



Voluntary Assisted Dying Policy

1. Purpose

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

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.

WACHS acknowledges Voluntary Assisted Dying (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 are reflected in the WACHS Position Statement on Voluntary Assisted Dying.

This Policy outlines WACHS approach to VAD and provides staff with guidance in relation to their roles and responsibilities under the Act, as required by MP 0154/21 - [Managing Voluntary Assisted Dying Policy](#).

This Policy is applicable to all WACHS clinical and non-clinical staff, including conscientious objectors and conscientious providers. It 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 [Western Australian Voluntary Assisted Dying Guidelines](#) and other resources from the WA Health [Voluntary Assisted Dying website](#) and the WA [Voluntary Assisted Dying Act 2019](#) (the Act). These are to be read and used in conjunction with this Policy.

2. Policy

The principles underpinning this Policy are as follows:

- VAD is an elective medical procedure and not an emergency. While expressions of distress and suffering need urgent attention, all requests to access VAD should be acknowledged with careful, considered conversation and collaboration.
- Only patients who meet eligibility criteria as per the Act can access VAD, noting that disability and mental illness alone do not satisfy the eligibility criteria.
- All health professionals, whether they be a conscientious objector or conscientious provider, must be aware of their responsibilities under the Act and must not actively obstruct patient access to information and/or advice regarding the VAD process.
- All staff must respect the confidentiality of patients and staff engaged in the VAD process. Care should be taken to maintain a patient's right to confidentiality in respect to VAD. Any discussions with their family including next of kin or their General Practitioner (GP) regarding VAD must have the patient's consent.

- Verbal consent from the patient must be obtained when making referrals to other practitioners, professionals or services in the VAD process (including the WA VAD Statewide Care Navigator Service (SWCNS)). This must be documented in the patient’s healthcare record.
- All staff must ensure the privacy of patients and their families is respected at all times during the VAD process including having discussions in relation to VAD in appropriate rooms and locations, wherever practicable.
- Each case of VAD is unique, with its own ethical, practical and emotional considerations and patients seeking access to VAD are to be reviewed on a case-by-case basis.
- Communication throughout the VAD process should occur in a culturally aware and sensitive manner.
- Planning for access to VAD is to generally be undertaken during usual business hours. Administration of the VAD substance is to be discussed and planned with the patient and the Coordinating / Administering Practitioner.

2.1 The Voluntary Assisted Dying Process

In general, the voluntary assisted dying process includes ten steps that health professionals should be aware of. Steps 1 through 6 are part of the request and assessment process; Steps 7 to 10 are part of the administration process. This Policy provides information on the management of Step 1 ‘First Request’ in detail and an overview of the assessments, supply and management of the VAD substance (Step 2 - Step 10).

Figure 1. The voluntary assisted dying process



Figure 1 Government of Western Australia Department of Health [Internet] WA Voluntary Assisted Dying Guidelines 2021. [Accessed: 21 June 2021]

2.2 Communicating about VAD

The *Commonwealth Criminal Code Act 1995*

The *Commonwealth Criminal Code Act 1995* contains offences which limit the use of a carriage service to access and transmit suicide-related material. This directly influences how particular parts of the VAD process can be communicated.

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. See the Western Australian Voluntary Assisted Dying Guidelines for details.

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

Initiating a discussion about VAD

Under the Act, only certain people may initiate a discussion about VAD:

- A patient may raise the topic VAD with anyone involved in their care.
- Only a medical practitioner or nurse practitioner can raise the topic of voluntary assisted dying with a patient if, at the same time, they also inform the patient of their palliative care and treatment options and the likely outcomes of that care and treatment.

It is important to recognise that a discussion about VAD, **does not** begin the VAD process. This requires the person to make a formal First Request.



ATTENTION

Under the Act, only certain people may **initiate** a discussion about VAD. General requests for information can be handled by any staff member confident to do so.

ONLY medical practitioners can receive a request for access to VAD (First Request)

Managing queries about VAD

Requests for general information about VAD from a patient or family member should be treated with compassion and understanding. If you are comfortable talking about VAD you can answer the patient's questions about VAD and provide information about the process. If you are not comfortable or confident discussing VAD or the patient wishes to make a First Request and you are not permitted to formally receive the request, the patient may be referred to any of the following, as appropriate:

- colleague
- manager
- patient's medical team
- social worker
- WA State-wide Care Navigator Service.

