

voluntary assisted dying

Communities we consulted



Attendees

- More than 150 clinicians across Canberra Health Services



Clinicians heard from the ACT Justice and Community Safety team about the consultation.

They also heard from a clinical lead on voluntary assisted dying in Western Australia who provided a presentation on their voluntary assisted dying process. The presentation focussed on eligibility, the process for voluntary assisted dying, and getting access to voluntary assisted dying process from the perspective of Western Australia.

Snapshot: Voluntary Assisted Dying Stakeholder Roundtables

Clinicians Grand Rounds Session

22 March 2023

“Cultural considerations should also be taken into account, including those with a non English speaking background”

What we heard was important to you



There is a need for defined guidance in legislation and supporting policy regarding what and how many of the eligibility criteria must be met



It will be important to consider the ACT's proximity to NSW and having a small healthcare sector, including NSW patients accessing voluntary assisted dying in the ACT and patients from NSW seeking information from ACT-based doctors on the NSW process



Consider patients with neurodegenerative diseases, including the use of advance care plans



How will institutional non-participation be managed in the ACT



Support for practitioners, including practical and emotional support (e.g. de-briefing options)



Consideration of funding will be important, including Medicare for patients and funding for primary care practitioners to ensure participation



Ensure the needs of **people from non-English speaking or culturally diverse backgrounds** are considered

What you told us about how the ACT model could work

Safeguards

- There is a need for clearly defined guidance in legislation and supporting policy regarding what and how many of the eligibility criteria must be met
 - Will all eligibility criteria need to be met, or will some be weighted more than others
- It is important to consider that due to the ACT's location and a small healthcare sector, there is a chance someone seeking access to voluntary assisted dying may be seeing a practitioner for the first time
- How will people with neurodegenerative conditions be considered
- Consideration of what happens to patients with dementia who have documented voluntary assisted dying in their advance care plans, but then lose capacity — this includes the inclusion of voluntary assisted dying before it becomes legal in the ACT

Voluntary assisted dying process

- There may be value in assistance being offered outside of the immediate healthcare network to support people, such as a navigation service
 - A navigation service could incorporate both palliative care options and voluntary assisted dying
- Consideration of how someone could become an administering health professional in the ACT, including training, and the substances used
- How institutional non-participation could be managed in the ACT, including through legislation

“It is important to have an independent advocate available to support the person making the decision”

Health professional participation

- Support for practitioners will be important, including practical and emotional support (e.g., debriefing options), and support for those who do not want to participate
- How decisions will be made when setting practitioner eligibility in the ACT, and the training involved
- Funding for primary care practitioners may be important to ensure participation, particularly when they are already practicing fulltime practitioners

Access

- Ensure the needs of people from non-English speaking or culturally diverse backgrounds are considered
- Consideration of the ACT's proximity to NSW and ACT healthcare already provided to many residents residing in nearby NSW
- How should ACT practitioners support NSW-based patients requesting information and engagement with the NSW voluntary assisted dying program
- It will be important to consider the costs to patients, or access to Medicare

“It would be beneficial to consider a navigation service for end of life care which can incorporate both VAD and palliative care options. A standalone service (not linked in with navigation of end of life and palliative care services) may see people continuing to fall through the gaps”