

# Voluntary Assisted Dying

Aged care and community services

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# End-of-life care and voluntary assisted dying

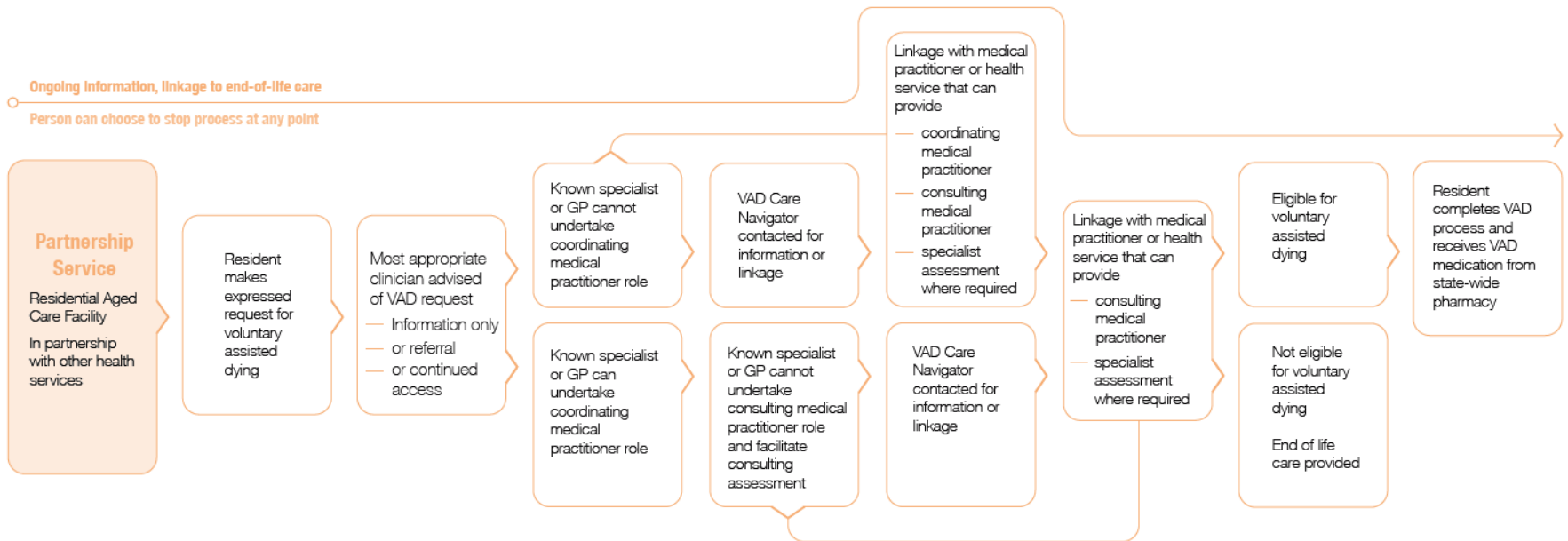
- Organisation's position regarding voluntary assisted dying
- The chosen model of care pathway
- The organisation's approach for the provision of voluntary assisted dying, including the process for responding to a request and effective referral or information request
- Training and guidance materials for staff
- Alignment with legislative requirements

# Model of Care Pathways

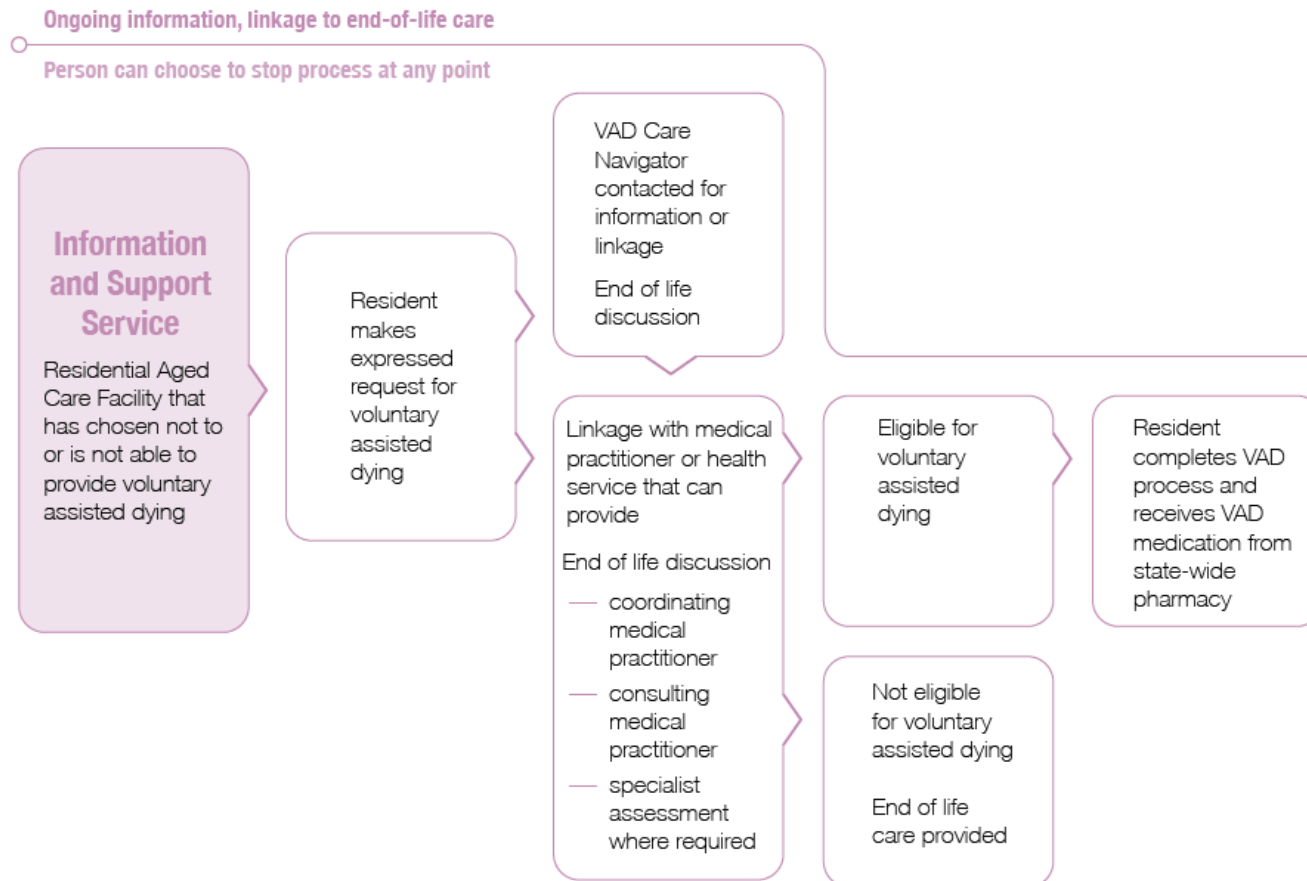
## Who will you be?