Note: **ONLY** medical practitioners can receive a request for access to VAD (a First Request). If a person makes a First Request to any other health professional, they should be informed that they must make their request to a medical practitioner. Any written information provided to the patient must be taken from the WA Health website: [Voluntary Assisted Dying](#)

Managing First Requests for VAD

A person may be eligible for VAD in WA if they meet all specified conditions and criteria. WACHS patients seeking 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 VAD are to be encouraged to communicate their wishes with their loved ones, GP, and any other health practitioners involved in their care.

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 [Western Australian Voluntary Assisted Dying Guidelines](#) (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](#).

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.



ATTENTION

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 inform 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 [Western Australian Voluntary Assisted Dying Guidelines](#) (Section 7 Step One: The First Request).

2.3 Cultural considerations

WACHS staff are to provide culturally sensitive care to all patients and their families. This includes consultation with the family or support people of the person exploring VAD and taking into consideration their specific cultural requirements, for care, through death and dying. Additional preparation or support may be required to assist the patient to understand, access, or participate in an informed way in the VAD process.

VAD and Aboriginal people

There is an obligation in WACHS services to ensure that Aboriginal people can access culturally safe information, support and services around VAD. This could include building an understanding of the cultural appropriateness of discussing death to Aboriginal families and their belief systems and practices with death and dying. This may include returning to country before they die. Refer to the WACHS Care of the Deceased Policy for further information.

VAD may be 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.

WACHS recognises the critical role of Aboriginal health services to ensure people have the cultural and spiritual support they need at the end of life. WA Health has a specific VAD information sheet "[Information about supporting Aboriginal people](#)" for staff to access. Additional information and support can also be sought from SWCNS and includes linkage to Aboriginal liaison officers and healthcare workers who support Aboriginal people (as well as Aboriginal patients and families).

Use of interpreters

Ensure access to information about VAD is linguistically and culturally appropriate to enable informed decision-making. If the patient does not communicate in spoken or written English, they may require the assistance of an interpreter. Where there is doubt about a person's capacity to understand English, it is necessary to use a suitably qualified interpreter.

In this situation the Coordinating Practitioner should arrange for an accredited interpreter to assist with the request, assessment, and administration processes. The SWCNS can also be contacted to assist during standard work hours (8:30 am – 5:00 pm).

Under the Act, an interpreter must hold a credential issued under the:

- National Accreditation Authority for Translators and Interpreters (NAATI) certification scheme
- a registered higher education provider, or
- a registered training organisation.

Carers, family members or friends, are **not** permitted under the Act to support translation or interpretation.

For more information:

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

Conscientious objection by staff

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

Medical practitioners are obligated under the Act to respond to a patient's 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. 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.

2.4 Voluntary Assisted Dying in WACHS facilities

Acute admissions of a patient who is eligible for VAD

At all-times throughout the VAD process the person must have decision making capacity in relation to VAD. The Coordinating Practitioner is responsible for ensuring capacity in relation to VAD. Consider informing the Coordinating Practitioner of an admission involving their patient and inform the Coordinating Practitioner if there are any concern that capacity has been lost or is at risk.

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.

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 in line with the WACHS [Position Statement on Voluntary Assisted Dying](#).

The Consulting Practitioners are only able to accept the referral if they are eligible as per Section 4.2.1 of the Western Australian Voluntary Assisted Dying Guidelines.

The Consulting Assessment must be accepted or refused and performed in accordance with Section 9 of the Western Australian Voluntary Assisted Dying Guidelines.

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

Requests for administration of the VAD as an inpatient or resident should be considered in line with the WACHS [Position Statement on Voluntary Assisted Dying](#). This may include admission to hospital for the purpose of administering the VAD substance. The Coordinating Practitioner of the person requesting inpatient VAD may contact the Regional VAD Lead in these circumstances. The Regional VAD Lead is to then contact the appropriate people to coordinate the request. The SWCNS can assist in this process. See [Appendix B: Considerations for Regional VAD Leads](#).

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 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, SWPS or SWCNS 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.

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 several health care professionals, all of which will be aware of the reason for admission.

If a medical or nurse practitioner acting as an Administering Practitioner is not credentialed to practice at the particular WACHS site, then emergency credentialing should be arranged as per the WACHS [Credentialing Requirement for Medical Practitioners Accredited for Voluntary Assisted Dying Guideline](#) and WACHS Credentialing for Nurse Practitioners and Endorsed Privately Practicing Midwives Policy.

