Statewide Pharmacy Service (SWPS)

The SWCNS:

- has been specifically established to support anyone involved with VAD in WA including healthcare workers, service providers, patients and members of the community
- is able to:
 - provide general information about VAD
 - provide specific information about the VAD process in WA
 - help to locate a medical practitioner (doctor) who is willing and eligible to participate
 - assist eligible people to access regional support packages
 - link to helpful resources.

The SWPS:

- has been specifically established to make sure that the VAD substance is provided in a safe, equitable, and patient-centred manner
- are responsible for all aspects of the management of the VAD substance(s) and supportive medication including maintaining the VAD protocol, prescription review, dispensing, counselling and disposal
- provide education and support for Coordinating and Administering Practitioners, patients, families and carers as well as Authorised Disposers
- are able to visit a patient or practitioner anywhere in WA to provide the VAD substance and education about the substance if required.

WACHS is acknowledged as a source of local information and resources that should be accessible to the SWCNS and SWPS where reasonable (e.g. fleet vehicles, charter flights, accommodation, local contacts etc.).

In order to support these two services, WACHS will support safe regional travel by the SWPS and SWCNS for visits. This primarily will be by acting as a local point of contact, and to:

- check in pre and post a home visit to ensure the safety of the staff involved in the SWCNS / SWPH
- provide the SWCNS / SWPS with the Regional VAD Lead contact details and the 'Exec on call' details
- support a patient centred approach to home visits by involving existing care providers for patients known to WACHS with the patients consent.

For more detailed information on the services, refer to the [WA VAD Guidelines](#) (sections 21 and 22) or the general information sheets titled '[What is the Statewide Voluntary Assisted Dying Care Navigator Service?](#)' and '[What is the Western Australian Voluntary Assisted Dying Statewide Pharmacy Service?](#)'.

2.2 VAD and Aboriginal People

VAD is an unfamiliar concept for many Aboriginal people. In some Aboriginal languages there is no equivalent translation for the concept of VAD. Aboriginal concepts of individual and community wellbeing are strongly linked to culture and spirit. This holistic view of wellbeing incorporates cyclical concepts of life and death. Discussions around end-of-life care and choices with Aboriginal patients should recognise and respect these key components of wellbeing.

WA Health has a specific VAD information sheet "[Information about supporting Aboriginal people](#)" for staff to access.

2.3 Communication and information about VAD

2.3.1 Initiating a discussion about VAD

A person may choose to initiate conversation about VAD with anyone involved in their care.

Only a medical practitioner or nurse practitioner can raise the topic of VAD with a person. At the same time the practitioner **must** also inform the person of the palliative care and treatment options and the likely outcomes of that care and treatment.

2.3.2 Managing requests for information about VAD

People requesting general information about VAD from a WACHS staff member (i.e. not a formal First Request) should be treated with compassion and understanding.

Whilst there is no legal obligation to refer a patient requesting information about VAD to sources of information or other staff members for assistance, staff must not actively obstruct patient access to VAD information or advice.

All staff are able to provide verbal and written information about VAD at the request of the patient if they feel comfortable and able.

Alternatively, the patient may be referred to any of the following as appropriate:

- Colleague
- Manager
- Patient medical team
- Social work
- WA Statewide Care Navigator Service

Any written information provided to the patient must be taken from the WA Health website: (<https://ww2.health.wa.gov.au/voluntaryassisteddying>)

2.3.3 Managing requests for access to VAD

A person may access VAD under the Act if they meet all conditions and criteria under the Act.

WACHS patients seeking access to VAD are to be offered ongoing treatment, palliative care, and the opportunity to complete an Advance Health Directive (AHD) separate to the VAD process.

WACHS patients seeking access to VAD are to be encouraged to communicate their wishes with their GP, and any other health practitioners involved in their care.

2.4 Communication in respect to the *Commonwealth Criminal Code Act 1995*

The *Commonwealth Criminal Code Act 1995* contains offences which limit the use of a carriage service (in practical terms this usually means phone, fax, email, internet, videoconference etc.) to access and transmit suicide-related material. This directly influences how particular parts of the VAD process can be communicated.

A table outlining acceptable VAD conversation elements using telehealth is provided in [Appendix 1: Telehealth and VAD](#).

2.5 Obligations of medical practitioners receiving a First Request for access to VAD

The formal First Request is a request for VAD that is:

- clear and unambiguous
- made to a medical practitioner
- made during a medical consultation (inpatient or outpatient)
- made either in person or, where this is not practicable, via audiovisual communication using technology where people can see and hear each other simultaneously.

For 'What is **not** considered a First Request' refer to the [WA VAD Guideline](#) (Section 7.1.1).

If a First Request is made via audio-visual communication where the practitioner can both see and hear the patient, the medical practitioner must ensure that any discussion of the VAD process does not breach the Commonwealth [Criminal Code Act 1995](#) (refer to [section 2.3](#))

Only medical practitioners can receive a First Request. If a patient makes a First Request to any other health professional, they should be informed that they must make their request to a medical practitioner.

