Challenges in implementing voluntary assisted dying in Victoria

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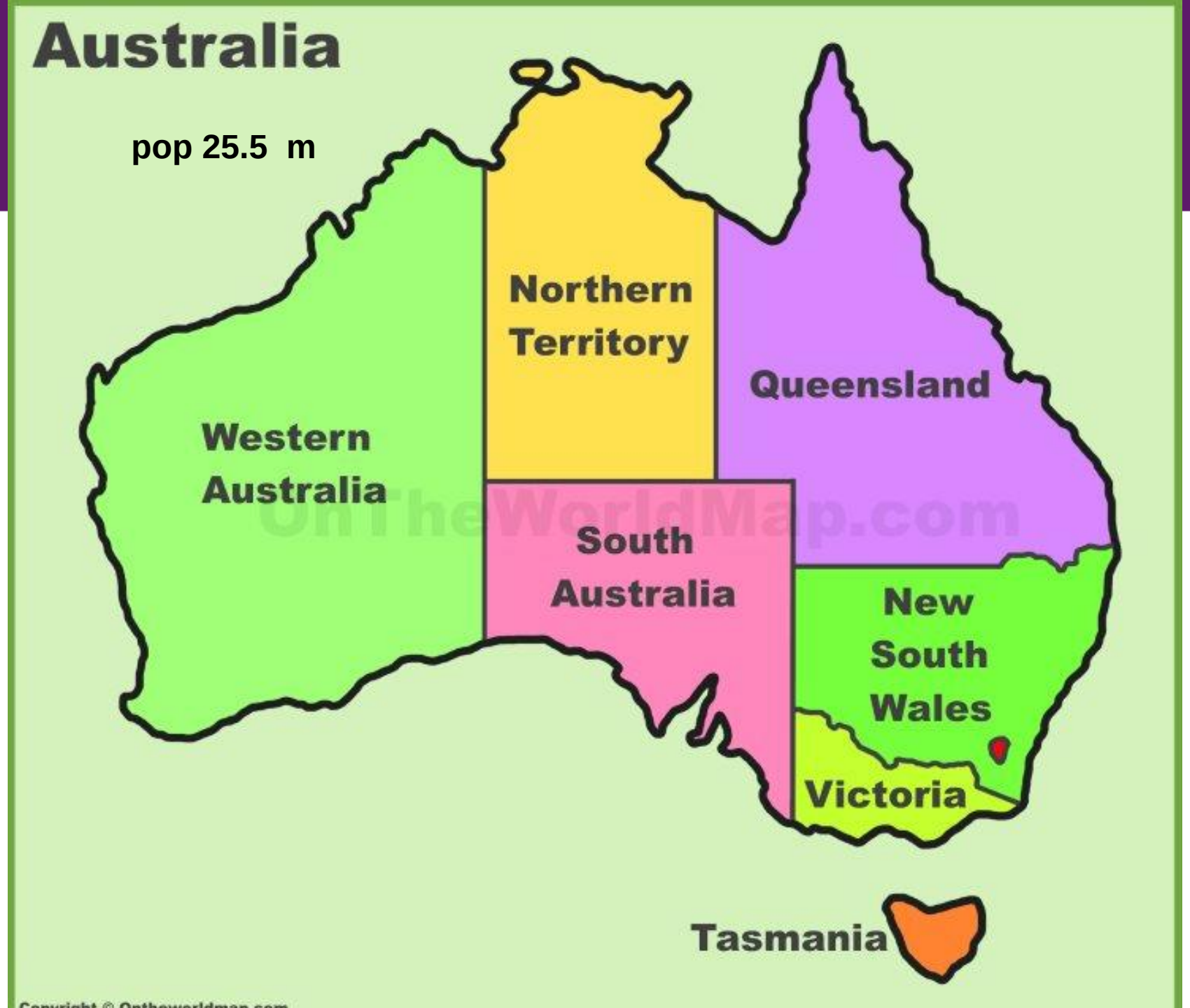
VICTORIA State Government | Health and Human Services



Victoria
pop 6.3.m

related developments in Victoria

- Vic. Charter of Human Rights (2016)

  http://www.humanrightscommission.vic.gov.au/upcoming- changes-to-medical- decision-making-laws

- 'End of Life & Palliative Care Strategy' (2016) www2.health.vic.gov.au/hospitals-and- health-services/patient-care/end-of-life-care/palliative-care/end-of-life-and-palliative-care-framework

- Powers of Attorney Act 2014 (2015)

  http://www.publicadvocate.vic.gov.au

- Medical Treatment Planning & Decisions Act 2016 (2018)

  http://www.publicadvocate.vic.gov.au

Voluntary Assisted Dying in Vic

2016 - Social & Legal Issues Parliamentary Committee on End of Life Choices – consultation, public hearings, international visits.

