



Supporting Information

Supplementary material

This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.

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Appendix 1.

Voluntary Assisted Dying Pathways ¹⁰

Voluntary Assisted Dying Pathways

There are three high-level voluntary assisted dying care pathways for health services, the pathways are described as;

Pathway A – Single service – A service which has the necessary suite of services and suitably skilled and qualified staff, to provide VAD within the existing health service or network.

Pathway B – Partnership service – These services can support and facilitate a VAD request and assessment process however partnership with other health services will be required to refer people to other services to access appropriate medical specialists.

Pathway C – Information and support service – These services do not provide VAD, they are able to provide information and/or referrals for those wanting to request VAD, and where appropriate can continue to provide support. ¹⁰

Appendix 2.

Voluntary Assisted Dying Policy

Voluntary Assisted Dying

Policy code: P-CC5

Current version: July 2019

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Next review date: July 2022

[The Health Service] management appreciates that voluntary assisted dying is a sensitive subject. Should you or any of your colleagues experience any issues concerning this topic, please contact the Chief Medical Officer or General Counsel for further guidance or discussions, or [the health service] employee assistance provider.

8. 1. Intent

On 29 November 2017, Victoria became the first Australian State to pass voluntary assisted dying legislation in the *Voluntary Assisted Dying Act 2017* (Vic) (Act). The Act commenced operation on 19 June 2019.

Eligible persons in Victoria who satisfy strict eligibility criteria set out in the Act, including having an advanced disease, illness or condition expected to cause death within six months (or within 12 months for a neurodegenerative disease, illness or condition), may with physician support, access a lethal dose of prescribed voluntary assisted dying medication to facilitate death in accordance with the Act.

In determining implementation models for the Act, the Victorian Department of Health and Human Services (DHHS) prescribed three high-level voluntary assisted dying care pathways for health services. From July 2019, [the health service] will offer a Pathway A: Single Service model of care for Act implementation. Pathway A health services have the necessary suite of services and staff with sufficient expertise to provide voluntary

assisted dying within their existing service. Under Pathway A, an eligible patient who makes a request for voluntary assisted dying at [the health service] is under the care of [the health service] to provide voluntary assisted dying.

The right of staff to conscientiously object to the application of the Act at [the health service] has been incorporated into the model of care referred to in this Policy and set out in the [the health service] procedure: OP-CC5 Voluntary Assisted Dying.

The purpose of this Policy is to provide guidance to staff on [the health service]'s position in relation to the administration of the Act at [the health service].

9. 2. Outcomes

10. 2.1 Policy Statement

From 19th June 2019, Victorians at the end of life who meet strict eligibility criteria will be able to request access to voluntary assisted dying in accordance with the Act. [the health service] supports and acknowledges the principles of the Act:

- Every human life has equal value;
- A person's autonomy should be respected;
- A person has the right to be supported in making informed decisions about the person's medical treatment, and should be given, in a manner the person understands, information about medical treatment options including comfort and palliative care;
- Every person approaching the end of life should be provided with quality care to minimise the person's suffering and maximise the person's quality of life;
- A therapeutic relationship between a person and the person's health practitioner should, wherever possible, be supported and maintained;
- Individuals should be encouraged to openly discuss death and dying and an individual's preferences and values should be encouraged and promoted;
- Individuals should be supported in conversations with the individual's health practitioners, family and carers and community about treatment and care preferences;
- Individuals are entitled to exercise genuine choices regarding their treatment and care;
- There is a need to protect individuals who may be subject to abuse; and
- All persons, including health practitioners, have the right to be shown respect for their culture, beliefs, values and personal characteristics.

[The health service]'s purpose is leading the delivery of a connected and consistent patient experience and providing the best care to those in our community. In accordance with our purpose, [the health service] will continue to provide comprehensive end of life care for patients, including implementation of the Act.

[The health service] will implement the Act by:

- Responding to requests from patients to access voluntary assisted dying, providing information and services in accordance with the Act;
- Respecting the right of any [health service] staff member to not participate in administration of the Act (described in DHHS guidance as conscientious objectors to the Act);

- Providing appropriate support to patients and staff in implementation of the Act.

11. 2.2 Further Information

In addition to this Policy and the Procedure, the associated procedures and legislation listed below in items *Sections 5* and *7*, the Chief Medical Officer and General Counsel at [the health service] are available to provide further information to staff regarding voluntary assisted dying at [the health service]. The following external links may also provide useful information.

Voluntary Assisted Dying Care Navigators	
Department of Health and Human Services End of Life Care Team	
Voluntary Assisted Dying State Pharmacy Service	
Voluntary Assisted Dying Review Board	
Coroners' Court of Victoria	
Births, Deaths and Marriages Victoria	

12. 3. Applicability

The Voluntary Assisted Dying Policy applies to all [the health service] staff.

13. 4. Accountability

The Chief Medical Officer and General Counsel at [the health service] have the responsibility to ensure all staff are informed of the Voluntary Assisted Dying Policy and Procedure, and for the ongoing compliance by staff with the Voluntary Assisted Dying Policy and Procedure.

14. 5. Associated Procedures

In support of this procedure, the following Manuals, Policies, Instructions, Guidelines, and/or Forms apply:

Code	Name
OP-CC5	End of Life Care
OP-CC5	Voluntary Assisted Dying Procedure
OP-GC4	Resuscitation Planning

15. 6. Definitions and Abbreviations

For the purposes of this Policy and the Procedure, unless otherwise stated, the following definitions apply. These definitions have been adopted from the Act and related guidance material produced by the DHHS.

