

Voluntary Assisted Dying Bill 2019

Contents

Part 1 — Preliminary		
Division 1 — Introductory provisions		
1.	Short title	2
2.	Commencement	2
3.	Act binds Crown	2
Division 2 — Principles		
4.	Principles	2
Division 3 — Interpretation		
5.	Terms used	4
6.	Decision-making capacity	9
7.	Voluntary assisted dying substance	9
8.	When request and assessment process completed	10
Division 4 — Other provisions		
9.	Registered health practitioner may refuse to participate in voluntary assisted dying	10
10.	Health care worker not to initiate discussion about voluntary assisted dying	10
11.	Contravention of Act by registered health practitioner	12
12.	Voluntary assisted dying not suicide	12
13.	Inherent jurisdiction of Supreme Court not affected	12
14.	Relationship with <i>Medicines and Poisons Act 2014</i> and <i>Misuse of Drugs Act 1981</i>	12
Part 2 — Requirements for access to voluntary assisted dying		
15.	When person can access voluntary assisted dying	13
16.	Eligibility criteria	13

**Part 3 — Requesting access to
voluntary assisted dying and
assessment of eligibility**

**Division 1 — Eligibility requirements for
medical practitioners**

17. Eligibility to act as coordinating practitioner or
consulting practitioner 15

Division 2 — First request

18. Person may make first request to medical
practitioner 16
19. No obligation to continue after making first request 17
20. Medical practitioner to accept or refuse first
request 17
21. Medical practitioner to record first request and
acceptance or refusal 18
22. Medical practitioner to notify Board of first request 18
23. Medical practitioner becomes coordinating
practitioner if first request accepted 19

Division 3 — First assessment

24. First assessment 19
25. Coordinating practitioner to have completed
approved training 19
26. Referral for determination 20
27. Information to be provided if patient assessed as
meeting eligibility criteria 21
28. Outcome of first assessment 22
29. Recording and notification of outcome of first
assessment 22
30. Referral for consulting assessment if patient
assessed as eligible 24

Division 4 — Consulting assessment

31. Medical practitioner to accept or refuse referral for
consulting assessment 24
32. Medical practitioner to record referral and
acceptance or refusal 25
33. Medical practitioner to notify Board of referral 25
34. Medical practitioner becomes consulting
practitioner if referral accepted 26

35.	Consulting assessment	26
36.	Consulting practitioner to have completed approved training	26
37.	Referral for determination	27
38.	Information to be provided if patient assessed as meeting eligibility criteria	28
39.	Outcome of consulting assessment	28
40.	Recording and notification of outcome of consulting assessment	28
41.	Referral for further consulting assessment if patient assessed as ineligible	30
	Division 5 — Written declaration	
42.	Patient assessed as eligible may make written declaration	30
43.	Witness to signing of written declaration	31
44.	Certification of witness to signing of written declaration	32
45.	Coordinating practitioner to record written declaration	33
46.	Coordinating practitioner to notify Board of written declaration	33
	Division 6 — Final request and final review	
47.	Patient may make final request to coordinating practitioner	33
48.	When final request can be made	34
49.	Coordinating practitioner to record final request	34
50.	Coordinating practitioner to notify Board of final request	35
51.	Final review by coordinating practitioner on receiving final request	35
52.	Technical error not to invalidate request and assessment process	37
53.	No obligation for patient to continue after completion of request and assessment process	37
	Part 4 — Accessing voluntary assisted dying and death	
	Division 1 — Eligibility requirements for administering practitioners	
54.	Eligibility to act as administering practitioner	38

