Response ID ANON-UWBD-AYZ6-V

Submitted to WA Voluntary Assisted Dying Legislation Consultation
Submitted on 2019-05-17 20:41:16

Demographics

1 What is your name?
Name:
Natalie Massam

2 What is your gender?
Female

3 What is your age?
45-54

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

Guiding principles

9 Are there other guiding principles that should be considered for the Bill?
No

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'?
Yes

12 months (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:
Patient should be given time frame to allow for them to change their mind, however not too long of a time frame that it seems them die before the process can be
Also if the patient has previously advised that they wish to access this request should they be unable to make an informed consent at the actual time, eg by writing a living will/medical treatment plan, that this be taken into consideration.

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:
Similar to what is required should you wish to provide medical treatment to a person. Eg make sure that they are able to understand if English is not their native language etc.
Ensure that the religious beliefs, cultural beliefs of their family is removed from their decision, and that their family can not over ride their decision.

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 should become involved as soon as a person is advised that they have a illness or condition that may cause them to have an earlier death.
This way the person is given information from the start and can start having the conversations with both family and medical staff from the beginning.

16 How should capacity be determined?

Capacity determination:
This can be determined via the Navigator above and a medical professional. If the person no longer has the capacity once the process has been started then their prior instructions should be taken into consideration, eg Living will etc

No (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 (eg. 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 they started the process and have made their wishes known previously, either via a Living will or similar, then they should still have the option to continue.

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 the patient is going to die before timeframe has finished.

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:
From when they first verbally request to the final verbal request

21 What should the minimum timeframe be?

Minimum timeframe:
7-10 days

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:
Prolongs the suffering of the person.

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?

Yes

Comment:

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

Yes

Comment:

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:
We need to discuss death more in the community, it is something that is going to happen to everyone at sometime. Having similar discussions, information and ability to sign up to discuss VAD as that for becoming an organ donor, should be offered to people over the age of 18.

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

Access to VAD:
Allowing Living Wills/Medical Treatment plans etc to be prepared by individuals prior to the VAD. Advertise this in hospitals, doctors and medical facilities etc.

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:

Comment:
Have a list or register of medical staff that are willing to provide voluntary assisted dying to people.

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

To formalise the request once the person has been informed of all of their options, including palliative care, and is approved as eligible (and thus occur after 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:
Both medical practitioners

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

To be included in training:
The need to talk to people about dying, death and the VAD option
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)?

Yes (please specify below)

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:

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

Approach to unused medication:
Having someone that not only delivers the medication but also collects the medication after the death.

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

Protections against misuse of medication:
The medication is only delivered by authorised person, and it is then the responsibility of an approved person in the household to ensure it is kept in a safe place until it is used. Once used that approved person contacts the authorised person who delivered it to come and collect it. Must be collected within 24 hours of death.

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

Medication safeguards:
If able to provide only enough medication to ensure the VAD process can be complete, with minimal residual medication left over.

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:
Good cross section of both medical, social professionals and health care workers

41 What information should health practitioners be required to report to the oversight body?

Required info for reporting:
Person who assessed VAD, their medical condition and the dates from when they first expressed their wish for VAD to their death.

42 What data should be collected about voluntary assisted dying?

VAD data:
Person who assessed VAD, their medical condition, names of the 2 medical professionals, dates when first expressed desired for VAT until their death.

43 How should community information and education be provided?

Community info and education:
Same at that for organ donors, health care options etc

44 How should health practitioner training and education be provided?
Health practitioner training:
Part of their medical training. Death is not going to disappear - it should be openly discussed by health practitioners and the community

45 How should complaints about voluntary assisted dying be handled?

Complaints:
By the oversight body. Person making the complaint can not just disagree with the VAD process, must be complaint regarding person/s not following the procedures etc

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:
No

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:
Having watched both [redacted] suffer terribly from cancer until their deaths, I strongly agree with individuals having the option of VAD. This will not cause more deaths - as everyone is going to die eventually, but it will allow those in terrible pain and enduring suffering to have control over their pain. This enables them to die with dignity and on their terms, limiting their suffering and that of their family.

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