

voluntary assisted dying

Conversation Snapshot: Voluntary Assisted Dying Stakeholder Roundtables

Health professionals

16 March 2023

Roundtables held



Attendees

- 34 attendees from 26 organisations representing doctors, nurses, and other health professions in the ACT and nationwide

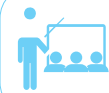
This roundtable was held online and the discussion focused on the themes of eligibility, conscientious objection, workforce considerations and oversight, reporting and compliance

Topics most frequently discussed



Access in the ACT for people under 18, including the consideration of human rights of children and mature minors — this could be supported through legislation

The right for individuals to conscientiously object, while ensuring access and support from another professional — this should be built into legislation and could be supported by a care navigation system



Dedicated mental health support for those seeking access to VAD

Ability to discuss voluntary assisted dying with patients (if deemed appropriate) **without repercussion**



Legislative descriptions on decision making capacity will be important, alongside training and tools to support health professionals assess capacity

Roles of health professionals in the process are important, including who is eligible — appropriately trained Nurse Practitioners could also be involved in the process



Ensure health professionals have **mental health support and training** for being involved in the process outside of clinical training

An oversight body could **ensure safety, compliance and consent** and determine escalation procedures



Various **options for VAD substance administration** should be available, supported by **drug safety considerations**, oversight and compliance

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

Eligibility

- Ensure enough time for a person to understand their condition, their options and go through the process without impacting access
- Time to expected death may need to be a criteria that is managed on a case-by-case basis, supported by legislation or guidelines
- Capacity should be “assumed” unless proved otherwise
- Ensure the right support is provided to people considering accessing voluntary assisted dying (translators, literacy and hearing support, etc.)
- Consider the role of advance care plans and the role of enduring power of attorney.
- The ACT should consider access for young people under 18 — consider human rights of children, ‘mature minors’ and the Gillick competency
- It is important to give consideration to how health professionals should manage these cases, through legislation and oversight on how they are assessed and managed (review board, care navigator services)

Conscientious objection

- Health professionals should have the right to conscientiously object or opt out of participating in or supporting the VAD process, but they should be obliged to support a person by referring them to a service that can help — this should be built into legislation and guidance
- Ensure access if people are under the care of an organisation that objects — organisations should not be able to refuse assistance or support, however, individuals still can
- Ensure people have effective and alternative ways to get access and information (e.g., care navigation system)

Workforce considerations, and oversight, reporting and compliance

- Adequate training for health professionals involved in the process and should include those beyond specific health related skills such as communicating with families and carers
- Have a designated point of contact to request support throughout the process
- Roles of health professionals in the process are important considerations, including whether at least one of the assessing health professionals (assuming there are two) should have expertise in the person’s condition disease or ailment, or whether it is adequate to have the person’s primary practitioner as the first point of contact
- Nurse Practitioners, with appropriate experience, could play an important role including assessment and administration
- Still ensure access to adequately resourced palliative care services
- Mental health support is important for all involved, the person, families, carers — including the potential need for regular mental health checks
- Health professionals should be able to discuss voluntary assisted dying if they deem it appropriate without repercussion or prosecution
- Communication capability could be considered alongside qualifications, expertise and training
- An oversight body, either independent or part of government could ensure safety, compliance and consent and determine escalation procedures
- Various options for administration of the VAD substances should be available, supported by drug safety (e.g. lock box, restricting pharmacies who can supply the substance)

“Appropriately trained nurse practitioners should be able to take part in VAD...we have some amazing nurse practitioners already working in palliative care and they should be able to be involved if they wish to do so”