VAD eligible persons admitted to a WACHS facility

If a person is admitted to a WACHS facility who is eligible and approved for VAD:

- requests their VAD substance
- communicates an intention to administer their VAD substance,
- requests their Administering Practitioner attends to administer the VAD substance.

Staff may contact the Regional VAD Lead for advice. The Regional VAD Lead is to aim to ensure that their needs are facilitated in line with the WACHS Position Statement. See [Appendix B: Considerations for Regional VAD Leads](#).

Managing VAD processes in a WACHS facility

If administration of a 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 a 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 their 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.

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

Organ and Tissue Donation

If a patient is eligible for VAD, organ and tissue donation may be considered if a patient raises donation or have registered their wishes on the Australian Organ Donor Register.

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.

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. When this occurs, the relevant information should be documented in the patient's healthcare record and communicated to the treating team.

The self-administration VAD kit must be:

- stored securely with 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
- sealed with a security tag or similar tamper evident seal

- checked on a shift by shift basis and the check documented on the medication chart where 'VAD Kit – Security Tag Check' should be written.

The practitioner administration VAD kit must be:

- stored safely by the Administering Practitioner
- remain in the possession of the Administering Practitioner until used or destroyed.

Any tampering or discrepancy discovered with the self-administration VAD Kit should be acted upon immediately as per the WACHS [Medication Handling and Accountability Policy](#). The Regional Chief Pharmacist and the Regional VAD Lead can be contacted for advice about supply and storage.

Considerations for Death

Deaths as an inpatient or resident due to VAD are:

- to be handled as per the WACHS Care of the Deceased Policy
- not to be reported to the coroner as a matter of course
- to be reviewed as per the WACHS [Review of Death Procedure](#) and the death is to be considered as "Category 1 – Anticipated Death"
- not to include any reference to VAD on the death certificate
- to be communicated to the Coordinating Practitioner who is to submit a Notification of Death Form to the VAD Board.

Disposal of the VAD substance

If the VAD substance is 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). Authorised Disposers within WACHS hospital services are the Regional Chief Pharmacist or Senior Regional Pharmacist and must follow the [Voluntary Assisted Dying Substance Disposal Guidance for Pharmacists](#).

If the VAD substance is practitioner administered the Administering Practitioner is to manage any unused or remaining VAD substance. The SWPS may be contacted for any support or advice regarding VAD substance disposal.

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 patient has started 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.

For a comprehensive understanding and a full list of documentation and/or information requirements, it is essential to refer to the Act and the Western Australian Voluntary Assisted Dying Guidelines.

The VAD kit must be charted on the medication chart although administration is not documented unless the person self-administers the substance.

As outlined in the WACHS [Goals of Patient Care Guideline](#), 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.

2.5 Getting information and support

WA Statewide Care Navigator Service (SWCNS)

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 SWCNS 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
- manage the Regional Access Support Scheme (RASS). A scheme to enable regional West Australians access to VAD, where local resources are limited. See further information in the [Western Australian Voluntary Assisted Dying Guidelines](#).
- link to helpful resources.

WA Statewide Pharmacy Service (SWPS)

The SWPS has been specifically established to make sure that the VAD substance is provided in a safe, equitable, and patient-centred manner.

The SWPS:

- 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 in collaboration

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.). WACHS is to support safe regional travel by the SWPS and SWCNS for visits 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 / SWPS
- provide the SWCNS / SWPS with the Regional VAD Lead contact details and the 'Executive on call' details. The details of the Regional VAD Lead can be found on the VAD SharePoint page.

- 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 [Western Australian Voluntary Assisted Dying 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?](#)'.

Support and Bereavement

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. 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](#).

WACHS medical and nurse practitioners participating in VAD are encouraged to access support resources and to join the Community of Practice in WA. Contact the SWCNS for information on how to do this. The SWCNS are also available for staff support/information, education and training. Staff can contact the Employee Assistance Program or should refer the WACHS Staff Support Post-Critical Incident Guideline for further resources.

