Voluntary Assisted Dying in Tasmania

1. Planning for Voluntary Assisted Dying
   a. Health Service Establishments
   b. Residential Aged Care Facilities

Version 1.0

Department of Health

Tasmanian Government

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Terminology

Act (the Act). The *End-of-Life Choices (Voluntary Assisted Dying) Act 2021*.

Administering health practitioner (AHP) A person's administering health practitioner, or AHP, is the medical practitioner or registered nurse who supplies or administers a voluntary assisted dying substance to the person.

Consulting medical practitioner (CMP) A person's consulting medical practitioner, or CMP, is the medical practitioner who accepts a referral, from the person's PMP, to determine whether the person is eligible to access voluntary assisted dying.

First request The first formal request, made by a person who wishes to access voluntary assisted dying to a medical practitioner, asking the medical practitioner to determine whether the person is eligible to access voluntary assisted dying.

Flexible care Care provided in a residential or community setting through an aged care service that addresses the needs of care recipients in alternative ways to the care provided through residential care services and home care services.

Health service establishment (HSE) A private hospital, private day procedure centre or residential care service.

Home care Care consisting of a package of personal care services and other personal assistance provided to a person who is not being provided with residential care.

Medical practitioner A person who is registered under the Health Practitioner Regulation National Law (Tasmania) in the medical profession, other than as a student.

Primary medical practitioner (PMP) A person's primary medical practitioner, or PMP, is the medical practitioner who accepts and determines a person's first request to access voluntary assisted dying.

Private day procedure centre A privately-operated establishment at which any patient is admitted and discharged on the same day for medical, surgical, or other treatment, other than a private hospital or residential care service.

Private hospital Privately operated premises at which any patient is provided with accommodation, medical, surgical, or other treatment, and with ancillary nursing care, for fee, gain, or reward, other than a day-procedure centre or residential care service.

Regulation, Licensing and Accreditation (RLA) Unit The area within the Tasmanian Department of Health that is responsible, on behalf of the Secretary, Department of Health, for the licensing of private Health Service Establishments under the *Health Service Establishments Act 2006*.

Registered health practitioner A person registered under the Health Practitioner Regulation National Law (Tasmania) to practise a health profession, other than as a student.

Registered nurse A person registered under the Health Practitioner Regulation National Law (Tasmania) in the nursing profession whose name is entered on Division 1 of the Register of Nurses, kept under that Law, as a registered nurse.

Relevant Facts Information, in a form approved by the Voluntary Assisted Dying Commission, about the Act, how a person's eligibility to access voluntary assisted dying is to be determined, the Commissions' functions and its contact details, the assistance to die the person may receive from a

PMP or AHP, and where advice in relation to palliative care, or other treatment or pain relief, may be obtained. The Relevant Facts are available from the Department of Health.

Residential aged care facility (RACF) A facility that receives subsidies from the Australian Government and that provides residential care, home care and/or flexible care.

Residential care Personal care or nursing care, or both professional care and nursing care, that is provided to a person in a residential facility in which the person is also provided with accommodation, other than care provided to a person in the person's private home, care provided in a hospital or psychiatric facility, or care provided in a facility that primarily provides care to people who are not frail and aged.

Residential care service Premises where accommodation and personal care or nursing care are provided to an elderly person who is not a member of the immediate family of the proprietor of the service, other than a service providing accommodation for people otherwise living independently even though the provision of accommodation may or may not include domestic services such as the preparation of meals, cleaning, and laundry services.

Tasmanian approved voluntary assisted dying training course The course of voluntary assisted dying training that has been approved by the Voluntary Assisted Dying Commission under the Act.

Voluntary Assisted Dying Commission The independent statutory body established by section 110(1) of the Act.

Voluntary Assisted Dying Navigation Service The area within the Tasmanian Health Service that is responsible for facilitating access by people who wish to access voluntary assisted dying to services and information.

Voluntary Assisted Dying Pharmacy Service The area within the Tasmanian Health Service that is responsible for facilitating access by people who wish to access voluntary assisted dying to voluntary assisted dying substances.

Voluntary assisted dying substance A substance determined by the Voluntary Assisted Dying Commission to be a voluntary assisted dying substance.

Introduction

Voluntary assisted dying in Tasmania is regulated by the Act. The Act was passed by the Tasmanian Parliament in early 2021 and will commence on 23 October 2022.

This document sets out the obligations that registered health practitioners have under the Act. It also provides guidance for those HSEs and RACFs which are to be offering voluntary assisted dying on premises.

What is voluntary assisted dying?

Voluntary assisted dying is a process which, following the requirements set out in the Act, enables a person who is suffering from a terminal illness, injury or medical condition, to access a voluntary assisted dying substance to end their life at a time and place of their choosing.

A person can only access voluntary assisted dying in Tasmania if they :

- are an adult,
- meet certain residency requirements,
- have decision-making capacity,
- are acting voluntarily, and
- are suffering intolerably in relation to a disease, illness, injury or medical condition that is:
    - advanced, incurable and irreversible, and
    - expected to cause the person's death within six months, or within 12 months if the disease is neurodegenerative.

