

Voluntary Assisted Dying Act 2019 Implementation Project

Fact Sheet

Health service or related care service provider preparation

Key Messages

- The *Voluntary Assisted Dying Act 2019* (the Act) is the legislation which governs voluntary assisted dying in Western Australia and is scheduled to come in to effect on 1 July 2021
 - This fact sheet aims to assist providers and staff of health services (such as hospitals, palliative care and general practice) and related care services (such as residential aged care and supported accommodation) to commence their own preparations ahead of the Act commencing
 - Service providers and staff are encouraged to consider how they will prepare for people who request information about voluntary assisted dying, and people who request access to voluntary assisted dying
 - Planning for how the service will respond to this choice at end of life will depend on several factors and should be discussed within the service as early as possible
 - The Implementation Leadership Team will host a series of webinars in partnership with Victorian service providers and the Victorian Department of Health and Human Services to give Western Australian services the opportunity to learn from the preparation and implementation experiences of services in Victoria
 - The WA Department of Health will help to link service providers within Western Australia to support information sharing and collaboration during preparation
 - Implementation of voluntary assisted dying in Western Australia is a complex process and the WA Department of Health is preparing comprehensive guidance materials for service providers and practitioners to support this process
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When will voluntary assisted dying become a choice available to eligible Western Australians?

The legislation will commence in full on 1 July 2021. On this date voluntary assisted dying will become an option for eligible Western Australians at end of life.

What do health services or related care services need to do?

From 1 July 2021 health services and related care services will need to be able to appropriately respond to a person who:

1. requests information about voluntary assisted dying; or
2. requests access to voluntary assisted dying

A request for access may include assessment for eligibility as well as support for self-administration of the voluntary assisted dying substance or practitioner administration of the substance.

The extent to which a service participates in voluntary assisted dying will depend on several factors such as having staff with the appropriate skills and expertise, the capacity to provide this service type, and the values/principles/ethos of the service.

The preparations a service requires will be informed by:

- The type of service or care usually provided and whether this includes people who may be eligible for voluntary assisted dying
- The service or care setting (e.g. community-based, inpatient, outpatient, other facility type)
- The range of clinical, non-clinical and support staff within the service
- The size and location of the service

What do health services and related care services need to consider if they are thinking about providing or supporting access to voluntary assisted dying?

The service provider should consider:

- How the service can facilitate the voluntary assisted dying process and support people and their families through the process
- How the service can provide or facilitate access to medical practitioners and/or nurse practitioners who are eligible and have completed the mandatory training to undertake an active role in voluntary assisted dying (in accordance with the legislation)
- Staff willingness to participate in the voluntary assisted dying process or in supporting a person who chooses to access voluntary assisted dying
- The practical implications of providing voluntary assisted dying such as governance structures, clinical service planning, credentialing, staff education etc
- How to support staff if voluntary assisted dying is provided by the service

What if a health service or related care service decides not to provide voluntary assisted dying?

- The service will still need to determine how it will respond to requests for information about voluntary assisted dying and requests for access to voluntary assisted dying
- While there is no obligation to provide voluntary assisted dying, the legislation does create obligations associated with responding to a person who makes a request that meets certain criteria
- To support person-centred care, the service can respond respectfully to a person who is seeking this choice and inform them as soon as practicable of the position of the service provider
- The service should also consider how it will support staff in having these conversations with people (and their families/carers if appropriate)

Will a health service or related care service be supported if they provide voluntary assisted dying?

- Yes. The implementation of voluntary assisted dying is being supported by an Implementation Leadership Team within the WA Department of Health. If there is interest from service providers, the Department of Health will facilitate forums for providers to network and collaborate during their preparations
- After the commencement of the legislation, policy support will continue to be provided through the End of Life Care program team within the WA Department of Health
- A range of materials to support the implementation of the legislation is currently being developed and will include resources for service providers, practitioners, consumers and community members
- A Statewide Voluntary Assisted Dying Care Navigator Service will be available to provide information, support and education to patients, families/carers and health practitioners to assist in navigating the voluntary assisted dying process in WA

What key aspects require planning by the health service or related care service?