	Division 2 — Administration of voluntary assisted dying substance	
55.	Application of Division	39
56.	Administration decision	39
57.	Revocation of administration decision	40
58.	Self-administration	41
59.	Practitioner administration	43
60.	Coordinating practitioner to notify Board of administration decision and prescription of substance	44
61.	Certification by administering practitioner following administration of prescribed substance	45
62.	Witness to administration of prescribed substance	46
63.	Transfer of administering practitioner's role	47
	Division 3 — Contact person	
64.	Application of Division	48
65.	Patient to appoint contact person	48
66.	Contact person appointment form	49
67.	Role of contact person	50
68.	Contact person may refuse to continue in role	51
	Division 4 — Prescribing, supplying and disposing of voluntary assisted dying substance	
69.	Information to be given before prescribing substance	51
70.	Prescription for substance	53
71.	Authorised supplier to authenticate prescription	54
72.	Information to be given when supplying prescribed substance	54
73.	Labelling requirements for prescribed substance	55
74.	Authorised supplier to record and notify of supply	55
75.	Disposal of prescribed substance by authorised disposer	56
76.	Authorised disposer to record and notify of disposal	56
77.	Disposal of prescribed substance by administering practitioner	57
78.	Administering practitioner to record and notify of disposal	58

	Division 5 — Other matters	
79.	Authorised suppliers and authorised disposers	59
80.	Certain directions as to supply or administration prohibited	59
81.	Structured administration and supply arrangement not to be issued for substance	60
82.	Notification of death	60
	Part 5 — Review by Tribunal	
83.	Terms used	62
84.	Application for review of certain decisions by Tribunal	62
85.	Notice of decision and right to have it reviewed	63
86.	Consequences of review application	63
87.	Review application taken to be withdrawn if patient dies	64
88.	Decision of Tribunal	64
89.	Effect of decision under s. 88(a), (c) or (e)	65
90.	Effect of decision under s. 88(b), (d) or (f)	66
91.	Coordinating practitioner may refuse to continue in role	67
92.	Constitution and membership of Tribunal	67
93.	Hearings of Tribunal to be held in private	67
94.	Notice requirements	68
95.	Coordinating practitioner to give Tribunal relevant material	69
96.	Tribunal to give written reasons for decision	69
97.	Published decisions or reasons to exclude personal information	70
98.	Interim orders	71
	Part 6 — Offences	
99.	Unauthorised administration of prescribed substance	72
100.	Inducing another person to request or access voluntary assisted dying	72
101.	Inducing self-administration of prescribed substance	72
102.	False or misleading information	73

Contents

103.	Advertising Schedule 4 or 8 poison as voluntary assisted dying substance	73
104.	Cancellation of document presented as prescription	73
105.	Contact person to give unused or remaining substance to authorised disposer	74
106.	Recording, use or disclosure of information	75
107.	Publication of personal information concerning proceeding before Tribunal	75
108.	Failure to give form to Board	76
Part 7 — Enforcement		
109.	Application of <i>Medicines and Poisons Act 2014</i> Part 7	78
110.	Court to notify CEO of conviction of offence under Act	78
111.	Who may commence proceedings for simple offence	79
112.	Time limit for prosecution of simple offence	79
Part 8 — Protection from liability		
113.	Protection for persons assisting access to voluntary assisted dying or present when substance administered	80
114.	Protection for persons acting in accordance with Act	80
115.	Protection for certain persons who do not administer lifesaving treatment	81
Part 9 — Voluntary Assisted Dying Board		
Division 1 — Establishment		
116.	Board established	82
117.	Status	82
Division 2 — Functions and powers		
118.	Functions of Board	82
119.	Powers of Board	83
120.	Delegation by Board	83
Division 3 — Staff and assistance		
121.	Staff and services	84
122.	Assistance	84

	Division 4 — Accountability	
123.	Minister may give directions	84
124.	Minister to have access to information	84
	Division 5 — Membership	
125.	Membership of Board	85
126.	Chairperson and deputy chairperson	85
127.	Term of office	86
128.	Casual vacancies	86
129.	Extension of term of office during vacancy	87
130.	Alternate members	87
131.	Remuneration of members	88
	Division 6 — Board meetings	
132.	Holding meetings	88
133.	Quorum	88
134.	Presiding member	88
135.	Procedure at meetings	88
136.	Voting	88
137.	Holding meetings remotely	89
138.	Resolution without meeting	89
139.	Minutes	89
	Division 7 — Disclosure of interests	
140.	Disclosure of material personal interest	89
141.	Voting by interested member	90
142.	Section 141 may be declared inapplicable	90
143.	Quorum where s. 141 applies	90
144.	Minister may declare s. 141 and 143 inapplicable	91
	Division 8 — Committees	
145.	Establishment of committees	91
146.	Directions to committee	91
147.	Committee to determine own procedures	91
148.	Remuneration of committee members	92
	Division 9 — Information	
149.	Board to send information to contact person for patient	92
150.	Request for information	92
151.	Disclosure of information	92
152.	Board to record and retain statistical information	93
	Division 10 — Miscellaneous	
153.	Board to notify receipt of forms	93