How can a person access voluntary assisted dying?

A person can only access voluntary assisted dying in Tasmania if the person is determined to be eligible to do so by at least two separate medical practitioners on four separate occasions, and only if the Voluntary Assisted Dying Commission has received all required notices and information and is satisfied that the Act's requirements have been met in relation to the person.

Likewise, only a medical practitioner and/or registered nurse who has been specifically appointed to do so in relation to a particular person can assist that person to administer the voluntary assisted dying substance. As such the voluntary assisted dying substance must be considered and treated differently to other prescribed substances that a person may have in their possession.

Appendix 1 provides more information about the voluntary asissted dying process.

Registered health practitioner restrictions

Registered health practitioners are restricted from engaging in certain conduct under the Act.

Restrictions on initiating a conversation with a person about voluntary assisted dying

Under section 17 of the Act, a registered health practitioner who provides health services or professional care services to a person must not, in the course of providing the services to the person, initiate discussion with the person that is, in substance, about the voluntary assisted dying process, or suggest to the person that the person may wish to participate in the voluntary assisted dying process, unless:

- If the registered health practitioner is a medical practitioner – the medical practitioner also informs the person, at the same time, about:
    - the treatment options available to the person and the likely outcomes, and
    - the palliative care and treatment options available to the person and the likely outcomes.

- If the registered health practitioner is not a medical practitioner – the registered health practitioner also informs the person, at the same time, that a medical practitioner would be the most appropriate person with whom to discuss the voluntary assisted dying process and care and treatment options.

If a person requests information about VAD from a registered health practitioner (including a medical practitioner) they can provide information and there are no restrictions. However, they are still bound by their professional practice requirements and scope of practice.

These prohibitions only apply to registered health practitioners. However, it is important to remember that some people may be uncomfortable talking about voluntary assisted dying and it may not be appropriate to raise the subject. HSE and RACP employees who are not registered health practitioners are likely to need support and guidance in relation to conversations about voluntary assisted dying.

Medical practitioner obligations

Medical practitioners are also obliged to take certain actions under the Act. These obligations apply regardless of the medical practitioner, organisation or employer's stance on voluntary assisted dying including whether the practitioner, organisation or employer has a conscientious objection to providing assistance to the person to die.

1. Obligation to provide the Commission's contact details

Under section 18 of the Act, if a person has clearly indicated to a medical practitioner that the person wishes to access voluntary assisted dying, the medical practitioner must provide the person with the Voluntary Assisted Dying Commission's contact details.

2. Obligation to provide the Relevant Facts

Under section 18 of the Act, if a person attempts to make a formal first request without having received the Relevant Facts from that medical practitioner, the medical practitioner must give the person the Relevant Facts.

Whether an approach from a person is a wish, or a formal first request, will be a matter of fact.

3. Obligation to accept, or refuse to accept, a first request

A person who makes a request to a medical practitioner to determine whether the person is eligible to access voluntary assisted dying and who has received the Relevant Facts from that medical practitioner is taken, for the purposes of the Act, to have made a first request to the medical practitioner.

Under section 19 of the Act, a medical practitioner to whom a first request is made must either accept the request, or refuse to accept the request. This must be done within 48 hours.

A medical practitioner who refuses to accept a first request must:

- notify the person of the refusal,
- note that the person has made a first request and that the medical practitioner has refused to accept it in the medical practitioner's medical records in relation to the person, and
- notify the Commission that the medical practitioner has refused the first request from the person.

These actions must be done as soon as practicable and within, at most, 7 days.

A medical practitioner can refuse to accept a first request for any reason, and they must refuse it if they have not done the Tasmanian approved voluntary assisted dying training course.

4. Obligation to provide information and medical records

A person's PMP or AHP may, at various points throughout the voluntary assisted dying process, request a medical practitioner or medical record holder to provide the PMP with copies of medical records. The PMP or AHP may also ask a psychiatrist, psychologist, registered health practitioner or any other person to provide the PMP or AHP with information, including medical records, as required.

A person or record holder who is asked to provide records or information must not fail, without reasonable excuse, to comply with the requires as soon as reasonably practicable.

These obligations arise under sections 25, 32, 46, 54 and 79 of the Act.

Offences under the Act

The Act sets out a number of offences, including:

- Inducement or undue influence,
- False representation of being authorised to communicate on behalf of a person, and failure to communicate faithfully,
- Falsification of records and making false statements, and
- Failure to provide notices as required by the Act, or comply with notices given under the Act.

In addition, actions purportedly related to VAD if undertaken in bad faith or negligently, or outside the parameters of the VAD Act, could attract criminal liability and/or professional sanctions.

If a person suspects that a contravention of the Act is occurring, or has occurred, the Voluntary Assisted Dying Commission can be notified (see section 121 of the Act).

Assistance for registered health practitioners

Support, education, and advice

Registered health practitioners can complete voluntary assisted dying awareness training to familiarise themselves with the requirements of the voluntary assisted dying legislation and the voluntary assisted dying process.