49 recommendations – community-palliative care (29), advance care planning (18), assisted dying (1)

2017 - Ministerial Advisory Panel (MAP) – consultation, interim & final reports

Parliamentary debate & vote Oct-Nov 2017

2018/19 implementation

Voluntary Assisted Dying Act 2017

The Act provides for & regulates access to voluntary assisted dying (voluntary assisted dying). Like any other clinical intervention - practice considerations to be addressed. The Act:

1. establishes clear **eligibility criteria**
2. steps through a detailed **request and assessment process**, including requirements for medical practitioners

   sets up a voluntary assisted dying **permit process** which authorises the prescribing & dispensing of a voluntary assisted dying substance
3. **governance -** establishes the Voluntary Assisted Dying Review Board (Review Board)

- provides for a range of **additional safeguards** including substance monitoring, practitioner protections, offences, and a five year review.

eligibility criteria

to access voluntary assisted dying, a person must meet **all** the following:

- be aged 18 years or more; and
- be an Australian citizen or permanent resident; and be ordinarily resident in Victoria for at least 12 months; and
- have decision-making capacity in relation to voluntary assisted dying; and
- be diagnosed with a disease, illness or medical condition, that:
  - is incurable; and
  - is advanced, progressive and will cause death; and
  - is expected to cause death within weeks or months, not exceeding 6 months (12 months for a neurodegenerative condition); and
  - is causing suffering that cannot be relieved in a manner the person considers tolerable.

request and assessment

a person must make three separate, formal requests:

- the person makes their **first request** to a medical practitioner (who becomes the co-ordinating medical practitioner if they accept)
  - the person undergoes a first assessment by the co-ordinating medical practitioner
  - the person undergoes a consulting assessment by a consulting medical practitioner

- the person makes a **written request**, which is signed by two independent witnesses

- the person makes a **final request** to the co-ordinating medical practitioner
  - the person's final request must be made at least 9 days after the day on which they made their first request (exception if they are likely to die within that time)

if the person is eligible

- co-ordinating medical practitioner applies for a voluntary assisted dying permit from DHHS to prescribe the voluntary assisted dying substance (opportunity to ensure compliance with the request & assessment process)

- if the person is physically able to self-administer & digest the substance, the practitioner must apply for a self-administration permit
  - (if the person is not physically able to self-administer or digest the substance - practitioner administration permit)

- administration by a medical practitioner will only occur in very limited circumstances to ensure those physically unable to self-administer are not discriminated against.

roles of medical practitioners

•the roles of medical practitioners are clearly defined:

• **co-ordinating medical practitioner** supports the person, undertakes the first assessment, receives the requests, and is responsible for reporting (whole process)

• **consulting medical practitioner** provides a consulting assessment (only)

•both practitioners must ensure the person is properly informed of all treatment and care options, including palliative care and likely outcomes

•each practitioner must undertake an independent assessment to form a view as to whether:

- the person meets the eligibility criteria
- the person understands the information provided
- the person is acting voluntarily and without coercion; and
- the person's request is enduring

which medical practitioners can participate?

- only specialist medical practitioners (including GPs) can conduct the assessment process and prescribe the substance.