Policies, procedures and guidelines

It is likely that the service will have existing policies, procedures and guidelines that will need to be reviewed, updated or added to in preparation for voluntary assisted dying.

This may include:

- Developing new policies in relation to voluntary assisted dying such as:
 - Responding to requests for information
 - Responding to requests for access: relating to assessment
 - Responding to requests for access: relating to self-administration or practitioner administration within a facility or as part of a health service
 - Procedures for safely supporting access to voluntary assisted dying within a facility or as part of a health service
- The influence of voluntary assisted dying requests and/or service events on existing patient-focused policies and procedures related to end of life care, palliative care, goals of patient care and consent
- The influence of voluntary assisted dying requests and/or service events on staff-focused policies and procedures related to clinical practice, practitioner credentialing, conscientious objection or refusal, and staff wellbeing

These policies and procedures will be an important foundation for guiding and informing staff about the service's approach to voluntary assisted dying and supporting compliance with the legislation.

Documentation

Clinicians will need to be aware of the service's internal requirements for documenting requests for access to voluntary assisted dying, and any voluntary assisted dying processes or service events that occur as part of care provided at the service.

The legislation has specific requirements related to requesting, assessing and accessing voluntary assisted dying. There are a number of different forms that must be completed and submitted to the Voluntary Assisted Dying Board at key stages of the process. The legislation also includes directives for documenting information in a person's medical record as part of the process.

The WA Department of Health is currently preparing the systems and processes that support these legislative forms. How to meet documentation requirements will also be included in the mandatory training for participating practitioners involved in the assessment and administration process.

Communication and education

Several resources are currently available on the WA Department of Health [website](#). The Implementation Leadership Team is developing additional resources to support service providers and practitioners in navigating the voluntary assisted dying process in accordance with the legislation. These will include fact sheets, guidelines and the participating practitioner training package.

As service providers will be responsible for educating staff about voluntary assisted dying in their service, considering the range of ways in which this may impact staff in the workplace is important. Members of the workforce will need to understand how voluntary assisted dying operates within the service. This includes clinicians who are directly involved in the process, supporting clinicians, other clinical staff providing care for the person, administrative support staff and ancillary staff.

Where should we start?

To support the changes that the legislation will require of health services and related care services, service providers are encouraged to consider establishing a working group or steering committee to lead the preparations within the service. This group will likely benefit from multiple stakeholder perspectives including executives, clinicians and consumers.

Undertaking a mapping exercise may assist in determining enablers, identifying gaps and focusing on priority areas for change.

At the end of this fact sheet is a Readiness Checklist (Attachment 1) and Sample Staff Survey Questions (Attachment 2) that may be useful during preparation. These are provided as resources to assist your service in deciding how best to approach the implementation of voluntary assisted dying. Similar resources proved helpful for several Victorian service providers.

Staff at WA health services can gain a foundational understanding of the voluntary assisted dying legislation by viewing the presentation prepared by the WA Department of Health, available [here](#).

More information, including links to [the Act](#) and a [flow chart](#) outlining the process, are available on the WA Department of Health website: www.health.wa.gov.au/voluntaryassisteddying

What are some of the learnings from the implementation of voluntary assisted dying in Victoria?

As with most processes that may require significant changes to business as usual, preparation is key. Several service providers in Victoria benefited from having a central coordinating role and supporting working group or steering committee to lead the voluntary assisted dying preparations for their service.

Voluntary assisted dying is a potentially challenging topic for staff. A well-planned organisation-wide approach that encourages transparent and respectful discussion is key to services successfully incorporating voluntary assisted dying as an option for people at end of life.

It is important to acknowledge that voluntary assisted dying is not a 'program' that a patient can be transferred 'to' or referred 'into'. It is an option that may be provided by a person's usual care team, or by additional practitioners that the person may be referred to if their usual care provider is not able or willing to provide voluntary assisted dying.

A person-centred approach to end of life care that supports patients and families remains the overall aim of patient care. Voluntary assisted dying is one of several choices that a person may make at end of life - it may be part of their experience, but it is not the entire focus and does not exclude other choices such as accessing palliative care.

How can we find out more?

