voluntary assisted dying

Communities we consulted

Health and aged care service providers Health professionals First Nations communities Disability and mental health communities

Attendees

 14 attendees from 7 organisations representing residential aged care facilities, other private health providers, and health care consumers

This roundtable was held online and the discussion focused on the themes of patient-centredcare and institutional nonparticipation, conscientious objection and oversight, reporting and compliance "It is important to acknowledge organisational values - the person should be at the front and centre of decision-making"

Topics most frequently discussed



What you told us about how the ACT model could work.

Person-centred care and institutional non-participation

- Access to the process should not be hindered by
 a provider not participating
- A good process should access (e.g., care navigation, agencies partnering with others who do not participate, allowing others to assist in the process)
- People need to remain at the centre of the decision and their wishes upheld
- A specialised team could be established for outreach, including education and support

Conscientious objection

- While there will be different views and approaches to participation or non-participation in the voluntary assisted dying process, clinicians views and values should be respected
- Individuals have the right to consciously object, but this should only be in relation to implementing the voluntary assisted dying process, not for everyday care
- There may be differing expectations of involvement in the process depending on the health or care facility and a health professional's place of work (e.g., aged care)
- Education and the provision of accessible information will be important to inform employees as well as patients or residents of facilities supporting access to voluntary assisted dying

Workforce considerations, and oversight, reporting and compliance

Health and aged care service providers

• There is a need for clarity around levels of reporting (including publicly) as there will be a level of interest in VAD data, especially following initial introduction of legislation

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- There is a need for clarity around who would be responsible for collecting and storing the data, and the logistics of reporting and record keeping needed to comply with legislation or policy, particularly in the context of constraints in the aged care sector
- Processes and templates would assist smaller providers with reporting requirements
- Where will advance care plans or directives fit as a part of the application process? Having a plan in place would provide insight into patient wishes, particularly for people with degenerate diseases
- Harmonisation of VAD legislation across Australian jurisdictions would be useful for anyone needing to cross jurisdictions
- It is important to be able to establish decision-making capacity in an individual, and taking steps to not let external factors, including the feelings of those close to them, impact the ultimate decision to grant eligibility
- The ACT can learn from other jurisdictions, including internationally, particularly from specialised practitioners who could provide education and support

HEducation packages will be very important to ensure understanding is clear and cultural overlays are understood



Conversation Snapshot: Voluntary Assisted Dying Stakeholder Roundtables