A medical practitioner is not obliged to accept a First Request. Deciding whether to accept or refuse a First Request is a personal choice. However, there are several aspects that should be considered by the practitioner in making the decision to continue with the VAD process, including:

- their eligibility to fulfil a role under the Act
- their willingness to be involved
- their ability to perform the necessary duties.

If the medical practitioner intends to refuse the first request on the basis of a contentious objection or known ineligibility (e.g. doctor in training), they must inform the patient immediately and follow the prescribed actions below.

In all other circumstances, the medical practitioner has two (2) business days (not including the day the First Request was made) to complete the steps.

If the medical practitioner **accepts the First Request, they become the patient's Coordinating Practitioner**. They do not need to have completed the WA VAD Approved Training to accept the First Request, but they **must** complete it before beginning **the First Assessment**.

Whether they accept or refuse the First Request, and regardless of the eligibility potential of the patient, **the medical practitioner receiving a First Request must:**

- discuss the patient's concerns regarding their diagnosis, prognosis and end-of-life care preferences
- decide whether to accept or refuse the First Request and informs the patient within two business days
- provide the person with the approved information required [Approved information for a person making a First Request for voluntary assisted dying](#).
- document the First Request in the patient's healthcare record as well as
 - the decision to accept or refuse the First Request (including the reason if refused), and
 - whether the patient was given the Approved Information
- complete the First Request Form and submit to the VAD Board via the VAD-IMS. This can be completed without registering with VAD-IMS and can be uploaded to VAD-IMS or returned via fax. VAD-IMS is accessible through the dedicated [First Request website](#).

Additional information about the First Request can be found in the information sheet [Accessing voluntary assisted dying in Western Australia – Making the First Request](#) and the [WA VAD Guidelines](#) (Section 7 Step One: The First Request).

2.6 Use of interpreters

If English is not the person's first language or they have communication difficulties, an interpreter or communication aid can be used to make the First Request.

In WA, family members or friends are **not** allowed to act as interpreters for a person accessing VAD. An accredited interpreter, including interpretation of Australian sign language (Auslan), **must** hold a credential issued under the NAATI (National Accreditation Authority for Translators and Interpreters) certification scheme to provide services as part of the VAD process. If no NAATI accredited interpreter is available for the language spoken, this should be escalated to the Regional VAD Lead.

For more information:

- General information sheet [Accessing voluntary assisted dying in Western Australia – Assistance with communication](#)
- [MP 0051/17 WA Health System Language Services Policy](#) and [Guidelines](#).

2.7 Documentation and the VAD Process

There are several obligations within the legislation that require documentation into the healthcare record. In addition to documenting First Request in the healthcare record, it is expected that the following is also documented:

- when a patient has requested information about VAD
- where information has been provided to a patient about VAD
- if a referral is made for the purpose of discussing VAD
- on admission, when it is apparent that a patient has started the VAD process:
 - specifically state the patients has started to the process
 - what step they are in the process
 - the details of their Coordinating Practitioner
 - if the patient has the VAD substance in their possession this must be communicated to the patient's nurse immediately for management in accordance with [section 2.8](#).

As outlined in the WACHS Goals of Patient Care Guideline (Adults), the discussing and documenting a patient's goals of care is a priority for those with advanced, life limiting conditions. For patients who have commenced the VAD process the MR00H.1 State Goals of Patient Summary is to be completed as soon as practicable.

2.8 Admitting a patient who has access to VAD

At all-times throughout the VAD process the person must have capacity. There is potential for a person to lose capacity temporarily and the risk of this is particularly high during an inpatient admission. The [Cognitive Impairment Clinical Practice Standard](#) details the screening assessment and management of patient with delirium and dementia and should be referred to for further detail.

The Coordinating Practitioner is responsible for ensuring capacity, and to facilitate this should be informed of an admission involving a patient for whom they are the Coordinating Practitioner.

Escalation of any issues should follow the WACHS Ethical Decision Making for Clinical or Patient Care Issues Guideline and involve the Regional VAD Lead, Coordinating Practitioner and/or SWCNS as appropriate.

2.9 Managing request and referrals for assessment

Requests for referrals for the purpose of an assessment by a Consulting Practitioner for an inpatient or resident should be considered on a case by case basis.

The Consulting Practitioners are only able to accept the referral if they are eligible as per Section 4.2.1 of the WA VAD Guidelines.

The Consulting Assessment must be accepted or refused and performed in accordance with Section 9 of the WA VAD Guidelines.

2.10 Managing requests for self-administration or practitioner administration of the VAD substance in a WACHS facility

Requests to access VAD as an inpatient or resident should be considered on a case-by-case basis.

The Coordinating Practitioner of the person requesting inpatient VAD should contact the Regional VAD Lead in these circumstances. The Regional VAD Lead will then contact the appropriate people to coordinate the request. The SWCNS can assist in this process.

It is important that confidentiality is maintained for patients and staff involved in VAD.