Medical practitioners and registered nurses can also complete the Tasmanian approved voluntary assisted dying training course.

Completion of the training does not commit a registered health practitioner to participating in the voluntary assisted dying process in any way.

Further information about the Act can be obtained by calling 1800 568 956, emailing vad@health.tas.gov.au or visiting www.health.tas.gov.au/vad.

Planning for Voluntary Assisted Dying

Prior to the commencement of the Act, health service establishments (HSEs) and residential aged care facilities (RACFs) should consider the impact of voluntary assisted dying on their patients and staff, and plan accordingly. Communication is key to ensuring staff and patients are well supported and feel confident in discussing and accessing voluntary assisted dying. A clear policy on voluntary assisted dying, while not required by the Act, will support ongoing relationships between patients, staff, and facilities both for those who support access to voluntary assisted dying and those who are opposed to it.

Credentialing and regulatory requirements

It is important that you are aware of the standards that must be met by your facility in relation to the implementation and management of voluntary assisted dying.

It is recommended that you seek independent legal advice about your obligations under state and Australian Government legislation, and the various guidelines and standards applicable to your facility.

Health service establishments (HSEs)

The *Health Service Establishment Act 2006* (the HSE Act) and the *Health Service Establishments Regulations 2021* specify the standards which must be met by licensed HSEs in relation to matters including:

- achieving accreditation,
- maintaining accreditation and applicable safety and quality standards,
- credentialing of medical practitioners and their delineation of clinical privileges at the facility,
- ensuring appropriately qualified clinical staff, and
- operational procedures.

If your HSE intends to participate in each aspect of the voluntary assisted dying process, including the supply and administration of a voluntary assisted dying substance to a person in accordance with the Act, the licensee of the HSE must inform the RLA Unit. This is because the supply and administration of a voluntary assisted dying substance at the HSE constitutes a new medical intervention (please see Advisory Notice 4/20 for further information). The RLA Unit's role will be to work with the HSE to ensure that clinical governance arrangements underpinning safety and quality are in place.

To find out more about HSE licensing, including fact sheets and forms, visit: Private health regulation information for health service establishments | Tasmanian Department of Health.

Residential aged care facilities (RACFs)

Under Division 2 of the *User Rights Principles 2014* (made under section 96(1) of the *Aged Care Act 1997*) RACFs are responsible for assuring the security of tenure of a consumer. RACFs are not exempt from this requirement if a consumer wishes to undertake, or is undertaking, voluntary assisted dying.

Guide for health service establishments (HSEs)

While not required by the Act, documenting the pathway for people seeking to access voluntary assisted dying, including how they will be supplied and administered the voluntary assisted dying substance, and for relevant support staff, will ensure staff know their role and the HSEs position on voluntary assisted dying.

If the HSE is not supportive of voluntary assisted dying occurring on site, the policy may simply support staff to meet their obligations under the Act.

The below table has a series of questions and foreseeable situations for your HSE to consider. It also suggests actions that may assist your HSE in creating or updating current policies, procedures, and guidelines to ensure compliance with the Act and to ensure staff are prepared and able to meet their obligations under the Act.

Questions relevant to voluntary assisted dying (VAD)	Suggested actions to ensure VAD is incorporated into existing policies procedures and guidelines
How will requests for information from patients and staff about VAD be handled consistently throughout your HSE?	• HSEs should have information about VAD available and on hand for people/patients who request it that reflects the HSEs position and ability to assist
How will the HSE staff be informed of the care pathway to ensure a consistent approach to patients requesting information about, or access to, VAD? How will staff who do not support the HSEs overall position on VAD be supported? How will you ensure staff at your HSE meet their obligations under the Act?	• Staff should be informed of the HSEs overall position regarding VAD and which policies and guidelines to refer to • Identify a key contact within your organisation for VAD queries • Create a steering committee to review, revise or create new policies and procedures for your HSE to include VAD processes • Have a clear pathway to support staff to meet their obligations under the Act • Develop or adapt an information management and reporting system • Establish an education and training program for all staff in relation to VAD • Ensure adequate mental health and wellbeing support for staff
How will a patient be supported if they are seeking to access VAD but are determined to not meet the eligibility criteria?	• Review policies and guidelines relating to counselling and pastoral care for patients and their families • Ensure your HSE is aware of the VAD Navigation Service for referral and support
How will VAD be integrated into existing services, care, and support?	• Review policies, procedures, and guidelines to ensure VAD pathways are included
How will patients (current and future) know what position your HSE has on VAD?	• Noting the restrictions on initiating discussions about voluntary assisted dying, create clear general communications such as fact sheets for staff, posters for patients and the community to use as required

