

# **Voluntary Assisted Dying**

**Lessons learned at Austin Health**

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## *Outline of presentation*

- 1. Voluntary Assisted Dying Act 2017 - a quick overview**
2. What did we do at Austin to prepare for VAD?
3. Lessons learned and ongoing challenges

# Voluntary Assisted Dying Act 2017

## Voluntary Assisted Dying Act 2017

No. 61 of 2017

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Came into effect 19 June 2019

Mainly self administration

Strict eligibility criteria

3 requests, 2 assessing doctors

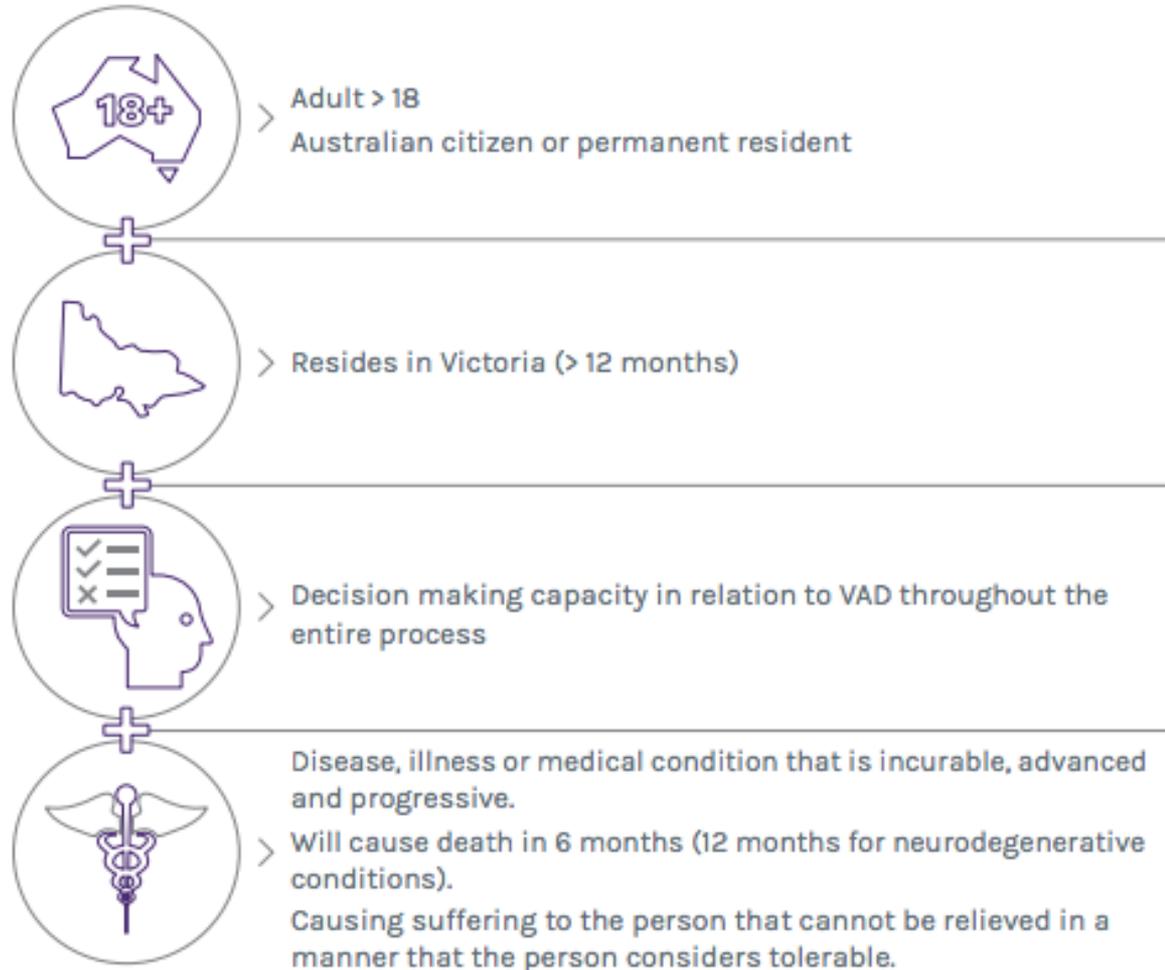
Conscientious objection permitted

Section 8 prohibits healthcare practitioners from raising or suggesting VAD

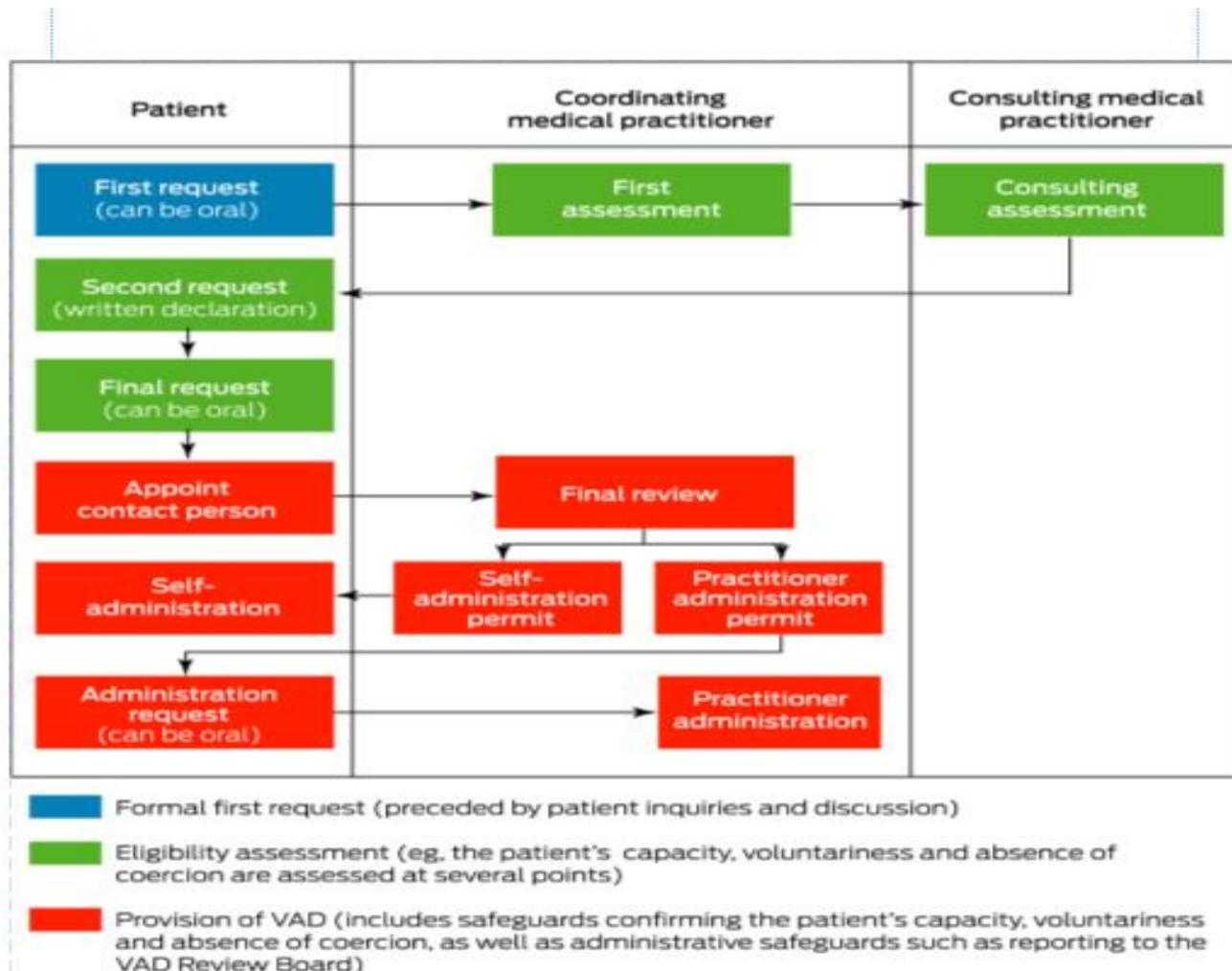
Once patient has made a request, practitioners free to bring this up with patient

