



Department of
Health

Western Australian Voluntary Assisted Dying Guidelines

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1 Western Australian Voluntary Assisted Dying Guidelines

Voluntary assisted dying (VAD) in Western Australia (WA) is regulated by the *Voluntary Assisted Dying Act 2019* (the Act). Participation in the voluntary assisted dying process must, at all times, comply with the Act. The Western Australian Voluntary Assisted Dying Guidelines (WA VAD Guidelines) have been developed to support compliance with the Act by assisting health professionals to understand the Act and their roles and responsibilities in the voluntary assisted dying process.

The WA VAD Guidelines will be of interest to health professionals who provide care to people who may seek information about, or access to, voluntary assisted dying. This includes those who may take an active role in supporting patients to access voluntary assisted dying, such as medical practitioners, nurse practitioners and pharmacists. It also includes those who may provide other care and support for patients who choose to access voluntary assisted dying, such as nurses and allied health professionals. The WA VAD Guidelines may also be useful for other health professionals who are interested in learning more about the voluntary assisted dying process in WA.

The WA VAD Guidelines complement the content of the Western Australian Voluntary Assisted Dying Approved Training (WA VAD Approved Training) and are intended to be used as reference for any practitioner providing voluntary assisted dying services under the Act. The WA VAD Approved Training is mandatory for any medical practitioner and nurse practitioner who takes part in a role designated by the Act and covers each of the topics addressed in the WA VAD Guidelines.

Voluntary assisted dying is intended to be another end-of-life choice available to eligible Western Australians as part of high quality, patient centred end-of-life care. The WA VAD Guidelines aim to provide context to the Act and focus on the stages of the voluntary assisted dying process from the practitioner perspective: from preparation for participation and receiving a request from a patient; through the assessment and administration phases; and finally, to what happens after the person dies.

It is expected that medical practitioners and nurse practitioners assisting a patient to access voluntary assisted dying will draw on their existing clinical knowledge and expertise as they would in providing any other end-of-life care. The WA VAD Guidelines can be used across a range of settings including private and public hospitals, community health services, primary care health services, residential aged care facilities and a patient's home.

The WA VAD Guidelines also provide information on additional topics that health professionals should be aware of including offences and protections, engaging with other professionals (e.g. accredited interpreters) and the WA VAD Community of Practice. Also covered are the roles of:

- the Voluntary Assisted Dying Board and the Voluntary Assisted Dying – Information Management System (VAD-IMS)
- the State Administrative Tribunal (SAT)
- the Western Australian Voluntary Assisted Dying Statewide Care Navigator Service (SWCNS)
- the Western Australian Voluntary Assisted Dying Statewide Pharmacy Service (SWPS).

In addition, several resources have been included in the appendices of the WA VAD Guidelines to assist practitioners and others. Appendix A includes a compilation of information sheets about voluntary assisted dying that may be useful for patients, carers and health professionals. Appendix B contains a series of voluntary assisted dying process maps. These maps provide a diagrammatic summary of key stages in the voluntary assisted dying process and can be used as a quick reference to identify what patients, practitioners and others must do at each stage.

While comprehensive, the information contained in the WA VAD Guidelines is not intended to be exhaustive. Health professionals who are considering participating in or supporting voluntary assisted dying in WA are encouraged to familiarise themselves with the Act and any local policies and procedures at facilities where they may deliver or engage with voluntary assisted dying services.

1.1 Voluntary assisted dying terminology

The following terms are related to the voluntary assisted dying process in WA and can be used as a reference when reading the WA VAD Guidelines. For exact definitions you may need to refer to the *Voluntary Assisted Dying Act 2019* or other legislation as this glossary is a general guide only.

1.1.1 Key terms

Accredited interpreter – For the purposes of voluntary assisted dying, this is an interpreter who holds a credential issued under the National Accreditation Authority for Translators and Interpreters (NAATI) certification scheme.

Administering Practitioner – The medical practitioner or nurse practitioner who administers the voluntary assisted dying substance to a patient. If the patient chooses practitioner administration, the Coordinating Practitioner can be the Administering Practitioner.

Administration decision – The decision a patient makes in consultation with their Coordinating Practitioner to either self-administer the voluntary assisted dying substance or have it administered by a medical practitioner or nurse practitioner.

Advance Health Directive – A legal document which can be made by an adult with decision-making capacity to record their decisions about future healthcare treatments. Treatment decisions recorded in a valid Advance Health Directive must be followed when the maker can no longer make or communicate their decisions.

Allied health professional – A qualified person who practises any of a wide range of health and related professions other than medicine and nursing (e.g. physiotherapist, speech pathologist, social worker, pharmacist etc.). Allied health professionals are often part of a multidisciplinary healthcare team.

Authorised Disposer – A registered health practitioner (pharmacist) who is authorised to dispose of the voluntary assisted dying substance.

Authorised Supplier – A registered health practitioner (pharmacist) who is authorised to supply the voluntary assisted dying substance. In WA, Authorised Suppliers are part of the Western Australian Voluntary Assisted Dying Statewide Pharmacy Service (abbreviated to SWPS).

Care Navigator – A health professional working for the Western Australian Voluntary Assisted Dying Statewide Care Navigator Service (abbreviated to SWCNS) who can provide information and assistance regarding voluntary assisted dying.

Carer – A person who provides personal care, support and assistance to another person who needs it because that other person has a disability or, has a medical condition (terminal or chronic illness) or, has a mental illness or is frail and aged.

Coercion – Persuading someone to do something by using dishonesty, force or threats. The term abuse is intended to include coercion. Under the Act, a person's choice to access voluntary assisted dying must be free from coercion.

Conscientious objection – When a registered health practitioner declines to participate in a treatment or procedure due to sincerely-held religious, moral or ethical beliefs.

Consulting Assessment – The independent assessment conducted by the Consulting Practitioner to determine if a patient meets the eligibility criteria for voluntary assisted dying. This occurs after a patient has been assessed as eligible by the Coordinating Practitioner during the First Assessment.

Consulting Practitioner – a medical practitioner who independently completes a Consulting Assessment for the patient.

Contact Person – The person appointed by a patient, who has made a self-administration decision, to carry out specific activities under the Act (the role is explained further in [section 13.4](#)).

Coordinating Practitioner – The medical practitioner who accepts a patient's First Request or a Consulting Practitioner for the patient who accepts a transfer of the role of Coordinating Practitioner.

Decision-making capacity – A person's ability to make decisions about their life. For the purposes of the Act, the decision for which the person must have decision-making capacity is the request for access to, or a decision to access, voluntary assisted dying.

Eligibility criteria – The set of requirements that a patient must meet to access voluntary assisted dying.

End of life – The time leading up to a person's death, when it is expected that they are likely to die soon from an illness, disease or medical condition. A person at end of life will likely die within the next 12 months.

Enduring Guardian – A person appointed to make important personal, lifestyle and treatment decisions for someone else, in the event they become incapable of making these decisions themselves. An Enduring Guardian is not permitted to make voluntary assisted dying decisions on behalf of a patient.

Enduring request – Lasting over a period of time. The Act requires the request for voluntary assisted dying to be made at three different points in time (First Request, Written Declaration and Final Request) to ensure the request is enduring.

Final Request – The final request for access to voluntary assisted dying that a patient makes to the Coordinating Practitioner after completing the Written Declaration. This is the last of three requests a patient must make to access voluntary assisted dying.

Final Review – The review of the request and assessment process that the Coordinating Practitioner must complete after receiving the Final Request.

First Assessment – The assessment completed by the Coordinating Practitioner to determine if a patient meets the eligibility criteria for access to voluntary assisted dying. If assessed as eligible, this would be followed by the Consulting Assessment.

First Request – The clear and unambiguous request a patient makes to a medical practitioner during a medical consultation for access to voluntary assisted dying. This is the first of three requests a patient must make to access voluntary assisted dying.

First responder – A person whose job means that they are likely to be called to attend to an emergency (e.g. ambulance officers, police, firefighters etc).

Health professional – A qualified person who practises one of a range of medical, nursing or allied health professions.

Healthcare worker – A person who works in a healthcare setting such as a hospital, general practice or residential care facility. This includes health professionals and any other person who provides health services or professional care services.

Medical Certificate of Cause of Death (MCCD) – A legal document that is required to notify the Registrar of Births, Deaths and Marriages that a death has occurred and the cause of the death.

Medical consultation – An appointment or meeting with a medical practitioner to seek medical advice or treatment.

Medical practitioner – A person registered in the medical profession (other than as a student). Also known as a doctor.

National Accreditation Authority for Translators and Interpreters (NAATI) – The national standards and accreditation body for translators and interpreters in Australia. Interpreters must be accredited (by NAATI) to provide services to patients seeking voluntary assisted dying.

Neurodegenerative condition – A condition characterised by degeneration of the nervous system, especially the neurons in the brain (e.g. motor neurone disease, Parkinson's disease, Huntington's disease, etc).

Nurse practitioner – A person registered in the nursing profession (other than as a student) whose registration is endorsed as nurse practitioner. A nurse practitioner has an additional masters degree and is licensed to work at an advanced practice level.

Palliative care – The care provided to a patient who has a life-limiting illness, disease or medical condition and their family to support their quality of life, often provided by a specialised health service.

Practitioner administration – The process whereby a patient is administered the voluntary assisted dying substance by the Administering Practitioner for the patient.

Practitioner/participating practitioner – A medical practitioner or nurse practitioner participating in, or considering participating in, the voluntary assisted dying process.

Registered health practitioner – A person registered under the *Health Practitioner Regulation National Law (Western Australia) Act 2010* to practise a health profession (other than as a student).

Request and assessment process – The part of the voluntary assisted dying process that involves the First Request, First Assessment, Consulting Assessment, Written Declaration, Final Request and Final Review.

Self-administer/self-administration – The process whereby a patient prepares and ingests the voluntary assisted dying substance themselves.

State Administrative Tribunal (SAT) – An independent body that makes and reviews a range of decisions related to administrative, commercial and personal matters in Western Australia. SAT can review certain decisions related to the voluntary assisted dying assessment process.

Telehealth – The use of communication technology (e.g. phone call, videoconference etc) to provide healthcare over a distance.

Voluntary – When a person acts of their own free will. Under the Act, a patient is not obliged at any stage of the process, even after completion of the request and assessment process, to take any further action in relation to voluntary assisted dying.

Voluntary assisted dying (VAD) – The legal process that enables an eligible person to access, administer or be administered the voluntary assisted dying substance for the purpose of causing their death.

Voluntary Assisted Dying Act 2019 (the Act) – The legislation that regulates voluntary assisted dying in Western Australia.

Voluntary Assisted Dying Board – The statutory Board established to ensure compliance with the Act and to recommend safety and quality improvements relating to voluntary assisted dying.

Voluntary Assisted Dying – Information Management System (VAD-IMS) – The online system that enables completion and submission of the required forms to the Voluntary Assisted Dying Board.

Voluntary assisted dying substance – The approved medication that will cause death.

Western Australian Voluntary Assisted Dying Statewide Care Navigator Service (SWCNS) – The specific nurse-led service established to provide a statewide point of contact for information and assistance relating to voluntary assisted dying.

Western Australian Voluntary Assisted Dying Statewide Pharmacy Service (SWPS) – The specific pharmacy service established to supply the voluntary assisted dying substance in Western Australia.

Written Declaration – The formal written request for access to voluntary assisted dying that a patient makes after being assessed as eligible by the Coordinating Practitioner and the Consulting Practitioner. This is the second of three requests a patient must make to access voluntary assisted dying.

2 The *Voluntary Assisted Dying Act 2019*

In 2017 a Joint Select Committee on End of Life Choices was established by the Parliament of Western Australia. The Committee undertook an inquiry into the need for laws in WA to allow citizens to make informed decisions regarding their own end-of-life choices. The Committee handed down its report *My Life, My Choice* to both Houses of Parliament on 23 August 2018. The report outlined 52 findings and made 24 recommendations in relation to end-of-life choices. Unnecessary suffering at end of life, and broad community agreement regarding individual autonomy, formed the basis for the Committee's recommendation that the Government draft and introduce a Bill for Voluntary Assisted Dying. The WA Government considered its response to the Committee's report and instructed the Department of Health and the Department of Justice to implement the Committee's recommendations relating to voluntary assisted dying, including developing legislation.

To facilitate the development of legislation for voluntary assisted dying in WA, a Ministerial Expert Panel was established to undertake consultation and inform the Government's drafting of the Act. The Ministerial Expert Panel on Voluntary Assisted Dying was established and commenced in December 2018. The Panel was chaired by Mr Malcolm McCusker AC QC with Dr Penny Flett as Deputy Chair.

The Panel prepared a Discussion Paper and undertook widespread public and expert consultation in the development of its recommendations. There were 867 participants involved in the consultation process and a further 541 submissions received by the Panel, providing a total of 1,408 consultation interactions. Participants were involved by providing their views at public forums (557), at stakeholder roundtables or meetings (194) or attendance at grassroots sessions (116). The 541 submissions were received either online (417), by email (110) or by mail (14). The Final Report of the Ministerial Expert Panel on Voluntary Assisted Dying was tabled in both Houses of Parliament on 27 June 2019. The drafting of the Act was finalised and resulted in the *Voluntary Assisted Dying Bill 2019*.

In August 2019 the *Voluntary Assisted Dying Bill 2019* was introduced into the Western Australian Parliament. There were 70 hours of debate on the Bill in the Legislative Assembly and 105 hours of debate in the Legislative Council. On 10 December 2019 the Bill completed passage through Parliament and received Royal Assent on 19 December 2019. Part 1 of the Act (other than divisions 2 to 4) commenced on Royal Assent with the rest of [the Act](#) commencing upon proclamation on 1 July 2021.

2.1 The legal context of voluntary assisted dying for practitioners

The Act is highly detailed. This reflects the importance of ensuring that the operation of voluntary assisted dying in WA is safe and appropriate. The Act provides protections for individuals involved in the voluntary assisted dying process but also clearly articulates offences and circumstances that may be considered professional misconduct or unprofessional conduct. The Voluntary Assisted Dying 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.

2.1.1 Protections

The Act provides protection from criminal liability for a person who:

- assists a person to request access to voluntary assisted dying
- assists a person to access voluntary assisted dying
- is present when the voluntary assisted dying substance is administered.

The Act also provides protection from civil and criminal liability for a person who:

- in good faith, and with reasonable care and skill, does a thing in accordance with the Act or believes the thing is done in accordance with the Act.

This is also not regarded as a breach of professional ethics or standards, nor is it considered professional misconduct or unprofessional conduct.

The Act provides protection from civil and criminal liability for certain persons who do not administer lifesaving treatment in circumstances where the patient does not request it and the person believed, on reasonable grounds, that the patient is dying after self-administering or being administered the voluntary assisted dying substance in accordance with the Act. This includes registered health practitioners, ambulance officers (and volunteers) and other people in roles which usually imply a duty to administer lifesaving treatment.

In such circumstances non-administration of treatment is not regarded as a breach of professional ethics or standards, nor is it considered professional misconduct or unprofessional conduct.

Additional information can be found in *Information for first responders* included in [Appendix A](#).

2.1.2 Offences

There are several offences that health professionals and others should be aware of before participating in the voluntary assisted dying process to ensure compliance with the Act. These offences cover:

- unauthorised administration of the voluntary assisted dying substance
- inducing another person to request or access voluntary assisted dying
- inducing self-administration of the voluntary assisted dying substance
- providing false or misleading information for any purpose under the Act
- advertising Schedule 4 or Schedule 8 poison as a voluntary assisted dying substance
- recording, use or disclosure of information obtained under the Act
- publication of personal information concerning a proceeding before the State Administrative Tribunal under the Act
- failure to give a prescribed form under the Act to the Voluntary Assisted Dying Board.

Penalties for committing these offences include monetary fines and imprisonment. It is important that health professionals familiarise themselves with this section of the Act.

2.1.3 Professional misconduct or unprofessional conduct

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 (Western Australia) Act 2010*. This is the case even if the breach is not an offence under the Act. The Voluntary Assisted Dying Board can refer matters to both AHPRA and the Health and Disability Complaints Office (HaDSCO).

2.2 The Voluntary Assisted Dying Board

The Voluntary Assisted Dying Board is an independent statutory body responsible for monitoring the Act. The Voluntary Assisted Dying Board regularly reviews the voluntary assisted dying process in WA to ensure compliance with the Act and to recommend safety and quality improvements.

The Voluntary Assisted Dying Board is comprised of five members who have expertise across a variety of disciplines. The responsibilities of the Voluntary Assisted Dying Board include:

- monitoring activity carried out under the Act
- making referrals for investigations of suspected breaches of the Act
- preparing annual reports to the Minister for Health on the operation of the Act
- collating statistical information about voluntary assisted dying in WA
- facilitating and conducting research related to voluntary assisted dying.

The voluntary assisted dying process in WA requires that several forms and declarations be submitted to the Voluntary Assisted Dying Board to document the process and confirm compliance with the Act. To support this, the Voluntary Assisted Dying – Information Management System (VAD-IMS) has been developed as the online platform for the management of voluntary assisted dying in Western Australia.

The Voluntary Assisted Dying Board is responsible for VAD-IMS and has ownership of the information contained within the platform. This means the Voluntary Assisted Dying Board can investigate patterns that may indicate breaches of the Act and can make decisions about utilising the data contained within VAD-IMS for education or research purposes.

2.2.1 The Voluntary Assisted Dying – Information Management System (VAD-IMS)

Technical support for VAD-IMS is provided by Health Support Services (HSS) and the Department of Health. In addition to supporting the Voluntary Assisted Dying Board in meeting the responsibilities discussed previously, VAD-IMS also enables:

- registration for access to the WA VAD Approved Training required to be completed by a participating practitioner
- the online submission of the forms that are required to be given to the Voluntary Assisted Dying Board under the Act
- the online submission of declarations that are required to be given to the Voluntary Assisted Dying Board under the Act
- generation of receipts to notify practitioners that the Voluntary Assisted Dying Board has received a submitted form.

Only practitioners who successfully complete the WA VAD Approved Training to become a participating practitioner will be given a VAD-IMS account. Several activities can be completed by practitioners without registering with VAD-IMS. These include the *First Request Form*, the *Consultation Referral Form*, the *Authorised Disposal Form* and the *Notification of Death (Other Medical Practitioner) Form*. These forms can be either uploaded to VAD-IMS or returned via fax. This is to ensure that all practitioners required to complete actions under the Act can do so in a timely manner and with relative ease. VAD-IMS is accessible through the Voluntary Assisted Dying Board website (ww2.health.wa.gov.au/voluntaryassisteddyingboard).

[Appendix C](#) provides a compilation of examples of the forms that are required to be given to the Voluntary Assisted Dying Board under the Act. These are provided to give practitioners an idea of the information that will be submitted through VAD-IMS at each stage of the voluntary assisted dying process. These are examples only and are not provided for use.

If a practitioner is having difficulty accessing or submitting any of the forms available through VAD-IMS, they should contact the Voluntary Assisted Dying Board Secretariat for support (VADBoard@health.wa.gov.au).

3 Voluntary assisted dying as an end-of-life choice

Voluntary assisted dying is a choice available to an eligible patient who is approaching the end of their life. This is in addition to several other choices that patients may make about their end-of-life care, particularly involving advance care planning and palliative care services. Medical practitioners and nurse practitioners who are considering participating in the voluntary assisted dying process in WA should familiarise themselves with the processes around [advance care planning](#), including enduring guardianships and Advance Health Directives. It is expected that, to be able to appropriately support a patient seeking voluntary assisted dying, a practitioner will have a good understanding of palliative care and other end-of-life services available for patients. Treatment and palliative care must be part of a broader conversation with patients considering voluntary assisted dying.

High-quality, patient-centred end-of-life care involves working with patients to identify, assess and treat their pain and other symptoms as well as providing psychosocial, emotional and spiritual support. It includes:

- respecting the patient's autonomy, supporting informed decision-making and providing personalised care that is acceptable to the patient
- ensuring that medical treatment decisions respect the patient's values and preferences
- managing symptoms and responding to the patient's concerns
- supporting carers and family, where appropriate.

Essential to providing high-quality end-of-life care is the capacity of medical practitioners and nurse practitioners to talk with patients about their prognosis and options for treatment and care, even when the actual timeframe for end of life is uncertain. Conversations about dying and preparing for death should not wait until the last weeks of life. Early conversations become even more pressing where future loss of decision-making capacity is anticipated, and practitioners need to be proactive in having timely conversations.

Medical practitioners and nurse practitioners can play an important role in helping patients to understand the likely progression of their disease, illness or medical condition, and what treatment and care options are available. Practitioners can ask questions to check a patient's understanding of their situation and help them to think through their treatment, advance care planning, palliative care and end-of-life care options. Experienced medical practitioners and nurse practitioners will recognise that conversations about options for end-of-life care and treatment may occur over several discussions before the patient is ready to make a decision.

Medical practitioners and nurse practitioners should be aware of their own feelings and values in relation to the end of life when discussing end-of-life care with patients. Practitioners should reflect on how their own feelings and values may affect their ability to have open and supportive conversations with patients, particularly if a patient is considering withdrawing from active treatment or accessing voluntary assisted dying. It is important that a practitioner's personal beliefs do not impede a patient's ability to make an autonomous decision regarding voluntary assisted dying. Voluntary assisted dying is intended to be an end-of-life choice available to all eligible Western Australians as part of high quality, patient-centred end-of-life care.

3.1 Health professionals and voluntary assisted dying

Many health professionals are involved in providing care and support to people with advanced and progressive medical conditions that will cause their death, and who require end-of-life care. The Act identifies specific roles and responsibilities for medical practitioners and nurse practitioners, but as members of a multidisciplinary team many other health professionals are likely to provide support and assistance.

Nurses, allied health professionals and other healthcare workers may be asked for information about voluntary assisted dying by patients or provide care and support to patients who are considering or have requested voluntary assisted dying. Health professionals who are asked about voluntary assisted dying can provide information, and usual care and support, respecting the patient's choice in the same manner as patients receiving any other type of treatment. Health professionals may also be asked to assist in the voluntary assisted dying process in other ways such as with communication if the patient has communication difficulties.

In general, only medical practitioners and nurse practitioners will have specific roles under the Act and are therefore required to complete the WA VAD Approved Training. Other health professionals should check with their professional organisations regarding any specific guidance they may have developed concerning voluntary assisted dying. They should also familiarise themselves with any models of care, policies or procedures relating to voluntary assisted dying in their own health service or at facilities where they may provide professional services.

Although most health professionals will not participate directly in the process, they may provide care and support for patients who choose to access voluntary assisted dying. Where a health professional's beliefs and values conflict with voluntary assisted dying they may conscientiously object to being involved. A health professional who has a conscientious objection to voluntary assisted dying has the right to refuse to participate in voluntary assisted dying. However, medical practitioners are obligated under the Act to respond to a patient request for access to voluntary assisted dying, regardless of whether they hold a conscientious objection. The required process is explained in [section 7](#).

It is important that all health professionals avoid judgement of patients and colleagues who have different views on voluntary assisted dying. Good patient care is enhanced when there is mutual respect and clear communication between all health professionals involved in providing care and support to patients. Health professionals are encouraged to take time to consider, reflect and come to a personal decision regarding their perspective on voluntary assisted dying.

3.2 Ensuring the rights of patients

All patients have the right to be supported to make informed decisions about their end-of-life care and treatment, and to receive compassionate and respectful care.

Health professionals are expected to:

- demonstrate a willingness to listen carefully, empathise with, and support patients to make an informed decision about their end-of-life care and treatment
- respect their patient's beliefs, values and the choices they make about end-of-life care, even if it conflicts with their own values or religious beliefs
- respect a patient's autonomy and right to make genuine choices about their treatment and care
- provide routine and other care unrelated to a request for voluntary assisted dying.

3.3 Health service involvement in voluntary assisted dying

Different health services, such as private and public hospitals, community health services, primary care health services, residential aged care facilities and others will have varying levels of involvement in voluntary assisted dying. Health services determine what level of involvement they have. This will depend on the type of care the service normally provides, the skills and expertise available within the service and the values of the service. All health services should ensure that staff are aware of the Act and the voluntary assisted dying process, and have access to information that will support them to respond to a patient who raises voluntary assisted dying.

WA Health has a mandatory policy in place, the [Managing Voluntary Assisted Dying Policy](#) that applies to all WA health entities. This policy outlines the requirements for health service providers (HSPs) to develop local policies and procedures to manage voluntary assisted dying processes appropriately, safely and consistently across the WA health system. Health professionals who are employed or contracted by an HSP should familiarise themselves with the local policies and procedures regarding voluntary assisted dying.

Some health services or facilities may adopt policies that prohibit or substantially limit the provision of voluntary assisted dying services within their premises. This may be because their views are considered not to align with voluntary assisted dying or for other reasons, such as resourcing issues. In such instances, medical practitioners, nurse practitioners and other health professionals should discuss with the health service how best to support the patient's choice to access voluntary assisted dying.

Additional information can be found in the [Health professional participation](#) and [FAQs for health professionals](#) information sheets that are included in [Appendix A](#).

4 Preparing to participate in voluntary assisted dying

The Act allows medical practitioners and nurse practitioners who meet the eligibility requirements, and who have successfully completed the WA VAD Approved Training, to participate in the voluntary assisted dying process.

Medical practitioners who are eligible and have completed the WA VAD Approved Training can actively undertake the role of:

- Coordinating Practitioner (see [section 5.1](#))
- Consulting Practitioner (see [section 5.2](#))
- Administering Practitioner (see [section 5.3](#))

Nurse practitioners who are eligible and have successfully completed the WA VAD Approved Training can undertake the role of Administering Practitioner. The eligibility requirements for these roles are outlined in [section 4.2](#). Participation in the roles of Authorised Supplier and Authorised Disposer is restricted to authorised pharmacists only (see [sections 15](#) and [17](#) for further information).

Other health professionals may be involved with voluntary assisted dying as part of a person's broader healthcare team (e.g. as a palliative care nurse, speech pathologist, social worker etc). Although these individuals do not have formal roles under the Act, their involvement in the patient's care is an important part of supporting the patient's choice to access voluntary assisted dying.

4.1 Becoming a participating practitioner

Some medical practitioners and nurse practitioners will know before a patient approaches the topic of voluntary assisted dying that they are prepared to be involved as a participating practitioner. A practitioner who is likely to meet the eligibility requirements to participate, and is willing to be involved in providing voluntary assisted dying services, is encouraged to prepare in advance of any request being made so that they are informed, educated and ready to respond to a patient request for access to voluntary assisted dying.

To become a participating practitioner, a medical practitioner or nurse practitioner will need to undergo the following steps:

1. Register for access to VAD-IMS.
2. Complete the Department of Health identity and eligibility verification process (to be granted access to the WA VAD Approved Training).
3. Successfully complete the WA VAD Approved Training.
4. Receive full practitioner access to VAD-IMS.

For other medical practitioners and nurse practitioners, participating in voluntary assisted dying might not be an option they consider until a patient approaches them for information about the process or to request access to voluntary assisted dying. If this happens, it is likely that the practitioner will need to be highly responsive to ensure that they can meet the requirements of the Act to provide voluntary assisted dying services in a suitable timeframe to support the patient. This is because, while a medical practitioner can accept a request for voluntary assisted dying prior to confirmation that they are eligible to be a participating practitioner, each of the steps outlined above must be completed before the medical practitioner can begin the assessment process for the patient. Completing these steps will likely take several days.

In some instances, the patient may be better served by referral to a practitioner who has already successfully completed the WA VAD Approved Training and is able to commence the request and assessment process. If this approach is taken, SWCNS will be able to assist in identifying practitioners who are ready to provide timely support for the patient (see [section 21](#) for further information).

4.2 Practitioner eligibility for specific roles under the Act

Specific roles designated by the Act have associated eligibility requirements. Some of these requirements are specified in the Act, while others have been determined by the Director General of Health (as the CEO). The CEO requirements are detailed in Tables 1 and 2. The onus is on the practitioner to ensure they meet all applicable eligibility requirements before commencing in a relevant role.

Practitioners will need to have components of their eligibility verified by the WA Department of Health prior to being granted access to the WA VAD Approved Training. They will be required to make relevant declarations during the verification process and also during the request and assessment or administration components of the voluntary assisted dying process. This will be monitored by the Voluntary Assisted Dying Board.

It is important to note that under the Act, a medical practitioner may be considered eligible to act as the Coordinating Practitioner or Consulting Practitioner for a patient before completing the WA VAD Approved Training, but they must successfully complete this training before undertaking an assessment. This is different for the role of Administering Practitioner, where completion of the WA VAD Approved Training is a requirement that must be met before undertaking the role.

4.2.1 Eligibility to act as Coordinating Practitioner or Consulting Practitioner

A medical practitioner is eligible to act as a Coordinating Practitioner or Consulting Practitioner if they:

- hold specialist registration, have practised the medical profession for at least one year as the holder of specialist registration and meet the requirements approved by the CEO
- hold general registration, have practised the medical profession for at least 10 years as the holder of general registration and meet the requirements approved by the CEO
- are an overseas-trained specialist who holds limited registration or provisional registration and meets the requirements approved by the CEO.

A medical practitioner is only eligible to act as the Coordinating Practitioner or Consulting Practitioner for a particular patient if they:

- are not a family member of the patient
- do not know or believe that they are a beneficiary under a will of the patient or may otherwise benefit financially or in any other material way from the death of the patient, other than by receiving reasonable fees for the provision of services.

Table 1 outlines the specific CEO requirements that must be met by medical practitioners intending to act in the role of Coordinating Practitioner or Consulting Practitioner.

Table 1. CEO practitioner eligibility requirements for Coordinating Practitioner and Consulting Practitioner roles

| Section 17(2)(a)(i) COORDINATING or CONSULTING PRACTITIONER (specialist medical practitioner) | |
|---|---|
| 1.1 | Medical practitioner must have clinically practised twice the minimum hours per registration period described in the Recency of Practice Registration Standard published by the Medical Board of Australia and this clinical practice must include patient assessment and clinical decision making. |
| 1.2 | Medical practitioner must not have any notations, conditions, undertakings or reprimands on their Australian Health Practitioner Regulation Authority (AHPRA) registration record which make the practitioner unsuitable for roles under the <i>Voluntary Assisted Dying Act 2019</i> as determined by the CEO. |
| 1.3 | The CEO must be satisfied as to the suitability of the medical practitioner for roles under the <i>Voluntary Assisted Dying Act 2019</i> on the basis of two professional referees provided by the medical practitioner. |
| Section 17(2)(a)(ii) COORDINATING or CONSULTING PRACTITIONER (generalist medical practitioner) | |
| 2.1 | Medical practitioner must have clinically practised twice the minimum hours per registration period described in the Recency of Practice Registration Standard published by the Medical Board of Australia and this clinical practice must include patient assessment and clinical decision making. |
| 2.2 | Medical practitioner must not have any notations, conditions, undertakings or reprimands on their Australian Health Practitioner Regulation Authority (AHPRA) registration record which make the practitioner unsuitable for roles under the <i>Voluntary Assisted Dying Act 2019</i> as determined by the CEO. |
| 2.3 | The CEO must be satisfied as to the suitability of the medical practitioner for roles under the <i>Voluntary Assisted Dying Act 2019</i> on the basis of two professional referees provided by the medical practitioner. |

Section 17(2)(a)(iii)
COORDINATING or CONSULTING PRACTITIONER (overseas trained specialist medical practitioner)

| | |
|-----|---|
| 3.1 | Medical practitioner must be permitted by their registration to work in a gazetted area of need OR as a sponsored provider within a health service in Western Australia. |
| 3.2 | Medical practitioner must have undergone formal assessment by the relevant Australian college. |
| 3.3 | Medical practitioner must have at least five years of experience as a specialist. |
| 3.4 | Medical practitioner must have had their specialist pathway and supervision program approved by the relevant Australian college and must have completed at least 12 months working in a supervised position within Western Australia. |
| 3.5 | Medical practitioner must have clinically practised twice the minimum hours per registration period described in the Recency of Practice Registration Standard published by the Medical Board of Australia and this clinical practice must include patient assessment and clinical decision making. |
| 3.6 | Medical practitioner must not have any notations, conditions, undertakings or reprimands on their Australian Health Practitioner Regulation Authority (AHPRA) registration record which make the practitioner unsuitable for roles under the <i>Voluntary Assisted Dying Act 2019</i> as determined by the CEO. |
| 3.7 | The CEO must be satisfied as to the suitability of the medical practitioner for roles under the <i>Voluntary Assisted Dying Act 2019</i> on the basis of two professional referees provided by the medical practitioner. |

The referees referred to in Table 1 should know the practitioner in a professional capacity and be able to attest to their suitability to participate in the voluntary assisted dying process. A brief and confidential referee check will be conducted. This is likely to be over the phone with a senior member of the End of Life Care Program team. Practitioners do not have to provide a current supervisor or colleague as a referee.

4.2.2 Eligibility to act as Administering Practitioner

A medical practitioner is eligible to act as an Administering Practitioner if they meet the eligibility requirements to be a Coordinating Practitioner or Consulting Practitioner (refer to [section 4.2.1](#)) and they:

- are not a family member of the patient
- do not know or believe that they are a beneficiary under a will of the patient or may otherwise benefit financially or in any other material way from the death of the patient, other than by receiving reasonable fees for the provision of services
- have successfully completed the WA VAD Approved Training.

A nurse practitioner is eligible to act as an Administering Practitioner if they:

- hold nursing registration with endorsement as a nurse practitioner, have practised as a nurse practitioner for at least two years and meet the requirements approved by the CEO
- are not a family member of the patient

- do not know or believe that they are a beneficiary under a will of the patient or may otherwise benefit financially or in any other material way from the death of the patient, other than by receiving reasonable fees for the provision of services
- have successfully completed the WA VAD Approved Training.

Table 2 outlines the specific CEO requirements that must be met by nurse practitioners intending to act in the role of Administering Practitioner.

Table 2. CEO practitioner eligibility requirements for nurse practitioners for Administering Practitioner role

| Section 54(1)(a)(ii) ADMINISTERING PRACTITIONER (nurse practitioner) | |
|---|--|
| 4.1 | Nurse practitioner must have clinically practised twice the minimum hours per registration period described in the Recency of Practice Registration Standard published by the Nursing and Midwifery Board of Australia at the advanced practice nursing level as required by the Endorsement as a Nurse Practitioner Registration Standard published by the Nursing and Midwifery Board of Australia, and this clinical practice must include patient assessment and clinical decision making. |
| 4.2 | Nurse practitioner must not have any notations, conditions, undertakings or reprimands on their Australian Health Practitioner Regulation Authority (AHPRA) registration record which make the practitioner unsuitable for role under the <i>Voluntary Assisted Dying Act 2019</i> as determined by the CEO. |
| 4.3 | The CEO must be satisfied as to the suitability of the nurse practitioner for role under the <i>Voluntary Assisted Dying Act 2019</i> on the basis of two professional referees provided by the nurse practitioner. |

The referees referred to in Table 2 should know the practitioner in a professional capacity and be able to attest to their suitability to participate in the voluntary assisted dying process. A brief and confidential referee check will be conducted. This is likely to be over the phone with a senior member of the End of Life Care Program team. Practitioners do not have to provide a current supervisor or colleague as a referee.

4.3 Practitioner eligibility verification to access the WA VAD Approved Training

A practitioner must successfully complete the WA VAD Approved Training before engaging in actions required by the roles of Coordinating Practitioner, Consulting Practitioner or Administering Practitioner. Eligibility to act in one of these roles must be confirmed by the WA Department of Health before the practitioner will be granted access the WA VAD Approved Training.

If a practitioner intends to take a role under the Act, they should complete the *Practitioner Registration Form* via VAD-IMS. Following receipt of the *Practitioner Registration Form* the Department of Health will contact the practitioner and require them to provide specific information and documentation to enable verification of their identity and eligibility. Practitioners will also be required to make certain declarations.

Practitioner information that will need to be provided includes:

- minimum proof of identity documentation
- AHPRA registration number
- a current Curriculum Vitae that is sufficiently detailed to enable assessment against the criteria
- details of two (2) professional referees.

There is additional information that will need to be provided by overseas-trained practitioners. A detailed summary of the process to access the WA VAD Approved Training can be found in [Appendix D](#).

4.4 The WA VAD Approved Training

A participating practitioner is required to undertake the WA VAD Approved Training prior to commencing the First Assessment as a Coordinating Practitioner; prior to commencing the Consulting Assessment as a Consulting Practitioner; or before being considered eligible to act in the role of Administering Practitioner. This mandatory training is approved by the Director General of Health (as CEO) in accordance with the Act. Once the WA Department of Health is satisfied that the eligibility requirements have been met, the practitioner will be provided with a unique log-on which will allow them to access the WA VAD Approved Training online.

The WA VAD Approved Training has been developed by academic staff from the Australian Centre for Health Law at Queensland University of Technology and includes multiple online modules with interactive learning exercises. It should take approximately six hours to complete and can be completed over multiple sittings. To successfully complete the WA VAD Approved Training the practitioner must pass the assessment with a score of 90 per cent or more. If the practitioner does not pass the assessment they may be given additional attempts to do so. If they do not pass after further attempts, the practitioner will be considered to not have completed the WA VAD Approved Training and will not be able to participate in roles under the Act.

The WA VAD Approved Training is available to be completed online, except for the content that is related to the prescription and administration of the voluntary assisted dying substance. In accordance with the Commonwealth *Criminal Code Act 1995*, much of this information is not able to be provided over a carriage service (such as the internet) and will be provided to practitioners in hard copy format. The impact of the Commonwealth *Criminal Code Act 1995* on voluntary assisted dying in WA is explained further in [section 6](#).

The practitioner will be required to confirm that they have received and understood the material in the [Voluntary Assisted Dying – Prescription and Administration Information](#). If the practitioner does not provide this confirmation to the WA Department of Health, they will not be considered to have successfully completed the WA VAD Approved Training and cannot begin the assessment process for a patient.

The WA VAD Approved Training remains valid for a period of three years from the date of successful completion. The Department of Health will provide a reminder to the practitioner approximately three months prior to expiry. If the practitioner intends to continue participating in voluntary assisted dying then they should re-apply to access the WA VAD Approved Training and the process will commence again in full (i.e. with the WA Department of Health eligibility verification process).

5 Participating practitioner roles

Information about the Coordinating and Consulting Practitioner roles is provided to help medical practitioners understand the responsibilities of each role, and to assist them in deciding if participating in the voluntary assisted dying process is right for them.

5.1 Coordinating Practitioner

The Coordinating Practitioner is responsible for coordinating the voluntary assisted dying process for the patient. The Coordinating Practitioner must understand:

1. the voluntary assisted dying process steps so they can prepare and act in a timely manner
2. the responsibilities and tasks of other roles in the voluntary assisted dying process, so they can provide information, explanation, direction and support as required. These roles include:
 - a. the Consulting Practitioner
 - b. the Administering Practitioner
 - c. other suitably qualified persons who may provide advice in relation to the First Assessment
 - d. the patient and their family (if the patient consents)
 - e. the Contact Person
 - f. the Authorised Supplier
 - g. the Authorised Disposer.

With the patient's permission, the Coordinating Practitioner may also talk with other members of the healthcare team about the patient's request for access to voluntary assisted dying and how the process is progressing. [Table 3](#) details the tasks and actions that must be done prior to the medical practitioner becoming the Coordinating Practitioner for the patient. [Table 4](#) summarises the key tasks and actions required of the Coordinating Practitioner during the voluntary assisted dying process. The role carries considerable clinical and administrative responsibilities.

Table 3. Summary of medical practitioner key tasks and actions

| Voluntary assisted dying process step | Tasks and actions |
|---|--|
| First Request is made in accordance with the Act | <ul style="list-style-type: none"> Receives the First Request and discusses the patient's concerns regarding their diagnosis, prognosis and end-of-life care preferences. Decides whether to accept or refuse the First Request and informs the patient within two business days (or immediately in the case of conscientious objection). Provides the patient with the approved information required under section 20 – <i>Approved information for a person making a First Request for voluntary assisted dying</i> (see Appendix E). Records the First Request, the decision to accept or refuse the First Request (including the reason if refused) and whether the patient was given the approved information in the patient's medical record. Completes the <i>First Request Form</i> and submits to the Voluntary Assisted Dying Board via VAD-IMS within two business days. |

Table 4. Summary of Coordinating Practitioner key tasks and actions

| Voluntary assisted dying process step | Tasks and actions |
|---|---|
| Completes mandatory WA VAD Approved Training | <ul style="list-style-type: none"> Undertakes the WA VAD Approved Training if not already completed. |
| First Assessment | <ul style="list-style-type: none"> Conducts the First Assessment for eligibility for voluntary assisted dying. Refers for determination if unable to determine if the patient has a disease, illness or medical condition that meets the eligibility requirements; or if the patient has decision-making capacity in relation to voluntary assisted dying; or if the patient is acting voluntarily and without coercion. If the patient is assessed as meeting the eligibility criteria for voluntary assisted dying, provides required information to the patient (see section 8.5). If satisfied that the patient meets all the eligibility criteria and understands the information provided, assesses the patient as eligible for access to voluntary assisted dying. Informs the patient of the outcome of the First Assessment. Completes the <i>First Assessment Report Form</i> and submits to the Voluntary Assisted Dying Board via VAD-IMS within two business days Gives a copy of the <i>First Assessment Report Form</i> to the patient. |
| Refer for Consulting Assessment | <ul style="list-style-type: none"> Refers the patient to a medical practitioner for the Consulting Assessment and awaits notification from the medical practitioner as to whether they accept the referral or not. If the medical practitioner accepts and becomes the Consulting Practitioner for the patient, is informed of the outcome of the Consulting Assessment. If the medical practitioner refuses, makes another referral for a Consulting Assessment. If the outcome of the Consulting Assessment is that the patient is ineligible, may make a further referral for a Consulting Assessment to another medical practitioner. |
| Patient's second request (Written Declaration) | <ul style="list-style-type: none"> Gives <i>Written Declaration</i> to the patient. Receives completed <i>Written Declaration</i> from the patient. Records the date the <i>Written Declaration</i> was made and the date the <i>Written Declaration</i> was received in the patient's medical record. Submits copy of the <i>Written Declaration</i> to the Voluntary Assisted Dying Board via VAD-IMS within two business days. |

| Voluntary assisted dying process step | Tasks and actions |
|---------------------------------------|--|
| Patient's Final Request | <ul style="list-style-type: none"> Accepts patient's clear and unambiguous <i>Final Request</i> for access to voluntary assisted dying in person or via audiovisual communication (i.e. telehealth where people can see and hear each other in real time). Confirms the <i>Final Request</i> has been made after the designated period of nine days or the patient meets criteria for <i>Final Request</i> to be made prior to end of designated period. Records the date when the <i>Final Request</i> was made (and the reason if made before the end of the designated period) in the patient's medical record. Completes <i>Final Request Form</i> and submits to the Voluntary Assisted Dying Board via VAD-IMS within two business days. |
| Final Review | <ul style="list-style-type: none"> Completes <i>Final Review</i> – reviews all forms including the <i>Written Declaration</i>, having regard to any decision made by the SAT. Completes the <i>Final Review Form</i> and submits to the Voluntary Assisted Dying Board via VAD-IMS within two business days. |
| Administration Decision | <ul style="list-style-type: none"> Consults with and advises the patient to assist them in making a clear and unambiguous Administration Decision. Administration Decision may be made in person or via audiovisual technology (i.e. telehealth where people can see and hear each other in real time). Records the Administration Decision in the patient's medical record. If a self-administration decision is made, receives the completed Contact Person Appointment Form from the patient and gives the form the Voluntary Assisted Dying Board within two business days. |
| Prescribing | <ul style="list-style-type: none"> Prior to prescribing the voluntary assisted dying substance, provides information in writing to the patient as required by section 69 of the Act. The content of this information cannot be discussed using audiovisual communication (see section 14). Completes the prescription for the patient in accordance with the relevant prescribing protocol (as per the <i>Voluntary Assisted Dying – Prescription and Administration Information</i>). Gives the prescription to SWPS either in person or via registered post/ courier and records that prescription has been sent in VAD-IMS. May also upload copy of prescription to VAD-IMS. Completes <i>Administration Decision and Prescription Form</i> within two business days after completing the prescription and submits to the Voluntary Assisted Dying Board via VAD-IMS (must be accompanied by the <i>Contact Person Appointment Form</i> if a self-administration decision has been made). |

| Voluntary assisted dying process step | Tasks and actions |
|---|--|
| Administration (unless the Administering Practitioner role has been transferred) | <ul style="list-style-type: none"> ■ If a practitioner administration decision has been made, is advised by the patient as to when they intend to have the substance administered. Contacts the SWPS to arrange supply of the voluntary assisted dying substance. ■ If a practitioner administration decision has been made, administers the voluntary assisted dying substance at the time agreed and with an eligible witness present (in accordance with the protocols in the <i>Voluntary Assisted Dying – Prescription and Administration Information</i>) if satisfied that at the time of administration the patient has decision-making capacity in relation to voluntary assisted dying, they are acting voluntarily and without coercion, and their request is enduring. ■ Completes the <i>Practitioner Administration Form</i> and submits to the Voluntary Assisted Dying Board via VAD-IMS within two business days. ■ If relevant, disposes of any unused or remaining voluntary assisted dying substance and completes the <i>Practitioner Disposal Form</i>. The form must be submitted to the Voluntary Assisted Dying Board via VAD-IMS within two business days of disposal. |
| After the patient dies | <ul style="list-style-type: none"> ■ If relevant, issues the Medical Certificate of Cause of Death (MCCD) after the patient's death. It must not include any reference to voluntary assisted dying. ■ Completes the <i>Notification of Death (Coordinating/Administering Practitioner) Form</i> and submits to the Voluntary Assisted Dying Board via VAD-IMS within two business days of becoming aware of the person's death (unless a <i>Practitioner Administration Form</i> has been submitted). ■ Provides support and information to the family as required. |

5.2 Consulting Practitioner

The Consulting Practitioner is responsible for undertaking an independent assessment of the patient's eligibility for voluntary assisted dying. This is called the Consulting Assessment. If a medical practitioner accepts a referral for a Consulting Assessment from the Coordinating Practitioner, they become the Consulting Practitioner. Table 4 summarises the key tasks and actions required of the Consulting Practitioner during the voluntary assisted dying process.

Table 5. Summary of Consulting Practitioner key tasks and actions

| Voluntary assisted dying process step | Tasks and actions |
|--|---|
| Receives referral for Consulting Assessment | <ul style="list-style-type: none"> Decides whether to accept or refuse the referral for Consulting Assessment and informs the patient and Coordinating Practitioner within two business days (or immediately in the case of conscientious objection). Records the referral and decision to accept or refuse the referral (including reason if refused) in the patient's medical record. Completes the <i>Consultation Referral Form</i> and submits to the Voluntary Assisted Dying Board, preferably via VAD-IMS (can be faxed if needed), within two business days of the decision to accept or refuse the referral. |
| After accepting the referral and becoming the Consulting Practitioner | |
| Completes mandatory WA VAD Approved Training | <ul style="list-style-type: none"> Undertakes the WA VAD Approved Training if not already completed. |
| Consulting Assessment | <ul style="list-style-type: none"> Conducts the Consulting Assessment. Refers for determination if unable to determine if the patient has a disease, illness or medical condition that meets the eligibility requirements; or if the patient has decision-making capacity in relation to voluntary assisted dying; or if the patient is acting voluntarily and without coercion. If the patient is assessed as meeting the eligibility criteria for voluntary assisted dying, provides required information to the patient (see section 8.5). If satisfied that the patient meets all the eligibility criteria and understands the information provided, assesses the patient as eligible for access to voluntary assisted dying. Informs the patient and the Coordinating Practitioner of the outcome of the Consulting Assessment. Completes the <i>Consulting Assessment Report Form</i> and submits to the Voluntary Assisted Dying Board via VAD-IMS within two business days of completing the Consulting Assessment. Gives a copy of the <i>Consulting Assessment Report Form</i> to the patient. |

5.3 Administering Practitioner

The Administering Practitioner role is relevant where a patient has made a practitioner administration decision. The Administering Practitioner is the Coordinating Practitioner for the patient **or** a person to whom the role of Administering Practitioner has been transferred.

Table 6. Summary Administering Practitioner key tasks and actions

| Voluntary assisted dying process step | Tasks and actions |
|---------------------------------------|---|
| If role has been transferred | <ul style="list-style-type: none"> ■ If relevant, supplies (transfers) the voluntary assisted dying substance to the new Administering Practitioner. ■ Provides a handover consistent with good clinical practice to the new Administering Practitioner. |
| Administration | <ul style="list-style-type: none"> ■ If a practitioner administration decision has been made, is advised by the patient as to when they intend to have the substance administered. ■ Contacts SWPS to arrange supply of the voluntary assisted dying substance, unless substance already received as part of transfer of role. ■ Administers the voluntary assisted dying substance at the time agreed and with an eligible witness present (in accordance with the protocols in the <i>Voluntary Assisted Dying – Prescription and Administration Information</i>) if satisfied that at the time of administration the patient has decision-making capacity in relation to voluntary assisted dying, they are acting voluntarily and without coercion, and their request is enduring. ■ Completes the <i>Practitioner Administration Form</i> and submits to the Voluntary Assisted Dying Board via VAD-IMS within two business days after administering the voluntary assisted dying substance. ■ If relevant, disposes of any unused or remaining voluntary assisted dying substance and completes the <i>Practitioner Disposal Form</i>. This form must be submitted to the Voluntary Assisted Dying Board via VAD-IMS within two business days of disposal. |
| After the patient dies | <ul style="list-style-type: none"> ■ Completes the <i>Notification of Death (Coordinating/Administering Practitioner) Form</i> and submits to the Voluntary Assisted Dying Board via VAD-IMS within two business days of becoming aware of the patient's death (this is not required if a <i>Practitioner Administration Form</i> has been submitted). ■ Informs the Coordinating Practitioner of the patient's death, if the Administering Practitioner role has been transferred. ■ Provides support and information to the family as required. |

6 Restrictions on communicating about voluntary assisted dying

Under the Act, there are restrictions on who can initiate a discussion with a patient that involves voluntary assisted dying. In addition, the Commonwealth *Criminal Code Act 1995* also has a direct impact on the operation of voluntary assisted dying in WA.

6.1 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 voluntary assisted dying process can be communicated.

The following information is provided to assist practitioners to understand the Commonwealth *Criminal Code Act 1995* provisions relating to a 'carriage service' (in practical terms this usually means phone, fax, email, internet, videoconference etc).

As a general rule, any information that relates specifically to the act of administering a voluntary assisted dying substance or provides details or instructions about the act of administering a voluntary assisted dying substance must not be discussed or shared by phone, fax, email, videoconference, internet and the like.

Informing people about the legislation and associated processes in WA (either generic or in relation to a person's circumstance) may be undertaken via a carriage service to the extent that the information **does not advocate, encourage, incite, promote or teach about how to undertake the act of administration of a voluntary assisted dying substance.**

Considering the Commonwealth *Criminal Code Act 1995*, there are some discussions that **must** occur in person and cannot occur over phone or telehealth. Similarly, there is some information that **must** be provided in hard copy and cannot be provided by email or fax.

It is therefore important that practitioners communicating about voluntary assisted dying are mindful of the potential legal restrictions on how that communication can occur. This includes when communicating with a patient seeking information about, or access to, voluntary assisted dying and their family and carers. It also applies when communicating about voluntary assisted dying with SWCNS, SWPS, interpreters or other health professionals. Good clinical practice should always guide decision-making where voluntary assisted dying 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.).

6.2 Initiating a discussion about voluntary assisted dying

A patient may raise the topic of voluntary assisted dying with anyone involved in their care. Any health professional can respond to questions about voluntary assisted dying and provide information, if they are comfortable doing so. A patient who enquires about voluntary assisted dying should be responded to with respect and empathy in line with existing good clinical practice principles. The next steps will depend on what they are asking, who they are asking, and in what context they are asking.

A patient raising the topic of voluntary assisted dying presents an opportunity for health professionals involved in their care to have a meaningful discussion about their care needs, symptom management, palliative care options, support for their family, and their priorities as they approach the end of their life. The principles underpinning the Act include that a patient should be encouraged to openly discuss death and dying, and to be supported in conversations about treatment and care preferences. Linkage or referral to other services may form part of this discussion with the patient.

It is important to be aware that healthcare workers (including registered health practitioners, or any other person who provides health services or professional care services) are not permitted to initiate discussion about, or suggest, voluntary assisted dying to a patient they are providing health or professional care services to.

Under the Act, 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 intended that a conversation which involves voluntary assisted dying is part of a wider discussion about the patient's treatment and end-of-life priorities.

It is also important to recognise that a discussion about voluntary assisted dying, whether initiated by the patient or by a medical practitioner or nurse practitioner, does not begin the voluntary assisted dying process. This requires the person to make a formal First Request.

7 Step One: The First Request

In general, the voluntary assisted dying process includes ten steps that health professionals should be aware of. Figure 1 identifies these steps. Steps 1 through 6 are part of the request and assessment process; Steps 7 to 10 are part of the administration process.

Figure 1. The voluntary assisted dying process



7.1 What is a First Request?

A patient who is requesting access to voluntary assisted dying must make it clear that this is what they are doing. A First Request for voluntary assisted dying must be:

- clear and unambiguous
- made to a medical practitioner
- made during a medical consultation
- made either in person or, where this is not practicable, via audiovisual communication*.

*technology where people can see and hear each other simultaneously.

If a First Request is made via audiovisual communication, the medical practitioner must ensure that any discussion of the voluntary assisted dying process does not breach the Commonwealth *Criminal Code Act 1995*.

It is important to recognise that the language used by the patient may not be the same as the language used in the Act. They may use other terms such as 'euthanasia', 'assisted suicide' or ask for help to die. The medical practitioner should take time to carefully explore what the patient is asking in a non-judgemental way so that they can be very clear about exactly what it is the patient wants from them, and if the patient is indeed making a First Request.

The First Request must be made during a medical consultation or appointment. This consultation may be in a clinical setting (such as a hospital or health clinic) or it may be in a non-clinical setting (such as a doctor making a house call). Circumstances around the medical consultation may contribute to the determination that it qualifies, such as the consultation being documented in a clinical appointment system or a Medicare or other fee being raised.

The process for making a First Request is covered in the information sheet *Making a First Request* included in [Appendix A](#).

7.1.1 What is not considered a First Request?

A request for voluntary assisted dying **must** meet all the criteria to be considered a First Request. Some examples of what would not be considered a First Request include:

- a person seeking more information or expressing curiosity about voluntary assisted dying
- a person making a request for voluntary assisted dying to a health professional who is not a medical practitioner
- a person making a request for voluntary assisted dying to a medical practitioner but not during a medical consultation (e.g. at a social event).

Only medical practitioners can receive a First Request. If a patient makes a First Request to any other health professional, they should be informed that they must make their request to a medical practitioner.

7.2 Responding to a First Request

If a patient has made a First Request, the medical practitioner is obliged to undertake certain actions in response. The medical practitioner **must**:

1. accept or refuse the First Request
2. provide the patient with the *Approved information for a person making a First Request for voluntary assisted dying* (see [Appendix E](#))
3. record specific information in the patient's medical record
4. complete and submit the *First Request Form* to the Voluntary Assisted Dying Board within two business days.

This process must be followed by any medical practitioner to whom a patient makes a First Request, regardless of the eligibility potential of the patient or the intention of the medical practitioner. Failing to complete any of these steps is a breach of the Act.

To facilitate medical practitioners being able to meet the requirements of the Act, both the [Approved information for a person making a First Request for voluntary assisted dying](#) booklet and the [First Request Form](#) can be accessed online. The [First Request Form](#) can also be completed and submitted online via VAD-IMS or returned via fax. A medical practitioner does not need to be registered on VAD-IMS to be able to complete and submit the form. Simple information on completing the requirements is available on the Department of Health's [First Request website](#).

7.2.1 Deciding to accept or refuse the First Request

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 voluntary assisted dying process, including:

- their willingness to be involved
- their ability to perform the necessary duties
- their eligibility to fulfil a role under the Act.

Some medical practitioners may have very clear views on voluntary assisted dying and whether it is something that they are prepared to be involved in. For other medical practitioners, considering whether to participate may only happen when one of their usual patients makes a First Request. This is a significant decision for the practitioner, both personally and professionally.

The decision may also depend on the context of the health service in which the practitioner is employed. For example, the willingness and ability of an employing service to safely meet the needs of a patient seeking voluntary assisted dying may directly influence the medical practitioner's decision to accept or refuse a First Request. In addition, the medical practitioner needs to understand the responsibilities and tasks of the roles identified in [section 5.1](#) and be aware of the significant clinical requirements, time commitment, and administrative duties associated with the role of Coordinating Practitioner.

7.2.2 Accepting the First Request

The medical practitioner can accept the First Request if they are eligible to act as the Coordinating Practitioner for the patient (see [section 4.2](#)). If the medical practitioner accepts the First Request, they become the patient's Coordinating Practitioner. The medical practitioner does 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.

7.2.3 Refusing the First Request

There are several reasons why a medical practitioner may refuse the First Request:

- They may be ineligible to perform the duties of Coordinating Practitioner (e.g. they are a junior doctor)
- They may be unwilling to perform the duties of Coordinating Practitioner (e.g. they do not want to be the Coordinating Practitioner for the person)
- They may be unable to perform the duties of Coordinating Practitioner (e.g. they cannot commit the time required)
- They may hold a conscientious objection to voluntary assisted dying.

If a medical practitioner refuses the First Request on the basis of conscientious objection, they must inform the patient **immediately** and provide them with the approved information (this is explained further in [section 7.3](#)). In all other circumstances the medical practitioner has two business days, not including the day the First Request was made, to inform the patient of their decision.

By its very nature, voluntary assisted dying is a time-dependent process. It is considered a professional obligation that a medical practitioner not unduly delay a patient's access to voluntary assisted dying. This principle holds for all medical practitioners and other health professionals who may be involved in the process, regardless of their role. Anyone required to make a decision as part of the voluntary assisted dying process should make their decision and inform the necessary people as soon as practicable.

7.3 Providing the information approved by the Director General of Health

Regardless of whether a medical practitioner accepts or refuses the First Request, they **must** provide the patient with the required information approved by the Director General of Health for this purpose. The *Approved information for a person making a First Request for voluntary assisted dying* summarises the voluntary assisted dying process in WA and includes relevant resources and supports. This information is readily available to print in booklet form from the WA Department of Health's voluntary assisted dying website. A copy is also included in [Appendix E](#).

7.4 Documenting the First Request

The details of the consultation should be documented in the patient's medical record in alignment with good clinical practice. As part of that documentation, a medical practitioner who receives a First Request is obliged to record (at minimum):

- that a First Request has been made
- their decision to accept or refuse the First Request
- if refused, their reason for refusal
- whether they have given the person the *Approved information for a person making a First Request for voluntary assisted dying*.

A medical practitioner who receives a First Request **must** complete the *First Request Form* and provide a copy of this to the Voluntary Assisted Dying Board within two business days of their decision to accept or refuse the First Request.

This form can be accessed and submitted via VAD-IMS or returned via fax. A medical practitioner does not need to be registered on VAD-IMS to be able to complete and submit the *First Request Form*. Submission via VAD-IMS is considered giving a copy to the Voluntary Assisted Dying Board. The Voluntary Assisted Dying Board will provide confirmation of receipt of the form to the medical practitioner.

7.5 Handling an enquiry from an ineligible person before it becomes a First Request

Conversations about death and dying can be complex. If a patient has raised voluntary assisted dying with you, being able to respond appropriately and in a way that is person-centred is important. There may be circumstances where a patient will clearly not meet all criteria for accessing voluntary assisted dying. For example, because there is no suggestion that they have a life-limiting disease, illness or medical condition; or because they are under the age of 18; or because they have a profound incapacity. However, once a First Request has been made the medical practitioner must complete the steps outlined in [section 7.2](#).

Managing expectations during discussions of voluntary assisted dying is central to appropriately responding to and supporting a patient. An informal enquiry should still be explored with respect and consideration. A patient raising the topic of voluntary assisted dying provides an opportunity for meaningful discussion about their care needs and symptom management. Someone who is clearly ineligible for voluntary assisted dying may require some sensitivity and an explanation that the voluntary assisted dying legislation will not apply to their circumstances. In these instances, additional support and offers of information and counselling should be considered.

All health professionals can provide information about voluntary assisted dying to a person who requests it, if they feel comfortable and informed enough to do so. In addition, a person seeking information can be directed to the WA Department of Health's [voluntary assisted dying website](#) or SWCNS. Contact details for SWCNS are available in [section 21](#).

Several information sheets may be of value to patients. These include *Who is eligible?*, *Overview of the process* and *Frequently Asked Questions*. These information sheets are included in [Appendix A](#).

8 Step Two: The First Assessment

Before commencing the First Assessment, the medical practitioner must have:

- successfully completed the WA VAD Approved Training (see [sections 4.3](#) and [4.4](#))
- confirmed that they can act as the Coordinating Practitioner for the patient (see [section 4.2](#))
- accepted the patient's First Request (see [section 7](#)).

The Coordinating Practitioner will be required to make relevant declarations regarding their eligibility.

As the Consulting Practitioner must conduct an independent assessment of the patient's eligibility to access voluntary assisted dying, the information contained in the following sections is also relevant for the completion of the Consulting Assessment by the Consulting Practitioner.