VAD is an elective medical procedure and not an emergency. While expressions of distress and suffering need urgent attention, all requests for VAD in a WACHS facility should be acknowledged and processed in a timely manner with careful, considered conversation and collaboration.

The patient should be ideally be admitted under an admitting doctor / team that know them best. The team is there to provide usual care (e.g. history, medication, GoPC, symptom management and communication). All VAD related care is to be provided by the Coordinating or Administering Practitioner as required under the Act.

Coordination between the admitting doctor / team and the Coordinating or Administering Practitioner is to take place around premedication, meals, and communication with family and carers.

In order to maintain confidentiality, the admitting diagnosis should **not** reference VAD. End-of-life-care, pain management or similar should be used. If confidentiality is a concern for the patient this should be discussed in an open and transparent way. The patient should be made aware that the treating team includes a number of health care professionals, all of which will be aware of the reason for admission.

If a medical or nurse practitioner is not credentialed to practice at the particular WACHS site is to act as Administering Practitioner, then emergency credentialing should be arranged as per the WACHS Medical Credentialing and Compliance Requirements Guideline and WACHS Credentialing for Nurse Practitioners and Endorsed Privately Practicing Midwives Policy.

2.10.1 Request by a patient currently admitted to / resident in a WACHS facility for:

a. Self-administration

If a patient currently admitted to a WACHS facility or a resident currently residing in a WACHS facility:

- requests dispensing of their VAD substance by the SWPS
- requests access to their VAD substance
- communicates an intention to consume their VAD substance,

staff should contact the Regional VAD Lead for advice if this has not already occurred.

The Regional VAD Lead is to liaise with the patient, family, Coordinating Practitioner and patient care team to facilitate the access to VAD in line with the WACHS Position Statement. See [Appendix 2: Guide for Regional VAD Leads](#).

b. Practitioner-administration

- The Administering Practitioner or SWCNS is to contact the Regional VAD Lead to facilitate the request
- Considerations for the Regional VAD Lead are outlined in [Appendix 2: Guide for Regional Leads](#)
- There must be a witness present to practitioner administration. The witness may be a willing and eligible WACHS staff member (must have reached 18 years of age; must not be a family member of the Administering Practitioner; and must not be employed or engaged under a contract for services by the Administering Practitioner).
- The Administering Practitioner must document administration in the WACHS healthcare record as well as in the documentation required by the VAD Board.

2.10.2 Request by a patient currently NOT admitted to / resident in a WACHS facility

A principle in the Act is that a person is entitled to genuine choices about their care. This may include admission to hospital for the purpose of administering the VAD substance.

If a request for admission to a WACHS facility for administration of the VAD substance is received, the Regional VAD Lead is to be notified.

The Regional VAD Lead is to liaise with the Coordinating Practitioner, patient and family in conjunction with the patient care team to facilitate access to VAD in line with the [WACHS Position Statement](#) (refer to [Appendix 2: Considerations for Regional Leads](#)).

2.11 Managing the VAD processes in a WACHS facility

If administration of the VAD substance is planned to occur in a WACHS facility, a nurse who agrees to be part of the patient's care is to be allocated to provide nursing care, usually with a 1:1 nursing allocation.

If administration of the VAD substance occurs in a WACHS facility, between administration and death, usual nursing care for a terminal patient should occur with appropriate support for the patient, family/carer(s) and staff. Medications aimed at symptom relief should be administered as prescribed.

Where the patient intends to self-administer the VAD substance with no health professional present, the Coordinating Practitioner should ensure that instructions in comfort care are provided to carers, family and friends planning to be present as part of preparation for death.

Although conscientious objection to participating in administration of VAD is a right of all healthcare professionals, WACHS staff are expected to continue to provide all other elements of care required for patients choosing VAD.

The WACHS [VAD Supportive Care Guide – Self Administration](#), and [VAD Supportive Care Guide – Practitioner Administration](#) contain information for staff caring for a patient under these circumstances.

2.11.1 Conscientious objection or refusal by staff

Good patient care is enhanced when there is mutual respect and clear communication between all health professionals involved in providing care and support to patients.

All WACHS staff are expected to respond professionally and with sensitivity to all patients at all times. This includes responses to requests for information about VAD or if a patient discloses that they are going to access VAD, even if this conflicts with their own values or religious beliefs.

Conscientious objectors may vary in their willingness to be involved in VAD.

WACHS staff who object to being involved in aspects of VAD should notify their line manager to ensure they are protected from direct involvement and appropriately supported.

Medical practitioners are obligated under the Act to respond to a patient First Request regardless of whether they hold a conscientious objection.

All WACHS staff are expected to continue to provide non-VAD related care to a patient regardless of their personal views regarding VAD. This includes care provided in the community or in a WACHS facility in the course of their normal duties.

2.11.2 Managing complaints related to VAD

Consumer Feedback in relation to VAD should be managed as per the in accordance with the [WACHS Complaints Management Procedure](#). The Regional Lead and the VAD Board should be notified of any complaint related to VAD.