<table>
<tr><td>What support can your HSE offer current and future patients and their families to understand the VAD process?</td><td>Be clear on your HSEs capability and utilise the VAD Navigation Service as required</td></tr>
<tr><td>What should be included in the HSE internal clinical process?</td><td>Develop a local policy in relation to VAD at the HSE that provides an internal clinical process including:
All staff are able to provide verbal and written information about VAD at the request of a person
When a person clearly indicates to a medical practitioner that they wish to access VAD, the medical practitioner is able to either act on the request or provide the person with the contact details of the Voluntary Assisted Dying Commission
Conducting initial assessments
How VAD substances will be stored, handled, supplied and administered within the HSE
Other related services to support patients and their families</td></tr>
<tr><td>Is the HSE ready to support VAD?</td><td>Medical practitioners who have completed Tasmanian approved voluntary assisted dying training course and who are otherwise authorised are credentialled to conduct VAD activities within your HSE
Ensure you have a suitable area to store VAD substances in line with the routine management of schedule 4 and schedule 8 medications (the Voluntary Assisted Dying Pharmacy Service can advise)
Provide a space for patients, their families, and friends for VAD administration (either private self-administration, with an AMP nearby, with assistance from the AHP or administration by the AHP)
Provide or refer family, friends, staff, and carers to bereavement support services after a person dies</td></tr>
<tr><td>If the HSE is not supportive of VAD occurring on site, the pathway to the policy will need to</td><td>Outline the required steps for staff to take
Ensure that the minimum requirements outlined in this document are met</td></tr>
</table>

See:
Appendix 3: Preparing VAD workforce.
Appendix 4: HSE policy template.
Appendix 6: HSE model of care template.

Guide for residential aged care facilities (RACFs)

Prior to the commencement of the Act, RACFs should consider the impacts of voluntary assisted dying on their residents and staff, and plan accordingly. The below table has a series of questions and foreseeable situations for your RACF to consider. It also suggests actions that may assist your RACF in creating or updating current policies, procedures and guidelines to ensure compliance with the Act and also ensure staff are prepared and able to meet their obligations under the Act.

Questions relevant to voluntary assisted dying (VAD)	Suggested actions to ensure VAD is incorporated into existing policies procedures and guidelines
How will requests for information from residents and staff about VAD be handled consistently throughout your RACFs?	• RACFs should have information about VAD available and on hand for people who request it that reflects the RACFs position and ability to assist
How will the RACFs staff be informed of the care pathway to ensure a consistent approach to residents requesting information about, or access to VAD? How will staff be supported who do not support the RACFs overall position on VAD? How will you ensure staff at your RACF meet their obligations under the Act?	• Staff should be informed of the RACFs overall position regarding VAD and which polices and guidelines to refer to • Identify a key contact within your organisation for VAD queries • Create a steering committee to review, revise or create new policies and procedures for your HSE to include VAD processes • Have a clear pathway to support staff to meet their obligations under the ACT • Develop or adapt an information management and reporting systems • Establish an education and training program for all staff in relation to VAD • Ensure adequate mental health and wellbeing support for staff
How will a resident be supported if they are seeking access to VAD but are assessed as not meeting the eligibility criteria?	• Review policies and guidelines relating to counselling and pastoral care for residents and their families • Ensure your facility is aware of the VAD Navigation Service for referral and support
How will VAD be integrated into existing services, care and support?	• Review policies, procedures and guidelines and ensure VAD pathways are included
How will residents (current and future) know what positions your RACF has on VAD?	• Noting the restrictions on initiating discussions about voluntary assisted dying, create clear general communications such as fact sheets for staff, posters for patients and the community to use as required
What support can your RACF offer current and future residents and their families to understand the VAD process?	• Be clear on your RACFs capability and utilise the VAD Navigation Service as required
What should be included in the RACFs internal clinical process?	Develop a local policy in relation to VAD at the RACF that provides an internal clinical process including:

	• All staff are able to provide verbal and written information about VAD at the request of a person • When a person clearly indicates to a medical practitioner that they wish to access VAD, the medical practitioner is able to either act on the request or provide the person with the contact details of the Voluntary Assisted Dying Commission • Conducting initial assessments • How VAD substances will be stored, handled, supplied and administered within the • RACF • Other related services to support residents and their families •
Is the RACF ready to support VAD?	• Medical Practitioners who have completed the VAD training and who are otherwise authorised are credentialled to conduct VAD activities within your RACF • Ensure you have a suitable area to store VAD substances in line with the routine management of schedule 4 and schedule 8 medications (the Voluntary Assisted Dying Pharmacy Service can advise) • Provide a space for patients, their families, and friends for VAD administration (either private self-administration, with an AMP nearby, with assistance from the AHP or administration by the AHP) • Provide or refer family, friends, staff, and carers to bereavement support services after a person dies •
If the RACF is not supportive of VAD occurring on site, the pathway to the policy will need to:	• Outline the required steps for staff to take • Support the person to access the information they require and • Ensure that the minimum requirements outlined in this document are met

See:
Appendix 3: Preparing VAD workforce.
Appendix 5: Providing VAD in RACF policy example.