8.1 Assess the person's demographic eligibility

The Coordinating Practitioner and Consulting Practitioner must be satisfied that the patient meets the demographic eligibility requirements. The Coordinating Practitioner and Consulting Practitioner should record the basis for these decisions in the person's medical record. [Table 6](#) provides examples of documents that may be helpful in assisting the Coordinating Practitioner or Consulting Practitioner in their decision-making process. Copies of relevant documents can also be included with the person's medical record.

8.1.1 Age requirement

Voluntary assisted dying is not an option available to anyone under the age of 18. The Coordinating Practitioner and Consulting Practitioner must be satisfied that the patient has reached 18 years of age. If there is doubt, the Coordinating Practitioner and Consulting Practitioner should seek relevant documentation to make an evidence-informed decision.

8.1.2 Citizenship or permanent residency requirement

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. The Coordinating Practitioner and Consulting Practitioner must be satisfied that the patient is either an Australian citizen or permanent resident. They should explicitly confirm this with the patient and sight relevant supportive documentation.

8.1.3 Ordinarily resident requirement

At the time of making the First Request, a person must have been ordinarily resident in WA for at least 12 months. This means that WA is their home (usual place of residence) and has been for at least a year. Where the Coordinating Practitioner or Consulting Practitioner has an ongoing relationship with the patient this may be relatively straightforward to determine. In other instances, it is recommended that the Coordinating Practitioner or Consulting Practitioner seeks evidence from the patient to inform their decision.

Table 6. Documents that may assist a medical practitioner to make an evidence-informed decision on demographic eligibility requirements

| Eligibility criteria | Examples of supporting documentation |
|---|--|
| Has reached 18 years of age (Documents that confirm the person's date of birth) | <ul style="list-style-type: none">• Medical records• Birth certificate• WA Driver's Licence• WA Photo Card |
| An Australian citizen or permanent resident (Documents that confirm the person's citizenship status) | <ul style="list-style-type: none">• Australian Birth Certificate*• Australian Passport• Australian Citizenship Certificate• Proof of Permanent Resident Visa |
| Ordinarily resident in WA for a period of at least 12 months at time of making the First Request (Documents that confirm the person's residential address) | <ul style="list-style-type: none">• Medical records• Utility bills• Western Australian vehicle registration records• Residential lease records• Bank statements• Tax records• Employment records |

* For people born in Australia on or after 20 August 1986 there are additional requirements in the absence of documentation such as an Australian passport or Australian Citizenship Certificate. Further information is available at www.passports.gov.au

8.2 Assess whether the person's disease, illness or medical condition meets the eligibility criteria

The Coordinating Practitioner and Consulting Practitioner must assess the patient's diagnosis and prognosis. They must also explore the patient's perception of the suffering they are experiencing because of their disease, illness or medical condition and the options available to alleviate their suffering. It is important to note that a patient can refuse medical treatment or symptom management and still access voluntary assisted dying.

8.2.1 Diagnosis

The Coordinating Practitioner and Consulting Practitioner must determine if the patient has at least one disease, illness or medical condition that is advanced, progressive and will cause death. This is determined by the Coordinating Practitioner and Consulting Practitioner on a clinical basis, which includes not only the current consultation but the entirety of the context of the patient's history, investigations and reports from other health professionals. Clinical determination will be based on an individual's circumstances including their condition, comorbidities and treatment choices.

'Advanced' refers to a point in the trajectory of the patient's medical condition, and 'progressive' indicates that the patient is experiencing an active deterioration that will continue to decline.

8.2.2 Prognosis

The eligibility criteria also require that the person's disease, illness or medical condition will, on the balance of probabilities, cause death within a period of six months or in the case of a disease, illness or medical condition that is neurodegenerative, within a period of 12 months.

The Coordinating Practitioner and Consulting Practitioner are expected to use their clinical expertise and experience to determine if the patient's disease, illness or medical condition is expected to cause death in the relevant time frame. This is determined by the Coordinating Practitioner and Consulting Practitioner on a clinical basis, which includes not only the current consultation but the entirety of the context of the person's history, investigations and reports from other health professionals. Clinical determination will be based on an individual's circumstances including their condition, comorbidities and treatment choices.

During the final 12 months of their life, a person with a life-limiting disease, illness or medical condition may experience rapid and severe changes and fluctuations in their condition. Predicting when the person is entering the final months of their life can be difficult. Most prognostication tools have been developed to assist in identifying a patient's needs and to plan care and support, not for determining a predictable timescale for death. It is important that in making any such determination, the Coordinating Practitioner and Consulting Practitioner act within their scope of expertise and experience and consider seeking a further opinion where appropriate.

A person can choose to withdraw from active treatment for a disease, illness or medical condition that is being managed (e.g. ceasing chemotherapy for managing cancer). In some cases, changes in treatment decisions 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.

8.2.3 When to refer for a determination on diagnosis or prognosis

If the Coordinating Practitioner or Consulting Practitioner is unable to determine the patient's diagnosis or prognosis (to the extent that it would be acceptable to the majority of their peers) they must refer the patient to a registered health practitioner who has appropriate skills and training to provide a determination in relation to the matter. This referral is part of the First Assessment process. In line with standard practice, the Coordinating Practitioner or Consulting Practitioner should explain the reason for

the referral to the patient. The outcome of the determination should be provided as soon as practicable and copies of any reports received must be included in the *First Assessment Report Form*.

A registered health practitioner who accepts the referral:

- must not be a family member of the patient
- must not know or believe they are a beneficiary under the will of the patient or may otherwise benefit financially or in any other material way from the death of the patient (other than by receiving reasonable fees for the provision of services in connection with the referral).

It is recommended that the Coordinating Practitioner or Consulting Practitioner includes a request in their referral that the registered health practitioner provides declarations in the report back that they are not a family member, a beneficiary or may benefit as noted above. A proforma example of this referral is included in [Appendix F](#).

8.2.4 Registered health practitioner determination regarding diagnosis or prognosis

Once the Coordinating Practitioner or Consulting Practitioner has received the report, they may adopt the determination of the registered health practitioner or they may choose to rely on their own determination. The Coordinating Practitioner and Consulting Practitioner should understand that not relying on the registered health practitioner's opinion may expose them to liability. If the Coordinating Practitioner or Consulting Practitioner decides not to adopt the determination of the registered health practitioner, they should have clear and robust reasons for their decision that are well documented. It is important that the Coordinating Practitioner and Consulting Practitioner are able to recognise and act within their scope of experience and expertise.

8.2.5 Suffering

A further requirement for accessing voluntary assisted dying is that the person's disease, illness or medical condition is causing suffering that cannot be relieved in manner that the person considers tolerable. Suffering can be defined as a state of distress associated with events that threaten the intactness of the individual. While it often occurs in the presence of pain, shortness of breath or other bodily symptoms, suffering extends beyond the physical.¹ As the Ministerial Expert Panel on Voluntary Assisted Dying observed: 'suffering is an intensely personal experience and can take a variety of forms (physical, mental, emotional, social, spiritual or existential)'.²

A person's request for voluntary assisted dying can be the result of multiple interconnected factors related to their disease, illness or medical condition, including both physical and psychological suffering; a wish to control the circumstances of their death; and a desire to relieve distress over a loss of autonomy. Suffering is a subjective experience and the Coordinating Practitioner and Consulting Practitioner must document the patient's own assessment of whether they are experiencing suffering that cannot be relieved in a manner they consider tolerable. If the patient is suffering because of the disease, illness or medical condition, then this eligibility requirement is met.

8.3 Assessing the person's decision-making capacity

Medical practitioners frequently assess their patients' understanding of treatment options as part of standard clinical practice. When a patient requests voluntary assisted dying, the Coordinating Practitioner and Consulting Practitioner must specifically assess the patient's capacity to make decisions about voluntary assisted dying, according to the legal test set out in the Act (further discussed in [section 8.3.1](#)).

1 Cassell EJ 1991, *The nature of suffering and the goals of medicine*, Oxford University Press, New York, p. 31.

2 Ministerial Expert Panel on Voluntary Assisted Dying Final Report, Department of Health, Government of Western Australia, 2019.

When undertaking this assessment, the medical practitioner should choose a time when the person's symptom control is optimal, they are not overly tired or experiencing adverse effects from medication, and they have the appropriate support to demonstrate their decision-making capacity (e.g. assistance from an interpreter or speech pathologist if required). All patients requesting voluntary assisted dying, including those with a mental illness or disability, are presumed to have decision-making capacity, including in relation to voluntary assisted dying, unless there is evidence otherwise.

The presence of depression in people who are at the end of life and experiencing suffering and a loss of hope is not uncommon. The fact that a person has depression may, but does not necessarily, mean they do not have decision-making capacity in relation to voluntary assisted dying. If the Coordinating Practitioner or Consulting Practitioner believes the patient is depressed, they should carefully explore with the patient how this is affecting them, as part of the decision-making capacity assessment. If, after discussion with the patient, there are unresolved doubts the Coordinating Practitioner or Consulting Practitioner must make a referral for determination of decision-making capacity.

8.3.1 Assessing decision-making capacity in relation to voluntary assisted dying

There is a specific legal test set out in the Act that the Coordinating Practitioner and Consulting Practitioner must use to assess whether a patient has decision-making capacity in relation to voluntary assisted dying. It is slightly different from other tests of decision-making capacity in that it relates specifically to a voluntary assisted dying decision.

A voluntary assisted dying decision includes:

- the First Request
- the Written Declaration
- the Final Request
- the Administration Decision
- the person's decision to proceed with the administration of the voluntary assisted dying substance.

A person has decision-making capacity in relation to voluntary assisted dying if they have the capacity to:

1. understand any information or advice about a voluntary assisted dying decision that is required under the Act to be provided to the patient
2. understand the matters involved in a voluntary assisted dying decision
3. understand the effect of a voluntary assisted dying decision
4. weigh up the factors referred to at 1, 2 and 3 for the purposes of making a voluntary assisted dying decision
5. communicate a voluntary assisted dying decision in some way (including verbally, using gestures or by other means).

The Coordinating Practitioner and Consulting Practitioner may find it useful to use a capacity and consent tool to guide discussions with the patient. While there are no validated tools specific to assessing decision-making capacity in relation to voluntary assisted dying, [Table 7](#) may be helpful in framing the assessment discussion. The table has been closely adapted from the *Voluntary assisted dying – guidance for health practitioners* resource developed by the Victorian Department of Health and Human Services, from a tool designed by Appelbaum³ and the Victorian voluntary assisted dying training program.⁴

3 Appelbaum PS 2007, 'Assessment of persons' competence to consent to treatment', *New England Journal of Medicine*, no. 357, pp. 1834–1840.

4 Willmot L and White B 2018, *Voluntary Assisted Dying Act 2017* Assessment Training Module 4, for the Department of Health and Human Services, Melbourne.

Table 7. Assessing decision-making capacity in relation to voluntary assisted dying: possible approaches and red flags

| Criterion | Patient's task | Medical practitioner's assessment approach | Questions for clinical assessment | Red flags – require further investigation |
|--|--|--|--|--|
| a. Understand any information or advice about a voluntary assisted dying decision that is required under the Act to be provided to the patient | Understand their current health situation, their options and the decisions they are making. Grasp the fundamental nature of voluntary assisted dying and that it would lead to their death. | Encourage the patient to describe in their own words what the medical practitioner has said about the patient's medical condition, prognosis, palliative care and treatment options and what is involved with voluntary assisted dying. Ask the patient to describe their thoughts about their medical condition, prognosis, possible treatment options and outcomes, and about voluntary assisted dying. | Please tell me in your own words about: <ul style="list-style-type: none"> the problem with your health now the treatment options and voluntary assisted dying the possible benefits and risks (or discomforts) of the palliative care, treatment or voluntary assisted dying the risks and benefits of no treatment | Patient fails to understand their medical condition or prognosis or to recount the possible palliative care and treatment options and their consequences (including no treatment) and their benefits and risks. Patient does not accept their condition (for example, those who lack insight because of delusions or denial). |
| b. Understand the matters involved in making a voluntary assisted dying decision | | | How do you feel about your health now? What are your expectations about what treatment or voluntary assisted dying will or won't do for you? What do you believe will happen if you are not treated? If you are given access to voluntary assisted dying can you explain what you expect will happen? ⁵ | Patient cannot remember or is unclear about their medical condition, prognosis, possible treatment options and voluntary assisted dying. Patient cannot remember their prior choices or express them in a consistent way. |
| c. Understand the effect of a voluntary assisted dying decision | | | | |

5 Peisah C, Sheahan L and White B 2019, 'Biggest decision of them all – death and assisted dying: capacity assessments and undue influence screening', Internal Medicine Journal 49 (2019) p792-796.

| Criterion | Patient's task | Medical practitioner's assessment approach | Questions for clinical assessment | Red flags – require further investigation |
|--|--|--|---|--|
| d. Weigh up the factors referred to in (a), (b) and (c) for the purposes of making a voluntary assisted dying decision | To duly consider palliative care, treatment options and voluntary assisted dying using the relevant information provided by the medical practitioner | Ask the patient to compare palliative care, treatment options and outcomes, including voluntary assisted dying, and provide reasons for the chosen option. | How did you decide to accept or reject the other palliative care and treatment options? What makes [the chosen option] better than [the alternative option]? | People are able to make medical decisions that medical practitioners may think are unwise. The focus here should be on the process and whether it leads logically to the outcome. A red flag would be a decision-making process that appears to be unusually brief or does not appear to be grounded in the patient's personal beliefs or values, or that is dismissive of alternative options without explanation. Frequent reversals of decisions may indicate lack of decision-making capacity. |
| e. Communicate a voluntary assisted dying decision in some way | Clearly state their decision | Listen to the patient's request and seek clarification if it is not clear | Have you decided which option to follow? Can you tell me what that decision is? [If no decision] what's making it hard for you to decide? | A patient who appears to respond inconsistently to questions. |

8.3.2 When to refer for a determination of decision-making capacity

If the Coordinating Practitioner or Consulting Practitioner is unable to determine whether the patient has decision-making capacity in relation to voluntary assisted dying, they must refer the patient to a registered health practitioner with appropriate skills and training for a determination. This referral is part of the First Assessment process. In line with standard practice, the Coordinating Practitioner or Consulting Practitioner should explain the reason for the referral to the person. The outcome of the determination should be provided as soon as practicable and copies of any reports received must be included in the *First Assessment Report Form*.

Depending on the patient's medical condition and any comorbid mental illness, suitable registered health practitioners may include a psychiatrist, geriatrician, neuro-psychologist or psychologist. A registered health practitioner who accepts the referral:

- must not be a family member of the patient
- must not know or believe they are a beneficiary under the will of the patient or may otherwise benefit financially or in any other material way from the death of the patient (other than by receiving reasonable fees for the provision of services in connection with the referral).

It is recommended that the Coordinating Practitioner or Consulting Practitioner includes a request in their referral that the registered health practitioner provides declarations in the report back that they are not a family member, a beneficiary or may benefit as noted above. A proforma example of this referral is included in [Appendix G](#).

8.3.3 Registered health practitioner determination regarding decision-making capacity

Once the Coordinating Practitioner or Consulting Practitioner has received the referral report, they may adopt the determination of the registered health practitioner, or they may choose to rely on their own determination. If the Coordinating Practitioner or Consulting Practitioner decides not to adopt the determination of the registered health practitioner, they should have clear and robust reasons for their decision that are well documented. The Coordinating Practitioner and Consulting Practitioner should understand that not relying on the registered health practitioner's opinion may expose them to liability. It is important that medical practitioners are able to recognise and act within their scope of experience and expertise.

8.4 Assessing whether the person's decision is voluntary, made without coercion and enduring

The Coordinating Practitioner and Consulting Practitioner must be satisfied that the patient is acting voluntarily and without coercion and that their request for access to voluntary assisted dying is enduring. Time should be taken to discuss and understand the reasons why the person is requesting access to voluntary assisted dying. These conversations will provide insight into the patient's concerns and why they think accessing voluntary assisted dying will address these concerns. The Coordinating Practitioner and Consulting Practitioner can ask the person how they reached their decision, including what or who may have influenced them.

If a patient is requesting access to voluntary assisted dying because they are concerned that they are a burden on their carers or family, their situation should be explored. This may include investigating additional options for supportive care or respite care. The Coordinating Practitioner and Consulting Practitioner should also seek to understand why the patient has raised this concern and what they mean by it. Some people may say they feel like they are a burden because members of their family are struggling, while others may use this to start a conversation about their struggles with their current situation. Such comments should also raise a 'red flag' to the Coordinating Practitioner or Consulting

Practitioner to explore whether there may be any element of explicit or implicit coercion underlying the patient's request for voluntary assisted dying.

It is also relevant for the Coordinating Practitioner and Consulting Practitioner to recognise if the patient is being coerced or pressured not to access voluntary assisted dying. This will indicate that the patient is likely to need additional support and planning. The Coordinating Practitioner will need to be especially careful to maintain appropriate patient confidentiality while also considering strategies to assist in managing a potentially complex family situation as the person progresses through the voluntary assisted dying process.

The assessment should firstly include talking with the patient on their own and, if appropriate and with the patient's consent, discussing with the family how they feel about the patient's decision (along with observation and assessment of family dynamics). Discussion with members of the treating team about observations and conversations that they may have had with the patient or their carers, family or friends may also provide useful insights into the motivation behind the patient's decision.

Indicators of possible coercion that are often detected during a consultation with carers, family or friends present may include:

- excessive deferment by the patient to carers, family or friends for answers, reassurance or explanation
- carers, family or friends talking over the patient and answering on their behalf
- inconsistencies in the patient's answers to questions about their suffering, illness experience or voluntary assisted dying in general.

For these reasons, it may be necessary to talk with the patient away from others to determine if there is potential coercion. Questions the Coordinating Practitioner and Consulting Practitioner could ask in their discussion with the patient include:

- Are you feeling any pressure from others to request voluntary assisted dying?
- Do you have or are there any significant financial concerns?
- Do you have any concerns about your family after you die?
- Is there anything we need to know that you don't want your family to know?
- What about your family/friends (may include partners, spouse, children, parents, siblings)?
- Are they aware of your request for voluntary assisted dying?
- How do they feel about it?
- Do they support your decision?
- Is your GP aware of your request for voluntary assisted dying?
- Does your GP support it?

If there is a concern that the patient may be experiencing family and domestic violence, financial abuse or elder abuse these issues should be discussed with the patient. If the Coordinating Practitioner or Consulting Practitioner is not satisfied that the patient's decision is voluntary and without coercion, they must assess the person as ineligible.

8.4.1 When to consider referral for determination of voluntariness

The Act requires that where the Coordinating Practitioner or Consulting Practitioner cannot determine whether the person is acting voluntarily and without coercion, they must refer the patient to someone with the appropriate skills and training to make that determination. This may include experienced registered health practitioners and other professionals. In some cases, social workers or police officers who are familiar with the patient's situation can be called upon to help determine if the person is acting voluntarily and without coercion. A proforma example of this referral is included in [Appendix H](#).

8.5 Information to be provided to person assessed as meeting the eligibility criteria

An eligible person must be provided with specific information by the Coordinating Practitioner as part of the First Assessment, and then again by the Consulting Practitioner as part of the Consulting Assessment. The information does not need to be provided to the patient in writing and should instead form part of the discussions between the Coordinating Practitioner or Consulting Practitioner and the patient during the assessment process.

The Coordinating Practitioner and the Consulting Practitioner must inform the patient about each of the following matters:

- their diagnosis and prognosis
- the treatment options available to them and the likely outcomes of that treatment
- the palliative care and treatment options available to them and the likely outcomes of that care and treatment
- the potential risks of self-administering or being administered the voluntary assisted dying substance (and that the expected outcome of self-administering or being administered the substance is death)
- the method by which the voluntary assisted dying substance is likely to be self-administered or administered
- the request and assessment process, including the requirement for a Written Declaration signed in the presence of two witnesses
- that if they make a self-administration decision, they must appoint a Contact Person
- that they may decide at any time not to continue the request and assessment process or not to access voluntary assisted dying
- that if they are receiving ongoing health services from a medical practitioner other than the Coordinating Practitioner, they are encouraged to inform the medical practitioner of their request for access to voluntary assisted dying.

Both the Coordinating Practitioner and the Consulting Practitioner must be independently satisfied that the patient understands this information. If either practitioner is not satisfied that the patient understands this information, the patient must be considered ineligible. Under the Commonwealth *Criminal Code Act 1995* some of this information cannot be discussed or provided over a carriage service (e.g. telephone, videoconference, email etc.) and will need to be discussed in person.

8.5.1 Additional information to be discussed by the Coordinating Practitioner

In addition to the matters identified above, the Coordinating Practitioner (but not the Consulting Practitioner) must also fully explain:

- all relevant clinical guidelines (e.g. describing how and when the voluntary assisted dying substance can be administered)
- a plan in respect of the administration of a voluntary assisted dying substance.

If the patient consents, these discussions can also include a support person. While the inclusion of carers, family or friends in these discussions should be encouraged, it always remains the patient's choice as to who is involved. The Coordinating Practitioner should explore with the patient what their expectations or assumptions about the voluntary assisted dying process may be and consider how best to support them in their plans for death.

Planning for death should consider practical aspects of the administration process and how carers, family, friends or others will manage the situation after administration is completed. Discussion should include:

- the location where the patient prefers to die (e.g. home, hospice, residential care, hospital etc.)
- who the patient wants present with them at the time of administration of the voluntary assisted dying substance
- cultural considerations and rituals that are important to the patient and their family
- preparing those present at the time of administration for what happens during the process of death and what they need to do at that time and shortly after
- if the patient had chosen practitioner administration, how the time for administration will be arranged between the Administering Practitioner and the patient
- a plan for who should be contacted to issue the MCCD (if the Coordinating Practitioner or Administering Practitioner will not be certifying the death).

Under the Commonwealth *Criminal Code Act 1995* some of this information cannot be discussed or provided over a carriage service (e.g. telephone, videoconference, email etc) and will need to be discussed in person. A proforma example of considerations that may assist the Coordinating Practitioner and the person in planning for death is included in [Appendix I](#).

The information sheets *Considerations at end of life* and *Supporting someone through the process* may also be useful in planning and preparing for death (see [Appendix A](#)).

8.6 Outcome of the First Assessment

The Coordinating Practitioner must inform the patient of the outcome of the First Assessment as soon as practicable after its completion. The patient must be assessed as eligible for access to voluntary assisted dying if the Coordinating Practitioner is satisfied that the patient:

1. meets all the eligibility criteria (see [sections 8.1–8.4](#))
2. understands the information required to be provided to them (see [section 8.5](#)).

If the Coordinating Practitioner is not satisfied as to either of these matters, they must assess the patient as ineligible.

The Coordinating Practitioner must complete the *First Assessment Report Form* and provide a copy to the Voluntary Assisted Dying Board within two business days of completing the First Assessment. The *First Assessment Report Form* includes the details of any referrals for determination and the outcome of those referrals, as well as copies of any reports received. The Coordinating Practitioner must also give a copy of the *First Assessment Report Form* to the patient. This form can be accessed and submitted via VAD-IMS (including upload of other relevant documents). Submission via VAD-IMS is considered giving a copy to the Voluntary Assisted Dying Board. The Voluntary Assisted Dying Board will provide confirmation of receipt of the form to the Coordinating Practitioner.

8.6.1 Discussing the outcome with a person who is ineligible

It may be difficult for a person seeking to access voluntary assisted dying to accept that they are not eligible for the process. The Coordinating Practitioner should listen compassionately to the patient and, if possible and appropriate, discuss with the patient how their treating healthcare team may alleviate any physical symptoms or psychosocial and spiritual distress they may be experiencing. Based on the discussion, suitable referrals should be made, and the patient's care plan updated. Additional support from a specialist palliative care team may benefit the patient if one is not already involved in the patient's care.

If the patient agrees, it may be helpful to discuss their situation concerning voluntary assisted dying with their treating healthcare team and family. However, the patient's confidentiality and privacy must always be respected. If they do not wish others to be informed of their request to access voluntary assisted dying, this must be upheld. As part of explaining to the patient why they are ineligible the Coordinating Practitioner should address, if relevant, that the patient's eligibility may change if their circumstances change. For example, if the patient's prognosis changes they may then become eligible for voluntary assisted dying. If circumstances do change, the patient may commence the process again by making a new First Request to the same medical practitioner or a different one.

8.6.2 Information to be provided to the person regarding reviewable decisions

It is a requirement that the patient be notified in writing of the decisions in the First Assessment that are considered reviewable decisions under the Act. They should also be notified that they have the right to have the outcomes of these decisions reviewed by the State Administrative Tribunal (SAT). This written notification is built into the *First Assessment Report Form* (and the *Consulting Assessment Report Form*). Reviewable decisions are those that relate to residency, decision-making capacity in relation to voluntary assisted dying, and voluntariness. [Section 20](#) provides more information on the role of SAT.

8.6.3 Referring the person for a Consulting Assessment

If the patient has been assessed as eligible for voluntary assisted dying, the Coordinating Practitioner must refer the patient to another medical practitioner for a Consulting Assessment. The process for this referral can follow the usual pathway for medical referrals to other health professionals. A proforma referral form is included as an example in [Appendix J](#).

As voluntary assisted dying is a complex process, it may be necessary to gauge the interest of a colleague to undertake the role of Consulting Practitioner (as well as their eligibility to do so). If a Coordinating Practitioner has a preliminary discussion with a medical practitioner but does not make a formal referral, the discussion does not trigger the Consulting Assessment process and the Coordinating Practitioner must make a referral to another medical practitioner. SWCNS is available to assist with linking a Coordinating Practitioner with an eligible medical practitioner who may be willing to accept a referral for a Consulting Assessment. Contact details for SWCNS can be found in [section 21](#).

9 Step Three: The Consulting Assessment

If the Coordinating Practitioner has assessed a patient as ineligible to access voluntary assisted dying, the voluntary assisted dying process stops. If the Coordinating Practitioner has assessed a patient as eligible to access voluntary assisted dying they will refer the patient to another medical practitioner for a Consulting Assessment.

9.1 The Consulting Assessment referral

The medical practitioner can only accept the referral for a Consulting Assessment from the Coordinating Practitioner if they are eligible to do so (see [section 4.2](#)). They then become the Consulting Practitioner for the patient.

9.1.1 Refusing the Consulting Assessment referral

The medical practitioner **must** refuse the referral if they are not eligible to act as the Consulting Practitioner for the patient (see [section 4.2](#)). In addition to ineligibility, there are several reasons why a medical practitioner may refuse the referral for the Consulting Assessment, they may:

- be unwilling to perform the duties of Consulting Practitioner (e.g. they do not want to be the Consulting Practitioner for the person)
- be unable to perform the duties of Consulting Practitioner (e.g. they cannot commit the time required)
- hold a conscientious objection to voluntary assisted dying.

If a medical practitioner refuses the Consulting Assessment referral on the basis of conscientious objection, they must inform the person and the Coordinating Practitioner **immediately**. In all other circumstances the medical practitioner must inform the patient and the Coordinating Practitioner within two business days of their decision to accept or refuse the referral.

It is considered a professional obligation that a medical practitioner not unduly delay a patient's access to voluntary assisted dying. The medical practitioner should make their decision and inform the person and the Coordinating Practitioner as soon as practicable.

9.1.2 Documenting the Consulting Assessment referral

The details of the referral should be recorded in the patient's medical record in alignment with good clinical practice. As part of that documentation, a medical practitioner who receives a Consulting Assessment referral from a Coordinating Practitioner is obliged to record (at minimum) the following information in the person's medical record:

- the referral
- their decision to accept or refuse the referral
- if refused, their reason for refusal.

In addition, a medical practitioner who receives a Consulting Assessment referral from a Coordinating Practitioner is obliged to complete the *Consultation Referral Form* and provide a copy to the Voluntary Assisted Dying Board within two business days of their decision to accept or refuse the referral. This form can be accessed and submitted via VAD-IMS or returned via fax. A medical practitioner does not need to be registered on VAD-IMS to be able to complete and submit the form. The Voluntary Assisted Dying Board will provide confirmation of receipt of the form to the medical practitioner.

9.1.3 Conducting the Consulting Assessment

Before commencing the Consulting Assessment, the Consulting Practitioner must have:

- successfully completed the WA VAD Approved Training (see [sections 4.3](#) and [4.4](#))
- confirmed that they can act as the Consulting Practitioner for the patient (see [section 4.2](#))
- accepted the referral for the Consulting Assessment.

The Consulting Practitioner will be required to make relevant declarations regarding their eligibility.

The Consulting Practitioner, must complete the Consulting Assessment to determine the person's eligibility for access to voluntary assisted dying. This follows a similar process to the First Assessment conducted by the Coordinating Practitioner. Refer to the guidance provided in [sections 8.1](#) through [8.5](#) for the assessment process.

The Consulting Practitioner must determine whether the patient meets the eligibility criteria independently of the Coordinating Practitioner and will not be able to access the Coordinating Practitioner's assessment held within VAD-IMS. The Consulting Practitioner may consider reports and relevant information from other registered health practitioners as part of the assessment process.

9.2 Outcome of the Consulting Assessment

The Consulting Practitioner must inform the patient and the Coordinating Practitioner of the outcome of the First Assessment as soon as practicable after its completion. The patient must be assessed as eligible for access to voluntary assisted dying if the Consulting Practitioner is satisfied that the patient:

1. meets all the eligibility criteria (see [sections 8.1](#) through [8.4](#))
2. understands the information required to be provided to them (see [section 8.5](#)).

If the Consulting Practitioner is not satisfied as to either of these matters, they must assess the person as ineligible.

The Consulting Practitioner must complete the *Consulting Assessment Report Form* and provide a copy to the Voluntary Assisted Dying Board within two business days of completing the Consulting Assessment. The *Consulting Assessment Report Form* includes the details of any referrals for determination and the outcome of those referrals, as well as copies of any reports received.

The Consulting Practitioner must also give a copy of the *Consulting Assessment Report Form* to the patient making the request for voluntary assisted dying. This form can be accessed and submitted via VAD-IMS (including upload of any other relevant documentation). Submission via VAD-IMS is considered giving a copy to the Voluntary Assisted Dying Board. The Voluntary Assisted Dying Board will provide confirmation of receipt of the form.

9.2.1 Discussing the outcome with a person who is ineligible

The discussion with a patient assessed as ineligible following a Consulting Assessment may be difficult, especially given that the person was assessed as eligible by the Coordinating Practitioner at the First Assessment. The Consulting Practitioner will need to be clear and sensitive in how they inform the patient of the assessment outcome (refer also to the guidance in [section 8.6.1](#)).

9.2.2 Information to be provided to the person regarding reviewable decisions

As is the case following the First Assessment, the patient is required to be notified in writing of the decisions in the Consulting Assessment that are considered reviewable decisions. They should also be notified that they have the right to have the decisions reviewed by SAT. This written notification is built into the *Consulting Assessment Report Form*. Refer to [section 20](#) for more information on the role of SAT in the voluntary assisted dying request and assessment process.

9.2.3 Coordinating Practitioner may refer for a further Consulting Assessment

If the Consulting Practitioner assesses the patient as ineligible, the Coordinating Practitioner may refer the patient to another medical practitioner for a further Consulting Assessment.

10 Step Four: The Written Declaration

If both the Coordinating Practitioner and the Consulting Practitioner assess the patient as eligible to access voluntary assisted dying, the person may make a Written Declaration for access to voluntary assisted dying. This is required to continue the process. The Written Declaration is the second request a patient makes as part of the voluntary assisted dying process and it must be made in the approved form. The Written Declaration can be downloaded and printed from VAD-IMS by either the Coordinating Practitioner or Consulting Practitioner and given to the patient to complete. For an example, refer to [Appendix C](#). An information sheet providing guidance for the patient titled *Voluntary Assisted Dying in Western Australia – Completing the Written Declaration* is included in [Appendix A](#).

10.1 Completing the Written Declaration

The patient must complete the Written Declaration in the presence of two eligible witnesses. The Written Declaration specifies that the patient:

- is making the declaration voluntarily and without coercion
- understands the nature and effect of the declaration.

If the patient is unable to sign the Written Declaration (e.g. due to issues with manual dexterity) they may direct another person to sign on their behalf. This person must:

- have reached 18 years of age
- not be one of the two witnesses to signing of the Written Declaration
- not be the Coordinating Practitioner or Consulting Practitioner for the person
- sign at the person's direction and in their presence.

10.1.1 Requirements of the two witnesses

The requirement for two eligible witnesses is a safeguard for those who may be vulnerable to abuse and coercion. The witnesses provide independent verification that the Written Declaration was signed freely and voluntarily by the person requesting access to voluntary assisted dying. The eligibility requirements are aimed at ensuring the witnesses do not have a conflict of interest in witnessing the Written Declaration. To be eligible to witness the signing of the Written Declaration, the two witnesses must:

- have reached 18 years of age
- not know or believe that they are a beneficiary under a will of the patient or may otherwise benefit financially or in any other material way from the death of the person
- not be a family member of the person
- not be the Coordinating Practitioner or Consulting Practitioner for the patient.

Each witness must sign the Written Declaration certifying that:

- in their presence, the patient appeared to freely and voluntarily sign the declaration
- they are not knowingly an ineligible witness.

Alternatively, if the patient has requested that another person sign the declaration on their behalf, each witness must sign the Written Declaration certifying that:

- in their presence, the patient appeared to freely and voluntarily direct the person to sign the declaration
- the person signed the declaration in the presence of the patient and the witness
- they are not knowingly an ineligible witness.

10.1.2 Use of interpreting services

A person seeking voluntary assisted dying may make the Written Declaration with the assistance of an interpreter who meets certain accreditation requirements (see [section 19](#)). The accredited interpreter must sign the Written Declaration and certify on the Written Declaration that they provided a true and correct translation of any material.

10.2 Coordinating Practitioner responsibilities

Once the Written Declaration is completed, the patient must give the Written Declaration to their Coordinating Practitioner. The Coordinating Practitioner must record (at minimum) the following details in the patient's medical record the date the Written Declaration:

- was made
- was received by the Coordinating Practitioner.

The Coordinating Practitioner must give a copy to the Voluntary Assisted Dying Board within two business days. Submission via VAD-IMS is considered giving a copy to the Voluntary Assisted Dying Board. The Voluntary Assisted Dying Board will provide confirmation of receipt to the Coordinating Practitioner.

11 Step Five: The Final Request

Once the Written Declaration is completed, the patient may make a Final Request for access to voluntary assisted dying to the Coordinating Practitioner to continue the process. This is the third request that the patient must make to access voluntary assisted dying.

11.1 Making the Final Request

The Final Request must be:

- clear and unambiguous
- made either in person or, where this is not practicable, via audiovisual communication.

If a Final Request is made via audiovisual communication, the Coordinating Practitioner must ensure that any discussion of the voluntary assisted dying process does not breach the Commonwealth *Criminal Code Act 1995* (see [section 6](#)).

11.1.1 Timing of the Final Request

The Act places some restrictions around how soon a Final Request may be made. There must be at least a day between the Consulting Assessment and the Final Request. This means that while the Final Request can be made on the same day as the Written Declaration, it cannot be made on the same day as the Consulting Assessment.

Under the Act, there is a designated period of nine days required between the First Request and the Final Request. This designated period begins on the day the person makes the First Request. For example, if the person made the First Request on the 4th of September, the earliest they could make the Final Request is on the 13th of September (i.e. nine days later).

However, the Act allows for the Final Request to be made before the end of this nine-day period in specific circumstances. If both the Coordinating Practitioner and Consulting Practitioner believe the patient is likely to die or to lose decision-making capacity in relation to voluntary assisted dying before the end of the designated period, it may be possible for the person to access voluntary assisted dying sooner than nine days. All steps of the voluntary assisted dying process as set out in the Act must still be followed, and there must be at least one day between the Consulting Assessment and the Final Request.

11.2 Documenting the Final Request

The Coordinating Practitioner must record (at minimum) the following information in the patient's medical record:

- the date the Final Request was made
- if the Final Request was made before the end of the designated period, the reason for it being made before the end of that period.

The Coordinating Practitioner must complete the *Final Request Form* and give a copy of this to the Voluntary Assisted Dying Board within two business days of receiving the Final Request. Submission via VAD-IMS is considered giving a copy to the Voluntary Assisted Dying Board. The Voluntary Assisted Dying Board will provide confirmation of receipt of the form to the Coordinating Practitioner.

12 Step Six: The Final Review

Once they have received a Final Request, the Coordinating Practitioner must complete a Final Review to ensure that the voluntary assisted dying request and assessment process has been completed in accordance with the Act.

12.1 Conducting the Final Review

As part of the Final Review, the Coordinating Practitioner must make sure that the patient has decision-making capacity in relation to voluntary assisted dying, is acting voluntarily and without coercion, and still wants to access voluntary assisted dying. As part of this process the Coordinating Practitioner must review:

- the First Assessment Form
- all Consulting Assessment forms
- the Written Declaration.

When conducting the Final Review, the Coordinating Practitioner must take into consideration any decision made by SAT related to the request and assessment process.

It is also worth noting that the discovery of a minor or technical error in any of the forms does not invalidate the request and assessment process. For example, an accidentally incorrect date or spelling error does not have the effect of invalidating the process to date for the patient. These types of mistakes can be corrected with minimal impact. The Coordinating Practitioner is advised to contact the Voluntary Assisted Dying Board Secretariat in relation to any corrections required (VADBoard@health.wa.gov.au).

12.2 Documenting the Final Review

After reviewing the necessary documentation, the Coordinating Practitioner must complete the *Final Review Form* and provide a copy of this to the Voluntary Assisted Dying Board within two business days of completing the Final Review. Submission via VAD-IMS is considered giving a copy to the Voluntary Assisted Dying Board. The Voluntary Assisted Dying Board will provide confirmation of receipt of the form to the Coordinating Practitioner.

13 Step Seven: The Administration Decision

The following section should be read in conjunction with the *Voluntary Assisted Dying – Prescription and Administration Information* provided to participating practitioners in hard copy as part of the WA VAD Approved Training.

13.1 Review of current medications

It is recommended that the Coordinating Practitioner undertakes a review of the patient's current medications with the intention of ceasing non-essential medications ahead of the administration of the voluntary assisted dying substance. The patient should keep taking essential medications as instructed by the prescribing practitioner, who may or may not be the Coordinating Practitioner. This review will support the Coordinating Practitioner to make decisions regarding the adjunct medication component of the administration protocol and plan for the patient. If there are concerns with the patient's existing medications in relation to the voluntary assisted dying substance protocol, these can be discussed with SWPS (see [section 22](#)).

After the Final Review is completed, and if the patient has been confirmed as eligible at the Final Review, they may make an administration decision. This decision is made in consultation with, and on the advice of, the Coordinating Practitioner.

13.2 Options for administering the voluntary assisted dying substance

Administration of the voluntary assisted dying substance may be through one of two options:

1. self-administration
2. practitioner administration.

An administration decision must be clear and unambiguous and made in the presence of, and in collaboration with, the Coordinating Practitioner. This decision may be communicated verbally, using gestures or by other means of communication available to the patient. In the current legislative environment, it is recommended that the Administration Decision is **not** made using audiovisual communication (e.g. telehealth) as it is highly likely that there will need to be discussion of content that is not permitted over a carriage service under the Commonwealth *Criminal Code Act 1995*.

13.2.1 Self-administration

Self-administration of the voluntary assisted dying substance requires the person to prepare and ingest the substance by swallowing or via a percutaneous endoscopic gastrostomy (PEG) or nasogastric (NG) tube. The patient needs to be able to complete these actions entirely by themselves. Under the Act, they **cannot** be assisted with preparing the substance (which includes decanting, mixing etc.) or with the physical act of ingesting the substance. This includes assistance with using their PEG or NG tube.

If the patient is unable to independently undertake these actions or is concerned about their ability to undertake these actions, self-administration is not a suitable option for them.

13.2.2 Practitioner administration

A practitioner administration decision can only be made if the Coordinating Practitioner advises the patient that self-administration of the voluntary assisted dying substance is not appropriate for them. This will be due to one or more reasons, including:

- the patient is unable to self-administer the substance
- the patient has concerns about self-administering the substance
- the self-administering method is unsuitable for the patient.

Practitioner administration of the voluntary assisted dying substance may be assisted oral ingestion, assisted ingestion via PEG or NG tube, or intravenous administration.

13.3 Revocation of an administration decision

The patient may revoke an administration decision at any time. To do so, they must either inform the:

- Coordinating Practitioner of their decision to revoke a self-administration decision
- Administering Practitioner of their decision to revoke a practitioner administration decision.

The patient may inform the practitioner of their decision in writing, verbally, using gestures or in another way (e.g. through a communication aid). If the Administering Practitioner is not the Coordinating Practitioner for the patient, they must also inform the Coordinating Practitioner of the revocation. The revocation of an administration decision does not prevent the patient from making another administration decision.

The Coordinating Practitioner must record the revocation in the patient's medical record, complete the [Revocation Form](#) and give a copy to the Board within two business days of the decision. Submission via VAD-IMS is considered giving a copy to the Voluntary Assisted Dying Board. The Voluntary Assisted Dying Board will provide confirmation of receipt of the form to the Coordinating Practitioner.

13.4 The Contact Person

If a patient makes a self-administration decision, they must appoint a Contact Person to comply with the Act. This is not required in the case of a practitioner administration decision.

13.4.1 Who can be the Contact Person?

Anyone who has reached 18 years of age is eligible to be the Contact Person for a patient seeking access to voluntary assisted dying. This includes their Coordinating Practitioner or Consulting Practitioner, or any other health professional who may be involved with the patient's care. The Contact Person can also be a carer, family member or friend. The person undertaking the role of Contact Person must consent to the appointment and may choose to withdraw from the role at any time.

13.4.2 Role and responsibilities of the Contact Person

Under the Act, the Contact Person has significant responsibilities in relation to the voluntary assisted dying substance. The Contact Person is permitted to:

- receive the voluntary assisted dying substance from the Authorised Supplier (i.e. SWPS)
- possess the voluntary assisted dying substance for the purpose of supplying the substance to the patient
- possess the voluntary assisted dying substance for the purpose of giving the substance, or any unused or remaining portion of the substance, to an Authorised Disposer
- give the voluntary assisted dying substance or any unused or remaining portion of the substance to an Authorised Disposer
- supply the voluntary assisted dying substance to the patient.

In a case where an Authorised Supplier has already supplied the voluntary assisted dying substance (to the patient, Contact Person or agent) and the patient revokes their self-administration decision, the Contact Person must give the substance to an Authorised Disposer **within 14 days** of the person revoking the self-administration decision.

In a case where unused voluntary assisted dying substance remains following the death of the patient, the Contact Person must give the unused or remaining substance to an Authorised Disposer as soon as practicable and in any event **within 14 days** of the patient's death.

The Contact Person is also responsible for informing the Coordinating Practitioner if the patient dies. This must be done if the patient has died because of self-administration of the voluntary assisted dying substance or if they have died because of another reason.

The responsibilities associated with the Contact Person role are significant and failure to meet the obligations of the role can have substantial consequences. For example, the offence provision related to not giving unused or remaining voluntary assisted dying substance to an Authorised Disposer within the expected timeframe carries a penalty of imprisonment for up to 12 months.

It should be acknowledged that the role of Contact Person is potentially daunting, particularly for someone without a clinical background, and especially if they will lose someone they are close to through the voluntary assisted dying process. Participating practitioners should be aware of the significance of the role and aim to support the Contact Person wherever appropriate. SWCNS is also able to provide support to someone in the Contact Person role (see [section 21](#)).

13.4.3 Appointment of the Contact Person

The *Contact Person Appointment Form* can be downloaded from VAD-IMS by the Coordinating Practitioner. The patient and their Contact Person must complete the *Contact Person Appointment Form* and give this form to the Coordinating Practitioner once completed. If the patient is unable to complete the *Contact Person Appointment Form* (e.g. because of issues with manual dexterity) another person can complete the form on their behalf. This person must have reached 18 years of age and be directed by the patient to complete the form.

The Coordinating Practitioner must give the *Contact Person Appointment Form* to the Voluntary Assisted Dying Board within two business days of receiving the form. This form can be accessed and submitted via VAD-IMS. Submission via VAD-IMS is considered giving a copy to the Voluntary Assisted Dying Board. The Voluntary Assisted Dying Board will provide confirmation of receipt of the form to the Coordinating Practitioner.

13.4.4 Use of interpreting services

The assistance of an interpreter may be required to complete the *Contact Person Appointment Form* (see [section 19](#)). The name, contact details, and accreditation details of the interpreter must be included on the form.

13.4.5 Revocation of appointment of the contact person

The patient can revoke the appointment of their Contact Person at any time. The patient must inform the Contact Person of the revocation, at which time the appointment immediately ceases. The patient must then make another appointment to the role of Contact Person. The Coordinating Practitioner needs to enter the revocation into VAD-IMS and submit the new *Contact Person Appointment Form* to the Voluntary Assisted Dying Board within two business days of receiving it.

13.4.6 Contact Person may refuse to continue in role

The Contact Person may refuse to continue in the role for any reason. The Contact Person must inform the patient of their refusal, at which time the appointment immediately ceases. The patient must then make another appointment to the role of Contact Person. The Coordinating Practitioner needs to enter the refusal into VAD-IMS and submit the new *Contact Person Appointment Form* to the Voluntary Assisted Dying Board within two business days of receiving it.

13.4.7 Information to be provided to the Contact Person

When the Voluntary Assisted Dying Board is notified of the appointment of a Contact Person, it is required under the Act to send information to the Contact Person within two business days. This information explains the obligations of the Contact Person in relation to giving remaining or unused voluntary assisted dying substance to an Authorised Disposer. It also outlines the support services available to the Contact Person to assist them in meeting their obligations.

If the Contact Person and the patient both consent, the Voluntary Assisted Dying Board will also notify the Contact Person when the voluntary assisted dying substance is supplied to the patient. This helps to ensure the Contact Person knows when their responsibilities in relation to the voluntary assisted dying substance come into effect.

Additional information can be found in the information sheets *Choosing the Contact Person* and *Being the Contact Person* which are included in [Appendix A](#).

14 Step Eight: The Prescription

The following section should be read in conjunction with the *Voluntary Assisted Dying – Prescription and Administration Information* provided to participating practitioners in hard copy as part of the WA VAD Approved Training. The prescription process can only commence after an administration decision has been made and, in the case of self-administration, once the Coordinating Practitioner has been given the properly completed *Contact Person Appointment Form*. The Contact Person must be appointed before the prescription is issued.

14.1 Information to be provided before prescribing the voluntary assisted dying substance

It is likely that before reaching the stage of prescribing the voluntary assisted dying substance, the Coordinating Practitioner will have had several conversations with the patient covering key issues and concerns about their individual circumstances and the voluntary assisted dying process. However, before prescribing the voluntary assisted dying substance, the Coordinating Practitioner must provide certain information to the patient **in writing** in accordance with the Act.

14.1.1 Information for a person accessing self-administration

In the case of self-administration, the information that must be provided in writing includes:

- the Schedule 4 poison or Schedule 8 poison, or combination of those poisons, constituting the voluntary assisted dying substance
- that the patient is not under any obligation to obtain the substance
- that the patient is not under any obligation to self-administer the substance
- that the substance must be stored in accordance with the information provided by the Authorised Supplier who supplies the substance (i.e. SWPS)
- how to prepare and self-administer the substance
- the method by which the substance will be self-administered
- the expected effects of self-administration of the substance

- the period within which the patient is likely to die after self-administration of the substance
- the potential risks of self-administration of the substance
- that, if the patient decides not to self-administer the substance, their Contact Person must give the substance to an Authorised Disposer for disposal
- that, if the patient dies or decides not to self-administer the substance, their Contact Person must give any unused or remaining substance to an Authorised Disposer for disposal.

The written documentation to support the Coordinating Practitioner in meeting this requirement is contained in the *Voluntary Assisted Dying – Prescription and Administration Information*.

14.1.2 Information for a person accessing practitioner administration

In the case of practitioner administration, the information that must be provided in writing includes:

- the Schedule 4 or Schedule 8 poison, or combination of those poisons, constituting the voluntary assisted dying substance
- that the patient is not under any obligation to have the substance administered
- the method by which the substance will be administered
- the expected effects of administration of the substance
- the period within which the patient is likely to die after administration of the substance
- the potential risks of administration of the substance
- that, if the practitioner administration decision is made after the revocation of a self-administration decision, the Contact Person for the patient must give any voluntary assisted dying substance received by the patient, the Contact Person or an agent of the patient to an Authorised Disposer for disposal.

The written documentation to support the Coordinating Practitioner in meeting this requirement is contained in the *Voluntary Assisted Dying – Prescription and Administration Information*.

14.2 Completing the prescription

The prescription for the voluntary assisted dying substance must be completed in accordance with the instructions and protocols provided to the Coordinating Practitioner in the *Voluntary Assisted Dying – Prescription and Administration Information* which participating practitioners will have in hard copy.

The prescription must be given directly to SWPS either in person or via registered post or courier. The Coordinating Practitioner must record in VAD-IMS that the prescription has been given to SWPS, and on receiving the prescription SWPS will record this in VAD-IMS.

Care must be taken to complete the prescription clearly and accurately in accordance with the protocols so that it is able to be validated by SWPS without causing delay. Any adjunct medications required by the patient must be on a separate prescription. This prescription can be sent to SWPS with the prescription for the voluntary assisted dying substance.

14.3 Completing the Administration Decision and Prescription Form

After prescribing the voluntary assisted dying substance for the patient, the Coordinating Practitioner must complete the *Administration Decision and Prescription Form* and give a copy to the Board within two business days. If the patient has made a self-administration decision the Coordinating Practitioner must also submit a copy of the *Contact Person Appointment Form* within two business days. Submission via VAD-IMS is considered giving a copy to the Voluntary Assisted Dying Board. The Voluntary Assisted Dying Board will provide confirmation of receipt of the form/s to the Coordinating Practitioner.

15 Step Nine: Supply and use of the voluntary assisted dying substance

15.1 Supply of the substance

Supply of the voluntary assisted dying substance, including adjunct medications, is to be initiated at the request of the patient. This ensures that the process remains in their control. The supply of the voluntary assisted dying substance does not occur until SWPS is informed that the substance is being requested. This may be by direct contact from the patient in the case of self-administration, or by contact from the Administering Practitioner following the person's request to make arrangements for practitioner administration.

The Authorised Supplier (i.e. SWPS) must not supply the voluntary assisted dying substance until they have confirmed the authenticity of the prescription, the identity of the prescriber and the identity of the person to whom it is to be supplied.

15.1.1 Supply of the substance for self-administration

In the case of supply of the voluntary assisted dying substance for self-administration, SWPS will supply the substance to the **recipient** who may be:

- the patient
- the Contact Person
- an agent of the patient.

SWPS is also obliged to provide the recipient with written information at the same time. This information will address:

- that the patient is not under any obligation to self-administer the voluntary assisted dying substance
- how to store the substance in a safe and secure way

- how to prepare and self-administer the substance
- that, if the patient decides not to self-administer the substance, their Contact Person must give the substance to an Authorised Disposer for disposal
- that, if the patient dies, their Contact Person must give any unused or remaining substance to an Authorised Disposer for disposal.

If the substance is not supplied directly to the patient (i.e. it is supplied to the Contact Person or an agent of the patient) the recipient must give the patient the voluntary assisted dying substance along with the information provided by SWPS.

15.1.2 Supply of the substance for practitioner administration

In the case of practitioner administration, SWPS must supply the voluntary assisted dying substance to the Administering Practitioner. The Administering Practitioner will be responsible for the safe storage of the substance in line with the guidance provided in the *Voluntary Assisted Dying – Prescription and Administration Information* until the patient requests for it be administered.

15.2 Self-administration of the voluntary assisted dying substance

Detailed information on the administration of the voluntary assisted dying substance, including instructions, will be provided to the patient during consultation with the Coordinating Practitioner and by SWPS at the time the substance is supplied. In line with the Commonwealth *Criminal Code Act 1995*, information about self-administration of the voluntary assisted dying substance should not be provided over a carriage service and should instead happen in-person or by provision of hard copy documents.

15.2.1 Considerations for self-administration

The patient may self-administer the voluntary assisted dying substance at a time and place of their choosing, provided they remain within Western Australia. Evidence from places where voluntary assisted dying has been available for some time indicate that most people will choose to die at home. Choosing an environment to self-administer that is safe and supportive is an important part of end-of-life planning. A patient may choose to self-administer in one of a number of locations, including in a private or public hospital, at a community health service, in a residential aged care facility, or at their home. If the patient seeks to self-administer in a location other than a private home, they should be encouraged to have a plan in place to ensure the location is willing and able to safely meet their needs.

The patient should consider who they want to be present when they self-administer the voluntary assisted dying substance. Being present for the patient's death can be a positive experience for carers, family or friends, but it may also be confronting for some. As part of the planning process these people should be informed and prepared for what to expect so that they can make an informed decision about whether attending the patient's death is right for them. At least one person attending the death will need to know what to do after the patient has self-administered the substance (see [section 17](#) for more information). Anyone who chooses to self-administer the voluntary assisted dying substance should be encouraged not to self-administer alone. However, where this is the choice the patient has made, an appropriate plan should be put in place to ensure the requirements of the Act (such as the Contact Person giving unused or remaining voluntary assisted dying substance to an Authorised Disposer) can be met.

It may be a request of the patient to have the Coordinating Practitioner or other members of their treating healthcare team in attendance. The decision to accommodate such a request is entirely up to these individuals and the Act provides protections for those attending a self-administration (refer to [section 2.1.1](#)).

15.3 Practitioner administration of the voluntary assisted dying substance

When planning for practitioner administration, the Administering Practitioner should discuss the requirement for an eligible witness to be present. It is important that the patient is comfortable with the witness and that the witness is prepared to take on the role. The Administering Practitioner should also confirm the patient's preferences for the administration of the voluntary assisted dying substance. It is essential that the patient and the Administering Practitioner agree on a time, date and place that the Administering Practitioner and at least one eligible witness can be present.

The Administering Practitioner will need to arrange with SWPS to have the voluntary assisted dying substance dispensed. Detailed information and instructions about the practitioner administration process are provided to the Administering Practitioner when the voluntary assisted dying substance is dispensed.

15.3.1 Witnessing the administration request and practitioner administration

There must be a witness to the practitioner administration. The patient may have selected several carers, family or friends to be with them at the end of their life. If willing, one of these people may act as the witness to the practitioner administration of the voluntary assisted dying substance. This person:

- must have reached 18 years of age
- must not be an ineligible witness (i.e. they must not be a family member of the Administering Practitioner and must not be employed or engaged under a contract for services by the Administering Practitioner).

Once the Administering Practitioner and witness are present, it is recommended that the Administering Practitioner confirms with the patient that they are requesting the Administering Practitioner to administer the voluntary assisted dying substance.

The Administering Practitioner must be satisfied that, at the time of administering the substance, the patient:

- has decision-making capacity in relation to voluntary assisted dying
- is acting voluntarily and without coercion
- has an enduring request for access to voluntary assisted dying.

In accordance with good medical practice, the Administering Practitioner should remain with the patient until the patient dies.

15.4 Documenting practitioner administration

After the patient has died, the Administering Practitioner is required to complete the *Practitioner Administration Form*. This form requires specific details of the circumstances in which the administration took place, such as the time that lapsed between administration of the voluntary assisted dying substance and death, and details of any complications relating to the administration of the substance. An example of the form is included in [Appendix C](#).

The witness must certify in writing on the *Practitioner Administration Form* that:

- at the time of making the administration request, the patient's request for access to voluntary assisted dying appeared to be free, voluntary and enduring
- the Administering Practitioner administered the voluntary assisted dying substance to the patient in the presence of the witness.

The form should be printed in advance and brought along to the administration so that it can be sighted and signed by the witness. The Administering Practitioner is required to give a copy of the form to the Board within two business days after administering the voluntary assisted dying substance. Submission via VAD-IMS is considered giving a copy to the Voluntary Assisted Dying Board. The Voluntary Assisted Dying Board will provide confirmation of receipt of the form to the Administering Practitioner.

15.5 Involvement of other health professionals

As with any other medical treatment, other health professionals may assist the Administering Practitioner. However, **only** the Administering Practitioner is authorised under the Act to administer the voluntary assisted dying substance when a practitioner administration decision has been made. Other health professionals should determine whether they are willing to be present at the administration of the voluntary assisted dying substance and whether they are comfortable assisting the Administering Practitioner with aspects not directly related to the administration of the voluntary assisted dying substance.

The Act provides protection for persons who are present at the time of self-administration or practitioner administration in accordance with the Act (refer to [section 2.1](#)).

15.6 Unexpected medical events

If the patient has accessed voluntary assisted dying in a supported location, such as a hospital or hospice, or in the presence of a health professional (e.g. Administering Practitioner, nurse, specialist doctor etc.), a health professional who is present can respond to an unexpected medical event. If an unexpected medical event occurs, the patient should be provided with suitable treatment to ensure they are comfortable. It should be noted that health professionals are under no obligation to attempt life-sustaining measures (unless the patient requests this). Where the patient intends to self-administer the voluntary assisted dying substance with no health professional present, instructions in comfort care should be provided to carers, family and friends planning to be present as part of preparation for death.

Under the Act, voluntary assisted dying is a highly prescriptive process and the likelihood of an unexpected medical event is minimal. However, the process is also relatively rare and highly emotive. Attendees experiencing heightened emotion may panic or be uncomfortable in response to something they witness at the death of someone they are close to. To decrease the likelihood of other unexpected events occurring during the administration process, significant attention should be given to planning for death, including for those who will be in attendance. Everyone who intends to be present at an assisted death should be aware beforehand of what will likely happen once the voluntary assisted dying substance has been administered, and what will likely happen once they have died.

16 Step Ten: Death certification

16.1 Notifying the Voluntary Assisted Dying Board of the person's death

If the patient dies, either because of administration of the voluntary assisted dying substance or because of another cause, the Voluntary Assisted Dying Board must be notified that the death has occurred. The process for notifying the Board will differ depending on whether the patient has made a choice for self-administration or practitioner administration of the voluntary assisted dying substance. The Medical Certificate of Cause of Death (MCCD) must also be completed for the patient.

16.1.1 Role of the Coordinating Practitioner

If the Coordinating Practitioner is made aware that the patient has died by either self-administering the voluntary assisted dying substance or by another cause, the Coordinating Practitioner must complete the *Notification of Death Form (Coordinating/Administering Practitioner)*. A copy of this form must be given to the Voluntary Assisted Dying Board within two business days of the Coordinating Practitioner becoming aware of the death. Submission via VAD-IMS is considered giving a copy to the Voluntary Assisted Dying Board. The Voluntary Assisted Dying Board will provide confirmation of receipt of the form to the Coordinating Practitioner.

If a patient dies by practitioner administration and the Coordinating Practitioner is also in the role of Administering Practitioner, they are not required to complete the *Notification of Death Form (Coordinating/Administering Practitioner)* as they will have already completed the *Practitioner Administration Form* and provided a copy of this to the Voluntary Assisted Dying Board.

16.1.2 Role of the Administering Practitioner (if not also the Coordinating Practitioner)

If the Administering Practitioner is made aware that the patient has died, they must inform the Coordinating Practitioner of the death, complete the *Notification of Death Form (Coordinating/Administering Practitioner)* and give a copy to the Voluntary Assisted Dying Board within two business days. Submission via VAD-IMS is considered giving a copy to the Voluntary Assisted Dying Board. The Voluntary Assisted Dying Board will provide confirmation of receipt of the form to the Administering Practitioner.

If the patient dies by practitioner administration the Administering Practitioner is not required to complete the *Notification of Death Form (Coordinating/Administering Practitioner)* as they will have already completed the *Practitioner Administration Form* and provided a copy of this to the Voluntary Assisted Dying Board.

16.1.3 Role of another medical practitioner

If a medical practitioner (who is not the Coordinating Practitioner or the Administering Practitioner) completes the MCCD for a person they know or reasonably believe has died because of the administration of a voluntary assisted dying substance in accordance with the Act, the medical practitioner must complete the *Notification of Death Form (Other Medical Practitioner)* and give a copy to the Voluntary Assisted Dying Board within two business days. This form can be accessed and submitted via VAD-IMS or returned via fax. A medical practitioner does not need to be registered on VAD-IMS to be able to complete and submit this form. Submission via VAD-IMS is considered giving a copy to the Voluntary Assisted Dying Board. The Voluntary Assisted Dying Board will provide confirmation of receipt of the form to the medical practitioner.

16.2 Completing the Medical Certificate of Cause of Death

In completing the MCCD for a person who has died because of administration of the voluntary assisted dying substance, a medical practitioner **must not** include any reference to voluntary assisted dying. To do so is a breach of the Act. The intention of this is to protect the privacy of the person and to reflect that the person has died of the underlying illness. The MCCD will be provided to the funeral director who is responsible for lodging it with the Registry of Births, Deaths and Marriages.

If the Administering Practitioner is a medical practitioner, they can complete the MCCD for the patient. If the Administering Practitioner is a nurse practitioner, they can certify life extinct following usual processes (i.e. a medical practitioner will still be required to complete the MCCD for the patient). This should be done in addition to completing the *Practitioner Administration Form*. Where the patient has made a self-administration decision, their carers, family or friends should be supported to consider ahead of time who they will call to confirm the death and complete the MCCD.