# Voluntary Assisted Dying Act 2017 – eligibility criteria

## Who is eligible for VAD?



# The assessment process requires 3 formal requests, 2 doctors and online forms



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# Austin Health



**Austin**  
HEALTH

# *Preparing for VAD - a hospital emergency?*

June 2018- VAD Steering Committee  
and Working Group



# Clinical staff views on voluntary assisted dying survey Nov 2018 before Statewide model of care known

**Over 1000 staff** responded

**Overall supportive (73%)** but diverse views

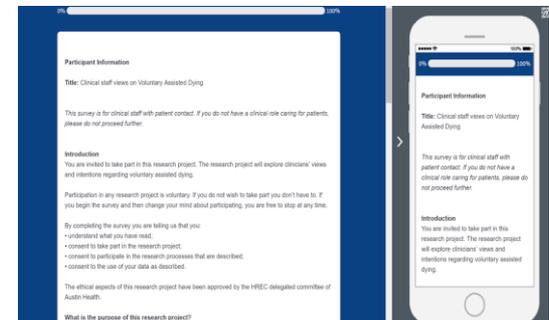
- non-medical staff support > medical

**Willingness to participate for specialists**

- High percentages overall
- **But in highly impacted specialties – numbers small**

**Free text responses very helpful which helped guide the hospital response**

- Anticipated challenges
- ? Supports



# Challenges anticipated (Nov 2018)?

What challenges do you envisage VAD will create in your work ? (N 730)

## Burdens

- Increased conflict
- Workload
- Emotional burden

## Organisational culture

- Pressure to be involved
- Discrimination
- Privacy

## Delivering VAD

- Logistics
- Assessing capacity
- Prognostication
- Legal vulnerability
- Requests from ineligible patients
- Equity of access

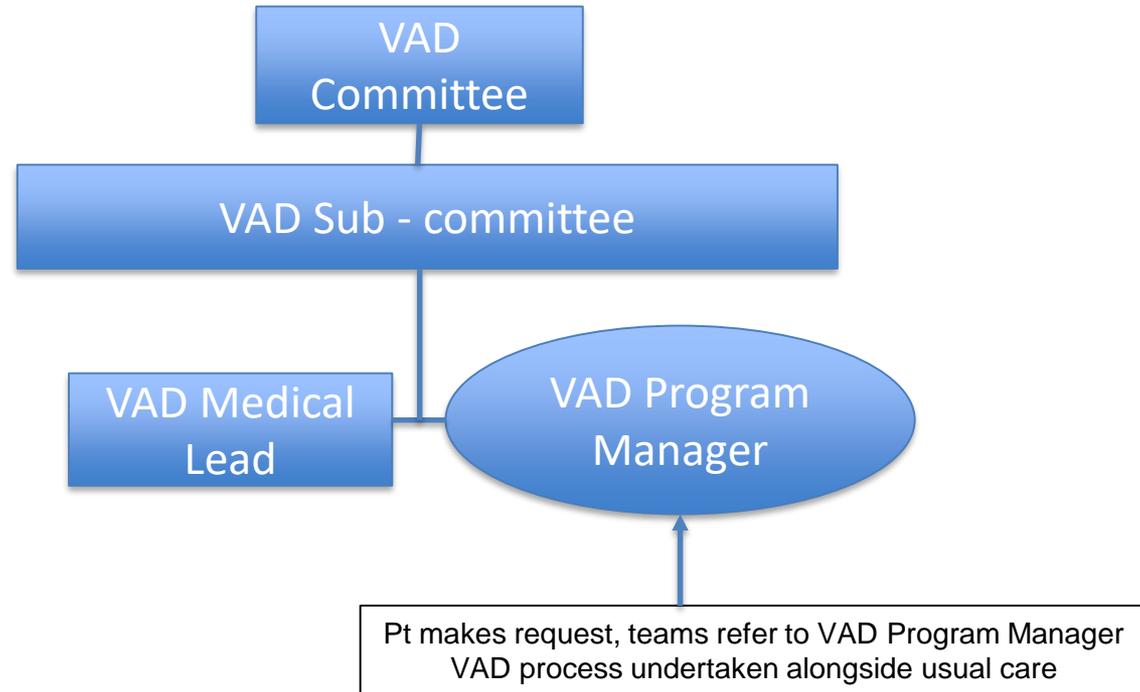
## VAD within the hospital overall

- Confusion between VAD and non-VAD care
- Decreased trust in palliative care
- Shifting resources