2.11.3 Organ and Tissue Donation

If a patient has been granted access to VAD, organ and tissue donation may be considered if a patient raises donation or has registered their wishes on the Australian Organ Donor Register.

2.12 Supply and storage of the VAD substance

Detailed information about the VAD substance is available only to medical and nurse practitioners who have completed the WA VAD Approved Training (refer to [section 4](#)).

Authorised Suppliers of the VAD substance are part of the Statewide Pharmacy Service (SWPS). The SWPS is to contact the Regional VAD lead to coordinate the supply request to a patient or resident of a WACHS facility.

Supply and storage for:

- **Self-administration**

- The patient may be supplied during their current admission, as a resident or they may be admitted having already been supplied and be in possession of the VAD substance
- if they choose for it to be stored at the WACHS facility, the VAD substance is to remain with the patient at all times.

- The VAD kit should be stored securely next to the patient either in a locked cabinet, the key to which the patient has access to or by means of a cable or chain lock. The Regional Chief Pharmacist and the Regional VAD Lead should be contacted for advice in this situation
- The VAD kit should be stored securely and sealed with a security tag or similar tamper evident seal. The VAD kit should be checked on a shift by shift basis and the check documented on the medication chart where 'VAD Kit – Security Tag Check' should be written. Any discrepancy discovered with the VAD Kit and its contents should be acted upon immediately as per the WACHS Medication Handling and Accountability policy
- SWPS can supply the substance to the patient, the Contact Person, or an agent of the patient either from the metropolitan tertiary hospital where they are based or by travelling to the patient. This may mean that they travel to a WACHS facility for the purpose of delivering the VAD substance. In this situation they are to always ask for consent from the patient to discuss this delivery with the Regional VAD lead. When this occurs, the relevant information should be documented in the patient's healthcare record and communicated to the treating team.
- **Practitioner administration**
 - SWPS is to supply to the Administering Practitioner
 - The Administering Practitioner is responsible for safe storage of the substance in line with the VAD – Prescription and Administration Information until the patient requests for it be administered
 - Administering Practitioners employed by WACHS should store the substance in accordance with the WACHS Medication Accountability and Handling Policy.

2.13 Considerations for Certification of Death

If a patient who has completed the VAD application process dies, either because of administration of the VAD substance or because of another cause, the VAD Board must be notified of the death. The process for notifying the Board will differ depending on whether the patient has made a choice for self-administration or practitioner administration of the VAD substance.

When a medical practitioner becomes aware that a patient who has completed the VAD application process has died of any cause, they should contact the person's Coordinating Practitioner who is to complete the Notification of Death Form if this has not already occurred.

2.13.1 Medical Certificate of Cause of Death (MCCD)

- must be completed – usually completed by the Coordinating or Administering Practitioner
- in the case that a person dies after administration of the VAD substance, the death certificate must **not** include any reference to VAD
- if the Administering Practitioner is a nurse practitioner, they can certify life extinct, but a medical practitioner is still required to complete the MCCD for the patient

- if a practitioner who is not the Coordinating Practitioner or the Administering Practitioner completes the MCCD for a person they know or reasonably believed has died because of the administration of a VAD substance (in accordance with the Act), they must complete the Notification of Death Form (Other Medical Practitioner) and give a copy to the to the VAD Board within 2 business days.

For additional information on death certification refer to the [WA VAD Guidelines](#) (Section 16 Step Ten: Death Certification).

2.14 After the person dies

There are several aspects that may need to be addressed after the patient has died. Wherever possible these should be considered as part of the planning process ahead of the patient's death and involve carers, family or friends where appropriate.

Planning for death should be an ongoing conversation with the patient and, if they choose, their carers, family or friends. The plan should include practical information such as who should be contacted once the patient has died, who is to remove the patient's body from the place of death, any relevant local procedures (e.g. if the patient has chosen to die in a facility such as a hospital, hospice or residential aged care).

2.14.1 Disposal of the VAD substance

- If self-administered - the Contact Person is to manage any unused or remaining VAD substance. The contact person must be given any remaining medication after ingestion, this should not be handled or disposed of by ward staff (excludes Authorised Disposers)
- If practitioner administered – the Administering Practitioner is to manage any unused VAD substance
- Only Pharmacists that hold specifically identified roles are Authorised Disposers. Within WACHS hospital services this is the Regional Chief Pharmacist or Senior Regional Pharmacists.
- Upon disposal, VAD Substance should be managed as an Schedule 8 medication. Authorised Disposers are responsible for following the Voluntary Assisted Dying Substance Disposal Guidance - Pharmacists Working in a Hospital and the WACHS Medication Handling and Accountability Policy when disposing of the VAD Substance.
- The second check in the S8 destruction register, must be a WACHS Pharmacist but does not need to be an Authorised Disposer

2.14.2 Support for carers, family and friends

- Planning for death aims to help carers, family and friends transition to life without their loved one and manage the experiences of adjustment, grief and bereavement
- Medical practitioners and other health professionals should provide bereavement support to a patient's family, carers and friends in the same way that they usually would, whether directly or via their health service's existing bereavement support services
- Where palliative care services have been involved in the care of the patient, they are generally able to offer bereavement support or referral to other services.

