

Quality Practice Series #5 (June 2023)

Message from the Voluntary Assisted Dying Board Chair

As we approach the two-year anniversary of voluntary assisted dying in Western Australia I would like to express my gratitude to our community of dedicated practitioners who generously share their time and expertise to ensure the success of this end of life choice. I am proud of the mutual respect and relationships we have all worked so hard to develop and sustain and look forward to continuing this journey with you.

The Voluntary Assisted Board (the Board) has a role in monitoring the *Voluntary Assisted Dying Act 2019* (the Act) and is keen to support practitioners in compliance. For this reason, we have adopted an educative approach and the Quality Practice Series is developed quarterly. Topics for discussion are selected through feedback from practitioners, patients and their families as well as observation of data from VAD-IMS and case reviews. We always welcome feedback from practitioners and if there is an item you would like included in a future Quality Practice Series then please contact the VAD Board Secretariat Unit (VADBoard@health.wa.gov.au).

Dr Scott Blackwell
Chair - Voluntary Assisted Dying Board

Focus Area 1 – Referral for Determination

Determining prognosis

To be eligible for voluntary assisted dying the patient must have at least one disease, illness or medical condition that meets the requirements specified in the Act. The criteria specify that the disease, illness or medical condition:

- 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 neurodegenerative conditions, within 12 months; and
- Is causing suffering to the person that cannot be relieved in a manner that the person considers tolerable.

The Board realises that for a person with a life-limiting illness, their condition can fluctuate, thus making it difficult to estimate life expectancy. Various tools are available to assist with prognosis (eg. [PIG-GSF](#), [SPICT](#)), but these have been developed to identify people who would benefit from end of life care planning, rather than being designed to predict timescale to death.

Clinical determination will be based on an individual's circumstances including their condition, comorbidities and treatment choices. A person can choose to discontinue active treatment for a disease, illness or medical condition that is being managed and this decision may be expected to lead to the person's death within six months. Under these circumstances, the person may become eligible to access voluntary assisted dying. It is important that, in making any clinical determination or prognosis, the Coordinating Practitioner and Consulting Practitioner act within their scope of expertise and experience and consider seeking a further opinion where appropriate.

If the Coordinating or Consulting Practitioner are unable to determine the patient's prognosis, the Act requires them to refer the patient to a registered health practitioner who has the appropriate skills and training to make a determination.

If a referral for determination is required it should be documented in VAD-IMS under section *D Referral for determination* on either the First Assessment or Consulting Assessment form, depending on which practitioner has made the referral.

D. Referral for determination

I referred the patient to another registered Health Practitioner or person for determination. *

- No
 Yes

(please complete [Appendix A](#) for each referral made)

Save and next

Previous

Once 'Yes' has been selected, the practitioner is required to complete *Appendix A: Referral for determination*

Referral 1

Referral regarding patient's disease, illness or medical condition

I made a referral to a registered health practitioner with the appropriate skills and training in relation to whether the patient's disease, illness or medical condition meets the eligibility criteria: *

- No
 Yes

If yes, the outcome of this referral was: *

- A determination that the patient's disease, illness or medical condition meets the eligibility criteria according to section 16(1)(c)
 A determination that the patient's disease, illness or medical condition **does not** meet the eligibility criteria according to section 16(1)(c)
 A determination was not able to be made

I, Ellie Corgi, have been advised by the person to whom I have made a referral, that they are eligible to accept the referral for determination as detailed in section 26(5) of the *Voluntary Assisted Dying Act 2019*.

I have attached copies of any reports given by a registered health practitioner regarding this referral for determination *

Attachments

Allowed file types: doc, docx, pdf, xls,xlsx, jpg, jpeg, tiff, png
Maximum file size: 10 MB

 Add new file

Copies of any reports received must be included as part of the First Assessment or Consulting Assessment form. Any additional attachments can be added as a note to VAD-IMS.

Alternatively, if you are having difficulty with this functionality or cannot access VAD-IMS at all, then forms can be submitted via fax (08 9222 0399). VAD Board Secretariat Unit staff will upload the form to VAD-IMS and send you a manual receipt for your records.

If at any time you are having issues or have a question about VAD-IMS, please feel free to contact the VAD Board Secretariat Unit via VADBoard@health.wa.gov.au

***Note:** A referral for determination may also be made in relation to whether the patient has decision making capacity in relation to voluntary assisted dying and in relation to whether the patient is acting voluntarily and without coercion.

Focus Area 2 – Contact Person Appointment

Self-administration decision

Under the Act when a patient makes a self-administration decision, they must appoint a contact person, who has agreed to undertake the role and is over 18 years old. Other than this, the Act does not impose any limits and the patient may appoint the Coordinating Practitioner, Consulting Practitioner, other healthcare workers, carers, family or friends.

Role of the Contact Person

The Contact Person may:

- **Receive** the prescribed VAD substance from the Authorised Supplier (ie Statewide Pharmacy Service)
- **Possess** the VAD substance for the purpose of supplying it to the patient
- **Supply** the VAD substance to the patient
- **Possess** the VAD substance for the purpose of giving it to an Authorised Disposer
- **Give** the VAD substance to an Authorised Disposer

The Contact Person is also responsible for informing the Coordinating Practitioner of the patient's death, regardless of whether the patient died from self-administration of the VAD substance or of another cause.

Disposal of the VAD substance

There are several scenarios where the substance has been supplied and the contact person will be required to take it to an Authorised Disposer. This includes:

- The patient revokes the self-administration decision
- The patient dies, but did not self-administer the VAD substance
- The patient self-administers and there is unused or a remaining portion of the VAD substance

In all three of the above situations the Contact Person must take the substance to an Authorised Disposer within 14 days of the patient's death or revocation of the administration decision. There are penalties for failing to comply with this requirement.

Appointing an appropriate Contact Person

For many patients the next of kin will seem to be the logical choice, but a partner or close family member may find it too difficult to fulfill this role. Following the death of a person there are many responsibilities the next of kin and/or other family need to attend to and disposal of the VAD substance may be perceived as a low priority. For this reason, a contact person who is slightly removed, such as in-laws, family friends, neighbours or health practitioners may be a better choice. However, it is essential the family is aware of who has been nominated as the Contact Person and let them know if they need to fulfill their duties.

The Board encourages the use of the *Proforma planning for death*, which can be found in the [Voluntary Assisted Dying Guidelines \(Appendix I\)](#). Patients should be encouraged to complete the proforma, which includes a section to document people to be notified following the patient's death. This is an appropriate place for the patient to record the details of the Contact Person, so the next of kin or family know who is responsible for the notifying the Coordinating Practitioner and disposal of the VAD substance.

Focus Area 3 – General Reminders

Practitioner Profiles

On completion of the WA VAD Approved Training, practitioners are given access to VAD-IMS and the VAD Board Secretariat Unit sends an email with instructions on how to complete your profile. This includes whether you consent to share your details with the Statewide Care Navigator Service (SWCNS).

If you select 'do not consent' your details will not be provided to SWCNS. If you select 'consent' then your details will be provided to SWCNS who may contact you to ask if you're available to act as a Coordinating, Consulting or Administering Practitioner for a patient. If you have any queries about how SWCNS uses this information, please feel free to contact them on (08) 9431 2755.

Submission of forms

Under the Act all forms must be submitted to the Board within two business days.

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

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 Submitting feedback to the Board).

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](#)

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

The Board: <https://ww2.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://ww2.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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