Demographics

1 What is your name?
Name: Emma Storey

2 What is your gender?
Female

3 What is your age?
25-34

4 Do you identify as:
None of the above

Ethnic demographic:

5 Where do you normally reside?
Western Australia

6 Are you providing your views as an individual or on behalf of a group / organisation?
Individual

Group / organisation:

7 What best describes the circumstances in which you provide your submission today?
Private citizen

Comment:

8 Do you wish for your feedback to remain confidential? (Submissions will be published unless you request it be kept confidential)
No, you can publish my feedback on your website

Introduction

Guiding principles

9 Are there other guiding principles that should be considered for the Bill?
Unsure

guiding principles open:

The person

10 Should there be a specified period during which someone has to be continuously living in Western Australia in order to be considered ‘ordinarily resident’?
No

Not Answered (Response to sub-question: ‘If so, what period?’)

The decision

11 What safeguards should there be to ensure that a request is voluntary?
Voluntary decision:
The person could make a declaration with an objective witness present who can testify that they are of sound mind (not a family member or person who would benefit/gain from their death).

They could be interviewed by a psychiatrist/psychologist with standard questions to ascertain the voluntary nature of the decision.

12 Should the assessing medical practitioner be able to refer to other health practitioners with relevant competency to assess that the decision is voluntary?

Yes

13 Should health practitioners be able to discuss voluntary assisted dying with their patients in the same way they raise and discuss other health or medical decisions and care options?

Yes

14 What are the cultural and linguistic considerations in relation to how people may be informed about voluntary assisted dying?

CALD considerations:
Ensuring that all members of the community have access to the information

The suggestions in the consultation paper seem like they would help address this. Also training for practitioners on the process for voluntary assisted dying and how to discuss this with their patients ("persons") in a sensitive manner.

15 What, if any, additional initiatives should be considered to ensure people are properly informed about voluntary assisted dying and supported in the decision making process? For example: should there be a role for navigators?

Additional initiatives:
Navigators might assist

This is relevant to the Sustainable Health Review's recommendation for patient focused care with joined up services - you would hope there would be a similar focus - as well as having a greater level of at home / in community care.

16 How should capacity be determined?

Capacity determination:
A psychiatrist could assess, as well as having the opinion of one or two medical specialists

Unsure (Response to sub-question: 'Is the way in which this is done in existing WA law sufficient?')

17 Should the assessing medical practitioner be able to refer to other health practitioners with relevant competency in capacity assessment (e.g. a neuropsychologist) instead of a consultant psychiatrist or consultant geriatrician?

Yes

18 Should there be particular consideration given to people who lose capacity after they have started the process?

Yes (please specify below)

Considerations for loss of capacity:
If someone has made it clear they wish to engage in the voluntary assisted dying process and subsequently loses capacity, their wishes should be respected. These wishes could be recorded in an Advanced Health Directive at the beginning of the process or asap after

19 Should there be a minimum timeframe to enable reflection on the decision to access voluntary assisted dying?

Yes

Yes (Response to sub-question: 'If so, should this be able to be waived?)

Under what conditions:
If indications of the person's condition / illness are that the person is liable to lose capacity during this period and wishes to make the decision now.

20 Between which points in the process should the minimum timeframe be measured? (Refer to the Process flow chart on page 19)

Timeframe between points in process:
Between the 1st request and the written request.

My initial reaction was to suggest between the 2nd request and end of the assessment process however for some people, this won't be quick enough and they will lose capacity. An arbitrary timeframe may prolong some peoples' suffering

21 What should the minimum timeframe be?
Minimum timeframe:
2 months

Eligible conditions

22 If voluntary assisted dying only applies to an illness or disease that is terminal, is specification of a timeframe either desirable or necessary?

No

23 Would a timeframe help or hinder access to voluntary assisted dying? From the perspective of the person? Or medical practitioner?

Is a timeframe to death beneficial:
Hinder access from the person and medical practitioner's perspective

If one of the basic principles behind assisted dying is autonomy to make a decision about your own life, why are we considering the medical practitioner's perspective under this question?