Refer to [Appendix 3: Bereavement Resources](#) for more detailed information on support resources available to patient's family, carers and friends, and also for WACHS staff.

2.14.3 Review of Death

- The WACHS Review of Death Procedure applies
- The MR37a Death in Hospital form is to be completed
- The death is considered as expected.

2.14.4 Care of the Deceased

The WACHS Care of the Deceased Policy should be considered in conjunction with patient wishes.

3. Definitions

Refer to the WA Health [Accessing voluntary assisted dying in Western Australia glossary of terms](#). Additional definitions not listed in the glossary are below.

| | |
|--|--|
| Conscientious Objection | When a registered health care worker declines to participate in a treatment or procedure due to sincerely-held religious, moral or ethical beliefs. |
| Eligible adult | A person who meets all eligibility criteria listed under section 16(1) of the <i>Voluntary Assisted Dying Act 2019</i> . |
| Eligible medical practitioner | A medical practitioner who meets the eligibility criteria listed under section 17 of the <i>Voluntary Assisted Dying Act 2019</i> and who has successfully completed the WA Voluntary Assisted Dying Approved Training. |
| Eligible nurse practitioner | A nurse practitioner who meet the eligibility criteria listed under section 54 of the <i>Voluntary Assisted Dying Act 2019</i> and who has successfully completed the WA Voluntary Assisted Dying Approved Training. |
| Healthcare Worker | A registered health practitioner or any other person who provides health services or professional care services. For the purposes of WA Health this includes all WACHS Staff |
| WACHS Staff | All persons delivering care (including trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education) within WACHS. |
| WA Voluntary Assisted Dying Approved Training | The mandatory training that must be completed before a medical practitioner or nurse practitioner can carry out assessment and administration actions under the <i>Voluntary Assisted Dying Act 2019</i> |

4. Roles and Responsibilities

WACHS supports its staff who elect to fulfil roles in the VAD process where requested and appropriately trained. The following table directs staff to the appropriate sections on the WA VAD Guidelines and offers some considerations for staff before accepting these roles.

| Key Role | Responsibilities (as per the WA VAD Guidelines) | Considerations |
|--|--|---|
| Coordinating Practitioner | Section 5.1 | Eligibility; time commitment – multiple appointments; relationship with the patient and family; personal capacity to fulfil the role |
| Consulting Practitioner | Section 5.2 | Eligibility; time commitment – fewer appointments; relationship with the patient and family; personal capacity to fulfil the role |
| Administering Practitioner | Section 5.3 | Eligibility; time commitment and availability; relationship with the patient and family; personal capacity to fulfil the role, |
| Contact Person | Section 13.4 | This role requires a close relationship with the person and necessitates an awareness of death occurring (including one unrelated to VAD) and access to the location after their death to ensure the return of any unused substance. Mandatory function under the act with offences for non-compliance. |
| Agent | Section 15.1.1 | This involves assisting in the transport of the substance to a person eligible to self-administration and information provision usually provided by the SWPS. Staff may consider filling this role only if the SWPS were unable to facilitate this service in a timely manner |
| Witness to the written declaration | Section 10.1 and 10.1.1 | Two witnesses are required. Ideally only one of these should be a staff member |
| Sign a written declaration on the persons behalf | Section 10.1 | Consider the potential for this to misinterpreted as coercion |
| Witness to the practitioner administration | Section 15.3 and 15.4 | Consider the working relationship with the practitioner |

WACHS Medical Practitioners and Nurse Practitioners

Information resources: '[What every medical practitioner needs to know](#)', '[What every nurse practitioner needs to know](#)' and '[Health practitioner access to the WA Voluntary Assisted Dying Approved Training](#)'

- It is expected that, to be able to appropriately support a patient seeking VAD, a practitioner is to have a good understanding of palliative care and other end-of-life services available for patients
- Medical and nurse practitioners who are considering participating in the VAD process in WA should familiarise themselves with the process of advance care planning, including Enduring Guardianships and Advance Health Directives
- The onus is on the practitioner to ensure they meet all applicable eligibility requirements before commencing in a relevant role.

They have:

- been confirmed as eligible to complete the mandatory WA VAD Approved Training by the Department of Health;
- successfully completed the mandatory WA VAD Approved Training (valid for three years)
- received and confirmed their understanding of the material in the VAD - Prescription and Administration Information document
- confirmed their eligibility to participate for the patient to whom they are providing VAD services e.g. Not a family member or beneficiary of the will
- are credentialed at relevant WACHS site(s) or have received extraordinary credentialing from the Regional Medical Director.

