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| Health service policy guidance for voluntary assisted dying |
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# About this document

The purpose of this document is to assist health services to produce policy guidance for their staff who will be providing information and support to patients who request information about, or access to, voluntary assisted dying. It is envisioned health services will adapt its contents to account for local context, available resources and expertise.

# Scope

This document is intended to assist health services that have identified as an information and support service for voluntary assisted dying; known as Pathway C, described in *Voluntary assisted dying model of care pathways for health services*.

**Figure 1. Pathway C – Information and support service**

![Figure 1. Pathway C - Information and support service
Figure 1 shows the pathway for a patient who requests voluntary assisted dying in a health service that is not able to provide voluntary assisted dying, as described in appendix 1
]()

This pathway is for a health service that has identified they are not in a position to provide voluntary assisted dying eligibility assessments or facilitate access to voluntary assisted dying. A person who requests information about, or access to, voluntary assisted dying at such a service should be provided with information and support.

A medical practitioner at the health service may also refer the person to a general practitioner or another health service that is willing and able to assist the person to access information about, or access to, voluntary assisted dying. Individual health services are responsible for determining their response to referrals related to voluntary assisted dying.

This document is not intended to provide guidance on end of life care or palliative care policy. Health services will already have policies or guidance documents in place on these topics.

# Guiding principles for voluntary assisted dying

* Every human life has equal value
* A person’s autonomy should be respected
* Informed decision making
* Quality care that minimises suffering and maximises quality of life
* Therapeutic relationships be supported and maintained
* Open discussions about death and dying
* Conversations about treatment and care preferences
* Genuine choice balanced with safeguards
* All people have the right to be shown respect for their culture, beliefs, values and personal characteristics.

# Health service policy example

**Purpose**

To provide information to [insert health service] staff about the provision of information and support to patients who request information about, or access to, voluntary assisted dying.

**Scope**

All [insert health service] staff.

**Responsibility**

[Insert hospital department or executive sponsor] is responsible for voluntary assisted dying at [insert health service].

**Definitions**

**Coordinating medical practitioner** – a registered medical practitioner who accepts a patient’s first request for access to voluntary assisted dying. They are the key contact for patients during the voluntary assisted dying process.

**Request for voluntary assisted dying** – a clear and unambiguous request for access to voluntary assisted dying made personally by a patient to a registered medical practitioner.

**Self-administration permit** –a permit issued under *the Act* permitting the coordinating medical practitioner to prescribe a voluntary assisted dying medication to the patient for self-administration.

**Voluntary assisted dying** – allows a person in the late stages of advanced disease to take medication prescribed by a medical practitioner that will bring about their death at a time they choose.

[Insert other relevant definitions]

**Organisation’s position statement**

[Insert health service] is an information and support service for voluntary assisted dying. This means if a patient requests information about, or access to, voluntary assisted dying, staff will endeavour to provide the necessary information and/or support to patients to seek further information or access to voluntary assisted dying from another participating health service or medical practitioner.

**Policy**

Responding to staff enquiries

All staff enquiries regarding voluntary assisted dying are to be directed internally to [insert staff member role title and contact details], who in the first instance will be able to provide information and direction about voluntary assisted dying.

People seeking general information may also be directed to the Department of Health and Human Services website. This contains both general information and more detailed information for people actually considering voluntary assisted dying. https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/end-of-life-care

Detailed information and support is externally available from the Voluntary Assisted Dying Statewide Care Navigator Service, which can be contacted at E: [vadcarenavigator@petermac.org](mailto:vadcarenavigator@petermac.org) or P: 0436 848 344.

Voluntary assisted dying may be an overwhelming and emotional experience for health service staff who provide care and support for the patient. If voluntary assisted dying has raised concerns about staff wellbeing, [insert Employee Assistance Program] is available to all staff at [insert health service]. Alternatively, staff may choose to access support by contacting their professional associations.

Responding to initial patient enquiries (delete option not applicable)

1. **Internal response and process**

All patient requests for information about, or access to, voluntary assisted dying are to be directed to [insert staff member role title and contact details (*e.g. Social work, advance care planning coordinator, senior health practitioner, hospital manager or executive*)], who will provide information and support to a patient at their request.

1. **External process if required (i.e. no-one in the health service has been identified to provide information and support to patients regarding voluntary assisted dying)**

All patient requests for information about, or access to, voluntary assisted dying are to be directed to the Statewide Care Navigator Service, who can be contacted at E: [vadcarenavigator@petermac.org](mailto:vadcarenavigator@petermac.org) or P: 0436 848 344. The care navigators will provide information to the patient and liaise with [insert identified voluntary assisted dying hospital key contact staff member, role title and contact details] if further consultation or escalation is required, for example, referral to a primary health medical practitioner to commence the formal voluntary assisted dying request and assessment process.

Referral to a voluntary assisted dying provider or service

Referrals to a voluntary assisted dying provider or service will be at the direction of [insert key contact staff member, role title and contact details].

The prioritisation of referrals will be as follows [insert preferred health service referral pathway, *example below*]:

* local area primary healthcare network – known participating GP
* an established referral pathway for palliative care or end-of-life care in the region
* a participating health service outside of existing pathways or the region.