Term	Definition
Conscientious Objector	A person who has a conscientious objection to voluntary assisted dying under the Act due to their culture, beliefs and values and/or personal characteristics.
End of Life Care	Care for patients who are likely to die in the next 12 months due to progressive, advanced or incurable illness, frailty or old age.
Health Practitioner	Registered health practitioners, including medical practitioners, nurses and midwives, allied health professionals, pharmacists, and paramedics.
Health Service	Includes hospitals, community health services, primary care health services, residential aged care services and other organisations that provide health care.
Patient	A person who receives health care at a health service.
Palliative Care	An approach to care that improves the quality of life of people and their families who are facing the problems associated with a progressive illness. It aims to prevent and relieve suffering through early identification and assessment, by treating pain and other physical, psychosocial and spiritual problems and by addressing practical issues.
State Pharmacy Service	A state-wide pharmacy service at Alfred Hospital for the prescription, dispensing and retrieving of voluntary assisted dying medications.
Voluntary Assisted Dying Care Navigators	A state-wide voluntary assisted dying support service based at [a health service] providing information regarding voluntary assisted dying to patients and staff of any Victorian health service.
Voluntary Assisted Dying Medication	Drugs prescribed in accordance with the Act for the purpose of causing a person's death, referred to as 'voluntary assisted dying substance[s]' in the Act.
Voluntary Assisted Dying Review Board	The Voluntary Assisted Dying Review Board oversees the operation of the Act, reviewing and monitoring voluntary assisted dying activities in Victoria.

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17. 7. References

Relevant legislation includes but is not limited to:

- *Voluntary Assisted Dying Act 2017* (Vic)
- *Medical Treatment Planning and Decisions Act 2016* (Vic)
- *Mental Health Act 2014* (Vic)
- *Health Practitioner Regulation National Law (Victoria) Act 2009* (Vic)

18. 8. Document History

Number of previous revisions: new document

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19. 9. Sponsors

Chief Medical Officer

20. 10. Authorisation Authority

Board of Directors

Appendix 3.

Voluntary Assisted Dying Procedure

Voluntary Assisted Dying Procedure

Policy code: OP-CC5

Current version: July 2019

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Next review date: July 2022

[The health service] management appreciates that voluntary assisted dying is a sensitive subject. Should you or any of your colleagues experience any issues concerning this topic, please contact the Chief Medical Officer or General Counsel for further guidance or discussions, or [the health service] employee assistance provider.

▪ 1. Overview

On 29 November 2017, Victoria became the first Australian State to pass voluntary assisted dying legislation in the *Voluntary Assisted Dying Act 2017* (Vic) (Act). The Act commenced operation on 19 June 2019.

Eligible persons in Victoria who satisfy strict eligibility criteria set out in the Act, including having an advanced disease, illness or condition expected to cause death within six months (or within 12 months for a

neurodegenerative disease, illness or condition), may with physician support, access a lethal dose of prescribed voluntary assisted dying medication to facilitate death in accordance with the Act.

[The health service] offers a Department of Health and Human Services (DHHS) prescribed Pathway A: Single Service model of care for Act implementation. Pathway A health services have the necessary services and staff with sufficient expertise to provide voluntary assisted dying within the service. Under Pathway A, an eligible patient who makes a request for voluntary assisted dying at [the health service] is under the care of [the health service] to provide voluntary assisted dying.

The purpose of this Procedure is to provide guidance to staff on the Act and their roles and responsibilities in the application of the Act at [the health service]. The right of staff to conscientiously object to the application of the Act at [the health service] has been incorporated into the model of care articulated in the policy: *P-CC5 Voluntary Assisted Dying* and in this procedure.

For further VADA information, click on [this link](#) [intranet link]

▪ 2. Applicability

This Procedure relates to all staff members/volunteers who have direct contact with patients throughout [the health service] facilities, with no exclusions.

▪ 3. Responsibility

The Chief Medical Officer has the initial responsibility for introducing and implementing this Procedure.

In addition, the Chief Medical Officer and General Counsel must provide support and referral assistance for [the health service] staff in relation to voluntary assisted dying, supported by the Executive Committee.

If a staff member/volunteer reasonably believes that another staff member/volunteer has not acted in accordance with the Policy and Procedure or the Act, they must immediately notify the Chief Medical Officer or the General Counsel.

The Executive Committee will receive ongoing monthly reports on the compliance rate for this Procedure. Any breaches will be documented in the [the health service] risk management database and reported to the Audit & Risk Committee and, if required by law, to the Victorian Voluntary Assisted Dying Review Board (Board).

There are no exclusions to the responsibilities of the Procedure.

▪ 4. Authority

Exceptions to the clinical practices described in this Procedure may only be authorised by the Chief Medical Officer.

▪ 5. Associated Documentation

In support of this procedure, the following Manuals, Policies, Instructions, Guidelines, and/or Forms apply:

Code	Name
P-CC5	Voluntary Assisted Dying

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▪ 6. Credentialing Requirements

There are two key roles for medical practitioners involved in the assessment of a patient's eligibility for voluntary assisted dying:

- The Coordinating Medical Practitioner, who, on acceptance of a person's first request for voluntary assisted dying is responsible for:
 - Undertaking the first assessment of the patient's eligibility;
 - Coordinating the entire request and assessment process;
 - Prescribing the voluntary assisted dying medication; and
 - In the event the patient is physically incapable of self-administering or digesting the medication, and the coordinating medical practitioner has agreed, administering the voluntary assisted dying medication under a practitioner administration permit.
- The Consulting Medical Practitioner who, in accepting a referral from the Coordinating Medical Practitioner, is responsible for undertaking the second independent assessment of the patient's eligibility for voluntary assisted dying.
- Coordinating and Consulting Medical Practitioners at [the health service] must hold a fellowship with a specialist medical college or be a vocationally registered general practitioner.
- Either the Coordinating Medical Practitioner or Consulting Medical Practitioner must have:
 - Practised as a medical practitioner for five years following completion of their fellowship or vocational registration; and
 - Have a relevant specialist qualification in the medical condition expected to cause the patient's death.
- Before assessing a patient, both the Coordinating and Consulting Medical Practitioner must complete the DHHS voluntary assisted dying training. This training can be completed online, through the DHHS website. Contact the Chief Medical Officer for further details.
- Specialist medical practitioners may receive referrals from either the Coordinating or Consulting Medical Practitioner to assess whether a patient meets a specific element of the voluntary assisted dying eligibility criteria. The specialist medical practitioner accepting such referrals must have appropriate skills and training in that disease, illness or medical condition.