Consequential amendment was made to the *Coroners Act 1996* (WA) to generally exempt deaths brought about by voluntary assisted dying. Otherwise, these deaths would fall within the wide definition of a reportable death and result in automatic involvement of the Coroner. A voluntary assisted dying death does not have to be reported to the Coroner as a matter of course, other than where:

- the person was, immediately before their death, 'held in care' (as defined under the *Coroner's Act 1996*); or
- where the death was not in accordance with, or suspected not to be in accordance with, the *Voluntary Assisted Dying Act 2019* (WA).

16.3 Discussing an assisted death

Medical practitioners and nurse practitioners are well versed in the practice of maintaining patient confidentiality. The Act includes protections and offences that aim to further protect the privacy of patients and their families. It is important to be aware that the Act does not allow a person to disclose information they have obtained as a result of performing a function under the Act (unless they meet special criteria to do so).

Some people may be aware that the person has accessed voluntary assisted dying because of their role in the process (e.g. Coordinating Practitioner, Administering Practitioner etc.). Others may become aware of this information as a result of supporting the person's carers, family or friends after their death (e.g. funeral director, palliative care nurse etc.). In general, this information should not be shared and anyone who discloses that the person has died because of accessing voluntary assisted dying is potentially committing an offence under the Act.

17 After the person dies

There are several aspects that may need to be addressed after the patient has died. Wherever possible these should be considered as part of the planning process ahead of the patient's death and involve carers, family or friends where appropriate.

17.1 Disposal of the voluntary assisted dying substance

Authorised Disposers are registered health practitioners who have been authorised by the Director General of Health (as CEO) to legally dispose of the voluntary assisted dying substance. In WA, Authorised Disposers include registered pharmacists that hold specifically identified roles, such as:

- Pharmacist with Overall Responsibility at a registered pharmacy
- Pharmacist-in-Charge at a registered pharmacy
- Chief Pharmacist at a hospital service
- Pharmacy Department Dispensary Manager (Pharmacist) at a hospital service
- Senior Pharmacist at SWPS.

A full list of [Authorised Disposers](#) is published on the Department of Health website. A pharmacist who is authorised to be an Authorised Disposer is not obliged to act as one and can refuse to dispose of the voluntary assisted dying substance.

An Authorised Disposer who disposes of the voluntary assisted dying substance must immediately complete the Authorised Disposal Form and give a copy to the Voluntary Assisted Dying Board. This form can be accessed and submitted via VAD-IMS or returned via fax. Authorised Disposers do not need to register for VAD-IMS to be able to complete and submit the form. The Voluntary Assisted Dying Board will provide confirmation of receipt of the form to the Authorised Disposer.

17.1.1 Contact Person responsibilities

If a patient who has made a self-administration decision dies, either because of self-administering the voluntary assisted dying substance or because of another cause, the Contact Person is obliged to perform two key tasks:

1. They must inform the Coordinating Practitioner of the patient's death.
2. They must give any unused or remaining substance to an Authorised Disposer as soon as practicable and in any event **within 14 days** of the patient's death.

There are Authorised Disposers at registered pharmacies and many hospitals throughout WA who are able to receive the voluntary assisted dying substance and dispose of it safely. The list of Authorised Disposers is available on the Department of Health website and is also part of the information provided to the Contact Person by the Voluntary Assisted Dying Board. The Contact Person can be supported by the Coordinating Practitioner, SWPS or SWCNS to find an Authorised Disposer if needed.

17.1.2 Practitioner disposal responsibilities

If a patient who has made a practitioner administration decision dies prior to administration, the Administering Practitioner must dispose of the unused voluntary assisted dying substance as soon as practicable. The Administering Practitioner should follow the substance disposal guidance outlined in the *Voluntary Assisted Dying – Prescription and Administration Information*. SWPS can be contacted for additional guidance on disposal if required (see [section 22](#) for contact details).

The Administering Practitioner must complete the *Practitioner Disposal Form* and give a copy to the Voluntary Assisted Dying Board within two business days of disposing of the voluntary assisted dying substance. Submission via VAD-IMS is considered giving a copy to the Voluntary Assisted Dying Board. The Voluntary Assisted Dying Board will provide confirmation of receipt of the form to the Administering Practitioner.

17.2 Support for carers, family and friends

A patient who has chosen to access voluntary assisted dying is aware of their approaching death. It is likely that at least some of their carers, family or friends have also been made aware that the patient's life is approaching its end. Those close to the patient will likely experience a level of anticipatory grief as they prepare for the impending loss. Once the death has occurred, they may be overwhelmed with conflicting feelings of sadness, relief or distress. For some people, voluntary assisted dying may carry a level of stigma that can complicate the grieving process. 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.

17.2.1 Planning for death

Planning for death should be an ongoing conversation with the patient and, if they choose, their carers, family or friends. The plan should include practical information such as who should be contacted once the patient has died, who will remove the patient's body from the place of death, any relevant location-based procedures (if the patient has chosen to die in a facility such as a hospital, hospice or residential aged care), and local bereavement services that are available to provide continued support. A proforma example is included in [Appendix I](#).

17.2.2 Grief and bereavement

Accepting another person's choice to access voluntary assisted dying will be easy for some people and incredibly difficult for others. Even those who are wholly supportive will face an inevitable outcome: the loss of a loved one and the grief that naturally follows.

Medical practitioners and other health professionals should provide bereavement support to a patient's carers, family and friends in the same way that they usually would, whether directly or via their health service's existing bereavement support services. Where palliative care services have been involved in the care of the patient, they will generally be able to offer bereavement support or referral to other services. The following links and resources may be useful in supporting the patient's carers, family, friends as part of bereavement support.

The Australian Centre for Grief and Bereavement can help family, friends and carers deal with the death of a loved one and put them in touch with appropriate support groups.

- Telephone: 1800 642 066, Monday to Friday (9:00 am – 5:00 pm) or access the website www.grief.org.au

Palliative Care WA provides the WA community with a palliative care information and support line which can be used to access support for dealing with grief and loss.

- Telephone: 1800 573 299, Monday to Sunday (9:00 am – 4:30 pm) or access the website www.palliativecarewa.asn.au/information-and-support

Counselling support for carers who are going through the experience of grief and loss can be provided through Carers WA.

- Telephone: 1800 007 332, Monday to Friday (8:30 am – 4:30 pm) or access the website www.carerswa.asn.au

Lifeline can provide crisis support to anyone who is need of immediate help to deal with emotional distress

- Telephone: 13 11 14, (any time day or night) or access the website www.lifeline.org.au

Additional information for carers, family and friends can be found in the information sheets *Supporting someone through the process* and *Considerations for an assisted death* which are included in [Appendix A](#).

Receiving support, in addition to providing support, is key for those practitioners participating in the voluntary assisted dying process. Self-care should be a priority for practitioners who choose to deliver voluntary assisted dying services. Practitioner self-care and the WA VAD Community of Practice are discussed in [section 23](#).

18 Transfer of roles

There may be circumstances in which a role designated by the Act will need to be transferred from one practitioner to another. This may be due to the person accessing voluntary assisted dying making a direct request to have a different practitioner or because of changed circumstances for a practitioner who has already commenced the process.

18.1 Transferring the role of Coordinating Practitioner

The role of Coordinating Practitioner may be transferred to the Consulting Practitioner if the Consulting Practitioner:

- has assessed the patient as eligible
- accepts the transfer of the role.

The Consulting Practitioner must inform the Coordinating Practitioner of their decision within two business days. If the Consulting Practitioner accepts the transfer the original Coordinating Practitioner must:

- inform the patient
- record the transfer in the patient's medical record.

The original Coordinating Practitioner must also complete the *Coordinating Practitioner Transfer Form* and give a copy to the Board within two business days. Submission via VAD-IMS is considered giving a copy to the Voluntary Assisted Dying Board. The Voluntary Assisted Dying Board will provide confirmation of receipt of the form to the Coordinating Practitioner.

If the Consulting Practitioner refuses the transfer, the original Coordinating Practitioner may refer the patient to another medical practitioner for a further Consulting Assessment. If this referral is accepted, the original Consulting Assessment becomes void. If the outcome of the new Consulting Assessment is that the patient is eligible to access voluntary assisted dying, the role of Coordinating Practitioner may be transferred to this Consulting Practitioner (if they choose to accept the transfer).

If the original Coordinating Practitioner is also the Administering Practitioner for the patient (i.e. the person has made a practitioner administration decision) and the role of Administering Practitioner also needs to be transferred, then this must be done separately via the *Transfer of Administering Practitioner* process (outlined in [section 18.2](#)).

18.2 Transferring the role of Administering Practitioner

If a patient has made a practitioner administration decision and a prescription for the voluntary assisted dying substance has been completed, but the Administering Practitioner becomes unable or unwilling to administer the voluntary assisted dying substance (for any reason), they must transfer the role to another practitioner who is eligible to be an Administering Practitioner for the patient and willing to accept the transfer.

If a new practitioner accepts the transfer, the original Administering Practitioner must:

- inform the patient of the transfer of the role
- inform the patient of the name and contact details of the new practitioner
- record the transfer in the patient's medical record.

The original Administering Practitioner must also complete the *Administering Practitioner Transfer Form* and give a copy to the Board within two business days. Submission via VAD-IMS is considered giving a copy to the Voluntary Assisted Dying Board. The Voluntary Assisted Dying Board will provide confirmation of receipt of the form to the original Administering Practitioner.

If the original Administering Practitioner has possession of the voluntary dying substance when the role is transferred, they are authorised to supply the substance to the new practitioner and the new practitioner is authorised to receive it from the original Administering Practitioner. The transfer of the substance must be recorded on VAD-IMS by both the original and the receiving practitioner.

The Coordinating Practitioner remains the Coordinating Practitioner despite any transfer of the Administering Practitioner role. In practice this means that if the Coordinating Practitioner wants to transfer both the role of Coordinating Practitioner and Administering Practitioner then both processes outlined in [sections 18.1](#) and [18.2](#) need to be completed.

19 Using interpreter services

It is important that a patient who intends to access voluntary assisted dying can understand what is happening at each stage of the process and can communicate their needs. The patient may require the assistance of an interpreter if they are unable to communicate in spoken or written English. In this situation the Coordinating Practitioner should arrange for an accredited interpreter to assist with the request and assessment, and administration processes.

Under the Act, an accredited interpreter **must** hold a credential issued under the National Accreditation Authority for Translators and Interpreters (NAATI) certification scheme. Often in medical and health settings another person, such as a carer, family member or friend, will offer to assist with interpretation or translation for a patient receiving care. This type of assistance for someone seeking voluntary assisted dying is not permitted under the Act. Only an accredited interpreter can be used to facilitate communication with the patient in relation to voluntary assisted dying.

19.1 Interpreter requirements

In addition to being accredited with NAATI, the interpreter:

- must not be a family member of the patient
- must not know or believe they are a beneficiary under a will of the patient or will otherwise benefit financially or in any other material way from the death of the patient
- must not be an owner or responsible for the day-to-day management of the health facility where the patient is being treated or lives
- must not be a person directly involved in providing health services or professional care services to the patient.

19.2 How to find an interpreter

For medical practitioners and nurse practitioners who are employed by a health service (e.g. private or public hospital, community health service, primary care health service, residential aged care facility etc.) the employing health service may have a Language Service Coordinator or guidelines about booking interpreter services with a preferred provider. These guidelines should be followed when making a booking for a patient seeking access to voluntary assisted dying.

Translating and Interpreting Service (TIS National) provides interpreter services to businesses that need to communicate with their non-English speaking clients. TIS National has access to over 2300 contracted interpreters across Australia speaking more than 140 languages. Further information on how to use TIS National can be found on the website (www.tisnational.gov.au).

Additional assistance with sourcing an interpreter can be provided by SWCNS (see [section 21](#) for contact details).

19.3 Working with an interpreter

Guidelines for working with interpreters are available as part of the [WA Health System Language Services Policy](#). TIS National also provide guidance for working with interpreters.

Consideration should be given to how the interpretation is provided. In general, in-person interpretation is recommended where possible given the complex nature of the topic. However, there are situations where interpretation over the telephone or audiovisual communication (e.g. telehealth) is required and appropriate. It is also recommended that the interpreter is briefed regarding the content matter prior to the consultation. They should be given the opportunity to choose not to be involved.

The use of interpreting services and the identity of an interpreter (name, contact details and accreditation details) must be documented in the *First Assessment Form*, the *Consulting Assessment Form*, the *Final Request Form*, the *Final Review Form*, the *Revocation Form* (if required) and the *Administration and Prescription Form*. Where interpreting services are used in other consultations during the voluntary assisted dying process it is good practice to record these details in the patient's medical record.

If an interpreter assists the patient with completion of the *Written Declaration* they must provide their name, contact details and accreditation details and certify that they provided a true and correct translation of any material translated. Similarly, the interpreter must provide their name, contact details and accreditation details if they assist the patient with completing the *Contact Person Appointment Form*.

Additional information can be found in the information sheets *Information for interpreters*; *Assistance with communication*; and *Completing the Written Declaration* which are included in [Appendix A](#).

20 The role of the State Administrative Tribunal

The State Administrative Tribunal (SAT) is an independent body that makes and reviews a range of administrative, commercial and personal matters in Western Australia. These matters span human rights, vocational regulation, commercial and civil disputes, and development and resources issues. SAT is the primary place for the review of decisions made by government agencies, public officials and local governments. It also makes a wide variety of original decisions.

20.1 What decisions can SAT review?

The Act allows for certain decisions made during the voluntary assisted dying assessment process to be reviewed by SAT. These are known as reviewable decisions.

The reviewable decisions are:

- a decision that the patient has or has not been ordinarily resident in Western Australia for at least 12 months at time of the First Request
- a decision that the patient does or does not have decision-making capacity in relation to voluntary assisted dying
- a decision that the patient is or is not acting voluntarily and without coercion.

These decisions may have been made by the Coordinating Practitioner during the First Assessment, the Consulting Practitioner during the Consulting Assessment or by the Coordinating Practitioner during the Final Review.

The patient must be informed that they may apply to SAT for review of these decisions. The *First Assessment Form* and the *Consulting Assessment Form* contain this information and copies of these forms must be provided to the patient.

20.2 Applying to SAT for a review

The following people are considered eligible applicants and may apply to SAT for review of a decision:

- the patient who is the subject of the voluntary assisted dying assessment

- an agent of the patient (i.e. someone acting on the person's behalf)
- a person who SAT is satisfied has a special interest in the medical treatment and care of the patient.

It is up to SAT to determine if the person making the application for review is eligible to do so. Being a family member of the patient does not mean the person is automatically considered to have a special interest.

If a review application is made to SAT, the medical practitioner will be notified of the application and the outcome by SAT. This notification is provided to the Coordinating Practitioner, the Consulting Practitioner and the Administering Practitioner (if relevant). The Voluntary Assisted Dying Board and Director General of the WA Department of Health are also informed. Upon notification of the review application the voluntary assisted dying process will be suspended until an outcome has been determined. The Voluntary Assisted Dying Board Secretariat will suspend the patient Episode in VAD-IMS and progression of the process will not be permitted. The Voluntary Assisted Dying Board Secretariat will communicate this in writing to all parties to the proceedings, the Coordinating Practitioner and Administering Practitioner.

If the decision being reviewed is that of the Coordinating Practitioner, they will need to provide a statement of their reasons for the decision and provide other relevant documentation. If the Coordinating Practitioner did not make the decision that is under review, they will still need to provide relevant documentation to SAT. This information must be provided within seven business days after receiving notice of the review (or any shorter period ordered by SAT).

20.3 Outcome of the SAT review

SAT may decide to uphold the original decision, or it may decide to set aside the original decision.

If the outcome is that the patient has been ordinarily resident in Western Australia for at least 12 months at the time of first request; or has decision-making capacity in relation to voluntary assisted dying; or is acting voluntarily and without coercion, the suspension ends and the process may continue. If the patient has satisfied all the other eligibility requirements, they are **eligible** for voluntary assisted dying.

If the outcome is that the patient has not been ordinarily resident in Western Australia for at least 12 months at the time of first request; or does not have decision-making capacity in relation to voluntary assisted dying; or is not acting voluntarily and without coercion, the patient is **ineligible** for voluntary assisted dying and the process ends. This does not preclude the person from making another First Request if the situation giving rise to the SAT decision changes.

20.3.1 When the SAT decision differs to that of the original practitioner

If the SAT decision differs to the original decision the original decision is set aside, and the SAT decision is substituted in its place.

If the original decision by the Coordinating Practitioner in the First Assessment or Final Review meant that the patient was **ineligible** and the substituted SAT decision (along with the rest of the eligibility criteria) means that the patient is **eligible** for voluntary assisted dying, then the Coordinating Practitioner may refuse to continue in the role. In this situation the Coordinating Practitioner must transfer the role of Coordinating Practitioner in accordance with the transfer process (refer to the process outlined in [section 18](#)). If the decision was in relation to an assessment by the Consulting Practitioner, then the process will continue in accordance with the usual process depending on the outcome of the decision.

It is recommended that SAT be contacted directly for additional information and advice [www.sat.justice.wa.gov.au]. The information sheet *Review of certain decisions* outlines the SAT process and is included in [Appendix A](#).

21 The Western Australian Voluntary Assisted Dying Statewide Care Navigator Service

The Western Australian Voluntary Assisted Dying Statewide Care Navigator Service (SWCNS) has been established to support anyone involved with voluntary assisted dying in Western Australia. This includes health professionals, service providers, patients and members of the community. The service is nurse-led and staffed by Care Navigators who are experienced health professionals.

21.1 Services provided by SWCNS

The Care Navigators who staff SWCNS can provide:

- general or individualised information on voluntary assisted dying in WA
- assistance in finding a medical practitioner who can act as Coordinating Practitioner or Consulting Practitioner
- assistance in finding a medical practitioner or nurse practitioner who can act as Administering Practitioner
- support for patients, carers and families as they go through the voluntary assisted dying process
- connections with local services and providers to ensure coordination of service provision and care
- advice for health practitioners and care providers on how to support a patient through the voluntary assisted dying process
- funding for travel and accommodation costs through the Voluntary Assisted Dying Regional Access Support Scheme (RASS)
- education to support health service capacity building and awareness about voluntary assisted dying.

SWCNS is based at Fremantle Hospital and is managed by the South Metropolitan Health Service. As a statewide service it is available to patients and practitioners anywhere in Western Australia. As part of its role in providing integrated care, SWCNS can liaise with the WA Department of Health (including the End of Life Care Program), SWPS, and the Voluntary Assisted Dying Board. SWCNS does not charge fees for its services.

21.1.1 Support for regional Western Australians through the Access Standard

Western Australia is a geographically expansive state. There has been a strong focus on working to ensure that regional residents are not disadvantaged in their access to voluntary assisted dying and this intention is built into the Act by way of the Access Standard (see [Appendix K](#)). The Access Standard addresses how the State intends to facilitate Western Australians having access to the services of medical practitioners and other persons who carry out functions under the Act, as well as to the voluntary assisted dying substance.

21.1.2 The Voluntary Assisted Dying Regional Access Support Scheme

A key component to supporting regional Western Australians is the Voluntary Assisted Dying Regional Access Support Scheme (RASS). Some Western Australians may live in a rural or remote location that does not have ready access to a local medical practitioner for the assessments required by the Act, or to a medical practitioner or nurse practitioner to be the Administering Practitioner (if required). The aim of the RASS is to provide support options, that facilitate access in alignment with the Access Standard.

The RASS may be utilised to enable access support for a RASS-eligible patient in the following situations:

- Travel (and accommodation if required) for the patient to access a practitioner, where there is no suitable practitioner based locally and telehealth is not appropriate or allowable.
- Travel (and accommodation if required) for the patient to a telehealth appointment (with a Care Navigator, Coordinating or Consulting Practitioner), if travelling more than 70km one way.
- Practitioner travel to a patient, where there is no suitable practitioner based locally, the person is unable to travel to the practitioner, and telehealth is not appropriate or allowable.
- Escort (x1) to travel with the patient to access a practitioner, where there is no suitable practitioner based locally and telehealth is not appropriate or allowable (including accommodation if required).
- Interpreter travel where there is no local interpreter available and telehealth or telephone interpretation cannot be effectively undertaken or is not appropriate to be undertaken, and this is not able to be accessed under another provider scheme.

The RASS is operationally managed by SWCNS. The Care Navigators can assist patients and practitioners to determine their eligibility for the RASS and can support those assessed as a RASS-eligible with associated requirements. Practitioners should discuss the costs that a patient is likely to incur for voluntary assisted dying services prior to applying for the RASS.

21.2 Contacting SWCNS

SWCNS can be contacted by email and phone during standard work hours (8:30 am – 5:00 pm).

- Email: VADcarenavigator@health.wa.gov.au
- Phone: (08) 9431 2755

A general information sheet titled *What is the Western Australian Voluntary Assisted Dying Statewide Care Navigator Service?* is included in [Appendix A](#).

22 The Western Australian Voluntary Assisted Dying Statewide Pharmacy Service

The Western Australian Voluntary Assisted Dying Statewide Pharmacy Service (SWPS) was established to ensure that the voluntary assisted dying substance is provided in a safe, equitable and patient-centred manner and in accordance with the Act. While SWPS is based at a tertiary hospital in Perth and managed by the North Metropolitan Health Service, it is a statewide service that can be accessed from anywhere in WA.

22.1 Services provided by SWPS

SWPS involvement in the voluntary assisted dying process will commence only once the prescription for the voluntary assisted dying substance has been provided by the Coordinating Practitioner. Once this event has occurred, SWPS will assist with the management of the voluntary assisted dying substance through each patient's journey by:

- liaising with the Coordinating Practitioner and/or Administering Practitioner
- dispensing the voluntary assisted dying prescriptions, including the substance and adjunct medications
- providing the voluntary assisted dying substance and adjunct medications to the patient and providing education
- liaising with Authorised Disposers regarding disposal of unused or remaining voluntary assisted dying substance and adjunct medications.

SWPS is staffed by qualified pharmacists who are experienced health professionals. If required, a SWPS pharmacist will be able to visit a patient or practitioner anywhere in Western Australia to provide the voluntary assisted dying substance and education about the substance. As part of its role in providing integrated care, SWPS has links to the WA Department of Health (including the End of Life Care Program), SWCNS and the Voluntary Assisted Dying Board.

21.2 Contacting SWPS

SWPS can be contacted by email and phone during standard work hours (8:30 am – 5:00 pm).

- Email: StatewidePharmacy@health.wa.gov.au
- Phone: (08) 6383 3088

A general information sheet titled *What is the Western Australian Voluntary Assisted Dying Statewide Pharmacy Service?* is included in [Appendix A](#).

23 Practitioner self-care and the WA VAD Community of Practice

It is widely recognised that health professionals provide the best care to their patients when they are experiencing their own optimal wellness. Caring for patients at the end of life can be extremely rewarding, but it can also be emotionally challenging. Practitioners must manage the needs and expectations of patients, families and colleagues.

Self-care is an essential part of participating in the voluntary assisted dying process. Even in jurisdictions where it has been legalised for several years, voluntary assisted dying is a relatively uncommon practice and due to its nature, practitioners are potentially at increased risk of professional isolation.

There may also be additional workplace stressors in navigating various viewpoints around voluntary assisted dying and different organisations may provide varying levels of support. Practitioners in rural and remote areas may be further isolated. All practitioners who provide voluntary assisted dying must also navigate their own reactions to, and experiences of, supporting a planned death.

23.1 Resources for medical practitioners

Table 8 outlines key resources that can be accessed to support the mental health and wellbeing of medical practitioners involved in the voluntary assisted dying process.

Table 8. Support resources for medical practitioners

| Organisation | Resources |
|---|--|
| Royal Australian College of General Practitioners (RACGP) Support Program | <p>The GP Support Program is a free service available to all RACGP members. It provides professional advice and support with managing a range of issues including conflict, grief and loss, anxiety and depression, and substance use.</p> <p>www.racgp.org.au/racgp-membership/member-offers/the-gp-support-program</p> <p>Call 1300 361 008 during business hours to make an appointment.</p> |
| Royal Australasian College of Physicians (RACP) Resources | <p>The RACP website provides a compilation of external resources for physical and mental health and other concerns.</p> <p>www.racp.edu.au/fellows/physician-health-and-wellbeing</p> |
| Royal Australian and New Zealand College of Psychiatrists (RANZCP) Wellbeing Support | <p>The RANZCP provides a number of external resources for physical and mental health and other concerns.</p> <p>www.ranzcp.org/membership/wellbeing-support-for-members</p> <p>Confidential advice is also available to all members of RANZCP through its Member Welfare Support Line: Call 1800 941 002 or email support@ranzcp.org</p> |
| Australian College of Rural and Remote Medicine (ACRRM) Practitioner Health and Wellbeing resources | <p>The Australian College of Rural and Remote Medicine website provides a number of external resources for physical and mental health and other concerns.</p> <p>www.acrrm.org.au/support/clinicians/community-support/coronavirus-support/health-and-wellbeing-for-rgs</p> <p>ACRRM's Employee Assistance Program can provide 24/7 support by calling 1800 818 728.</p> |
| The Doctors' Health Advisory Service | <p>The Doctors' Health Advisory Service provides confidential advice and support for medical practitioners in WA.</p> <p>Call (08) 9321 3098 to access this support and advice 24/7.</p> <p>The organisation also provide information and further resources on health and common problems medical practitioners face. Further information can be found online.</p> <p>www.dhaswa.com.au</p> |
| DRS4DRS | <p>Doctors' Health Services Pty Ltd maintains a website, DRS4DRS, which contains useful general resources related to the health and wellbeing of doctors.</p> <p>www.drs4drs.com.au/resource-hub</p> |

23.2 Resources for nurse practitioners

Table 9 outlines key resources that can be accessed to support the mental health and wellbeing of nurse practitioners involved in the voluntary assisted dying process.

Table 9. Support resources for nurse practitioners

| Organisation | Resources |
|---|--|
| Peer support from the Australian College of Nurse Practitioners (ACNP) | The ACNP will provide all nurse practitioners involved in voluntary assisted dying with mentors and/or peer support. Contact admin@acnp.org.au for more information |
| Nursing and Midwifery Board of Australia (NMBA) Nurse and Midwife Support | The national Nurse and Midwife Support organisation, supported by the NMBA, provides several resources for health and wellbeing. www.nmsupport.org.au/students-and-graduates/health-and-wellbeing Contact 1800 667 877 to access their 24/7 free confidential counselling service, NM Support. |
| Australian Primary Care Nurses Association (APNA) Support | A national support service for APNA members, providing professional support and guidance. Operates Monday to Friday, 9:00 am – 5:00 pm Call: 1300 303 184 (or 03 9322 9598) Email: nursesupport@apna.asn.au APNA suggests its members contact Nurse and Midwife Support (above) if they need ongoing counselling. |
| Australian College of Nursing NurseStrong Facebook Group | A private Facebook group created by the Australian College of Nursing with over 6,600 members. https://m.facebook.com/groups/1881984805222905 |

23.3 General resources to support mental health and wellbeing

Table 10 outlines key resources that can be accessed to support the mental health and wellbeing of health professionals involved in the voluntary assisted dying process.

Table 10. General support resources

| Resource | Contact |
|---|--|
| Employee Assistance Program | Practitioners employed by the WA government (and many private health care organisations) have access to free short-term counselling through an Employee Assistance Program. Contact your employer for more details. |
| CRANApplus Bush Support Services | A free counselling and support service for health workers (and their families) in rural and remote areas. Call 1800 805 391 for more information. |
| Palliative Care Australia Self-Care Matters | A resource to support health professionals providing palliative care, including a Self-Care Matters planning tool and mindfulness and meditation exercises. https://palliativecare.org.au/resources/self-care-matters |
| WA Primary Health Alliance Practice Assist | Support program for all general practice staff. Provides face-to-face, phone and online support addressing all aspects of patient care and practice management. Call 1800 2 ASSIST (1800 277 478) Email practiceassist@wapha.org.au www.wapha.org.au/health-professionals/general-practice-support/practice-assist/ |
| ReachOut.com Developing a Self-Care Plan | Aimed at mental health professionals, the website contains resources for developing a self-care plan, including a template that can be adapted for practitioners. https://schools.au.reachout.com/articles/developing-a-self-care-plan |
| BeyondBlue | Information and support to help individuals experiencing anxiety and depression. Call 1300 224 636 www.beyondblue.org.au |
| Lifeline | 24/7 crisis support and suicide prevention Call 13 11 14 www.lifeline.org.au |

23.4 The WA VAD Community of Practice

An important way to address the challenging aspects of voluntary assisted dying is to connect with others who are also providing voluntary assisted dying services to patients and families. A community of practice supports practitioners by providing an inclusive forum, that can offer practical and emotional support.

The WA VAD Community of Practice brings together practitioners actively engaged in the voluntary assisted dying process, including medical practitioners, nurse practitioners, SWPS pharmacists and the Care Navigators. This peer support network provides opportunities for members to share their experiences, support each other, learn from one another and seek guidance from senior practitioners with experience in palliative and end-of-life care, and managing complex deaths.

To connect members across the state (and to support members who may wish to maintain a level of anonymity) the WA VAD Community of Practice is primarily online with regular opportunities to meet in person for those who wish to do so. It is expected that the WA VAD Community of Practice will evolve over time in response to the needs and priorities of its members.

Appendix A:

Voluntary assisted dying in Western Australia information sheets

These information sheets are correct at the time of publication. Please refer to ww2.health.wa.gov.au/voluntaryassisteddying for current versions or to download individual information sheets.

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Accessing voluntary assisted dying in Western Australia

Glossary of terms

The following terms are related to the voluntary assisted dying process in WA and can be used as a reference when reading the information sheets. For exact definitions you may need to refer to the *Voluntary Assisted Dying Act 2019* or other legislation as this glossary is a general guide only.

Key terms

Accredited interpreter – For the purposes of voluntary assisted dying, an interpreter is someone who holds a credential issued under the National Accreditation Authority for Translators and Interpreters (NAATI) certification scheme.

Administering Practitioner – The medical practitioner or nurse practitioner who administers the voluntary assisted dying substance to a patient. If the patient chooses practitioner administration, the Coordinating Practitioner can be the Administering Practitioner.

Administration decision – The decision a patient makes in consultation with their Coordinating Practitioner to either self-administer the voluntary assisted dying substance or have it administered by a medical practitioner or nurse practitioner.

Advance Health Directive – A legal document which can be made by an adult with decision-making capacity to record their decisions about future healthcare treatments. Treatment decisions recorded in a valid Advance Health Directive must be followed when the maker can no longer make or communicate their decisions.

Allied health professional – A person qualified to practise any of a wide range of health and related professions other than medicine and nursing (e.g. physiotherapist, speech pathologist, social worker, pharmacist etc). Allied health professionals are often part of a multidisciplinary healthcare team.

Authorised Disposer – A registered health practitioner (pharmacist) who is authorised to dispose of the voluntary assisted dying substance.

Authorised Supplier – A registered health practitioner (pharmacist) who is authorised to supply the voluntary assisted dying substance. In WA, Authorised Suppliers are part of the Western Australian Voluntary Assisted Dying Statewide Pharmacy Service (abbreviated to SWPS).

Care Navigator – A health professional working for the Western Australian Voluntary Assisted Dying Statewide Care Navigator Service (abbreviated to SWCNS) who can provide information and assistance regarding voluntary assisted dying.

Carer – A person who provides personal care, support and assistance to another person who needs it because that other person has a disability or, has a medical condition (terminal or chronic illness) or, has a mental illness or is frail and aged.

Coercion – Persuading someone to do something by using dishonesty, force or threats. The term abuse is intended to include coercion. Under the Act, a person's choice to access voluntary assisted dying must be free from coercion.

Conscientious objection – When a registered health practitioner declines to participate in a treatment or procedure due to sincerely-held religious, moral or ethical beliefs.

Consulting Assessment – The independent assessment conducted by the Consulting Practitioner to determine if a patient meets the eligibility criteria for voluntary assisted dying. This occurs after a patient has been assessed as eligible by the Coordinating Practitioner during the First Assessment.

Consulting Practitioner – a medical practitioner who independently completes a Consulting Assessment for the patient.

Contact Person – The person appointed by a patient, who has made a self-administration decision, to carry out specific activities required by the law. It is a specific and defined role under the law and is further explained in the Being the Contact Person information sheet.

Coordinating Practitioner – The medical practitioner who accepts the patient's First Request or the Consulting Practitioner for the patient who accepts a transfer of the role of Coordinating Practitioner.

Decision-making capacity – A person's ability to make decisions about their life. For the purposes of the Act, the decisions for which the person must have decision-making capacity are the request for access to, or a decision to access, voluntary assisted dying.

Eligibility criteria – The set of requirements that a patient must meet to access voluntary assisted dying.

End of life – The time leading up to a person's death, when it is expected that they are likely to die soon from an illness, disease or medical condition. A person at end of life will likely die within the next 12 months.

Enduring Guardian – A person appointed to make important personal, lifestyle and treatment decisions for someone else, in the event that person becomes incapable of making those decisions themselves. An Enduring Guardian is not permitted to make voluntary assisted dying decisions on behalf of a patient.

Enduring request – Lasting over a period of time. The Act requires the request for voluntary assisted dying to be made at three different points in time (First Request, Written Declaration and Final Request) to ensure the request is enduring.

Final Request – The final request for access to voluntary assisted dying that a patient makes to the Coordinating Practitioner after completing the Written Declaration. This is the last of three requests a patient must make to access voluntary assisted dying.

Final Review – The review of the request and assessment process that the Coordinating Practitioner must complete after receiving the Final Request.

First Assessment – The assessment completed by the Coordinating Practitioner to determine if a patient meets the eligibility criteria for access to voluntary assisted dying. If assessed as eligible, this would be followed by the Consulting Assessment.

First Request – The clear and unambiguous request a patient makes to a medical practitioner during a medical consultation for access to voluntary assisted dying. This is the first of three requests a patient must make as part of the process to access voluntary assisted dying.

First responder – A person whose job means that they are likely to be called to attend an emergency (e.g. ambulance officers, police, firefighters etc).

Health professional – A properly qualified person who practises one of a range of medical, nursing or allied health professions.

Healthcare worker – A person who works in a healthcare setting such as a hospital, general practice or residential care facility. This includes health professionals and any other person who provides health services or professional care services.

Medical Certificate of Cause of Death (MCCD) – A legal document that is required to notify the Registrar of Births, Deaths and Marriages that a death has occurred and the cause of the death.

Medical consultation – An appointment or meeting with a medical practitioner to seek medical advice or treatment.

Medical practitioner – A person registered in the medical profession (other than as a student). Also known as a doctor.

National Accreditation Authority for Translators and Interpreters (NAATI) – The national standards and accreditation body for translators and interpreters in Australia. Interpreters must be accredited (by NAATI) to provide services to patients seeking voluntary assisted dying.

Neurodegenerative condition – A condition characterised by degeneration of the nervous system, especially the neurons in the brain (e.g. motor neurone disease, Parkinson's disease, Huntington's disease, dementia etc).

Nurse practitioner – A person registered in the nursing profession (other than as a student) and whose registration is endorsed as nurse practitioner. A nurse practitioner is a registered nurse with an additional masters degree who is licensed and works at an advanced practice level.

Palliative care – The care provided to a patient who has a life-limiting illness, disease or medical condition and their family to support their quality of life, often provided by a specialised health service.

Practitioner administration – The process whereby a patient is administered the voluntary assisted dying substance by the Administering Practitioner for the patient.

Practitioner/participating practitioner – A medical practitioner or nurse practitioner participating in, or considering participating in, the voluntary assisted dying process.

Registered health practitioner – A person registered under the *Health Practitioner Regulation National Law (Western Australia) Act 2010* to practise a health profession (other than as a student).

Request and assessment process – The part of the voluntary assisted dying process that involves the First Request, First Assessment, Consulting Assessment, Written Declaration, Final Request and Final Review.

Self-administer/self-administration – The process whereby a patient prepares and ingests the voluntary assisted dying substance themselves.

State Administrative Tribunal (SAT) – An independent body that makes and reviews a range of decisions related to administrative, commercial and personal matters in Western Australia. SAT can review certain decisions related to the voluntary assisted dying assessment process.

Telehealth – The use of communication technology (e.g. phone call, videoconference etc) to provide health care over a distance.

Voluntary – When a person acts of their own free will. Under the Act, a person is not obliged at any stage of the process, even after completion of the request and assessment process, to take any further action in relation to voluntary assisted dying.

Voluntary assisted dying (VAD) – The legal process that enables an eligible person to access, self-administer or have administered to them, the voluntary assisted dying substance for the purpose of causing their death.

Voluntary Assisted Dying Act 2019 (the Act) – The legislation that regulates voluntary assisted dying in Western Australia.

Voluntary Assisted Dying Board – The statutory Board established to ensure compliance with the Act and to recommend safety and quality improvements relating to voluntary assisted dying.

Voluntary Assisted Dying – Information Management System (VAD-IMS) – The online system that enables completion and submission of the required forms to the Voluntary Assisted Dying Board.

Voluntary assisted dying substance – The approved medication that will cause death.

Western Australian Voluntary Assisted Dying Statewide Care Navigator Service (SWCNS) – The specific nurse-led service established to provide a statewide point of contact for information and assistance relating to voluntary assisted dying.

Western Australian Voluntary Assisted Dying Statewide Pharmacy Service (SWPS) – The specific pharmacy service established to supply the voluntary assisted dying substance in Western Australia.

Written Declaration – The formal written request for access to voluntary assisted dying that a person makes after being assessed as eligible by the Coordinating Practitioner and the Consulting Practitioner. This is the second of three requests a person must make as part of the process to access voluntary assisted dying.

The information presented in this information sheet is provided in good faith by the Department of Health to assist the community and health practitioners understand the framework for voluntary assisted dying in Western Australia. While every reasonable effort has been made to ensure the accuracy of the information contained in this information sheet, no guarantee is given that the information is free from error or omission.

It is the responsibility of the user to make their own enquiries and decisions about relevance, accuracy, currency and applicability of information in this circumstance. The information in this information sheet is not intended to be, nor should it be, relied upon as a substitute for legal, clinical or other professional advice.

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Accessing voluntary assisted dying in Western Australia

Who is eligible?

Summary

This information sheet is for people who want to know more about who can access voluntary assisted dying in Western Australia (WA).

Key points include:

- Voluntary assisted dying enables a patient to legally access medication that will cause their death. It is intended to be accessible for anyone who is eligible.
- A person must meet **all** eligibility criteria to be able to access voluntary assisted dying (the criteria are outlined in this information sheet).
- If you would like more information about voluntary assisted dying, you can talk to a medical practitioner (doctor) or another health professional involved in your care.
- You can also contact the Western Australian Voluntary Assisted Dying Statewide Care Navigator Service (SWCNS) for assistance or information.

What is voluntary assisted dying?

Voluntary assisted dying is a legal process that enables a patient to legally access medication that will cause their death. This medication is called the voluntary assisted dying substance. The patient may choose to take the voluntary assisted dying substance themselves or may have the substance administered to them by an eligible medical practitioner or nurse practitioner.

On 1 July 2021, WA became the second state in Australia to allow voluntary assisted dying (the first state was Victoria). This means that eligible Western Australians can now request access to voluntary assisted dying as an option at end of life.

Who will be able to access voluntary assisted dying?

The *Voluntary Assisted Dying Act 2019* (the Act) is the legislation that regulates voluntary assisted dying in WA. The Act requires that a person must meet **all** the following criteria to be eligible for voluntary assisted dying:

- The person has reached 18 years of age
- The person is an Australian citizen or permanent resident
- At the time of making a first request (for voluntary assisted dying), the person has been ordinarily resident in Western Australia for a period of at least 12 months
- The person is diagnosed with at least one disease, illness or medical condition that:
 - is advanced, progressive and will cause death

- will, on the balance of probabilities, cause death within a period of six months or, in the case of a disease, illness or medical condition that is neurodegenerative, within a period of 12 months
- 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.

Who can I talk to about voluntary assisted dying?

If you think you may be interested in voluntary assisted dying and would like more information about the process, you can speak with a medical practitioner (doctor) or another health professional involved in your care (e.g. nurse, social worker etc.).

Medical practitioners and nurse practitioners can raise the topic of voluntary assisted dying with you if, at the same time, they also inform you about treatment options available to you and the likely outcomes of that treatment. They must also inform you about palliative care and treatment options available to you and the likely outcomes of that care and treatment. The Act does not allow other health professionals to raise the topic with you. This means that you will need to be the one to start the conversation.

You can talk to a health professional about voluntary assisted dying in person or during a telehealth appointment (e.g. phone or videoconference).

If a health professional does not agree with voluntary assisted dying (often called conscientious objection) they may suggest you talk with someone else. If they do not directly refer you to another health professional, you can contact SWCNS.

What is SWCNS?

SWCNS can support anyone involved with voluntary assisted dying in WA, including health professionals, service providers, patients and members of the community.

The Care Navigators can:

- provide general information about voluntary assisted dying
- provide specific information about voluntary assisted dying in WA
- help to locate a medical practitioner or nurse practitioner who is willing and eligible to participate
- assist patients to access regional support packages
- link people to other helpful resources.

SWCNS is based in Perth but can be accessed by email or phone from anywhere in WA during standard business hours (8:30am – 5:00pm).

Email: VADcarenavigator@health.wa.gov.au

Phone: (08) 9431 2755

Where can I find more information?

As well as talking to the people involved in your care, other sources that can provide useful information about voluntary assisted dying in WA include:

- Department of Health website www2.health.wa.gov.au/voluntaryassisteddying
- illness-specific organisations
- voluntary assisted dying support groups.

The information sheet *Accessing voluntary assisted dying in Western Australia – Overview of the process* outlines the key steps and roles involved in WA.

Glossary of terms

Refer to *Accessing voluntary assisted dying in Western Australia – Glossary of terms* for explanations of key terms used within this information sheet.

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Accessing voluntary assisted dying in Western Australia

Overview of the process

Summary

This information sheet is for people who are interested in an overview of the voluntary assisted dying process in Western Australia (WA).

Key points include:

- A person must be assessed as eligible for voluntary assisted dying by a minimum of two medical practitioners (doctors) who themselves must be eligible and trained to do these assessments.
- The person's participation must remain voluntary and they can withdraw from the process at any stage.
- Key roles in the process include the Coordinating Practitioner, and Consulting Practitioner.
- The process may also include an Administering Practitioner (a medical practitioner or nurse practitioner).
- The pharmacists at the Western Australian Voluntary Assisted Dying Statewide Pharmacy Service (SWPS) are Authorised Suppliers and will supply the voluntary assisted dying substance.
- There are 10 steps in the voluntary assisted dying process. Steps 1 to 6 involve the request and assessment process. Steps 7 to 10 cover the administration process.

What is voluntary assisted dying?

Voluntary assisted dying is a legal process that enables a patient to legally access medication that will cause their death. This medication is called the voluntary assisted dying substance. The patient may choose to take the voluntary assisted dying substance themselves or may have the substance administered to them by a medical practitioner or nurse practitioner.

Where can the voluntary assisted dying process take place in WA?

Voluntary assisted dying may take place in different settings. These include at home, in a hospital, at a hospice, or in a residential aged care or supported accommodation facility. Where it takes place will depend on the preference of the person accessing voluntary assisted dying as well as the medical practitioners, nurse practitioners and services that are willing to participate. Most people will choose to die at home.

The law allows medical practitioners, nurse practitioners and other registered health professionals to refuse to participate in voluntary assisted dying. There are some health or related care services that may also choose not to participate in voluntary assisted dying if it does not align to the purpose or values of their service.

Who can be involved in the voluntary dying process in WA?

The voluntary assisted dying process will be provided by medical practitioners and nurse practitioners who have also undergone specific training. The eligibility criteria that medical practitioners and nurse

practitioners must meet ensures that they are qualified and sufficiently experienced to support someone going through the voluntary assisted dying process. The eligibility criteria are outlined in the information sheet [Voluntary assisted dying in Western Australia – Health professional participation](#).

It is important to remember that not all medical practitioners or nurse practitioners will meet the eligibility criteria. A medical practitioner or nurse practitioner may want to be involved but may not be available or eligible (e.g. if they have not been a practitioner for long enough).

A medical practitioner can take on the role of Coordinating Practitioner, Consulting Practitioner or Administering Practitioner. A nurse practitioner can take on the role of Administering Practitioner. These roles are explained later in this information sheet.

Other health professionals (e.g. nurses or allied health professionals) are not permitted to provide voluntary assisted dying assessment or administration services but they are able to support colleagues who do. They can also support patients and families who are going through the voluntary assisted dying process.

All health professionals can talk to the people they are caring for about their care needs, managing their symptoms, palliative care options, and their priorities at end of life, even if they might not want or be able to discuss voluntary assisted dying.

What does the voluntary assisted dying process in WA involve?

A person must meet **all** eligibility criteria required under the law to be able to access voluntary assisted dying. These criteria are outlined in the information sheet [Accessing voluntary assisted dying in Western Australia – Who is eligible?](#)

There are 10 steps in the voluntary assisted dying process. Steps 1 to 6 involve the request and assessment process. Steps 7 to 10 cover the administration process. A patient can stop the process at any point.



The Request and Assessment Process



1. First Request

The First Request is a request for voluntary assisted dying that is made to a medical practitioner during a medical consultation. The patient must clearly and unambiguously express to the medical practitioner that they want to access voluntary assisted dying.

The medical practitioner will decide to accept or refuse the First Request. They might refuse because they do not agree with voluntary assisted dying (they have a conscientious objection to voluntary assisted dying) or because they aren't eligible or able to accept the request. Whether they accept or refuse the First Request the medical practitioner must provide the patient with the [Approved Information for a Person Making a First Request for Voluntary Assisted Dying](#) information sheet.

If English is not the patient's first language or they have communication difficulties, an interpreter or communication aid can be used to make the First Request. More information is available in the information sheet [Accessing voluntary assisted dying in Western Australia – Assistance with communication](#).

If the medical consultation is happening over telehealth it must occur using a videoconferencing application so that the medical practitioner can both see and hear the patient and discuss their request.



2. First Assessment

Once the medical practitioner accepts the First Request, they become the Coordinating Practitioner for the patient. In this role they will coordinate the voluntary assisted dying process for the patient. The first step for the Coordinating Practitioner is to formally assess the patient's eligibility for voluntary assisted dying to make sure they meet all the criteria required by the Act. This assessment is called the First Assessment.

If the patient disagrees with the outcome of the First Assessment, they can request a review of some of the assessment decisions by the State Administrative Tribunal (SAT). This also applies to the Consulting Assessment and the Final Review. More information on who can request a review and under what circumstances is available in the information sheet [Accessing voluntary assisted dying in Western Australia – Review of certain decisions](#).



3. Consulting Assessment

If the outcome of the First Assessment is that the patient is eligible for voluntary assisted dying, the Coordinating Practitioner will refer them to another medical practitioner for assessment. This other medical practitioner becomes the Consulting Practitioner for the patient and will independently assess the patient's eligibility for voluntary assisted dying. This assessment is called the Consulting Assessment.



4. Written Declaration

If the patient has been assessed as eligible for voluntary assisted dying by both the Coordinating Practitioner and the Consulting Practitioner, the patient may then make a Written Declaration requesting access to voluntary assisted dying in the presence of two witnesses.

More information on the requirements for the Written Declaration can be found in the information sheet [Accessing voluntary assisted dying in Western Australia – Completing the Written Declaration](#).



5. Final Request

If the patient has made a Written Declaration, they may then make a Final Request to the Coordinating Practitioner for access to voluntary assisted dying. The Final Request cannot be made before the end of the designated period of nine days, which begins on the day of the First Request.

If both the Coordinating Practitioner and the Consulting Practitioner believe the patient will die or lose capacity to make decisions about voluntary assisted dying before the end of the designated period, the patient may be allowed to access the voluntary assisted dying substance sooner.

The Final Request helps to ensure that the patient's decision to access voluntary assisted dying is enduring and hasn't changed. If the patient makes a valid Final Request the Coordinating Practitioner will then start the Final Review process.



6. Final Review

The Final Review requires the Coordinating Practitioner to check that the request and assessment process has been completed in accordance with the Act. This means that the Coordinating Practitioner must make sure that the patient still has decision-making capacity in relation to voluntary assisted dying, is acting voluntarily and without coercion, and still wants to access voluntary assisted dying.

It is important to remember that the patient can stop the voluntary assisted dying process at any point. There is no obligation for the patient to continue even after completing the request and assessment process.

The Administration Process



7. Administration Decision

The patient will need to decide, with the help of their Coordinating Practitioner, if they will self-administer the voluntary assisted dying substance (take it themselves) or if appropriate, have an Administering Practitioner administer it to them. The Administering Practitioner will usually be the Coordinating Practitioner. In some cases, another eligible medical practitioner or nurse practitioner can be transferred the role of Administering Practitioner for the patient.

If the patient decides to self-administer the voluntary assisted dying substance, they must appoint a Contact Person before the Coordinating Practitioner can prescribe the voluntary assisted dying substance (see Step 8 below). More information on the role and responsibilities of the Contact Person can be found in the information sheets [Accessing voluntary assisted dying in Western Australia – Choosing the Contact Person](#) and [Accessing voluntary assisted dying in Western Australia – Being the Contact Person](#).



8. Prescription

The Coordinating Practitioner will prescribe the voluntary assisted dying substance. They are required to give the patient certain information about the substance before prescribing the voluntary assisted dying substance. Unlike prescriptions for most medicines, the prescription won't be given to the patient. Instead, the Coordinating Practitioner will give the prescription directly to the Authorised Supplier at the Western Australian Voluntary Assisted Dying Statewide Pharmacy Service (SWPS).



9. Supply and use of the voluntary assisted dying substance

The voluntary assisted dying substance must not be supplied by the Authorised Supplier at SWPS unless they have received and authenticated the prescription from the Coordinating Practitioner.

If the patient has decided to self-administer, the Authorised Supplier can supply the voluntary assisted dying substance directly to the patient, their Contact person or to someone else collecting the substance on the patient's behalf. Written information about the voluntary assisted dying substance (including instructions for storage and use) will be provided by the Authorised Supplier and given to the person who collects the substance.

If the patient has decided to have the voluntary assisted dying substance administered to them by a medical practitioner or nurse practitioner (known as the Administering Practitioner), the Authorised Supplier will supply the substance directly to the Administering Practitioner (who will take responsibility for the substance until it is used).



10. Death certification

The Act requires that there be no reference to voluntary assisted dying on the patient's death certificate. This is to respect and protect the privacy of the patient (and possibly their family too). The medical practitioner who confirms and certifies the patient's death will record their underlying illness, disease or medical condition as the cause of death.

Voluntary assisted dying as a choice at end of life

End-of-life care in WA includes more than voluntary assisted dying.

A person should also consider how advance care planning and palliative care can benefit them. Any or all of these options can play an important role in how a person approaches the end of their life.

More information on end-of-life choices is available in the information sheet *Accessing voluntary assisted dying in Western Australia – Considerations at end of life*.

Where can I find out more information about voluntary assisted dying?

More information is available on the Department of Health WA website www2.health.wa.gov.au/voluntaryassisteddying

Glossary of terms

Refer to *Accessing voluntary assisted dying in Western Australia – Glossary of terms* for explanations of key terms used within this information sheet.

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Accessing voluntary assisted dying in Western Australia

What is the Western Australian Voluntary Assisted Dying Statewide Care Navigator Service?

Summary

This information sheet is for people who want to know more about the Western Australian Voluntary Assisted Dying Statewide Care Navigator Service (SWCNS).

Key points include:

- SWCNS has been established to provide information, support, advice and assistance to anyone involved with voluntary assisted dying in WA.
- The service is staffed by Care Navigators who are experienced health professionals.
- SWCNS is based in Perth and is accessible to all Western Australians.
- SWCNS does not charge fees for its services.

What does SWCNS do?

SWCNS has been established to support anyone involved with voluntary assisted dying in WA. This includes patients, the family and carers of patients, members of the community, health professionals and service providers. The service is nurse-led and staffed by Care Navigators who are experienced health professionals. The SWCNS does not charge fees for its services.

The Care Navigators can:

- provide general information about voluntary assisted dying
- provide specific information about voluntary assisted dying in WA
- help to locate a medical practitioner (doctor) or nurse practitioner who is willing and eligible to participate in voluntary assisted dying
- assist people to access regional support packages
- link people to other helpful resources.

Where is SWCNS?

SWCNS is based in Perth and managed by the South Metropolitan Health Service. As a statewide service it is available to patients and practitioners anywhere in Western Australia. This means that the Care Navigators can support all Western Australians who are seeking information about, or access to, voluntary assisted dying, no matter where they live.

Voluntary Assisted Dying Regional Access Support Scheme (RASS)

The Care Navigators also manage the RASS which provides financial support for access to voluntary assisted dying. This means that if you live outside of the metropolitan region and you are not able to access a medical practitioner in your local area, the Care Navigators may be able to assist you through the RASS. This scheme can assist you to travel to a medical practitioner to access voluntary assisted dying or, if you are unable to travel, it can support a medical practitioner to travel to you.

How can I contact SWCNS?

The Care Navigators can be contacted by email and phone during standard work hours (8:30am – 5:00pm).

Email: VADcarenavigator@health.wa.gov.au

Phone: (08) 9431 2755

Glossary of terms

Refer to *Accessing voluntary assisted dying in Western Australia – Glossary of terms* for explanations of key terms used within this information sheet.

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Accessing voluntary assisted dying in Western Australia

What is the Western Australian Voluntary Assisted Dying Statewide Pharmacy Service?

Summary

This information sheet is for people who want to know more about the Western Australian Voluntary Assisted Dying Statewide Pharmacy Service (SWPS).

Key points include:

- Voluntary assisted dying is the legal process that enables a patient to access medication that will cause their death. This medication is called the voluntary assisted dying substance.
- SWPS has been established to make sure that the voluntary assisted dying substance is provided in a safe, equitable, and patient-centred manner.
- The service is staffed by qualified pharmacists who are experienced health practitioners.
- SWPS is based in Perth and is accessible to all Western Australians who access the voluntary assisted dying process.

What is the role of SWPS?

Voluntary assisted dying is the legal process that enables a patient to access medication that will cause their death. This medication is called the voluntary assisted dying substance. SWPS has been established to make sure that the voluntary assisted dying substance is provided in a safe, equitable and patient-centred manner.

The service is staffed by qualified pharmacists who are experienced health professionals. The pharmacists at SWPS can:

- liaise with medical practitioners (doctors) and nurse practitioners who are supporting someone through the voluntary assisted dying process
- supply the voluntary assisted dying substance
- provide information, education and support to a medical practitioner, nurse practitioner, or person accessing voluntary assisted dying
- liaise with Authorised Disposers regarding disposal of any unused or remaining voluntary assisted dying substance.

Where is SWPS?

SWPS is located at a tertiary hospital and is managed by the North Metropolitan Health Service. While SWPS is based in the Perth metropolitan area, **the service is a statewide service**. This means that it is

available to all Western Australians who are in the process of accessing voluntary assisted dying, no matter where they live. If required, SWPS will be able to visit a patient or Administering Practitioner anywhere in WA to provide the voluntary assisted dying substance and required education about the substance.

How can I contact SWPS?

SWPS can be contacted by email and phone during standard work hours (8:30 am – 5:00 pm).

Email: StatewidePharmacy@health.wa.gov.au

Phone: (08) 6383 3088

Glossary of terms

Refer to *Accessing voluntary assisted dying in Western Australia – Glossary of terms* for explanations of key terms used within this information sheet.

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Accessing voluntary assisted dying in Western Australia

Frequently Asked Questions

This information sheet is for people who may have questions about the assisted dying process in Western Australia (WA).

What is voluntary assisted dying?

Voluntary assisted dying is the legal process that enables a patient to legally access medication that will cause their death. This medication is called the voluntary assisted dying substance. The patient may choose to prepare and take the voluntary assisted dying substance themselves or may have the substance administered to them by a medical practitioner or nurse practitioner.

The information sheets *Accessing voluntary assisted dying in Western Australia – Who is eligible?* and *Accessing voluntary assisted dying in Western Australia – Overview of the process* provide information on who will be able to access voluntary assisted dying and what the process will involve in WA.

Why would someone access voluntary assisted dying?

Most people will find that palliative care and end-of-life services provide the support they need. These services help to improve the quality of life for people with advanced disease and provide support to their carers and family.

Even with the best care, some people getting close to the end of their life can experience suffering that is unable to be relieved in a way that is tolerable to them and may want to ask for assistance to die. If these people meet all the eligibility criteria, and follow the process set out in the *Voluntary Assisted Dying Act 2019* (the Act), they may access voluntary assisted dying.

Is voluntary assisted dying the same as euthanasia?

The term 'voluntary assisted dying' is used in WA because the Act allows some people near the end of their lives to make their own decision about how and when they die. The person must ask a medical practitioner for access to voluntary assisted dying themselves and continue to be able to make their own decisions throughout the process.

Euthanasia is a different term that can be interpreted in a range of ways that are not always consistent with voluntary assisted dying.

Can someone with a disability or mental illness access voluntary assisted dying?

People with a disability or mental illness have the same right to ask for voluntary assisted dying as others in the community. Like anyone else, people who have a disability or mental illness must still meet all the criteria set out in the Act to access voluntary assisted dying (including the ability to make and communicate a decision about voluntary assisted dying throughout the process). Having a disability or mental illness alone does not meet the criteria set out in the Act.

Can someone with dementia access voluntary assisted dying?

Having dementia on its own is unlikely to make a person eligible for voluntary assisted dying. By the time the disease is advanced the person will usually no longer have decision-making capacity.

However, a person diagnosed with dementia may be eligible if they meet the eligibility criteria in relation to a different disease, illness or medical condition. Like anyone else, people who have dementia must still meet all the criteria set out in the Act to access voluntary assisted dying (including the ability to make and communicate a decision about voluntary assisted dying throughout the process).

Who will monitor WA's voluntary assisted dying law?

The Voluntary Assisted Dying Board monitors voluntary assisted dying in WA. The Board will regularly review the process to ensure compliance with the Act and to recommend safety and quality improvements.

The Voluntary Assisted Dying Board does not have an investigatory or enforcement role. There are other agencies with these functions, such as WA Police and the Department of Health (among others).

What is the Western Australian Voluntary Assisted Dying Care Navigator Service (SWCNS)?

SWCNS has been established to support anyone involved with voluntary assisted dying in WA. This includes patients, the family and carers of patients, members of the community, health professionals and service providers.

The service is nurse-led and staffed by Care Navigators, who are experienced health professionals and can answer questions, give advice or provide information about voluntary assisted dying.

The Care Navigators can be contacted by email and phone during standard work hours (8:30 am – 5:00 pm).

Email: VADcarenavigator@health.wa.gov.au

Phone: (08) 9431 2755

More information is available in the *Accessing voluntary assisted dying in Western Australia – What is the Western Australian Voluntary Assisted Dying Statewide Care Navigator Service?* information sheet.

Who can I talk to if I have questions about voluntary assisted dying?

A first step may be to ask a medical practitioner or other health professional involved in your care for information.

SWCNS can also answer questions, give advice or provide information about voluntary assisted dying in WA.

Detailed information on voluntary assisted dying can also be found on the [Department of Health](#) website.

Who can help me access voluntary assisted dying?

Only a medical practitioner can assess your eligibility for access to voluntary assisted dying. This is why a request to access voluntary assisted dying (called the First Request) must be made to a medical practitioner during a medical consultation. To be eligible to participate in voluntary assisted dying a medical practitioner must meet several criteria that ensure they are qualified, experienced and able to support you during the process.

On your request, other health professionals, such as nurses and allied health professionals (e.g. social workers, physiotherapists, speech pathologists etc) can give you information and support you if you are considering voluntary assisted dying. They can continue to care for you during the voluntary assisted dying process, if this is your choice.

SWCNS will also be able to provide information, answer your questions and offer support.

Do health practitioners have to participate in voluntary assisted dying?

No. The Act allows registered health practitioners (for example medical practitioners, nurse practitioners and pharmacists) to refuse to participate in voluntary assisted dying. This means they can choose not to:

- assess a person for voluntary assisted dying
- prescribe, supply or administer the voluntary assisted dying substance
- be present at the time of administration of the voluntary assisted dying substance.

However, if you have formally requested access to voluntary assisted dying from a medical practitioner during a medical consultation, they must provide you with an information booklet, so you know where you can seek access or support. This booklet is titled ‘Approved information for a person making a First Request for voluntary assisted dying’.

Does the health service I use participate in voluntary assisted dying?

That depends on the health service.

Some health services (e.g. hospital, hospice, general practice, residential aged care facility, home care services etc) may choose not to participate in voluntary assisted dying if it does not align to the purpose or values of the service.

Even if a health service is not participating, you can still ask the staff where you can go to get information about voluntary assisted dying and what arrangements could be made to enable you to access voluntary assisted dying, if this is your choice.

Can my carer, family, friend or support person ask for voluntary assisted dying for me?

No. Only you can ask for voluntary assisted dying. This is an important part of making sure your decision is voluntary.

You can ask your carer, family, friend or support person to be with you when you make the First Request to a medical practitioner but only you can ask for voluntary assisted dying.

Can I request voluntary assisted dying in an Advance Health Directive?

No, you cannot.

The Act requires that people making a request for access to voluntary assisted dying have decision-making capacity throughout the entire process to make sure their decision remains voluntary and enduring. An Advance Health Directive is used to record your decisions about future treatment, in the event that you lose the ability to make your own decisions.

I have a person who can legally make medical treatment decisions for me. Can they ask for voluntary assisted dying for me?

