Challenges in implementing voluntary assisted dying in Victoria

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related developments in Victoria


- ‘End of Life & Palliative Care Strategy’ (2016)


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.
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.
• 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’
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 / organisational protocol development
  Working Group
- Community / consumer information development
  Working Group
- Clinical guidelines development
  Working Group
- Approved assessment training
  Working Group
- Medication protocol development
  Working Group
- VAD Review Board establishment
  (Secretariat)
- EOLCV gap analysis
  (Secretariat)
- VAD Regulations
  (Secretariat)
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
    o prescription
    o dispensing and
    o 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