▪ 7. Definitions and Abbreviations

For purposes of the Policy and this Procedure unless otherwise stated, the following definitions/abbreviations shall apply:

Administration Request	A request made by a patient to their Coordinating Medical Practitioner for administration of voluntary assisted dying medication.
Advance Care Planning	Advance care planning is a routine part of a patient's health care. A patient's choice to enquire about or request access to voluntary assisted dying is in addition to any advance care planning that [the health service] undertakes in relation to its patients. In Victoria, advance care planning is undertaken in accordance with the <i>Medical Treatment Planning and Decisions Act 2016</i> (Vic). Patients should be encouraged to consider their advance care planning options in relation to: • Creating an advance care directive, which may include an instructional directive about specific treatment a patient consent to or refuses and/or a values directive which can describe a patient's values, beliefs and preferences. • Appointing a medical treatment decision maker who can make decisions on behalf of a patient when the patient no longer has decision making capacity. • Appointing a support person who will assist a patient to make decisions, collecting and interpreting information or assisted the patient to communicate their decisions. A patient cannot make an advance care directive to access voluntary assisted dying and a medical treatment decision maker cannot make a voluntary assisted dying decision on behalf of a patient.
Conscientious Objector	A person who has a conscientious objection to voluntary assisted dying due to their culture, beliefs and values and/or personal characteristics.
Consulting Medical Practitioner (second medical practitioner)	An eligible registered medical practitioner who accepts a referral to conduct a consulting assessment of a patient who has requested voluntary assisted dying.
Contact Person	A person appointed by a patient who has requested access to voluntary assisted dying and who takes responsibility for returning any unused or remaining voluntary assisted dying medication to the voluntary assisted dying state-wide pharmacy service located at the Alfred Hospital.
Coordinating Medical Practitioner (first medical practitioner)	An eligible registered medical practitioner who accepts a patient's first request for access to voluntary assisted dying.
Decision-making Capacity	A person has decision making capacity if they are able to: • Understand the information relevant to the decision and the effect of the decision. • Retain that information to the extent necessary to make the

decision.

- Communicate the decision and the person's views and needs as to the decision is some way, including by speech, gestures or other means.

End of Life Care	Care for patients who are likely to die in the next 12 months due to progressive, advanced or incurable illness, frailty or old age.
Final Request	The final request for access to voluntary assisted dying after a patient has made a written declaration.
Final Review	A review conducted in respect of a patient by their coordinating medical practitioner that certifies that the voluntary assisted dying request and assessment process has been completed in accordance with the Act.
First Assessment	An assessment of a patient who has requested access to voluntary assisted dying conducted by their Coordinating Medical Practitioner.
First Request	A clear and unambiguous request for access to voluntary assisted dying made personally by a patient to a registered medical practitioner.
Life Limiting	Describes a disease, illness or medical condition that is expected to cause death.
Palliative Care	An approach to care that improves the quality of life of people and their families who are facing the problems associated with a progressive illness. It aims to prevent and relieve suffering through early identification and assessment, by treating pain and other physical, psychosocial and spiritual problems and by addressing practical issues.
Practitioner Administration Permits	Means a permit issued under the Act permitting the coordinating medical practitioner to prescribe, supply and/or administer a voluntary assisted dying medication to the patient.
Self-administration Permit	Means a permit issued under the Act permitting the coordinating medical practitioner to prescribe and supply a voluntary assisted dying medication to the patient for self-administration.
Voluntary Assisted Dying Permit	Refers to either a self-administration permit or a practitioner administration permit.
Voluntary Assisted Dying Medication	A poison or controlled substance or a drug of dependence specified in a voluntary assisted dying permit for the purpose of causing a person's death, referred to as the 'voluntary assisted dying substance' in the Act.
Voluntary Assisted Dying Training	Mandatory training for medical practitioners before they conduct assessments of patients who request access to voluntary assisted dying referred to as the 'approved assessment training' in the Act, approved by the Secretary under the Act. https://www.vicmedlawtraining.com.au/

Written Declaration

A written declaration requesting access to voluntary assisted dying, completed by a patient after they have been assessed as eligible by a coordinating medical practitioner and a consulting medical practitioner.

▪ 8. Procedure Detail

▪ 8.1 Context

As detailed in the Policy, [the health service] supports and acknowledges the principles of the Act:

- Every human life has equal value;
- A person's autonomy should be respected;
- A person has the right to be supported in making informed decisions about the person's medical treatment, and should be given, in a manner the person understands, information about medical treatment options including comfort and palliative care;
- Every person approaching the end of life should be provided with quality care to minimise the person's suffering and maximise the person's quality of life;
- A therapeutic relationship between a person and the person's health practitioner should, wherever possible, be supported and maintained;
- Individuals should be encouraged to openly discuss death and dying and an individual's preferences and values should be encouraged and promoted;
- Individuals should be supported in conversations with the individual's health practitioners, family and carers and community about treatment and care preferences;
- Individuals are entitled to exercise genuine choices regarding their treatment and care;
- There is a need to protect individuals who may be subject to abuse; and
- All persons, including health practitioners, have the right to be shown respect for their culture, beliefs, values and personal characteristics.

[The health service]'s purpose is leading the delivery of a connected and consistent patient experience and providing the best care to those in our community. In accordance with our purpose, [the health service] will continue to provide comprehensive end of life care for patients, including implementation of the Act.

[The health service] will implement the Act by continuing to provide comprehensive of end of life care for patients, including:

- Responding to requests from patients to access voluntary assisted dying, providing information and services in accordance with the Act;
- Respecting the right of any [the health service] staff member to not participate in administration of the Act (described in DHHS guidance as conscientious objectors to the Act);
- Providing appropriate support to patients and staff in implementation of the Act.

▪ 8.1 The Voluntary Assisted Dying Process: An Overview (See Voluntary Assisted Dying Request

and Assessment Procedural Flowchart. (Figure 1.)