No. Only you can ask for access to voluntary assisted dying.

A medical treatment decision-maker, such as an Enduring Guardian, can only make decisions about your medical treatment if you cannot make the decision yourself (e.g. if you are unconscious). The Act requires that you be able to make your own decisions throughout the voluntary assisted dying process.

How common is voluntary assisted dying likely to be in WA?

It is hard to know, but in general voluntary assisted dying is only accessed by a small proportion of people at end of life.

During the first 18 months of the Victorian Act, a total of 581 people began the process to access voluntary assisted dying. Of the people who began the process, a total of 224 administered the medication and died.

In comparison, WA has approximately a third of the population of Victoria.

What if I need an interpreter or assistance with communication?

If you speak a language other than English, you can use an accredited interpreter to help you make the request for access to voluntary assisted dying. You can also use an interpreter during the assessments. If a medical practitioner or nurse practitioner is unsure about how well you understand English, they will use an interpreter.

If you have a disability that affects your ability to communicate you can use your preferred means of communication to request voluntary assisted dying (e.g. a communication aid, writing or gestures).

More information can be found in the information sheet [*Accessing voluntary assisted dying in Western Australia – Assistance with communication*](#).

Can a medical practitioner or nurse practitioner start a discussion about voluntary assisted dying with me?

Yes. A medical practitioner or nurse practitioner can talk to you about voluntary assisted dying as one option during a discussion about your end-of-life choices. The medical practitioner or nurse practitioner must also discuss treatment and palliative care options with you at the same time.

Can another health professional or healthcare worker start a discussion about voluntary assisted dying with me?

No. Under the law **only** medical practitioners and nurse practitioners are permitted to start a discussion about voluntary assisted dying.

Other health professionals and healthcare workers can respond to your questions about voluntary assisted dying, and provide information about the process, but they are not allowed to start a discussion about voluntary assisted dying with you.

It is important to remember that some people involved in your care may not be comfortable talking about voluntary assisted dying. The Western Australian Voluntary Assisted Dying Statewide Care Navigator Service (SWCNS) will be able to provide you with information and answer any questions you have.

Information on the roles of medical practitioners, nurse practitioners and other health professionals can be found in the information sheets [*Providing voluntary assisted dying in Western Australia – Health professional participation*](#) and [*Providing voluntary assisted dying in Western Australia – FAQs for health professionals*](#).

Is someone allowed to pressure me into asking for voluntary assisted dying?

No. There are strong safeguards in place to make sure your decision to request access to voluntary assisted dying is your own, and you are not being pressured by others. If you feel you are being pressured to ask for access to voluntary assisted dying you should discreetly raise this with your medical practitioner or another trusted health professional involved in your care. You can also contact the SWCNS for advice.

Only you can ask for access to voluntary assisted dying. Your carer, family, friend or support person cannot ask for you. If a medical practitioner discusses voluntary assisted dying with you, they must also talk to you about treatment and palliative care so that you are informed about all your options.

As part of the process, two (2) medical practitioners must assess that you are able to decide about voluntary assisted dying. Both medical practitioners must have completed training in assessing a person for access to voluntary assisted dying. Both medical practitioners must assess that you are acting voluntarily and not being forced by someone to request it.

Can I change my mind about accessing voluntary assisted dying?

Yes, absolutely.

There are three times during the process when you must clearly request access to voluntary assisted dying – the First Request, the Written Declaration and the Final Request. These steps confirm that continuing with the process is something you still want.

If at any point you change your mind about continuing with the voluntary assisted dying process, you can tell your Coordinating Practitioner and the process will immediately stop.

Can I receive palliative care if I ask for voluntary assisted dying?

Yes. Voluntary assisted dying is not intended to be an alternative or exclude access to palliative care.

Both voluntary assisted dying and palliative care are part of a range of end-of-life choices and can play important roles in how a person approaches the end of their life. Most people who request voluntary assisted dying will also be supported by palliative care services. If you have not yet received palliative care services, you may want to talk to a medical practitioner or another health professional involved in your care about how to access these services.

How long does the voluntary assisted dying process typically take?

The time it will take from making the First Request to taking the voluntary assisted dying substance will likely be different for each person.

There are many different factors involved and it is difficult to estimate a timeframe. For some people it may be a few weeks and for others it may take longer, especially if additional assessments are needed or if travel is required.

What if I need to access voluntary assisted dying quickly?

The Final Request cannot be made before the end of the designated period. This is a period of nine (9) days beginning on the day the First Request is made. However, in some circumstances it can occur sooner than this.

If your Coordinating Practitioner believes that you will die or lose capacity to make decisions about voluntary assisted dying before the end of the designated period, you may be allowed to access the voluntary assisted dying substance sooner. You will need to discuss this with your Coordinating Practitioner.

Are there costs associated with voluntary assisted dying?

Possibly. As with other healthcare services, there may be associated costs.

For example, you may need to pay for the appointments with the Coordinating Practitioner, Consulting Practitioner and any other registered health professionals you need to see. You should discuss any costs you may need to cover at the start of the process. There are no costs for the voluntary assisted dying substance or using SWCNS.

If you live in a regional or remote area, there is support available so that you are not disadvantaged in accessing voluntary assisted dying. This is called the Regional Access Support Scheme (RASS) and is managed by SWCNS. The Care Navigators will be able to assess if you are eligible to access this support.

How do I request voluntary assisted dying?

Talking to a medical practitioner about voluntary assisted dying does not begin the process. The formal process begins when you ask for assistance to end your life.

This is called a First Request and must be made in-person to a medical practitioner during a medical consultation (or by videoconference if in-person is not practical). Your request for voluntary assisted dying should be clear and unambiguous, so the medical practitioner understands exactly what you are asking.

More information can be found in the [*Accessing Voluntary Assisted Dying in Western Australia – Making the First Request*](#).

I don't think I will meet the criteria for voluntary assisted dying. What can I do?

Under the law, you must meet **all** the eligibility criteria to access voluntary assisted dying.

If you are thinking about requesting access to voluntary assisted dying, but do not think you will meet the criteria, it might still be a good idea to talk to a medical practitioner or another health professional involved in your care about how you are feeling. They can help you explore why you are thinking about voluntary assisted dying, and also what treatment, palliative care options and practical and psychosocial support services may help you.

My medical practitioner has refused my First Request for voluntary assisted dying. What can I do?

A medical practitioner may refuse a First Request for several reasons.

If a medical practitioner refuses your First Request, they **must** provide you with an information booklet called [*Approved information for a person making a First Request for voluntary assisted dying*](#). They **must** also notify the Voluntary Assisted Dying Board that you have made a First Request and they have refused it.

The medical practitioner may suggest another medical practitioner who can help you if they can't. If they do not suggest someone else, you can contact SWCNS to help you find a medical practitioner who is willing to assess your eligibility for accessing voluntary assisted dying.

My Coordinating Practitioner did the First Assessment and decided I am not eligible for voluntary assisted dying. What can I do?

If the Coordinating Practitioner determines you are not eligible for voluntary assisted dying, usually this will be the end of the assessment process. They can discuss other options available to you, including palliative care.

If you choose to, you can request to start the process again with another medical practitioner by making a new First Request. You can also start the process again in the future, for example if things change, by making a new First Request at a later date.

If the Coordinating Practitioner determines you are not eligible because:

- you do not have decision-making capacity in relation to voluntary assisted dying, or
- you have not been ordinarily resident in WA for a period of at least 12 months, or
- you are not acting voluntarily and without coercion

and you disagree with this decision, then you can apply to the State Administrative Tribunal (SAT) for a review of that decision.

More information can be found in the information sheet [*Accessing Voluntary Assisted Dying in Western Australia – Review of certain decisions*](#).

My Consulting Practitioner did the Consulting Assessment and decided I am not eligible for voluntary assisted dying. What can I do?

If the Consulting Practitioner assesses that you are not eligible for voluntary assisted dying, you and your Coordinating Practitioner may agree to refer you to another medical practitioner for another Consulting Assessment.

If your Coordinating Practitioner does not think it is appropriate to refer you for another Consulting Assessment, the process ends. You may want to talk to your Coordinating Practitioner or another health professional involved in your care about options available to you, including palliative care.

I am eligible for voluntary assisted dying. How will I take the voluntary assisted dying substance?

That is a decision for you and your Coordinating Practitioner. Many people will prepare and take the voluntary assisted dying substance themselves.

If you are likely to have issues preparing or taking the substance yourself or have concerns about preparing or taking the substance yourself, you should talk to your Coordinating Practitioner about having a medical practitioner or nurse practitioner administer the voluntary assisted dying substance.

Can someone help me prepare and take the voluntary assisted dying substance?

No. You **cannot** have help to prepare or take the voluntary assisted dying substance.

There are only two options for taking the voluntary assisted dying substance.

1. You prepare and take the substance yourself (without any assistance).
2. You have the substance prepared and administered by a medical practitioner or nurse practitioner (in the role of Administering Practitioner).

If the first option isn't possible, or you are concerned about being able to prepare and take the substance, you may, on the advice of your Coordinating Practitioner, decide on the second option.

Can I choose where and when to take the voluntary assisted dying substance?

In most circumstances, yes. Many patients may decide to take the voluntary assisted dying substance in their home as this is a comfortable, familiar and supported environment.

If you want to take it somewhere other than your home (e.g. hospital, hospice or residential care facility etc) you will need to check if the facility is able to support you. Some hospitals, hospices and residential care facilities may not agree with voluntary assisted dying or may not have the staff or privacy needed to safely support you when you take the substance.

You should start talking to your Coordinating Practitioner as early as possible about where you would prefer to take the voluntary assisted dying substance.

Can I choose who is with me when I take the voluntary assisted dying substance?

Yes. You should think about who you want with you when you take the voluntary assisted dying substance. You are encouraged to have at least one other person there, so you are not alone (but you do not have to, if this is your choice).

If you have chosen to self-administer the voluntary assisted dying substance you may wish to have a medical practitioner or other health professional, such as a nurse, with you. While they cannot assist you in preparing or taking the substance, they can make sure you are comfortable during the dying process. This will need to be arranged beforehand.

If you are going to take the substance yourself and choose not to have someone present it is important you let your Contact Person know when and where you plan to take the voluntary assisted dying substance as they have specified responsibilities under the Act.

What if no one can be with me when I take the voluntary assisted dying substance?

If (for whatever reason) there is no one available to be with you, talk with your Coordinating Practitioner (who must notify the Board of your death, and who would generally complete the death certificate), or the SWCNS about how someone can be there to support you.

I am having a practitioner administer the voluntary assisted dying substance to me. Do I need a witness?

Yes, you do.

It is your choice as to who is with you at the time of administration but there must be someone there to act as a witness to the administration of the substance. The witness must be 18 years or older and must not be related to the Administering Practitioner or work for the Administering Practitioner.

Can anyone stop me from taking the voluntary assisted dying substance?

The only person who can decide whether to take the voluntary assisted dying substance is you.

If your decision to take the substance is difficult for those close to you, your Coordinating Practitioner, the SWCNS or another health professional may be able to help you find ways to talk about voluntary assisted dying with them.

Could something go wrong when I take the voluntary assisted dying substance?

Your Coordinating Practitioner will talk to you about the likely outcome and any risks of taking the voluntary assisted dying substance.

We know from places where voluntary assisted dying has been available for a while that most people will lose consciousness shortly after taking the voluntary assisted dying substance or having the substance administered. Most people will die very soon after this.

What can I do to make the voluntary assisted dying process as straightforward as possible?

Preparing for the assessment process in advance can be helpful.

For example, you may need documentation in relation to your citizenship and/or residency status to show to your Coordinating Practitioner and Consulting Practitioner. Gathering the evidence for each of the eligibility criteria ahead of time can be very helpful for the medical practitioners involved in the process.

Is there support available for the people I leave behind?

After your death, your family and friends may experience a whole range of emotions such as sadness, anger, anxiety or numbness, through to relief or resolution. Supporting each other is important in helping people who are experiencing bereavement. Grief can be very painful, but most people can gradually find ways to live with their loss.

There are several community organisations that offer support and counselling services to help with managing grief.

More information for family, friends and carers is available in the information sheets *Voluntary assisted dying in Western Australia – Supporting someone through the process* and *Accessing voluntary assisted dying in Western Australia – Considerations for an assisted death*.

What can I do to prepare the people I care about as I approach the end of my life?

Talk to them.

Talking with others about end of life can help you to make decisions about the choices available to you. It can also make all the difference to how others feel about the decisions you make, especially those closest to you.

Your plans should also be discussed with a medical practitioner or another health professional involved in your care. They will be able to provide additional advice and support. Discussing what you want to happen, how you want it to happen and who you want to be involved will allow the people you trust to support you and your wishes.

Glossary of terms

Refer to *Accessing voluntary assisted dying in Western Australia – Glossary of terms* for explanations of key terms used within this information sheet.

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HEH-013991 JUN'21



Accessing voluntary assisted dying in Western Australia

Considerations at end of life

Summary

This information sheet is for people who may be considering requesting access to voluntary assisted dying. This information sheet may help you to consider the care options that are available to you, and the people who can support you to make decisions about your end-of-life care, in line with your values and wishes.

Key points include:

- Approaching the end of life can involve a lot of decisions around care choices. These may include advance care planning, palliative care and considering if voluntary assisted dying is a choice for you.
- Medical practitioners (doctors) and other health professionals involved in your care can support you, as can your family, friends and carers.
- The Western Australian Voluntary Assisted Dying Statewide Care Navigator Service (SWCNS) will also be available to provide information, provide you with useful resources and assist you with any questions about voluntary assisted dying. Talking with others about end of life can help you to make decisions about the choices available to you. It can also make all the difference to how others feel about the decisions you make.
- Talking about and planning for death can help those closest to you to prepare for what is to come and to support your wishes.

End of life care in Western Australia

Voluntary assisted dying is only an option for people who are approaching the end of their life and who meet all the eligibility criteria. However, end-of-life care in Western Australia (WA) also includes advance care planning and palliative care. Any or all can play an important role in how a person approaches the end of their life.

If you are considering voluntary assisted dying you may have already undertaken advance care planning with a medical practitioner or another suitable health professional. You may also be accessing palliative care services and may be ready to make decisions about how you wish to manage the end of your life.

If you are thinking about voluntary assisted dying, it is likely you will need support as you make decisions around how and when your life may end.

Support is available from:

- medical practitioners, other health professionals, and service providers
- carers, family, friends or your support person
- SWCNS
- other support services in your community.

Support from your medical practitioner and other health professionals involved in your care

Maintaining open communication with the people who are providing your healthcare is always important. You are encouraged to talk to your medical practitioner and other health professionals (e.g. nurse, social worker etc) involved in your care about what approaching end of life will look like for you. This can include discussions on your preferred palliative care approach, completing or updating an Advance Health Directive, planning for death and accessing voluntary assisted dying.

Medical practitioners and nurse practitioners can start a conversation with you about voluntary assisted dying if, at the same time, they discuss your treatment and palliative care options and the likely outcomes of that treatment and care. Under the *Voluntary Assisted Dying Act 2019* (the Act), other health professionals are not allowed to start a conversation about voluntary assisted dying. If you wish to talk to them about voluntary assisted dying, it means that you will need to be the one to start the conversation.

You can talk to any health professional about voluntary assisted dying in person or during a telehealth appointment (e.g. phone or videoconference).

Voluntary assisted dying is a complex topic for some health professionals. If a person providing your healthcare does not agree with voluntary assisted dying (they have a conscientious objection) they may suggest you talk with someone else. If they do not directly refer you to another health professional, you can contact SWCNS who will be able to help you. The role of this service is discussed later in this information sheet.

Support from your family and friends

In addition to your medical practitioner and other health professionals involved in your care, your family and friends can also help you think through choices you may be considering at end of life including the process for voluntary assisted dying.

If you would like, a family member or friend can accompany you to your appointments and be part of your discussions about palliative care, voluntary assisted dying or planning for death. If you decide to access voluntary assisted dying, they can also be with you when you die.

Every person is different, and it is not unusual to have some strained relationships. Even if you have not been in touch with family or friends for some time, the time before death may help people to reconnect. When family members or friends learn what you are dealing with, they may want to re-establish communication and offer support.

Your privacy will always be protected and, if you decide to go ahead with voluntary assisted dying, only the people you want and need to know about your decision will be aware of your choice. You will be encouraged to discuss your decision with those closest to you so that they can support you through the process and plan for what is to come, but you do not have to do so.

Voluntary assisted dying may be a challenging and emotional topic for the people who want to support you. If you are discussing voluntary assisted dying with family or friends, it is a good idea to ask them to read through the information sheet [*Voluntary assisted dying in Western Australia – Supporting someone through the process*](#).

Support from SWCNS

SWCNS has been established to support anyone involved with voluntary assisted dying in WA. The service is nurse-led and staffed by Care Navigators who are experienced health professionals. The Care Navigators can help you if you need support, information or advice about voluntary assisted dying.

Many patients who choose to continue with voluntary assisted dying will be well supported by their Coordinating Practitioner (the medical practitioner who organises the process), as well as other health professionals, the health services they use, and their family, friends and carers. However, some patients may

need extra support. If this is the case for you, the Care Navigators can work closely with you, your health providers, and your family or friends to help make sure you get the right supports at the right time.

The Care Navigators can also help you to find an eligible and willing medical practitioner, if your medical practitioner does not agree or is not able to help you access voluntary assisted dying. SWCNS can be contacted by email or phone during standard work hours (8:30am – 5:00pm).

Email: VADcarenavigator@health.wa.gov.au

Phone: (08) 9431 2755

Support from other services

A medical practitioner, another health professional, or community-based service provider can give you extra assistance and work with you to support your emotional wellbeing. A medical practitioner or nurse practitioner can also develop a mental health care plan with you. With a mental health care plan, you can be referred to a counsellor, mental health worker or other support service depending on your needs.

In addition, there are other services available that can provide you with emotional and psychological support while you are considering or asking for voluntary assisted dying including:

Beyond Blue can provide support for mental health and wellbeing, especially for anyone experiencing anxiety or depression.

- Telephone: 1300 224 636, at any time day or night or access the website www.beyondblue.org.au

Lifeline can provide crisis support to anyone who is in need of immediate help to deal with emotional distress.

- Telephone: 13 11 14, at any time day or night or access the website www.lifeline.org.au

Talking about your end-of-life preferences

The decisions people make as they approach the end of their life are very personal. People want to make the best of the time they have left and usually make decisions balancing out the effects of treatment, their quality of life and what matters to them, as well as the suffering they are experiencing.

There is no right or wrong way to talk about death and dying. Your GP, a medical practitioner or other health professional can support you to have this conversation with those close to you.

Care at end of life can be provided in a range of settings. For example, at home, in hospital, or in residential care facilities. It can be provided by a range of different health professionals, including GPs, medical specialists, nurses and allied health professionals.

Talking about advance care planning

If you don't already have an Advance Care Plan [www.healthywa.wa.gov.au/Articles/A_E/Advance-care-planning] you may want to make one. If you already have one, you may want to update it so that it is relevant to the way your disease, illness or medical condition is likely to develop. Advance care plans are important to help those close to you know about the level and type of health care you want, if you become unable to make those decisions yourself.

If you haven't already done so, you can appoint an Enduring Guardian [www.healthywa.wa.gov.au/Articles/A_E/Enduring-Power-of-Guardianship] to make health care decisions for you if you are no longer able to do so. Your Enduring Guardian should be someone you trust to make decisions that reflect your values and wishes.

You can also complete an Advance Health Directive (AHD) [www.healthywa.wa.gov.au/Articles/A_E/Advance-Health-Directives] to record decisions about consenting to or refusing particular medical treatments in anticipation of losing the ability to make your own decisions. An Enduring Guardian cannot change decisions about matters you have already addressed in your AHD.

You cannot ask for voluntary assisted dying in your AHD because it is prohibited under the *Guardianship and Administration Act 1990*. Also, your AHD is only used if you lose your decision-making capacity and under the Act, you are not able to access voluntary assisted dying if you do not have decision-making capacity.

Talking about palliative care

At some point, you may start to explore what palliative care [www.healthywa.wa.gov.au/Articles/N_R/Palliative-care] offers for you.

Palliative care is not just for people in their last days or weeks of life. Depending on a person's symptoms and needs, palliative care may be of benefit at any time following diagnosis with a life-limiting illness, disease or medical condition, including at the time of diagnosis.

Palliative care focuses on enhancing quality of life and aims to help people live well with a life-limiting disease, illness or medical condition. It can help you to take control over the time you have and concentrate on what quality of life means to you. Palliative care can also help make you more comfortable by treating your symptoms.

As well as supporting people to live a better quality of life with a life-limiting disease, illness or medical condition, palliative care plays a very important role in supporting people who are dying, wherever they die, by helping to relieve their pain and suffering and supporting their carers. For many people, palliative care can provide reassurance about dying.

If you decide to request access to voluntary assisted dying, the two medical practitioners who assess your request must tell you about your treatment and palliative care options and the likely outcomes of that treatment or care. They may also discuss with you access to palliative care during the voluntary assisted dying process, if you are not under palliative care already, to help improve your symptoms and quality of life.

Some palliative care providers may have a conscientious objection to being involved in voluntary assisted dying. Your Coordinating Practitioner, the Care Navigators or another health professional can help you to find services to provide care alongside your decision to access voluntary assisted dying.

Talking about voluntary assisted dying

You do not need to tell your family and friends that you are thinking about voluntary assisted dying, but you may find it helpful if you do. The voluntary assisted dying process can be challenging when you are very sick, and you may find it easier if you have support from people you trust. Your family and friends may also appreciate the opportunity to understand your thoughts around voluntary assisted dying. If you decide it is the right choice for you, they may want to help you during your final weeks and days.

If a family member or friend does not support your decision regarding voluntary assisted dying, you may wish to let them know that they do not have to agree with it. If needed, you could consider asking them to respect your wishes. Even if your family or friends do not support your decision, they may still be able to give you the help you need.

Your Coordinating Practitioner or another health professional involved in your care can support you to talk about voluntary assisted dying with those close to you. If needed, they may also suggest counselling services to support you and your family and friends through the process.

The Act requires that, if a patient accesses voluntary assisted dying, there be no reference to voluntary assisted dying on their death certificate. This is to respect and protect their privacy and the privacy of their family.

Talking about and planning for death

Talking about and planning for death can help you to understand and make decisions about the choices

available to you. It can also make all the difference to how others feel about the decisions you make. If you continue with the voluntary assisted dying process, planning for your death will be a way that those closest to you will be able to prepare for what is to come, both in the lead up to the event and afterwards. If you decide not to go ahead with voluntary assisted dying, planning for death can still be a helpful process.

The plans around your death should also be discussed with your medical practitioner or other health professionals involved in your care who will be able to provide additional advice and support. Discussing what you want to happen, how you want it to happen and who you want to be involved will allow the people you trust to support you and your wishes, whatever they might be.

Where can I find more information about voluntary assisted dying?

For further information please visit the Department of Health WA website ww2.health.wa.gov.au/voluntaryassisteddying

Glossary of terms

Refer to *Accessing voluntary assisted dying in Western Australia – Glossary of terms* for explanations of key terms used within this information sheet.

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Accessing voluntary assisted dying in Western Australia

Making the First Request

Summary

This information sheet is for people who want to know more about starting the process to access voluntary assisted dying by making a First Request.

Key points include:

- A person can start the voluntary assisted dying process by making a First Request to a medical practitioner during a medical consultation.
- The request should be clear and unambiguous, so the medical practitioner knows exactly what is being asked of them. Using the words 'voluntary assisted dying' will help the medical practitioner understand that a First Request is being made.
- If the medical practitioner does not agree with voluntary assisted dying (has a conscientious objection) they must tell the person **immediately** and provide them with the *Approved information for a person making a First Request for voluntary assisted dying* booklet.
- If the medical practitioner doesn't have a conscientious objection to voluntary assisted dying, they must inform the patient within two (2) business days after the First Request is made whether they accept or refuse the First Request.
- The Western Australian Voluntary Assisted Dying Statewide Care Navigator Service (SWCNS) can help to connect a person with a medical practitioner who is willing and eligible to participate in the voluntary assisted dying process.

Making the First Request

If you have made the decision that you want to access voluntary assisted dying, you will need to start the process by making a request for access to voluntary assisted dying. This is known as the First Request.

For your request to be considered a First Request, you must:

- make the request to a registered medical practitioner (such as a GP or a specialist doctor)
- make the request during a medical consultation (an appointment or meeting with the GP or specialist doctor)
- make the request in person, or if that is not practicable make the request using audiovisual communication (a method of electronic communication that allows you and the medical practitioner to see and hear each other simultaneously)
- make it clear that you want to access voluntary assisted dying (so the medical practitioner can be certain about what it is you are asking).

While you don't have to use the words 'voluntary assisted dying', it will help the medical practitioner understand that you are making a First Request. A suggested way of making your first request is to ask: 'Will you help me to access voluntary assisted dying?'

The most important thing is to make it clear that you are asking for help to end your life in this way. You may find that the medical practitioner asks you questions to clarify that you are asking for assistance to die.

Outcome of the First Request

Once you have made the First Request to a medical practitioner, they must decide whether to accept or refuse it.

If the medical practitioner intends to refuse your request because they have a conscientious objection to voluntary assisted dying, they must inform you **immediately** and give you the *Approved information for a person making a First Request for voluntary assisted dying* information booklet. This will include important information about accessing voluntary assisted dying, including other resources and people you can contact to assist or support you.

If the medical practitioner doesn't immediately accept your First Request, they must within two (2) business days after you make the First Request, inform you whether they accept or refuse the request. Not all medical practitioners will be able to accept a First Request for voluntary assisted dying, even if they would like to. They may not be eligible (e.g. they haven't been a doctor for long enough) or able (e.g. they can't commit the time required) to participate.

Regardless of whether the medical practitioner accepts or refuses your request, they must give you the *Approved information for a person making a First Request for voluntary assisted dying* booklet.

After the First Request

If the medical practitioner accepts your First Request, they become your Coordinating Practitioner. They will then begin the assessment process with you. The full voluntary assisted dying process is described in the information sheet *Accessing voluntary assisted dying in Western Australia – Overview of the process*.

If the medical practitioner did not accept your First Request, you can choose to make a new First Request to a different medical practitioner.

What if I can't find a medical practitioner to ask for voluntary assisted dying?

If you need assistance to find a medical practitioner who is eligible and willing to support your First Request, SWCNS can help.

Email: VADcarenavigator@health.wa.gov.au

Phone: (08) 9431 2755

Voluntary Assisted Dying Regional Access Support Scheme (RASS)

If you live outside of the metropolitan region and are not able to access a medical practitioner in your local area, the Care Navigators may be able to support you through the RASS. This scheme can assist you to travel to a medical practitioner to access voluntary assisted dying or, if you are unable to travel, it can support a medical practitioner to travel to you.

The services provided by SWCNS are outlined in the *Accessing voluntary assisted dying in Western Australia – What is the Western Australian Voluntary Assisted Dying Statewide Care Navigator Service?* information sheet.

Where can I find more information?

For further information please visit the Department of Health WA website
ww2.health.wa.gov.au/voluntaryassisteddying

Glossary of terms

Refer to *Accessing voluntary assisted dying in Western Australia – Glossary of terms* for explanations of key terms used within this information sheet.

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Accessing voluntary assisted dying in Western Australia

Assistance with communication

Summary

This information sheet is for people who want to know more about the options for assistance with communication during the voluntary assisted dying process.

Key points include:

- It is important that a person who intends to access voluntary assisted dying can understand what is happening at each stage of the process and can communicate their needs.
- Under the *Voluntary Assisted Dying Act 2019* (the Act), family members or friends are not allowed to act as interpreters for a person accessing voluntary assisted dying.
- An accredited interpreter must hold a credential issued under the National Accreditation Authority for Translators and Interpreters (NAATI) certification scheme to provide services as part of the voluntary assisted dying process.
- For a person with a disability, where the disability affects their ability to communicate, they can use their preferred means of communication (e.g. a communication aid, writing or gestures).
- The assistance of an interpreter should be arranged by the medical practitioner (doctor) involved. Alternatively, a person intending to access voluntary assisted dying can contact the Statewide VAD Care Navigator Service which will also be able to help.

Communicating during the voluntary assisted dying process

It is important that a person who intends to access voluntary assisted dying can understand what is happening at each stage of the process and communicate their needs and decisions. Often in medical and health settings another person, such as a family member or friend, will offer to assist with interpretation or translation for a person receiving care. This type of assistance for someone seeking to access voluntary assisted dying is not allowed under the Act.

Using an interpreter

In Western Australia, any person accessing voluntary assisted dying who uses interpreter services, including Australian sign language (Auslan), must use the services of an interpreter who holds a credential issued under the NAATI certification scheme and is qualified to communicate difficult information accurately. These interpreters are also bound by confidentiality and are not allowed to share the information they receive while working.

If an interpreter is required, this should be arranged by the medical practitioner involved as part of their usual processes (and typically at no cost to the person). The Western Australian Voluntary Assisted Dying Statewide Care Navigator Service can also be contacted to assist during standard work hours (8:30 am – 5:00 pm).

Email: VADcarenavigator@health.wa.gov.au

Phone: (08) 9431 2755

Using other communication strategies

If the person intending to access voluntary assisted dying has a disability that affects their ability to communicate, they can use their preferred means of communication to communicate with the medical practitioners and other health professionals involved in the process (e.g., a communication aid, writing or gestures).

The person may communicate verbally, by gestures, in writing or by other means of communication during the voluntary assisted dying process.

When can an interpreter or other communication strategy be used?

A person requesting access to voluntary assisted dying should be supported to use an interpreter or other communication strategy where necessary, at any stage during the process. Further information on the steps involved in accessing voluntary assisted dying can be found in the information sheet *Accessing voluntary assisted dying in Western Australia – Overview of the process*.

Situations for use might include:

- as part of the request and assessment process with the Coordinating Practitioner or Consulting Practitioner.
- when completing the Written Declaration.
- when deciding how the voluntary assisted dying substance should be administered.

Interpreter services can be used during telehealth consultations that occur over the telephone or using a videoconferencing application. However, there are some aspects of the voluntary assisted dying process that cannot be communicated this way (by telephone or internet). If needed, the medical practitioners involved in the process will be able to guide the interpreter about what can and cannot be discussed at each consultation.

Where can I find more information?

For further information please visit the Department of Health WA website ww2.health.wa.gov.au/voluntaryassisteddying

Glossary of terms

Refer to *Accessing voluntary assisted dying in Western Australia – Glossary of terms* for explanations of key terms used within this information sheet.

Acknowledgement

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Accessing voluntary assisted dying in Western Australia

Review of certain decisions

Summary

This information sheet is for people who want to know more about the process for having the State Administrative Tribunal (SAT) review certain decisions as part of the voluntary assisted dying assessment process. It provides an overview of who can apply for review, under what circumstances, and the role of SAT in the voluntary assisted dying process.

Key points include:

- SAT is the independent body that can review certain decisions related to the voluntary assisted dying assessment process.
- The decisions that SAT can review are limited to decisions about the patient's residency status, decision-making capacity and whether they are acting voluntarily and without coercion.
- Only certain people can request a review by SAT. These are detailed below.
- A person who intends to request a review of a voluntary assisted dying decision, or who is affected by an application to review a decision, can contact SAT for further information.

What is the role of the State Administrative Tribunal in the voluntary assisted dying process?

The State Administrative Tribunal (SAT) is an independent body that makes and reviews a range of decisions related to administrative, commercial and personal matters in Western Australia (WA). These matters span human rights, vocational regulation, commercial and civil disputes and development and resources issues.

SAT is the primary place for the review of decisions made by Government agencies, public officials and local governments. It also makes a wide variety of original decisions. Under the *Voluntary Assisted Dying Act 2019* (the Act), SAT can review and make decisions about some of the outcomes of the assessments completed as part of the voluntary assisted dying process.

These assessments include the First Assessment, the Consulting Assessment and the Final Review and may have been completed by the Coordinating Practitioner or the Consulting Practitioner. More information about these assessments can be found in the fact sheet [Accessing voluntary assisted dying in Western Australia – Overview of the process](#).

Which decisions can be reviewed by SAT?

Only certain decisions can be reviewed by SAT. These are called **reviewable decisions**.

Section 84(1) of the Act outlines the reviewable decisions:

- A decision that, at the time of making the First Request (for access to voluntary assisted dying), the patient has or has not been ordinarily resident in WA for a period of at least 12 months.

- A decision that the patient has or does not have decision-making capacity in relation to voluntary assisted dying.
- A decision that the patient is or is not acting voluntarily and without coercion. (i.e. they are not being forced or persuaded to request voluntary assisted dying).

Who can apply for a decision to be reviewed by SAT?

Under the Act, the following people are considered eligible applicants and may apply to SAT for review of a decision:

- the patient who is the subject of the voluntary assisted dying assessment; or
- an agent of the patient (i.e. someone acting on the patient's behalf); or
- a person who SAT is satisfied has a special interest in the medical treatment and care of the patient.

It is up to SAT to determine if the person making the application for review is eligible to do so. Being a family member does not mean the person is automatically considered to have a special interest.

How do I lodge a request for a decision to be reviewed by SAT?

SAT uses an eLodgment system that is available 24 hours a day, 7 days a week. The request for review of a voluntary assisted dying decision can be lodged using this system.

What happens to the voluntary assisted dying process while a decision is being reviewed?

The voluntary assisted dying process for the person will be suspended until the review is completed. SAT is aware of how important time is where voluntary assisted dying is concerned and will aim to review the application as quickly as possible. The outcome of the review by SAT will determine the next steps in the voluntary assisted dying process.

Where can I find more information?

Please visit www.sat.justice.wa.gov.au for more information about the SAT process

Glossary of terms

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Accessing voluntary assisted dying in Western Australia

Completing the Written Declaration

Summary

This information sheet is for people who want to know more about the Written Declaration that must be completed as part of the voluntary assisted dying process.

Key points include:

- The Written Declaration is a formal written request for access to voluntary assisted dying and is required under the *Voluntary Assisted Dying Act 2019* (the Act).
- A person seeking voluntary assisted dying may make the Written Declaration once they have been found eligible for access to voluntary assisted dying by both the Coordinating Practitioner and Consulting Practitioner.
- The Written Declaration must be made in the approved form. This will be available from the Coordinating Practitioner or Consulting Practitioner.
- The patient who has requested to access voluntary assisted dying can sign the Written Declaration themselves or have someone sign it on their behalf.
- The Written Declaration must be witnessed by two (2) witnesses. Details on who can be witnesses are included below.
- Interpreting and translation services can be used to complete the Written Declaration.

What is the Written Declaration?

The Written Declaration is a formal written request for access to voluntary assisted dying. Under the Act, a patient who has requested to access voluntary assisted dying in Western Australia will need to make the Written Declaration once they have been assessed as eligible for access by both the Coordinating Practitioner and the Consulting Practitioner. More information on the roles of these practitioners and the assessments they perform is available in the information sheet [Accessing voluntary assisted dying in Western Australia – Overview of the process](#).

How to complete the Written Declaration

The Written Declaration must be made in the approved form. This can be downloaded and printed from the Voluntary Assisted Dying – Information Management System (VAD-IMS) by either the Coordinating Practitioner or the Consulting Practitioner.

The Written Declaration must specify that the patient:

- is making the Written Declaration voluntarily and without coercion; and
- understands the nature and effect of the Written Declaration.

The person must sign the Written Declaration in the presence of two (2) witnesses.

Who can be a witness?

To be eligible to be a witness, a person must:

- be 18 years of age or older; and
- not know or believe that they are a beneficiary under the will of the patient (or may otherwise benefit financially or in any other material way from the death of the patient); and
- not be a family member of the patient; and
- not be the Coordinating Practitioner or the Consulting Practitioner.

Each witness will sign the Written Declaration, certifying that the patient making the declaration appeared to freely and voluntarily sign the declaration. Each witness will certify that they are not knowingly ineligible to be a witness.

What if the patient is not able to complete the Written Declaration?

If the patient is unable to complete the Written Declaration, they can have someone complete it on their behalf. This person must:

- be 18 years of age or older; and
- not be one of the two witnesses to the signing of the Written Declaration; and
- not be the Coordinating Practitioner or the Consulting Practitioner; and
- sign at the direction and in the presence of the patient.

In this case, each witness will sign the Written Declaration, certifying that:

- in the presence of the witness, the patient appeared to freely and voluntarily direct the other person to sign the declaration; and
- the person signed the declaration in the presence of the patient and in the presence of the witness.

Each witness will also certify that they are not knowingly ineligible to be a witness (as described above).

What if the patient needs interpreting or translation services?

The Written Declaration can be completed with the assistance of an interpreter who holds a credential issued under the National Accreditation Authority for Translators and Interpreters (NAATI) certification scheme. The interpreter will sign and certify on the Written Declaration that they provided a true and correct translation of any material translated.

Often in medical and health settings, family members may offer to assist with interpretation or translation. This type of assistance for someone seeking voluntary assisted dying is not allowed under the Act. Interpreters who hold a credential issued under the NAATI certification scheme are qualified to communicate difficult information accurately. They are also bound by confidentiality and are not allowed to share the information they receive while working.

If an interpreter is required to help complete the Written Declaration, this should be arranged by the Coordinating Practitioner involved (and typically at no cost to the person). The Western Australian Voluntary Assisted Dying Statewide Care Navigator Service (SWCNS) can also be contacted to assist during standard work hours (8:30am – 5:00pm).

Email: VADcarenavigator@health.wa.gov.au

Phone: (08) 9431 2755

What should happen once the Written Declaration is made?

Once the Written Declaration has been made it must be given to the Coordinating Practitioner. The Coordinating Practitioner must submit the Written Declaration to Voluntary Assisted Dying Board within two business days after receiving it.

The Coordinating Practitioner or SWCNS will be able to answer additional questions about making the Written Declaration.

Where can I find more information?

For further information please visit the Department of Health WA website www2.health.wa.gov.au/voluntaryassisteddying

Glossary of terms

Refer to *Accessing voluntary assisted dying in Western Australia – Glossary of terms* for explanations of key terms used within this information sheet.

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Accessing voluntary assisted dying in Western Australia

Choosing the Contact Person

Summary

This information sheet is for people who want to know more about choosing a person to take on the role of the Contact Person as part of the voluntary assisted dying process.

Key points include:

- Voluntary assisted dying is a legal process that enables a patient to access medication that will cause their death. This medication is called the voluntary assisted dying substance.
- A patient who has decided to self-administer the voluntary assisted dying substance (take it themselves) rather than have it administered by a medical practitioner (doctor) or nurse practitioner **must** choose a Contact Person.
- The Contact Person has several responsibilities under the *Voluntary Assisted Dying Act 2019* (the Act), including a requirement to give unused or remaining voluntary assisted dying substance to an Authorised Disposer. There are penalties for failing to comply with this requirement.
- Anyone over 18 years of age can agree to be the Contact Person, including any health professional involved in the care of a person intending to access voluntary assisted dying.

Why is a Contact Person needed?

Voluntary assisted dying is a legal process that enables a patient to legally access medication that will cause their death. This medication is called the voluntary assisted dying substance. The patient may choose to take the voluntary assisted dying substance themselves or may have the substance administered to them by a medical practitioner or nurse practitioner.

If a person has decided to self-administer the voluntary assisted dying substance, the Act requires that they choose a Contact Person.

What does the Contact Person do?

The Contact Person is responsible for giving any unused or remaining substance to an Authorised Disposer for correct disposal. This will be necessary if a patient:

- already has the voluntary assisted dying substance but dies before they self-administer it.
- already has the voluntary assisted dying substance but changes their mind about self-administering it (formally revokes their self-administration decision).
- self-administers the voluntary assisted dying substance but some substance remains after their death. The voluntary assisted dying substance is carefully measured to be the exact amount needed so this is very unlikely.

Given the lethal nature of the voluntary assisted dying substance, giving the unused or remaining substance for correct disposal within the required timeframe (within 14 days after the day on which the person dies or revokes their decision) is very important. If the Contact Person fails to do this, they could face a penalty of imprisonment for 12 months.

Who can be the Contact Person?

Anyone who has reached 18 years of age can agree to be the Contact Person, including any health professional involved in the care of a person intending to access voluntary assisted dying.

The Contact Person does not have to be the partner or a close family member of the person intending to access voluntary assisted dying. In fact, those closest to the person may find it too hard to have an extra responsibility in the days after their death. Ideally, the role should be given to someone who is able to manage it, without being too weighed down by it.

The Contact Person will also need to have access to any unused or remaining voluntary assisted dying substance after the person dies and be comfortable with being known to the Voluntary Assisted Dying Board and the Coordinating Practitioner.

As the Contact Person has responsibilities under the Act, they **must** agree to take on the role.

Additional information on the role and responsibilities of the Contact Person is available in the information sheet *Voluntary assisted dying in Western Australia – Being the Contact Person*.

Support for the Contact Person

The Western Australian Voluntary Assisted Dying Statewide Care Navigator Service has been established to support anyone involved with voluntary assisted dying in WA. The Care Navigators can provide ongoing support to the Contact Person and are contactable by email and phone during standard work hours (8:30am – 5:00pm).

Email: VADcarenavigator@health.wa.gov.au

Phone: (08) 9431 2755

Where can I find more information?

For further information please visit the Department of Health WA website ww2.health.wa.gov.au/voluntaryassisteddying

Glossary of terms

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HEH-013991 JUN'21



Voluntary assisted dying in Western Australia

Being the Contact Person

Summary

This information sheet is for people who want to know more about the role of the Contact Person in the voluntary assisted dying process.

Key points include:

- Voluntary assisted dying is the legal process that enables a patient to access a medication that will cause their death. This medication is called the voluntary assisted dying substance.
- A patient who intends to self-administer the voluntary assisted dying substance (take it themselves), rather than have it administered by a medical practitioner (doctor) or nurse practitioner **must** choose a Contact Person.
- The Contact Person has responsibilities under the *Voluntary Assisted Dying Act 2019* (the Act), including a requirement to give unused or remaining voluntary assisted dying substance to an Authorised Disposer. These are detailed below.
- Anyone over 18 years of age can agree to be the Contact Person, including any health professional involved in the care of a patient intending to access voluntary assisted dying.
- There are resources available to support the Contact Person while they are in the role.

Why is the Contact Person needed?

Voluntary assisted dying is the legal process that enables a patient to access a medication that will cause their death. This medication is called the voluntary assisted dying substance. The information sheets [Accessing voluntary assisted dying in Western Australia – Who is eligible?](#) and [Accessing voluntary assisted dying in Western Australia – Overview of the process](#) outline the eligibility criteria, key steps and roles involved in the voluntary assisted dying process.

If a person has decided to self-administer the voluntary assisted dying substance (take it themselves), they **must** choose a Contact Person. The Contact Person needs to be appointed before the patient's Coordinating Practitioner can prescribe the voluntary assisted dying substance. Things to be considered in choosing a Contact Person are outlined in the information sheet [Accessing voluntary assisted dying in Western Australia – Choosing the Contact Person](#).

Having a Contact Person is not necessary if a medical practitioner or nurse practitioner is going to administer the voluntary assisted dying substance to the person.

Who can be the Contact Person?

Anyone who has reached 18 years of age can agree to be the Contact Person, including any health professional involved in the care of a person intending to access voluntary assisted dying.

As the Contact Person has responsibilities under the Act, they **must** agree to take on the role.

How is the Contact Person appointed?

To appoint a Contact Person, the patient and the person who has agreed to be the Contact Person will need to complete the **Contact Person Appointment Form**. Once completed, this form must be given to the Coordinating Practitioner (the medical practitioner who is organising the process). Within two (2) days after receiving the Contact Person Appointment Form, the Coordinating Practitioner must give a copy of it to the Voluntary Assisted Dying Board. The Contact Person should therefore be comfortable with the Coordinating Practitioner and the Voluntary Assisted Dying Board knowing who they are.

Once appointed, the Contact Person will be sent information by the Voluntary Assisted Dying Board that outlines their responsibilities.

Being the Contact Person is entirely voluntary and the person in the role can refuse to continue in the role at any point. If this happens, the Contact Person must inform the patient that they will no longer be the Contact Person.

The patient must then appoint a new Contact Person by filling out a new Contact Person Appointment Form and giving the new **Contact Person Appointment Form** to the Coordinating Practitioner who will submit it to the Voluntary Assisted Dying Board.

What does the Contact Person have to do?

An Authorised Supplier is authorised to supply the voluntary assisted dying substance prescribed by the Coordinating Practitioner. An Authorised Disposer is authorised to dispose of any voluntary assisted dying substance that is not used.

Under the Act, the Contact Person:

- is authorised to **receive** the voluntary assisted dying substance from the Authorised Supplier, possess and then **supply** the substance (hand it over) to the patient. They must also **give** the patient the written information that is provided by the Authorised Supplier and accompanies the substance.
- The Contact Person must **inform** the Coordinating Practitioner when the patient dies (either through self-administering the voluntary assisted dying substance or from some other cause).
- In certain situations, outlined in further detail below, the Contact Person must **give** the voluntary assisted dying substance (or any unused substance) to an Authorised Disposer so that they can safely dispose of it.

In most cases, there will not be any unused voluntary assisted dying substance at the end of the process. However, there are a few situations in which the Contact Person will need to give unused or remaining substance to an Authorised Disposer.

1. If a patient already has the voluntary assisted dying substance but dies before they can self-administer it and the Contact Person knows that there is unused voluntary assisted dying substance; or
2. If a person already has the voluntary assisted dying substance but changes their mind about self-administering it (revokes their self-administration decision); or
3. If a person self-administers the voluntary assisted dying substance but unused substance remains after their death and the Contact Person knows that there is unused voluntary assisted dying substance remaining. The voluntary assisted dying substance is carefully measured to be the exact amount needed so this is very unlikely.

Given the lethal nature of the voluntary assisted dying substance, giving the unused or remaining substance to an Authorised Disposer within the required timeframe (i.e. within 14 days after the day on which the person dies or revokes their decision) is very important. If the Contact Person fails to comply with this requirement, they could face a penalty of imprisonment for 12 months.

Support for the Contact Person

Being the Contact Person for someone who is accessing voluntary assisted dying is a very important role that has significant responsibilities.

The Western Australian Voluntary Assisted Dying Statewide Care Navigator Service has been specifically established to support anyone involved with voluntary assisted dying in WA. The Care Navigators who run the service are contactable by email and phone during standard work hours (8:30am – 5:00pm) and can provide advice and support for the Contact Person while they are in the role.

Email: VADcarenavigator@health.wa.gov.au

Phone: (08) 9431 2755

In addition, the medical practitioners and other health professionals involved in a person's care (e.g. Coordinating Practitioner, nurse etc.) may also be able to offer advice or answer questions that the Contact Person might have.

Where can I find more information?

For further information please visit the Department of Health WA website ww2.health.wa.gov.au/voluntaryassisteddying

Glossary of terms

Refer to *Accessing voluntary assisted dying in Western Australia – Glossary of terms* for explanations of key terms used within this information sheet.

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Voluntary assisted dying in Western Australia

Supporting someone through the process

Summary

This information sheet is for people who are family members, friends or carers of a person who is considering requesting access to voluntary assisted dying.

Key points include:

- There is no right or wrong way to talk about death. You may find discussing end of life care and voluntary assisted dying complex and emotional.
- Voluntary assisted dying can be a positive experience that allows people to plan and prepare for death. Supporting a patient through the process can help them to have the death they want.
- There are many ways that you can provide practical and emotional support during the voluntary assisted dying process.
- Taking care of yourself is equally important. There are resources available to support you while your friend or family member is considering voluntary assisted dying.

Responding to the person's decision

There is no right or wrong way to talk about death. For many people, discussions about death and planning for end of life are complex and emotional. You may find your family member or friend's decision to ask about voluntary assisted dying hard to understand. Alternatively, you may not be surprised that they are thinking about voluntary assisted dying.

Voluntary assisted dying can be a very positive experience. Family and friends are often comforted by knowing the person can have more choice over the time and place of their death, and be surrounded by people they love, trust and value. It can also give family and friends more time to prepare for and accept the person's death than they would otherwise have. The opportunity to say farewell while the person is still fully aware may help the inevitable grief that people feel when someone they are close to dies.

If your family member or friend decides they want to access voluntary assisted dying, you may not agree with their decision. However, it is their decision. Supporting someone through the process can help them to have the death that they want.

How to support the person

Someone considering voluntary assisted dying will need both emotional and practical support. The best way to know what you can do to provide support is by asking your family member or friend how you can help. Ways you can provide practical assistance may include helping with cooking, cleaning, gardening or driving them to their appointments. You may also take part in their day-to-day care or help the people who are providing this care.

Emotional support can come through connecting with the person in the ways they enjoy. Sharing a conversation, an outing or even just being present can be helpful to someone approaching the end of their life.

Supporting someone as they access the voluntary assisted dying process

You can ask your family member or friend's medical practitioner (doctor) for general information about voluntary assisted dying. However, you cannot request voluntary assisted dying for your family member or friend; only they can make this request. If they decide to make this request, there are many ways that you can continue to support them.

If they want you to, you can attend their appointments during the request and assessment process and be part of their discussions with medical practitioners or other health professionals about voluntary assisted dying. There may be times when the medical practitioner will need to talk with your family member or friend alone and may ask you to leave the room. This is a normal part of the request and assessment process.

As with any medical intervention, access to voluntary assisted dying is subject to strict rules of confidentiality. This means that the medical practitioners who are assessing the patient as they go through the voluntary assisted dying process can only talk with you about the process in detail with the patient's permission.

If your family member or friend has decided that they do not want certain people to know about their decision to access voluntary assisted dying, this will be respected by the medical practitioners and any other staff involved with the process. You should respect this decision too. With the patient's permission, the Coordinating Practitioner (the medical practitioner who is coordinating the process) may ask how you feel about their decision to ask for voluntary assisted dying.

Voluntary assisted dying is the legal process that will enable your family member or friend to access the voluntary assisted dying substance, a medication that will cause their death. If they plan to self-administer the voluntary assisted dying substance (take it themselves), the Coordinating Practitioner may involve you in discussions about a plan for supporting this to happen.

In this instance, your family member or friend will also need to choose a Contact Person. More information on the Contact Person role is in the fact sheets [*Accessing voluntary assisted dying in Western Australia – Choosing a Contact Person*](#) and [*Voluntary assisted dying in Western Australia – Being the Contact Person*](#).

Your family member or friend may ask you to be present when they self-administer the voluntary assisted dying substance, or have it administered by a medical practitioner or nurse practitioner (the Administering Practitioner). If this is right for you, it is important to consider how being present during their death might affect you.

The importance of self-care

As you support your friend or family member through the voluntary assisted dying process, it is important that you take care of yourself too. How you care for yourself will be particularly important if you do not agree with the decision your family member or friend has made to consider voluntary assisted dying, as it could become an added emotional burden.

We know that keeping up good habits such as getting enough sleep, not skipping meals, limiting alcohol consumption, taking regular exercise, getting outdoors, talking to people we trust and doing something we enjoy can go a long way to keeping us mentally and physically healthy.

In addition, there are many health or community-based service providers who can give you extra assistance and work with you to support your emotional wellbeing. If needed, a medical practitioner or nurse practitioner can also develop a mental health care plan with you. With a mental health care plan, you can be referred to a counsellor, mental-health worker or other support service depending on your needs.

There are also a range of services that can provide you with support.

Beyond Blue can provide support for mental health and wellbeing, especially for anyone experiencing anxiety or depression.

- Telephone: 1300 224 636, at any time day or night or access the website www.beyondblue.org.au

The Australian Centre for Grief and Bereavement can help carers, family and friends deal with the death of a loved one and put them in touch with appropriate support groups.

- Telephone: 1800 642 066, Monday to Friday (9:00am – 5:00pm)
or access the website www.grief.org.au

Lifeline can provide crisis support to anyone who is need of immediate help to deal with emotional distress

- Telephone: 13 11 14, at any time day or night or access the website www.lifeline.org.au

If you are a carer for a patient considering voluntary assisted dying

Being the carer for another person can be an overwhelming experience at times. If you are taking part in the day-to-day care of a family member or friend who is approaching the end of their life, it is important that you prioritise your needs and wellbeing as much as possible. If you are providing a lot of practical support, you may be getting physically and emotionally tired.

With the patient's permission, their medical practitioner may help you to understand how their disease will progress and any treatment, palliative care or end-of-life options that are available. Talking to the patient's medical practitioner may help you to find out what type of resources could be available to you, such as special equipment or medical care or additional help if you need a break.

As well as the resources already covered in this information sheet, there are also services specific to carers that can provide you with the support you need.

Carers WA offers a range of programs aimed at providing practical and emotional support for carers in Western Australia. Services include the provision of specialist information, advice and carer support through education/training, social support, young carer services, carer advocacy and representation.

- Telephone: 1300 227 377, Monday to Friday (8:30 am – 4:30 pm)
or access the website www.carerswa.asn.au

The Carer Gateway is a Commonwealth-funded resource available Australia-wide to provide practical advice and support to carers (including in-person peer support, counselling, respite care and financial assistance).

- Telephone: 1800 422 737, Monday to Friday (8:00 am – 5:00 pm)
or access the website www.carergateway.gov.au

In addition, the Western Australian Voluntary Assisted Dying Statewide Care Navigator Service is available to support anyone involved with voluntary assisted dying in WA. This includes family, friends and carers. The Care Navigators are contactable by email and phone during standard work hours (8:30am – 5:00pm) and can answer questions, provide information and connect you to useful resources.

Email: VADcarenavigator@health.wa.gov.au

Phone: (08) 9431 2755

Where can I find more information?

For further information please visit the Department of Health WA website
ww2.health.wa.gov.au/voluntaryassisteddying

Glossary of terms

Refer to *Accessing voluntary assisted dying in Western Australia – Glossary of terms* for explanations of key terms used within this information sheet.

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HEN-013991 JUN'21

Accessing voluntary assisted dying in Western Australia

Considerations for an assisted death

Summary

This information sheet is for people who are family members, friends or carers of a person who is considering requesting access to voluntary assisted dying. The information covers planning for a voluntary assisted death and what to do after the person has died.

Key points include:

- There is no right or wrong way to deal with the approaching death of someone close to you and your responses will be shaped by many factors.
- Talking about and planning for death can be worthwhile activities that allow you to prepare for what is to come and support the wishes of the patient accessing voluntary assisted dying.
- If your family member or friend is considering voluntary assisted dying, they are probably thinking about what they want the end of their life to look like. It can be helpful to discuss if they have any plans for their death and if so, what their plans involve.
- After the patient dies, arrangements will need to be made depending on where the death has occurred. These are detailed below.
- If you are in the role of Contact Person you will need to give any unused or remaining voluntary assisted dying substance to an Authorised Disposer.
- There are resources available to support you while your friend or family member is going through the voluntary assisted dying process and after they have died.

Approaching the end of life

Voluntary assisted dying is only an option for a patient who is already approaching the end of their life and who meets all the eligibility criteria. Accessing voluntary assisted dying means that they can have more choice over where, how and when they will die. They may also be receiving palliative care services to help manage their symptoms and provide support.

There is no right or wrong way to deal with the approaching death of someone close to you and your responses will be shaped by many factors – your beliefs, values, culture, personal experiences, current circumstances and your relationship with the person.

There are many decisions around care choices that a person will make towards the end of life, and preferably sooner. If a person is considering voluntary assisted dying, they may have already done advance care planning with a medical practitioner (doctor) or another health professional involved in their care.

The person may have an Advance Health Directive recording decisions consenting to, or refusing, particular medical treatments in anticipation of losing the ability to make their own decisions. They may have appointed an Enduring Guardian to make healthcare decisions for them if they become unable to do so themselves.

Discussing the person's wishes

Someone considering voluntary assisted dying is probably thinking about what they want the end of their life to look like. It can be helpful to discuss with your family member or friend if they have any plans for their death and if so, what their plans involve. They may have plans for a funeral or remembrance service.

Accessing voluntary assisted dying also means that a patient can decide who (if anyone) they would like to have with them when they die. Your family member or friend may ask you to be present when they take the voluntary assisted dying substance that will cause their death. If this is right for you, it is important to consider how being present during their death might affect you. The information sheet *Voluntary assisted dying in Western Australia – Supporting someone through the process* provides useful information on taking care of yourself as a family member, friend or carer.

There may be several people present for the patient's death or shortly afterwards. If this is likely to be the case, it can be a good idea to talk beforehand about who will be there and if there are any tasks that those present can do before, during or after the person has died (such as assisting with any rituals the patient would like performed or identifying who should be informed once they have died).

The process of dying

Just as each person is unique, so too will be each person's death. The WA Department of Health has an information booklet called *Understanding the dying process* [www.healthywa.wa.gov.au/Articles/U_Z/Understanding-the-dying-process] that goes through the changes that may occur in the lead up to a person's death.

Voluntary assisted dying will allow your family member or friend to access the voluntary assisted dying substance (the medication that will cause their death). A death that occurs from taking the voluntary assisted dying substance may be a little different to other deaths. The patient will have more choice over when and where they will die. They will always be conscious when making the decision to self-administer the substance or have it administered by their medical practitioner or nurse practitioner.

We know from places where voluntary assisted dying has been available for a while that most people will lose consciousness shortly after self-administering the voluntary assisted dying substance or having the substance administered. Almost everyone will die very soon after this.

After death occurs

People will approach the death of a family member or friend in different ways. It's hard to know how you will feel in that moment. If you are with the patient when they die, or shortly afterwards, you may want to sit with them for a while and say your goodbyes.

Arrangements will need to be made depending on where the death has occurred.

Death at home

If a medical practitioner is present for the patient's death, they can confirm that the death has occurred and complete the Medical Certificate of Cause of Death. If a nurse practitioner or registered nurse is present for the patient's death, they can certify life extinct, but a medical practitioner will still need to complete the Medical Certificate of Cause of Death as well.

If the patient has decided to self-administer the voluntary assisted dying substance (take it themselves) a medical practitioner should attend to confirm that the death has occurred. It can be a good idea to decide beforehand which medical practitioner will be called and who will call them (follow the contact plan the patient has put in place with their Coordinating Practitioner).

If the medical practitioner who confirms the death is not the patient's Coordinating Practitioner (the medical practitioner who organised the voluntary assisted dying process), the Coordinating Practitioner will need to be notified that the patient has died.

Take some time for close friends and relatives to say their goodbyes. If you would like, a spiritual advisor can be asked to attend to provide support following the death.

A funeral director will also need to be contacted. They can guide family members through the funeral arrangements, if these have not been organised already. The funeral director will also arrange for the person's body to be taken to the funeral home.

If the patient has been receiving palliative care, a nurse from the service can visit to offer support.

Death in a hospice, hospital, residential aged care or supported accommodation facility

If death happens in a hospice, hospital, or residential aged care or supported accommodation facility, staff will be able to help and support you as the facility will have its own processes and procedures in place.

Disposing of any remaining voluntary assisted dying substance

If the patient decides to self-administer the voluntary assisted dying substance it is expected that there should not be any substance remaining. However, if there is, the Contact Person will need to give any unused or remaining voluntary assisted dying substance to an Authorised Disposer.

If you take on the role of the Contact Person, you will have received additional information about your responsibilities from the Voluntary Assisted Dying Board when you were appointed to the role. The Voluntary Assisted Dying Board may contact you after the patient's death to check if you were aware of any unused voluntary assisted dying substance remaining and if so, that you have given the remaining substance to an Authorised Disposer.

If a medical practitioner or nurse practitioner has administered the voluntary assisted dying substance, they will take responsibility for disposal of any unused or remaining substance.

Death certificate

For patients who access voluntary assisted dying the *Voluntary Assisted Dying Act 2019* (the Act) requires that there be no reference to voluntary assisted dying on the death certificate. The intention of this is to respect and protect the privacy of the person (and possibly their family too) and to reflect that the person dies of the underlying illness.

Bereavement support for family, friends and carers

After death, family members and friends may experience a range of positive and negative emotions. Supporting each other will be an important factor in progressing through the experience of bereavement. Grief can be very painful, but most people will gradually find ways to live with their loss.

There are several community organisations that offer support and counselling services to help with managing grief.

The Australian Centre for Grief and Bereavement can help carers, family and friends deal with the death of a loved one and put them in touch with appropriate support groups.

- Telephone: 1800 642 066, Monday to Friday (9:00 am – 5:00 pm)
or access the website www.grief.org.au

Palliative Care WA provides the WA community with a palliative care information and support line which can be used to access support for dealing with grief and loss.

- Telephone: 1800 573 299, Monday to Sunday (9:00 am – 4:30 pm)
or access the website <https://palliativecarewa.asn.au/information-and-support>

Carers WA can provide counselling support to carers who are going through the experience of grief and loss.

- Telephone: 1800 007 332, Monday to Friday (8:30 am – 4:30 pm)
or access the website www.carerswa.asn.au

The patient's Coordinating Practitioner, another health professional involved in their care, or a Care Navigator can also help you to access the right supports, including counselling services.

Where can I find more information?

For further information please visit the Department of Health WA website
ww2.health.wa.gov.au/voluntaryassisteddying

Glossary of terms

Refer to *Accessing voluntary assisted dying in Western Australia – Glossary of terms* for explanations of key terms used within this information sheet.

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Providing voluntary assisted dying in Western Australia

Health professional participation

Summary

This information sheet is for health professionals (such as medical practitioners, nurse practitioners, nurses, pharmacists, allied health professionals and others) who want to know more about participating in the voluntary assisted dying process.