- Single Service
- Partnership Service
- Information and Support

# Partnership Service



# Information and Support Service



# Organisational considerations

## **Organisations will need to consider the following to implement their chosen pathway:**

- establishing a voluntary assisted dying working group
- education and communication for staff on the chosen care pathway and the legislation
- a staff survey to understand who will participate
- the organisational response to how voluntary assisted dying requests are managed
- clinical governance
- updating or creating new policies, procedures and guidelines
- system requirements such as IT
- documentation requirements for client records

# Organisational considerations

- If voluntary assisted dying will not be provided, how will clients be referred?
- How will staff be educated and supported if voluntary assisted dying will be provided?
- How will staff respond to questions and requests for information, including if they suspect or know the client doesn't have decision making capacity?
- How will staff be supported in managing these requests?

# Organisational support for staff

- Policies and procedures that cover all aspects of voluntary assisted dying
- Admissions procedures need to allow for clients who choose to come in on a voluntary assisted dying pathway or who may commence a voluntary assisted dying pathway while in care and include clauses regarding staff conscientious objection
- Quality Management System needs to include a feedback process and incident management



# Staff considerations

- A health practitioner must not initiate the discussion about voluntary assisted dying with a patient while providing a health service
- Many aged and community care workers are not registered health practitioners, so are not bound by the legislation
- Organisational governance structures should consider the intent of the legislation and the foundations of the Act and ensure it:
  - is articulated to client facing staff, and
  - is reflected in their scope of practice

# Staff considerations

- Information for staff to understand their own view of voluntary assisted dying
- Information for staff who wish not to participate (conscientious objection) and what are their rights
- Clear education for staff on:
  - their responsibilities in supporting a client
  - how to provide information to a client for support and/or information (internal or external) about voluntary assisted dying
  - assistance with difficult conversations
  - the legislation
  - access to EAP and other internal supports

# Client considerations - communication

- Initial implementation of the Act and ongoing
- Organisation's position on voluntary assisted dying
- Information about the supports available (internal and external, including the voluntary assisted dying care navigators), clearly articulates the ability for individual staff to object, expectations for the client regarding accessing voluntary assisted dying, what supports will be provided by the provider, and what supports must be provided by the client
- Where the information is documented, available and provided to clients