▪ 8.2 The Voluntary Assisted Dying Process: Particulars

Subject	Information
Response to patients who <u>seek information</u> about voluntary assisted dying	• The introduction of voluntary assisted dying should in no way change [the health service]’s current processes on how health care teams go about providing patient centred care, including end of life care to patients with life limiting conditions. Voluntary assisted dying is an end of life care option that may only be discussed with a patient if the patient freely and voluntarily initiates a discussion. • Staff or volunteers may, at any stage in a patient journey, receive requests from that patient about [the health service]s voluntary assisted dying services. Staff or volunteers must not initiate a discussion about voluntary assisted dying or suggest voluntary assisted dying to a patient. • Patients may ask about voluntary assisted dying in a variety of ways. They do not have to use the phrase ‘voluntary assisted dying’. • If a staff member/volunteer receives a <u>query</u> regarding voluntary assisted dying, or is unsure about the nature of/how to deal with the request, he/she must refer the patient immediately to the Chief Medical Officer or General Counsel, directly or through switchboard, or to senior colleagues to refer on. • If a staff member/volunteer is a conscientious objector to voluntary assisted dying, he/she must advise the patient that he/she is unwilling to discuss voluntary assisted dying, but will ask the Chief Medical Officer or General Counsel to contact the patient, and refer the patient immediately to the Chief Medical Officer or General Counsel, directly or through switchboard, or to senior colleagues to refer on. • If a patient requires additional support to communicate at any stage in the voluntary assisted dying process, an interpreter or speech pathologist may be required, and engaged by the staff member, volunteer, Chief Medical Officer or General Counsel.
First response to patients who <u>request</u> voluntary assisted	• If a staff member/volunteer receives a <u>request</u> for voluntary assisted dying, or is unsure about the nature of/how to deal with the request, he/she must refer the patient immediately to the Chief Medical Officer or General Counsel, directly or through switchboard, or to senior colleagues to refer on. • If a staff member/volunteer is a conscientious objector to voluntary assisted dying, he/she must advise the patient that he/she is unwilling to discuss voluntary assisted dying, but will ask the Chief Medical Officer or General Counsel to contact the patient, and refer the patient immediately to the Chief Medical Officer or General Counsel, directly or through switchboard, or to senior colleagues to refer on. • The Chief Medical Officer will place a voluntary assisted dying alert on the

patient's electronic medical record under a confidential tab that may only be accessed by Chief Medical Officer or General Counsel or practitioners assigned by [the health service] to assist patient in the voluntary assisted dying process.

- An eligible Coordinating Medical Practitioner and/or Consulting Medical Practitioner will be assigned by the Chief Medical Officer to the patient and a consultation booked between practitioner/s and patient.
- Only those [health service] medical practitioners who meet the minimum qualification and experience requirements, and who have expressed a willingness to be involved in providing services associated with voluntary assisted dying, will be asked if they would accept the responsibility to act as the Coordinating or Consulting Medical Practitioner. As far as practicable and acknowledging their right to conscientiously object, it is preferred that medical practitioners who already have an established therapeutic relationship with the patient take on the Coordinating or Consulting Medical Practitioner responsibilities.
- If the patient has an external Coordinating Medical Practitioner and/or Consulting Medical Practitioner, the Chief Medical Officer will discuss and agree engagement with [the health service] in consultation with the patient.
- If the patient has no external Coordinating Medical Practitioner and/or Consulting Medical Practitioner, and no relevant [the health service] practitioner is available for either/both roles, the patient will be referred by the Chief Medical Officer to the Peter Mac VADA Care Navigator.
- A medical practitioner to whom a referral is made by the Chief Medical Officer needs to decide within seven days whether he/she will accept or decline the referral. Where a medical practitioner declines the referral, the Chief Medical Officer commences the referral process again as above.
- A patient may withdraw from the voluntary assisted dying process at any time and their decision-making through the process must be respected and documented in their electronic medical record.

Assessing the patient's eligibility to access voluntary assisted dying

- If the medical practitioner accepts referral to be a Coordinating Medical Practitioner he/she must facilitate an urgent consultation with the patient, and ensure the patient is informed that his/her request for voluntary assisted dying has been acknowledged and that an appointment has been made to discuss further.
- In providing the patient with details of the appointment, the patient should be advised about any documentation they are required to bring to the first assessment consultation.
- At this consultation, the Coordinating Medical Practitioner must complete an assessment of the patient's eligibility criteria for voluntary assisted dying.
- To access voluntary assisted dying a person must meet all of the following eligibility criteria, providing original or certified documentary evidence if relevant:
 - Be 18 years of age or over;
 - Be an Australian citizen or permanent resident;
 - Be ordinarily resident in Victoria;
 - Have been a resident in Victoria for 12 months at the time of making a first request for voluntary assisted dying;
 - Have decision-making capacity in relation to voluntary assisted dying;
 - Have an incurable disease, illness or medical condition that:
 - Is advanced, progressive and will cause their death;
 - Is expected to cause their death within six months (or within 12 months for patients with a neurodegenerative medical condition);
 - Is causing suffering to the person that cannot be relieved in a manner that the person considers tolerable.
- If the Coordinating Medical Practitioner is unable to determine whether the patient has decision making capacity, the Coordinating Medical Practitioner must refer the patient for a neuropsychology assessment at [the health service] or externally to [the health service].
- If the Coordinating Medical Practitioner assesses the patient as ineligible, they must inform the patient of their reasons.
- If the patient is assessed as not meeting the eligibility criteria and disagrees with the decision, the patient may request a review through the Victorian Civil Administration Tribunal (**VCAT**). Staff must advise the General Counsel immediately if the patient provides notice that he/she will be seeking review through VCAT.
- If the patient is assessed as meeting the eligibility criteria, the Coordinating Medical Practitioner must discuss the voluntary assisted dying process with the patient, and complete the first assessment.
- As with all aspects of the patient's care at [the health service], medical practitioners must document the exact nature of the patient's request in the electronic medical record. This should include details about who was present at

the time the request was made, how the patient made the request and what steps were taken by the medical practitioner and/or health professionals present in response to the request. Information about the presence of specific persons for the purposes of providing practical support to the patient to communicate their wishes, (e.g. such as a speech pathologist or interpreter) should also be recorded.