Key points include:

- Healthcare workers **must not** initiate discussion about voluntary assisted dying with, or suggest voluntary assisted dying to, a person to whom they are providing professional care services.
- Only** medical practitioners and nurse practitioners can initiate a discussion about voluntary assisted dying with a person, if at the same time they also inform the person about their treatment and palliative care options and the likely outcomes of that care and treatment.
- All healthcare workers **can** provide information about voluntary assisted dying to someone who has requested it, or answer questions about voluntary assisted dying that have been asked of them, provided they are comfortable doing so.
- Health professionals may choose to not participate in the voluntary assisted dying process but should be aware of the *Voluntary Assisted Dying Act 2019* (the Act) and its requirements.
- The Act allows medical practitioners and nurse practitioners who meet the eligibility criteria, and who have completed approved training, to participate in the voluntary assisted dying process.
- Other health professionals can support patients seeking voluntary assisted dying, and colleagues providing voluntary assisted dying, but cannot provide assessment or administration services.
- Health practitioners and healthcare workers should familiarise themselves with the requirements of the Act. Contravention of a provision of the Act is capable of constituting professional misconduct or unprofessional conduct.

All medical practitioners have specific obligations under the Act in relation to:

- actions to be taken on receiving a First Request for access to voluntary assisted dying from a patient during a medical consultation
- not making any reference to voluntary assisted dying on the Medical Certificate Cause of Death for a patient who has died through voluntary assisted dying (in accordance with the Act)
- notifying the Voluntary Assisted Dying Board if they have completed a Medical Certificate Cause of Death for a patient who they know or reasonably believe died through voluntary assisted dying (in accordance with the Act).

Voluntary assisted dying in WA

[The Act](#) is the legislation that regulates voluntary assisted dying in Western Australia (WA). Health professionals should be aware of the Act and its requirements.

Voluntary assisted dying is a legal process that enables a patient to access medication that will cause their death. This medication is known as the voluntary assisted dying substance. The patient can choose to self-administer (prepare and take the substance themselves) or have it administered by a medical practitioner or nurse practitioner (known as the Administering Practitioner) at a time and place of their choosing.

A person must meet **all** eligibility criteria to be able to access voluntary assisted dying. The information sheet [Accessing voluntary assisted dying in Western Australia – Who is eligible?](#) sets out these eligibility criteria in detail.

Which health professionals can participate in voluntary assisted dying in WA?

Medical practitioners and nurse practitioners who meet the eligibility criteria, and who have completed the Western Australian Voluntary Assisted Dying Approved Training (WA VAD Approved Training), may undertake roles in the voluntary assisted dying process under the Act.

An eligible medical practitioner can participate in the roles of Coordinating Practitioner, Consulting Practitioner and Administering Practitioner.

An eligible nurse practitioner can participate in the role of Administering Practitioner.

These roles are detailed further in the information sheet [Accessing voluntary assisted dying in Western Australia – Overview of the process](#).

I am a medical practitioner. Can I participate in voluntary assisted dying?

To be eligible to participate in voluntary assisted dying as a medical practitioner you must:

- hold a specialist registration, have practised for at least one year as the holder of specialist registration and meet the requirements approved by the CEO; or
- hold a general registration, have practised for at least 10 years as the holder of general registration and meet the requirements approved by the CEO; or
- be an overseas-trained specialist who holds limited or provisional registration and meets the requirements approved by the CEO.

As a medical practitioner you must also ensure you are eligible to act as the Coordinating Practitioner, Consulting Practitioner or Administering Practitioner for a particular patient i.e. you:

- are not a family member of the patient; and
- do not know or believe that you are a beneficiary under the will of the patient or may otherwise benefit financially or in any other material way from the death of the patient, other than by receiving reasonable fees for the provision of services related to your role in the process.

I am a nurse practitioner. Can I participate in voluntary assisted dying?

To be eligible to participate in voluntary assisted dying as a nurse practitioner you must:

- have practised for at least two years as a nurse practitioner; and
- meet the requirements approved by the CEO (see below); and
- have completed the WA VAD Approved Training.

As a nurse practitioner you must also ensure you are eligible to act as the Administering Practitioner for a particular patient i.e. you:

- are not a family member of the patient; and
- do not know or believe that you are a beneficiary under a will of the patient or may otherwise financially or in any other material way from the death of the patient, other than by receiving reasonable fees for the provision of services as the Administering Practitioner for the patient.

What are the 'requirements approved by the Chief Executive Officer (CEO)' that medical practitioners and nurse practitioners need to meet?

These are specific requirements approved by the Director General of the Department of Health (as the CEO) as authorised under the Act and are published on the WA [Department of Health](#) website.

I am not a medical practitioner or a nurse practitioner. What roles do other health professionals have in voluntary assisted dying?

Some health professionals, in addition to medical practitioners and nurse practitioners, will have specific roles. For example, a limited number of specified registered health practitioners (pharmacists) will be authorised to supply the voluntary assisted dying substance. These pharmacists are part of the Western Australian Voluntary Assisted Dying Statewide Pharmacy Service (SWPS)

Other health professionals cannot participate in the voluntary assisted dying process but may support medical practitioner and nurse practitioner colleagues who do.

All health professionals can provide care to patients who have requested access to voluntary assisted dying, or who are considering requesting access to voluntary assisted dying, and provide support to their families.

Does the health service I work for participate in voluntary assisted dying?

That depends on the health service.

Whether a health service participates in voluntary assisted dying will depend on whether it has staff with appropriate skills and expertise; whether it has the capacity to provide voluntary assisted dying; and whether participation aligns with the values of the health service.

You should familiarise yourself with the local policies and processes associated with voluntary assisted dying at your health service.

Can I choose whether to participate in voluntary assisted dying?

Yes. Participation in the voluntary assisted dying process is a choice.

Whether you participate in the process, or support colleagues who do, will depend on your skills and training as well as your eligibility, availability and willingness to be involved.

You can also choose the level of involvement you have with voluntary assisted dying. For example, you may only be comfortable providing a patient with general information.

Even if you will not be participating in or supporting voluntary assisted dying, the topic may be brought up by someone in your care. You should consider how you will respond to best support your patient. You should also be aware of the resources, systems and processes that are available in your workplace to manage requests for information about, or access to, voluntary assisted dying.

What if I hold a conscientious objection to voluntary assisted dying?

If you have a conscientious objection to voluntary assisted dying you are under no obligation to participate in the process. However, you must not inhibit a person's access to voluntary assisted dying.

If you are a medical practitioner, you should be aware of your obligations under the Act if a patient asks you for access to voluntary assisted dying (makes a First Request). These obligations are outlined in further detail below.

What obligations do all medical practitioners have regarding a request for access to voluntary assisted dying?

Only medical practitioners can receive a request for access to voluntary assisted dying (a First Request). If a person makes a First Request to any other health professional, the person should be informed that they must make their request to a medical practitioner.

To constitute a First Request, the request from the patient must be:

- clear and unambiguous
- made to a medical practitioner during a medical consultation
- made in person (or, if that is not practical, via audiovisual communication*)
*technology where people can see and hear each other simultaneously.

Any medical practitioner who receives a First Request for access to voluntary assisted dying during a medical consultation must:

1. **give*** the patient the *Approved Information for a Person Making a First Request for Voluntary Assisted Dying* booklet
2. **decide** if they are going to accept or refuse the First Request
 - **accepting** the First Request means that this practitioner will undertake the voluntary assisted dying process with the patient (become the Coordinating Practitioner)
 - if the practitioner does not want to be the doctor responsible for voluntary assisted dying, or is not eligible to do so, then they should **Refuse** the First Request. The patient can still seek to access voluntary assisted dying but they will need to find another practitioner e.g. by contacting the WA VAD Statewide Care Navigator Service.
3. **inform*** the patient of their decision
4. **complete*** and submit the First Request Form to the Voluntary Assisted Dying Board
5. **document** the following in the patient's medical record: the First Request
 - the medical practitioner's decision to accept or refuse the First Request
 - if refusal, the reason for refusal
 - whether the medical practitioner has given the patient the Approved Information booklet.

***NB:** Certain actions must be done within specified timeframes as per below: If the medical practitioner refuses the First Request by reason of conscientious objection, they must **immediately** inform the patient of the refusal and give the patient the Approved Information booklet. In all other circumstances (for both accept or refuse) the medical practitioner must inform the patient and give them the Approved Information booklet within **2 business days of the request**.

The First Request Form must be completed and given to the Voluntary Assisted Dying Board within **2 business days of the medical practitioner's decision** to accept or refuse the First Request.

Refer to the Department of Health voluntary assisted dying website or the WA VAD Guidelines for more detailed information regarding medical practitioner obligations upon receiving a First Request.

Next steps will depend on the medical practitioner's eligibility, availability and willingness to provide voluntary assisted dying.

What other obligations do all medical practitioners have?

Medical practitioners must be aware that they **cannot** initiate discussion about, or suggest, voluntary assisted dying to a patient **unless at the same time** they also inform the person about their treatment and palliative care options and the likely outcomes of that care and treatment.

A contravention of the above by a registered medical practitioner is unprofessional conduct for the purposes of the *Health Practitioner Regulation National Law Act (WA) 2010*.

If, however, a patient requests information or they initiate a discussion about voluntary assisted dying, medical practitioners **can** provide information or answer questions about voluntary assisted dying that have been asked of them, provided they are comfortable doing so.

There are also obligations associated with death certification that all medical practitioners must comply with:

1. A medical practitioner completing a Medical Certificate Cause of Death for a patient who has died through voluntary assisted dying (in accordance with the Act) **must not** include any reference to voluntary assisted dying.
2. A medical practitioner who completes a Medical Certificate Cause of Death for a patient who they know or reasonably believe died through voluntary assisted dying (in accordance with the Act) must notify the Voluntary Assisted Dying Board by completing and submitting the [Notification of Death – Other Medical Practitioner Form](#) (available through the VAD-IMS, accessed via the [Voluntary Assisted Dying Board](#)).

What do all health care workers need to be aware of in relation to voluntary assisted dying?

The Act prohibits healthcare workers from initiating discussion about, or otherwise suggesting, voluntary assisted dying to a person to whom they are providing professional care services.

A contravention of the above by a registered health practitioner is unprofessional conduct for the purposes of the *Health Practitioner Regulation National Law Act (WA) 2010*. A contravention may be unreasonable conduct as described in the *Health and Disability Services (Complaints) Act 1995*.

The only exception to this is for medical practitioners and nurse practitioners if, at the same time, they also inform the person about their treatment and palliative care options and the likely outcomes of that care and treatment.

If, however, a patient requests information or they initiate a discussion about voluntary assisted dying, healthcare workers **can** provide information or answer questions about voluntary assisted dying that have been asked of them, provided they are comfortable doing so.

The Act protects the rights of health practitioners to choose to not to participate in the voluntary assisted dying process. Sometimes this is referred to as a conscientious objection, but refusal can be for any reason.

The Act contains a number of specific protections but also offences in relation to voluntary assisted dying. More information can be found in the WA VAD Guidelines. Health practitioners should be aware that failure to comply with the provisions of the Act is capable of constituting professional misconduct or unprofessional conduct for the purposes of the *Health Practitioner Regulation National Law (WA) 2010*.

I am a medical practitioner or a nurse practitioner considering participation in the voluntary assisted dying process what should I do?

First, review the eligibility criteria outlined in this document and consider if you are likely to meet each of the eligibility criteria.

If you are employed by a health service, you can find out what the service's approach to voluntary assisted dying is and how the service might support your participation.

You will need to apply for access to the WA VAD Approved Training, successfully complete the training and then be granted access to VAD-IMS (the online system for submission of the required voluntary assisted dying process forms to the Voluntary Assisted Dying Board). More information can be found in the WA VAD Guidelines, the information sheet [Access to WA VAD Approved Training](#) and on the WA [Department of Health](#) website.

The information sheet [Providing voluntary assisted dying in Western Australia – FAQs for health professionals](#) may also be helpful.

Where can I find more information on voluntary assisted dying?

For further information please visit the Department of Health WA website ww2.health.wa.gov.au/voluntaryassisteddying

Glossary of terms

Refer to [Accessing voluntary assisted dying in Western Australia – Glossary of terms](#) for explanations of key terms used within this information sheet.

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Providing voluntary assisted dying in Western Australia

FAQs for health professionals

This information sheet addresses questions about voluntary assisted dying that are frequently asked by health professionals (such as medical practitioners, nurse practitioners, nurses, pharmacists, allied health professionals and others).

What is voluntary assisted dying?

Voluntary assisted dying is a legal process that enables a patient to access medication that will cause their death. This medication is known as the voluntary assisted dying substance. The patient can choose to self-administer the substance (take it themselves) or have it administered by a medical practitioner or nurse practitioner (the Administering Practitioner) at a time and place of their choosing.

The information sheets [Accessing voluntary assisted dying in Western Australia – Who is eligible?](#) and [Accessing voluntary assisted dying in Western Australia – Overview of the process](#) provide information on who can access voluntary assisted dying and what the process in Western Australia (WA) involves.

The information sheet [Providing voluntary assisted dying in Western Australia – Health professional participation](#) provides an overview of which health professionals are eligible to participate in voluntary assisted dying and how.

Can I discuss voluntary assisted dying with my patients?

Yes. You can **discuss** voluntary assisted dying with a patient if you are comfortable doing so but there are restrictions on who can **raise** the topic.

A patient may initiate a conversation about voluntary assisted dying with anyone involved in their care. However, under the *Voluntary Assisted Dying Act 2019* (the Act), only a medical practitioner or nurse practitioner can raise the topic of voluntary assisted dying with a patient and only 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.

If you are comfortable talking about voluntary assisted dying you can answer the patient's questions and provide them with information.

If you are not comfortable discussing voluntary assisted dying you can refer the patient to another health professional who is, or you can refer them to the Western Australian Voluntary Assisted Dying Statewide Care Navigator Service (SWCNS). Even if you are not comfortable discussing voluntary assisted dying specifically, a patient raising the topic with you presents an opportunity to have a meaningful discussion about their care needs, symptom management, palliative care options, support for their family and their priorities as they approach the end of their life.

What is SWCNS?

SWCNS has been established to support anyone involved with voluntary assisted dying in WA. This includes patients, the family and carers of patients, members of the community, health professionals and service providers. The service is nurse-led and staffed by Care Navigators who are experienced health professionals.

The Care Navigators can:

- provide general information about voluntary assisted dying
- provide specific information about voluntary assisted dying in WA
- help to locate a medical practitioner (doctor) or nurse practitioner who is willing and eligible to participate in voluntary assisted dying
- assist eligible people to access regional support packages
- link people to other helpful resources.

SWCNS can be contacted by email and phone during standard work hours (8:30 am – 5:00 pm).

Email: VADcarenavigator@health.wa.gov.au

Phone: (08) 9431 2755

Do I have to participate in voluntary assisted dying?

No. You are not obliged to participate in the voluntary assisted dying process.

However, it is considered a professional obligation that you not unduly delay a patient's access to the voluntary assisted dying process. You may refuse to participate because you hold a conscientious objection to voluntary assisted dying or you are unable to perform the required duties for any other reason.

Any health professional may refuse to:

- discuss voluntary assisted dying with a patient
- assist a medical practitioner in the request and assessment process¹
- be present at the time of administration of the voluntary assisted dying substance.

In addition, a medical practitioner or nurse practitioner may refuse to:

- administer the voluntary assisted dying substance.

It is important that you consider the level of involvement you are prepared to have with a person who requests information about, or access to, voluntary assisted dying.

For example, you may be comfortable having conversations about end-of-life choices, including accessing voluntary assisted dying, but not be prepared to take a role designated under the Act.

How will I know if I am being asked for access to voluntary assisted dying?

A person who is requesting access to voluntary assisted dying must make it clear that this is what they are doing. While they may not use the exact phrase 'voluntary assisted dying', it must be clear and unambiguous that they are requesting access to voluntary assisted dying.

Only medical practitioners can receive a request for access to voluntary assisted dying (a First Request) from a person during a medical consultation. 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.

¹ Under the *Voluntary Assisted Dying Act 2019* the request and assessment process is the making or conducting of a First Request, a First Assessment, a Consulting Assessment, a Written Declaration, a Final Request and a Final Review.

The information sheet [Accessing voluntary assisted dying in Western Australia – Making a First Request](#) outlines how a person can initiate the voluntary assisted dying process by making a First Request.

What should I do if a patient's carer or family member requests voluntary assisted dying?

The legislation is clear that only the person choosing to access voluntary assisted dying can request it. This means that a person's carer, family member or friend cannot request voluntary assisted dying on their behalf. This is an important part of making sure the person's request is voluntary.

If a person's carer, family member or friend asks you about voluntary assisted dying you can provide them with information or direct them to where they can find further information (including the Care Navigators). Where appropriate, you may make them aware they cannot make a request on another person's behalf. You may also consider how the carer is currently being supported and link them to Carers WA if they are not already.

I'm a medical practitioner and a conscientious objector. What should I do if I receive a First Request from a patient?

If you refuse the First Request for the reason of conscientious objection, you must:

1. inform the patient **immediately** that you are not able to assist them;
2. provide them with the [Approved information for a person making a First Request for voluntary assisted dying information booklet](#); and
3. submit the First Request Form to the Voluntary Assisted Dying Board within two (2) business days after refusing the First Request.

You may also consider referring the patient to another medical practitioner or SWCNS.

What should I do if I can't accept the First Request?

A patient may make a First Request to a medical practitioner without being aware that the medical practitioner is ineligible or unable to accept it.

You may not meet the eligibility criteria (e.g. you are a junior doctor) or you may not be able to accept the First Request (e.g. you will not be available).

If this is the case, you should let the patient know that you are not able to assist them within two (2) business days after the First Request is made. You may choose to refer the patient to an eligible medical practitioner or to SWCNS. You are not legally required to do either.

However, you are legally required to provide the patient with the [Approved information for a person making a First Request for voluntary assisted dying](#) information booklet and submit a First Request form to the [Voluntary Assisted Dying Board](#) within two (2) business days after deciding to refuse the First Request.

What if I'm not sure if I can accept the First Request?

Some medical practitioners will not have thought about participating in voluntary assisted dying until they are directly asked to by a patient.

If you are uncertain about whether you are eligible or able to accept a First Request, the Act allows you two (2) business days (after the First Request is made to inform the patient). You should review the practitioner eligibility criteria outlined in the information sheet [Providing voluntary assisted dying in Western Australia – Health professional participation](#) and consider your feelings about participating.

You must then either accept or refuse the First Request, provide the patient with the [Approved Information for a Person Making a First Request for Voluntary Assisted Dying](#) information booklet and submit a First Request form to the Voluntary Assisted Dying Board.

What is the 'approved information' that medical practitioners are required to provide?

The Act requires that medical practitioners provide this information to any person who makes a First Request to access voluntary assisted dying.

The Director General of the Department of Health WA (as the Chief Executive Officer (CEO)) has approved the information provided in the [Approved information for a person making a First Request for voluntary assisted dying](#) information booklet. This is regardless of whether the First Request is accepted or refused by the medical practitioner.

How do I submit the First Request form to the Voluntary Assisted Dying Board?

The First Request form can be completed and submitted online via the [Voluntary Assisted Dying – Information Management System \(VAD-IMS\)](#) or by downloading from [VAD-IMS](#), completing and faxing through to the Voluntary Assisted Dying Board on (08) 9222 4443.

Detailed instructions for how to submit the First Request form can be found on the WA [Department of Health](#) website. This webpage will walk you through the process of completing and submitting the First Request form as required by the legislation.

Are there restrictions on how I can communicate with my patients about voluntary assisted dying?

Yes. The Commonwealth *Criminal Code Act 1995* influences what can and cannot be discussed over a 'carriage service' (in practical terms this usually means phone, fax, email, internet, videoconference etc).

As a general rule, any information that relates specifically to the act of administering a voluntary assisted dying substance or provides details or instructions about the act of administering a voluntary assisted dying substance must not be discussed or shared by phone, fax, email, videoconference, internet and the like.

Informing people about the legislation and associated processes in WA (either generic or in relation to a person's circumstances) may be undertaken via a carriage service and is not considered to infringe the Commonwealth Criminal Code to the extent that the information **does not advocate, encourage, incite, promote or teach** about how to undertake **the act of administration of a voluntary assisted dying substance**.

This applies to everyone who discusses voluntary assisted dying, including with a patient, their carers or their family members.

I'm employed by a health service. How does voluntary assisted dying operate in my workplace?

That depends on the health service.

If you work within a health service (e.g. hospital, hospice, general practice, residential aged care facility etc) there should be systems and processes in place to manage requests for information about, or access to, voluntary assisted dying. These should be in place even if the service does not provide or support voluntary assisted dying.

You should find out who you can direct patient enquiries about voluntary assisted dying to within your service. If there is no designated person to direct patient enquiries to, you can refer a patient to SWCNS.

The Care Navigators can be contacted by email and phone during standard work hours (8:30 am – 5:00 pm).

Email: VADcarenavigator@health.wa.gov.au

Phone: (08) 9431 2755

The Act states that there can be no reference to voluntary assisted dying on the death certificate?

Under section 82(6) of the Act, the death certificate must not contain any reference to voluntary assisted dying. The intention of this clause is to protect the privacy of the person and to reflect that the person dies of the underlying illness.

Which medical practitioner should certify the death?

If the patient has made a practitioner administration decision, the Administering Practitioner can issue the death certificate (if they are a medical practitioner). If the Administering Practitioner is a nurse practitioner, they can certify life extinct but should organise for a medical practitioner to issue the death certificate.

If the patient has chosen to self-administer the voluntary assisted dying substance without a medical practitioner present, a medical practitioner will need to attend to certify the death. This may be a medical practitioner who supported the person to access voluntary assisted dying (e.g. the Coordinating Practitioner) or it may be someone else who is aware that the person has accessed voluntary assisted dying (e.g. their usual GP).

How do practitioners charge for the services they provide as part of the voluntary assisted dying process?

The charging of fees for services is a matter for individual practitioners to be undertaken in a manner compliant with, and in consideration of, relevant existing frameworks and guidance (e.g. Medicare Benefits Schedule, Registration Board Codes of Conduct etc).

I've noticed that there are several administrative tasks for participating practitioners. What supports are in place, so the process can run smoothly?

The VAD-IMS has been developed to help practitioner comply with the Act. Online and fax options for submission of the forms aim to make the process as accessible as possible. VAD-IMS will pre-fill information in several forms and can generate receipts to confirm when tasks are completed.

In addition, the Voluntary Assisted Dying Board Secretariat can help with questions relating to VAD-IMS and documenting the voluntary assisted dying process. SWPS can answer questions and provide information about the prescription and administration processes and SWCNS can answer questions or provide information about other aspects of voluntary assisted dying to support practitioners.

Is there a Community of Practice for voluntary assisted dying in WA?

Yes. The WA VAD Community of Practice brings together practitioners actively engaged in the voluntary assisted dying process, including medical practitioners, nurse practitioners, SWPS pharmacists and the Care Navigators. This peer support network aims to provide opportunities for members to share their experiences, support each other, learn from one another and seek guidance from senior practitioners with experience in palliative and end-of-life care, and managing complex deaths.

What support is available for health professionals?

Employees of the WA public sector, and many private health care provider organisations, will have access through their employer to an Employee Assistance Program (EAP) that provides free short-term counselling.

Additional resources are available to assist health professionals to find appropriate services to meet their needs, including:

- The Doctors' Health Advisory Service WA, which provides a confidential, 24/7 support line and referral system for doctors in WA phone (08) 9321 3098
- Nurse & Midwife Support, which is a 24/7 national support service for Australian nurses and midwives providing access to confidential advice and referral. Phone 1800 667 877

- The GP Support Program, which is a free service offered by the Royal Australian College of General Practitioners in line with the college's commitment to foster a culture of self-care among GPs. Phone 1300 361 008
- WA Primary Health Alliance, which has a support program available to all general practice staff. Phone 1800 2 ASSIST (1800 277 478)

Additional support resources can be found in the WA VAD Guidelines.

Where can I find more information on voluntary assisted dying?

For further information please visit the Department of Health WA website
ww2.health.wa.gov.au/voluntaryassisteddying

Glossary of terms

Refer to *Assessing voluntary assisted dying in Western Australia – Glossary of terms* for explanations of key terms used within this information sheet.

Acknowledgement

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HEN-013991 JUN'21

Voluntary assisted dying in Western Australia

Information for interpreters

Summary

This information sheet provides an overview of the role of interpreters in the voluntary assisted dying process in Western Australia (WA).

Key points include:

- Voluntary assisted dying is intended to be accessible to all eligible Western Australians, including those from culturally and linguistically diverse (CALD) backgrounds and those who require interpreter services.
- The *Voluntary Assisted Dying Act 2019* (the Act) requires that interpreters asked to interpret during the voluntary assisted dying process hold a credential issued under the National Accreditation Authority for Translators and Interpreters (NAATI) certification scheme.
- Interpreters may be needed for in-person and telehealth (e.g. phone call or videoconference) appointments as part of the voluntary assisted dying process.
- An interpreter is not obliged to provide interpreter services for a patient who is accessing voluntary assisted dying.

Use of interpreters in the voluntary assisted dying process

Voluntary assisted dying is an option for eligible Western Australians, including those from non-English speaking backgrounds and those who require interpreter services. The eligibility criteria for a person wanting to access voluntary assisted dying are outlined in the information sheet [Accessing voluntary assisted dying in Western Australia – Who is eligible?](#)

Often in medical and health settings another person, such as a family member or friend, will offer to assist with interpretation or translation for a person receiving care. For voluntary assisted dying, this type of assistance is not allowed under the Act. Any person accessing voluntary assisted dying who requires interpreter services must be provided with an interpreter who holds a credential issued under the NAATI certification scheme.

Interpreter requirements

In addition to being accredited, Section 162 of the *Voluntary Assisted Dying Act 2019* sets out additional requirements for interpreters. Specifically, an interpreter **must not**:

- be a family member of the patient; or
- know or believe you are a beneficiary under a will of the patient or may benefit financially or in any other material way from the death of the patient; or

- be an owner of, or be responsible for the day-to-day management and operation of the health facility where the patient is being treated or lives; or
- be a person directly involved in providing health services or professional care services to the patient.

What services will be I be required to provide?

As an interpreter, you may assist a person accessing voluntary assisted dying with:

- the request and assessment process
- completing the Written Declaration
- the process relating to the administration decision and administration itself
- review of a decision by the State Administrative Tribunal.

Further information on the voluntary assisted dying process is available in the information sheet [Accessing voluntary assisted dying in Western Australia – Overview of the process](#). Other useful information can be found in the information sheets [Accessing voluntary assisted dying in Western Australia – Completing the Written Declaration](#) and [Accessing voluntary assisted dying in Western Australia – Review of certain decisions](#).

Can I provide services over the telephone/telehealth?

Interpretation can be provided by telehealth (e.g. phone or videoconference). However, the preferred mode for each appointment will depend on the topics that are likely to be discussed. The Commonwealth *Criminal Code Act 1995* influences what can and cannot be discussed over a 'carriage service' (in practical terms this usually means phone, fax, email, internet, videoconference etc).

As a general rule, any information that relates specifically to the act of administering a voluntary assisted dying substance or provides details or instructions about the act of administering a voluntary assisted dying substance must not be discussed or shared by phone, fax, email, videoconference, internet and the like.

Informing people about the legislation and associated processes in WA (either generic or in relation to a person's circumstances) may be undertaken via a carriage service and is not considered to infringe the Commonwealth Criminal Code to the extent that the information **does not advocate, encourage, incite, promote or teach** about how to undertake **the act of administration of a voluntary assisted dying substance**.

If you agree to provide interpreter services, you can contact the patient's medical practitioner ahead of an appointment. This will allow you to be aware of what the appointment is likely to focus on.

What details will I be required to provide?

If you agree to provide written or sight translation services to assist a patient with completion of the Written Declaration, you are required to certify on the document that you have provided a true and correct translation of the material.

You will be required to provide your contact and credential details to the Coordinating Practitioner (the medical practitioner who is coordinating the voluntary assisted dying process for the patient). These details will be recorded, where relevant, on the forms the practitioner is required to submit to the Voluntary Assisted Dying Board for each stage of the process that you are involved in.

Do I have to be involved if I am asked?

No. You are not obliged to provide interpreter services for a patient who is accessing voluntary assisted dying.

Helping someone who is choosing to end their life can be a challenging experience. It may be worthwhile to consider your own feelings and beliefs about the topic beforehand so you can decide if you intend to provide services related to voluntary assisted dying.

Additional information and support

The Western Australian Voluntary Assisted Dying Statewide Care Navigator Service has been specifically established to support anyone involved in voluntary assisted dying in WA. This includes health professionals and service providers, such as interpreters. The Care Navigators that staff the service can be contacted by email and phone during standard work hours (8:30am – 5:00pm).

Email: VADcarenavigator@health.wa.gov.au

Phone: (08) 9431 2755

Glossary of terms

Refer to *Accessing voluntary assisted dying in Western Australia – Glossary of terms* for explanations of key terms used within this information sheet.

Acknowledgement

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HEH-013991 JUN'21

Voluntary assisted dying in Western Australia

Information for first responders and similar roles

Summary

This information sheet provides an overview of the voluntary assisted dying process in Western Australia (WA) as it relates to people who, by the nature of their work, have a duty to respond to an emergency medical situation (often called first responders). First responders may include ambulance officers, police officers, firefighters, registered health practitioners and others.

This information sheet outlines what voluntary assisted dying is; provides guidance on an appropriate response for first responders attending a patient who is accessing voluntary assisted dying; and details information on the related protections in the legislation.

Key points include:

- The *Voluntary Assisted Dying Act 2019* (the Act) is the legislation that regulates voluntary assisted dying in WA.
- The Act contains provisions to protect first responders from civil, criminal and professional liability if they do not provide life-sustaining treatment to a patient who has taken or been administered the voluntary assisted dying substance.
- These provisions also protect first responders working in a volunteer capacity.

What is voluntary assisted dying?

Voluntary assisted dying is a legal process that enables a patient to access medication that will cause their death. This medication is known as the voluntary assisted dying substance. The patient can choose to take the substance themselves or have it administered by a medical practitioner or nurse practitioner at a time and place of their choosing.

The information sheets *Accessing voluntary assisted dying in Western Australia – Who is eligible?* and *Accessing voluntary assisted dying in Western Australia – Overview of the process* provide information on who can access voluntary assisted dying and what the process involves in WA.

The information sheet *Providing voluntary assisted dying in Western Australia – Health professional participation* provides an overview of which healthcare professionals are able to participate in voluntary assisted dying.

Why does the legislation include provisions to protect first responders?

A first responder being called to attend a patient who is accessing voluntary assisted dying is likely to be a rare occurrence. However, first responders usually have a duty to administer life-saving or life-preserving medical treatment. This is not the case with voluntary assisted dying.

As a result, there are provisions in the Act to protect a first responder who does not administer lifesaving treatment to a patient who has taken the voluntary assisted dying substance to end their life.

Protection for certain persons who do not administer medical treatment

The Act provides protection from civil liability, criminal liability and breach of professional ethics or standards for first responders who are present after a patient is administered, or has self-administered, the voluntary assisted dying substance.

In general terms, this means that a first responder who does not provide lifesaving medical treatment to a patient they believe on reasonable grounds is dying after self-administering or being administered the voluntary assisted dying substance is protected in accordance with the Act.

This is provided that the patient has not directly requested lifesaving treatment (which is unlikely for someone accessing voluntary assisted dying).

In these circumstances the patient has made a voluntary, informed and enduring decision to die and first responders should not prevent this from happening. The protections in the Act ensure there is no liability resulting from the decision not to provide life-sustaining treatment in these circumstances.

I am a volunteer ambulance officer. Do these protections apply to me?

Yes, the definition of ambulance officer in the Act specifically includes those engaged on a voluntary basis.

If I am not providing life-sustaining treatment in this situation, what can I do?

First responders attending a patient who has accessed voluntary assisted dying are able to provide palliative and comfort care to the patient and they may also provide support for the family.

What does the legislation actually say?

An extract of Section 115 of the Act is provided below.

115. Protection for certain persons who do not administer lifesaving treatment

- (1) In this section—
ambulance officer means a person employed or engaged (including on a voluntary basis) by the provider of an ambulance service to provide medical or other assistance to persons in an emergency;
lifesaving treatment means lifesaving or life-preserving medical treatment;
protected person means—
 - (a) a registered health practitioner; or
 - (b) an ambulance officer; or
 - (c) a person (other than a person referred to in paragraph(a) or(b)) who has a duty to administer lifesaving treatment to another person.
- (2) This section applies if a protected person, in good faith, does not administer lifesaving treatment to another person in circumstances where—
 - (a) the other person has not requested the administration of lifesaving treatment; and
 - (b) the protected person believes on reasonable grounds that the other person is dying after self-administering or being administered a prescribed substance in accordance with this Act.
- (3) The protected person does not incur any civil liability or criminal liability for not administering the lifesaving treatment.

- (4) The non-administration of the lifesaving treatment is not to be regarded as—
- (a) a breach of professional ethics or standards or any principles of conduct applicable to the protected person's employment; or
 - (b) professional misconduct or unprofessional conduct.

Where do I find more information?

For further information please visit the Department of Health WA website
ww2.health.wa.gov.au/voluntaryassisteddying

Glossary of terms

Refer to *Accessing voluntary assisted dying in Western Australia – Glossary of terms* for explanations of key terms used within this information sheet.

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Appendix B:

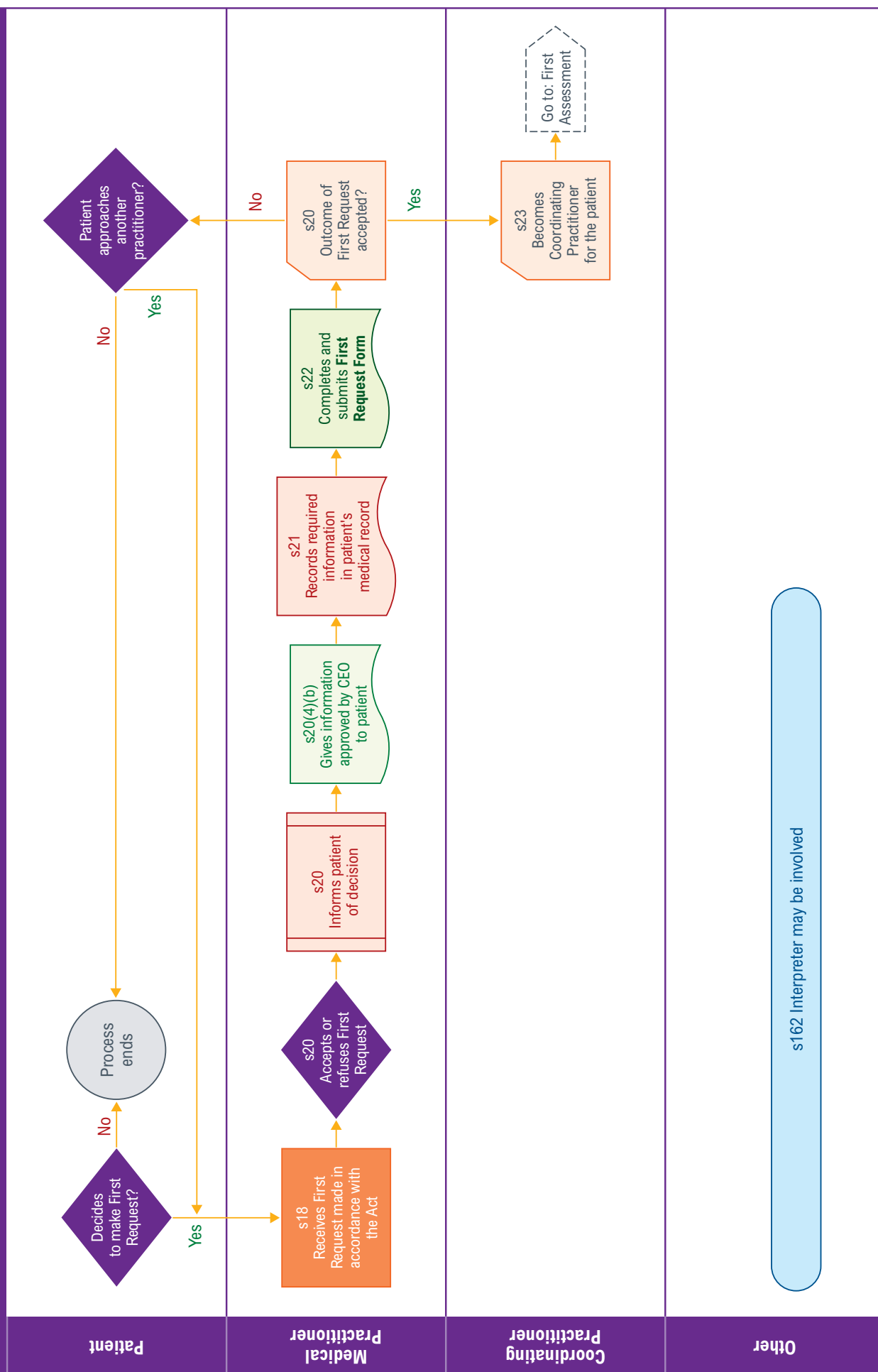
Voluntary assisted dying process maps

These process maps are provided as an indicative guide only. Please also refer to the *Voluntary Assisted Dying Act 2019*.

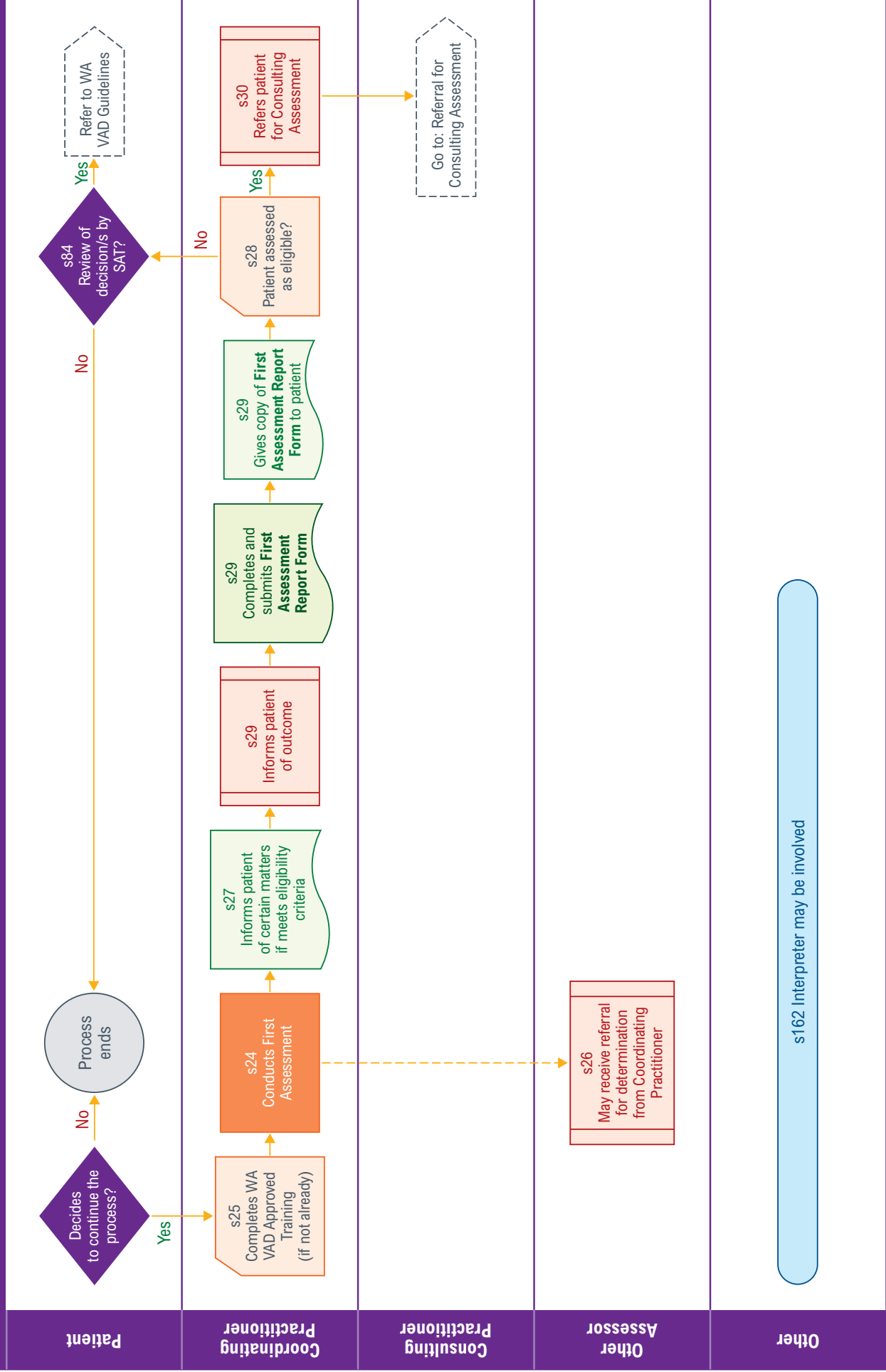
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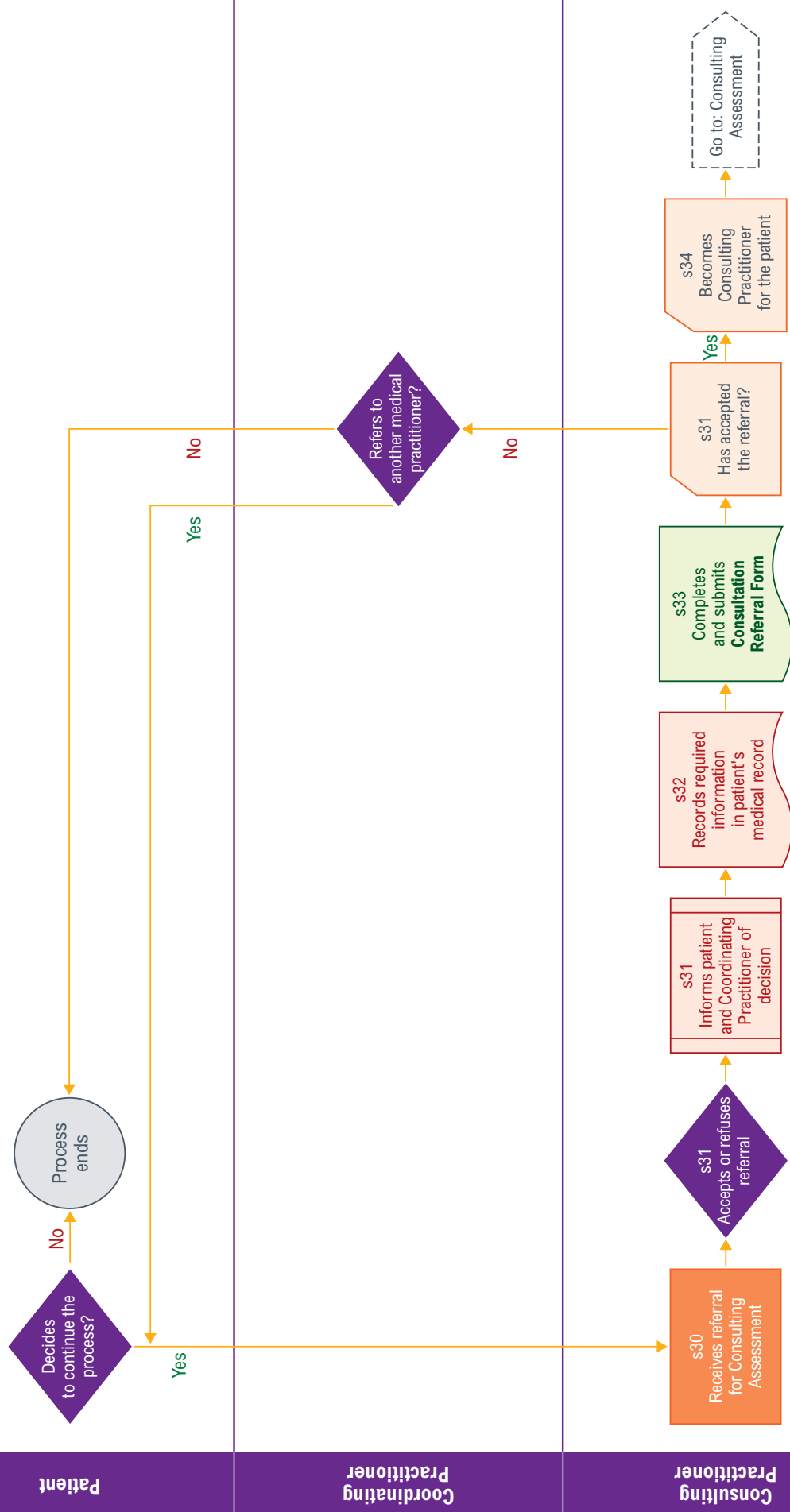
VAD Process Map: First Request



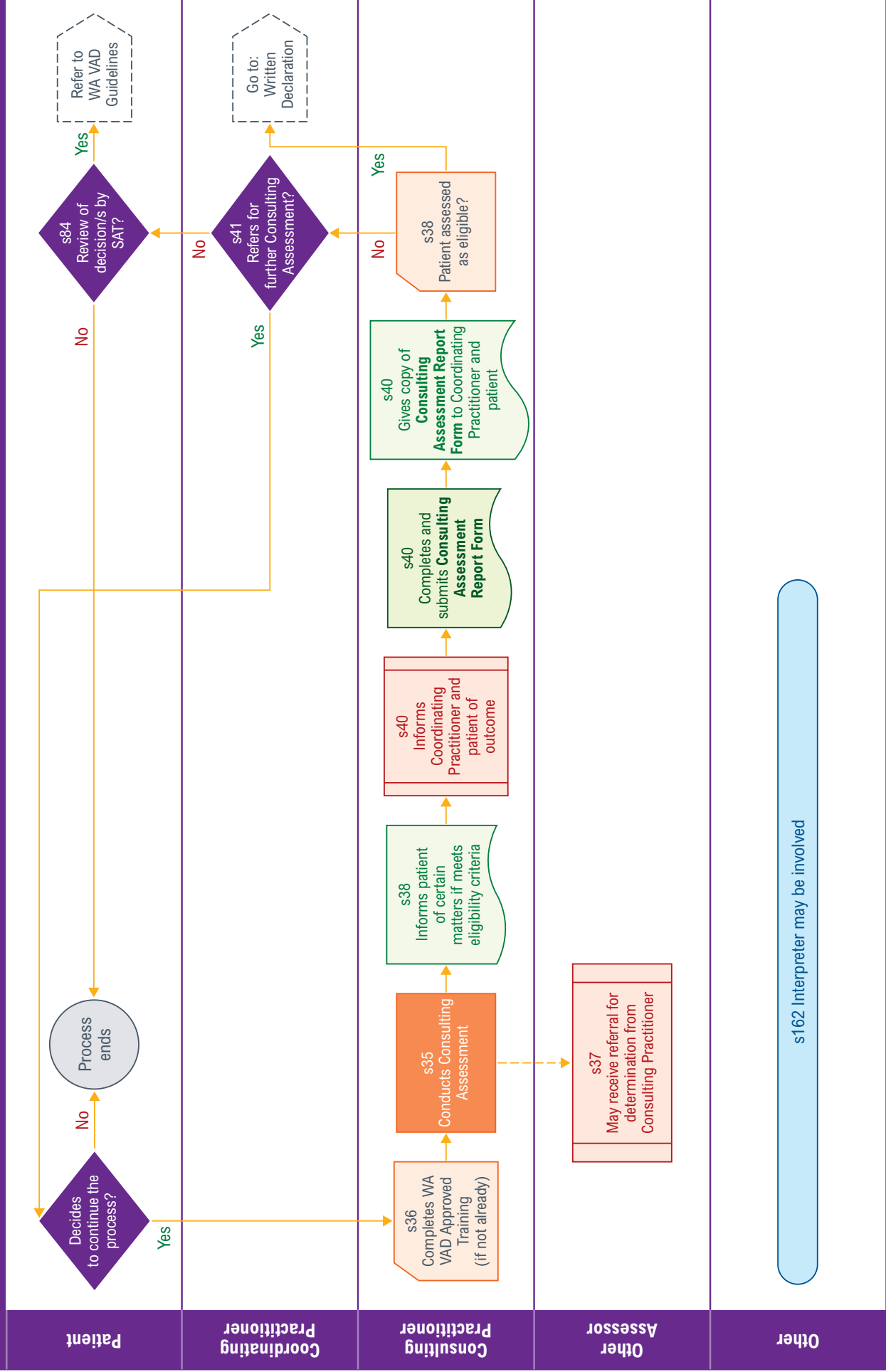
VAD Process Map: First Assessment



VAD Process Map: Referral for Consulting Assessment



VAD Process Map: Consulting Assessment



VAD Process Map: Written Declaration

```

graph TD
    subgraph Patient
        D1{Decides to continue the process?}
        D2{Patient able to sign?}
        P1((Process ends))
    end

    subgraph CoordinatingPractitioner
        S42_1[s42 Gives Written Declaration to Coordinating Practitioner]
        S45[s45 Records required information in patient's medical record]
        S46[s46 Submits copy to the VAD Board]
        FR1[Go to: Final Request]
    end

    subgraph ConsultingPractitioner
        P2[Provides patient with Written Declaration]
    end

    subgraph Witnesses
        S42_44[s42-44 Two eligible witnesses certify Written Declaration]
    end

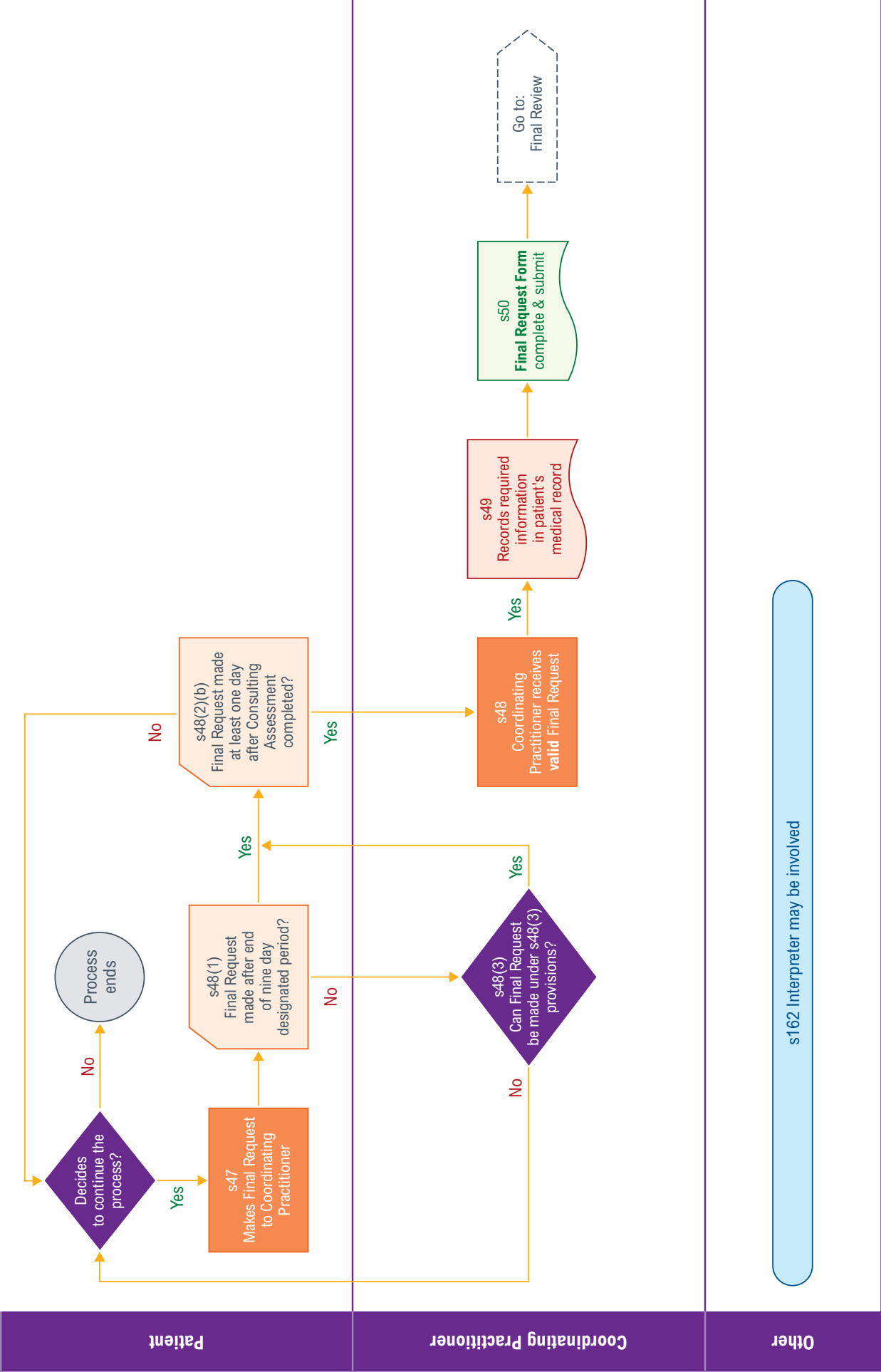
    subgraph Other
        S42_6[s42(6) Interpreter certifies Written Declaration (if required)]
        S42_4[s42(4) Person to sign on patient's behalf]
    end

    D1 -- Yes --> P2
    D1 -- No --> P1
    P2 --> D2
    D2 -- Yes --> S42_1
    D2 -- No --> S42_4
    S42_1 --> S45
    S45 --> S46
    S46 --> FR1
    S42_44 --> S42_1
    S42_6 --> S42_1
    S42_4 --> S42_1
  
```

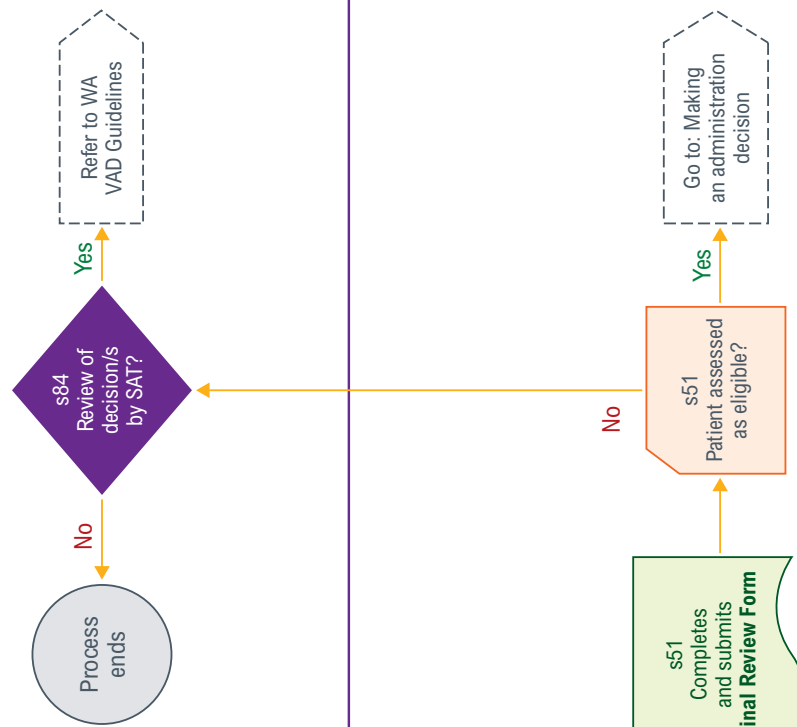
Process Flow:

- Decides to continue the process?** (Decision)
 - Yes:** Proceeds to **Provides patient with Written Declaration**.
 - No:** **Process ends**.
- Provides patient with Written Declaration** (Task)
 - Either Coordinating Practitioner or Consulting Practitioner can provide patient with the Written Declaration.
- Patient able to sign?** (Decision)
 - Yes:** Proceeds to **s42 Gives Written Declaration to Coordinating Practitioner**.
 - No:** Proceeds to **s42(4) Person to sign on patient's behalf**.
- s42 Gives Written Declaration to Coordinating Practitioner** (Task)
 - Proceeds to **s45 Records required information in patient's medical record**.
- s45 Records required information in patient's medical record** (Task)
 - Proceeds to **s46 Submits copy to the VAD Board**.
- s46 Submits copy to the VAD Board** (Task)
 - Proceeds to **Go to: Final Request**.
- Witnesses:**
 - s42-44 Two eligible witnesses certify Written Declaration** (Task) - Feeds into s42 Gives Written Declaration to Coordinating Practitioner.
 - s42(6) Interpreter certifies Written Declaration (if required)** (Task) - Feeds into s42 Gives Written Declaration to Coordinating Practitioner.
- Other:**
 - s42(4) Person to sign on patient's behalf** (Task) - Feeds into s42 Gives Written Declaration to Coordinating Practitioner.