- between them (co-ordinating and consulting medical practitioner) must have:
  - at least five years post-fellowship experience
  - experience and expertise in the person's disease, illness or medical condition

- both medical practitioners must:
  - be a Fellow of a specialist Medical College (inc College of General Practitioners)
  - Complete (on-line) training before conducting an assessment (legal & practical requirements of voluntary assisted dying).

health practitioners

- a health practitioner not required to participate. Conscientious objection enshrined in Vic law
- a health practitioner must not initiate the discussion about voluntary assisted dying with a patient while providing a health service
- there are protections for health practitioners & paramedics who act in good faith & in accordance with the Act
  - this includes not providing life-sustaining treatment that has not been requested if they believe the person has accessed voluntary assisted dying
- range of offences, including –
  - to induce a request or self-administration
  - falsifying records or making a false statement
  - providing or administering a voluntary assisted dying substance without a permit

conscientious objection

‘the right to refuse to do any of the following:

1. to provide information about voluntary assisted dying
2. to participate in the request & assessment process
3. to apply for a voluntary assisted dying permit
4. to supply, prescribe or administer a voluntary assisted dying substance
5. to be present at the time of administration of a voluntary assisted dying substance
6. to dispense a prescription for a voluntary assisted dying substance’

Voluntary Assisted Dying Act 2017, p.13

reporting requirements

mandatory reporting to the Voluntary Assisted Dying Review Board following the:

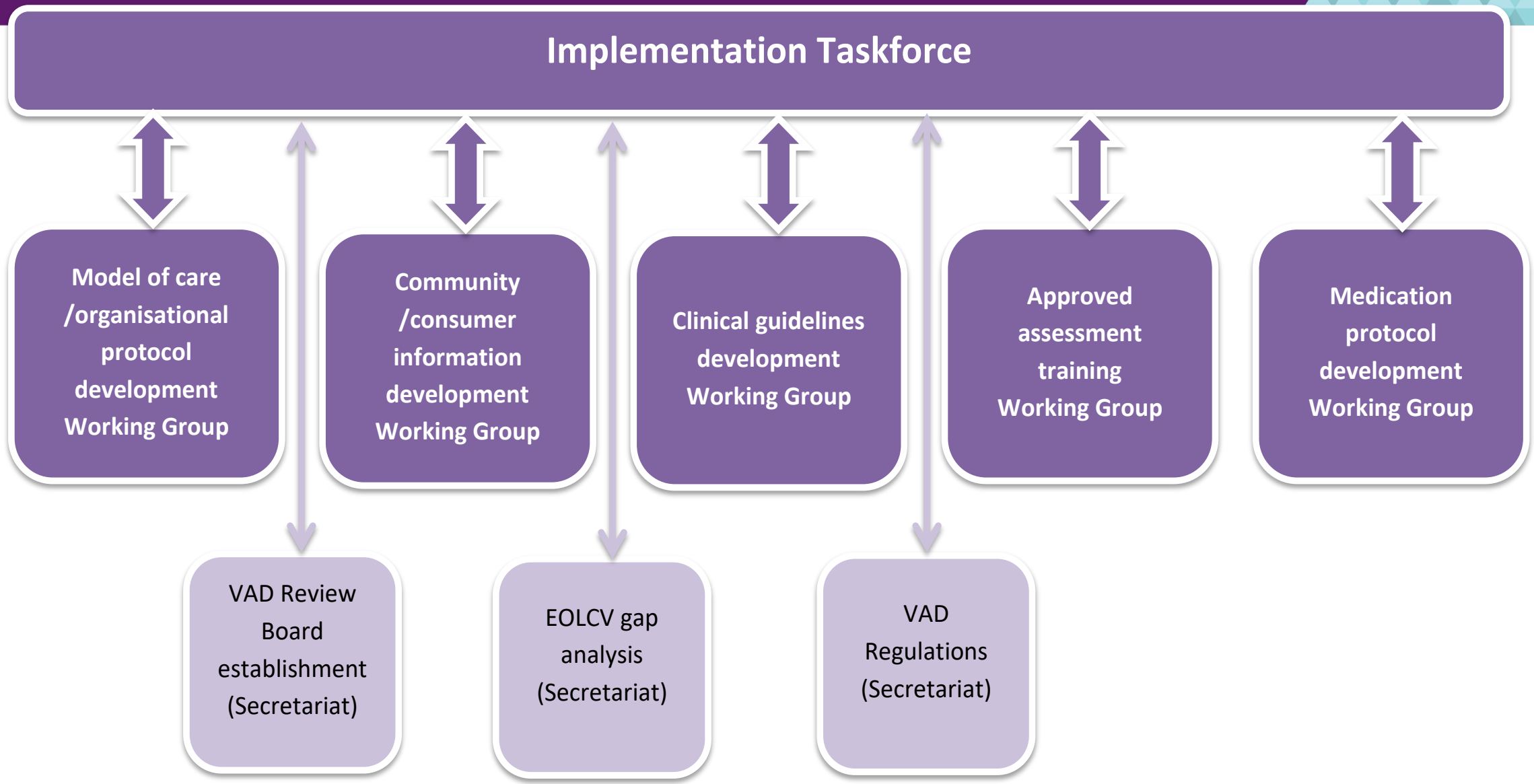
- first assessment (co-ordinating medical practitioner);
- consulting assessment (consulting medical practitioner;
- final review, following third request (co-ordinating medical practitioner);
- dispensing of the substance (pharmacist);
- disposal of the substance (pharmacist);
- administration of the substance by a co-ordinating medical practitioner.