**First Assessment -
Coordinating Medical
Practitioner**

- The Coordinating Medical Practitioner is responsible for undertaking the first assessment of the patient for voluntary assisted dying.
- If the Coordinating Medical Practitioner needs to refer the patient to another health practitioner for the purposes of obtaining a specialist opinion, the Coordinating Medical Practitioner must inform the patient.
- The Coordinating Medical Practitioner needs to have regard to the patient's prognosis in informing the urgency of the referral. It is imperative that patient requests for voluntary assisted dying are dealt with efficiently and promptly, having regard to the speed at which the patient's terminal illness is progressing and the risk of decline in decision making capacity because of disease progression.
- The Coordinating Medical Practitioner must be satisfied that the patient is acting voluntarily and without coercion and that his/her request is enduring. Coordinating Medical Practitioners need to be alert to, and explore, 'red flags' which suggest that the patient may be subjected to some degree of coercion or pressure.
- The Coordinating Medical Practitioner must provide specific information to the patient in relation to:

- The patient's diagnosis and prognosis;
- The treatment options available to them, including putting together a [the health service] clinical team to manage their care, their risks, and the likely outcomes of that treatment;
- Palliative care options available to them, their risks, and the likely outcomes of that care;
- The effects, potential risks (for example, unintended effects) and likely outcome of taking the voluntary assisted dying medication if they decide to take it (including how long it will take to achieve this outcome), noting that it will lead to death;
- The ability to withdraw from the voluntary assisted dying process at any time;
- The benefits of informing any other medical practitioner he/she is currently receiving care from about the decision to access voluntary assisted dying;
- The next steps of the voluntary assisted dying process, including the future actions for both the patient and the Coordinating Medical Practitioner;
- Offers of additional support and/or referral for other end-of-life concerns; and
- Suggesting that the patient's family and carers be informed of their decision to access voluntary assisted dying.
- If the Coordinating Medical Practitioner is satisfied that:
 - The patient meets the eligibility criteria for voluntary assisted dying;
 - He/she has provided the patient with information about the patient's condition and the voluntary assisted dying process;
 - The patient is acting voluntarily and without coercion; and
 - The patient's request for voluntary assisted dying is enduring,
- The Coordinating Medical Practitioner must inform the patient that he/she is assessed as eligible and that a second assessment needs to be carried out by the Consulting Medical Practitioner.
- The Coordinating Medical Practitioner must refer the patient to the Consulting Medical Practitioner within seven days after completing the first assessment, and complete the Form 1 First Assessment Report Form, submitting it to the Board.

**Second Assessment -
Consulting Medical
Practitioner**

- The Consulting Medical Practitioner is responsible for undertaking the second and independent assessment of the patient's eligibility for voluntary assisted dying.
- Within seven days of receiving the referral from the Coordinating Medical Practitioner, the Consulting Medical Practitioner must inform the Chief Medical Officer, Coordinating Medical Practitioner and patient whether he/she accepts or refuses the referral.

- Where a medical practitioner declines the referral, the Chief Medical Officer commences the referral process again for a Consulting Medical Practitioner as above.
- In conducting the second assessment, the Consulting Medical Practitioner is to follow the same process and use the same criteria as the Coordinating Medical Practitioner and must be satisfied of the same requirements before deciding that the patient is eligible.
- If the patient is assessed as eligible, the Consulting Medical Practitioner must as soon as possible inform the Coordinating Medical Practitioner of the outcome so that arrangements can be made for the patient to make the written declaration.
- Within seven days after completing the second assessment, the Consulting Medical Practitioner must complete Form 2 Consulting Assessment Report Form and submit it to the Board.

Completing the request and assessment process

- After the completion of both eligibility assessments and if both the Coordinating and Consulting Medical Practitioners are satisfied that the patient is eligible for voluntary assisted dying, the patient must make a second request for voluntary assisted dying in writing, completing a Form 3 Written Declaration.
- As soon as possible after the consulting assessment, the Coordinating Medical Practitioner should arrange a time to consult the patient for the signing of the Form 3 Written Declaration and ensure that two persons eligible to act as independent witnesses are also present.
- At this consultation, and in the presence of the witnesses, the Coordinating Medical Practitioner must take the patient through their decision, their understanding of the implications and the potential risks and likely outcomes of administering voluntary assisted dying medication.
- If the patient requires assistance from an interpreter or speech pathologist, the interpreter or speech pathologist must sign the written declaration and certify that they have provided a true and correct translation of any material or communications the patient may have made. The interpreter or speech pathologist must not:
 - Be a family member of the patient;
 - Know or believe that they are a beneficiary under a will or otherwise going to receive a material benefit from the patient's death;
 - Be an owner or day-to-day manager of [the health service];
 - Be directly involved in providing health or professional care services to the patient.
- Once the written declaration is made, signed and witnessed, the Coordinating Medical Practitioner must ensure the written declaration is kept on the electronic medical record as it will subsequently be submitted with Form 5 Final Review Form to the Board.
- The Form 3 Written Declaration must be signed by the patient in the presence

of two independent witnesses and the Coordinating Medical Practitioner. Only one of the two witnesses may be a family member of the patient. The witnesses must:

- Be 18 years or older;
 - Not be an appointed interpreter or speech pathologist;
 - Not know or believe that they are a beneficiary under a will or otherwise going to receive material benefit from the patient's death;
 - Not be an owner or day-to-day manager of [the health service];
 - Not be directly involved in providing health services or professional care services to the patient.
- If the patient cannot sign the Form 3 Written Declaration themselves, someone can sign on their behalf. The person signing on their behalf must:
 - Be 18 years or older;
 - Not be one of the two witnesses to the written declaration, appointed interpreter or speech pathologist;
 - Not be an employee of [the health service];
 - Do so at the patient's direction and in their presence, as well as in the presence of the Coordinating Medical Practitioner and two other independent witnesses.
 - The Form 3 Written Declaration may be signed any time after the second (consulting) assessment. The patient does not have to wait until the assessment report forms have been sent to the Board.