VAD Process Map: Final Request



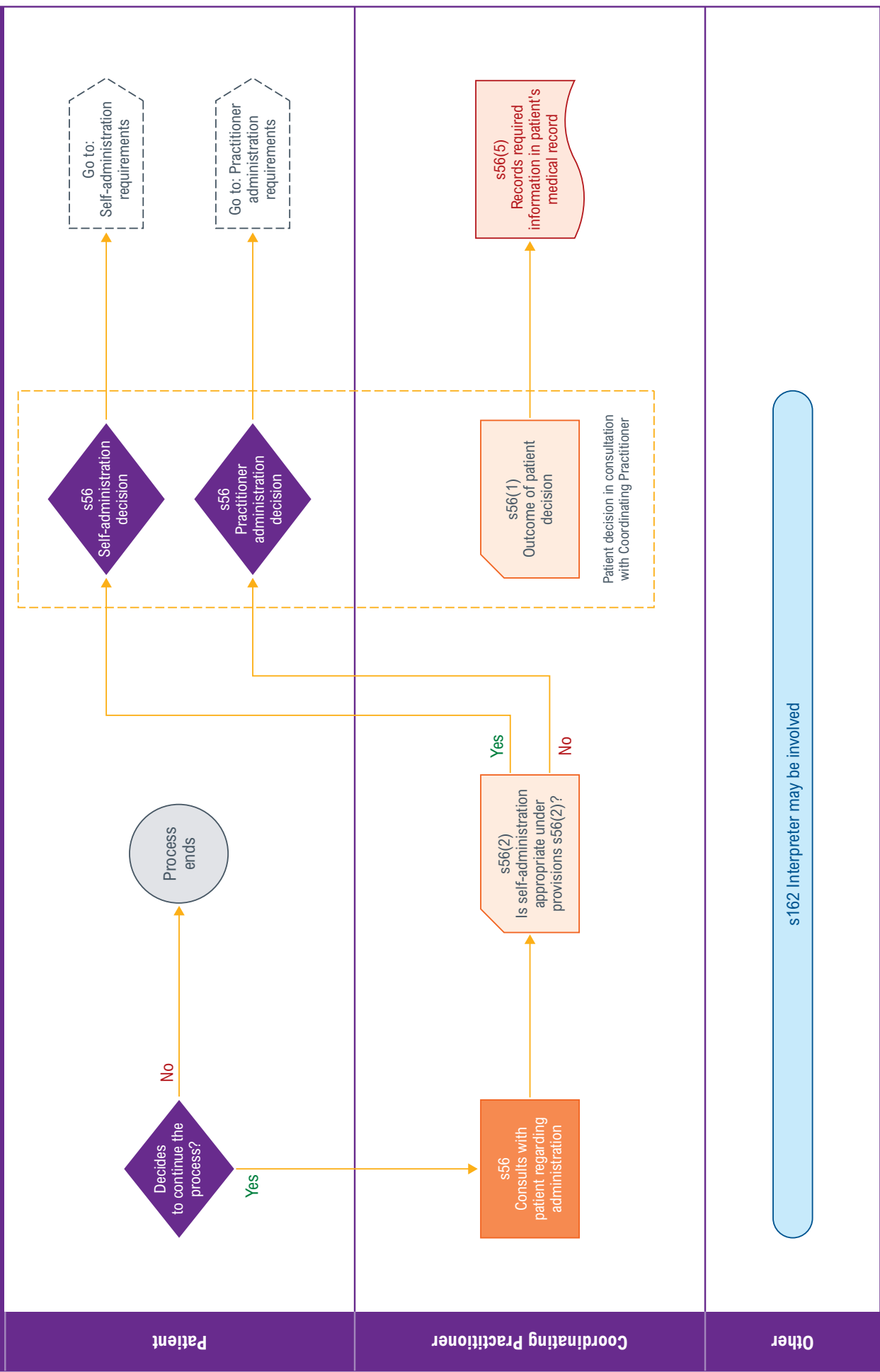
VAD Process Map: Final Review



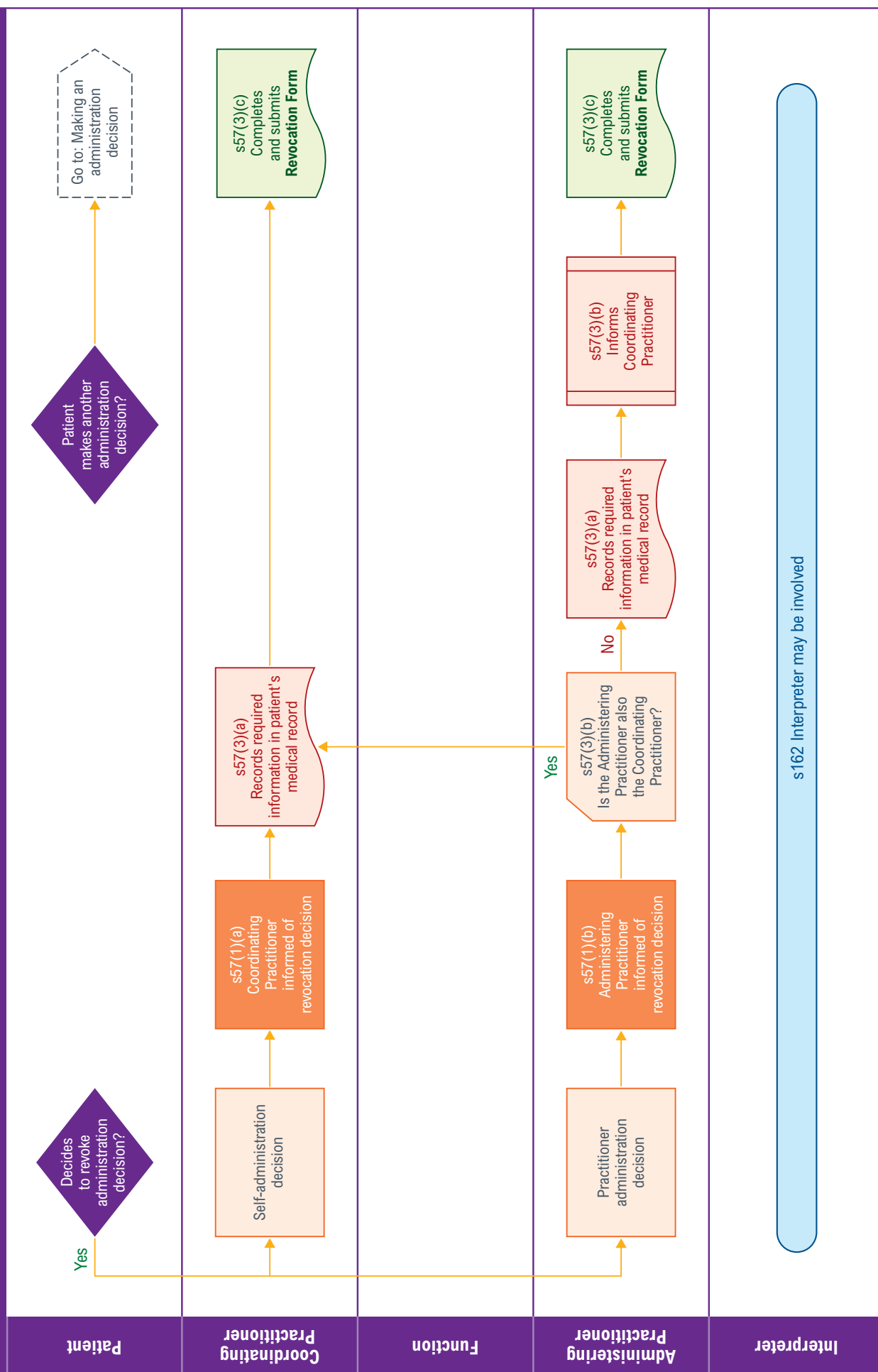
Patient

Coordinating Practitioner

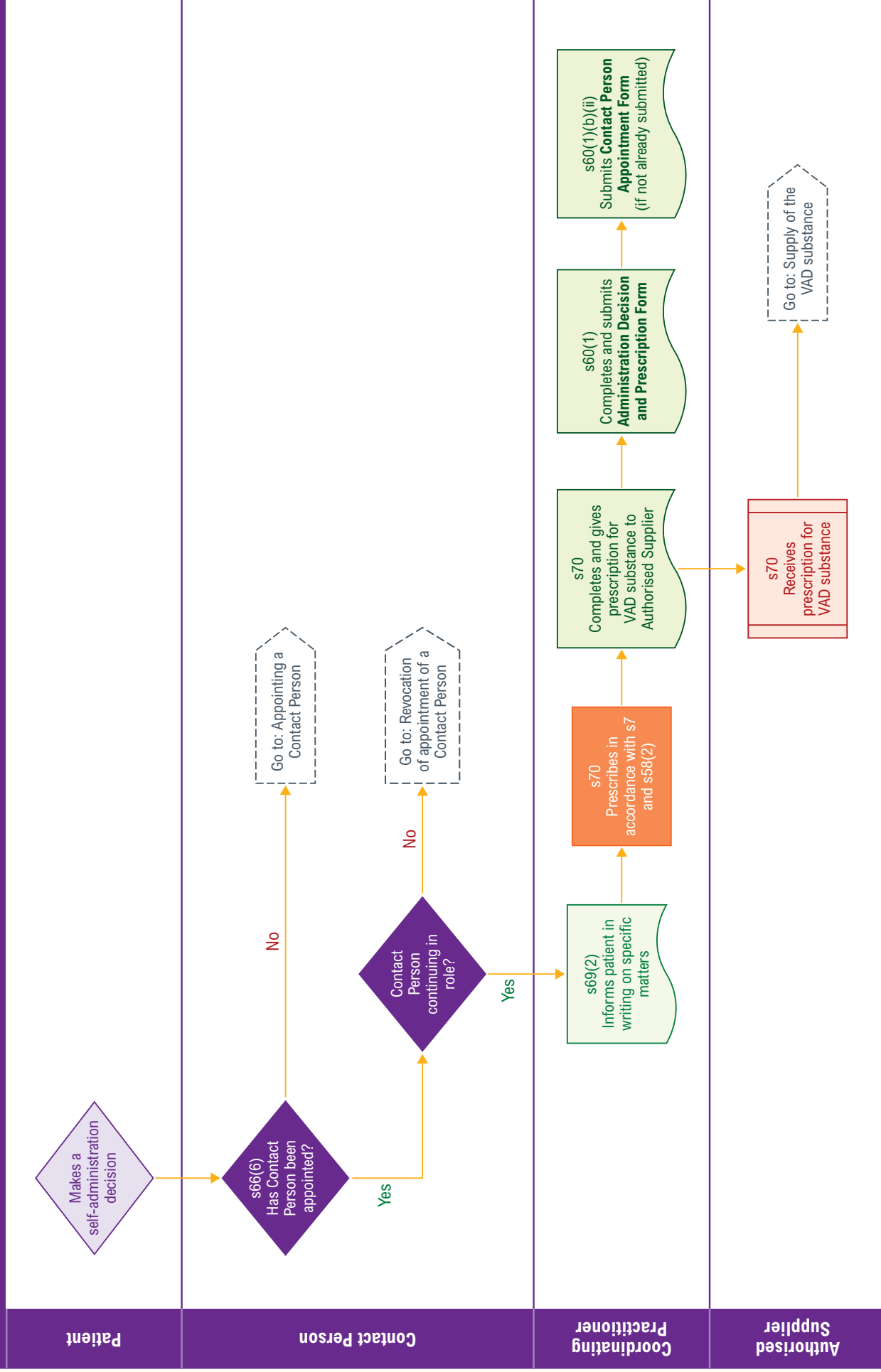
VAD Process Map: Making an administration decision



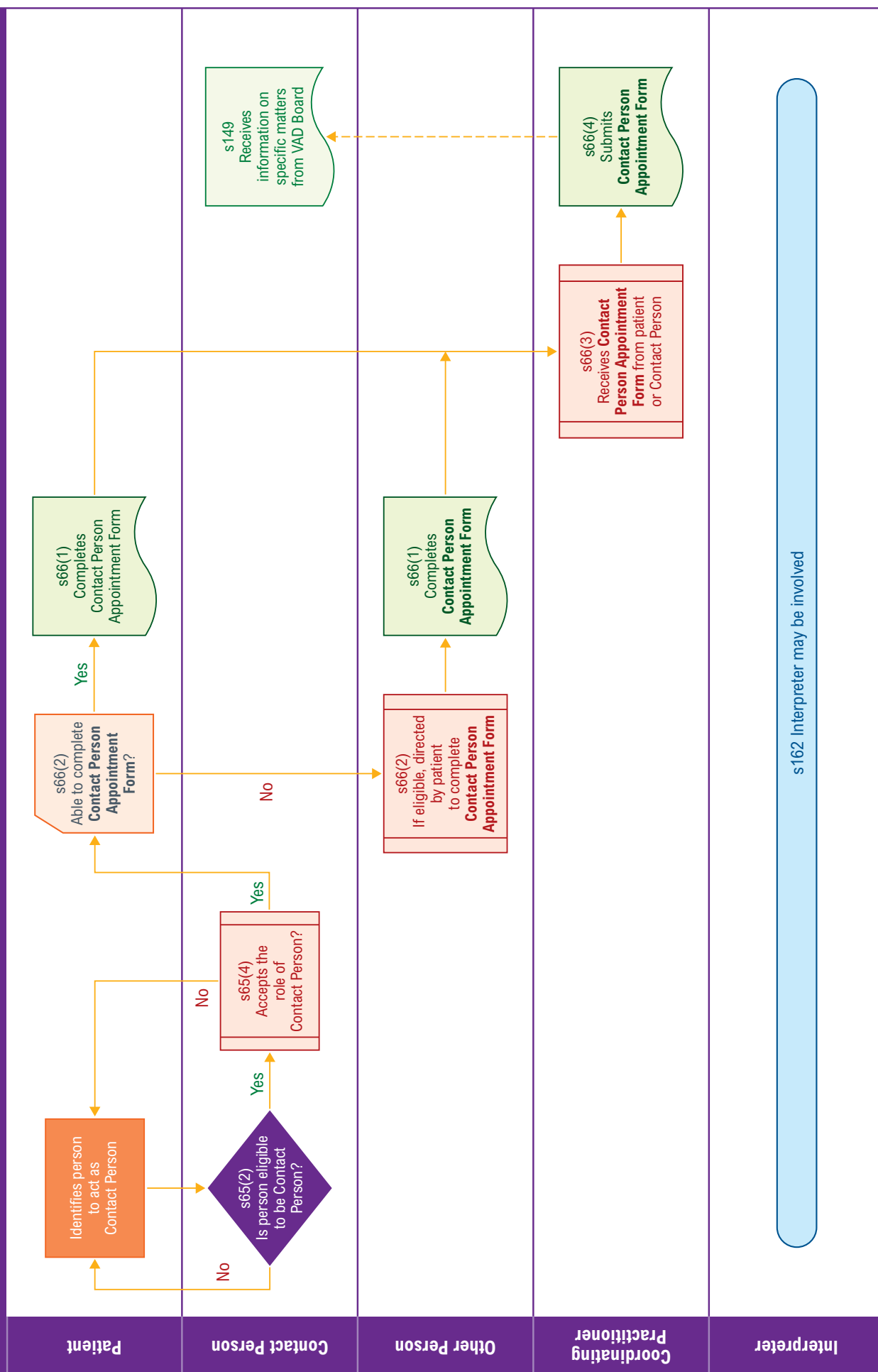
VAD Process Map: Revocation of an administration decision



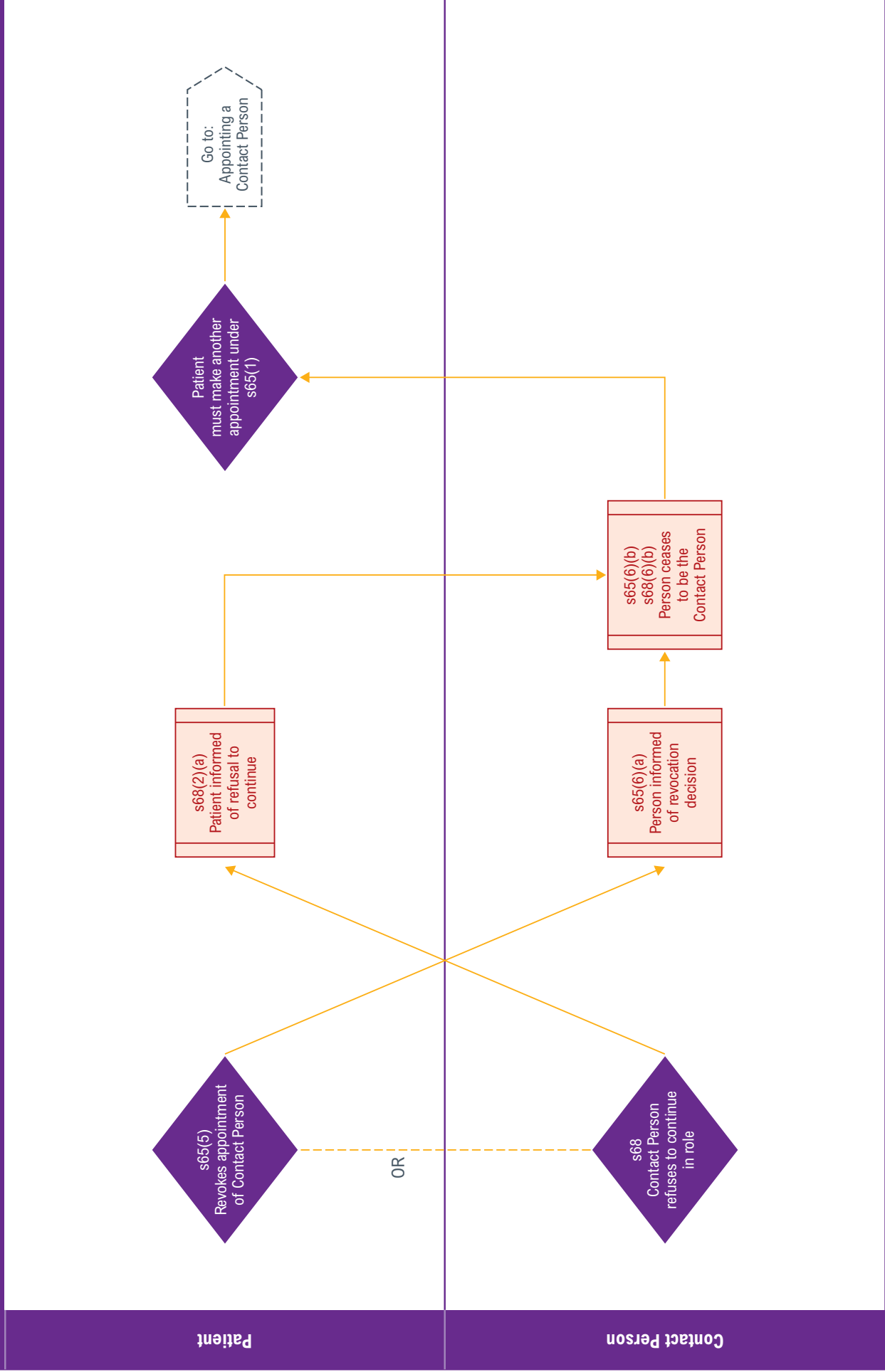
VAD Process Map: Self-administration Requirements



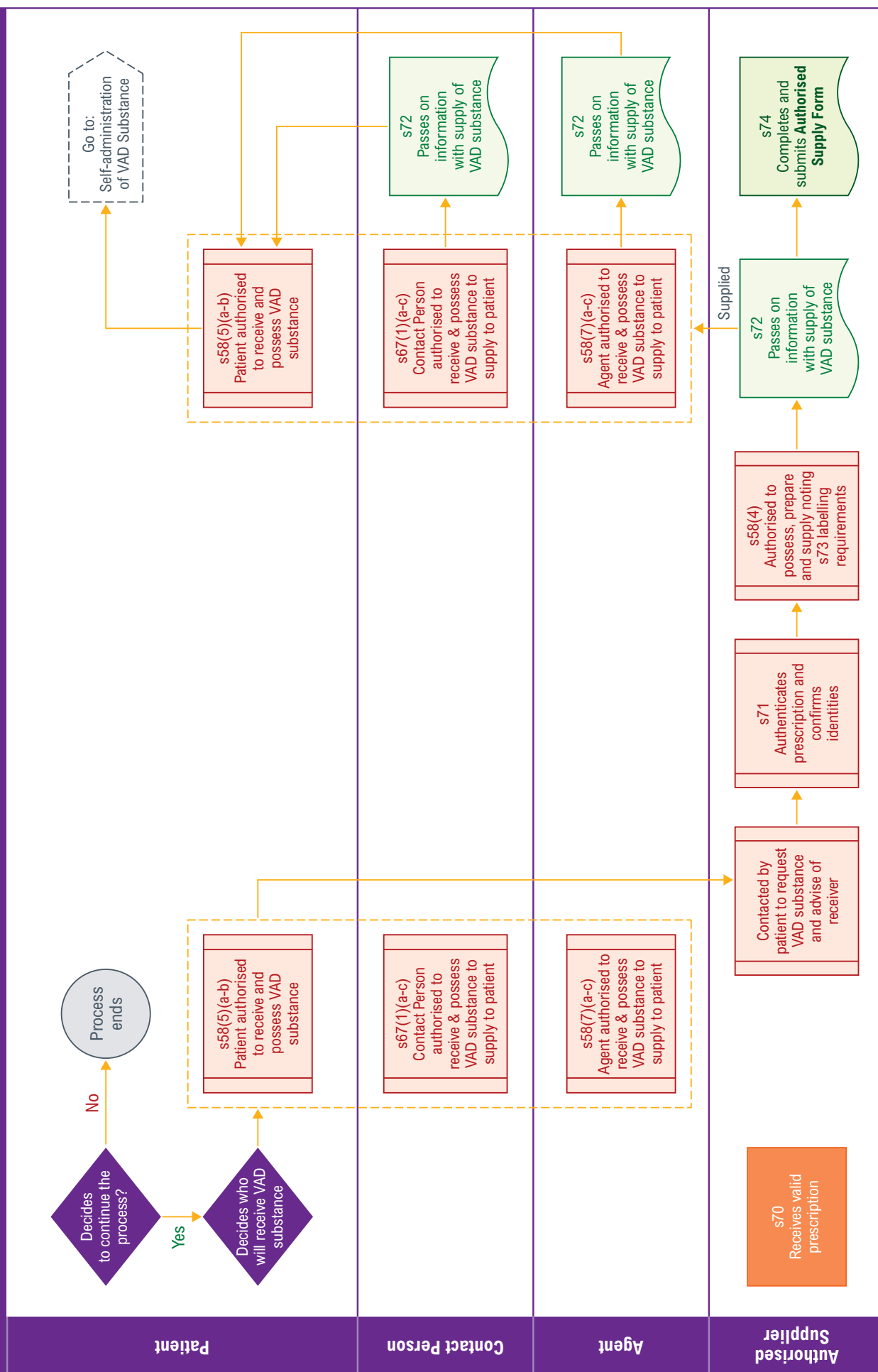
VAD Process Map: Appointing a Contact Person



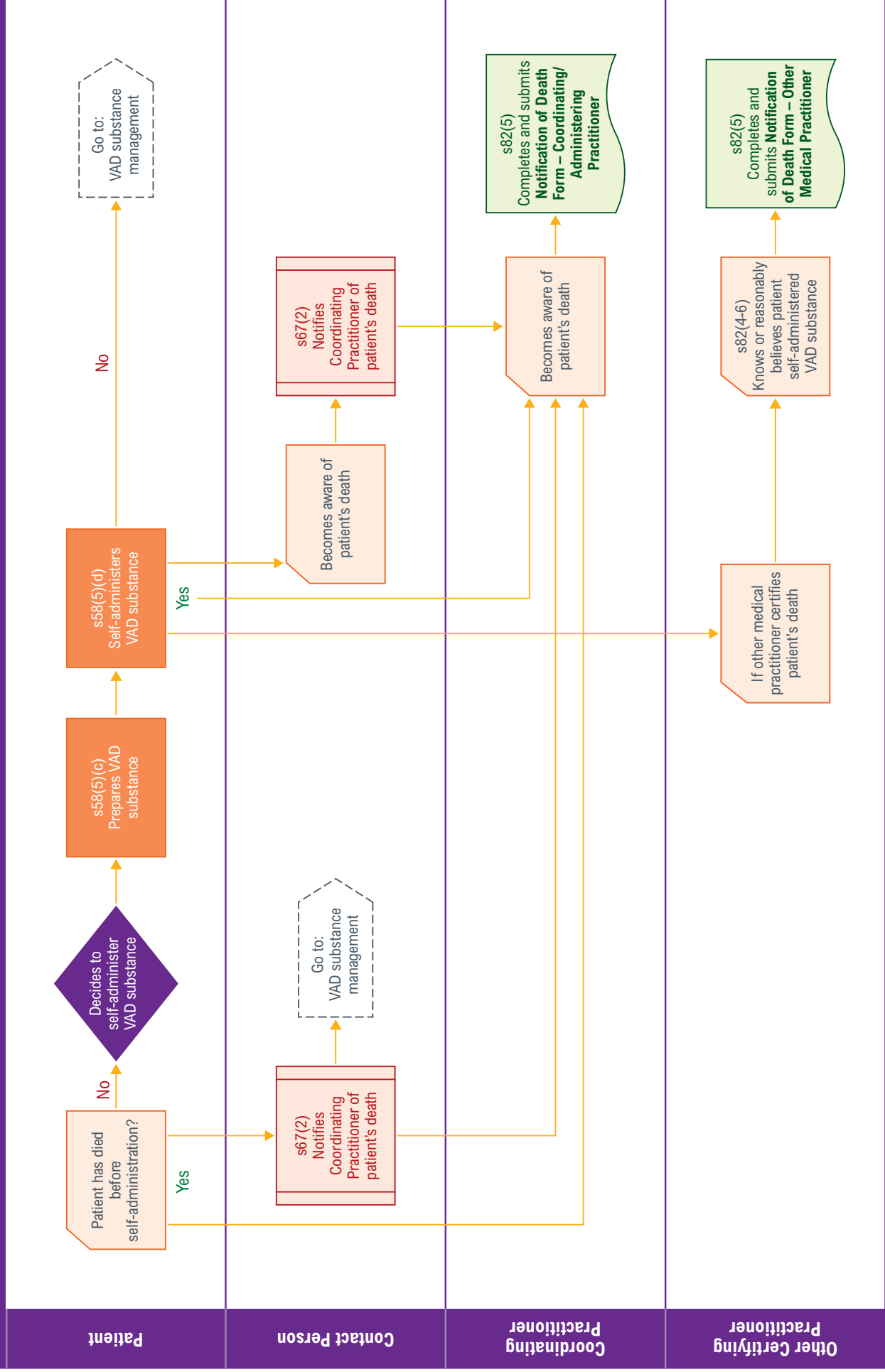
VAD Process Map: Revocation of appointment of a Contact Person



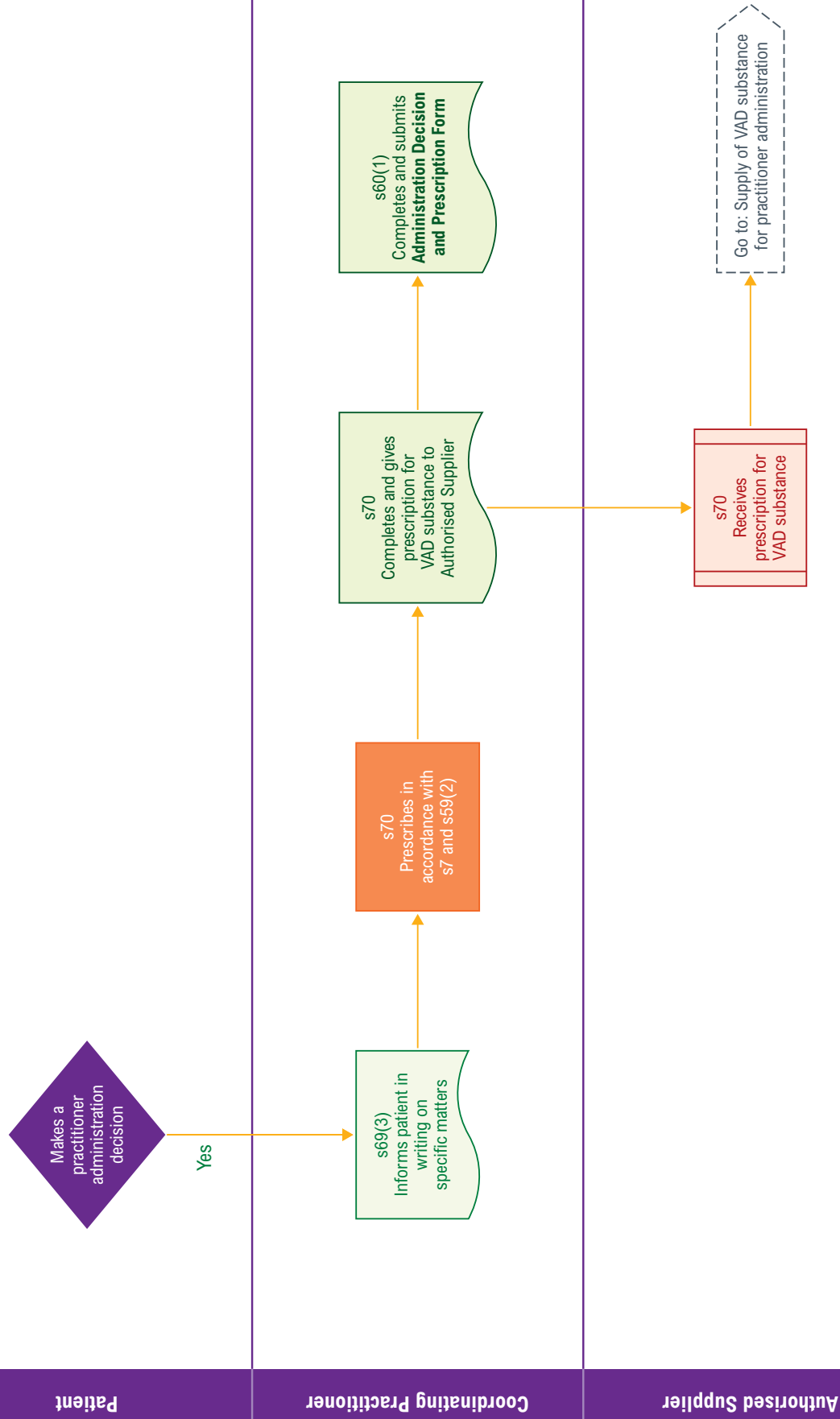
VAD Process Map: Supply of VAD substance for self-administration



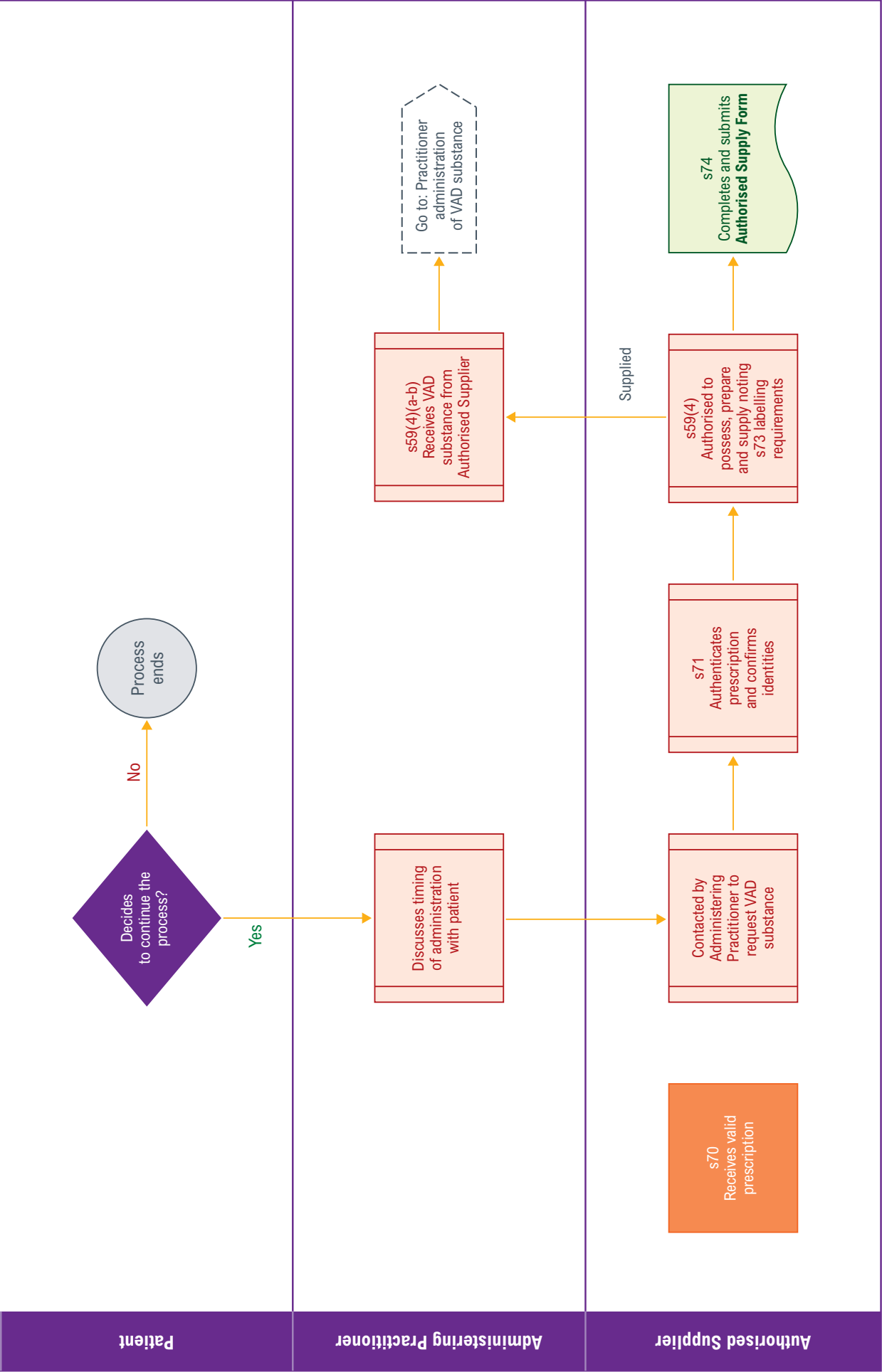
VAD Process Map: Self-administration of VAD substance



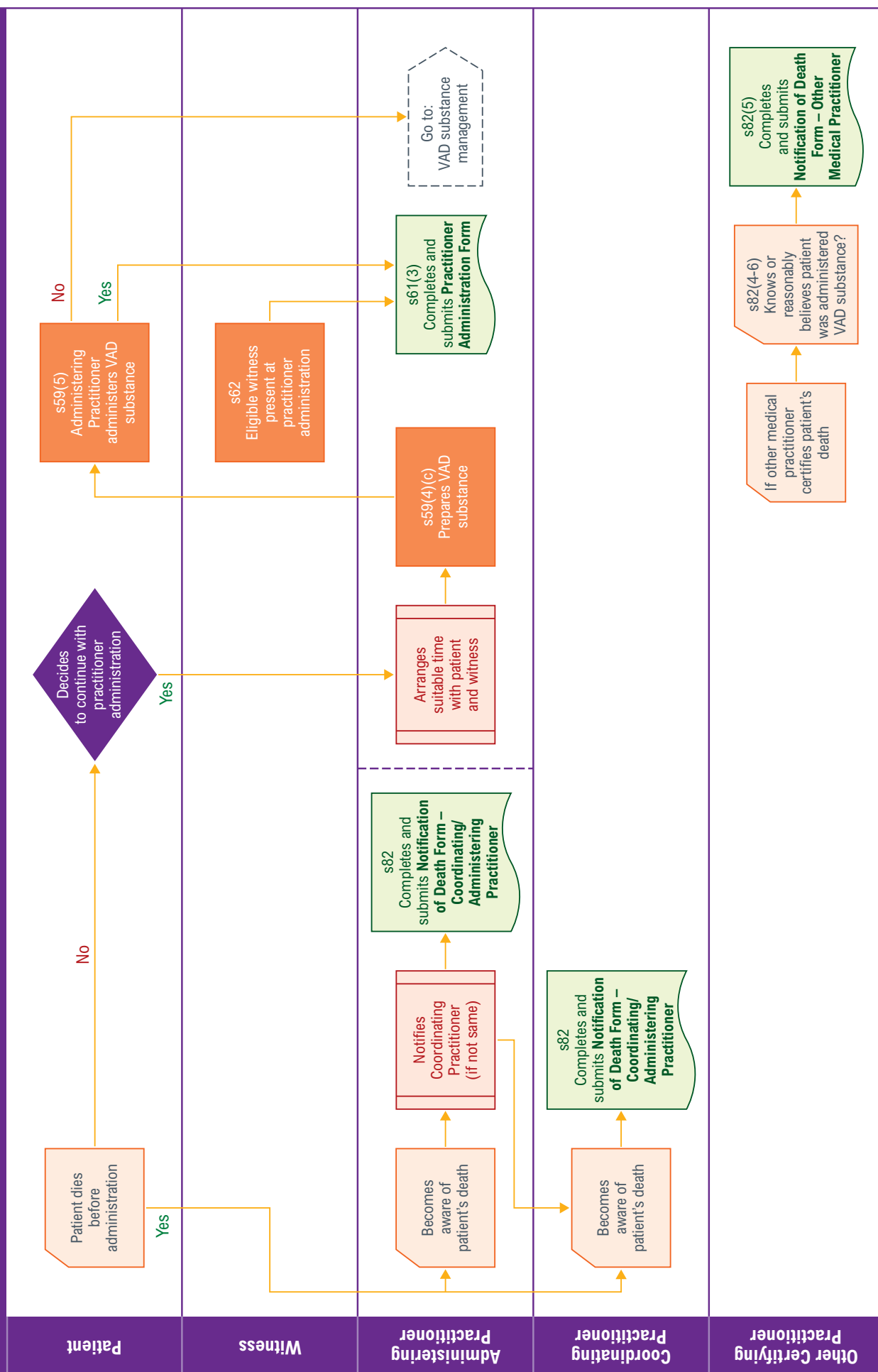
VAD Process Map: Practitioner administration requirements



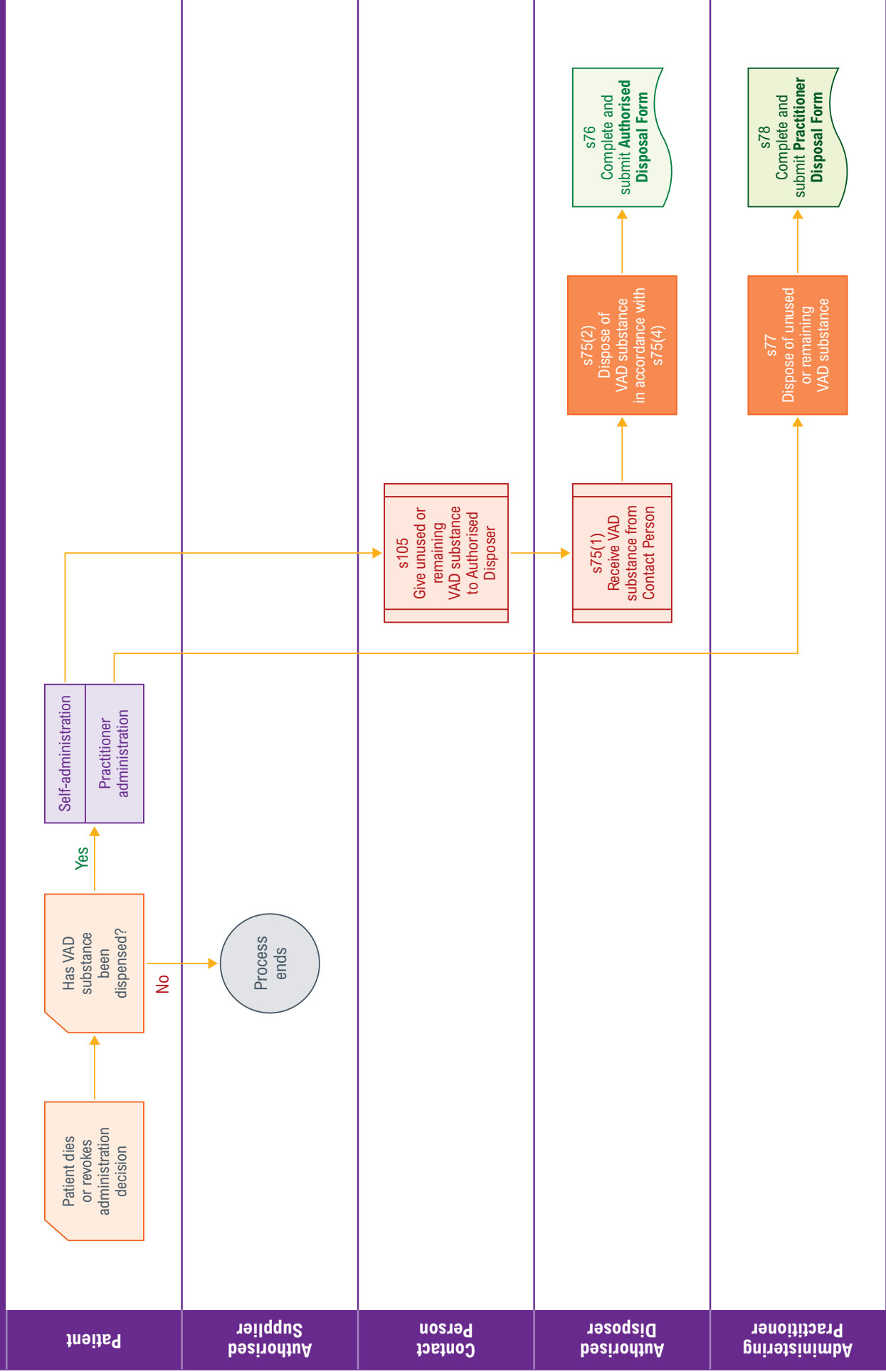
VAD Process Map: Supply of VAD substance for practitioner administration



VAD Process Map: Practitioner administration of VAD substance



VAD Process Map: VAD substance management



Appendix C:

Voluntary assisted dying forms (examples)

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Voluntary Assisted Dying Board

First Request Form

Completed by the medical practitioner receiving a First Request for access to voluntary assisted dying.

The medical practitioner completes this form after the person has made a First Request for access to voluntary assisted dying. A medical practitioner must refuse a First Request if they are not eligible to act as a Coordinating Practitioner.

If the medical practitioner has a conscientious objection to voluntary assisted dying they must **immediately** inform the person that they are refusing the First Request.

In other cases, the medical practitioner must inform the person within **2 business days** after receiving the First Request.

In **all** cases the medical practitioner must:

1. complete this form; and
2. give a copy of it to the Voluntary Assisted Dying Board.



NB: on acceptance of a First Request the medical practitioner becomes the Coordinating Practitioner for the person.

A. Person/Patient information

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Date of birth (DD/MM/YYYY)

Home address (line 1)

Home address (line 2)

Suburb

State Postcode

Is the person/patient's mailing address different to their home address?

- ☐ No
☐ Yes

If yes, please complete the fields over the page.

Mailing address (line 1)

Mailing address (line 2)

Suburb

State Postcode

Telephone number

Email address

B. Medical practitioner information

AHPRA Registration Number

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Work address (line 1)

Work address (line 2)

Suburb

State Postcode

Is your mailing address different to your work address?

☐ No

☐ Yes

If yes, please complete the fields below.

Mailing address (line 1)

Mailing address (line 2)

Suburb

State Postcode

Telephone number

Email address

C. Communication

Date of First Request (DD/MM/YYYY)

The First Request was made:

- ☐ In person
- ☐ Via audiovisual communication*
 - ☐ Confirm not practicable for First Request to be made in person
(*to be used **only** where it is not practicable for the First Request to be made in person)
- ☐ During a medical consultation
- ☐ In a clear and unambiguous manner

Please indicate the method of communication the person used to make the First Request:

- ☐ Spoken language
- ☐ Sign language (AUSLAN)
- ☐ Augmentative and alternative communication
- ☐ Other effective non-spoken communication

Was the patient assisted by an interpreter when making the First Request?

- ☐ No
- ☐ Yes

If yes, please complete the Interpreter information below.

Interpreter information (IF APPLICABLE)

What type of interpreter service was required for the patient?

- ☐ Spoken language other than English
- ☐ Non-spoken communication (e.g. AUSLAN)



Note: Interpreters must meet **all** of the criteria below to be an interpreter for this patient under the Act.

- ☐ The interpreter has confirmed to me that they:
 - are accredited with the National Accreditation Authority for Translators and Interpreters (NAATI);
 - are **not** a family member of the patient;
 - do **not** know or believe that they are a beneficiary under a will of the patient;
 - do **not** know or believe that they may otherwise benefit financially or in any other material way from the death of the patient;
 - are **not** an owner, or responsible for management, of a health facility where the patient is being treated or lives; and
 - are **not** directly involved in providing health services or professional care services to the patient.

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Telephone number

Email address

Accreditation details (Practitioner Number)

D. Details/outcome of First Request

I have decided to:

- ☐ Accept the First Request
- ☐ Refuse the First Request

If you are refusing the First Request, what is your reason?

- ☐ I conscientiously object to voluntary assisted dying
- ☐ I am unwilling to perform the duties of a Coordinating Practitioner
- ☐ I am unable to perform the duties of a Coordinating Practitioner (e.g. due to unavailability or other reason)
- ☐ I am ineligible to act as a Coordinating Practitioner
(Refer Appendix A for practitioner eligibility criteria)

*Within **2 business days** of the person making the First Request, you must inform the patient of your decision to accept or refuse the First Request (unless refusal is because of conscientious objection in which case the person must be informed **immediately**).*

Date person informed of outcome (DD/MM/YYYY)

*Within **2 business days** of the person making the request, you must give the information approved by the CEO (section 20(4)(b) of the Voluntary Assisted Dying Act 2019) (unless refusal is because of conscientious objection in which case the person must be given this information **immediately**).*

Date information referred to in section 20(4)(b)
of the Voluntary Assisted Dying Act 2019
was given to person (DD/MM/YYYY)

E. Signature of medical practitioner

Signature

Date (DD/MM/YYYY)

Print name

Within 2 business days of making the decision to accept or refuse the First Request you must:

- 1. complete this form**
- 2. give a copy to the Voluntary Assisted Dying Board**

You must record the following details in the patient's medical record:

- The First Request
- Your decision to accept or refuse the First Request
- If your decision is to refuse the First Request, the reason for the refusal
- Whether you have given the person the information referred to in section 20(4)(b) of the *Voluntary Assisted Dying Act 2019*.

Voluntary Assisted Dying Board

First Request Form

Completed by the medical practitioner receiving a First Request for access to voluntary assisted dying.

Appendix A: Practitioner eligibility criteria

There are eligibility requirements for a practitioner to act in the role of Coordinating Practitioner as per the *Voluntary Assisted Dying Act 2019* (the Act). These requirements are set out in section 17 of the Act (see extract below). The CEO requirements are outlined in Table 1.

Division 1 – Eligibility requirements for medical practitioners

17. Eligibility to act as coordinating practitioner or consulting practitioner

1. In this section –

general registration means general registration under the *Health Practitioner Regulation National Law (Western Australia)* in the medical profession;

limited registration means limited registration under the *Health Practitioner Regulation National Law (Western Australia)* in the medical profession;

provisional registration means provisional registration under the *Health Practitioner Regulation National Law (Western Australia)* in the medical profession;

specialist registration means specialist registration under the *Health Practitioner Regulation National Law (Western Australia)* in the medical profession in a recognised specialty.

2. A medical practitioner is eligible to act as a coordinating practitioner or consulting practitioner for a patient if –
 - a. the medical practitioner –
 - i. holds specialist registration, has practised the medical profession for at least 1 year as the holder of specialist registration and meets the requirements approved by the CEO for the purposes of this subparagraph; or
 - ii. holds general registration, has practised the medical profession for at least 10 years as the holder of general registration and meets the requirements approved by the CEO for the purposes of this subparagraph; or
 - iii. is an overseas-trained specialist who holds limited registration or provisional registration and meets the requirements approved by the CEO for the purposes of this subparagraph;and
 - b. the medical practitioner is not a family member of the patient; and
 - c. the medical practitioner does not know or believe that the practitioner –
 - i. is a beneficiary under a will of the patient; or
 - ii. may otherwise benefit financially or in any other material way from the death of the patient, other than by receiving reasonable fees for the provision of services as the coordinating practitioner or consulting practitioner for the patient.

Table 1

| Section 17(2)(a)(i) COORDINATING or CONSULTING PRACTITIONER (specialist medical practitioner) | |
|---|---|
| 1.1 | Medical practitioner must have clinically practised twice the minimum hours per registration period described in the Recency of Practice Registration Standard published by the Medical Board of Australia and this clinical practice must include patient assessment and clinical decision making. |
| 1.2 | Medical practitioner must not have any notations, conditions, undertakings or reprimands on their Australian Health Practitioner Regulation Authority (AHPRA) registration record which make the practitioner unsuitable for roles under the <i>Voluntary Assisted Dying Act 2019</i> as determined by the CEO. |
| 1.3 | The CEO must be satisfied as to the suitability of the medical practitioner for roles under the <i>Voluntary Assisted Dying Act 2019</i> on the basis of two professional referees provided by the medical practitioner. |
| Section 17(2)(a)(ii) COORDINATING or CONSULTING PRACTITIONER (generalist medical practitioner) | |
| 2.1 | Medical practitioner must have clinically practised twice the minimum hours per registration period described in the Recency of Practice Registration Standard published by the Medical Board of Australia and this clinical practice must include patient assessment and clinical decision making. |
| 2.2 | Medical practitioner must not have any notations, conditions, undertakings or reprimands on their Australian Health Practitioner Regulation Authority (AHPRA) registration record which make the practitioner unsuitable for roles under the <i>Voluntary Assisted Dying Act 2019</i> as determined by the CEO. |
| 2.3 | The CEO must be satisfied as to the suitability of the medical practitioner for roles under the <i>Voluntary Assisted Dying Act 2019</i> on the basis of two professional referees provided by the medical practitioner. |
| Section 17(2)(a)(iii) COORDINATING or CONSULTING PRACTITIONER (overseas trained specialist medical practitioner) | |
| 3.1 | Medical practitioner must be permitted by their registration to work in a gazetted area of need OR as a sponsored provider within a health service in Western Australia. |
| 3.2 | Medical practitioner must have undergone formal assessment by the relevant Australian college. |
| 3.3 | Medical practitioner must have at least 5 years of experience as a specialist. |
| 3.4 | Medical practitioner must have had their specialist pathway and supervision program approved by the relevant Australian college and must have completed at least 12 months working in a supervised position within Western Australia. |
| 3.5 | Medical practitioner must have clinically practised twice the minimum hours per registration period described in the Recency of Practice Registration Standard published by the Medical Board of Australia and this clinical practice must include patient assessment and clinical decision making. |
| 3.6 | Medical practitioner must not have any notations, conditions, undertakings or reprimands on their Australian Health Practitioner Regulation Authority (AHPRA) registration record which make the practitioner unsuitable for roles under the <i>Voluntary Assisted Dying Act 2019</i> as determined by the CEO. |
| 3.7 | The CEO must be satisfied as to the suitability of the medical practitioner for roles under the <i>Voluntary Assisted Dying Act 2019</i> on the basis of two professional referees provided by the medical practitioner. |

Voluntary Assisted Dying Board

First Assessment Report Form

Completed by the Coordinating Practitioner.

This form is only to be completed:

- i. for a patient who has made a valid First Request that has been accepted;
- ii. by a Coordinating Practitioner who meets the eligibility criteria at section 17(2) of the *Voluntary Assisted Dying Act 2019* and who has successfully completed the approved training within the last 3 years;
- iii. after the Coordinating Practitioner has completed the First Assessment of the patient.

The WA Voluntary Assisted Dying Guidelines should be used as a guide for completing the First Assessment.

As soon as practicable after completion of the First Assessment the Coordinating Practitioner must:

1. inform the patient of the outcome of the First Assessment; and
2. give a copy of this form to the patient.

Within **2 business days** after the completion of the First Assessment the Coordinating Practitioner must:

1. complete this form; and
2. give a copy to the Voluntary Assisted Dying Board.

A. Patient information

Unique patient ID (from VAD-IMS)

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Date of birth (DD/MM/YYYY)

Home address (line 1)

Home address (line 2)

Suburb

State Postcode

Is the patient's mailing address different to their home address? ☐ No ☐ Yes

If yes, please complete the fields over the page.

Mailing Address (line 1)

Mailing Address (line 2)

Suburb

State Postcode

Telephone number

Email address

Gender ☐ Male ☐ Female ☐ Other (please specify)

Is the patient of Aboriginal and/or Torres Strait Islander origin?

- ☐ No
☐ Yes, Aboriginal
☐ Yes, Torres Strait Islander
☐ Yes, both Aboriginal and Torres Strait Islander

Was the patient born overseas? ☐ No ☐ Yes

If yes, in which country was the patient born?

Would the patient consider English as their first language? ☐ Yes ☐ No

If no, which language(s) would this be?

How well does the patient speak English?

- ☐ Very well
☐ Well
☐ Not well
☐ Not at all

What is the patient's ancestry (provide up to two ancestries only)?

- ☐ Australian ☐ Chinese
☐ English ☐ German
☐ Irish ☐ Indian
☐ Scottish ☐ Dutch
☐ Italian ☐ Filipino

☐ Other (ancestry 1; please specify)

☐ Other (ancestry 2; please specify)

Does the patient have a disability? ☐ No ☐ Yes

If yes, please specify

What is the patient's current relationship status?

- ☐ Divorced
- ☐ Married/De facto
- ☐ Never married
- ☐ Separated
- ☐ Widowed

Who does the patient usually live with?

- ☐ Lives alone
- ☐ Lives with family
- ☐ Lives with others

What is the highest level of education the patient has achieved?

- ☐ Primary school
- ☐ High school
- ☐ Year 12 graduation
- ☐ Trade certificate
- ☐ Advanced Diploma and Diploma
- ☐ Bachelor degree
- ☐ Postgraduate degree

The patient has indicated that their reason(s) for requesting voluntary assisted dying is (can select more than one option):



NB: the patient's reason for requesting voluntary assisted dying is not relevant to eligibility criteria and must not be taken into account by a Coordinating Practitioner when they assess a patient's eligibility for voluntary assisted dying.

- ☐ Patient chose to not divulge reasons
- ☐ Losing autonomy, or concern about it
- ☐ Less able to engage in activities making life enjoyable, or concern about it
- ☐ Loss of dignity, or concern about it
- ☐ Losing control of bodily functions, or concern about it
- ☐ Burden on family, friends/caregivers, or concern about it
- ☐ Inadequate pain control, or concern about it
- ☐ Breathlessness, or concern about it
- ☐ Other (please specify)

B. Coordinating Practitioner information

Unique practitioner ID (from VAD-IMS)

AHPRA registration number

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Work address (line 1)

Work address (line 2)

Suburb

State Postcode

Is your mailing address different to your work address? ☐ No ☐ Yes

If yes, please complete the fields below.

Mailing Address (line 1)

Mailing Address (line 2)

Suburb

State Postcode

Telephone number

Email address

☐ I, Coordinating Practitioner Name, am eligible to act as a Coordinating Practitioner in accordance with section 17(2) of the *Voluntary Assisted Dying Act 2019*.

☐ I, Coordinating Practitioner Name, have successfully completed the approved training in accordance with section 25 of the *Voluntary Assisted Dying Act 2019* within the last 3 years.

How long have you been providing care for this patient?

- ☐ No previous relationship
☐ Less than 12 months
☐ 12 months or more

C. Details of First Assessment – Eligibility criteria component

Date First Request made (DD/MM/YYYY)

In relation to the eligibility criteria, I have decided that the patient:

| | |
|---|--|
| 1. Has reached 18 years of age | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is an Australian citizen or permanent resident | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. At the time of making the First Request has been ordinarily resident in Western Australia for a period of at least 12 months | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Has been diagnosed with at least 1 disease, illness or medical condition that: <ul style="list-style-type: none"> • Is advanced, progressive and will cause death • Will, on the balance of probabilities, cause death within a period of 6 months OR in the case of a neurodegenerative disease, illness or medical condition, within a period of 12 months • Is causing suffering to the patient that cannot be relieved in a manner that the patient considers tolerable | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Has decision-making capacity in relation to voluntary assisted dying | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Is acting voluntarily and without coercion | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Has made a request for access to voluntary assisted dying that is enduring | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Does the patient meet **all** of the eligibility criteria above? ☐ Yes ☐ No

Please provide details of patient diagnosis (disease, illness or medical condition):

Primary diagnosis

Secondary diagnosis(es)

Additional commentary

D: Referral for determination

I referred the patient to another registered health practitioner or person for determination.

- ☐ No (Go to Part E)
- ☐ Yes (please complete Appendix A for each referral made)

E: Palliative care and treatment options

Is the patient currently receiving palliative care?

- ☐ No
- ☐ Yes

If yes, from where are they receiving palliative care (see Appendix B for descriptions):

- ☐ General Practitioner
- ☐ Outpatient clinic
- ☐ Community or home-based palliative care
- ☐ Consultation in a facility
- ☐ Consultation in a hospital
- ☐ Specialist Palliative Care Unit

If no, have they received palliative care within the last 12 months?

- ☐ No
- ☐ Yes

What palliative care options are currently available to the patient, and what are the likely outcomes of these options?

What treatment options are currently available to the patient, and what are the likely outcomes of these options?

F. Communication during First Assessment

Was the patient assisted by an interpreter during the First Assessment?

- ☐ No
☐ Yes

If yes, please complete the Interpreter information below:

Interpreter information (IF APPLICABLE)

What type of interpreter service was required for the patient?

- ☐ Spoken language other than English
☐ Non-spoken communication (e.g. AUSLAN)



Note: Interpreters must meet **all** of the criteria below to be an interpreter for this patient under the Act.

- ☐ The interpreter has confirmed to me that they:
- are accredited with the National Accreditation Authority for Translators and Interpreters (NAATI);
 - are **not** a family member of the patient;
 - do **not** know or believe that they are a beneficiary under a will of the patient;
 - do **not** know or believe that they may otherwise benefit financially or in any other material way from the death of the patient;
 - are **not** an owner, or responsible for management, of a health facility where the patient is being treated or lives; and
 - are **not** directly involved in providing health services or professional care services to the patient.

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Telephone number

Email address

Accreditation details (Practitioner Number)

G: Assessment outcome – Eligibility criteria component

Does the patient meet all of the eligibility criteria in Part C?

- ☐ No (The patient is **not** eligible for access to voluntary assisted dying. Go to Part I)
☐ Yes (Go to Part H)

H. Information to be provided if patient assessed as meeting eligibility criteria component

If the patient meets the eligibility criteria in Part C you must inform them about certain matters as detailed in section 27 of the *Voluntary Assisted Dying Act 2019* (refer to checklist in Appendix C).

☐ I am satisfied that the patient understands the information provided.

Did you engage an interpreter to communicate this information to the patient?

☐ No
☐ Yes

If yes, was the same interpreter used as during the First Assessment (details in Part F)?

☐ Yes
☐ No (please complete Appendix D)

I. Outcome of First Assessment

The Coordinating Practitioner must assess the patient as eligible for access to voluntary assisted dying if the Coordinating Practitioner is satisfied that:

1. The patient meets all of the eligibility criteria in Part C; and
2. The patient understands the information required to be provided under section 27(1).

If the Coordinating Practitioner is not satisfied as to any matter at (1) or (2) then the Coordinating Practitioner must assess the patient as ineligible for access to voluntary assisted dying.

I, _____ assess that the patient is:
Coordinating Practitioner Name

☐ Eligible for access to voluntary assisted dying
☐ Not eligible for access to voluntary assisted dying

Date of First Assessment completion (DD/MM/YYYY)

Date patient informed of First Assessment outcome (DD/MM/YYYY)

J. Signature of Coordinating Practitioner

Signature

Date (DD/MM/YYYY)

Print name

Within 2 business days after completing the First Assessment you must:

1. complete this form; and
2. give a copy to the Voluntary Assisted Dying Board.

As soon as practicable after completing the First Assessment Report Form you must give a copy to the patient.

K. Information for patient on reviewable decisions

If the patient disagrees with a decision that the Coordinating Practitioner has made during the First Assessment they (or an eligible applicant as defined under section 83 of the *Voluntary Assisted Dying Act 2019*) can apply to the State Administrative Tribunal for review of **some** specific decisions. These include:

- whether or not they have been ordinarily resident in Western Australia for at least 12 months at time of the First Request; or
- whether or not they have decision-making capacity in relation to voluntary assisted dying; or
- whether or not they are acting voluntarily and without coercion.

For more information please visit the State Administrative Tribunal website <https://sat.justice.wa.gov.au/> for details on the application process.

Voluntary Assisted Dying Board

First Assessment Report Form

Completed by the Coordinating Practitioner.

Appendix A: Referral for determination

Appendix A needs to be completed for **each** referral for determination that has been made. Additional copies of Appendix A can be made where more than one referral for determination has been made.

If the Coordinating Practitioner is unable to make the determination themselves, in accordance with section 26 (refer to the WA Voluntary Assisted Dying Guidelines for further information), the Coordinating Practitioner must refer the patient to a registered health practitioner or another person, as the case requires, who has the appropriate skills and training to make a determination in relation to the matter.

Where the Coordinating Practitioner has made a referral for determination, the Coordinating Practitioner may (but is not compelled to) adopt the determination of the practitioner or person to whom they have made the referral, in relation to the matter that was referred.

Copies of completed Appendix A(s), including any reports provided by the registered health practitioner or another person (as the case requires), must be given to the Voluntary Assisted Dying Board as part of the completed First Assessment Report Form.

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, _____, have been advised by the registered health practitioner 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.

Referral regarding decision-making capacity in relation to voluntary assisted dying

I made a referral to a registered health practitioner with the appropriate skills and training in relation to whether the patient has decision-making capacity in relation to voluntary assisted dying:

- ☐ No
- ☐ Yes

If yes, the outcome of this referral was:

- ☐ A determination that the patient has decision-making capacity in relation to voluntary assisted dying
- ☐ A determination that the patient **does not** have decision-making capacity in relation to voluntary assisted dying
- ☐ A determination was not able to be made

☐ I, _____, have been advised by the registered health practitioner 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*.

Coordinating Practitioner Name

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

Referral regarding voluntariness and/or coercion

I made a referral to another person with appropriate skills and training in relation to whether the patient is acting voluntarily and without coercion:

- ☐ No
- ☐ Yes

If yes, the outcome of this referral was:

- ☐ A determination that the patient is acting voluntarily and without coercion
- ☐ A determination that the patient is **not** acting voluntarily and without coercion
- ☐ A determination was not able to be made

☐ I, _____, have been advised by the person to whom

Coordinating Practitioner Name

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 person to whom I have made a referral regarding this referral for determination.

Voluntary Assisted Dying Board

First Assessment Report Form

Completed by the Coordinating Practitioner.

Appendix B: Guide to specialist palliative care services

Reference: https://ww2.health.wa.gov.au/Articles/F_1/Guide-to-specialist-palliative-care-services

Outpatient clinic

Providers include:

- Hollywood Private Hospital
- SJOG Hospital Subiaco
- SJOG Hospital Murdoch
- Fiona Stanley Hospital Palliative Care Consultancy Service
- WA Paediatric Palliative Care Service (WAPPCS)
- Rockingham General Hospital
- Royal Perth Hospital
- Sir Charles Gairdner Hospital
- SJOG Midland Public Private Hospital Palliative Care Service

Community or home-based palliative care

Providers include:

- WA Paediatric Palliative Care Service (WAPPCS)
- Silver Chain Hospice Care Service

Consultation in a facility

This service type covers:

- residential care
- disability service
- mental health service
- secondary hospital
- correctional facility

Providers include:

- Metropolitan Palliative Care Consultancy Service (MPaCCS)
- Silver Chain Hospice Care Service

Consultation in a hospital

Providers include:

- Bethesda Hospital
- Fiona Stanley Hospital
- Hollywood Private Hospital
- Joondalup Health Campus
- Metropolitan Palliative Care Consultancy Services
- Royal Perth Hospital
- Rockingham General Hospital
- Sir Charles Gairdner Hospital
- SJOG Hospital Murdoch
- SJOG Hospital Subiaco
- WA Paediatric Palliative Care Service (WAPPCS)
- SJOG Midland Public Private Hospital Palliative Care Service

Specialist Palliative Care Unit

Providers include:

- Bethesda Hospital Palliative Care Unit
- SJOG Murdoch Community Hospice
- Glengarry Hospital Palliative Care Unit
- Hollywood Private Hospital
- Kalamunda District Community Hospital Palliative Care Service
- Albany Community Hospice
- SJOG Bunbury Hospital Palliative Care Unit
- SJOG Geraldton Hospital Palliative Care Unit

Voluntary Assisted Dying Board

First Assessment Report Form

Completed by the Coordinating Practitioner.

Appendix C: Information to be provided to the patient if assessed as meeting eligibility criteria

The *Voluntary Assisted Dying Act 2019* requires certain information to be provided to a person if they are assessed as eligible by the Coordinating Practitioner.

The Coordinating Practitioner is also required to take all reasonable steps to explain additional aspects to the person and, if the person consents, another person that they nominate.