Contents

154.	Execution of documents by Board	94
155.	Annual report	94
	Part 10 — Access standard	
156.	Standard about access to voluntary assisted dying	96
	Part 11 — General	
157.	Transfer of coordinating practitioner’s role	97
158.	Communication between patient and practitioner	98
159.	Information about voluntary assisted dying	99
160.	CEO may approve training	100
161.	CEO may approve forms	100
162.	Interpreters	100
163.	Regulations	101
164.	Review of Act	101
	Part 12 — Consequential amendments to other Acts	
	Division 1 — <i>Constitution Acts Amendment Act 1899</i> amended	
165.	Act amended	103
166.	Schedule V amended	103
	Division 2 — <i>Coroners Act 1996</i> amended	
167.	Act amended	103
168.	Section 3A inserted	103
	3A. Death under <i>Voluntary Assisted Dying Act 2019</i> not reportable death	103
	Division 3 — <i>Guardianship and Administration Act 1990</i> amended	
169.	Act amended	104
170.	Section 3B inserted	104
	3B. Act does not authorise decisions about voluntary assisted dying	104
	Division 4 — <i>Health and Disability Services (Complaints) Act 1995</i> amended	
171.	Act amended	104
172.	Section 3 amended	105
	Division 5 — <i>Medicines and Poisons Act 2014</i> amended	
173.	Act amended	105

174.	Section 3 amended	105
175.	Section 7 amended	106
176.	Section 14 amended	107
177.	Section 28 amended	110
178.	Section 83 amended	110
179.	Section 115 amended	110

**Division 6 — *Misuse of Drugs Act 1981*
amended**

180.	Act amended	111
181.	Section 5C inserted	111
	5C. Authorisation under <i>Voluntary Assisted Dying Act 2019</i>	111
182.	Section 5 amended	112
183.	Section 6 amended	112
184.	Section 7 amended	113
185.	Section 7B amended	113
186.	Section 27 amended	113

Defined terms

Western Australia

LEGISLATIVE ASSEMBLY

(As amended in Committee)

Voluntary Assisted Dying Bill 2019

A Bill for

An Act —

- **to provide for and regulate access to voluntary assisted dying;**
- and**
- **to establish the Voluntary Assisted Dying Board; and**
- **to make consequential amendments to other Acts.**

The Parliament of Western Australia enacts as follows:

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

Part 1 — Preliminary

Division 1 — Introductory provisions

1. Short title

This is the *Voluntary Assisted Dying Act 2019*.

2. Commencement

This Act comes into operation as follows —

- (a) Part 1 (other than Divisions 2 to 4) — on the day on which this Act receives the Royal Assent;
- (b) the rest of the Act — on a day fixed by proclamation.

3. Act binds Crown

This Act binds the Crown in right of Western Australia, and so far as the legislative power of the Parliament permits, the Crown in all its other capacities.

Division 2 — Principles

4. Principles

(1) A person exercising a power or performing a function under this Act must have regard to the following principles —

- (a) every human life has equal value;
- (b) a person’s autonomy, including autonomy in respect of end of life choices, should be respected;
- (c) 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 and treatment;
- (d) a person approaching the end of life should be provided with high quality care and treatment, including palliative