All WACHS healthcare workers

Have a responsibility to:

- have a responsibility to familiarize themselves with available WACHS resources
- continue to provide high quality end of life care to all patients, including those who request VAD
- know, understand, and work in accordance with the Act and this Policy
- act in a respectful and professional manner
- not actively obstruct patient access to VAD information and or advice
- respect the confidentiality of patients and staff engaged in VAD assessments and facilitation.

Refer to the WA Health information resource '[What every health practitioner and healthcare worker needs to know](#)'.

5. Compliance

This policy is applicable to all WACHS Staff (clinical and non-clinical).

The *Voluntary Assistant Dying Act 2019 (WA)* (the Act) reflects the importance of ensuring that the operation of VAD in WA is safe and appropriate. The Act provides protections for individuals involved in the VAD process but also clearly articulates offences and circumstances that may be considered professional misconduct or unprofessional conduct.

The Voluntary Assisted Dying Board (the Board), an independent statutory body created by the Act, can refer matters to various agencies including WA Police, the State Coroner, the Australian Health Practitioner Regulation Agency (AHPRA) and the Director General of Health. The Director General of Health (as the CEO) has powers to investigate suspected breaches of the Act.

A breach of a provision of the Act by a registered health practitioner may be professional misconduct or unprofessional conduct for the purposes of the [Health Practitioner Regulation National Law \(Western Australia\) Act 2010](#). This is the case even if the breach is not an offence under the Act. The Board can refer matters to both the AHPRA and the Health and Disability Complaints Office (HaDSCO).

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

All WACHS clinical records must be managed in accordance with [Health Record Management Policy](#).

7. Evaluation

Evaluation of this policy is to be carried out as part of the review of death process by Regional Clinical Risk Management Coordinators.

8. Standards

[National Safety and Quality Health Service Standards](#)

Comprehensive Care standard: 5.3, 5.4, 5.17. 5.18 and 5.20

9. Legislation

The requirements of this Policy are in addition to the legal requirements of the *Voluntary Assisted Dying Act 2019*.

Legislation to be considered in conjunction with this Policy includes:

- [Health and Disability Services \(Complaints\) Act 1995](#) (WA)
- [Coroners Act 1996](#) (WA)
- [Criminal Code Act 1995](#) (Commonwealth)
- [Medicines and Poisons Act 2014](#) (WA)
- [Voluntary Assisted Dying Act 2019](#) (WA)

10. References

1. Government of Western Australia Department of Justice, WA Legislation [Internet] [Voluntary Assistant Dying Act 2019](#). [Accessed: 21 June 2021]
2. Government of Western Australia Department of Health [Internet] [WA Voluntary Assisted Dying Guidelines](#) 2021. [Accessed: 21 June 2021]
3. Australian Government, Federal Register of Legislation [Internet] [Criminal Code Act 1995](#). [Accessed: 21 June 2021]
4. Government of Western Australia Department of Health [Internet] [Voluntary assisted dying](#) 2021. [Accessed: 21 June 2021]
5. *Voluntary Assisted Dying (VADP EL1)*, WACHS LMS eLearning

11. Related Forms

[MR00H.1 State Goals of Patient Summary](#)
[MR37a WACHS Death in Hospital Form](#)

12. Related Policy Documents

WACHS [Care of the Deceased Policy](#)
WACHS [Cognitive Impairment Clinical Practice Standard](#)
WACHS [Complaints Management Procedure](#)
WACHS [Credentialing for Nurse Practitioners and Endorsed Privately Practicing Midwives Policy](#)
WACHS [Ethical Decision Making for Clinical or Patient Care Issues Guideline](#)
WACHS [Goals of Patient Care \(Adults\) Guideline](#)
WACHS [Medical Credentialing and Compliance Requirements Guideline](#)
WACHS [Medication Handling and Accountability Policy](#)

13. Related WA Health System Policies

MP 0084/18 [Credentialing and Defining Scope of Clinical Practice Policy](#)
MP 0131/20 [High Risk Medication Policy](#)
MP 0154/21 [Managing Voluntary Assisted Dying Policy](#)
MP 0139/20 [Medicine Handling Policy](#)
MP 0010/16 [Patient Confidentiality Policy](#)
WA Health [Voluntary Assisted Dying Guidelines](#)
MP 0051/17 [WA Health System Language Services Policy](#)
MP 0103/19 [Reporting of Schedule 4 Restricted and Schedule 8 Medicines Discrepancies Policy](#)
WA Health [WA Health System Language Services Policy Guidelines](#)

14. Policy Framework

[Clinical Governance, Safety and Quality Policy Framework](#)

15. Appendices

Appendix 1: [Telehealth and VAD](#)

Appendix 2: [Considerations for Regional Leads](#)

Appendix 3: [Bereavement Resources](#)

**This document can be made available in alternative formats
on request for a person with a disability**

| | | | |
|---------------------|---|------------------------|-----------------|
| Contact: | Project Lead – Voluntary Assisted Dying | | |
| Directorate: | Medical Services | EDRMS Record # | ED-CO-21-230582 |
| Version: | 1.00 | Date Published: | 1 July 2021 |

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Appendix 1: Telehealth and VAD

It is important that practitioners communicating about VAD are mindful of the potential legal restrictions on how that communication can occur.