- reporting forms are detailed in Schedule to the Act
- Voluntary Assisted Dying Review Board reports to Parliament 6 monthly

implementation 2018-19

- implementation - within the context of *existing* care available for people at the end of their life.
- Implementation Taskforce:
  - **models of care and organisational protocols** (to assist health services to respond to the Act)
  - **guidance for health practitioners** (which step practitioners through the legal and clinical requirements)
  - **training for medical practitioners** (focused on the legal and clinical requirements)
  - **medication protocols** (provided to participating medical practitioners setting out exactly what to prescribe)
  - **consumer and community information** (for a range of levels and situations).

Implementation Taskforce: projects and governance



model of care

- **Pathway A**:**Single service** – eg tertiary metropolitan health services, regional and sub-regional health services.
  - suite of services and staff with sufficient expertise to provide voluntary assisted dying within their existing health service or network.

- **Pathway B: Partnership service** – eg smaller metropolitan health services, local, small rural and multi-purpose services that currently provide care to people who are at the end of their life.
  - support and facilitate the request and assessment process,
  - will need to establish partnerships with other health services and refer people to other services to access appropriate specialists, including general practitioners.

- **Pathway C: Information and support service** - health services which do not provide care to people who are at the end of their life, and health services which have chosen not to provide voluntary assisted dying.
  - provide information and/or referrals for people who request voluntary assisted dying and, where appropriate, continue to provide support to these people.

medications

- medication protocols developed by the Implementation Taskforce
- prescription required in accordance with the medication protocols
- the government has established a single statewide pharmacy service at the Alfred Hospital
  - to dispense medications for voluntary assisted dying across Victoria
  - allows for a consistent, safe and controlled process for
    - prescription
    - dispensing and
    - retrieving of voluntary assisted dying medications and
  - the development of expertise in these medications.
- the range of suitable medications are secured for use in Victoria.
- medication protocols only available to medical practitioners who complete the voluntary assisted dying training.

clinical challenges for health services

- health services needed to decide whether or not to provide voluntary assisted dying – no compulsion

- regardless of whether a health service provides voluntary assisted dying, preparation for the legislation:
  - how individual staff respond to questions & requests for information?
  - staff support in managing requests?
  - if voluntary assisted dying will/will not be provided, what is the model of care?
  - staff education & support if voluntary assisted dying is provided?

organisational challenges

- communication, information education & support for staff & health service clients
- policies, procedures & guidelines – revise/develop
- familiarity with documentation & process of voluntary assisted dying
- readiness of systems – IT, legal, alerts, tracking of request process, reporting
- whether patients who request voluntary assisted dying will be referred to other health services, & how this is facilitated
- how patients requesting access to voluntary assisted dying will be supported

challenges for nurses & other health professionals

- regardless of clinician perspectives, interactions related to voluntary assisted dying need to be compassionate, respectful, & without judgment
- individual reflection on personal and professional impact of the Act on their actions
- individual participation is guided by personal & professional beliefs, local health guidelines & statutory requirements (duty of care)
- discussions may focus on improving overall quality of life, and may include a request for information about, or access to, voluntary assisted dying
- voluntary assisted dying is not an alternative to end-of-life/palliative care, which should continue to be offered & may enhance a person's quality of life
- clinicians need to be prepared to respond to a person expressing concerns about end-of-life care & suffering they are experiencing
- Voluntary Assisted Dying Navigator roles

summary

- Voluntary Assisted Dying is for a few, end of life/palliative care for many/most
- new legislation requires time to become established
- dissemination of information
- establishing networks of providers
- role of the Review Board
- accountability to the community