- 1 care and treatment, to minimise the person's suffering
2 and maximise the person's quality of life;
- 3 (e) a therapeutic relationship between a person and the
4 person's health practitioner should, wherever possible,
5 be supported and maintained;
- 6 (f) a person should be encouraged to openly discuss death
7 and dying, and the person's preferences and values
8 regarding their care, treatment and end of life should be
9 encouraged and promoted;
- 10 (g) a person should be supported in conversations with the
11 person's health practitioners, family and carers and
12 community about treatment and care preferences;
- 13 (h) a person is entitled to genuine choices about the
14 person's care, treatment and end of life, irrespective of
15 where the person lives in Western Australia and having
16 regard to the person's culture and language;
- 17 (i) a person who is a regional resident is entitled to the
18 same level of access to voluntary assisted dying as a
19 person who lives in the metropolitan region;
- 20 (j) there is a need to protect persons who may be subject to
21 abuse or coercion;
- 22 (k) all persons, including health practitioners, have the right
23 to be shown respect for their culture, religion, beliefs,
24 values and personal characteristics.
- 25 (2) In subsection (1), the reference to a person exercising a power
26 or performing a function under this Act includes the Tribunal
27 exercising its review jurisdiction in relation to a decision made
28 under this Act.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31

Division 3 — Interpretation

5. Terms used

In this Act, unless the contrary intention appears —

administering practitioner, for a patient, means —

- (a) the coordinating practitioner for the patient; or
- (b) a person to whom the role of administering practitioner is transferred under section 63(2);

administration, in relation to a voluntary assisted dying substance, includes self-administration;

administration decision means a self-administration decision or a practitioner administration decision;

approved form means a form approved by the CEO under section 161 for the purposes of the provision in which the term is used;

approved training means training approved by the CEO under section 160;

authorised disposal form has the meaning given in section 76(1);

authorised disposer has the meaning given in section 79(4);

authorised supplier has the meaning given in section 79(2);

Board means the Voluntary Assisted Dying Board established by section 116;

business day means a day other than a Saturday, a Sunday or a public holiday throughout Western Australia;

CEO means the chief executive officer of the Department;

completed, in relation to the request and assessment process, has the meaning given in section 8;

consulting assessment means an assessment of a patient conducted under section 35(1);

consulting assessment report form has the meaning given in section 40(2);

- 1 **consulting practitioner**, for a patient, means a medical
2 practitioner who accepts a referral to conduct a consulting
3 assessment of the patient;
- 4 **contact details**, in relation to a person, includes the address,
5 telephone number and email address of the person;
- 6 **contact person**, for a patient, means the person appointed by the
7 patient under section 65(1);
- 8 **contact person appointment form** has the meaning given in
9 section 66(1);
- 10 **coordinating practitioner**, for a patient, means —
- 11 (a) a medical practitioner who accepts the patient’s first
12 request; or
- 13 (b) a consulting practitioner for the patient who accepts a
14 transfer of the role of coordinating practitioner under
15 section 157;
- 16 **decision-making capacity**, in relation to voluntary assisted
17 dying, has the meaning given in section 6(2);
- 18 **Department** means the department of the Public Service
19 principally assisting in the administration of this Act;
- 20 **disability** has the meaning given in the *Disability Services*
21 *Act 1993* section 3;
- 22 **eligibility criteria** means the criteria set out in section 16(1);
- 23 **family member**, of a person, means the person’s spouse,
24 de facto partner, parent, sibling, child or grandchild;
- 25 **final request** means a final request for access to voluntary
26 assisted dying made under section 47(1);
- 27 **final review** means a review conducted under section 51(1)(a)
28 by the coordinating practitioner for a patient;
- 29 **final review form** has the meaning given in section 51(1)(b);
- 30 **first assessment** means an assessment of a patient conducted
31 under section 24(1);