24 If a timeframe is to be specified should it be defined as:

What should timeframe be:
Reasonably foreseeable outcome for this person

If other, please specify:

25 Must a person’s suffering be ‘grievous and irremediable’ to be eligible?

No

Comment:

26 Must the person’s suffering be related to the eligible condition?

Unsure

Comment:
There may be circumstances where the suffering is for reasons that are not necessarily linked to the eligible condition but the eligible condition means the person will still pass away - why does it matter if the suffering is not linked to the eligible condition? The outcome is the same

The process

27 How should the process take community, linguistic and cultural beliefs and practices into account whilst also ensuring human rights, personal autonomy, privacy and choice? What approaches or initiatives would assist in achieving this balance?

CALD practices and beliefs:

28 What other ways are there to appropriately enable access to voluntary assisted dying?

Access to VAD:

29 Should a medical practitioner or health service that conscientiously objects have an obligation to refer the patient to a practitioner or service that has no objection?

Yes

How to find out who will provide VAD:
It is often hard for a person to navigate the system and so may be hard for the person to locate a practitioner or service that can assist them.

Comment:
The person could be referred to a body such as the Department of Health who could maintain a register of practitioners or services who may assist.

30 What should the purpose and timing of the written statement be?

to formalise the initial request (and thus occur before the assessments)

31 Should the assessing medical practitioners have practiced for at least five years after completing their fellowship or registering as a GP?

Yes
> 5 years for both GPs:
At least one (as in Victoria)

32 What should be included in the training for health practitioners involved in voluntary assisted dying?

To be included in training:
- Sensitivity to the patient's needs
- Information that must be provided to the patient
- Requirements of the process
- Different options to carry out voluntary assisted dying

33 Should the completion of approved training be mandatory before a medical practitioner is able to undertake the process for voluntary assisted dying?

Yes

34 Should there be a separate approval and permit process for voluntary assisted dying (over and above any that may relate to the prescription of the medication)?

No

Please provide details:

35 Should a medical practitioner only be permitted to administer the medication if the person is physically incapable of self-administration?

No

Comment:
A person may wish for someone else to do it

36 What is the safest approach to returning any unused medication after death?

Approach to unused medication:
- Secure storage and recordkeeping
- Notify the practitioner of the time and place for collection once voluntary assisted death has occurred
- Provide contact details of a nominated responsible family member / friend

37 How should the public be protected from the loss, misuse or misdirection of medication?

Protection against misuse of medication:
- Secure storage and recordkeeping
- Notify the practitioner of the time and place for collection once voluntary assisted death has occurred
- Provide contact details of a nominated responsible family member / friend

38 Are there other safeguards to consider in relation to medication?

Medication safeguards:

Death certification

39 Should it be required that voluntary assisted dying is listed as a contributing cause of death on:

Yes (Response to sub-question: ‘Medical Certificate Cause of Death?’)

No (Response to sub-question: ‘Death Certificate?’)

Comment:

Oversight

40 What types of members should form the oversight body? (e.g. qualifications, relevant experience)

Members for oversight body:
- One medical representative
- A community member (who is not opposed to voluntary assisted dying)

41 What information should health practitioners be required to report to the oversight body?
Required info for reporting:
- what the eligible condition was
- what information was given to the patient
- the patient's decisions
- outcome

42 What data should be collected about voluntary assisted dying?

VAD data:
Number of people using it
Eligible conditions justifying its use
Numbers who wish to access who are denied access to voluntary assisted dying - and why they are denied access

43 How should community information and education be provided?

Community info and education:
Department of Health could facilitate

44 How should health practitioner training and education be provided?

Health practitioner training:
Department of Health could facilitate

45 How should complaints about voluntary assisted dying be handled?

Complaints:
There should be a right of appeal especially against decisions saying a person does not have capacity to make the decision

HADSCO

Conclusion

46 Are there any further issues related to the Joint Select Committee's recommended framework that require the Ministerial Expert Panel's consideration? (Refer to Appendix 3 on pages 49-52)

Comment:

Written feedback

47 Please provide in the box below your written feedback, or any additional comments, for the WA Voluntary Assisted Dying Legislation consultation.

Written Feedback:
I very much support this legislation - a person who knows they are going to die (and who may be likely to suffer) should be able to choose a dignified, quick death, rather than a drawn out one.

In my opinion this legislation is long overdue and I commend the work being done to give effect to it.

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