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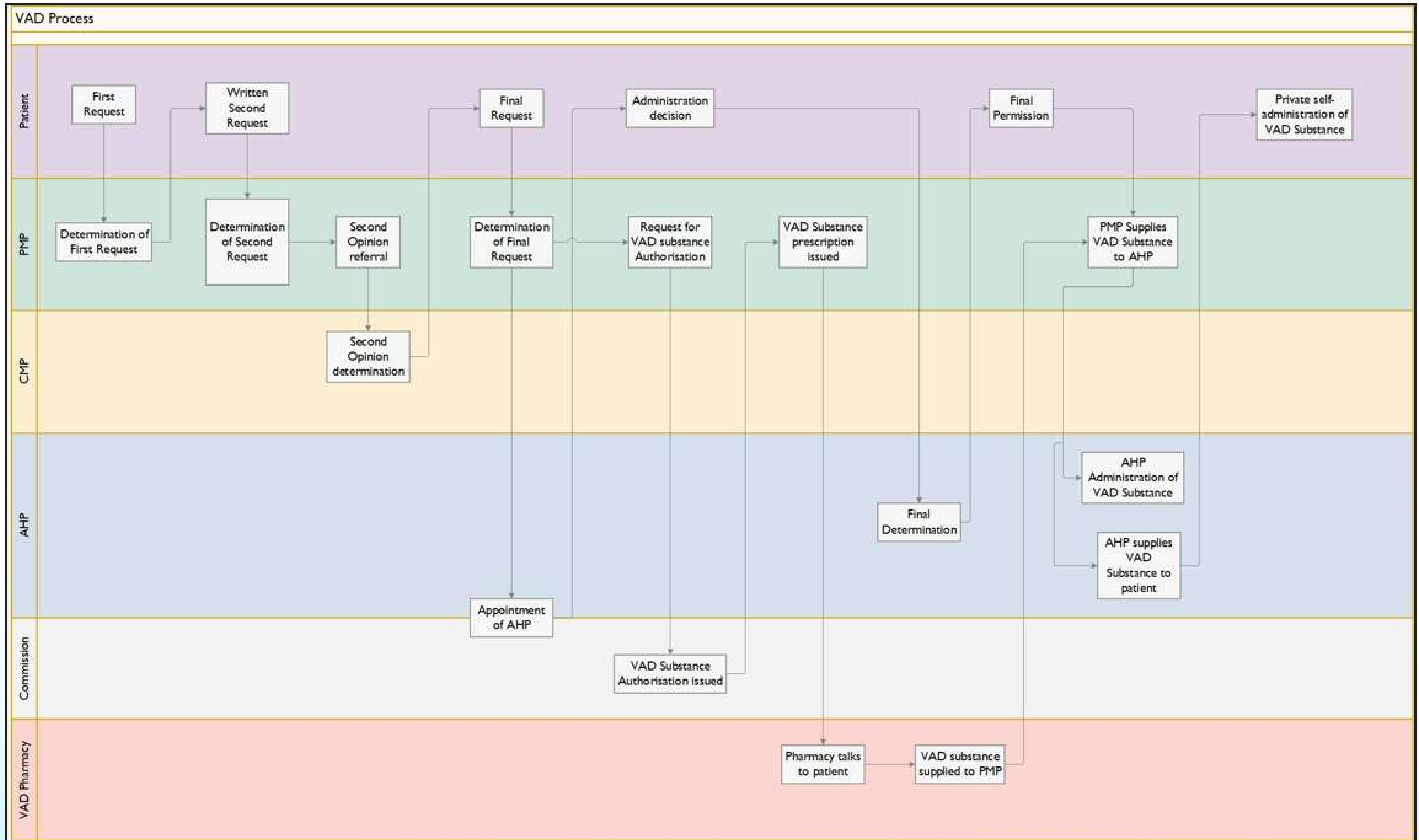
Appendix 1: Voluntary assisted dying process



VAD – Voluntary Assisted Dying
PMP – Primary Medical Practitioner
CMP – Consulting Medical Practitioner
AHP – Administering Health Practitioner

Appendix 2: *End-of-Life choices (Voluntary Assisted Dying) Act 2021* - Objectives and Principles (section 3)

(1) The objectives of this Act are:

(a) to provide, to persons who are eligible to access VAD, an efficient and effective process to enable them to exercise their choice to reduce their suffering by ending their lives legally; and

(b) to ensure that the process provided for the exercise of that choice protects and prevents persons from having their lives ended unwittingly or unwillingly; and

(c) to provide, in certain circumstances, legal protection for persons who choose to assist, or who choose not to assist, such persons to exercise their choice to end their lives in accordance with that process.