- 1 **first assessment report form** has the meaning given in
2 section 29(2);
- 3 **first request** means a request for access to voluntary assisted
4 dying made under section 18(1);
- 5 **health service** has the meaning given in the *Health Services*
6 *Act 2016* section 7;
- 7 **medical practitioner** means a person registered under the
8 *Health Practitioner Regulation National Law (Western*
9 *Australia)* in the medical profession (other than as a student);
- 10 **medicine** has the meaning given in the *Medicines and Poisons*
11 *Act 2014* section 3;
- 12 **member** means a member of the Board;
- 13 **metropolitan region** has the meaning given in the *Planning and*
14 *Development Act 2005* section 4(1);
- 15 **nurse practitioner** means a person registered under the *Health*
16 *Practitioner Regulation National Law (Western Australia)* in
17 the nursing profession whose registration under that Law is
18 endorsed as nurse practitioner;
- 19 **palliative care and treatment** means care and treatment that —
- 20 (a) is provided to a person who is diagnosed with a disease,
21 illness or medical condition that is progressive and
22 life-limiting; and
- 23 (b) is directed at preventing, identifying, assessing,
24 relieving or treating the person’s pain, discomfort or
25 suffering in order to improve their comfort and quality
26 of life;
- 27 **patient** means a person who makes a request for access to
28 voluntary assisted dying under this Act;
- 29 **personal information** has the meaning given in the *Freedom of*
30 *Information Act 1992* Glossary clause 1;
- 31 **practitioner administration decision** has the meaning given in
32 section 56(1)(b);

1 ***practitioner administration form*** has the meaning given in
 2 section 61(3);

3 ***practitioner disposal form*** has the meaning given in
 4 section 78(1);

5 ***prepare***, in relation to a prescribed substance —

- 6 (a) means to do anything necessary to ensure that the
- 7 substance is in a form suitable for administration; and
- 8 (b) includes to decant, dilute, dissolve, mix, reconstitute,
- 9 colour or flavour the substance;

10 ***prescribe***, in relation to a voluntary assisted dying substance,
 11 means to issue a prescription for the substance;

12 ***prescribed substance*** means —

- 13 (a) a voluntary assisted dying substance prescribed for a
- 14 patient by the coordinating practitioner for the patient;
- 15 and
- 16 (b) in relation to a patient, the voluntary assisted dying
- 17 substance prescribed for the patient by the coordinating
- 18 practitioner for the patient;

19 ***prescription***, in relation to a voluntary assisted dying substance,
 20 has the same meaning as it has, in relation to a Schedule 4 or 8
 21 poison, in the *Medicines and Poisons Act 2014* section 7(1);

22 ***professional care services*** means any of the following provided
 23 to another person under a contract of employment or a contract
 24 for services —

- 25 (a) assistance or support, including the following —
- 26 (i) assistance with bathing, showering, personal
- 27 hygiene, toileting, dressing, undressing or meals;
- 28 (ii) assistance for persons with mobility problems;
- 29 (iii) assistance for persons who are mobile but require
- 30 some form of assistance or supervision;
- 31 (iv) assistance or supervision in administering
- 32 medicine;

Voluntary Assisted Dying Bill 2019

Part 1 Preliminary

Division 3 Interpretation

s. 6

- 1 (v) the provision of substantial emotional support;
- 2 (b) a disability service as defined in the *Disability Services*
3 *Act 1993* section 3;
- 4 **regional resident** means a person who ordinarily resides in an
5 area of Western Australia that is outside the metropolitan
6 region;
- 7 **registered health practitioner** means a person registered under
8 the *Health Practitioner Regulation National Law (Western*
9 *Australia)* to practise a health profession (other than as a
10 student);
- 11 **request and assessment process** means the process that consists
12 of the following steps —
- 13 (a) a first request;
- 14 (b) a first assessment;
- 15 (c) a consulting assessment;
- 16 (d) a written declaration;
- 17 (e) a final request;
- 18 (f) a final review;
- 19 **self-administration decision** has the meaning given in
20 section 56(1)(a);
- 21 **supply**, in relation to a voluntary assistance dying substance, has
22 the same meaning as it has, in relation to a poison, in the
23 *Medicines and Poisons Act 2014* section 8;
- 24 **Tribunal** means the State Administrative Tribunal;
- 25 **voluntary assisted dying** means the administration of a
26 voluntary assisted dying substance and includes steps
27 reasonably related to that administration;
- 28 **voluntary assisted dying substance** has the meaning given in
29 section 7(2);
- 30 **written declaration** means a written declaration made under
31 section 42(1).