This checklist is provided as a tool to aid practitioners in meeting these requirements.

| Information to be provided by Coordinating Practitioner | |
|---|--|
| <input type="checkbox"/> | a. The person's diagnosis and prognosis |
| <input type="checkbox"/> | b. The treatment options available to the person and the likely outcomes of that treatment |
| <input type="checkbox"/> | c. The palliative care and treatment options available to the person and the likely outcomes of that care and treatment |
| <input type="checkbox"/> | d. The potential risks of self-administering or being administered the voluntary assisted dying substance likely to be prescribed under this Act for the purposes of causing the person's death |
| <input type="checkbox"/> | e. The expected outcome of self-administering or being administered the substance referred to in paragraph (d) is death |
| <input type="checkbox"/> | f. The method by which the substance referred to in paragraph (d) is likely to be self-administered or administered |
| <input type="checkbox"/> | g. The request and assessment process, including the requirement for a Written Declaration signed in the presence of two (2) witnesses |
| <input type="checkbox"/> | h. That if the person makes a self-administration decision, they must appoint a Contact Person |
| <input type="checkbox"/> | i. That the person may decide at any time not to continue the request and assessment process or not to access voluntary assisted dying |
| <input type="checkbox"/> | j. That if the person is receiving ongoing health services from a medical practitioner other than the Coordinating Practitioner, the person is encouraged to inform the medical practitioner of their request for access to voluntary assisted dying |
| Coordinating Practitioner to take all reasonable steps to fully explain to the person and, if they consent, another person they nominate: | |
| <input type="checkbox"/> | a. all relevant clinical guidelines |
| <input type="checkbox"/> | b. a plan in respect of the administration of the voluntary assisted dying substance |

Voluntary Assisted Dying Board

First Assessment Report Form

Completed by the Coordinating Practitioner.

Appendix D: Interpreter information

Appendix D only needs to be completed where:

- an interpreter was engaged to communicate the information under Part H of this form; and
- this interpreter was different to that used during the First Assessment (whose details are listed under Part F of this form).

Copies of completed Appendix D must be given to the Voluntary Assisted Dying Board as part of the completed First Assessment Report Form.

What type of interpreter service was required?

- ☐ Spoken language other than English
- ☐ Non-spoken communication (e.g. AUSLAN)



Note: Interpreters must meet **all** of the criteria below to be an interpreter for this patient under the Act.

- ☐ The interpreter has advised me that they:
- are accredited with the National Accreditation Authority for Translators and Interpreters (NAATI);
 - are **not** a family member of the patient;
 - do **not** know or believe that they are a beneficiary under a will of the patient;
 - do **not** know or believe that they may otherwise benefit financially or in any other material way from the death of the patient;
 - are **not** an owner, or responsible for management, of a health facility where the patient is being treated or lives; and
 - are **not** directly involved in providing health services or professional care services to the patient.

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Telephone number

Email address

Accreditation details (Practitioner Number)

Voluntary Assisted Dying Board

Consultation Referral Form

Completed by the medical practitioner receiving a Consultation Referral.

The medical practitioner completes this form after receiving a referral for a Consulting Assessment from the Coordinating Practitioner. A medical practitioner must refuse a Consultation Referral if they are not eligible to act as a Consulting Practitioner.

If a medical practitioner has a conscientious objection to voluntary assisted dying they must **immediately** inform the patient and Coordinating Practitioner that they refuse the Consultation Referral.

In other cases, the medical practitioner must inform the patient and Coordinating Practitioner within **2 business days** after receiving the referral.

In **all** cases the medical practitioner must:

1. complete this form; and
2. give a copy of it to the Voluntary Assisted Dying Board.



NB: on acceptance of a Consultation Referral the medical practitioner becomes the Consulting Practitioner for the patient, however cannot begin the Consulting Assessment until eligibility to act as a Consulting Practitioner has been confirmed (including successful completion of the approved training within the past 3 years).

A. Patient information

Unique patient ID (from VAD-IMS)

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Date of birth (DD/MM/YYYY)

Home address (line 1)

Home address (line 2)

Suburb

State Postcode

Is the patient's mailing address different to their home address? ☐ No ☐ Yes

If yes, please complete the fields over the page.

Mailing Address (line 1)

Mailing Address (line 2)

Suburb

State Postcode

Telephone number

Email address

B. Medical practitioner information

AHPRA Registration Number

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Work address (line 1)

Work address (line 2)

Suburb

State Postcode

Is your mailing address different to your work address?

☐ No

☐ Yes

If yes, please complete the fields below.

Mailing address (line 1)

Mailing address (line 2)

Suburb

State Postcode

Telephone number

Email address

C. Details of Consultation Referral

Date referral made (DD/MM/YYYY)

Date referral received (DD/MM/YYYY)

D. Outcome of Consultation Referral

I have decided to: ☐ Accept the Consultation Referral

☐ Refuse the Consultation Referral

If you are refusing the Consultation Referral, what is your reason?

☐ I conscientiously object to voluntary assisted dying

☐ I am unwilling to perform the duties of a Consulting Practitioner

☐ I am unable to perform the duties of a Consulting Practitioner
(e.g. due to unavailability or other reason)

☐ I am ineligible to act as a Consulting Practitioner
(Refer Appendix A for practitioner eligibility criteria)

Within 2 business days after receiving the referral, you must inform the patient and the Coordinating Practitioner of your decision to accept or refuse the Consultation Referral (unless refusal is because of conscientious objection in which case you must inform the patient and the Coordinating Practitioner immediately after receiving the referral).

Date patient informed of outcome (DD/MM/YYYY)

Date Coordinating Practitioner informed of outcome (DD/MM/YYYY)

E. Signature of medical practitioner

Signature

Date (DD/MM/YYYY)

Print name

Within 2 business days of making the decision to accept or refuse the referral for a Consulting Assessment you must:

1. complete this form; and
2. give a copy to the Voluntary Assisted Dying Board.

You must record the following details in the patient's medical record:

- The referral
- Your decision to accept or refuse the Consultation Referral
- If your decision is to refuse the referral, the reason for the refusal.

Voluntary Assisted Dying Board

Consultation Referral Form

Completed by the medical practitioner receiving a Consultation Referral.

Appendix A: Practitioner eligibility criteria

There are eligibility requirements for a practitioner to act in the role of Consulting Practitioner as per the *Voluntary Assisted Dying Act 2019* (the Act). These requirements are set out in section 17 of the Act (see extract below). The CEO requirements are outlined in Table 1.

Division 1 – Eligibility requirements for medical practitioners

17. Eligibility to act as coordinating practitioner or consulting practitioner

1. In this section –

general registration means general registration under the *Health Practitioner Regulation National Law (Western Australia)* in the medical profession;

limited registration means limited registration under the *Health Practitioner Regulation National Law (Western Australia)* in the medical profession;

provisional registration means provisional registration under the *Health Practitioner Regulation National Law (Western Australia)* in the medical profession;

specialist registration means specialist registration under the *Health Practitioner Regulation National Law (Western Australia)* in the medical profession in a recognised specialty.

2. A medical practitioner is eligible to act as a coordinating practitioner or consulting practitioner for a patient if –
 - a. the medical practitioner –
 - i. holds specialist registration, has practised the medical profession for at least 1 year as the holder of specialist registration and meets the requirements approved by the CEO for the purposes of this subparagraph; or
 - ii. holds general registration, has practised the medical profession for at least 10 years as the holder of general registration and meets the requirements approved by the CEO for the purposes of this subparagraph; or
 - iii. is an overseas-trained specialist who holds limited registration or provisional registration and meets the requirements approved by the CEO for the purposes of this subparagraph;and
 - b. the medical practitioner is not a family member of the patient; and
 - c. the medical practitioner does not know or believe that the practitioner –
 - i. is a beneficiary under a will of the patient; or
 - ii. may otherwise benefit financially or in any other material way from the death of the patient, other than by receiving reasonable fees for the provision of services as the coordinating practitioner or consulting practitioner for the patient.

Table 1

| Section 17(2)(a)(i) COORDINATING or CONSULTING PRACTITIONER (specialist medical practitioner) | |
|---|---|
| 1.1 | Medical practitioner must have clinically practised twice the minimum hours per registration period described in the Recency of Practice Registration Standard published by the Medical Board of Australia and this clinical practice must include patient assessment and clinical decision making. |
| 1.2 | Medical practitioner must not have any notations, conditions, undertakings or reprimands on their Australian Health Practitioner Regulation Authority (AHPRA) registration record which make the practitioner unsuitable for roles under the <i>Voluntary Assisted Dying Act 2019</i> as determined by the CEO. |
| 1.3 | The CEO must be satisfied as to the suitability of the medical practitioner for roles under the <i>Voluntary Assisted Dying Act 2019</i> on the basis of two professional referees provided by the medical practitioner. |
| Section 17(2)(a)(ii) COORDINATING or CONSULTING PRACTITIONER (generalist medical practitioner) | |
| 2.1 | Medical practitioner must have clinically practised twice the minimum hours per registration period described in the Recency of Practice Registration Standard published by the Medical Board of Australia and this clinical practice must include patient assessment and clinical decision making. |
| 2.2 | Medical practitioner must not have any notations, conditions, undertakings or reprimands on their Australian Health Practitioner Regulation Authority (AHPRA) registration record which make the practitioner unsuitable for roles under the <i>Voluntary Assisted Dying Act 2019</i> as determined by the CEO. |
| 2.3 | The CEO must be satisfied as to the suitability of the medical practitioner for roles under the <i>Voluntary Assisted Dying Act 2019</i> on the basis of two professional referees provided by the medical practitioner. |
| Section 17(2)(a)(iii) COORDINATING or CONSULTING PRACTITIONER (overseas trained specialist medical practitioner) | |
| 3.1 | Medical practitioner must be permitted by their registration to work in a gazetted area of need OR as a sponsored provider within a health service in Western Australia. |
| 3.2 | Medical practitioner must have undergone formal assessment by the relevant Australian college. |
| 3.3 | Medical practitioner must have at least 5 years of experience as a specialist. |
| 3.4 | Medical practitioner must have had their specialist pathway and supervision program approved by the relevant Australian college and must have completed at least 12 months working in a supervised position within Western Australia. |
| 3.5 | Medical practitioner must have clinically practised twice the minimum hours per registration period described in the Recency of Practice Registration Standard published by the Medical Board of Australia and this clinical practice must include patient assessment and clinical decision making. |
| 3.6 | Medical practitioner must not have any notations, conditions, undertakings or reprimands on their Australian Health Practitioner Regulation Authority (AHPRA) registration record which make the practitioner unsuitable for roles under the <i>Voluntary Assisted Dying Act 2019</i> as determined by the CEO. |
| 3.7 | The CEO must be satisfied as to the suitability of the medical practitioner for roles under the <i>Voluntary Assisted Dying Act 2019</i> on the basis of two professional referees provided by the medical practitioner. |

Voluntary Assisted Dying Board

Consulting Assessment Report Form

Completed by the Consulting Practitioner.

This form is only to be completed by a Consulting Practitioner who meets the eligibility criteria at section 17(2) and who has successfully completed the approved training within the last 3 years.

The Consulting Practitioner must assess and form their own opinions of the patient's eligibility for access to voluntary assisted dying, independently of the Coordinating Practitioner.

The Consulting Practitioner is to complete this form after completing the Consulting Assessment of the patient.

The WA Voluntary Assisted Dying Guidelines should be used as a guide for completing the Consulting Assessment.

As soon as practicable after completion of the Consulting Assessment the Consulting Practitioner must:

1. inform the patient and Coordinating Practitioner of the outcome of the Consulting Assessment; and
2. provide a copy of this form to the patient and Coordinating Practitioner.

Within **2 business days** after the completion of the Consulting Assessment the Consulting Practitioner must:

1. complete this form; and
2. give a copy of the completed form to the Voluntary Assisted Dying Board.

A. Patient information

Unique patient ID (from VAD-IMS)

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Date of birth (DD/MM/YYYY)

Home address (line 1)

Home address (line 2)

Suburb

State Postcode

Is the patient's mailing address different to their home address? ☐ No ☐ Yes

If yes, please complete the fields over the page.

Mailing Address (line 1)

Mailing Address (line 2)

Suburb

State Postcode

Telephone number

Email address

B. Consulting Practitioner information

Unique practitioner ID (from VAD-IMS)

AHPRA Registration Number

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Work address (line 1)

Work address (line 2)

Suburb

State Postcode

Is your mailing address different to your work address? ☐ No ☐ Yes

If yes, please complete the fields below.

Mailing address (line 1)

Mailing address (line 2)

Suburb

State Postcode

Telephone number

Email address

☐ I, _____, am eligible to act as a Consulting Practitioner for this patient in accordance with section 17(2) the *Voluntary Assisted Dying Act 2019*.

Consulting Practitioner Name

☐ I, _____, have successfully completed the approved training in accordance with section 36 of the *Voluntary Assisted Dying Act 2019* within the last 3 years.

Consulting Practitioner Name

C. Details of Consulting Assessment

Date First Request made (DD/MM/YYYY)

Date referral for Consulting Assessment made (DD/MM/YYYY)

Date referral for Consulting Assessment received (DD/MM/YYYY)

In relation to the eligibility criteria, I have decided that the patient:

| | |
|---|--|
| 1. Has reached 18 years of age | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is an Australian citizen or permanent resident | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. At the time of making the First Request has been ordinarily resident in Western Australia for a period of at least 12 months | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Has been diagnosed with at least one (1) disease, illness or medical condition that: <ul style="list-style-type: none">• Is advanced, progressive and will cause death• Will, on the balance of probabilities, cause death within a period of six (6) months OR in the case of a neurodegenerative disease, illness or medical condition, within a period of 12 months• Is causing suffering to the patient that cannot be relieved in a manner that the patient considers tolerable | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Has decision-making capacity in relation to voluntary assisted dying | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Is acting voluntarily and without coercion | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Has made a request for access to voluntary assisted dying that is enduring | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Does the patient meet **all** of the eligibility criteria above? ☐ Yes ☐ No

Please provide details of patient diagnosis (disease, illness or medical condition):

Primary diagnosis

Secondary diagnosis(es)

Additional commentary

D. Referral for determination

I referred the patient to another registered health practitioner or person for determination:

- ☐ No (Go to Part E)
- ☐ Yes (please complete Appendix A for each referral made)

E. Palliative care and treatment options

What palliative care options are currently available to the patient, and what are the likely outcomes of these options?

What treatment options are currently available to the patient, and what are the likely outcomes of these options?

F. Communication during Consulting Assessment

Was the patient assisted by an interpreter during the Consulting Assessment?

- ☐ No
☐ Yes

If yes, please complete the Interpreter information below.

Interpreter information (IF APPLICABLE):

What type of interpreter service was required for the patient?

- ☐ Spoken language other than English
☐ Non-spoken communication (e.g. AUSLAN)



Note: Interpreters must meet **all** of the criteria below to be an interpreter for this patient under the Act.

- ☐ The interpreter has advised me that they:
- are accredited with the National Accreditation Authority for Translators and Interpreters (NAATI);
 - are **not** a family member of the patient;
 - do **not** know or believe that they are a beneficiary under a will of the patient;
 - do **not** know or believe that they may otherwise benefit financially or in any other material way from the death of the patient;
 - are **not** an owner, or responsible for management, of a health facility where the patient is being treated or lives; and
 - are **not** directly involved in providing health services or professional care services to the patient.

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Telephone number

Email address

Accreditation details (Practitioner Number)

G. Outcome of Consulting Assessment – Eligibility criteria component

Does the patient meet all of the eligibility criteria in Part C?

- ☐ No (The patient is **not** eligible for access to voluntary assisted dying. Go to Part I)
☐ Yes (Go to Part H)

H. Information to be provided if patient assessed as meeting eligibility criteria component

If the patient meets the eligibility criteria in Part C you must inform them about certain matters as in section 27 of the *Voluntary Assisted Dying Act 2019* (refer to checklist in Appendix B).

☐ I am satisfied that the patient understands the information provided.

Did you engage an interpreter to communicate this information to the patient?

☐ No

☐ Yes

If yes, was the same interpreter used as during the Consulting Assessment (whose details appear at Part F)?

☐ Yes

☐ No (please complete Appendix C)

I. Outcome of Consulting Assessment

The Consulting Practitioner must assess the patient as eligible for access to voluntary assisted dying if the Consulting Practitioner is satisfied that:

1. The patient meets all of the eligibility criteria in Part C; and
2. The patient understands the information required to be provided under section 27(1).

If the Consulting Practitioner is not satisfied as to any matter at (1) or (2) then the Consulting Practitioner must assess the patient as ineligible for access to voluntary assisted dying.

I assess that the patient is: ☐ Eligible for access to voluntary assisted dying
☐ Not eligible for access to voluntary assisted dying

Date of Consulting Assessment completion (DD/MM/YYYY)

Date patient informed of Consulting Assessment outcome (DD/MM/YYYY)

Date Coordinating Practitioner informed of Consulting Assessment outcome (DD/MM/YYYY)

J. Signature of Consulting Practitioner

Signature

Date (DD/MM/YYYY)

Print name

Within 2 business days of completing the Consulting Assessment, you must:

1. complete this form; and
2. give a copy of it to the Voluntary Assisted Dying Board.

As soon as practicable after completing the Consulting Assessment Report Form you must give a copy:

1. to the patient; and
2. to the Coordinating Practitioner.

K. Information for patient on reviewable decisions

If the patient disagrees with a decision that the Consulting Practitioner has made during the Consulting Assessment they (or an eligible applicant as defined under section 83 of the *Voluntary Assisted Dying Act 2019*) can apply to the State Administrative Tribunal for review of **some** specific decisions. These include:

- whether or not they have been ordinarily resident in Western Australia for at least 12 months at time of the First Request; or
- whether or not they have decision-making capacity in relation to voluntary assisted dying; or
- whether or not they are acting voluntarily and without coercion.

For more information please visit the State Administrative Tribunal website <https://sat.justice.wa.gov.au/> for details on the application process.

Consulting Assessment Report Form

Completed by the Consulting Practitioner.

Appendix A: Referral for determination

Appendix A needs to be completed for **each** referral for determination that has been made. Additional copies of Appendix A can be made where more than one referral for determination has been made.

If the Consulting Practitioner is unable to make the determination themselves, in accordance with section 37 (refer to the WA Voluntary Assisted Dying Guidelines for further information), the Consulting Practitioner must refer the patient to a registered health practitioner or another person, as the case requires, who has the appropriate skills and training to make a determination in relation to the matter.

Where the Consulting Practitioner has made a referral for determination, the Consulting Practitioner may (but is not compelled to) adopt the determination of the practitioner or person to whom they have made the referral, in relation to the matter that was referred.

Copies of completed Appendix A(s), including any reports provided by the registered health practitioner or another person (as the case requires), must be given to the Voluntary Assisted Dying Board as part of the completed Consulting Assessment Report Form.

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, _____, have been advised by the registered health
Consulting Practitioner Name

practitioner to whom I have made a referral, that they are eligible to accept the referral for determination as detailed in section 37(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.

Referral regarding decision-making capacity in relation to voluntary assisted dying

I made a referral to a registered health practitioner with the appropriate skills and training in relation to whether the patient has decision-making capacity in relation to voluntary assisted dying:

- ☐ No
- ☐ Yes

If yes, the outcome of this referral was:

- ☐ A determination that the patient has decision-making capacity in relation to voluntary assisted dying
- ☐ A determination that the patient **does not** have decision-making capacity in relation to voluntary assisted dying
- ☐ A determination was not able to be made

☐ I, _____, have been advised by the registered health practitioner to whom I have made a referral, that they are eligible to accept the referral for determination as detailed in section 37(5) of the *Voluntary Assisted Dying Act 2019*.

Consulting Practitioner Name

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

Referral regarding voluntariness and/or coercion

I made a referral to another person with appropriate skills and training in relation to whether the patient is acting voluntarily and without coercion:

- ☐ No
- ☐ Yes

If yes, the outcome of this referral was:

- ☐ A determination that the patient is acting voluntarily and without coercion
- ☐ A determination that the patient is **not** acting voluntarily and without coercion
- ☐ A determination was not able to be made

☐ I, _____, 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 37(5) of the *Voluntary Assisted Dying Act 2019*.

Consulting Practitioner Name

☐ I have attached copies of any reports given by a person to whom I have made a referral regarding this referral for determination.

Consulting Assessment Report Form

Completed by the Consulting Practitioner.

Appendix B: Information to be provided to the patient if assessed as meeting eligibility criteria

The *Voluntary Assisted Dying Act 2019* requires certain information to be provided to a patient if they are assessed as eligible by the Consulting Practitioner.

This checklist is provided as a tool to aid practitioners in meeting these requirements.

| Information to be provided by Consulting Practitioner | |
|---|--|
| <input type="checkbox"/> | a. The person's diagnosis and prognosis |
| <input type="checkbox"/> | b. The treatment options available to the person and the likely outcomes of that treatment |
| <input type="checkbox"/> | c. The palliative care and treatment options available to the person and the likely outcomes of that care and treatment |
| <input type="checkbox"/> | d. The potential risks of self-administering or being administered the voluntary assisted dying substance likely to be prescribed under this Act for the purposes of causing the person's death |
| <input type="checkbox"/> | e. The expected outcome of self-administering or being administered the substance referred to in paragraph (d) is death |
| <input type="checkbox"/> | f. The method by which the substance referred to in paragraph (d) is likely to be self-administered or administered |
| <input type="checkbox"/> | g. The request and assessment process, including the requirement for a Written Declaration signed in the presence of two (2) witnesses |
| <input type="checkbox"/> | h. That if the person makes a self-administration decision, they must appoint a Contact Person |
| <input type="checkbox"/> | i. That the person may decide at any time not to continue the request and assessment process or not to access voluntary assisted dying |
| <input type="checkbox"/> | j. That if the person is receiving ongoing health services from a medical practitioner other than the Coordinating Practitioner, the person is encouraged to inform the medical practitioner of their request for access to voluntary assisted dying |

Consulting Assessment Report Form

Completed by the Consulting Practitioner.

Appendix C: Interpreter information

Appendix C needs to be completed where:

- an interpreter was engaged to communicate the information under Part H of this form; and
- this interpreter was different to that used during the Consulting Assessment (whose details are listed at Part F of this form).

Copies of completed Appendix C must be given to the Voluntary Assisted Dying Board with the completed Consulting Assessment Report Form.

What type of interpreter service was required?

- ☐ Spoken language other than English
- ☐ Non-spoken communication (e.g. AUSLAN)



Note: Interpreters must meet **all** of the criteria below to be an interpreter for this patient under the Act.

- ☐ The interpreter has confirmed to me that they:
- are accredited with the National Accreditation Authority for Translators and Interpreters (NAATI);
 - are **not** a family member of the patient;
 - do **not** know or believe that they are a beneficiary under a will of the patient;
 - do **not** know or believe that they may otherwise benefit financially or in any other material way from the death of the patient;
 - are **not** an owner, or responsible for management, of a health facility where the patient is being treated or lives; and
 - are **not** directly involved in providing health services or professional care services to the patient.

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Telephone number

Email address

Accreditation details (Practitioner Number)

Voluntary Assisted Dying Board

Written Declaration

Completed by the patient, 2 eligible witnesses and, if relevant, an interpreter.

This Written Declaration may be completed by the patient after they have been assessed as eligible for access to voluntary assisted dying by both the Coordinating Practitioner and the Consulting Practitioner.

The patient (or another person on the patient's behalf) must sign this Written Declaration in the presence of two eligible witnesses (refer to part D to see if you are an eligible witness). Part D must be completed by the first witness. Part E must be completed by the second witness.

If the patient gives their Coordinating Practitioner a Written Declaration, within **2 business days** of receiving it the Coordinating Practitioner must give a copy to the Voluntary Assisted Dying Board.

A. Patient information

| | | | | | | | |
|--|-----------------------------|------------------------------|-----------------------------|-------------------------------|-----------------------------|---|----------------------|
| Unique patient ID (from VAD-IMS) | <input type="text"/> | | | | | | |
| Title | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Ms | <input type="checkbox"/> Miss | <input type="checkbox"/> Dr | <input type="checkbox"/> Other (please specify) | <input type="text"/> |
| Family name | <input type="text"/> | | | | | | |
| Given name | <input type="text"/> | | | | | | |
| Other given name(s) | <input type="text"/> | | | | | | |
| Date of birth (DD/MM/YYYY) | <input type="text"/> | | | | | | |
| Home address (line 1) | <input type="text"/> | | | | | | |
| Home address (line 2) | <input type="text"/> | | | | | | |
| Suburb | <input type="text"/> | | | | | | |
| State | <input type="text"/> | | | | Postcode | <input type="text"/> | |
| Is your mailing address different to your home address? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | | | |
| If yes, please complete the fields below. | | | | | | | |
| Mailing Address (line 1) | <input type="text"/> | | | | | | |
| Mailing Address (line 2) | <input type="text"/> | | | | | | |
| Suburb | <input type="text"/> | | | | | | |
| State | <input type="text"/> | | | | Postcode | <input type="text"/> | |
| Telephone number | <input type="text"/> | | | | | | |
| Email address | <input type="text"/> | | | | | | |

B. Coordinating Practitioner information

Unique practitioner ID (from VAD-IMS)

AHPRA Registration Number

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Work address (line 1)

Work address (line 2)

Suburb

State Postcode

Is the Coordinating Practitioner's mailing address different to their work address? ☐ No ☐ Yes

If yes, please complete the fields below.

Mailing address (line 1)

Mailing address (line 2)

Suburb

State Postcode

Telephone number

Email address

C. Patient Declaration

☐ I, Patient Name, declare that I make this request for access to voluntary assisted dying voluntarily and without coercion and I understand its nature and effect.

Signature of patient Date (DD/MM/YYYY)
(in the presence of two eligible witnesses)

If the patient is unable to sign the Declaration, the section below applies

Another person can sign this Declaration on the patient's behalf, in the presence of the patient and the two eligible witnesses, if:

- the patient is unable to sign this Declaration themselves; and
- the patient has expressly directed the person to sign the Declaration; and
- the person is not either of the witnesses to this Declaration or the Coordinating or Consulting Practitioner for the patient; and
- the person has reached 18 years of age.

Name of person (print name)

Signature of person

Date (DD/MM/YYYY)

(in the presence of the patient and two eligible witnesses)

D. Certification of witnesses to signing of Written Declaration

A person is an “**ineligible** witness” if they:

- are under 18 years of age;
- know or believe that they are a beneficiary under a will of the patient;
- know or believe that they may otherwise benefit financially or in any other material way from the death of the patient;
- are a family member of the patient; and
- are the Coordinating or Consulting Practitioner for the patient.

First witness

☐ I, Witness Name, am not knowingly an ineligible witness and certify that in my presence, and in the presence of the second witness, Patient Name appeared to freely and voluntarily sign this Declaration.

OR if patient directs another person to sign on their behalf:

☐ I, Witness Name, am not knowingly an ineligible witness and certify that in my presence, Patient Name appeared to freely and voluntarily direct Other Person Name to sign this Declaration and Other Person Name signed this Declaration in the presence of Patient Name, myself and the second witness.

Signature of first witness

Date (DD/MM/YYYY)

E. Second witness

☐ I, _____, am not knowingly an ineligible witness and certify that in my
presence, and in the presence of the first witness, _____ appeared to
freely and voluntarily sign this Declaration.

Witness Name

Patient Name

OR if patient directs another person to sign on their behalf:

☐ I, _____, am not knowingly an ineligible witness and certify that in my
presence, _____ appeared to freely and voluntarily direct
_____ to sign this Declaration and
_____ signed this Declaration in the presence of
_____, myself and the first witness.

Witness Name

Patient Name

Other Person Name

Other Person Name

Patient Name

Signature of second witness

Date (DD/MM/YYYY)

F. Communication

Did you make the Written Declaration with the assistance of an interpreter?

☐ No

☐ Yes

If yes, please complete the Interpreter information below.

Interpreter information (IF APPLICABLE)

What type of interpreter service was required?

☐ Spoken language other than English

☐ Non-spoken communication (e.g. AUSLAN)

Title

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Telephone number

Email address

Accreditation details (Practitioner Number)

☐ I, _____, certify that I have provided a true and correct translation of
Interpreter Name
the material translated to assist _____ to make this Declaration.
Patient Name



Note: You must meet **all** of the criteria below to be an interpreter for this patient under the Act.

☐ I, _____, certify that I:
Interpreter Name

- am accredited with the National Accreditation Authority for Translators and Interpreters (NAATI);
- am **not** a family member of the patient;
- do **not** know or believe that I am a beneficiary under a will of the patient;
- do **not** know or believe that I may otherwise benefit financially or in any other material way from the death of the patient;
- am **not** an owner, or responsible for management, of a health facility where the patient is being treated or lives; and
- am **not** directly involved in providing health services or professional care services to the patient.

Signature of interpreter

Date (DD/MM/YYYY)

For stamp

Next steps

Please give this Written Declaration to the Coordinating Practitioner.

Coordinating Practitioner next steps

The Coordinating Practitioner must record the following details in the patient's medical record:

- The date when the Written Declaration was made
- The date when the Written Declaration was received by the Coordinating Practitioner

Within **2 business days** after receiving this Written Declaration the Coordinating Practitioner must give a copy to the Voluntary Assisted Dying Board.

Voluntary Assisted Dying Board

Final Request Form

Completed by the Coordinating Practitioner.

This form is only to be completed:

- after the patient has made a Written Declaration requesting access to voluntary assisted dying;
- by the eligible Coordinating Practitioner who has successfully completed the approved training within the last 3 years;
- after the patient has made a Final Request for access to voluntary assisted dying.

Within **2 business days** after receiving a Final Request the Coordinating Practitioner must:

- complete this form; and
- give a copy of it to the Voluntary Assisted Dying Board.

A. Patient information

Unique patient ID (from VAD-IMS)

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Date of birth (DD/MM/YYYY)

Home address (line 1)

Home address (line 2)

Suburb

State Postcode

Is the patient's mailing address different to their home address? ☐ No ☐ Yes

If yes, please complete the fields below.

Mailing address (line 1)

Mailing address (line 2)

Suburb

State Postcode

Telephone number

Email address

B. Coordinating Practitioner information

Unique practitioner ID (from VAD-IMS)

AHPRA Registration Number

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Work address (line 1)

Work address (line 2)

Suburb

State Postcode

Is your mailing address different to your work address?

☐ No

☐ Yes

If yes, please complete the fields below.

Mailing address (line 1)

Mailing address (line 2)

Suburb

State Postcode

Telephone number

Email address

C. Communication

The Final Request was made:

- ☐ In person
- ☐ Via audiovisual communication*
- ☐ Confirm not practicable for Final Request to be made in person
(*to be used **only** where it is not practicable for the Final Request to be made in person)
- ☐ In a clear and unambiguous manner

Please indicate the method of communication the patient used to make the Final Request:

- ☐ Spoken language
- ☐ Sign language (AUSLAN)
- ☐ Augmentative and alternative communication
- ☐ Other effective non-spoken communication

Was the patient assisted by an interpreter when making the Final Request?

- ☐ No
- ☐ Yes

If yes, please complete the Interpreter information below.

Interpreter information (IF APPLICABLE)

What type of interpreter service was required for the patient?

- ☐ Spoken language other than English
- ☐ Non-spoken communication (e.g. AUSLAN)



Note: Interpreters must meet **all** of the criteria below to be an interpreter for this patient under the Act.

- ☐ The interpreter has confirmed to me that they:
 - are accredited with the National Accreditation Authority for Translators and Interpreters (NAATI);
 - are **not** a family member of the patient;
 - do **not** know or believe that they are a beneficiary under a will of the patient;
 - do **not** know or believe that they may otherwise benefit financially or in any other material way from the death of the patient;
 - are **not** an owner, or responsible for management, of a health facility where the patient is being treated or lives; and
 - are **not** directly involved in providing health services or professional care services to the patient.

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Telephone number

Email address

Accreditation details (Practitioner Number)

D. Details of Final Request

Date First Request made (DD/MM/YYYY)

Date Final Request made (DD/MM/YYYY)

“Designated period” means the period of 9 days beginning on the day on which the patient made the First Request. The Final Request cannot be made before the end of the designated period, except as follows.

The Final Request can be made before the end of the designated period (but no sooner than the day after the Consulting Assessment in which the patient was assessed as eligible for access to voluntary assisted dying) if in your opinion the patient is likely to die or lose decision-making capacity in relation to voluntary assisted dying before the end of the designated period and this opinion is consistent with that of the Consulting Practitioner.

If the Final Request was made before the end of the designated period, what was the reason?

- ☐ in my opinion, the patient is likely to die before the end of the designated period; or
- ☐ in my opinion, the patient is likely to lose decision-making capacity in relation to voluntary assisted dying before the end of the designated period.

I have conferred with the Consulting Practitioner in relation to the above reason(s), and:

- ☐ my opinion **IS** consistent with that of the Consulting Practitioner
- ☐ my opinion **IS NOT** consistent with that of the Consulting Practitioner. If this is the case, **the Final Request cannot be made until the end of the designated period.**

E. Signature of Coordinating Practitioner

Signature

Date (DD/MM/YYYY)

Print name

Within 2 business days of receiving a Final Request you must:

- 1. complete this form; and**
- 2. give a copy to the Voluntary Assisted Dying Board.**

You must record the following details in the patient's medical record:

- The date when the Final Request was made.
- If the Final Request was made before the end of the designated period, the reason for it being made before the end of that period.

Voluntary Assisted Dying Board

Final Review Form

Completed by the Coordinating Practitioner.

This form is only to be completed by the eligible Coordinating Practitioner who has successfully completed the approved training within the last 3 years.

Once the Coordinating Practitioner has received a Final Request to access voluntary assisted dying from the patient, the Coordinating Practitioner must conduct a Final Review.

The Coordinating Practitioner must complete this form after they have conducted the Final Review.

Within **2 business days** after completing the Final Review Form the Coordinating Practitioner must give a copy to the Voluntary Assisted Dying Board.

A. Patient information

Unique patient ID (from VAD-IMS)

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Date of birth (DD/MM/YYYY)

Home address (line 1)

Home address (line 2)

Suburb

State Postcode

Is the patient's mailing address different to their home address?

☐ No
☐ Yes

If yes, please complete the fields below.

Mailing address (line 1)

Mailing address (line 2)

Suburb

State Postcode

Telephone number

Email address

B. Coordinating Practitioner information

Unique practitioner ID (from VAD-IMS)

AHPRA Registration Number

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Work address (line 1)

Work address (line 2)

Suburb

State Postcode

Is your mailing address different to your work address?

- ☐ No
- ☐ Yes

If yes, please complete the fields below.

Mailing address (line 1)

Mailing address (line 2)

Suburb

State Postcode

Telephone number

Email address

C. Communication

Was the patient assisted by an interpreter?

- ☐ No
☐ Yes

If yes, please complete the Interpreter information below.

Interpreter information (IF APPLICABLE)

What type of interpreter service was required for the patient?

- ☐ Spoken language other than English
☐ Non-spoken communication (e.g. AUSLAN)



Note: Interpreters must meet **all** of the criteria below to be an interpreter for this patient under the Act.

- ☐ The interpreter has confirmed to me that they:
- are accredited with the National Accreditation Authority for Translators and Interpreters (NAATI);
 - are **not** a family member of the patient;
 - do **not** know or believe that they are a beneficiary under a will of the patient;
 - do **not** know or believe that they may otherwise benefit financially or in any other material way from the death of the patient;
 - are **not** an owner, or responsible for management, of a health facility where the patient is being treated or lives; and
 - are **not** directly involved in providing health services or professional care services to the patient.

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Telephone number

Email address

Accreditation details (Practitioner Number)

D. Details of Final Review

I, _____,
Coordinating Practitioner Name

☐ have reviewed, in respect of _____ :
Patient Name

- ☐ the First Assessment Report Form,
- ☐ all Consulting Assessment Report Forms, and
- ☐ the Written Declaration;

☐ in conducting this Final Review, have had regard to any decision made by the State Administrative Tribunal in respect of a decision made in the voluntary assisted dying request and assessment process;

☐ certify that the voluntary assisted dying request and assessment process for
_____ has been completed in accordance with the *Voluntary*
Patient Name
*Assisted Dying Act 2019**;

☐ certify that I am satisfied that _____ has decision-making capacity
Patient Name
in relation to voluntary assisted dying;

☐ certify that I am satisfied that in requesting access to voluntary assisted dying,
_____ is acting voluntarily and without coercion;
Patient Name

☐ certify that I am satisfied that _____'s request to access voluntary
Patient Name
assisted dying is enduring.

If you cannot certify any of the above matters, the request for access to voluntary assisted dying cannot proceed.

*The validity of the request and assessment process is not affected by any minor or technical error in this form or the forms reviewed as part of this Final Review. Please see the WA Voluntary Assisted Dying Guidelines for guidance on what might be considered a 'minor or technical error'.

E. Signature of Coordinating Practitioner

Signature

Date (DD/MM/YYYY)

Print name

Within 2 business days of completing the Final Review Form you must give a copy to the Voluntary Assisted Dying Board.

Administration Decision and Prescription Form

Completed by the Coordinating Practitioner.

This form is only to be completed by the Coordinating Practitioner who meets the eligibility criteria at section 17(2) and who has successfully completed the approved training within the last 3 years.

The Coordinating Practitioner is to complete this form after prescribing a voluntary assisted dying substance for a patient.

Within **2 business days** of prescribing a voluntary assisted dying substance for the patient the Coordinating Practitioner must:

1. complete this form;
2. give a copy of the form to the Voluntary Assisted Dying Board; and
3. if the patient has made a self-administration decision, give a copy of the patient's Contact Person Appointment Form to the Voluntary Assisted Dying Board.

A. Patient information

Unique patient ID (from VAD-IMS)

Title

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Date of birth (DD/MM/YYYY)

Home address (line 1)

Home address (line 2)

Suburb

State

Postcode

Is the patient's mailing address different to their home address?

☐ No
☐ Yes

If yes, please complete the fields below.

Mailing address (line 1)

Mailing address (line 2)

Suburb

State Postcode

Telephone number

Email address

B. Coordinating Practitioner information

Unique supplier ID (from VAD-IMS)

AHPRA Registration Number

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Work address (line 1)

Work address (line 2)

Suburb

State Postcode

Is your mailing address different to your work address?

☐ No ☐ Yes

If yes, please complete the fields below.

Mailing address (line 1)

Mailing address (line 2)

Suburb

State Postcode

Telephone number

Email address

C. Communication

The administration decision was made:

- ☐ In person
- ☐ Via audiovisual communication*
 - ☐ Confirm not practicable for administration decision to be made in person
(*to be used **only** where it is not practicable for the administration decision to be made in person)
- ☐ In a clear and unambiguous manner

Please indicate the method of communication the person used to make the administration decision:

- ☐ Spoken language
- ☐ Sign language (AUSLAN)
- ☐ Augmentative and alternative communication
- ☐ Other effective non-spoken communication

Was the patient assisted by an interpreter when making the administration decision?

- ☐ No
- ☐ Yes

If yes, please complete the Interpreter information below.

Interpreter information (IF APPLICABLE)

What type of interpreter service was required for the patient?

- ☐ Spoken language other than English
- ☐ Non-spoken communication (e.g. AUSLAN)



Note: Interpreters must meet **all** of the criteria below to be an interpreter for this patient under the Act.

- ☐ The interpreter has confirmed to me that they:
 - are accredited with the National Accreditation Authority for Translators and Interpreters (NAATI);
 - are **not** a family member of the patient;
 - do **not** know or believe that they are a beneficiary under a will of the patient;
 - do **not** know or believe that they may otherwise benefit financially or in any other material way from the death of the patient;
 - are **not** an owner, or responsible for management, of a health facility where the patient is being treated or lives; and
 - are **not** directly involved in providing health services or professional care services to the patient.

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Telephone number

Email address

Accreditation details (Practitioner Number)

D. Administration decision

The patient has made a:

- ☐ Self-administration decision
- ☐ Practitioner administration decision

I have advised the patient that self-administration is inappropriate having regard to (select all that are applicable):

- ☐ the ability of the patient to self-administer the substance
- ☐ the patient's concerns about self-administering the substance
- ☐ the method for administering the substance that is suitable for the patient.

Date administration decision was made (DD/MM/YYYY)

E. Prescription related actions

Self-administration decision

- ☐ I have informed the patient, in writing, of the information required by section 69(2) of the *Voluntary Assisted Dying Act 2019* prior to prescribing the voluntary assisted dying substance.
- ☐ The patient has provided me with a copy of the Contact Person Appointment Form.

Or

Practitioner administration decision

- ☐ I have informed the patient, in writing, of the information required by section 69(3) of the *Voluntary Assisted Dying Act 2019* prior to prescribing the voluntary assisted dying substance.

Date prescription for voluntary assisted dying substance issued (DD/MM/YYYY)

- ☐ The substance/s for Protocol 1 were prescribed
- ☐ The substance/s for Protocol 2 were prescribed
- ☐ The substance/s for Protocol 3 were prescribed
- ☐ The substance/s for Protocol 4 were prescribed
- ☐ The substance/s for Protocol 5 were prescribed
- ☐ The substance/s for Protocol 5a were prescribed
- ☐ The substance/s for Protocol 5b were prescribed
- ☐ The substance/s for Protocol 5c were prescribed

F. Signature of Coordinating Practitioner

Signature

Date (DD/MM/YYYY)

Print name

Within 2 business days of prescribing a voluntary assisted dying substance for the patient you must:

- 1. complete this form;**
- 2. give a copy to the Voluntary Assisted Dying Board; and**
- 3. if the patient has made a self-administration decision, give a copy of the patient's Contact Person Appointment Form to the Voluntary Assisted Dying Board.**

You must record the following details in the patient's medical record:

- The administration decision.

Voluntary Assisted Dying Board

Contact Person Appointment Form

Completed by the patient and appointed Contact Person.

This form (except for Part E) is to be completed by the patient who has made a self-administration decision in relation to voluntary assisted dying. If the patient is unable to complete the form they may direct another person to complete it on their behalf.

The patient must appoint a Contact Person, with that person's consent to their appointment indicated by their signature at Part E of this form.

The Contact Person must be 18 years or older to act as the Contact Person. The Contact Person may be the Coordinating Practitioner, the Consulting Practitioner, a registered health practitioner or another person.

The Contact Person will be sent detailed information about their obligations as Contact Person by the Voluntary Assisted Dying Board.

The patient or Contact Person must give the form to the Coordinating Practitioner.

If the Coordinating Practitioner is given a Contact Person Appointment Form, they must give a copy to the Voluntary Assisted Dying Board within **2 business days** after receiving it.

A. Patient information

Unique patient ID (from VAD-IMS)

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Date of birth (DD/MM/YYYY)

Home address (line 1)

Home address (line 2)

Suburb

State Postcode

Is your mailing address different to your home address?

☐ No

☐ Yes

If yes, please complete the fields below.

Mailing address (line 1)

Mailing address (line 2)

Suburb

State Postcode

Telephone number

Email address

B. Coordinating Practitioner information

Unique practitioner ID (from VAD-IMS)

AHPRA Registration Number

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☒ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Work address (line 1)

Work address (line 2)

Suburb

State Postcode

Is the Coordinating Practitioner's mailing address different to their work address? ☐ No ☐ Yes

If yes, please complete the fields below.

Mailing address (line 1)

Mailing address (line 2)

Suburb

State Postcode

Telephone number

Email address

C. Contact Person information

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Date of birth (DD/MM/YYYY)

Home address (line 1)

Home address (line 2)

Suburb

State Postcode

Is the Contact Person's mailing address different to their home address? ☐ No ☐ Yes

If yes, please complete the fields below.

Mailing address (line 1)

Mailing address (line 2)

Suburb

State Postcode

Telephone number

Email address

D. Communication

Did you make the appointment of the Contact Person with the assistance of an interpreter?

- ☐ No
☐ Yes

If yes, please complete the Interpreter information below.

Interpreter information (IF APPLICABLE)

What type of interpreter service was required?

- ☐ Spoken language other than English
☐ Non-spoken communication (e.g. AUSLAN)



Note: Interpreters must meet **all** of the criteria below to be an interpreter for this patient under the Act.

- ☐ The interpreter has confirmed to me that they:
- are accredited with the National Accreditation Authority for Translators and Interpreters (NAATI);
 - are **not** a family member of the patient;
 - do **not** know or believe that they are a beneficiary under a will of the patient;
 - do **not** know or believe that they may otherwise benefit financially or in any other material way from the death of the patient;
 - are **not** an owner, or responsible for management, of a health facility where the patient is being treated or lives; and
 - are **not** directly involved in providing health services or professional care services to the patient.

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Telephone number

Email address

Accreditation details (Practitioner Number)

E. Statement of Contact Person

☐ I, consent to my appointment as Contact Person for

Contact Person Name

Patient Name

☐ I understand the requirements of my role under the *Voluntary Assisted Dying Act 2019*, including:

- the requirements under section 105 to give the prescribed substance, or any unused or remaining prescribed substance, to an Authorised Disposer, and that penalties apply for non-compliance with these requirements; and
- the requirements under section 67(2) to inform the patient's Coordinating Practitioner if the patient dies, whether as a result of self-administering the prescribed substance or from some other cause.

☐ I consent

OR

☐ I do not consent

- to the Voluntary Assisted Dying Board contacting me to advise that the prescribed voluntary assisted dying substance for the patient has been supplied to a person other than me.

Signature Date (DD/MM/YYYY)

F. Consent statement and signature of patient

I, _____ have appointed _____
Patient Name Contact Person Name
as my Contact Person.

I, _____
Patient Name

☐ consent

OR

☐ do not consent

- to the Voluntary Assisted Dying Board informing _____ that the
Contact Person Name
prescribed voluntary assisted dying substance has been supplied for me.

Signature of patient

Date (DD/MM/YYYY)

If the patient is unable to sign, the section below applies

Another person can complete this form on the patient's behalf if:

- the patient is unable to complete this form themselves; and
- the patient has directed the person to complete this form; and
- the person has reached 18 years of age; and
- the person signs the form in the presence of the patient.

Name of person (print name)

Signature of person

Date (DD/MM/YYYY)

(in the presence of the patient)

Next steps

This form must be given to the Coordinating Practitioner by the patient or the Contact Person.

Coordinating Practitioner next steps

Within **2 business days** after receiving this Contact Person Appointment Form the Coordinating Practitioner must give a copy to the Voluntary Assisted Dying Board.

Voluntary Assisted Dying Board

Authorised Supply Form

Completed by the Authorised Supplier.

This form is only to be completed by an Authorised Supplier, as defined in sections 79(1) and 79(2) of the *Voluntary Assisted Dying Act 2019*.

This form is to be completed **immediately** after supplying the voluntary assisted dying substance.

Within **2 business days** after supplying the prescribed substance the Authorised Supplier must give a copy of it to the Voluntary Assisted Dying Board.

A. Patient information

Unique patient ID (from VAD-IMS)

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Date of birth (DD/MM/YYYY)

Home address (line 1)

Home address (line 2)

Suburb

State Postcode

Is the patient's mailing address different to their home address? ☐ No ☐ Yes

If yes, please complete the fields below.

Mailing address (line 1)

Mailing address (line 2)

Suburb

State Postcode

Telephone number

Email address

B. Authorised Supplier information

Unique supplier ID (from VAD-IMS)

AHPRA Registration Number

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Work address (line 1)

Work address (line 2)

Suburb

State Postcode

Is your mailing address different to your work address? ☐ No ☐ Yes

If yes, please complete the fields below.

Mailing address (line 1)

Mailing address (line 2)

Suburb

State Postcode

Telephone number

Email address

C. Details of Authorised Supply

☐ The prescribed substance/s for Protocol 1 were supplied

☐ The prescribed substance/s for Protocol 2 were supplied

☐ The prescribed substance/s for Protocol 3 were supplied

☐ The prescribed substance/s for Protocol 4 were supplied

☐ The prescribed substance/s for Protocol 5 were supplied

☐ The prescribed substance/s for Protocol 5a were supplied

☐ The prescribed substance/s for Protocol 5b were supplied

☐ The prescribed substance/s for Protocol 5c were supplied

Date substance was supplied (DD/MM/YYYY)

Person to whom the voluntary assisted dying substance was supplied

The patient has made a:

- ☐ Self-administration decision

Person to whom the substance was supplied:

- ☐ Patient
☐ Contact person for the patient
☐ Agent for the patient

- ☐ Practitioner administration decision

Person to whom the substance was supplied:

- ☐ Administering Practitioner for the patient

Details of the person to whom the substance was supplied

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Home/Work address (line 1)

Home/Work address (line 2)

Suburb

State Postcode

Is the person's mailing address different to their home/work address? ☐ No ☐ Yes

If yes, please complete the fields below.

Mailing address (line 1)

Mailing address (line 2)

Suburb

State Postcode

Telephone number

Email address

AHPRA Registration Number (for Registered Health Practitioners only)

D. Certifying statements and signature of Authorised Supplier

☐ I, _____, certify that the prescribed substance was supplied.
Authorised Supplier Name

☐ I, _____, certify that the requirements under section 73
Authorised Supplier Name
(Labelling requirements for a voluntary assisted dying substance) of the *Voluntary Assisted Dying Act 2019*
have been complied with.

When the patient has made a self-administration decision:

☐ I, _____, certify that the requirements under section 72
Authorised Supplier Name
(Information to be given when supplying a voluntary assisted dying substance) of the *Voluntary Assisted Dying Act 2019* have been complied with.

Signature

Date (DD/MM/YYYY)

Print name

On supply of the prescribed substance, you must:

- 1. Immediately complete this form; and,**
- 2. Within two business days, give a copy to the Voluntary Assisted Dying Board.**

Voluntary Assisted Dying Board

Practitioner Administration Form

Completed by the Administering Practitioner.

This form (except Part C) is only to be completed by the Administering Practitioner who administers the voluntary assisted dying substance to the patient.

An eligible witness must witness administration of the substance to the patient. This person must complete Part C of this form.

Within **2 business days** after administration of the prescribed substance the Administering Practitioner must:

1. complete this form; and
2. give a copy of the form to the Voluntary Assisted Dying Board.

A. Patient information

Unique patient ID (from VAD-IMS)

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Date of birth (DD/MM/YYYY)

Home address (line 1)

Home address (line 2)

Suburb

State Postcode

Is the patient's mailing address different to their home address?

- ☐ No
☐ Yes

If yes, please complete the fields below.

Mailing address (line 1)

Mailing address (line 2)

Suburb

State Postcode

Telephone number

Email address

B. Administering Practitioner information

Unique practitioner ID (from VAD-IMS)

AHPRA Registration Number

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Work address (line 1)

Work address (line 2)

Suburb

State Postcode

Is your mailing address different to your work address?

- ☐ No
- ☐ Yes

If yes, please complete the fields below.

Mailing address (line 1)

Mailing address (line 2)

Suburb

State Postcode

Telephone number

Email address

C. Witness information and certification

A person is ineligible to be a witness if they:

- are under 18 years of age;
- are a family member of the Administering Practitioner; or
- are employed or engaged under a contract for services by the Administering Practitioner.

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Date of birth (DD/MM/YYYY)

Home address (line 1)

Home address (line 2)

Suburb

State Postcode

Is your mailing address different to your home address? ☐ No ☐ Yes

If yes, please complete the fields below.

Mailing address (line 1)

Mailing address (line 2)

Suburb

State Postcode

Telephone number

Email address

☐ I, , certify that 's
Witness Name Patient Name

request for access to voluntary assisted dying appeared to be free, voluntary and enduring.

☐ I, , certify that
Witness Name Administering Practitioner Name

as Administering Practitioner for administered the voluntary
Patient Name

assisted dying substance to _____ in my presence.
Patient Name

Signature of witness

Date (DD/MM/YYYY)

D. Details of administration of prescribed substance

Date of administration of prescribed substance (DD/MM/YYYY)

Time of administration of prescribed substance (HH:MM 24 hour clock)

Where did you administer the substance?

- ☐ Public Hospital (ward other than Palliative Care Unit)
- ☐ Private Hospital (ward other than Palliative Care Unit)
- ☐ Hospice or Palliative Care Unit
- ☐ Residential aged care
- ☐ Supported accommodation
- ☐ Patient's home
- ☐ Private residence (e.g. of family or friend of patient)
- ☐ Other (please specify)

E. Patient death

Date of patient death (DD/MM/YYYY)

Time of patient death (HH:MM 24 hour clock)

Time elapsed between administration of prescribed substance to patient and their death (HH:MM)

Were there any complications that occurred relating to the administration of the prescribed substance?

- ☐ No
- ☐ Yes, regurgitation/vomiting
- ☐ Yes, seizure
- ☒ Yes, IV line complications (please specify)
- ☐ Yes, worsening of pain or discomfort
- ☐ Yes, unexpected incontinence
- ☐ Yes, regained consciousness
- ☐ Other (please specify)

F. Signature of Administering Practitioner

☐ I, _____, am eligible to act as an Administering Practitioner for this patient in accordance with section 54 the *Voluntary Assisted Dying Act 2019*.
Administering Practitioner Name

I, _____, certify that:
Administering Practitioner Name

☐ _____ made a practitioner administration decision and did not revoke the decision.
Patient Name

☐ I am satisfied that at the time of administering the voluntary assisted dying substance to _____, that _____ had decision-making capacity in relation to voluntary assisted dying.
Patient Name Patient Name

☐ I am satisfied that at the time of administering the voluntary assisted dying substance to _____, that _____ was acting voluntarily and without coercion.
Patient Name Patient Name

☐ I am satisfied that at the time of administering the voluntary assisted dying substance to _____, that _____'s request for access to voluntary assisted dying was enduring.
Patient Name Patient Name

Signature

Date (DD/MM/YYYY)

Print name

Within 2 business days after administration of the prescribed substance you must:

1. complete this form; and
2. give a copy to the Voluntary Assisted Dying Board.

Voluntary Assisted Dying Board

Authorised Disposal Form

Completed by the Authorised Disposer.

This form is only to be completed by an Authorised Disposer, as defined in sections 79(3) and 79(4) of the *Voluntary Assisted Dying Act 2019*.

This form is to be completed where the Authorised Disposer has been given the prescribed substance, or a portion of it, by the Contact Person. It is **not** to be completed by an Administering Practitioner who is disposing of the prescribed substance (the Administering Practitioner Disposal Form should be used).

For more information or assistance, an Authorised Disposer can contact the WA VAD Statewide Pharmacy Service.

This form must be completed **immediately** after disposing of a prescribed voluntary assisted dying substance.

Within **2 business days** after disposing of that substance, a copy of the form must be given to the Voluntary Assisted Dying Board.

A. Patient information

Unique patient ID (from VAD-IMS)

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Date of birth (DD/MM/YYYY)

Home address (line 1)

Home address (line 2)

Suburb

State Postcode

Is the patient's mailing address different to their home address?

☐ No

☐ Yes

If yes, please complete the fields below.

Mailing address (line 1)

Mailing address (line 2)

Suburb

State Postcode

Telephone number

Email address

B. Authorised Disposer information

Unique disposer ID (from VAD-IMS)

AHPRA Registration Number

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Work address (line 1)

Work address (line 2)

Suburb

State Postcode

Is your mailing address different to your work address?

☐ No

☐ Yes

If yes, please complete the fields below.

Mailing address (line 1)

Mailing address (line 2)

Suburb

State Postcode

Telephone number

Email address

C. Details of Authorised Disposal

Date substance was given to Authorised Disposer (DD/MM/YYYY)

Date substance was disposed of by Authorised Disposer (DD/MM/YYYY)

Person who gave voluntary assisted dying substance to Authorised Disposer

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Home address (line 1)

Home address (line 2)

Suburb

State

Postcode

Is the person's mailing address different to their home address? ☐ No ☐ Yes

If yes, please complete the fields below.

Mailing address (line 1)

Mailing address (line 2)

Suburb

State

Postcode

Telephone number

Email address

D. Signature of Authorised Disposer

Signature

Date (DD/MM/YYYY)

Print name

On disposal of the prescribed substance, you must:

- 1. Immediately complete this form; and,**
- 2. Within two business days, give a copy to the Voluntary Assisted Dying Board.**

Administering Practitioner Disposal Form

Completed by the Administering Practitioner.

This form is only to be completed by the Administering Practitioner.

This form is to be completed **immediately** after disposing of a voluntary assisted dying substance.

Refer to the Voluntary Assisted Dying – Prescription and Administration Information for guidelines for disposal.

Within **2 business days** after disposing of the prescribed substance, the Administering Practitioner must give a copy of the form to the Voluntary Assisted Dying Board.

A. Patient information

Unique patient ID (from VAD-IMS)

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Date of birth (DD/MM/YYYY)

Home address (line 1)

Home address (line 2)

Suburb

State Postcode

Is the patient's mailing address different to their home address? ☐ No ☐ Yes

If yes, please complete the fields below.

Mailing address (line 1)

Mailing address (line 2)

Suburb

State Postcode

Telephone number

Email address

B. Administering Practitioner information

Unique practitioner ID (from VAD-IMS)

AHPRA Registration Number

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Work address (line 1)

Work address (line 2)

Suburb

State Postcode

Is your mailing address different to your work address? ☐ No ☐ Yes

If yes, please complete the fields below.

Mailing address (line 1)

Mailing address (line 2)

Suburb

State Postcode

Telephone number

Email address

C. Details of Authorised Disposal

Date substance was supplied to Administering Practitioner (DD/MM/YYYY)

Date substance was disposed of by Administering Practitioner (DD/MM/YYYY)

Date patient revoked the practitioner administration decision or died (DD/MM/YYYY)

Reason for disposal of voluntary assisted dying substance:

☐ Patient revoked practitioner administration decision

☐ Patient died via practitioner administration of voluntary assisted dying substance

☐ Patient died **not** via practitioner administration of voluntary assisted dying substance

D. Signature of Administering Practitioner

Signature

Date (DD/MM/YYYY)

Print name

On disposal of the prescribed substance, you must:

- 1. Immediately complete this form; and,**
- 2. Within two business days, give a copy to the Voluntary Assisted Dying Board.**

Notification of Death Form – Coordinating/Administering Practitioner

Completed by the Coordinating or Administering Practitioner.

This form is to be completed by:

- a Coordinating Practitioner, or
- an Administering Practitioner (only when the Administering Practitioner has not already provided the Voluntary Assisted Dying Board with a copy of the Practitioner Administration Form for this patient).

Within **2 business days** of becoming aware that the patient has died (whether by self-administration, practitioner administration or another cause), the Coordinating/Administering Practitioner must:

1. complete this form; and
2. give a copy to the Voluntary Assisted Dying Board.

A. Patient information

Unique patient ID (from VAD-IMS)

Title

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Date of birth (DD/MM/YYYY)

Home address (line 1)

Home address (line 2)

Suburb

State

Postcode

Is the patient's mailing address different to their home address?

- ☐ No
☐ Yes

If yes, please complete the fields below.

Mailing address (line 1)

Mailing address (line 2)

Suburb

State Postcode

Telephone number

Email address

B. Coordinating/Administering Practitioner information

I am the: ☐ Coordinating Practitioner for the patient
☐ Administering Practitioner for the patient

Unique practitioner ID (from VAD-IMS)

AHPRA Registration Number

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Work address (line 1)

Work address (line 2)

Suburb

State Postcode

Is your mailing address different to your work address?

- ☐ No
☐ Yes

If yes, please complete the fields below.

Mailing address (line 1)

Mailing address (line 2)

Suburb

State Postcode

Telephone number

Email address

C. Patient death

Date of patient death (may be as advised by a third party) (DD/MM/YYYY)

Date Coordinating/Administering Practitioner became aware of patient death (DD/MM/YYYY)

If details of death are known, please select below:

- ☐ Patient self-administered voluntary assisted dying substance
- ☐ Patient did not self-administer voluntary assisted dying substance
- ☐ Unknown

Further details if required

How did you become aware of the patient's death?

- ☐ Contact Person
- ☐ Family member/friend of patient
- ☐ Another registered health practitioner or health care worker
- ☐ Other (please specify)

D. Signature of Coordinating/Administering Practitioner

Signature

Date (DD/MM/YYYY)

Print name

Within 2 business days of becoming aware that the patient has died, the Coordinating/Administering Practitioner must:

- 1. complete this form; and**
- 2. give a copy to the Voluntary Assisted Dying Board.**

Notification of Death Form – Other Medical Practitioner

Completed by a medical practitioner attending a deceased person to complete the Medical Certificate Cause of Death.

This form is to be completed by a medical practitioner (who is **not** the Coordinating Practitioner or the Administering Practitioner for the patient) who attended a deceased person to complete the Medical Certificate Cause of Death and who knows or reasonably believes that the person was a patient who self-administered, or was administered, a voluntary assisted dying substance.



NB: the *Voluntary Assisted Dying Act 2019* specifies that no reference to voluntary assisted dying should be included in the Medical Certificate Cause of Death.

Within **2 business days** of the medical practitioner becoming aware that the person has died they must:

1. complete this form; and
2. give a copy to the Voluntary Assisted Dying Board.

A. Deceased person's information

| | | |
|--|--|-------------------------------|
| Title | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other (please specify) | <input type="text"/> |
| Family name | <input type="text"/> | |
| Given name | <input type="text"/> | |
| Other given name(s) | <input type="text"/> | |
| Date of birth (DD/MM/YYYY) | <input type="text"/> | |
| Home address (line 1) | <input type="text"/> | |
| Home address (line 2) | <input type="text"/> | |
| Suburb | <input type="text"/> | |
| State | <input type="text"/> | Postcode <input type="text"/> |
| Is the deceased person's mailing address different to their home address? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| If yes, please complete the fields below. | | |
| Mailing address (line 1) | <input type="text"/> | |
| Mailing address (line 2) | <input type="text"/> | |
| Suburb | <input type="text"/> | |
| State | <input type="text"/> | Postcode <input type="text"/> |

Telephone number

Email address

B. Medical practitioner information

AHPRA Registration Number

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Work address (line 1)

Work address (line 2)

Suburb

State Postcode

Is your mailing address different to your work address? ☐ No ☐ Yes

If yes, please complete the fields below.