This includes when communicating with a patient seeking information about, or access to, VAD and their family and carers. It also applies when communicating about VAD with SWCNS, SWPS, interpreters or other health professionals.

Good clinical practice should always guide decision-making where VAD is concerned, including when deciding if a consultation with a person needs to occur in person or if it can occur via the use of a telehealth option (e.g. telephone, videoconference etc.). Discussions around the prescription and administration of the VAD substance will need to be face-to-face.

It is important not to personalise the information, using the general terminology of “a person can” or “a person in WA can” rather than “you can” is seen to be more appropriate.

This applies to all persons involved in communication with the patient including interpreters.

| Stage / Topic | Can be discussed via Telehealth | Comments |
|---|--|--|
| General Information | ✓ | ✗ As a general rule, any information that relates specifically to the act of administering a VAD substance or provides details or instructions about the act of administering a VAD substance must not be discussed or shared by phone, fax, email, videoconference, internet and the like |
| First Request | ✓* * As long as you can both see and hear the patient | |
| First Assessment | ✓ | |
| Consulting Assessment | ✓ | |
| Determination of Diagnosis or Prognosis | ✓ | These can be conducted via telehealth if the clinician and patient determine this is satisfactory and appropriate |
| Determination of Decision Making capacity regarding VAD | ✓ | |
| Determination of voluntariness and lack of coercion | ✓ | |
| Discussions about the VAD substance | ✗ | ✗ As a general rule, any information that relates specifically to the act of administering a VAD substance or provides details or instructions about the act of administering a VAD substance must not be discussed or shared by phone, fax, email, videoconference, internet and the like |

Appendix 2: Considerations for Regional VAD Leads

| Element | Considerations |
|------------------------|--|
| Patient Details | Coordinating Practitioner Administration decision Current Location any complicating circumstances (e.g. difficult family dynamics) Preference for administration location date and time |
| Preparation discussion | Organise meeting with all involved parties – include Regional Director of Nursing and Midwifery (or delegate) Regional Medical Director (or delegate) Chief Pharmacist Consider including or at patients request: Statewide Care Navigator Service Palliative Care Social Work Pastoral Support Organ and Tissue Donation |
| VAD Substance | Storage – Oral VAD Substance Kit Dimensions H41xW39xD16cm Disposal of medication |
| Credentialing | Ensure Coordinating and Administering Practitioner is credentialed at site and organise emergency credentialing if not |
| Witness | Confirm Administering Practitioner has identified eligible witness |
| Death Certification | Clarify who will certify death Coordinating and Administering Practitioner |
| Contact Person | Confirm patient has nominated and appropriate contact person |
| Location | Requested Site If requested site not deemed possible, consider another site in region or in neighbouring region Most appropriate room Contact person on site If nothing appropriate – consider possibility of metro location (contacts: metro HSP VAD Program Managers) |
| Staffing | Need to consider for the duration of admission |
| Coordination | Consider walk through prior to admission if possible |
| Debrief Coordination | Arrange for the Administering Practitioner and local area support staff debrief together SWCNS may be called upon to assist |

Appendix 3: Bereavement Resources

Supporting the patient’s carers, family, friends

The following links and resources may be useful as part of bereavement support:

| Organisation | Resources |
|---|--|
| Australian Centre for Grief and Bereavement | Can help family, friends and carers deal with the death of a loved one and put them in touch with appropriate support groups. Telephone: 1800 642 066, Monday to Friday (9:00 am – 5:00 pm) or access the website www.grief.org.au |
| Palliative Care WA | Provides the WA community with a palliative care information and support line which can be used to access support for dealing with grief and loss. Telephone: 1800 573 299, Monday to Sunday (9:00 am – 4:30 pm) or access the website www.palliativecarewa.asn.au/information-and-support |
| Carers WA | Counselling support for carers who are going through the experience of grief and loss can be provided through. Telephone: 1800 007 332, Monday to Friday (8:30 am – 4:30 pm) or access the website www.carerswa.asn.au |
| Lifeline | Can provide crisis support to anyone who is need of immediate help to deal with emotional distress Telephone: 13 11 14, (any time day or night) or access the website www.lifeline.org.au |

Additional information for carers, family and friends can be found in the information for the community information sheets: [Supporting someone through the process](#) and [Considerations for an assisted death](#).

Supporting WACHS staff

WACHS medical and nurse practitioners participating in VAD are encouraged to join the Community of Practice in WA. This will be coordinated by the SCNS. The SWCNS are also available for staff support/information, education and training.

The next two pages outline resources available for Medical and Nurse Practitioners and other general resources for staff.