- 1 **6. Decision-making capacity**
- 2 (1) In this section —
- 3 *voluntary assisted dying decision* means —
- 4 (a) a request for access to voluntary assisted dying; or
- 5 (b) a decision to access voluntary assisted dying.
- 6 (2) For the purposes of this Act, a patient has *decision-making*
- 7 *capacity* in relation to voluntary assisted dying if the patient has
- 8 the capacity to —
- 9 (a) understand any information or advice about a voluntary
- 10 assisted dying decision that is required under this Act to
- 11 be provided to the patient; and
- 12 (b) understand the matters involved in a voluntary assisted
- 13 dying decision; and
- 14 (c) understand the effect of a voluntary assisted dying
- 15 decision; and
- 16 (d) weigh up the factors referred to in paragraphs (a), (b)
- 17 and (c) for the purposes of making a voluntary assisted
- 18 dying decision; and
- 19 (e) communicate a voluntary assisted dying decision in
- 20 some way.
- 21 (3) For the purposes of this Act, a patient is presumed to have
- 22 decision-making capacity in relation to voluntary assisted dying
- 23 unless the patient is shown not to have that capacity.
- 24 **7. Voluntary assisted dying substance**
- 25 (1) The CEO may, in writing, approve a Schedule 4 poison or
- 26 Schedule 8 poison (as those terms are defined in the *Medicines*
- 27 *and Poisons Act 2014* section 3) for use under this Act for the
- 28 purpose of causing a patient’s death.
- 29 (2) A poison approved under subsection (1) is a *voluntary assisted*
- 30 *dying substance*.

1 **8. When request and assessment process completed**

2 For the purposes of this Act, the request and assessment process
3 has been *completed* in respect of a patient if the coordinating
4 practitioner for the patient —

- 5 (a) has completed the final review form in respect of the
6 patient; and
7 (b) has certified in the final review form that the request and
8 assessment process has been completed in accordance
9 with this Act.

10 **Division 4 — Other provisions**

11 **9. Registered health practitioner may refuse to participate in**
12 **voluntary assisted dying**

13 (1) A registered health practitioner who has a conscientious
14 objection to voluntary assisted dying has the right to refuse to
15 do any of the following —

- 16 (a) participate in the request and assessment process;
17 (b) prescribe, supply or administer a voluntary assisted
18 dying substance;
19 (c) be present at the time of the administration of a
20 voluntary assisted dying substance.

21 (2) Subsection (1) is not intended to limit the circumstances in
22 which a registered health practitioner may refuse to do any of
23 the things referred to in that subsection.

24 **10. Health care worker not to initiate discussion about**
25 **voluntary assisted dying**

26 (1) In this section —
27 *health care worker* means —

- 28 (a) a registered health practitioner; or
29 (b) any other person who provides health services or
30 professional care services.

- 1 (2) A health care worker who provides health services or
2 professional care services to a person must not, in the course of
3 providing the services to the person —
- 4 (a) initiate discussion with the person that is in substance
5 about voluntary assisted dying; or
- 6 (b) in substance, suggest voluntary assisted dying to the
7 person.
- 8 (3) Nothing in subsection (2) prevents a medical practitioner or
9 nurse practitioner from doing something referred to in
10 subsection (2)(a) or (b) if, at the time it is done, the medical
11 practitioner or nurse practitioner also informs the person about
12 the following —
- 13 (a) the treatment options available to the person and the
14 likely outcomes of that treatment; and
- 15 (b) the palliative care and treatment options available to the
16 person and the likely outcomes of that care and
17 treatment.
- 18 (4) Nothing in subsection (2) prevents a health care worker from
19 providing information about voluntary assisted dying to a
20 person at the person's request.
- 21 (5) A contravention of subsection (2) by a registered health
22 practitioner is unprofessional conduct for the purposes of the
23 *Health Practitioner Regulation National Law (Western*
24 *Australia)*.
- 25 (6) Subsection (5) overrides section 11(1).
- 26 (7) A contravention of subsection (2) by a provider, as defined in
27 the *Health and Disability Services (Complaints) Act 1995*
28 section 3(1), is taken to be unreasonable conduct described in
29 section 25(1)(c) of that Act.