Final request

- A patient must make a third and final request (as opposed to written declaration) for voluntary assisted dying provided that:
 - The final request is made at least nine days after the first request; and
 - Is made at least 24 hours after the completing of the consulting assessment.
- However, the Coordinating Medical Practitioner can waive the nine-day waiting period if s/he believes that the patient is likely to die before the nine-day waiting period elapses and this is consistent with the prognosis from the consulting assessment. In this case the Coordinating Medical Practitioner should immediately contact the Chief Medical Officer.
- The patient's final request:
 - Must be made to the Coordinating Medical Practitioner;
 - Must be made personally by the patient; and
 - May be made verbally or by gestures or other means of communication available to the patient, including through the assistance of an appropriately accredited interpreter or speech pathologist.
- The Coordinating Medical Practitioner can accept a final request from the

patient immediately after the written declaration, so long as the nine-day waiting period does not apply and the written declaration is being executed at least 24 hours after the consulting assessment.

Appointing a contact person

- After the final request has been made, and where the patient will be the subject of a self-administration permit, the Coordinating Medical Practitioner needs to explain to the patient that they must appoint a contact person who is responsible for returning any unused voluntary assisted dying medication to the dispensing pharmacist for disposal within 15 days after the patient's death.
- The patient and their appointed contact person must complete a Form 4 Contact Person Appointment Form and provide it to the Coordinating Medical Practitioner. The Coordinating Medical Practitioner does not need to be present to witness the signing of Form 4.
- The Coordinating Medical Practitioner needs to inform the patient that the contact person needs to be 18 years or older and be willing to accept the responsibility of the role. Being a contact person carries with it responsibility, which needs to be communicated to the patient and preferably, directly to the Contact Person by the Coordinating Medical Practitioner. It is for example, an offence under the Act for a Contact Person to knowingly fail to return any unused or remaining voluntary assisted dying medication within 15 days after the patient's death to the state-wide pharmacy.
- If the patient cannot sign the Form 4 themselves, someone may sign on their behalf. However, the person signing on their behalf must be 18 years or older and not the contact person. The person signing on behalf of the patient must do so at the patient's direction and in their presence.

Self - Administration Permit

- The Coordinating Medical Practitioner must apply to the Board for a voluntary assisted self-administration permit.
- The self-administration permit will require the Coordinating Medical Practitioner to:
 - Identify the patient;
 - Specify the voluntary assisted dying medication in a sufficient dose for the purpose of self-administration to cause the patient's death (which must be in accordance with the medication protocol);
 - Specify the contact person's details;
 - Provide completed copies of forms above;
 - Provide a statement that as the Coordinating Medical Practitioner, he/she is satisfied that at the time of making the request, the patient has decision making capacity in relation to voluntary assisted dying and their request is enduring.

Practitioner Administration

- If the patient is not capable of self-administering the voluntary assisted dying medication, the Coordinating Medical Practitioner must apply to the Board for

Permit

a voluntary assisted practitioner administration permit.

- The practitioner administration permit will require the Coordinating Medical Practitioner to:
 - Identify the patient;
 - Specify the voluntary assisted dying medication (which must be in accordance with the medication protocol);
 - Specify the contact person's details;
 - Provide completed copies of forms above;
 - Certify, as the Coordinating Medical Practitioner, that at the time of request the patient is physically incapable of the self-administration or digestion of voluntary assisted dying medication, and why, but has decision making capacity in relation to voluntary assisted dying and their request is enduring.

Loss of Physical Capacity After Self - Administration Permit has been obtained

- If, after a self-administration permit has been obtained, the patient loses physical capacity to self-administer or digest the voluntary assisted dying substance specified in the permit, the patient can ask the Coordinating Medical Practitioner to obtain a practitioner administration permit.
- The patient must make this request personally, and may make it verbally or by gestures or other means of communication available to the patient.
- Before applying for the practitioner administration permit, the self-administration permit must be cancelled. The Coordinating Medical Practitioner must, on receiving a request to obtain an administration permit, destroy any prescription under the relevant self-administration permit which has not been filled, and this will cancel the permit. The permit can also be cancelled by a pharmacist providing the Board with a copy of a completed Voluntary Assisted Dying Substance Disposal Form (Form 7).
- In these circumstances, when applying for the practitioner administration permit (in addition to the above), the Coordinating Medical Practitioner is required to make a declaration that any self-administration permit and prescription have been destroyed and any dispensed voluntary assisted dying medication has been returned to the state-wide pharmacy service by the patient or the contact person.
- A Coordinating Medical Practitioner may decline to administer the voluntary assisted dying medication.

DHHS/Board

- The DHHS is responsible for issuing all voluntary assisted dying permits. The permit applications will be processed as soon as possible and within three business days.
- Once issued, there is no expiry date for the permit, so the medical practitioner can prescribe voluntary assisted dying medication when, and if, the patient chooses to use it.
- It is open for DHHS to refuse a permit application. If the application is refused,

DHHS will advise the Coordinating Medical Practitioner, with reasons why the permit has been refused.

- The Coordinating Medical Practitioner will advise the patient why the permit has been declined by DHHS.

Prescribing Voluntary Assisted Dying Medication

- Before prescribing voluntary assisted dying medication, the Coordinating Medical Practitioner needs to contact the state-wide pharmacy service to discuss the prescription. Once they have prescribed all the medications in accordance with the permit, the Coordinating Medical Practitioner may provide the prescription directly to the state-wide pharmacy service.
- In the context of a self-administration permit, once the Coordinating Medical Practitioner has liaised with the state-wide pharmacy service and sent the prescription, the patient should be given the details of the state-wide pharmacy service to arrange how the medications will be delivered to the patient.
- Information the Coordinating Medical Practitioner must provide to the patient before prescribing the voluntary assisted dying substance:
 - How to administer the medications (additional information about this is available in the medication protocol);
 - That the voluntary assisted dying medication must be stored and transported in the locked box provided by the state-wide pharmacy service;
 - That any unfilled prescription must be returned to the Coordinating Medical Practitioner if the patient becomes physically incapable of the self-administration or digestion of the voluntary assisted dying medication and asks for practitioner administration;
 - That the patient or their contact person must return to the state-wide pharmacy service for disposal any unused voluntary assisted dying medication that the patient does not self-administer, whether because they decide not to, or because they make a subsequent request for practitioner administration, or they die before administering;
 - They are under no obligation to:
 - Obtain the voluntary assisted dying medication (and they may return the unfilled prescription to the Coordinating Medical Practitioner at any time); or
 - Administer the voluntary assisted dying medication.
- As part of this discussion, it is advisable that the Coordinating Medical Practitioner confirms where the patient intends to take the medication, whether other persons will be there when the medication is taken and if they have decided on when they will administer the drug.
- If the Coordinating Medical Practitioner cannot attend the time when the patient has decided to administer the medication, or the patient does not want the Coordinating Medical Practitioner to be present, it is important that arrangements are made with the patient to ensure that someone informs the