Medical Practitioners

The table below outlines key resources that can be accessed to support the mental health and wellbeing of medical practitioners involved in the VAD process.

| Organisation | Resources |
|---|--|
| Royal Australian College of General Practitioners (RACGP) Support Program | <p>The GP Support Program is a free service available to all RACGP members. It provides professional advice and support with managing a range of issues including conflict, grief and loss, anxiety and depression, and substance use.</p> <p>www.racgp.org.au/racgp-membership/member-offers/the-gp-support-program</p> <p>Call 1300 361 008 during business hours to make an appointment.</p> |
| Royal Australasian College of Physicians (RACP) Resources | <p>The RACP website provides a compilation of external resources for physical and mental health and other concerns.</p> <p>www.racp.edu.au/fellows/physician-health-and-wellbeing</p> |
| Royal Australian and New Zealand College of Psychiatrists (RANZCP) Wellbeing Support | <p>The RANZCP provides a number of external resources for physical and mental health and other concerns.</p> <p>www.ranzcp.org/membership/wellbeing-support-for-members</p> <p>Confidential advice is also available to all members of RANZCP through its Member Welfare Support Line: Call 1800 941 002 or email support@ranzcp.org</p> |
| Australian College of Rural and Remote Medicine (ACRRM) Practitioner Health and Wellbeing resources | <p>The Australian College of Rural and Remote Medicine website provides a number of external resources for physical and mental health and other concerns.</p> <p>www.acrrm.org.au/support/clinicians/community-support/coronavirus-support/health-and-wellbeing-for-rgs</p> <p>ACRRM's Employee Assistance Program can provide 24/7 support by calling 1800 818 728.</p> |
| The Doctors' Health Advisory Service | <p>The Doctors' Health Advisory Service provides confidential advice and support for medical practitioners in WA. Call (08) 9321 3098 to access this support and advice 24/7. The Organisation also provides information and further resources on health and common problems medical practitioners face. Further information can be found online.</p> <p>www.dhaswa.com.au</p> |
| DRS4DRS | <p>Doctors' Health Services Pty Ltd maintains a website, DRS4DRS, which contains useful general resources related to the health and wellbeing of doctors.</p> <p>www.drs4drs.com.au/resource-hub</p> |

Nurse Practitioners

The table below outlines key resources that can be accessed to support the mental health and wellbeing of nurse practitioners involved in the VAD process.

| Organisation | Resources |
|---|--|
| Peer support from the Australian College of Nurse Practitioners (ACNP) | The ACNP will provide all nurse practitioners involved in VAD with mentors and/or peer support. Contact admin@acnp.org.au for more information |
| Nursing and Midwifery Board of Australia (NMBA) Nurse and Midwife Support | The national Nurse and Midwife Support organisation, supported by the NMBA, provides several resources for health and wellbeing. www.nmsupport.org.au/students-and-graduates/health-and-wellbeing Contact 1800 667 877 to access their 24/7 free confidential counselling service, NM Support. |
| Australian Primary Care Nurses Association (APNA) Support | A national support service for APNA members, providing professional support and guidance. Operates Monday to Friday, 9:00 am – 5:00 pm Call: 1300 303 184 (or 03 9322 9598) Email: nursesupport@apna.asn.au APNA suggests its members contact Nurse and Midwife Support (above) if they need ongoing counselling. |
| Australian College of Nursing NurseStrong Facebook Group | A private Facebook group created by the Australian College of Nursing with over 6,600 members. https://m.facebook.com/groups/1881984805222905 |

General resources and support

The table below outlines key resources that can be accessed to support the mental health and wellbeing of health professionals involved in the VAD process.

| Resource | Contact |
|-----------------------------|---|
| Employee Assistance Program | Practitioners employed by the WA government (and many private healthcare organisations) have access to free short-term counselling through an Employee Assistance Program. Contact your employer for more details. |

Continued next page

WACHS Voluntary Assisted Dying Policy

| Resource | Contact |
|--|--|
| CRANaplus Bush Support Services | A free counselling and support service for health workers (and their families) in rural and remote areas. Call 1800 805 391 for more information. |
| Palliative Care Australia Self- Care Matters | A resource to support health professionals providing palliative care, including a Self-Care Matters planning tool and mindfulness and meditation exercises. https://palliativecare.org.au/resources/self-care-matters |
| WA Primary Health Alliance Practice Assist | Support program for all general practice staff. Provides face-to-face, phone and online support addressing all aspects of patient care and practice management. Call 1800 2 ASSIST (1800 277 478) Email practiceassist@wapha.org.au www.wapha.org.au/health-professionals/general-practice-support/practice-assist/ |
| ReachOut.com Developing a Self-Care Plan | Aimed at mental health professionals, the website contains resources for developing a self-care plan, including a template that can be adapted for practitioners. https://schools.au.reachout.com/articles/developing-a-self-care-plan |
| BeyondBlue | Information and support to help individuals experiencing anxiety and depression. Call 1300 224 636 www.beyondblue.org.au |
| Lifeline | 24/7 crisis, support and suicide prevention Call 13 11 14 www.lifeline.org.au |