1 **11. Contravention of Act by registered health practitioner**

2 (1) A contravention of a provision of this Act by a registered health
3 practitioner is capable of constituting professional misconduct
4 or unprofessional conduct for the purposes of the *Health*
5 *Practitioner Regulation National Law (Western Australia)*.

6 (2) Subsection (1) applies whether or not the contravention
7 constitutes an offence under this Act.

8 **12. Voluntary assisted dying not suicide**

9 For the purposes of the law of the State, a person who dies as
10 the result of the administration of a prescribed substance in
11 accordance with this Act does not die by suicide.

12 **13. Inherent jurisdiction of Supreme Court not affected**

13 Nothing in this Act affects the inherent jurisdiction of the
14 Supreme Court.

15 **14. Relationship with *Medicines and Poisons Act 2014* and
16 *Misuse of Drugs Act 1981***

17 If there is a conflict or inconsistency between a provision of this
18 Act and a provision of the *Medicines and Poisons Act 2014* or
19 the *Misuse of Drugs Act 1981*, the provision of this Act prevails
20 to the extent of the conflict or inconsistency.

1 **Part 2 — Requirements for access to voluntary**
2 **assisted dying**

3 **15. When person can access voluntary assisted dying**

4 A person may access voluntary assisted dying if —

- 5 (a) the person has made a first request; and
6 (b) the person has been assessed as eligible for access to
7 voluntary assisted dying by —
8 (i) the coordinating practitioner for the person; and
9 (ii) the consulting practitioner for the person;
10 and
11 (c) the person has made a written declaration; and
12 (d) the person has made a final request to the coordinating
13 practitioner for the person; and
14 (e) the coordinating practitioner for the person has certified
15 in a final review form that —
16 (i) the request and assessment process has been
17 completed in accordance with this Act; and
18 (ii) the practitioner is satisfied of each of the matters
19 referred to in section 51(3)(f);
20 and
21 (f) the person has made an administration decision; and
22 (g) if the person has made a self-administration decision,
23 the person has appointed a contact person.

24 **16. Eligibility criteria**

- 25 (1) The following criteria must be met for a person to be eligible for
26 access to voluntary assisted dying —
27 (a) the person has reached 18 years of age;

s. 16

- 1 (b) the person —
2 (i) is an Australian citizen or permanent resident;
3 and
4 (ii) at the time of making a first request, has been
5 ordinarily resident in Western Australia for a
6 period of at least 12 months;
- 7 (c) the person is diagnosed with at least 1 disease, illness or
8 medical condition that —
9 (i) is advanced, progressive and will cause death;
10 and
11 (ii) will, on the balance of probabilities, cause death
12 within a period of 6 months or, in the case of a
13 disease, illness or medical condition that is
14 neurodegenerative, within a period of 12 months;
15 and
16 (iii) is causing suffering to the person that cannot be
17 relieved in a manner that the person considers
18 tolerable;
- 19 (d) the person has decision-making capacity in relation to
20 voluntary assisted dying;
- 21 (e) the person is acting voluntarily and without coercion;
- 22 (f) the person's request for access to voluntary assisted
23 dying is enduring.
- 24 (2) A person is not eligible for access to voluntary assisted dying
25 only because the person has a disability or is diagnosed with a
26 mental illness (as defined in the *Mental Health Act 2014*
27 section 4).

1 **Part 3 — Requesting access to voluntary assisted dying**
2 **and assessment of eligibility**

3 **Division 1 — Eligibility requirements for medical practitioners**

4 **17. Eligibility to act as coordinating practitioner or consulting**
5 **practitioner**

6 (1) In this section —

7 **general registration** means general registration under the
8 *Health Practitioner Regulation National Law (Western*
9 *Australia)* in the medical profession;

10 **limited registration** means limited registration under the *Health*
11 *Practitioner Regulation National Law (Western Australia)* in
12 the medical profession;

13 **provisional registration** means provisional registration under
14 the *Health Practitioner Regulation National Law (Western*
15 *Australia)* in the medical profession;

16 **specialist registration** means specialist registration under the
17 *Health Practitioner Regulation National Law (Western*
18 *Australia)* in the medical profession in a recognised specialty.

