



# *Health practitioner responsibilities for the delivery of Voluntary Assisted Dying in WA*

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# What are our responsibilities?

- All health practitioners have obligations under the Act, particularly regarding:
  - Discussions with patients that include voluntary assisted dying;
  - Responding to a patient request for access to voluntary assisted dying; and
  - Certifying the death of a patient who has accessed voluntary assisted dying.
- There are several other considerations health practitioners should be aware of but these three are key.



# Overview





# Initiating a discussion

- A patient may raise the topic of VAD with anyone involved in their care, and any health practitioner can **respond** to questions, if they are comfortable to do so (or they can refer the patient to the Care Navigator Service).
- Healthcare workers (including registered health practitioners, or any other person who provides health services or professional care services) **are not permitted** to initiate a conversation about or suggest VAD to a patient.
- **Only** a medical practitioner or nurse practitioner can raise the topic of VAD if, *at the same time*, they discuss palliative care and treatment options and the likely outcomes of that care and treatment.
- Talking about voluntary assisted dying does not begin the process. This requires a formal request for access to voluntary assisted dying, called a First Request.



# The First Request

- The First Request **must be**:
  - clear and unambiguous;
  - made to a registered medical practitioner;
  - made during a medical consultation; and
  - made either in person or, where this is not practicable, via audiovisual communication.
- **Any medical practitioner** can receive a First Request from a patient however, **only an eligible practitioner** can accept a First Request.
- A medical practitioner who accepts a First Request must complete the mandatory WA VAD Approved Training before commencing the assessment process for the patient.



# Responding to a First Request

The medical practitioner **must**:

- accept or refuse the First Request;
  - provide the patient with the Approved Information;
  - record specific information in the patient's medical record; and
  - notify the Voluntary Assisted Dying Board by completing and submitting the *First Request Form* (online).
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- If the medical practitioner intends to refuse the First Request on the basis of a conscientious objection, they must inform the patient **immediately** and provide them with the Approved Information.
  - In all other circumstances, the medical practitioner has 2 business days (not including the day the First Request was made) to complete the steps.
  - Failing to complete any of the steps is a breach of the Act.



# Accepting or Refusing

In addition to holding a conscientious objection, there are several reasons that a medical practitioner may refuse the First Request:

- Ineligible to accept (e.g. junior doctor, family member of the patient);
  - Unwilling to accept (e.g. do not want to be the Coordinating Practitioner for the patient); or
  - Unable to accept (e.g. cannot commit the time required, won't be able to complete the WA VAD Approved Training in time).
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- It is considered a professional obligation that a medical practitioner not unduly delay a person's access to the voluntary assisted dying process.
  - If the medical practitioner accepts the First Request they become the **Coordinating Practitioner** for the person.



# Practitioner eligibility

To participate, a medical practitioner must:

- hold a specialist registration (and have practised for at least one year);
- hold a general registration (and have practised for at least 10 years); or
- be an overseas-trained specialist with limited or provisional registration.

A medical practitioner must also meet the requirements of the CEO:

- To be published on the Department of Health website late April/early May.

A medical practitioner must also ensure:

- They are not a family member of the patient; and
- They do not know or believe that they are a beneficiary under the will of the patient or may otherwise benefit financially from the death of the patient.





# Roles under the Act

Medical practitioners who are eligible and have completed the WA VAD Approved Training can act in the role of:

- **Coordinating Practitioner** – accepts the request for access to voluntary assisted dying; conducts an assessment of patient eligibility; and coordinates the process for the patient.
- **Consulting Practitioner** – accepts the Consulting Assessment referral and conducts an independent assessment of patient eligibility.
- **Administering Practitioner** – administers the voluntary assisted dying substance if a practitioner administration decision has been made (the Coordinating Practitioner will often be in this role).

Under the Act, eligible nurse practitioners can act in the role of Administering Practitioner.



# WA VAD Approved Training

- Approved by the Director General of Health (as CEO) in accordance with the Act.
- Developed by academic staff from the Australian Centre for Health Law at Queensland University of Technology.
- Reviewed by clinical advisors with ongoing consultation with key stakeholders, including RACGP, RANZCP, ACNP etc.
- Practitioner identity and eligibility must be verified by the Department of Health before a practitioner is provided access to the training.
- Practitioners will need to submit documentation to the Department of Health for the verification process.
- Multiple online modules with interactive learning exercises; approx. six hours to complete and can be completed over multiple sittings.



# WA VAD Approved Training (cont.)

- Successful completion requires an assessment score of 90% or more. If the practitioner does not pass the assessment on the first attempt they may be given additional attempts.
- Once a practitioner has successfully completed the WA VAD Approved Training, they may begin the First Assessment as Coordinating Practitioner or the Consulting Assessment as Consulting Practitioner.
- WA VAD Approved Training will be available in early June. Pre-registration available from late April/early May.
- The WA VAD Guidelines provide context to the Act and provide detailed information on the ten key steps in the voluntary assisted dying process, plus additional information relevant to WA.
- WA VAD Guidelines will complement the WA VAD Approved Training and will be publicly available from late May.



# The assessment process

- The Coordinating Practitioner and Consulting Practitioner must be satisfied that the patient meets **all** eligibility criteria.
- If uncertain, they should refer the person to a registered health practitioner who has appropriate skills and training to provide a determination.
- They can then accept the registered health practitioner's determination or make their own (with well documented justifications).
- The State Administrative Tribunal (SAT) can review decisions relating to:
  - Being ordinarily resident in WA for at least 12 months;
  - Decision-making capacity in relation to voluntary assisted dying; and
  - Acting voluntarily and without coercion.
- SAT cannot review decisions related to diagnosis or prognosis.



# Certifying a death

- A death in accordance with the Act is not a reportable death for the purposes of the *Coroners Act 1996* (unless the person was held in care, e.g. prisoner).
- Under the Act, there can be no reference to voluntary assisted dying on the death certificate. The person's underlying disease, illness or medical condition should be the listed cause of death.
- There are protections in the Act for health practitioners who do not provide lifesaving treatment to a person they *reasonably believe* has administered, or been administered, the voluntary assisted dying substance (e.g. first responders).
- Patients and families will be supported as part of planning for death to consider ahead of time who they should call to certify the death (if not the Coordinating/Administering Practitioner).



# Supports for patients, families and practitioners

- VAD is not intended to be an alternative to palliative care and patients considering voluntary assisted dying should be encouraged to access palliative care services relevant to them.
- Planning for death aims to support the wishes of the patient and also help family and friends transition to life without their loved one by managing adjustment, grief and bereavement.
- Practitioner self-care is key for those practitioners participating in the voluntary assisted dying process → WA VAD Community of Practice.
- Workforce support can be provided through EAP and other workplace based supports.