3. Roles and Responsibilities

See also [Appendix C: Considerations](#)

Medical Practitioners and Nurse practitioners who are seeking to participate in the voluntary assisted dying process must ensure they meet all applicable eligibility requirements before commencing in a relevant role. They must have:

- been confirmed as eligible to complete the mandatory WA VAD Approved Training by the Department of Health, refer to [Health practitioner access to the WA Voluntary Assisted Dying Approved Training](#);
- 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
- been credentialed at relevant WACHS site(s) or have received extraordinary credentialing from the Regional Medical Director.

In addition, they should familiarise themselves with the process of advance care planning, see WACHS [Advance Health Directive and Enduring Power of Guardianship Procedure](#). 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 see [Palliative Care](#) (SharePoint)

All Medical Practitioners are responsible for ensuring they are familiar with the Act and its requirements, refer to [What every medical practitioner needs to know](#),

All Nurse Practitioners are responsible for ensuring they are familiar with the Act and its requirements, refer to [What every nurse practitioner needs to know](#)

All **WACHS healthcare workers** have a responsibility to:

- to familiarise 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 VAD information and or advice
- respect the confidentiality of patients and staff engaged in VAD assessments and facilitation.

All **staff** are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

4. Monitoring and Evaluation

4.1 Monitoring

Consumer Feedback including Care Opinion consumer stories and complaints in relation to VAD should be managed by the Consumer Feedback Coordinator.

The WACHS Palliative Care program will review the annual report provided by Voluntary Assisted Dying Board to identify any trends across WACHS or within regions that may indicate inequity of access to VAD services for country people.

Monitoring of the quality of end-of-life care offered with WACHS facilities is already undertaken and this monitoring will also be relevant to patients accessing voluntary assisted dying. This includes organisational monitoring for compliance with NQSHC Standard 5.15 (Comprehensive Care at the end-of-life), and review of death, including Morbidity and Mortality reviews, by local departments and quality and safety teams. A patient, their family or practitioners involved in their care can share personal experiences or feedback relating to the voluntary assisted dying process with the Voluntary Assisted Dying Board to help improve the operation of voluntary assisted dying processes in Western Australia by using the [Voluntary Assisted Dying Board Personal Reflections Form](#). Personal reflections submitted to the Board will be used for the purpose of ensuring proper adherence to the legislation and to recommend safety and quality improvements

4.2 Evaluation

Evaluation of this Policy is to be carried out by the WACHS Palliative Care Program every 3 years, or earlier if required.

5. Compliance

This Policy is mandatory under the Voluntary Assistant Dying Act 2019 (WA) (the Act) which 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 \(WA\) 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](#) 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 and procedures is mandatory.

6. References

Government of Western Australia Department of Justice, WA Legislation [Internet] [Voluntary Assistant Dying Act 2019](#). [Accessed: 21 June 2021]

Government of Western Australia Department of Health [Internet] [WA Voluntary Assisted Dying Guidelines](#) 2021. [Accessed: 21 June 2021]

Australian Government, Federal Register of Legislation [Internet] [Criminal Code Act 1995](#). [Accessed: 21 June 2021]

Government of Western Australia Department of Health [Internet] [Voluntary assisted dying](#) 2021. [Accessed: 21 June 2021]

Voluntary Assisted Dying ([VADP EL1](#)), WACHS LMS eLearning

7. 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.

Term	Definition
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 meets 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 within WACHS including trainees, students, volunteers, researchers, contractors for service, all visiting health professionals, agency staff and persons delivering training or education.
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>

8. Document Summary

Coverage	WACHS-wide
Audience	All Staff
Records Management	Clinical: Health Record Management Policy
Related Legislation	<ul style="list-style-type: none"> • Coroners Act 1996 (WA) • Criminal Code Act 1995 (Cth) • Health and Disability Services (Complaints) Act 1995 (WA) • Health Practitioner Regulation National Law (WA) Act 2010 • Medicines and Poisons Act 2014 (WA) • Voluntary Assisted Dying Act 2019 (WA)
Related Mandatory Policies / Frameworks	<ul style="list-style-type: none"> • Clinical Governance, Safety and Quality Policy Framework • 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 0051/17 - Language Services Policy • MP 0103/19 - Reporting of Schedule 4 Restricted and Schedule 8 Medicines Discrepancies Policy
Related WACHS Policy Documents	<ul style="list-style-type: none"> • Advance Health Directive and Enduring Power of Guardianship Procedure • Care of the Deceased Policy • Cognitive Impairment Clinical Practice Standard • Complaints Management Procedure • Credentialing Requirement for Medical Practitioners Accredited for Voluntary Assisted Dying Guideline • Credentialing for Nurse Practitioners and Endorsed Privately Practicing Midwives Policy • Ethical Decision Making for Clinical or Patient Care Issues Guideline • Goals of Patient Care Guideline • Medical Credentialing and Compliance Requirements Guideline • Medication Handling and Accountability Policy • Review of Death Procedure
Other Related Documents	<ul style="list-style-type: none"> • Accessing voluntary assisted dying in Western Australia – Assistance with communication • Accessing voluntary assisted dying in Western Australia – Making the First Request • Approved information for a person making a First Request for voluntary assisted dying • Accessing voluntary assisted dying in Western Australia glossary of terms

