



Government of **Western Australia**
South Metropolitan Health Service

Voluntary Assisted Dying in Practice

Supporting the GP role

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WA Voluntary Assisted Dying Statewide Care Navigator Service

Voluntary

- a choice by a competent person free of coercion
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Assisted

- involves the prescription of a substance intended to cause death
 - may involve assistance to administer the substance
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Dying

- To be eligible, a person must already be dying
- the intended outcome of taking the substance

Eligibility

- An adult
 - Australian citizen or permanent resident
 - Lived in WA for the last year
- At least 1 disease, illness or medical condition that is:
 - Advanced, progressive and **will cause death**; and will, on the balance of probabilities cause death within a period of 6 months (or 12 months for neurodegenerative); and,
 - Suffering that cannot be relieved in a manner that the person considers tolerable
 - Decision-making capacity
 - Acting voluntarily and without coercion
 - Enduring request for access to voluntary assisted dying

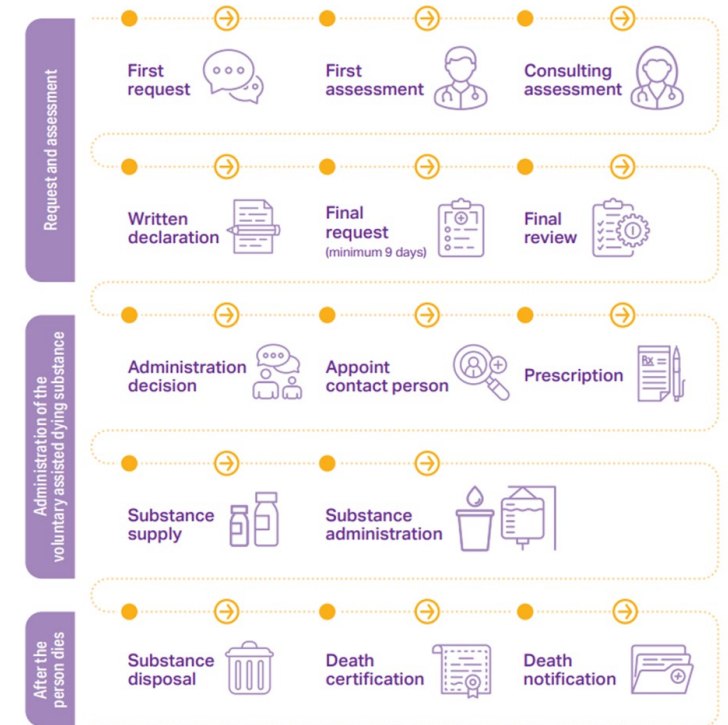
Legislative Provisions

The right to choose whether or not to participate, prescribe or be present is spelled out in the Act

- Initiating discussions vs responding to a patients request
- Mandatory requirements for all doctors include:
 - **Actions to be taken on receiving a First Request**
 - Clear and unambiguous request for help in during a medical consultation
 - **No reference to VAD on the Medical Certificate Cause of Death (MCCD)**
 - **Notifying the VAD Board when completing a MCCD** for a patient who they know or reasonably believe died through VAD
- Protections under the Act

Accessing VAD

- Set criteria and safeguards
- Formal process with 3 main components
 - **Request and assessment**
 - 3 requests
 - 2 assessments
 - **Prescription and administration**
 - **The time after the person dies**



- Active process, driven by the person themselves
- Not an overnight or last-minute option
- **An additional choice – not an isolated one**

In the beginning...

- Modelling suggested 50 (maybe 70) people would access VAD
 - 191 in 2021/22 250% ↑1.1% of deaths
 - 255 in 2022/23 33.5% ↑1.4% of deaths
 - 292 in 2023/24 14.5% ↑1.6% of deaths
- Very specific demographics proposed
 - Not seen in practice

Voluntary assisted dying in 2023–24 (including change from 2022–23)

First Requests	First Assessments	Consulting Assessments	Substance supplies	Voluntary assisted dying deaths
970  28.1%	593  24.8%	496  24.9%	342  20.8%	292  14.5%

Patients found eligible to access voluntary assisted dying

Age	Male	Resided in metro area	Cancer related diagnosis
32 – 102	57.3%	74.7%	71.4%
Median age	Female	Resided in regional area	Receiving palliative care
75	42.7%	25.3%	83.8%

Voluntary assisted dying deaths

Self-administration	Practitioner administration	49.5% of practitioner administration occurred at the patients home	1.6%
15 (5.1%)	277 (94.9%)	83% of practitioner administration via intravenous administration	of total deaths in Western Australia in 2023–24

Practitioners

Trained practitioners	Training completed in 2023–24	Location of practice	Participated since 1 July 2021
114	13 Medical practitioners 4 Nurse practitioners	71.1% Perth metro 28.9% Regional	79 Medical practitioners 3 Nurse practitioner

The People

- Rarely a surprise for those who know them
- Mid 70s – slightly more men than women
- Most people have a malignancy
- Are or have engaged with palliative care
- Experiencing suffering – predominantly existential
- Wish to control what happens and when
 - Either have a clear vision on a line in the sand, or just-in-case
 - No fixed timeframes
 - No expiry date
- Decide to have support when they choose to die
- Choose to die at home

Statewide Care Navigator Service

Established to support anyone involved with VAD in WA including people and families, health professionals, and members of the community.

Delivers:

- Person centred and patient driven care
- General information and answers to questions
- Help to find a doctor trained in VAD
- Support throughout the process
- Education and information sessions
- Support for health professionals caring for someone exploring VAD
- Manages of the Regional Access Support Scheme (RASS)

Most importantly... here to help and support you in caring for your patients

Caring for your patients

What you must do

- Health Care Worker to not raise VAD, but recognise you can respond as much or as little as you feel comfortable

Doctors

- Meet **legal requirements in response to a first request**
- **Not mention VAD on the MCCD** and notify when completing

What you can do

- Choose **not to participate** in VAD
- **Continue to care** for your patient
- Choose to **support patients who raise VAD**
- **Refer** to the SWCNS with consent
- **Provide relevant patient information** to the SWCNS/practitioners
- Become a **VAD practitioner** if you are eligible

Contacting us

- Monday to Friday 8:30am to 5:00pm
 - Not an emergency service
- Office based landline 9431 2755
 - Monitored during working hours
 - Calls passed to Care Navigators
 - Shared email inbox

VADcarenavigator@health.wa.gov.au

All referrals including self-referral are accepted

Caring for yourself

- Be informed
- Awareness
 - Responses can be unexpected
 - Loss of 'normal' role in caring for patients
 - Know where your supports are
 - Consider how you might respond early
- Recognition
 - This is new, and can be complex and challenging
 - You don't have to have all the answers

What happens next

When a person seeks information about VAD

- It doesn't mean that they are going to choose to make a First Request.

When a person does seek access

- It doesn't mean they will be found to be eligible.

When a person is eligible and has access

- It doesn't mean that they will use it.

**Being aware of options, making choices
and having access can have its own
positive impact**