Coordinating Medical Practitioner of the person's death.

**Administration of
Voluntary Assisted
Dying Medication**

- Patient self-administration:
 - Once the medication has been dispensed to the patient, the patient may self-administer the medication at any time and place of their own choosing, but should do so in Victoria.
- Practitioner administration:
 - The patient must request the coordinating medical practitioner to administer the voluntary assisted dying medication in the presence of the witness. The request must be made by the patient personally and may be made verbally or by gesture or any other means of communication available to the person.
 - The Coordinating Medical Practitioner must be satisfied that:
 - The patient is the subject of the permit;
 - The patient has decision-making capacity in relation to voluntary assisted dying;
 - The patient's request to access voluntary assisted dying is enduring;
 - The patient understands that the voluntary assisted dying substance is to be administered immediately after the making of the administration request.
 - The witness must be:
 - 18 years of age or older ;
 - Independent of the coordinating medical practitioner.
 - The witness may be a family member, friend or carer of the patient. The witness needs to state that the coordinating medical practitioner administered the medication. The witness will also need to certify that at the time the medication was administered, the patient appeared to:
 - Have decision-making capacity in relation to voluntary assisted dying;
 - Be acting voluntarily and without coercion;
 - Have made an enduring request to access voluntary assisted dying.
 - At the completion of process, the Coordinating Medical Practitioner and witness must complete a Form 8 Coordinating Medical Practitioner Administration Form. This form must be submitted to the Board within seven days from the date of the patient's death.

**[The health service]
Patient in possession
of the voluntary
assisted dying
medication admitted**

- A patient in possession of the voluntary assisted dying medication may be admitted to hospital.
- Any patient with voluntary assisted dying medication must have an alert on their electronic medical record noting them as being subject of a Voluntary Assisted Dying Permit. Where an alert of this nature appears the admitting

as inpatient

clerk must immediately advise the Chief Medical Officer or General Counsel who will provide advice on next steps in accordance with the Policy and this Procedure.

- Storage of voluntary assisted dying medication on each campus must be in accordance with [the health service] Pharmacy drug storage procedures. The medication must remain accessible to the patient upon request. The locked box containing the patient's voluntary assisted dying medication must be clearly labelled with the patient's details, including UR/MRN number and BRADMA label. Where the voluntary assisted dying medications are stored and how they will be accessed must be clearly documented in the patient's electronic medical record.
- The voluntary assisted dying self-administration kit contains:
 - Instructions on how to self-administer the medication;
 - Pre medication;
 - Suspension and sweet syrup for mixing;
 - voluntary assisted dying medication;
 - Measuring tools ;
 - Contact information of the Coordinating Medical Practitioner and the State Wide Pharmacy Service.

Non [health service] patients who present to the Emergency Department (ED)

- If a non-health service patient presents to the ED with their voluntary assisted dying medication, staff will store the locked box as noted above.
- If ED staff believe the patient is subject to a voluntary assisted dying permit, ED staff must advise the Chief Medical Officer or General Counsel immediately who will confirm with DHHS if the patient has a permit.
- Unless otherwise expressly directed by the Chief Medical Officer, staff must not provide life-saving measures, but make the patient comfortable.

Inpatient Administration of Voluntary Assisted Dying Medication

- If a patient who is in possession of the voluntary assisted dying medication wishes to self-administer the voluntary assisted dying medication, the coordinating practitioner will discuss and agree with the patient a protocol for administration, including possible room arrangements, and if the patient wishes, taking steps to arrange for any health practitioner, carers, family, or friends to be with them when they self-administer the medication.
- If they are not present during the self-administration, the Coordinating Medical Practitioner should be immediately informed of the death. If the Coordinating Medical Practitioner is unavailable to attend the death, then another medical practitioner must be informed in order that they can attend the death.
- Once the patient swallows the voluntary assisted dying medication it is anticipated the patient will fall asleep within 10 minutes and die within 1 to 2 hours.

After patient death

- All deaths in Victoria must be notified to the Registrar of Births, Death and Marriages within 48 hours of a person dying by the medical practitioner who has responsibility for a patient's care immediately before they die, or who examines the body of a deceased person after death and reasonably believes or knows the person was the subject of a voluntary assisted dying permit.
- A medical practitioner other than the Coordinating Medical Practitioner may be responsible for notifying the Registrar.
- The medical practitioner responsible for the care of the patient (if they are an inpatient) subject to a voluntary assisted dying permit should contact the Coordinating Medical Practitioner to advise the patient has died.
- The medical practitioner who has responsibility for a patient's care immediately before they die, or who examines the body of a deceased person after death, will need to advise the Registrar that the patient was the subject of a voluntary assisted dying permit, and whether the voluntary assisted dying substance specified in the permit was self-administered or not, or was the subject of a practitioner administration permit and was administered the voluntary assisted dying substance specified in the permit.
- Regardless of whether the voluntary assisted dying medication was administered, the death of patient who has a voluntary assisted dying permit must be notified to the Coroner by the medical practitioner who has responsibility for a patient's care immediately before they die, or who examines the body of a deceased person after death and reasonably believes or knows the person was the subject of a voluntary assisted dying permit.
- Completing the cause of death form needs to include the patient was subject to a voluntary assisted dying permit and the medical condition that was the grounds for the patient to access voluntary assisted dying.