	<ul style="list-style-type: none"> • Considerations for an assisted death • Health practitioner access to the WA Voluntary Assisted Dying Approved Training • Information about supporting Aboriginal people • Supporting someone through the process • VAD Supportive Care Guide for Practitioner Administration • VAD Supportive Care Guide for Self-Administration • Voluntary Assisted Dying Substance Disposal Guidance for Pharmacists • WACHS Position Statement on Voluntary Assisted Dying • WA Health System Language Services Policy Guidelines • Western Australian Voluntary Assisted Dying Guidelines • What every health practitioner and healthcare worker needs to know' • What every medical practitioner needs to know • What every nurse practitioner needs to know • What is the Statewide Voluntary Assisted Dying Care Navigator Service? • What is the Western Australian Voluntary Assisted Dying Statewide Pharmacy Service?
<p>Related Forms</p>	<ul style="list-style-type: none"> • MR00H.1 State Goals of Patient Summary • MR37a WACHS Death in Hospital Form • RC00H.1 Residential Goals of Care • Voluntary Assisted Dying Board Personal Reflections Form
<p>Related Training Packages</p>	<p>Voluntary Assisted Dying via MyLearning</p>
<p>Aboriginal Health Impact Statement Declaration (ISD)</p>	<p>ISD Record ID:2704</p>
<p>National Safety and Quality Health Service (NSQHS) Standards</p>	<p>5.3, 5.4, 5.17. 5.18 and 5.20</p>

9. Document Control

Version	Published date	Current from	Summary of changes
2.00	13 February 2024	13 February	<ul style="list-style-type: none"> • ‘Communicating about VAD’ heading added • information under ‘Cultural considerations’ heading expanded • addition of references credentialing • removing repetition and bereavement resources not specific to VAD

10. Approval

Policy Owner	Executive Director Medical Services
Co-approver	Executive Director Clinical Excellence Executive Director Nursing and Midwifery
Contact	Coordinator of Nursing – Palliative Care
Business Unit	Palliative Care
EDRMS #	ED-CO-21-230582
<p><i>Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the Copyright Act 1968, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.</i></p>	

This document can be made available in alternative formats on request.

Appendix A: 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, 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 is 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	✓	
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 B: Considerations for Regional VAD Leads

Element	Considerations
Patient Details	<ul style="list-style-type: none"> • Coordinating Practitioner • Administration decision • Current Location • any complicating circumstances (e.g. difficult family dynamics) • Preference for administration location date and time.
Preparation discussion	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Storage – Oral VAD Substance Kit Dimensions H41xW39xD16cm • Disposal of medication
Credentialing	<ul style="list-style-type: none"> • Ensure Coordinating and Administering Practitioner is credentialed at site and organise emergency credentialing if not
Witness	<ul style="list-style-type: none"> • Confirm Administering Practitioner has identified eligible witness
Life extinct and Death Certification	<ul style="list-style-type: none"> • to be completed as per usual process in accordance with WACHS Care of the Deceased Policy
Notification of Death to VAD board	<ul style="list-style-type: none"> • Coordinating and Administering Practitioner need to upload form to VAD Board
Contact Person	<ul style="list-style-type: none"> • Confirm patient has nominated and appropriate contact person
Location	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Need to consider for the duration of admission
Coordination	<ul style="list-style-type: none"> • Consider walk through prior to admission if possible
Debrief Coordination	<ul style="list-style-type: none"> • Arrange for the Administering Practitioner and local area support staff debrief together • SWCNS may be called upon to assist

Appendix C: Considerations

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 Western Australian Voluntary Assisted Dying 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