## *Austin's approach*

- 1. Complex, controversial – support for staff crucial-  
VAD Program manager (full time)**
- 2. Provide VAD to the extent there are willing clinicians**
- 3. Elective medical procedure**
- 4. Pt autonomy needs to be weighed against staff  
safety and support**
  - **Medication storage** - not at bedside
  - **Administrations at Austin** – right time, location, right people around (dedicated nurse) pre briefing and debriefing)

# Austin's VAD Program



- VAD Program Manager provides specialized support
  - ❖ Education (incl for non-clinical staff) – in person, online package, FAQs
  - ❖ Training and support for conscientious participators
  - ❖ Main contact for patient and family
    - ❖ Organises necessary appointments, update pt, families and teams
  - ❖ Assistance to VAD practitioners with legislative requirements, paperwork, timing of assessments
  - ❖ Advice and support to treating teams
  - ❖ Co-ordinates in-hospital administrations
  - ❖ Liaises with external stakeholders- GP's, statewide navigator, pharmacy, secretariat, Board

# Craft group specific FAQs

## Voluntary assisted dying legislation Information sheet for junior medical officers (JMOs)

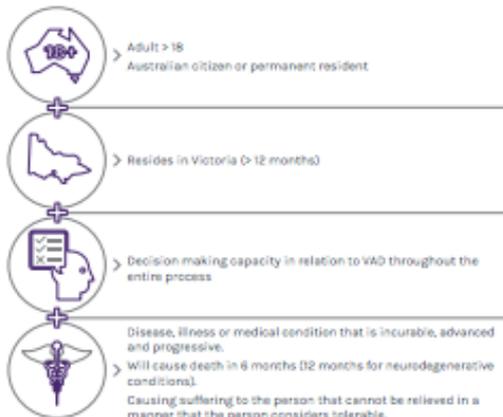


This infosheet has been prepared to help JMOs understand the requirements of the Voluntary Assisted Dying (VAD) legislation, their rights and obligations and where they can go for information and support.

### What is VAD?

Even with the highest quality care, some people approaching the end of their lives may experience suffering that is unacceptable to them. The Voluntary Assisted Dying Act 2017 means a person in the late stages of advanced disease can take a medication prescribed by a doctor to end their life at a time they choose. In some circumstances they may ask their doctor to administer the medication for them. Only a person who meets strict requirements and follows the correct process outlined in the Act can access VAD. A person's choice to access VAD must be voluntary, continuing and fully informed.

### Who is eligible for VAD?



### How might you be involved in VAD?

- You may receive requests for information about or access to VAD from patients. You're only allowed to provide information about VAD if a patient raises it first
- Patients being assessed for VAD should continue to receive high quality medical care from you

### Do you have to participate in VAD?

No, Austin Health will ensure that staff who conscientiously object will not be asked to participate in VAD related activities.

You have the right to conscientiously object to:

- providing information about VAD
- assisting a medical practitioner in the request and assessment process
- being present at the administration of the VAD medication.

You should inform your NUM if you are a conscientious objector, or if you don't object but do not wish to be involved in any way, so they can support your decision.

### How should you respond to a patient's expression of suffering?

Some patients nearing the end of life may make desire to die/hasten death statements. These statements should not be interpreted as requests for VAD. Rather, they should be considered expressions of suffering.

These conversations should be approached with a spirit of openness and curiosity and with the aim of ascertaining the underlying concerns of the patient and how these might be addressed.

### What should you do if a patient's family asks you about VAD?

To help remove the possibility of coercion the decision to access VAD must be voluntary and made directly by the patient. If a family member, friend or carer requests information about VAD you should direct them to relevant information sources (such as the D+HS website) and where appropriate, sensitively inform them that they cannot request VAD on a patient's behalf.