Summary of documentation to be submitted to DHHS/Board

- Three requests by patient (two verbal one written).
- Coordinating Medical Practitioner Assessment (Form 1) (copy to be provided to Board within seven days after completing the first assessment).
- Consulting Medical Practitioner Assessment (Form 2) (copy to be provided to Board within seven days after completing consulting assessment).
- Written request (Form 3) (copy to be provided to Board with Form 5, the Final Review Form)
- Contact person appointment (Form 4) (copy to be provided to Board with Form 5, the Final Review Form).
- Final Review Form when Coordinating Medical Practitioner assessment is completed (Form 5) (copy to be provided to Board within seven days of completion).
- Application For Self-Administration Permit – Form 1 of Schedule 1, Voluntary Assisted Dying Regulation 2018.
- Application For Practitioner Administration Permit – Form 2 of Schedule 1, Voluntary Assisted Dying Regulation 2018.

- Administration request and certification by coordinating medical practitioner following administration of voluntary assisted dying substance.
- Coordinating Medical Practitioner Administration Form (Form 8) (copy to be provided to Review Board within 7 days after administering a voluntary assisted dying substance to a patient under a practitioner administration permit).

Time frames

Form	Section of Act	Time Frame & Definition
First Request	Section 13	<u>Within seven days</u> of making request, medical practitioner who request was made to needs to respond saying whether they'll accept the request (if they do, they become the Coordinating Medical Practitioner).
First Assessment Form	Section 12(2)	<u>Within seven days</u> after completing first assessment coordinating medical practitioner needs to complete first assessment report form and submit it to Board.
Consulting Medical Practitioner Referral	Section 23(1)	<u>Within seven days</u> of receiving referral from Coordinating Medical Practitioner, medical practitioner needs to advise patient and Coordinating Medical Practitioner if they will accept referral.
Second Assessment Form	Section 30	<u>Within seven days</u> after completing second assessment Consulting Medical Practitioner needs to complete second assessment report form and submit it to Voluntary Assisted Dying Board
Transfer coordinating medical practitioner to consulting medical practitioner	Section 33(2)	If Coordinating Medical Practitioner asks for the Consulting Medical Practitioner to become the patient's Coordinating Medical Practitioner, the Consulting Medical Practitioner must advise the Coordinating Medical Practitioner <u>within seven days</u> if they accept the transfer.
Written Declaration	Section 34(1)	A person shall make a written declaration to access voluntary assisted dying if the person has been assessed as eligible for access to voluntary assisted dying by the Coordinating Medical Practitioner and Consulting Medical Practitioner.
Final Request	Section 38(1)	<u>Final verbal request can only be made at least nine days after the first verbal request.</u> <u>Cannot be made on the same day that the consulting assessment is completed.</u> However, nine day time frame does not apply if

		Coordinating Medical Practitioner considers patient's death is likely to occur before the expiry of the nine day time period and this belief is consistent with the prognosis of the consulting medical practitioner set out in the consulting assessment report form.
Final Review by Coordinating Medical practitioner	Section 41(2)	<u>within seven days</u> after completing final review, Coordinating Medical Practitioner needs to submit final review form and attachments (written declaration, coordinating and consulting assessment forms) to the Board.
Certification by Coordinating Medical Practitioner following administration of substance	Section 66(2)	<u>Within seven days</u> after administering the voluntary assisted dying substance to the patient the Coordinating Medical Practitioner needs to complete and submit the coordinating medical practitioner administration form to the Board.
Contact Person	Section 39(2)(a)	Contact Person has <u>15 days</u> after the patient dies to return unused or remaining voluntary assisted dying medication to state-wide pharmacy at the Alfred Hospital (criminal offence 12 months' imprisonment maximum penalty for knowingly not returning unused voluntary assisted dying medication to the pharmacy).

Patient ineligible for voluntary assisted dying

- If a patient is not assessed as eligible to access voluntary assisted dying in accordance with the Act, the Coordinating Medical Practitioner will need to discuss with the patient why the patient has not met the eligibility criteria and review options.
- The coordinating medication practitioner will provide information and support to the patient about end-of-life care options including advance care planning and palliative care.

Bereavement Care

- [The health service] medical and health practitioners will provide bereavement support to patient's family, friends and carers accessing voluntary assisted dying, in accordance with our usual bereavement practice.
- [The health service] offers an employee assistance program (EAP) through Caraniche. Caraniche will provide our staff with specialised support and counselling. Staff may also contact the Chief Medical Officer or General Counsel to discuss.

Further Information

- In addition to the Policy and this Procedure, the Chief Medical Officer and General Counsel at [the health service] are available to provide further information to staff regarding voluntary assisted dying at [the health service].

The following external links may also provide useful information.

Voluntary Assisted Dying Care Navigators	Email: vadcarenavigator@petermac.org
Department of Health and Human Services End of Life Care Team	Email: endoflifecare@dhhs.vic.gov.au
Voluntary Assisted Dying State Pharmacy Service	Email: VolAssistDyingPharmacy@alfred.org.au
Voluntary Assisted Dying Review Board	Email: VADBoard@safercare.vic.gov.au
Coroners' Court of Victoria	Web Link: www.coronerscourt.vic.gov.au
Births, Deaths and Marriages Victoria	Web Link: www.bdm.vic.gov.au/deaths
Voluntary Assisted Dying Care Navigators	Email: vadcarenavigator@petermac.org

▪ **9. Document History**

Number of previous revisions: new document

Previous issue dates: not applicable this version

▪ **10. References**

Relevant legislation includes but is not limited to:

- *Voluntary Assisted Dying Act 2017 (Vic)*
- *Medical Treatment Planning and Decisions Act 2016 (Vic)*
- *Mental Health Act 2014 (Vic)*
- *Health Practitioner Regulation National Law (Victoria) Act 2009 (Vic)*

▪ **11. Sponsor**

General Counsel

▪ **12. Authorisation Authority**

Chief Medical Officer