

# **Palliative Care WA's response to the Voluntary Assisted Dying Legislation Discussion Paper**

## **Background**

Palliative Care WA (PCWA) is the state's peak body for palliative care. We are a representative and not-for-profit organisation. We advocate in order to raise awareness of palliative care; improve access to palliative care services across the state; improve the quality of care and support available to Western Australians at the end of life; facilitate relationships between government and the palliative care sector; and encourage, reward and promote good work being done locally in the palliative care sector.

PCWA's position is that Voluntary Assisted Dying is not part of palliative care practice. Palliative care's intent is to neither prolong nor hasten death, as articulated by the World Health Organisation.

## **Principles**

PCWA acknowledges that Voluntary Assisted Dying is a difficult, complex and emotional issue. There are many different views about Voluntary Assisted Dying within the palliative care sector, as there are in the broader community, and PCWA respects the diversity of these views.

PCWA recognises the critical importance of ensuring that existing and prospective palliative care patients who choose Voluntary Assisted Dying should not be discriminated against in any way in the path they choose. They should feel safe and supported by adequate access to counselling, their GP and palliative care doctors and possibly a wider network of clinical caregivers.

PCWA also believes it is crucial that the WA government ensures that palliative care services can support all of those who would benefit from palliative care, so those people have a real choice. It is essential that adequate resources be provided and the no one should decide to access Voluntary Assisted Dying because they cannot access palliative care.

PCWA believes that people should be supported through the health system irrespective of their choices regarding Voluntary Assisted Dying. Providers should be alert to any risk, perceived or otherwise, of people being abandoned or receiving less than optimal care as a result of their choices regarding Voluntary Assisted Dying.

## **Responses**

We have provided responses to questions related to general principles rather than to specific, clinical questions.

- **What are the cultural and linguistic considerations in relation to how people may be informed about Voluntary Assisted Dying?**
- **What, if any, additional initiatives should be considered to ensure people are informed about Voluntary Assisted Dying and supported in the decision-making process. For example, should there be a role for navigators?**

Information about Voluntary Assisted Dying must be accessible, understandable, translated and culturally appropriate for people from culturally and linguistically diverse backgrounds, and those from other groups including, but not limited to, Aboriginal people, people living with disability, people living with dementia, people with cognitive or sensory challenges and people living with a mental illness. Community education should be provided in multiple formats (e.g. written, online, apps, video, audio).

To ensure equitable access to information about end of life options for people who are ineligible for Voluntary Assisted Dying, or do not wish to access Voluntary Assisted Dying, information about palliative care and other end of life services must also be available in accessible, understandable, translated and culturally appropriate formats.

Access to information about culturally appropriate palliative care is currently lacking for many Aboriginal people and those from culturally diverse communities.

We support the role of a navigator for Voluntary Assisted Dying. This role exists in the Canadian province of Alberta for residents who wish to access Medical Assistance in Dying (MAID) in that province.

However, to ensure equitable access to end of life options for people who are ineligible for Voluntary Assisted Dying, or do not wish to access Voluntary Assisted Dying, a navigator service should be available for **all** people at the end of life to assist them to navigate complex systems such as health care, aged care, disability services and palliative care.

- **Should a medical practitioner or health service that conscientiously objects have an obligation to refer the patient to a practitioner or service that has no objection?**
- **If so, how should the medical practitioner find out which doctors are willing to provide Voluntary Assisted Dying?**

We agree that health practitioners and health services have the right to conscientious objection to Voluntary Assisted Dying.

To ensure equitable access to both information and services there should be a highly accessible process for people to access information around Voluntary Assisted Dying (such as an 1800 number, navigator service and central register of Voluntary Assisted Dying providers).

- **Should the completion of approved training be mandatory before a medical practitioner is able to undertake the process for Voluntary Assisted Dying?**

Training for health practitioners involved in Voluntary Assisted Dying must include:

- Communication skills;
- Assessing decision-making capacity to consent to Voluntary Assisted Dying;
- Palliative care options, including the benefits of early referral, symptom control, psychosocial support, practical support, spiritual support, etc;
- How to explore and address suffering;
- Legislative requirements;
- Knowledge of the process and medication, including potential adverse events (such as aspiration or failure of the medication);
- Engagement with Advance Care Planning processes including values discussions;
- Culturally competency

We believe that approved training for Voluntary Assisted Dying providers should be mandatory.

Consideration should also be given to requiring at least 5 years post training experience from providers prior to consideration for training in Voluntary Assisted Dying.

All health practitioners providing care to people at the end of life should have access to this training.

Providers of Voluntary Assisted Dying and those who care for patients accessing Voluntary Assisted Dying (including conscientious objectors) must also have access to support including counselling and debriefing.

### **Conclusion**

To summarise:

- Voluntary Assisted Dying is not part of palliative care practice;
- It is crucial that the WA government ensures that palliative care services can support all of those who require assistance, so people have a real choice. No one should decide to access Voluntary Assisted Dying because they cannot access palliative care;
- We believe that debate around Voluntary Assisted Dying, and decision-making processes, should be based on respect and civility;
- People who wish to access Voluntary Assisted Dying, and their families, should be supported;
- Information about Voluntary Assisted Dying must be accessible, understandable, translated and culturally appropriate for all, as should information about all end of life choices, including palliative care;
- Training is essential for those who provide Voluntary Assisted Dying particularly in communication skills and eliciting and responding to suffering and distress. Such training should also be available for any health professionals who cares for people at the end of life;
- Health practitioners and health services have the right to conscientious objection to Voluntary Assisted Dying;
- Health practitioners caring for people who access Voluntary Assisted Dying, whether involved in delivery of Voluntary Assisted Dying or not, must have access to support including counseling and de-briefing.