

Quality Practice Series #6 (September 2023)

Message from the Voluntary Assisted Dying Board Chair

As we prepare the Voluntary Assisted Dying Board's (the Board's) second annual report, for release later this year, it is a time to reflect on our functions and how we can continue to contribute towards improving the voluntary assisted dying process for both patients and practitioners in Western Australia. The annual report provides an opportunity to review the available data, which assists us to identify trends that may not otherwise have been obvious. It is the Secretariat Unit's role to follow up on anomalies and inconsistencies, to ensure the information we collect is accurate. In the future the Board may consider auditing specific items, to provide assurance and fulfil our role in monitoring compliance with the *Voluntary Assisted Dying Act 2019* (the Act).

Moving forwards, the Board is also eager to utilise data from VAD-IMS for research purposes. This will assist us in identifying relationships and correlations, so we can better understand the areas of need and where we should be directing our attention, to achieve a robust, efficient and sustainable model for this end-of-life choice.

As always, the VAD Board Secretariat Unit are available to assist you and they can be contacted via email (VADBoard@health.wa.gov.au).

Dr Scott Blackwell
Chair - Voluntary Assisted Dying Board

Focus Area 1 – Citizenship and residency requirements

Citizenship and residency requirements

Under the Act the person must be an Australian citizen or permanent resident. A person who has lived in Australia for several years but **is not** a citizen or permanent resident is not eligible for voluntary assisted dying in Western Australia.

Recently the Board has received several queries relating to patient citizenship or permanent residency status and eligibility for voluntary assisted dying. This is an area that the Board may review or audit in future to assist the Board in understanding how practitioners are determining eligibility against this criterion.

The Board is unable to provide specific advice on a patient's eligibility, but practitioners may find the [Department of Home Affairs Immigration and citizenship](#) website a useful resource, including the advice on [visa options](#) that outlines whether a particular visa type qualifies as a permanent resident visa.

Both the Coordinating and Consulting Practitioners must be satisfied with the patient's citizenship or residency status and should confirm this by sighting documentation that may include:

- Australian birth certificate
- Australian passport
- Australian citizenship certificate

- Proof of permanent resident visa

Patients can use the [Visa Entitlement Verification Online \(VEVO\)](#) system to provide proof of permanent resident status.

Focus Area 2 – Consulting referral and consultation assessment forms

The Act sets timeframes for the submission of approved forms to the Board. Recent analysis of form submission timeliness data has indicated that Consultation Referral and Consulting Assessment forms are frequently submitted together, rather than within the required timeframes.

Consultation referral

When a medical practitioner receives a Consultation Referral they must confirm, with the patient and Coordinating Practitioner, whether they accept or refuse the referral. If the medical practitioner refuses the referral due to conscientious objection, they must immediately notify the patient and Coordinating Practitioner. In all other circumstances the medical practitioner must inform the patient and Coordinating Practitioner within 2 business days of their decision to accept or refuse the referral. Following this the practitioner must submit a *Consultation Referral Form* to the Board* within two business days of informing the patient and Coordinating Practitioner of their decision.

Consulting assessment

Following the consulting assessment, the consulting practitioner must complete the *Consulting Assessment Report Form* and provide a copy to the Board* within two business days.

The *Consultation Referral Form* and *Consulting Assessment Form* should only be submitted together if they meet the required timeframes and otherwise should not be bundled and submitted at the same time.

***Note:** *Submission of forms via VAD-IMS is considered giving a copy to the Voluntary Assisted Dying Board.*

Focus Area 3 – Uncommon Scenarios

Transfer of the coordinating practitioner role

There may be times when the role of Coordinating Practitioner needs to be transferred to another practitioner. This role can only be transferred to the Consulting Practitioner if they have assessed the patient as eligible and accepted the transfer of the role. However, if the Consulting Practitioner is unable or unwilling to accept the transfer, the original Coordinating Practitioner may refer the patient to another medical practitioner for a further Consulting Assessment. If the patient is assessed as eligible after the second Consulting Assessment, then the role can be transferred. The original Coordinating Practitioner will then need to complete a *Coordinating Practitioner Transfer Form*.