### What support is available to you?

The VAD Program Manager (pg. 2052) is available to support you.

You should contact the VAD Program Manager when:

- a patient makes a clear request for VAD even if the patient is ineligible

- a family makes a request for VAD
- a patient who has a VAD permit is admitted to the hospital and/or brings in VAD medication

- you need additional support or information.

A range of other support is also available, including:

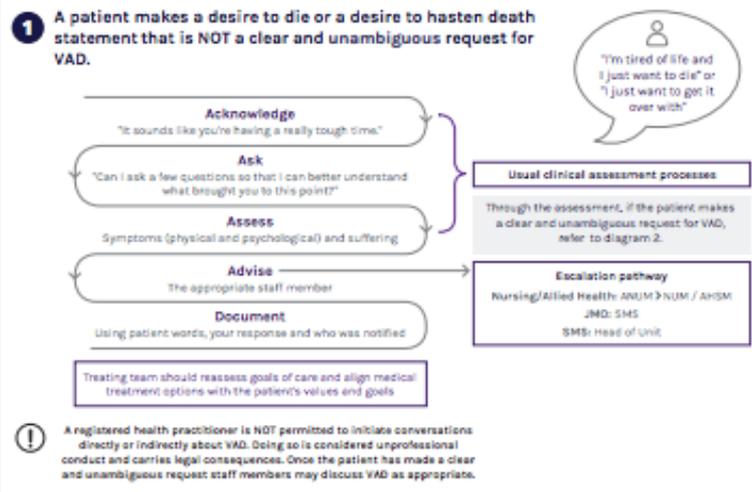
- your Consultant in the first instance
- Medical Peer Support Program (visit //hub/medical\_staff\_peer\_support)
- The Australian Medical Association (AMA) Victoria Peer Support Service
- Victorian Doctors Health Program (visit www.vdhp.org.au/website/home)
- Lifeline Australia (13 11 14).

### Where can further information be found?

The following materials can be accessed on The Hub VAD page (search Hub/VAD):

- DHHS Guidelines for Health Practitioners
- Austin Health Policy
- Austin Health Procedure
- Austin Health Key Messages
- Austin Health FAQs.

## Process diagrams to help guide patient care in relation to VAD



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## *The introduction of VAD services at Austin has been smooth and streamlined*

- **Work undertaken pre June 19 was extremely important** in preparing staff and establishing culture of choice for patients and staff
- The **VAD Program Manager** has been integral to the successful introduction of VAD related services who has provided support for:
  - patients and families
  - treating teams
  - participating clinicians
  - administration process
- **Highly impacted specialties engaged** and taking ownership, not left to palliative care
- **Referral processes and expert support** have ensured treating teams have not been inappropriately diverted into dealing with VAD
- Lower reported anxiety – pts and staff

## *Significant challenges exist*

- **Responding to VAD requests requires significant time** to support patients and staff
- Finding **participating doctors is difficult**, and expanding the pool of participating clinicians not easy
- **Commonwealth Criminal Code** restricts communication re VAD
- Assessment process takes time – set expectations early, ? Best use of limited time?
- **Each case is unique**, with own ethical, practical and emotional issues
- **VAD remains a significant and controversial policy and practice shift**

# Austin's processes are currently being reviewed

Currently undertaking a review of the program

- Looking at how this can be better integrated into existing models of care
  - Need to ensure adequate support for staff and patients and their families
- Continuing to build relationships with outside entities (VAD Secretariat, DHHS, State-Wide navigators and pharmacy) and outside practitioners
- Ensuring that we meet legislative requirements and governance standards



# Thank you



The Austin Health preparatory work and resulting program would not have been possible without:

Kat Penna – VAD Program Manager

Dr Mark Lubliner – CMO

Dr Mary O'Reilly – Deputy CMO and Director of Quality and Safety

Ms Bernadette Twomey – Chief Nursing Officer

VAD Committee and sub-committee

VAD Planning and Implementation Committee and Working Group

Austin Board and Executive

Dr Ros McDougall

VAD survey research team