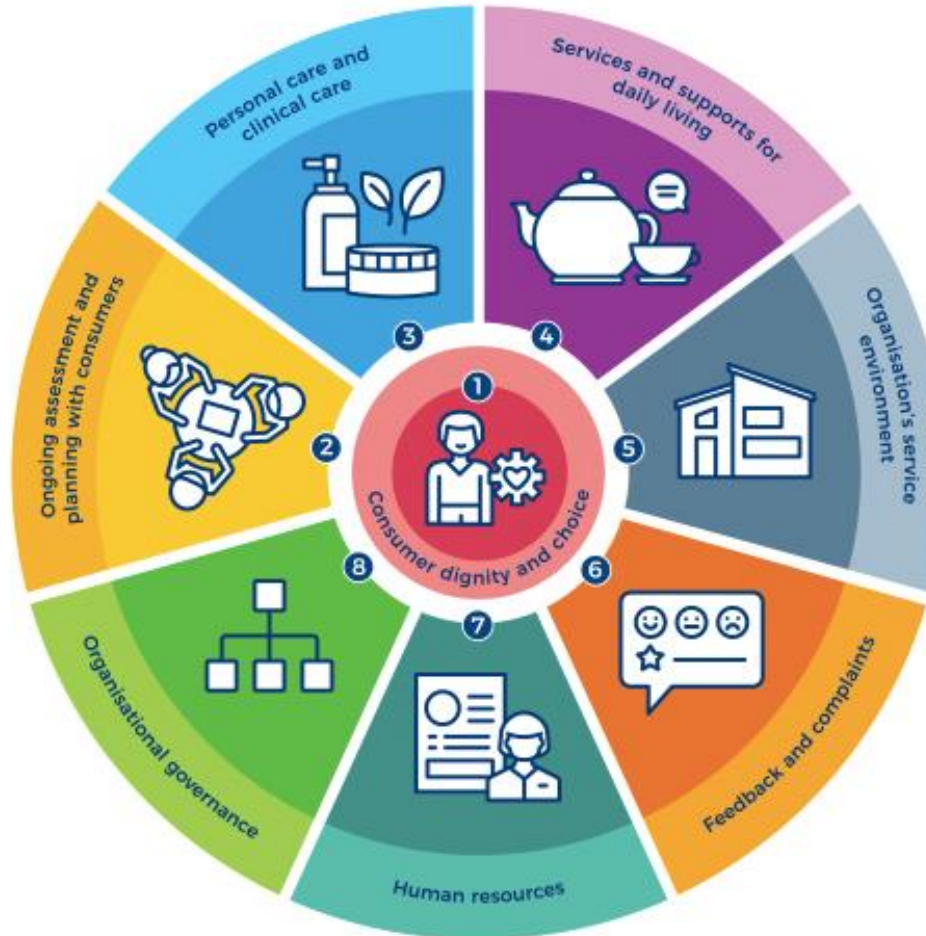
## Additional client considerations

- Privacy and confidentiality
- Medication storage
- What if the client doesn't qualify?
- Bereavement care

# Legislative alignment

- Voluntary Assisted Dying Act 2017 (Vic) – 19 June 2019
- Aged Care Quality Standards – 1 July 2019
- Charter of Aged Care Rights – 1 July 2019
- User Rights Amendment (Charter of Aged Care Rights) Principles 2019 (Cth) – 1 July 2019
- National Disability Insurance Scheme (Quality Indicators) Guidelines 2018 (Cth) – 1 July 2019 (in Victoria)
- Competition and Consumer Act 2010 (Cth)
- Equal Opportunity Act 2010 (Vic)

# Aged Care Quality Standards



# Charter of Aged Care Rights

I have the right to:

1. safe and high quality care and services
2. be treated with dignity and respect
3. have my identity, culture and diversity valued and supported
4. live without abuse and neglect
5. be informed about my care and services in a way I understand
6. access all information about myself, including information about my rights, care and services
7. have control over, and make choices about, my care, personal and social life, including where choices involve personal risk
8. have control over, and to make decisions about, the personal aspects of my daily life, financial affairs and possessions
9. my independence
10. be listened to and understood
11. have a person of my choice, including an aged care advocate, support me or speak on my behalf
12. complain free from reprisal, and to have my complaints dealt with fairly and promptly

# Charter of Aged Care Rights

- Alignment to the Voluntary assisted dying principles, including:
  - A person's autonomy should be respected
  - Every person approaching the end of life should be provided with quality care to minimise a person's suffering and maximise the person's quality of life
  - Individuals are entitled to genuine choices regarding their treatment and care
- Clients have the right to exercise their rights without it adversely affecting the way that they are treated



# User Rights Principles – Residential Care

- Section 11, Item 4 – information that must be provided to new care recipients
  - The circumstances in which the care recipient may be asked to leave the service and the assistance that the provider will give to the care recipient to find alternate accommodation if they are asked to leave
- Schedule 2 (Responsibilities of approved providers), Part 1, Item 2
  - Inserts an additional responsibility that an approved provider must not act in a way that is inconsistent with the legal and consumer rights of a care recipient

# User Rights Principles – Home Care

- Section 17, Item 7, Section 17 – sets out the circumstances in which an approved provider may cease to provide care to the care recipient
  - The reasons listed, including non-payment of fees, intentionally caused serious injury to a staff member, intentionally infringing the right of a staff member to work in a safe environment; do not appear to provide a basis for asking someone to leave because of a request for voluntary assisted dying
- Schedule 2 (Responsibilities of approved providers), Part 2, Item 4
  - Inserts an additional responsibility that an approved provider must not act in a way that is inconsistent with the legal and consumer rights of a care recipient
  - Specifies that an approved provider must provide such information as is reasonably necessary to assist a care recipient to choose the care and services that best meets his or her goals and assessed needs and preferences, within the limits of resources available

## Next steps

- Consider how your organisation can implement the voluntary assisted dying legislation
- Prepare your staff
- Continue implementation
- Continuous improvement post-implementation

Department of Health and Human Services' website:

<https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/end-of-life-care/voluntary-assisted-dying>