## voluntary assisted dying

#### Roundtables held

Disability and mental health communities

First Nations communities

Professionals

Health

Health and aged care service providers

Clinical health practitioners



• 9 attendees from 7 ACT organisations representing Canberrans living with disability and mental health

This roundtable was held online and the discussion focused on the themes of eligibility, a safe and effective process, and other matters important to attendees

# **Conversation Snapshot:** Voluntary Assisted Dying Stakeholder Roundtables

**(***When we are talking about mental health and disabilities, there may be a range of lived experiences that need to be taken into consideration* **)** 

#### Topics most frequently discussed

**Ensuring a person-centred approach** and consideration of lived experiences, both from the perspective of those accessing voluntary assisted dying and their families, friends and carers

The need for adequate support and communication, including for family, friends and carers

A **clear, safe, equitable, timely and accessible** process for people suffering near the end of their lives

Requirement for **clear and strong definitions for eligibility** and **decisionmaking capacity**, including determining individual decision-making capacity and consider **enabling access** for people who meet the decision-making capacity requirement and then lose capacity as their condition progresses

Measures to ensure a person is not pressured by someone else (coercion) and is given the right support, including consideration of **safeguards** such as independent advocacy and whether two reviewing medical professionals is necessary or burdensome

Include consideration of being able to **pre-register** a request for voluntary assisted dying or incorporating into end of life plans



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

#### Eligibility

- A clear definition and criteria around the moment when people can make the decision
- Determining individual decision-making capacity and enabling access for people who have the capacity in the present but may not have the capacity as their condition progresses
- Defining what level of suffering would deem a person eligible to access voluntary assisted dying (through legislation)
- It is difficult to determine an appropriate age limit or process for young people
- Enable access to voluntary assisted dying within the ACT for those outside of ACT (include in legislation), but give consideration to impacts on the health system

#### Safe and effective process

- Ensuring eligible people have access, and a process that is equitable and timely
- A person centered process, including adequate information and support for families and carers to minimise stress or trauma as they support a person through the process
- Some felt that a second doctor or medical professional was not needed, while others thought it was an important safeguard
- Access for people living with disabilities or mental health issues, including consideration to be eligible if the person does not meet the pre-requisite capability requirement.
- Guidelines for where the person can take the substance or have the substance administered

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#### Monitoring and compliance

- Being able to make independent decisions without external persuasion or coercion, which will require strong safeguards to support and enable access for people living with a disability or mental illnesses
- Policy and legislation needs to support death notification process, noting that not every person will want it on their death certificate
- Data capturing and de-identified reporting

#### Other important issues

- The need to consider a range of lived experiences regarding disability and mental illness
- Importance of person-centered care
- Access shouldn't be determined by financial status of the person wanting access to voluntary assisted dying
- Legal practicalities, such as personal insurances (e.g. life insurance)

**(***We need*)... adequate information, support and understanding of the process and the rights of individuals **)** 