In November 2020, the Implementation Leadership Team and WA Department of Health will host a series of webinars in partnership with Victorian service providers and the Victorian Department of Health and Human Services. This is an opportunity for Western Australian services to learn from the preparation and implementation experiences of providers who have been delivering voluntary assisted dying in Victoria since June 2019. Refer to the [website](#) for more details.

These webinars will also present an opportunity for WA service providers to identify the supports and resources they are likely to need to implement voluntary assisted dying in their service.

People are already asking for information, what can we tell them?

Information can be provided directly by your service or you can guide people to seek more information from the WA Department of Health [website](#). There are fact sheets available in many languages, in an audio format, and as a presentation for community members seeking more detail.

It is important for people to know that voluntary assisted dying will not be an option prior to July 2021.

How can we be kept informed?

The Implementation Leadership Team will be sending out email updates during the year. You can sign up to receive these updates [here](#).

More information is available at the [WA Department of Health's voluntary assisted dying website](#).

Acknowledgement

Some content within this document is based on the resources of the Victorian Department of Health and Human Services and has been used with permission.

Attachment 1 - Service Readiness Checklist

Priority Area	Key Tasks	Completed
Getting started	<p>Establish a voluntary assisted dying implementation working group or steering committee. You may like to consider the following membership:</p> <ul style="list-style-type: none"> • executive • clinical representatives • clinical governance / quality representative • VMO/general practitioner (if relevant) • experienced consumer representative 	
	<p>Identify appropriate staff members who can be supported to act as points of contact for voluntary assisted dying questions. Link them into the voluntary assisted dying team at the WA Department of Health – VADimplementation@health.wa.gov.au</p>	
Communication and education	<p>Develop a communication plan to organise and track education and communication activities. This may include provision of information through:</p> <ul style="list-style-type: none"> • newsletters • intranet, internet and social media • emails to staff • staff education sessions • ward based or team meetings <p>Engaging with staff through information and education sessions and surveys (see set of sample questions Attachment 2).</p>	
Update or create policies, procedures and guidelines	<p>Develop a new policy in relation to voluntary assisted dying, including service response and expected level of involvement. Consider:</p> <ul style="list-style-type: none"> • processes such as the provision of information, referrals, documentation and communication • other workforce considerations including clinical (medical, nursing, allied health) and non-clinical (administration, volunteers, spiritual care, ancillary staff, support staff) • physical environment such as place of care and storage of the voluntary dying substance • reference to relevant service quality and safety standards 	
	<p>Update policies, procedures and guidelines relating to patient deterioration, limitations of treatment, and goals of care. For example:</p> <ul style="list-style-type: none"> • goals of patient care • palliative care 	

	<ul style="list-style-type: none"> • end of life care 	
	<p>Update policies, procedures and guidelines relating to medical treatment decision making. For example:</p> <ul style="list-style-type: none"> • assessment of decision-making capacity • clinical ethical dilemmas • patient rights and responsibilities 	
	<p>Update policies, procedures and guidelines relating to care of the deceased. For example:</p> <ul style="list-style-type: none"> • death verification • death certification requirements 	
Identify and prepare documentation requirements for voluntary assisted dying	Become familiar with the range of forms (described in the <i>Voluntary Assisted Dying Act 2019</i>) that will need to be provided to the Voluntary Assisted Dying Board.	
	Identify how you will document the voluntary assisted dying process in the person's care record.	
Identify how your systems will implement voluntary assisted dying	Review IT capacity and forms to capture voluntary assisted dying processes and service events.	
	Consider a section in the person's care record to store documentation of the voluntary assisted dying process.	
	Create alerts for voluntary assisted dying.	
	Consider communication across the health sector, for example, communication with general practitioners, other health services and making referrals related to the voluntary assisted dying process.	
	Consider how eligible practitioners will be credentialed to deliver voluntary assisted dying within the service / at a facility.	