(2) A person exercising a power or performing a function under this Act must have regard to the following principles:

(a) every human life has equal value;

(b) a person's autonomy, including autonomy in respect of end of life choices, should be respected;

(c) a person has the right to be supported in making informed decisions about the person's medical treatment, and should be given, in a manner the person understands, information about medical treatment options, including comfort and palliative care and treatment;

(d) a person approaching the end of life should be provided with high quality care and treatment, including palliative care and treatment, to minimise the person's suffering and maximise the person's quality of life;

(e) a therapeutic relationship between a person and the person's registered health practitioner should, wherever possible, be supported and maintained;

(f) a person should be encouraged to openly discuss death and dying, and the person's preferences and values regarding their care, treatment and end of life should be encouraged and promoted;

(g) a person should be supported in conversations with the person's registered health practitioner, members of the person's family and carers and community about treatment and care preferences;

(h) a person is entitled to genuine choices about the person's care, treatment and end of life, irrespective of where the person lives in Tasmania and having regard to the person's culture and language;

(i) a person who is a regional resident is entitled to the same level of access to voluntary assisted dying as a person who lives in a metropolitan region;

(j) there is a need to protect persons who may be subject to abuse or coercion;

(k) all persons, including registered health practitioners, have the right to be shown respect for their culture, religion, beliefs, values and personal characteristics.

Appendix 3: Preparing a voluntary assisted dying workforce

HSEs should consider how they will make voluntary assisted dying available within their service taking into account factors such as:

- workforce availability and capacity,
- clinical capacity,
- service capacity, and
- communications.

The availability of a workforce, in relation to voluntary assisted dying, means the availability of medical practitioners and registered nurses who are trained, credentialed, and willing to undertake the roles outlined in the Act as part of the formal process, as well as the ability to manage other workforce requirements including staff who may conscientiously object to being involved in VAD in any way. Refer to the voluntary assisted dying guidelines to see who can take on a role under the Act if they meet the criteria.

Management of voluntary assisted dying will, similarly to the management of other health services, have implications in relation to administration, staffing, compliance, performance monitoring, information management and reports, service pricing, and evaluation. Facilities should consider how existing management processes apply and supplement existing policies as required.

Voluntary assisted dying coordinator

A dedicated voluntary assisted dying coordinator at your HSE will assist in the development of seamless person-centred service delivery. The voluntary assisted dying coordinator could hold responsibility for being a contact point for internal practitioners, facilitating partnerships (internally and externally) or maintaining consistent communication with patients and relevant stakeholders, including the Voluntary Assisted Dying Commission, the Voluntary Assisted Dying Navigation Service and the Voluntary Assisted Dying Pharmacy Services.

This will ensure increased quality of end-of-life planning for patients and their friends and family.

Can the HSE provide:

- the minimum support required to support a person wishing to access voluntary assisted dying,
- staff that are able to provide compassionate person-centred care and support regardless of the HSEs position on voluntary assisted dying,
- a dedicated staff member to coordinate or oversee the voluntary assisted dying process within the HSE,
- a clear process (or capacity to create protocols or policies) for voluntary assisted dying referrals within the HSE or capacity to support external referrals to support the patient's voluntary assisted dying request,
- workforce education about voluntary assisted dying, and
- grief and loss counselling and bereavement support?

Does the HSE have:

- capacity to develop clinical governance structures and relevant processes for all aspects of the voluntary assisted dying process, and
- capacity to develop linkages with other health facilities providing voluntary assisted dying?

Appendix 4: HSE policy template

This policy template has been created as a guide to support HSEs to clearly define expectations and their position on voluntary assisted dying. This document will support staff to understand the HSE's position, and for staff to be clear about the expectations of the HSE. Below are suggestions, to be used as a guide only. It is important to modify and make this document relevant to each HSE and the HSE's capacity to participate in voluntary assisted dying.

Aim
This policy outlines XXX approach to voluntary assisted dying (VAD) and provides staff with guidance in relation to their roles and responsibilities under the *End-of-Life Choices (Voluntary Assisted Dying) Act 2021* (the Act). This policy is applicable to all clinical staff, non-clinical staff and volunteers.

Background
Tasmania has passed legislation which will allow eligible adults to access voluntary assisted dying from 23 October 2022. The VAD process enables a person who is dying to access a prescribed substance to end their life after following the steps set out in the Act. VAD is an option alongside or in addition to, rather than instead of, a person's existing care. A person will only be able to access voluntary assisted dying if they are an adult, if they meet certain residency requirements, if they have decision-making capacity, if they are acting voluntarily, and if they are suffering intolerably in relation to a disease, illness, injury or medical condition that is advanced, incurable and irreversible and expected to cause the person's death within six months or 12 months, if the disease is neurodegenerative. For more information see www.health.tas.gov.au/vad.

Vision Statement
What are the HSE's guiding principles in relation to VAD and patient centred care? **Example statements:** • At all times we will support patients in our care and their loved ones through the dying process and death in a way that provides them with comfort, dignity and respect and acknowledges their choices and preferences. • Patients who have decided to access VAD will have their choice, needs, preferences and values respected. • The organisation will provide an efficient and effective process to enable patients to exercise their choice and ensure that patients are provided information and referral to other services as required (including the VAD Navigation Service). • Privacy will be respected, and confidentiality maintained. • All staff will understand and comply with their obligations under the Act.