Process for patients who are in are the subject of a voluntary assisted dying permit (delete if not applicable)

A patient who is the subject of a self-administration permit may request the medication be dispensed to them from the statewide pharmacy service whilst an inpatient.

All requests for medication to be dispensed should be directed to the statewide pharmacy service on P: 9766 5270. The service will liaise with the patient and the patient’s coordinating medical practitioner, who will then liaise with the patient’s health care team, including the health service pharmacy [insert pharmacy contact person details].

The voluntary assisted dying medication will be delivered directly to the patient by the statewide pharmacy service.

Process for patients who are in possession of the voluntary assisted dying medication (delete if not applicable)

A patient already in possession of the voluntary assisted dying medication may be admitted to hospital. The voluntary assisted dying medication must be stored in the locked box provided as part of a voluntary assisted dying administration kit.

[Insert health service] preferred approach to storing the voluntary assisted dying medication is [insert health service policy statement on medication storage].

Any patient who is admitted to [insert health service] and is in possession of voluntary assisted dying medication should be directed to discuss the options for safe storage with [insert contact details]. Staff will then be informed of the outcome of the conversation and action required.

Patients requesting to take the medication in hospital (delete if not applicable)

[Insert health service] preferred approach to patient requests for self-administration of the voluntary assisted dying medication whilst an inpatient is [insert health service policy statement on requests for self-administration].

All patient requests to self-administer the voluntary assisted dying medication whilst an inpatient are to be directed to [insert staff member role title and contact details (*e.g. senior health practitioner, hospital manager or executive*)], who will provide information and support to the patient regarding their request.

**Other resources**

The Voluntary Assisted Dying Statewide Care Navigator Service

The voluntary assisted dying care navigators are available to provide information and support to individuals who contact the service. The service is available during business hours Monday to Friday and open to patients (and their family or carers), health practitioners and health services.

The care navigators can liaise with a person’s treating medical team to consult regarding their care, with that person’s consent.

The care navigators can inform patients and their families about end-of-life and psychosocial support options available to them, regardless of whether they are assessed as eligible for voluntary assisted dying.

The Care Navigator Service can be contacted at E: [vadcarenavigator@petermac.org](mailto:vadcarenavigator@petermac.org) or P: 0436 848 344.

The Department of Health and Human Services website

Further resources for consumers and health practitioners on voluntary assisted dying can be found on the Department of Health and Human Services website. Key resources include:

* Information for people considering voluntary assisted dying
* Voluntary assisted dying guidance for health practitioners
* Managing access to voluntary assisted dying in health services.

End-of-life care resources, including those about voluntary assisted dying, can be found at: https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/end-of-life-care

**Related policies / procedures**

[Insert links to related health service policy and/or procedures, for example end-of-life care]

**Related legislation**

Voluntary Assisted Dying Act 2017

# Staff communication and workforce education considerations for health service policy implementation

Health services should develop an employee communication plan for voluntary assisted dying policy education and communication activities. This may include provision of information through:

* newsletters
* intranet
* emails to staff
* staff education sessions, for example, Grand Round, Allied Health staff forum, nursing education calendar, ward based or team meetings, orientation, HMO/Registrar programs.

Health services should consider the different education requirements when engaging staff through information and education sessions. All staff should have an awareness of:

* the organisation’s position or stance on participating in voluntary assisted dying
* the legislative prohibition on health practitioners initiating voluntary assisted dying discussions with a person in their care
* how to escalate enquiries for information about, or access to, voluntary assisted dying internally
* the importance of supporting each other and promoting a culture of mutual respect
* the details of staff support programs (e.g. EAP).

Some health services will have identified specific staff to provide information to patients and/or staff regarding voluntary assisted dying. These staff should have further targeted education regarding the health service’s response to requests for information about, or access to, voluntary assisted dying, including:

* the internal process for connecting patients to services or pathways outside of the health service, including:
  + local area primary healthcare network – GPs
  + referral to an established referral pathway for palliative care or end-of-life care in region
  + referral to a participating health service outside of existing pathways or the region
* directing patients and/or staff to external sources of information.

# Appendix 1: Figure description

## Figure

### Figure 1. Pathway C – Information and support service

Information and support service

Health service has chosen not to or is not able to provide voluntary assisted dying

**Step 1:**

Patient expresses request for voluntary assisted dying

**Option 1:**

Voluntary Assisted Dying Care Navigator contacted for information or linkage and end of life discussion

**Option 2:**

Linkage with medical practitioner or health service that can provide:

* coordinating medical practitioner
* consulting medical practitioner
* specialist assessment where required

**During the process:**

There is ongoing information and linkage to end-of-life care

The person can choose to stop the process at any point

To receive this publication in an accessible format email the [Person Directed Care team](mailto:endoflifecare@dhhs.vic.gov.au) <endoflifecare@dhhs.vic.gov.au>

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Available from the [Health Services information page](https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/end-of-life-care/voluntary-assisted-dying/health-services-information) on the Health.vic website <https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/end-of-life-care/voluntary-assisted-dying/health-services-information>