Attachment 2 - Sample Staff Survey Questions

[Sample preamble]

The Voluntary Assisted Dying Act 2019 (the Act) will take effect in Western Australia from 1 July 2021. The following criteria must be met for a person to be eligible for voluntary assisted dying:

- *The person has reached 18 years;*
- *The person is an Australian citizen or permanent resident;*
- *At the time of making a first request, the person has been ordinarily resident in Western Australia for a period of at least 12 months;*
- *The person is diagnosed with at least 1 disease, illness or medical condition that-*
 - *is advanced, progressive and will cause death; and,*
 - *will, on the balance of probabilities, cause death within a period of 6 months or, in the case of a disease, illness or medical condition that is neurodegenerative, within a period of 12 months; and,*
 - *is causing suffering to the person that cannot be relieved in a manner the person considers tolerable;*
- *The person has decision-making capacity in relation to voluntary assisted dying;*
- *The person is acting voluntarily and without coercion;*
- *The person's request for access to voluntary assisted dying is enduring.*

Regardless of the personal views about voluntary assisted dying that people may hold, it will be a legally available option for some patients at end of life. As a [health] service, we will have patients requesting information about and/or access to voluntary assisted dying. This survey will help inform how [name of health service] can respond in an effective way to these enquiries.

It is important to remember that a health practitioner has the right to refuse to participate in voluntary assisted dying (including being present at the time of administration).

All information collected in this survey will be de-identified. Any personal information you provide will remain strictly confidential.

The questionnaire will close for responses on [day month 2020/2021].

Sample questions in relation to participation

1. Do you agree that voluntary assisted dying should be available to eligible people as set out above (and in the Act)?
 - Yes
 - No
 - Unsure
2. a) Would you be willing to give a patient information about voluntary assisted dying if they request it?
 - Yes
 - No
 - Unsure
 - Depends on the circumstances

b) If no, would you be willing to refer a patient for information about voluntary assisted dying if they requested that information?

- Yes
- No
- Unsure
- Depends on the circumstances

3. Assuming you meet the participating practitioner eligibility criteria and pass the mandatory training, would you be willing to participate in voluntary assisted dying?

- Yes
- No
- Unsure
- Depends on the circumstances
- Not applicable (not a medical practitioner or nurse practitioner)

4. Are you willing to assist with a referral for determination for the purposes of voluntary assisted dying? For example, the Coordinating Practitioner or the Consulting Practitioner may make a referral to you for an opinion on the person's diagnosis and/or prognosis, or the person's decision-making capacity.

- Yes
- No
- Unsure
- Depends on the circumstances

5. Are you willing to administer the voluntary assisted dying substance to an eligible person if a decision for practitioner administration is made?

- Yes
- No
- Unsure
- Depends on the circumstances
- Not applicable (not a medical practitioner or nurse practitioner)

6. Are you willing to be present when the voluntary assisted dying substance is administered? This could be administered by an eligible medical practitioner or self-administered by the person.

- Yes
- No
- Unsure
- Depends on the circumstances

7. What other support would you be comfortable providing to someone who requests access to voluntary assisted dying? (tick all that apply)

- Care for people who have chosen voluntary assisted dying and want to die in [hospital, facility etc]
- Care for people who have chosen voluntary assisted dying and want to die in other settings e.g. their home or their residential aged care facility
- Referral for a person to seek access elsewhere
- No support
- Other (please specify)

8. What is your area of clinical practice or specialty?
(free text)

Please provide any other comments that you feel are important:

.....
.....

Sample questions to gather demographic information

This information will be used to ensure that we have engaged staff working in our [health] service from a range of backgrounds and professions. Please select the response which best describes you. All information collected in this section will be de-identified. Any personal information you provide will remain strictly confidential.

1. Tick your profession:

- | | |
|--|--|
| <input type="radio"/> Medical practitioner | <input type="radio"/> Speech pathologist |
| <input type="radio"/> Registered nurse | <input type="radio"/> Dietitian |
| <input type="radio"/> Specialist nurse | <input type="radio"/> Pharmacist |
| <input type="radio"/> Nurse practitioner | <input type="radio"/> Interpreter |
| <input type="radio"/> Physiotherapist | <input type="radio"/> Health administrator |
| <input type="radio"/> Social worker | <input type="radio"/> Spiritual or pastoral care |
| <input type="radio"/> Occupational therapist | <input type="radio"/> Other (please specify) |

2. How many years have you worked in [healthcare/service type]?

- 1-5
- 6-10
- 11-15
- 16-20
- 21-25
- 26-30
- > 30

3. I am aged between:

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+