XXX approach to VAD

Outline your facility's position regarding the provision of VAD

Examples of statements:

- All staff must understand their legal rights and obligations under the Act.
- Where possible, eligible patients will be encouraged to communicate their wishes with registered health practitioners involved in their care.
- A patient's personal choices, circumstances and wishes must be respected and facilitated to the maximum extent possible – support from the VAD Navigation Service is available.
- Any queries related to VAD should be referred to XXX to ensure patient support and continuity.

VAD education and training

- All medical practitioners and registered nurses who wish to assist patients to die under the Act must complete the Tasmanian voluntary assisted dying training course.
- Short introduction and overview of VAD course (Department of Health)
- VAD Navigation Service support and education
- List any other training of education you wish your staff to complete

Minimum Requirements under the Act

- See "Registered health practitioner restrictions" and "Registered health practitioner obligation" (pages 5 to 7 of this document)

The VAD Process

Outline the HSEs required steps for VAD (ensuring that all obligations are met under the Act)

This could include from receiving the first request through to administering the VAD substance or may be limited to providing a person with the Commission's contact details.

Health Practitioner Roles

There are strict requirements and processes that must be followed for the provision of VAD to be lawful.

There are two specific key roles under the Act that may only be undertaken by medical practitioners who have completed the Tasmanian approved voluntary assisted dying training course.

Primary Medical Practitioner (PMP) - this is the medical practitioner who accepts and determines a person's first request to access voluntary assisted dying.

Consulting Medical Practitioner (PMP) - this is the medical practitioner who accepts a referral, from the person's PMP, to determine whether the person is eligible to access voluntary assisted dying.

A person's PMP can act as their **Administering Health Practitioner (AHP).** A person's administering health practitioner, or AHP, is the medical practitioner or registered nurse who supplies or administers a voluntary assisted dying substance to the person.

Documentation and Patient Records

Follow your usual documentation and patient records (outlining them below) ensuring that patient confidentiality is maintained at all times.

Consider how and if a VAD conversation is recorded on a patients file if that file can be accessed by a range of staff.

Supporting resources

We acknowledge that staff may be personally affected by VAD in different ways.
List range of services available to staff:

- Employee Assistance Program (EAP)
- Other staff support services on offer at your HSE
- Other end of life and bereavement support services.

Managing complaints relating to VAD

Consumer feedback in relation to VAD should be managed in accordance with usual complaint management processes.

Staff are encouraged to provide feedback on their involvement with VAD to XXX

Compliance and evaluation

There are legislative obligations that relate to this policy. A breach of a provision of the Act by a registered health practitioner may be considered professional misconduct or unprofessional conduct for the purposes of the Health Practitioner Regulation National Law (Tasmania).

The VAD Commission can investigate suspected contraventions of the Act and/or refer matters to other bodies including Tasmania Police, the Australian Health Practitioner Regulation Agency (Ahpra) or the Health Complaints Commissioner.

Appendix 5: Providing voluntary assisted dying in RACF policy example

Objective

To guide staff on supporting residents/clients to access voluntary assisted dying (VAD). Under each step, ensure you identify a staff member/role that has responsibility for this action. We have provided some examples and options to support the development of your document with *italicised red text* as examples and things to consider in the development of your policy.

Procedure

1.0 Ensure staff availability

Ensure you have an understanding of each staff member's preferred participation level

Ensure staff who are willing to support residents/clients with their VAD needs are rostered on the day of VAD substance administration where possible

2.0 Receive VAD substance

- *Where will the VAD substance be stored? (Ensure it is compliant with relevant legislation)*
- *Ask the resident/client if they are happy to share more information; ascertain the plan for taking the VAD substance*
- *Ensure confidentiality is maintained*
- *Contact the VAD Navigation Service if additional support it requested or required*

Note: *The AHP will have been supplied with the VAD substance kit, who will either pass this onto the patient for securely storing on site, or will keep it on hand for when administration takes place.*

The VAD Pharmacy service can be contacted if needed.

3.0 Confirm how the VAD substance will be administered

- *Confirm with the resident how the VAD substance will be administered and what the resident want/need from your facility*
- *Complete any relevant internal policy documents or forms that may be required if self-administering medication on site*

4.0 Store the VAD medications

- *Do not take the VAD substance out of the originally delivered locked box until the actual administration*
- *Store the locked medication box in accordance with the Poisons Act 1971 and Poisons Regulations 2018 to ensure medication safety*
- *Document if the VAD substance kit is delivered to the resident from the AHP*

5.0 Administration of the VAD substance

Note: Only an AHP can administer the VAD substance. Other staff cannot assist the resident to mix the VAD substance in anyway.

- *Resident choices are to be respected; Residents can administer the VAD substance in their own room*
- *Ensure privacy and confidentiality*
- *Ensure no one is able to enter the room unless authorised to do so*

- *Staff can be present during the administration if requested by the resident but is not to provide any practical assistance in the administration of the substance.*

6.0 Complete Documentation

- *Complete any relevant documents required for your organisation*

7.0 Provide support to any staff and any others including residents who are affected by the death, end of life care and VAD

- *Refer staff to Employee Assistance Program (EAP) ensure staff specify that they would like to seek support specifically related to the VAD process when they call EAP*
- *Provide details or support services best suited to the needs of those affected*
- *The VAD Navigation service can provide support and referral options as required*

Acknowledgement to Regis Aged Care and Respect Aged Care for sharing their policies with us.