Mailing address (line 1)

Mailing address (line 2)

Suburb

State Postcode

Telephone number

Email address

C. Coordinating Practitioner information (if known)

AHPRA Registration Number

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Work address (line 1)

Work address (line 2)

Suburb

State Postcode

Is the Coordinating Practitioner's mailing address different to their work address?

- ☐ No
- ☐ Yes

If yes, please complete the fields below.

Mailing address (line 1)

Mailing address (line 2)

Suburb

State Postcode

Telephone number

Email address

D. Person's death

Date of person's death (DD/MM/YYYY)

Date became aware of person's death (DD/MM/YYYY)

Date of completion of Medical Certificate Cause of Death (DD/MM/YYYY)

- ☐ I know or reasonably believe that the person self-administered, or was administered, a voluntary assisted dying substance in accordance with the *Voluntary Assisted Dying Act 2019*.

E. Signature of medical practitioner

Signature Date (DD/MM/YYYY)

Print name

Within 2 business days of becoming aware that the person has died you must:

1. complete this form; and
2. give a copy to the Voluntary Assisted Dying Board.

Voluntary Assisted Dying Board

Revocation Form

Completed by the Coordinating or Administering Practitioner.

This form is only to be completed by the eligible Coordinating Practitioner (in the case of a self-administration decision) or an eligible Administering Practitioner (in the case of a practitioner administration decision) who has successfully completed the approved training within the last 3 years.

This form is to be completed after the patient has informed either the Coordinating Practitioner or the Administering Practitioner of their decision to revoke an administration decision.

Within **2 business days** after the revocation the Coordinating Practitioner or Administering Practitioner (as the case requires) must:

1. complete this form; and
2. give a copy to the Voluntary Assisted Dying Board.

A. Patient information

Unique patient ID (from VAD-IMS)

Title ☐ Mr ☐ Mrs ☐ Ms ☒ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Date of birth (DD/MM/YYYY)

Home address (line 1)

Home address (line 2)

Suburb

State Postcode

Is the patient's mailing address different to their home address?

- ☐ No
☐ Yes

If yes, please complete the fields below.

Mailing address (line 1)

Mailing address (line 2)

Suburb

State Postcode

Telephone number

Email address

B. Practitioner completing this form (either Coordinating or Administering Practitioner)

I am: ☐ the Coordinating Practitioner for the patient (do not complete Part C); OR
☐ the Administering Practitioner for the patient (complete Part C and inform the Coordinating Practitioner of the revocation)

Unique practitioner ID (from VAD-IMS)

AHPRA Registration Number

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Work address (line 1)

Work address (line 2)

Suburb

State Postcode

Is your mailing address different to your work address?

☐ No
☐ Yes

If yes, please complete the fields below.

Mailing address (line 1)

Mailing address (line 2)

Suburb

State Postcode

Telephone number

Email address

C. Coordinating Practitioner information (to be completed by the Administering Practitioner only)

Unique practitioner ID (from VAD-IMS)

AHPRA Registration Number

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Work address (line 1)

Work address (line 2)

Suburb

State Postcode

Is the Coordinating Practitioner's mailing address different to their work address?

☐ No

☐ Yes

If yes, please complete the fields below.

Mailing address (line 1)

Mailing address (line 2)

Suburb

State Postcode

Telephone number

Email address

D. Communication

Please indicate the method of communication the patient used to revoke the administration decision:

- ☐ Spoken language
- ☐ Sign language (AUSLAN)
- ☐ Augmentative and alternative communication
- ☐ Other effective non-spoken communication
- ☐ In writing

Was the patient assisted by an interpreter when revoking the administration decision?

- ☐ No
☐ Yes

If yes, please complete the Interpreter information below.

Interpreter information (IF APPLICABLE)

What type of interpreter service was required for the patient?

- ☐ Spoken language other than English
☐ Non-spoken communication (e.g. AUSLAN)



Note: Interpreters must meet **all** of the criteria below to be an interpreter for this patient under the Act.

- ☐ The interpreter has confirmed to me that they:
- are accredited with the National Accreditation Authority for Translators and Interpreters (NAATI);
 - are **not** a family member of the patient;
 - do **not** know or believe that they are a beneficiary under a will of the patient;
 - do **not** know or believe that they may otherwise benefit financially or in any other material way from the death of the patient;
 - are **not** an owner, or responsible for management, of a health facility where the patient is being treated or lives; and
 - are **not** directly involved in providing health services or professional care services to the patient.

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Telephone number

Email address

Accreditation details (Practitioner Number)

E. Details of revocation decision

Date administration decision was made (DD/MM/YYYY)

Date administration decision was revoked (DD/MM/YYYY)

If you are the Administering Practitioner, date when you informed the Coordinating Practitioner of the revocation (DD/MM/YYYY)

F. Signature of practitioner completing this form

Signature

Date (DD/MM/YYYY)

Print name

Within 2 business days after the revocation the Coordinating Practitioner or Administering Practitioner (as the case requires) must:

- 1. complete this form; and**
- 2. give a copy to the Voluntary Assisted Dying Board.**

You must record the following details in the patient's medical record:

- The revocation of the administration decision.

Voluntary Assisted Dying Board

Coordinating Practitioner Transfer Form

Completed by the original Coordinating Practitioner.

This form is only to be completed by the original Coordinating Practitioner ("Original Practitioner").

The Original Practitioner may transfer the role of Coordinating Practitioner to the Consulting Practitioner if the Consulting Practitioner has assessed the patient as eligible for access to voluntary assisted dying and the Consulting Practitioner accepts the transfer of the role.



NB: the Consulting Practitioner must inform the Original Practitioner whether they accept or refuse transfer of the role within **2 business days** of being requested to accept the transfer.

The Original Practitioner must complete this form after transferring the role of Coordinating Practitioner to the Consulting Practitioner.

Within **2 business days** of the Consulting Practitioner accepting transfer of the role, the Original Practitioner must:

1. complete this form; and
2. give a copy to the Voluntary Assisted Dying Board.

A. Patient information

Unique patient ID (from VAD-IMS)

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Date of birth (DD/MM/YYYY)

Home address (line 1)

Home address (line 2)

Suburb

State Postcode

Is the patient's mailing address different to their home address?

☐ No

☐ Yes

If yes, please complete the fields below.

Mailing address (line 1)

Mailing address (line 2)

Suburb

State Postcode

Telephone number

Email address

B. Original Practitioner information

Unique practitioner ID (from VAD-IMS)

AHPRA Registration Number

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☒ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Work address (line 1)

Work address (line 2)

Suburb

State Postcode

Is your mailing address different to your work address?

☐ No

☐ Yes

If yes, please complete the fields below.

Mailing address (line 1)

Mailing address (line 2)

Suburb

State Postcode

Telephone number

Email address

C. Consulting Practitioner information

Unique practitioner ID (from VAD-IMS)

AHPRA Registration Number

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Work address (line 1)

Work address (line 2)

Suburb

State Postcode

Is the Consulting Practitioner's mailing address different to their work address?

- ☐ No
☐ Yes

If yes, please complete the fields below.

Mailing address (line 1)

Mailing address (line 2)

Suburb

State Postcode

Telephone number

Email address

D. Details of transfer of Coordinating Practitioner role

Who requested or initiated the transfer of the role?

- ☐ Patient
☐ Original Practitioner

Date Consulting Practitioner accepted transfer (DD/MM/YYYY)

Date Original Practitioner informed patient of transfer (DD/MM/YYYY)

E. Signature of Original Practitioner

Signature

Date (DD/MM/YYYY)

Print name

Within 2 business days of the transfer being accepted by the Consulting Practitioner, you must:

- 1. complete this form, and**
- 2. give a copy to the Voluntary Assisted Dying Board.**

You must record the following details in the patient's medical record:

- The transfer of Coordinating Practitioner's role

Administering Practitioner Transfer Form

Completed by the original Administering Practitioner.

This form is only to be completed by the original Administering Practitioner ("Original Practitioner").

This form is to be completed if a patient has made a practitioner administration decision, the Coordinating Practitioner has prescribed a voluntary assisted dying substance for the patient, and the Original Practitioner is unable or unwilling to administer the prescribed substance to the patient.

This form is to be completed after transferring the role of Administering Practitioner to another eligible medical practitioner or eligible nurse practitioner (the "New Practitioner").

This New Practitioner must accept the role before the Original Practitioner can transfer the role of Administering Practitioner to them.

Within **2 business days** of the acceptance of the transfer the Original Practitioner must:

1. complete this form; and
2. give a copy of it to the Voluntary Assisted Dying Board.

A. Patient information

Unique patient ID (from VAD-IMS)

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Date of birth (DD/MM/YYYY)

Home address (line 1)

Home address (line 2)

Suburb

State Postcode

Is the patient's mailing address different to their home address?

☐ No

☐ Yes

If yes, please complete the fields over the page.

Mailing address (line 1)

Mailing address (line 2)

Suburb

State Postcode

Telephone number

Email address

B. Original Practitioner information

Unique practitioner ID (from VAD-IMS)

AHPRA Registration Number

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☒ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Work address (line 1)

Work address (line 2)

Suburb

State Postcode

Is your mailing address different to your work address?

☐ No

☐ Yes

If yes, please complete the fields below.

Mailing address (line 1)

Mailing address (line 2)

Suburb

State Postcode

Telephone number

Email address

C. New Practitioner information

AHPRA Registration Number

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Family name

Given name

Other given name(s)

Work address (line 1)

Work address (line 2)

Suburb

State Postcode

Is the New Practitioner's mailing address different to their work address? ☐ No ☐ Yes

If yes, please complete the fields below.

Mailing address (line 1)

Mailing address (line 2)

Suburb

State Postcode

Telephone number

Email address

D. Details of Administering Practitioner transfer

☐ I, _____, have been advised by
Original Practitioner Name
_____ that they are eligible to act as an Administering Practitioner
New Practitioner Name
for the patient and they accept the transfer of the role. *(Refer to Appendix A for practitioner eligibility criteria)*

Date New Practitioner accepted transfer (DD/MM/YYYY)

Date the patient was informed of transfer (DD/MM/YYYY)

☐ I have provided the name and contact details of the New Practitioner to the patient.

If the Original Practitioner has possession of the prescribed substance when the role is transferred, they are authorised to supply it to the New Practitioner and the New Practitioner is authorised to receive it.

E. Signature of Original Administering Practitioner

Signature

Date (DD/MM/YYYY)

Print name

Within 2 business days of the transfer being accepted by the New Practitioner, you must:

- 1. complete this form; and**
- 2. give a copy of it to the Voluntary Assisted Dying Board.**

You must record the following details in the patient's medical record:

- The transfer of the Administering Practitioner's role.

Administering Practitioner Transfer Form

Completed by the original Administering Practitioner.

Appendix A: Practitioner eligibility criteria

There are eligibility requirements for a practitioner to act in the role of Administering Practitioner as per the *Voluntary Assisted Dying Act 2019* (the Act). These requirements are set out in section 54 of the Act (see extract below). The CEO requirements are outlined in Table 1.

Division 1 – Eligibility requirements for administering practitioners

54. Eligibility to act as administering practitioner

1. A person is eligible to act as an administering practitioner for a patient if –
 - a. the person is –
 - i. a medical practitioner who is eligible to act as a coordinating practitioner for the patient under section 17(2); or
 - ii. a nurse practitioner who has practised the nursing profession for at least 2 years as a nurse practitioner and meets the requirements approved by the CEO for the purposes of this subparagraph;
 - and
 - b. the person has completed approved training; and
 - c. the person is not a family member of the patient; and
 - d. the person does not know or believe that they –
 - i. are a beneficiary under a will of the patient; or
 - ii. may otherwise benefit financially or in any other material way from the death of the patient, other than by receiving reasonable fees for the provision of services as the administering practitioner for the patient.

Table 1

| Section 54(1)(a)(ii) ADMINISTERING PRACTITIONER (nurse practitioner) | |
|---|--|
| 4.1 | Nurse practitioner must have clinically practised twice the minimum hours per registration period described in the Recency of Practice Registration Standard published by the Nursing and Midwifery Board of Australia at the advanced practice nursing level as required by the Endorsement as a Nurse Practitioner Registration Standard published by the Nursing and Midwifery Board of Australia, and this clinical practice must include patient assessment and clinical decision making. |
| 4.2 | Nurse practitioner must not have any notations, conditions, undertakings or reprimands on their Australian Health Practitioner Regulation Authority (AHPRA) registration record which make the practitioner unsuitable for role under the <i>Voluntary Assisted Dying Act 2019</i> as determined by the CEO. |
| 4.3 | The CEO must be satisfied as to the suitability of the nurse practitioner for role under the <i>Voluntary Assisted Dying Act 2019</i> on the basis of two professional referees provided by the nurse practitioner. |

Appendix D:

Practitioner process to access the WA VAD Approved Training



Department of
Health

Providing voluntary assisted dying in Western Australia

Health practitioner access to the WA Voluntary Assisted Dying Approved Training

Summary

This information sheet is for medical practitioners and nurse practitioners who are seeking to access the Western Australian Voluntary Assisted Dying Approved Training (WA VAD Approved Training).

Key points include:

- Medical practitioners and nurse practitioners seeking to participate in voluntary assisted dying process are required to successfully complete the WA VAD Approved Training.
- Access to the WA VAD Approved Training will only be granted to practitioners who meet the relevant eligibility requirements under the *Voluntary Assisted Dying Act 2019* (including the requirements approved by the CEO).
- Practitioners can register online to commence the access process.

Who can access the WA VAD Approved Training?

Only medical practitioners and nurse practitioners who meet the relevant eligibility requirements of the *Voluntary Assisted Dying Act 2019* (the Act) will be granted access to the training.

A medical practitioner is eligible to act as a Coordinating Practitioner or Consulting Practitioner if they:

- hold specialist registration, have practised the medical profession for at least one year as the holder of specialist registration and meet the requirements approved by the CEO; or
- hold general registration, have practised the medical profession for at least 10 years as the holder of general registration and meet the requirements approved by the CEO; or
- are an overseas-trained specialist who holds limited registration or provisional registration and meets the requirements approved by the CEO.

Nurse practitioners must:

- hold nursing registration with endorsement as a nurse practitioner and have practised as a nurse practitioner for at least two years; and
- meet the requirements approved by the CEO.

The requirements approved by the CEO (the Director General of the Department of Health) are outlined in Attachment 1 and are also published on the Department of Health [website here](#).

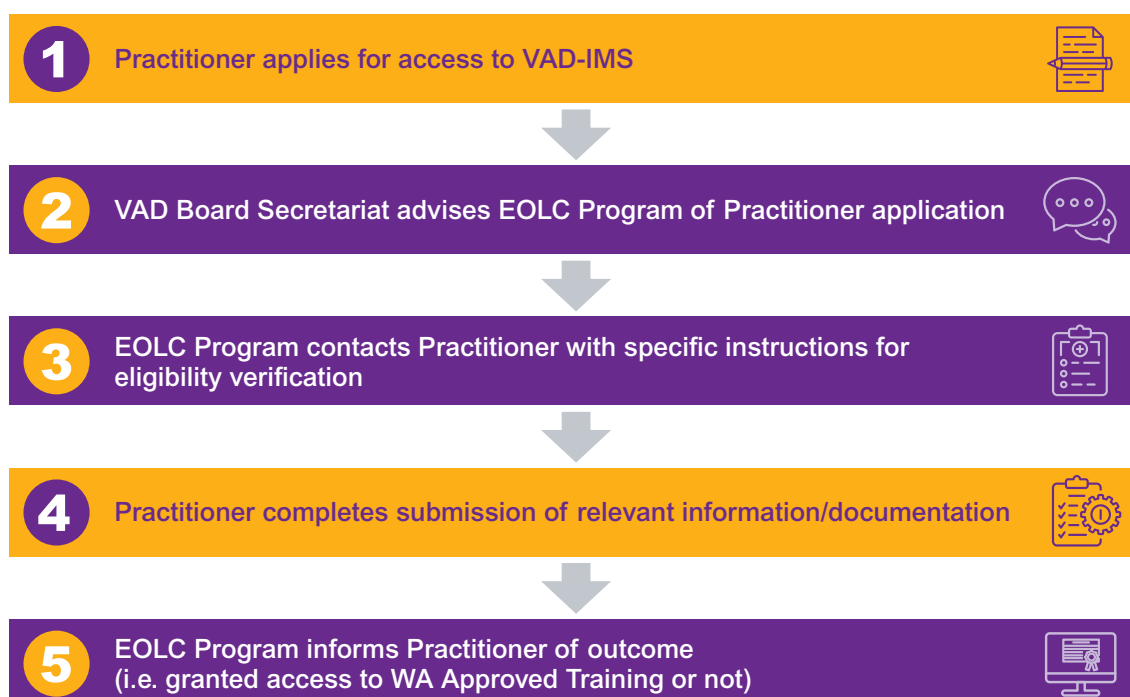
NB: there are additional eligibility requirements that are specific to the individual patient that the practitioner must ensure they meet prior to commencing a role related to the voluntary assisted dying process for that individual patient. More information can be found in the information sheet “[Health Professional Participation](#)”.

Who determines access the WA VAD Approved Training?

The End of Life Care Program (EOLC Program) in the Department of Health will manage the process of access to the WA VAD Approved Training. A clinical panel will have oversight and involvement in the decision-making process.

How can I access the WA VAD Approved Training?

The steps involved in accessing the WA VAD Approved Training are as follows:



Getting started: Step 1 – Apply for access to VAD-IMS

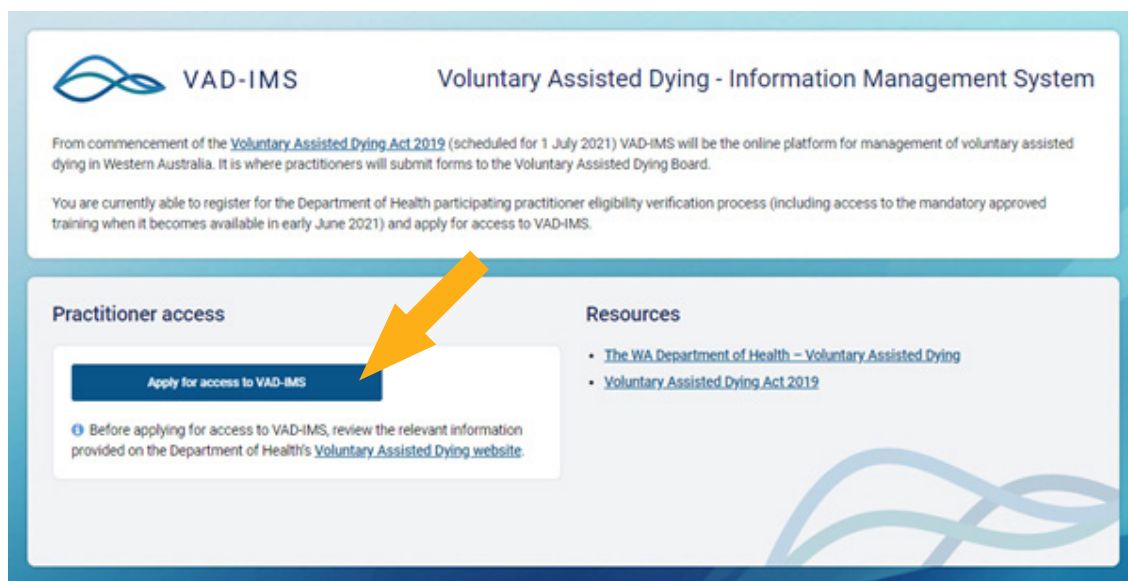
You will need to register your interest in accessing the WA VAD Approved Training by first applying for access to the Voluntary Assisted Dying – Information Management System (VAD-IMS). VAD-IMS is the ICT system that will be used to submit relevant forms to the Voluntary Assisted Dying Board (the VAD Board).

You can apply for access to VAD-IMS [here](#).

This link is also available on the VAD Board website:

<https://ww2.health.wa.gov.au/voluntaryassisteddyingboard>

Full access to VAD-IMS will only be granted to practitioners who successfully complete the WA VAD Approved Training.



Next steps: Preparation for submission of relevant information/documentation

You can prepare in advance by having key information/documentation ready for submission. Information/documentation required falls into two main categories:

1. Minimum proof of identity
2. Evidence to support eligibility verification

Minimum proof of identity

You will be required to provide documentation as outlined in Attachment 2.

Evidence to support eligibility verification

You will be required to provide:

- A current CV that includes enough detail to demonstrate that you meet the requirements related to years of clinical practice at the relevant registration and practice type, and hours of clinical practice that meet the specific requirements of the CEO.
- Current details of two (2) professional referees that will be contacted by the EOLC Program as part of the verification process.

(These referees should know the practitioner in a professional capacity and be able to attest to their suitability to participate in the voluntary assisted dying process. A brief and confidential referee check will be conducted. This is likely to be by a senior member of the EOLC Program over the phone. Practitioners do not have to provide a current supervisor or colleague as a referee.)

NB: Practitioners who are overseas trained specialists applying under the Limited or Provisional registration provisions will be informed of additional requirements by the EOLC Program.

What if I am having difficulty with the process?

If you are experiencing issues, please contact the EOLC Program team via VADApprovedTraining@health.wa.gov.au

ATTACHMENT 1



Department of
Health

Voluntary Assisted Dying Act 2019

CEO Practitioner Eligibility Requirements

I, Dr D J Russell-Weisz, CEO of the Department of Health, approve:

- a. pursuant to section 17(2)(a) of the *Voluntary Assisted Dying Act 2019*, the eligibility requirements set out in Table 1 for a medical practitioner to act as a coordinating practitioner or consulting practitioner for a patient; and
- b. pursuant to section 54(1)(a)(ii) of the *Voluntary Assisted Dying Act 2019*, the eligibility requirements set out in Table 2 for a nurse practitioner to act as an administering practitioner for a patient.

A handwritten signature in blue ink, appearing to read 'Dr D J Russell-Weisz'.

Dr D J Russell-Weisz
CHIEF EXECUTIVE OFFICER
DEPARTMENT OF HEALTH

21 October 2020

Table 1

Section 17(2)(a)(i) **COORDINATING or CONSULTING PRACTITIONER (specialist medical practitioner)**

| | |
|-----|---|
| 1.1 | Medical practitioner must have clinically practised twice the minimum hours per registration period described in the Recency of Practice Registration Standard published by the Medical Board of Australia and this clinical practice must include patient assessment and clinical decision making. |
| 1.2 | Medical practitioner must not have any notations, conditions, undertakings or reprimands on their Australian Health Practitioner Regulation Authority (AHPRA) registration record which make the practitioner unsuitable for roles under the <i>Voluntary Assisted Dying Act 2019</i> as determined by the CEO. |
| 1.3 | The CEO must be satisfied as to the suitability of the medical practitioner for roles under the <i>Voluntary Assisted Dying Act 2019</i> on the basis of two professional referees provided by the medical practitioner. |

Section 17(2)(a)(ii)
COORDINATING or CONSULTING PRACTITIONER (generalist medical practitioner)

| | |
|-----|---|
| 2.1 | Medical practitioner must have clinically practised twice the minimum hours per registration period described in the Recency of Practice Registration Standard published by the Medical Board of Australia and this clinical practice must include patient assessment and clinical decision making. |
| 2.2 | Medical practitioner must not have any notations, conditions, undertakings or reprimands on their Australian Health Practitioner Regulation Authority (AHPRA) registration record which make the practitioner unsuitable for roles under the <i>Voluntary Assisted Dying Act 2019</i> as determined by the CEO. |
| 2.3 | The CEO must be satisfied as to the suitability of the medical practitioner for roles under the <i>Voluntary Assisted Dying Act 2019</i> on the basis of two professional referees provided by the medical practitioner. |

Section 17(2)(a)(iii)
COORDINATING or CONSULTING PRACTITIONER (overseas trained specialist medical practitioner)

| | |
|-----|---|
| 3.1 | Medical practitioner must be permitted by their registration to work in a gazetted area of need OR as a sponsored provider within a health service in Western Australia. |
| 3.2 | Medical practitioner must have undergone formal assessment by the relevant Australian college. |
| 3.3 | Medical practitioner must have at least 5 years of experience as a specialist. |
| 3.4 | Medical practitioner must have had their specialist pathway and supervision program approved by the relevant Australian college and must have completed at least 12 months working in a supervised position within Western Australia. |
| 3.5 | Medical practitioner must have clinically practised twice the minimum hours per registration period described in the 'Recency of Practice Registration Standard published by the Medical Board of Australia and this clinical practice must include patient assessment and clinical decision making. |
| 3.6 | Medical practitioner must not have any notations, conditions, undertakings or reprimands on their Australian Health Practitioner Regulation Authority (AHPRA) registration record which make the practitioner unsuitable for roles under the <i>Voluntary Assisted Dying Act 2019</i> as determined by the CEO. |
| 3.7 | The CEO must be satisfied as to the suitability of the medical practitioner for roles under the <i>Voluntary Assisted Dying Act 2019</i> on the basis of two professional referees provided by the medical practitioner. |

Table 2

| Section 54(1)(a)(ii) ADMINISTERING PRACTITIONER (nurse practitioner) | |
|---|--|
| 4.1 | Nurse practitioner must have clinically practised twice the minimum hours per registration period described in the Recency of Practice Registration Standard published by the Nursing and Midwifery Board of Australia at the advanced practice nursing level as required by the Endorsement as a Nurse Practitioner Registration Standard published by the Nursing and Midwifery Board of Australia, and this clinical practice must include patient assessment and clinical decision making. |
| 4.2 | Nurse practitioner must not have any notations, conditions, undertakings or reprimands on their Australian Health Practitioner Regulation Authority (AHPRA) registration record which make the practitioner unsuitable for role under the <i>Voluntary Assisted Dying Act 2019</i> as determined by the CEO. |
| 4.3 | The CEO must be satisfied as to the suitability of the nurse practitioner for role under the <i>Voluntary Assisted Dying Act 2019</i> on the basis of two professional referees provided by the nurse practitioner. |

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HEIN-013929 APR'21

ATTACHMENT 2



Department of
Health

Voluntary assisted dying

Minimum proof of identity requirement for access to WA VAD approved training

The Minimum Proof of Identity Requirements are as per those recommended by the Australian Criminal Intelligence Commission (ACIC) which replaced the former '100-point identity check' (Source: www.acic.gov.au). Some documentation types accepted by ACIC have been removed as not appropriate to the verification process relating to access to voluntary assisted dying Approved Training (e.g. secondary student identification card).

Minimum proof of identity requirements:

You must provide four (4) documents to confirm your identity:

- one (1) commencement document to confirm your birth in Australia or arrival in Australia
- one (1) primary and two (2) secondary documents to show the use of your identity in the community.

as well as a confirmed linkage between you and your documentation through providing:

- one (1) self-captured photo of yourself holding your photo ID.

Each document can be used only once.

The combination of documents must include evidence of your full name and date of birth and a photograph of you. If your commencement and primary documents do not include a photograph you must submit a passport-style photograph certified by a person listed in Schedule 2 of the *Statutory Declarations Regulations 2018* (Cth).

The Department of Health WA will use these documents to verify your identity against the personal information you have provided.

Commencement documents

- a. Australian birth certificate (full not an extract or birth card)
- b. Australian passport (not expired)
- c. Australian visa (current at the time of entry to Australia as resident or tourist)
- d. ImmiCard issued by Immigration and Border Protection that enables the cardholder to prove their visa and/or immigration status and enrol in services
- e. Certificate of identity issued by Foreign Affairs and Trade to refugees and non-Australian citizens for entry to Australia
- f. Document of identity issued by Foreign Affairs and Trade to Australian citizens or persons who have the nationality of a Commonwealth country for travel purposes
- g. Australian Citizenship certificate.

Primary documents

- a. Current Australian driver licence, learner permit or provisional licence issued by a state or territory, showing signature and/or photo and the same name as claimed
- b. Australian marriage certificate issued by a state or territory (church or celebrant-issued certificates are not accepted)
- c. Current passport issued by a country other than Australia with a valid entry stamp or visa
- d. Current proof of age or photo identity card issued by an Australian government agency in the name of the applicant with photo and signature.

Secondary documents

- a. Medicare card
- b. Bank card
- c. Credit card
- d. Department of Foreign Affairs and Trade – Certificate of identity
- e. Department of Foreign Affairs and Trade – Document of identity
- f. Department of Foreign Affairs and Trade – Convention travel document secondary (United Nations)
- g. Foreign government issued documents (for example driver licence)
- h. Australian Electoral Commission enrolment
- i. Security guard or crowd control photo licence
- j. Evidence of right to a government benefit (Centrelink or Veterans Affairs)
- k. Department of Foreign Affairs and Trade – Consular photo identity card
- l. Police force – Photo identity card
- m. Australian Defence Force – Photo identity card
- n. Australian Government or a state or territory government – Photo identity card
- o. Aviation Security Identification Card
- p. Maritime Security Identification Card
- q. Australian tertiary student photo identity document
- r. Certified academic transcript from an Australian university.

Change of name

If you provide identity documents using a former name, you must provide evidence of your name change. This means providing a change of name certificate issued by the Australian Registry of Births, Deaths and Marriages or an Australian marriage certificate issued by a state or territory, in addition to your four identity documents. Church or celebrant-issued certificates are not accepted.

Special provisions for proof of identity

The ACIC recognises that in exceptional circumstances you may not be able to meet the minimum proof of identity requirements. Please contact DoH, who will assess your ability to meet the requirements and determine the most suitable method to confirm your identity.

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HEN-013978 APR'21

Appendix E:

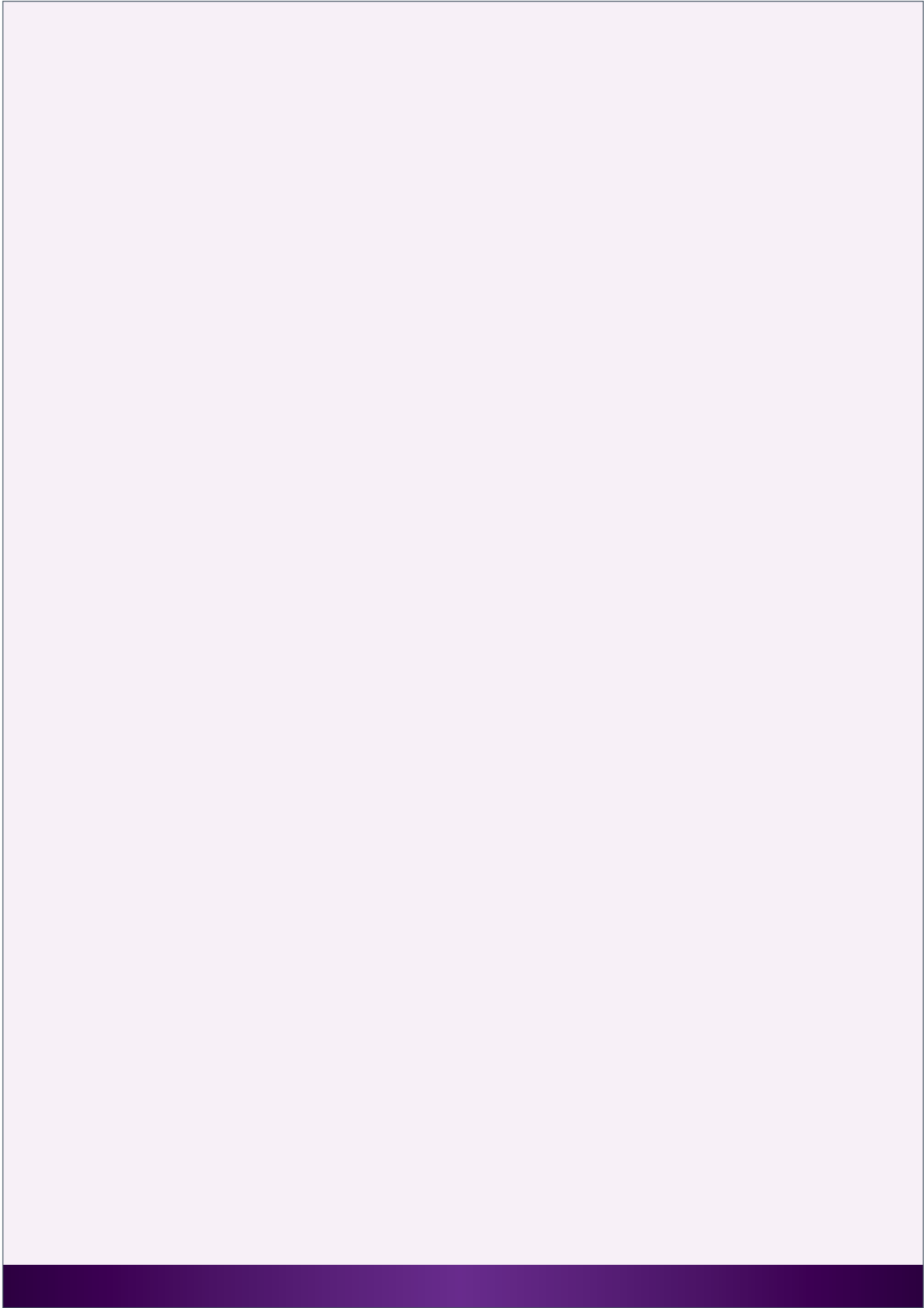
Approved information for a person making a First Request for voluntary assisted dying



Department of
Health

Approved information
for a person making
a First Request for
voluntary assisted dying

health.wa.gov.au



Approved information for a person making a First Request for voluntary assisted dying

This approved information is to be provided to a patient who makes a formal First Request for access to voluntary assisted dying to a medical practitioner during a medical consultation (in accordance with section 20(4)(b) of the *Voluntary Assisted Dying Act 2019*). This information can be provided with other information where appropriate.

Voluntary assisted dying is one of several choices that a patient may have at end of life. A patient should be aware of all their end-of-life options including palliative care.

The Western Australian Voluntary Assisted Dying Statewide Care Navigator Service (SWCNS) is available to support patients and answer questions they may have about voluntary assisted dying. Details about SWCNS and other available support options are included in this information.

SWCNS can be contacted by email and phone during standard business hours (8:30 am – 5:00 pm).

Email: VADcarenavigator@health.wa.gov.au

Phone: (08) 9431 2755

Information on voluntary assisted dying

What is voluntary assisted dying?

Voluntary assisted dying is a legal process that enables a patient to access medication that will cause their death. This medication is known as the voluntary assisted dying substance. The patient can choose to take the substance themselves or have it administered by a medical practitioner or nurse practitioner at a time and place of their choosing.

The term voluntary assisted dying emphasises the voluntary nature of the patient's choice and their enduring capacity to make the decision. The *Voluntary Assisted Dying Act 2019* (the Act) is the legislation that regulates voluntary assisted dying in Western Australia (WA).

Who is eligible to access voluntary assisted dying?

Age

The person must be an adult (aged 18 years or older).

Residency

The person must be an Australian citizen or permanent resident and have been ordinarily resident in WA for at least 12 months at the time of making the First Request.

Medical requirements

The person must be diagnosed with at least one disease, illness or medical condition that is advanced, progressive and will (on the balance of probabilities) cause death within six months, or 12 months if it is a neurodegenerative condition.

The disease, illness or medical condition must be causing suffering that cannot be relieved in a manner that the person considers tolerable.

Decision-making capacity

The person must have decision-making capacity in relation to voluntary assisted dying.

This means that the person must have the capacity to:

- understand any information or advice about voluntary assisted dying that is required to be provided to them
- understand the matters involved in a voluntary assisted dying decision
- understand the effect of a voluntary assisted dying decision
- weigh up these factors for the purposes of making a voluntary assisted dying decision
- communicate their decision in some way.

Voluntariness

The person must be acting voluntarily and without coercion (that is, without force, influence or persuasion by another person).

Enduring request

The person's request must be enduring (lasting over a period of time).

If the person does not meet all the eligibility criteria, they cannot access voluntary assisted dying.

Information about the voluntary assisted dying process

The practitioners involved in the voluntary assisted dying process are qualified to support their patients. Medical practitioners must meet certain eligibility requirements and must have completed mandatory training before they can be involved in the voluntary assisted dying process. If a nurse practitioner is involved, they must also meet certain eligibility requirements and have completed the mandatory training.

Discussing voluntary assisted dying with a medical practitioner or nurse practitioner does not begin the voluntary assisted dying process. This requires a patient to make a clear and unambiguous request to access voluntary assisted dying, called a First Request. The First Request begins the process in accordance with the Act.

There are 10 steps in the voluntary assisted dying process. Steps 1 to 6 involve the request and assessment process. Steps 7 to 10 cover the administration process. A patient can stop the process at any point.



1. First Request

The First Request is a request for voluntary assisted dying that is made to a medical practitioner during a medical consultation. The patient must clearly and unambiguously express to the medical practitioner that they want to access voluntary assisted dying.

The medical practitioner will decide to accept or refuse the First Request. They might refuse because they do not agree with voluntary assisted dying (they have a conscientious objection to voluntary assisted dying) or because they aren't eligible or able to accept the request. Whether they accept or refuse the First Request the medical practitioner must provide the patient with information about voluntary assisted dying in WA.

If English is not the patient's first language or they have communication difficulties, an interpreter or communication aid can be used to make the First Request. If the medical consultation is happening over telehealth it must occur using a videoconferencing application so that the medical practitioner can both see and hear the patient and discuss their request.

2. First Assessment

Once the medical practitioner accepts the First Request, they become the Coordinating Practitioner for the patient. In this role they will coordinate the voluntary assisted dying process for the patient. The first step for the Coordinating Practitioner is to formally assess the patient's eligibility for voluntary assisted dying to make sure they meet all the criteria required by the Act. This assessment is called the First Assessment.

If the patient disagrees with the outcome of the First Assessment, they can request a review of some of the assessment decisions by the State Administrative Tribunal (SAT). This also applies to the Consulting Assessment and the Final Review.

3. Consulting Assessment

If the outcome of the First Assessment is that the patient is eligible for voluntary assisted dying, the Coordinating Practitioner will refer them to another medical practitioner for assessment. This medical practitioner

becomes the Consulting Practitioner for the patient and will independently assess their eligibility for voluntary assisted dying. This assessment is called the Consulting Assessment.

4. Written Declaration

If the patient has been assessed as eligible for voluntary assisted dying by both the Coordinating Practitioner and the Consulting Practitioner, the patient may then make a Written Declaration in the presence of two witnesses, requesting access to voluntary assisted dying.

5. Final Request

If the patient has made a Written Declaration, they may then make a Final Request to the Coordinating Practitioner for access to voluntary assisted dying. The Final Request cannot be made before the end of the designated period of nine days, which begins on the day of the First Request.

If both the Coordinating Practitioner and the Consulting Practitioner believe the patient will die or lose capacity to make decisions about voluntary assisted dying before the end of the designated period, the patient may be allowed to access the voluntary assisted dying substance sooner.

The Final Request helps to ensure that the patient's decision to access voluntary assisted dying is enduring and hasn't changed. If the patient makes a valid Final Request the Coordinating Practitioner will then start the Final Review process.

6. Final Review

The Final Review requires the Coordinating Practitioner to check that the request and assessment process has been completed in accordance with the Act. This means that the Coordinating Practitioner must make sure that the patient still has decision-making capacity in relation to voluntary assisted dying, is acting voluntarily and without coercion, and still wants to access voluntary assisted dying.

It is important to remember that the patient can stop the voluntary assisted dying process at any point. There is no obligation for the patient to continue even after completing the request and assessment process.

7. Administration Decision

The patient will need to decide, with the help of their Coordinating Practitioner, if they will self-administer the voluntary assisted dying substance (take it themselves) or if appropriate, have an Administering Practitioner administer it to them. The Administering Practitioner will usually be the Coordinating Practitioner. In some cases, another eligible medical practitioner or nurse practitioner may step in to be the Administering Practitioner for the patient.

If the patient decides to self-administer the voluntary assisted dying substance, they must appoint a Contact Person before the Coordinating Practitioner can prescribe the voluntary assisted dying substance.

8. Prescription

The Coordinating Practitioner will prescribe the voluntary assisted dying substance. They are required to give the patient certain information about the substance before prescribing the voluntary assisted dying substance.

Unlike most medicines, the prescription won't be given to the patient. Instead, the Coordinating Practitioner will give it directly to the Authorised Supplier at the Western Australian Voluntary Assisted Dying Statewide Pharmacy Service (SWPS).

9. Supply and use of the voluntary assisted dying substance

The voluntary assisted dying substance must not be supplied by the Authorised Supplier at SWPS unless they have received and authenticated the prescription from the Coordinating Practitioner.

If the patient has decided to self-administer, the Authorised Supplier can supply the voluntary assisted dying substance directly to the patient, their Contact Person or to someone else who can collect the substance on the patient's behalf. Written information about the voluntary assisted dying

substance (including instructions for storage and use) will be provided by the Authorised Supplier and given to the person who collects the substance.

If the patient has decided to have the voluntary assisted dying substance administered to them by a medical practitioner or nurse practitioner (known as the Administering Practitioner), the Authorised Supplier will supply the substance directly to the Administering Practitioner (who will take responsibility for the substance until it is used).

10. Death certification

The Act requires that there be no reference to voluntary assisted dying on the patient's death certificate. This is to respect and protect the privacy of the patient (and possibly their family too). The medical practitioner who confirms and certifies the patient's death will record their underlying illness, disease or medical condition as the cause of death.

Information following a First Request

Medical practitioner decision

As you have made a First Request to a medical practitioner, they must decide whether they will accept your request or not. Whether the medical practitioner accepts or refuses your request they must give you this information booklet.

If the medical practitioner does not agree with voluntary assisted dying (has a conscientious objection), they must **immediately** refuse your First Request and inform you that they will not be able to assist you to access voluntary assisted dying.

If the medical practitioner does not have a conscientious objection to voluntary assisted dying, they must inform you whether they refuse or accept your request within two business days after you make the First Request. Not all medical practitioners will be able to accept a First

Request for voluntary assisted dying. They may not meet the practitioner eligibility requirements (e.g. they have not been a medical practitioner for long enough) or they may have another reason for refusal (e.g. they are not available).

What happens next?

If the medical practitioner has accepted your First Request, they become your Coordinating Practitioner. As your Coordinating Practitioner they will begin the assessment process to confirm that you are eligible to access voluntary assisted dying.

If the medical practitioner has refused your First Request, it is your decision as to what happens next. You may choose to make a First Request to another medical practitioner.

What information and supports are available?

The Western Australian Voluntary Assisted Dying Statewide Care Navigator Service (SWCNS) is available to support you, provide you with information and answer questions you might have. The service is nurse-led and staffed by Care Navigators who are experienced health professionals familiar with the legal and practical aspects of voluntary assisted dying in WA.

The Care Navigators can:

- provide general information about voluntary assisted dying
- provide specific information about the voluntary assisted dying process in WA
- help to locate a medical practitioner or nurse practitioner who is willing and eligible to participate
- determine if you are eligible to access regional support packages
- link you to other helpful resources.

SWCNS can be contacted by email and phone during standard business hours (8:30 am – 5:00 pm).

Email: VADcarenavigator@health.wa.gov.au

Phone: (08) 9431 2755

There is further information on voluntary assisted dying available online from the WA Department of Health.

Website: www2.health.wa.gov.au/voluntaryassisteddying

Depending on your situation there are other services that may be helpful to you:

Palliative Care WA can provide you with information and support on end-of-life planning, palliative care, grief and loss and help you to find palliative care service providers near you by searching their online directory or calling their Palliative Care Information and Support Line.

Website: www.palliativecarewa.asn.au

Phone: 1800 573 299 (9:00 am – 5:00 pm, 7 days a week)

Beyond Blue can provide support for mental health and wellbeing, especially if you are experiencing anxiety or depression.

Website: www.beyondblue.org.au

Phone: 1300 224 636 (any time day or night)

Lifeline can provide crisis support if you need immediate help to deal with emotional distress.

Website: www.lifeline.org.au

Phone: 13 11 14 (any time day or night)

What happens to my personal information?

The Voluntary Assisted Dying Board is a statutory body established to ensure adherence to the *Voluntary Assisted Dying Act 2019* and to recommend safety and quality improvements. The Board is committed to protecting the privacy of all individuals who request, or access voluntary assisted dying in Western Australia. More information on how your personal information is managed is available in the fact sheet *Information for patients about their data* which is available on the Voluntary Assisted Dying Board website: www.health.wa.gov.au/voluntaryassisteddyingboard (under the section titled “Functions of the Board”).

Providing feedback on the voluntary assisted dying process

Anyone involved in the voluntary assisted dying process (e.g. patient, family, practitioner) may wish to share their personal experience or feedback about that process with the Voluntary Assisted Dying Board. This can be done by completing a *Personal Reflections form*.

This is available on the Voluntary Assisted Dying Board website: www.health.wa.gov.au/voluntaryassisteddyingboard (under the section titled “Functions of the Board”). You may also ask for the form from the SWCNS, or from your Coordinating or Consulting Practitioner.

You may complete a *Personal Reflections form* at any stage of the voluntary assisted dying process.

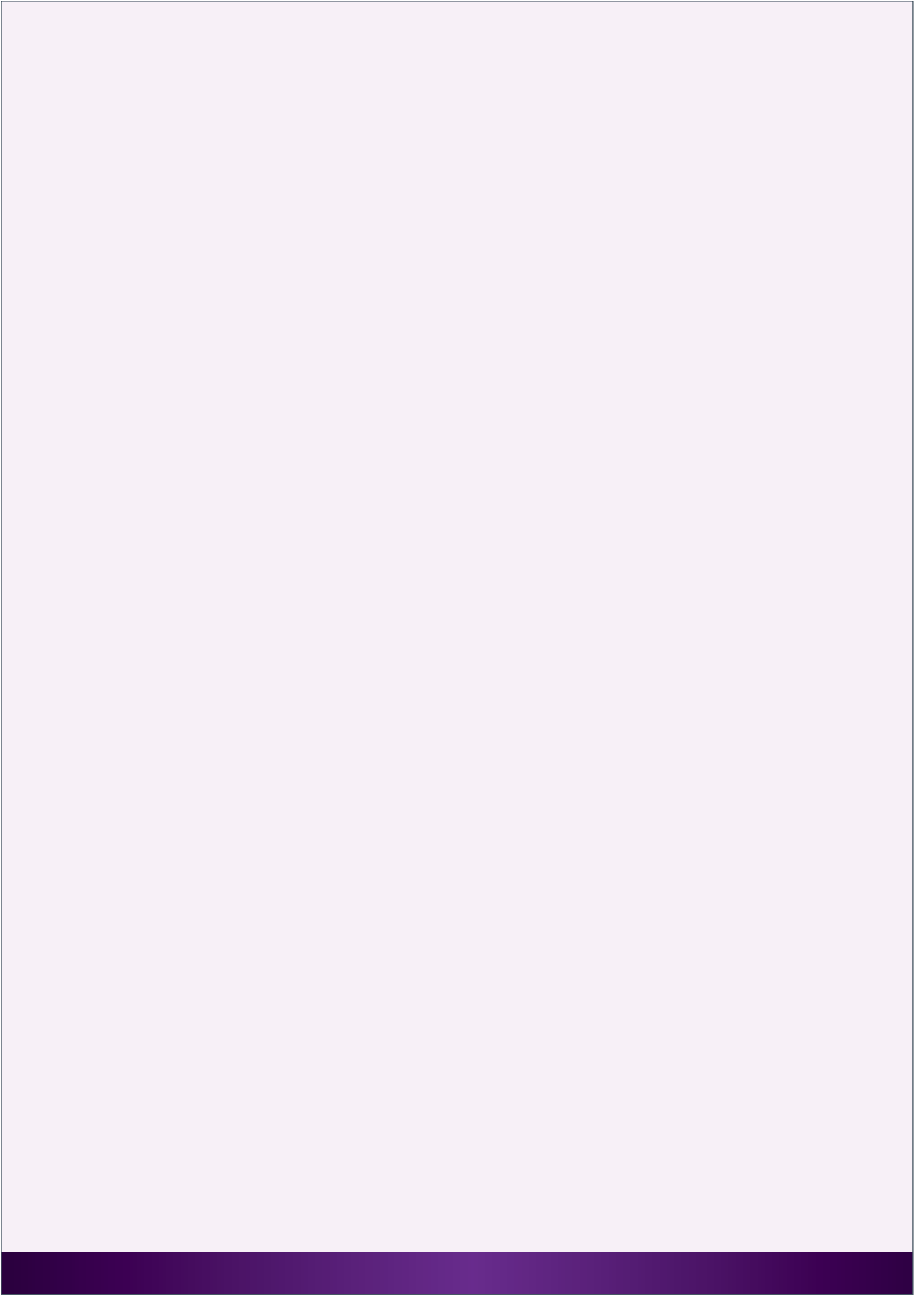
Complaint Information

If you are concerned about your experience of the voluntary assisted dying process you should first raise this with the relevant person, service provider or agency (which should have a complaints process for you to follow).

You can make a complaint about individuals or organisations that provide health, disability or mental health services to the Health and Disability Services Complaint Office (HaDSCO). Further information can be found on the HaDSCO website (www.hadsko.wa.gov.au).

You can raise concerns about the conduct or performance of a registered health practitioner with the Australian Health Practitioner Regulation Agency (AHPRA). Further information can be found on the AHPRA website (www.ahpra.gov.au).

You can raise concerns about a health professional not meeting the requirements of the Act with the Voluntary Assisted Dying Board. Further information can be found on the Voluntary Assisted Dying Board website (ww2.health.wa.gov.au/voluntaryassisteddyingboard).



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HEN-013975 JAN'22

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Appendix F:

Proforma referral for determination of diagnosis or prognosis

{Details of practitioner being referred to}:

{Name, Address, Phone, Email}:

{Details of referring practitioner}:

{Name, AHPRA #, Address, Phone, Email}:

{Date of referral}:

Dear:,

Re: Patient Full Name:

Patient VAD-IMS number:

Patient DOB:

Patient Contact Details:

{Address, Phone, Email}:

I am writing to seek your assessment and determination of {Patient Name}'s diagnosis and/or prognosis.

By accepting this referral you are confirming to me that you are not:

- a. a family member of the patient; or
- b. a person who knows or believes that they-
 - i. are a beneficiary under a will of the patient; or
 - ii. may otherwise benefit financially or in any other material way from the death of the patient, other than by receiving reasonable fees for the provision of services in connection with the referral.

{Insert relevant patient information here}.

Signature:

Name:

Date:

Att:

Appendix G:

Proforma referral for determination of decision-making capacity regarding voluntary assisted dying

{Details of practitioner being referred to}:

{Name, Address, Phone, Email}:

{Details of referring practitioner}:

{Name, AHPRA #, Address, Phone, Email}:

{Date of referral}:

Dear:,

Re: Patient Full Name:

Patient VAD-IMS number:

Patient DOB:

Patient Contact Details:

{Address, Phone, Email}:

I am writing to seek your assessment and determination of {Patient Name}'s decision-making capacity in relation to voluntary assisted dying.

By accepting this referral, you are confirming to me that you are not:

- c. a family member of the patient; or
- d. a person who knows or believes that they -
 - iii. are a beneficiary under a will of the patient; or
 - iv. may otherwise benefit financially or in any other material way from the death of the patient, other than by receiving reasonable fees for the provision of services in connection with the referral.

{Insert relevant patient information here}.

Signature:

Name:

Date:

Att:

Appendix H:

Proforma referral for determination of voluntariness and lack of coercion

{Details of person being referred to}:

{Name, Address, Phone, Email}:

{Details of referring practitioner}:

{Name, AHPRA #, Address, Phone, Email}:

{Date of referral}:

Dear:,

Re: Patient Full Name:

Patient VAD-IMS number:

Patient DOB:

Patient Contact Details:

{Address, Phone, Email}:

I am writing to seek your assessment and determination of whether {Patient Name} is acting voluntarily and without coercion in requesting access to voluntary assisted dying.

By accepting this referral, you are confirming to me that you are not:

- e. a family member of the patient; or
- f. a person who knows or believes that they -
 - v. are a beneficiary under a will of the patient; or
 - vi. may otherwise benefit financially or in any other material way from the death of the patient, other than by receiving reasonable fees for the provision of services in connection with the referral.

{Insert relevant patient information here}.

Signature:

Name:

Date:

Att:

Appendix I:

Proforma planning for death

This plan can be completed by the patient together with their Coordinating Practitioner and any carers, family, friends or health professionals that the patient chooses. A copy should be kept by the patient, the Coordinating Practitioner and at least one other person.

Before death – important documents

I have an Advance Health Directive yes ☐ no ☐ (please tick)

If yes, a copy can be obtained from:

Name:

Telephone:

I have an Enduring Guardian yes ☐ no ☐ (please tick)

If yes, a copy can be obtained from:

Name:

Telephone:

I have an Enduring Power of Attorney yes ☐ no ☐ (please tick)

If yes, a copy can be obtained from:

Name:

Telephone:

I have a Will yes ☐ no ☐ (please tick)

If yes, a copy can be obtained from:

Name:

Telephone:

I am an organ donor yes ☐ no ☐ (please tick)

If yes, I have discussed my wishes for organ donation with:

Name:

Telephone:

I have made arrangements for my funeral yes ☐ no ☐ (please tick)

If yes, I have discussed these arrangements with:

Name:

Telephone:

Before death – administration of the voluntary assisted dying substance

I would prefer to access the voluntary assisted dying substance:

In my usual home at:

In a private residence at:

At a hospice or palliative care unit at:

In hospital at:

Note – Where the preferred location is not a private residence, the Coordinating Practitioner should confirm that the location can safely support the patient to access voluntary assisted dying.

I would like the following people to be present when the voluntary assisted dying substance is administered:

.....
.....
.....

If needed, I would like the following people to provide comfort care:

.....
.....

Before death – rituals and activities

I would like the following rituals or activities to be carried out:

.....
.....
.....

After death – certification

I would like the following medical practitioner to be contacted to certify my death:

Name:

Telephone:

Note – If the death occurs at a location such as hospital, hospice, residential care facility etc. staff will likely arrange for a medical practitioner to issue the death certificate.

I would like the following funeral director to be contacted to transfer my body and commence funeral arrangements:

Name:

Telephone:

I would like the following people to be notified about my death:

.....

.....

.....

.....

After death – rituals and activities

After my death, I would like the following rituals, or activities to be carried out:

.....

.....

.....

.....

Other considerations

The following are additional things that I would like others to be aware of:

.....

.....

.....

.....

After death – Bereavement support for carers, family and friends

The following person can be contacted if support is required after my death:

Name:

Telephone:

There are also several organisations and helplines that can provide support and counselling services:

- **Australian Centre for Grief and Bereavement** – can help family, friends and carers deal with the loss of a loved one and put them in touch with counselling and appropriate support groups.

Website: www.grief.org.au

Phone: 1800 642 066 (available 9:00 am – 5:00 pm, Monday to Friday)

- **Palliative Care WA** – provides palliative care information and a support line which can be used to access support for dealing with grief and loss.

Website: www.palliativecarewa.asn.au

Phone: 1800 573 299 (available 9:00 am – 4:30 pm, 7 days a week)

- **Carers WA** – can provide counselling support for carers who are going through the experience of grief and loss.

Website: www.carerswa.asn.au

Phone: 1800 007 332 (available 8:30 am – 4:30 pm, Monday to Friday)

- **Beyond Blue** – can provide support for mental health and wellbeing, especially for someone experiencing anxiety or depression.

Website: www.beyondblue.org.au

Phone: 1300 224 636 (available 24 hours a day, 7 days a week)

- **Lifeline** – can provide crisis support for someone needing immediate help to deal with emotional distress.

Website: www.lifeline.org.au

Phone: 13 11 14 (available 24 hours a day, 7 days a week)

Appendix J:

Proforma referral for a Consulting Assessment

{Details of practitioner being referred to}:

{Name, Address, Phone, Email}:

{Details of referring practitioner}:

{Name, AHPRA #, Address, Phone, Email}:

{Date of referral}:

Dear:,

Re: Patient Full Name:

Patient VAD-IMS number:

Patient DOB:

Patient Contact Details:

{Address, Phone, Email}:

I am writing to seek your assessment of {Patient Name} for a Consulting Assessment for the purpose of accessing voluntary assisted dying in accordance with the *Voluntary Assisted Dying Act 2019* (the Act).

{Insert relevant patient information here}

In accordance with the Act, you must do the following within two (2) business days of receiving this referral:

- either accept or refuse this referral (you must refuse if you are not eligible to act as the Consulting Practitioner for the patient)
- notify both myself and the patient of your decision.

In accordance with the Act, you must do the following within two (2) business days of deciding to accept or refuse this referral:

- complete the Consultation Referral Form and give a copy to the Voluntary Assisted Dying Board (submitting via VAD-IMS is considered giving a copy to the Voluntary Assisted Dying Board).

Further information is available online from the Department of Health and the Voluntary Assisted Dying Board.

www.health.wa.gov.au/voluntaryassisteddying

www.health.wa.gov.au/voluntaryassisteddyingboard

Signature:

Name:

Date:

Appendix K:

Access Standard



Department of
Health

Voluntary Assisted Dying Act 2019

Access Standard

This Access Standard is issued by the CEO of the Department of Health under section 156 of the *Voluntary Assisted Dying Act 2019* (the Act) and takes effect from the date of issue.

Purpose

This Access Standard sets out how the State intends to facilitate access to voluntary assisted dying for persons ordinarily resident in Western Australia, including how the State intends to facilitate Western Australian residents' access to:

- a. the services of medical practitioners and other persons who carry out functions under the Act
- b. prescribed substances
- c. information about accessing voluntary assisted dying.

It also sets out how the State intends to facilitate access to voluntary assisted dying for regional residents of Western Australia.

Access to services of medical practitioners and other persons who carry out functions under the Act

The State intends to facilitate WA residents' access to the services of medical practitioners and other persons who carry out functions under the Act by establishing a Western Australian Voluntary Assisted Dying Statewide Care Navigator Service. This service will:

- provide information to enable a person to self-establish access to a medical practitioner for voluntary assisted dying
- assist a person to access a medical or nurse practitioner
- maintain a confidential list of medical and nurse practitioners held by the Service for the purpose of linking a person to a willing practitioner
- advise a person on how to access interpreter services for consultations (or how to request access via their practitioner)
- advise a person accessing voluntary assisted dying on the appointment of a contact person (where relevant)
- advise a person accessing voluntary assisted dying on the requirements for witnesses
- advise a person accessing voluntary assisted dying on how and when to contact the Western Australian Voluntary Assisted Dying Statewide Pharmacy Service (if required)
- administer access to support under the Regional Access Support Scheme for persons accessing voluntary assisted dying where relevant (refer to Access for regional residents).

Access to prescribed substances

The State intends to facilitate a WA residents' access to prescribed substances under the Act by establishing the Western Australian Voluntary Assisted Dying Statewide Pharmacy Service. This service will:

- establish a secure supply chain for Schedule 4 and/or Schedule 8 substances approved as voluntary assisted dying substances
- provide services as an Authorised Supplier under the Act (including to possess, prepare and supply the voluntary assisted dying substance)
- provide services statewide; either directly from the metropolitan service or via an Authorised Supplier network of regional spoke services depending on the circumstances surrounding appropriate and safe supply of the prescribed substance.

Access to information about voluntary assisted dying

The State intends to facilitate WA residents' access to information about voluntary assisted dying by:

- developing information resources on voluntary assisted dying
- establishing a website on voluntary assisted dying
- establishing a Western Australian Voluntary Assisted Dying Statewide Care Navigator Service that will be a statewide point of contact for voluntary assisted dying information
- encouraging health providers and health services to be ready to receive enquiries for information from people and their families and be able to respond in a patient-centred manner.

Access for regional residents

The State intends to facilitate access to voluntary assisted dying for regional residents by establishing a Regional Access Support Scheme that provides support for regional residents to facilitate their access to voluntary assisted dying. This will be managed by the Western Australian Voluntary Assisted Dying Statewide Care Navigator Service.

The Regional Access Support Scheme will include provision for support for persons accessing voluntary assisted dying to travel to see a practitioner or support for a practitioner to travel to see the person. This includes travel for interpreter services where interpreting cannot be effectively or appropriately undertaken via telephone or audiovisual communication.

In addition to the Regional Access Support Scheme, it is intended that:

- the Western Australian Voluntary Assisted Dying Statewide Care Navigator Service will include provision for regional residents to receive information and support face-to-face if required
- the State will provide clarity in relation to where telephone/email/audiovisual communication can be appropriately utilised (and where it cannot). This is particularly important for regional residents
- the State will continue to monitor any developments in relation to the Commonwealth *Criminal Code Act 1995* that may allow for future use of communication modalities that improve ease of access for regional residents
- The Western Australian Voluntary Assisted Dying Statewide Pharmacy Service will actively engage with regional residents to ensure safe, timely and appropriate supply of the voluntary assisted dying substance and provide support to regionally based Authorised Disposers to facilitate disposal that is as convenient as possible for regional residents.

This Access Standard is issued on 19 November 2020.



Dr D J Russell-Weisz

CHIEF EXECUTIVE OFFICER, DEPARTMENT OF HEALTH

HEN-013928 APR'21

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