If the original Coordinating Practitioner is also the Administering Practitioner, then the role of Administering Practitioner also needs to be transferred and an *Administering Practitioner Transfer Form* completed.

Transfer of the administering practitioner role

If a patient has made a practitioner administration decision and the prescription completed by the Coordinating Practitioner, then the role of Administering Practitioner can be transferred to another

practitioner who is willing to accept. The original Administering Practitioner will need to complete an *Administering Practitioner Transfer Form*.

Transfer of substance between practitioners

When the role of Administering Practitioner is transferred, if the original Administering Practitioner has possession of the voluntary assisted dying substance, the transfer of the substance must be recorded in VAD-IMS by both the original and receiving practitioner, who will need to complete the *Record transfer of substance*.

Further information about the transfer of roles, including transfer of the substance between practitioners, is available in the *Western Australian Voluntary Assisted Dying Guidelines*.

General reminders

Personal reflections and feedback

The Board would like to thank all practitioners who have submitted feedback or a personal reflection. [Personal Reflection](#) forms can be accessed on the [VAD Board's website](#) (under the heading 'Submitting feedback to the Board'). We also encourage practitioners to share the Personal Reflection form with their patients.

Submitting feedback to the Board

The Voluntary Assisted Dying Board receives feedback via [Personal reflections form \(PDF 455KB\)](#) | [\(Word 391KB\)](#) from those involved in the voluntary assisted dying process including patients, their family or practitioners involved in their care. Personal reflections may be used by the Voluntary Assisted Dying Board to improve the operation of voluntary assisted dying processes and inform safety and quality improvements relating to voluntary assisted dying in Western Australia.

Completed [Personal reflections form \(PDF 455KB\)](#) | [\(Word 391KB\)](#) can be returned to the Voluntary Assisted Dying Board via:

- 1 Email to VADBoard@health.wa.gov.au
- 2 Post addressed to:
Voluntary Assisted Dying Board Secretariat Unit
PO Box 8172
Perth Business Centre
Perth WA 6849
- 3 Fax to 08 9222 0399

Previous Quality Practice Series

The Board has adopted an educative approach in assisting practitioners to navigate the voluntary assisted dying process and meet their professional obligations under the Act. The Quality Practice Series is published quarterly and developed based on observation, extraction, and analysis of data from VAD-IMS. The Quality Practice Series is distributed to all practitioners who have access to VAD-IMS, the Statewide Care Navigator Service and Statewide Pharmacy Service. You can also find previous versions of the series on the [Board's website](#) (under the heading 'Practitioner Quality Practice Series')

- [Quality Practice Series #1 \(Jan 2022\)](#)
- [Quality Practice Series #2 \(Aug 2022\)](#)
- [Quality Practice Series #3 \(Dec 2022\)](#)
- [Quality Practice Series #4 \(Mar 2023\)](#)
- [Quality Practice Series #5 \(June 2023\)](#)

Useful links

Submitting feedback to the Board [Voluntary Assisted Dying Board Personal Reflections Form \(health.wa.gov.au\)](#)

The Act: [www.legislation.wa.gov.au Voluntary Assisted Dying Act 2019](http://www.legislation.wa.gov.au/Voluntary%20Assisted%20Dying%20Act%202019)

The Act Explanatory Material (as tabled): [Parliament tabled paper 3625 \(Feb 2020\)](#)

The Board: <https://www.health.wa.gov.au/voluntaryassisteddyingboard>

- Board membership, functions and processes
- VAD-IMS user support materials
- Contact details

Email: VADBoard@health.wa.gov.au

Fax: 08 9222 0399

Department of Health resources:

https://www.health.wa.gov.au/Articles/U_Z/Voluntary-assisted-dying

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

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