Appendix 6: HSE model of care template

This template had been developed as a guide to assist HSEs to develop a model of care for supporting patients who request voluntary assisted dying. This will support staff to understand the HSE's position, and for all staff and volunteers to be clear about the expectations of the workplace.

Purpose and Objectives
What is the purpose of this document? *Who does the document apply to in your organisation (medical practitioners, all staff, volunteers etc)* **Examples:** • Manage voluntary assisted dying (VAD) – related issues arising in your facility. • To articulate your facility's response to VAD and outline how staff can provide a consistent and compassionate approach to all residents and clients when situations arise in response to the Act. • To respect the wishes of patients who are legally eligible to access VAD • To provide high quality care in a supportive and compassionate context that is consumer focused. • To ensure patient choice about values and wishes for the end of life are respected and supported. • To ensure that there is a clear understanding about the role and responsibilities of others. • To provide instruction and guidance for staff.

Scope
Who does this policy apply to? Staff, agency staff, contractors, volunteers (noting that only registered health practitioners (including medical practitioners) have obligations under the Act)

Principles
Your model of care needs to be underpinned by the Act, of which the following principles are mandatory (when acting under the Act): • *Patient-centred care* • *Respect for autonomy* • *Non -discrimination* • *Equality of access* *How will you implement the above principles in your HSE in relation to VAD*

Associated Documents
List all of your HSE relevant legislation, policies and guidelines associated with client confidentiality, end of life care and any VAD specific policies you develop.

Services provided
What role will your HSE play in supporting Tasmanians who are eligible and request VAD? • Patients should be encouraged and supported to openly discuss death and dying, their preferences and values according to their wishes. • Pastoral/spiritual support may be offered to patients and their family depending on their preference and choices.

Think about:

- *Conscientious objection (ensuring that minimum requirements and obligations are met under the Act).*
- *Bereavement support*
- *Staff education and support*
- *Having a VAD co-ordinator –how will staff access the co-ordinator*
- *Will you have a register of medical practitioners who have completed the VAD training and are willing to provide support?*

Hours of operation

- *When will staff be available to progress VAD requests.*
- *Give consideration to medical practitioners or registered nurses (acting as AHPs under the Act) being rostered on who have indicated a willingness to participate in VAD if a patient has set an administration date.*

Cost to patient

- *Will there be a cost to patients for their consultations with your hospital staff*
- *Outline the associated costs*

Referral systems

- *Outline how requests and referrals will be managed within your health facilities.*
- *Contact can be made with the VAD Navigation Service to support practitioners, patients, and their families.*

Information management

- *How will you record confidential information in relation to VAD?*
- *How will you identify, and record willing and trained medical practitioners?*

Workforce – staffing, training, support

- *Ensure you have an understanding of each staff member's preferred participation level*
- *Will your facility have a coordinator if so - list their responsibilities here. If not who is a contact person for Staff who have questions or are seeking support about VAD.*
- *What training can you offer staff, link to the authorised VAD training for willing practitioners, as well as other resources such as FAQs on the Department of Health website*
- *What supports will be put in place – ie EAP*

Appendix 7: Additional considerations

A person-centred approach

There are principles set out in the Act that must be considered in exercising any power or function under the Act (refer to Appendix 2 *End-of-Life choices (Voluntary Assisted Dying) Act 2021* – Objectives and Principles). Amongst these are a requirement for every person exercising or performing a function under the Act (section 3(2)) to have regard to the principle that a person's autonomy, including autonomy in respect of end-of-life choices, should be respected and to the principle that a person approaching the end of life should be provided with high quality care and treatment, including palliative care and treatment, to minimise the person's suffering and maximise the person's quality of life.

All medical practitioners providing end-of-life care should be supported to ensure that the person receives safe, compassionate, competent care regardless of whether they seek information about, or referral to services that provide voluntary assisted dying.

Professional misconduct or unprofessional conduct

The taking of an action, or the failure to take an action, under the Act or purportedly under the Act, by a registered health practitioner is capable of constituting professional misconduct or unprofessional conduct for the purposes of the Health Practitioner Regulation National Law (Tasmania) if done in bad faith or without reasonable care and skill. This applies regardless of whether the action or failure to take the action is an offence under the Act.

The Voluntary Assisted Dying Commission can refer suspected contraventions of the Act to such persons as the Commission thinks fit, including the Australian Health Practitioner Regulation Agency (Ahpra), Tasmania Police, or the Health Complaints Commissioner.

The *Criminal Code Act 1995* (Cth)

The Commonwealth *Criminal Code Act 1995* contains offences which have the effect of restricting the use of electronic communication methods in relation to voluntary assisted dying. Practitioners should ensure they are aware of their obligations under the Commonwealth law when communicating with patients.

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Tasmanian
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