19 (2) A medical practitioner is eligible to act as a coordinating
20 practitioner or consulting practitioner for a patient if —

21 (a) the medical practitioner —

22 (i) holds specialist registration, has practised the
23 medical profession for at least 1 year as the
24 holder of specialist registration and meets the
25 requirements approved by the CEO for the
26 purposes of this subparagraph; or

27 (ii) holds general registration, has practised the
28 medical profession for at least 10 years as the
29 holder of general registration and meets the
30 requirements approved by the CEO for the
31 purposes of this subparagraph; or

Voluntary Assisted Dying Bill 2019

Part 3 Requesting access to voluntary assisted dying and assessment of eligibility

Division 2 First request

s. 18

- 1 (iii) is an overseas-trained specialist who holds
2 limited registration or provisional registration
3 and meets the requirements approved by the
4 CEO for the purposes of this subparagraph;
5 and
6 (b) the medical practitioner is not a family member of the
7 patient; and
8 (c) the medical practitioner does not know or believe that
9 the practitioner —
10 (i) is a beneficiary under a will of the patient; or
11 (ii) may otherwise benefit financially or in any other
12 material way from the death of the patient, other
13 than by receiving reasonable fees for the
14 provision of services as the coordinating
15 practitioner or consulting practitioner for the
16 patient.
17 (3) The CEO must publish the requirements approved for the
18 purposes of subsection (2)(a)(i), (ii) and (iii) on the
19 Department's website.

20 **Division 2 — First request**

21 **18. Person may make first request to medical practitioner**

- 22 (1) A person may make a request to a medical practitioner for
23 access to voluntary assisted dying.
24 (2) The request must be —
25 (a) clear and unambiguous; and
26 (b) made during a medical consultation; and
27 (c) made in person or, if that is not practicable, in
28 accordance with section 158(2)(a).
29 (3) The person may make the request verbally or in another way
30 (for example, by gestures).

- 1 **19. No obligation to continue after making first request**
- 2 (1) A person who makes a first request may decide at any time not
3 to continue the request and assessment process.
- 4 (2) The request and assessment process ends if the person decides
5 not to continue the process.
- 6 (3) If the request and assessment process ends under subsection (2),
7 the person may begin a new request and assessment process by
8 making a new first request.
- 9 **20. Medical practitioner to accept or refuse first request**
- 10 (1) If a first request is made to a medical practitioner, the
11 practitioner must accept or refuse the request.
- 12 (2) The reasons for which the medical practitioner can refuse the
13 first request are as follows —
- 14 (a) the practitioner has a conscientious objection to
15 voluntary assisted dying or is otherwise unwilling to
16 perform the duties of a coordinating practitioner;
- 17 (b) the practitioner is unable to perform the duties of a
18 coordinating practitioner because of unavailability or
19 some other reason;
- 20 (c) the practitioner is required to refuse the request under
21 subsection (3).
- 22 (3) The medical practitioner must refuse the first request if the
23 practitioner is not eligible to act as a coordinating practitioner.
- 24 (4) Unless subsection (5) applies, the medical practitioner must,
25 within 2 business days after the first request is made —
- 26 (a) inform the patient that the practitioner accepts or refuses
27 the request; and
- 28 (b) give the patient the information approved by the CEO
29 for the purposes of this section.

Voluntary Assisted Dying Bill 2019

Part 3 Requesting access to voluntary assisted dying and assessment of eligibility

Division 2 First request

s. 21

- 1 (5) If the medical practitioner refuses the first request because the
2 practitioner has a conscientious objection to voluntary assisted
3 dying, the practitioner must, immediately after the first request
4 is made —
- 5 (a) inform the patient that the practitioner refuses the
6 request; and
- 7 (b) give the patient the information referred to in
8 subsection (4)(b).

9 **21. Medical practitioner to record first request and acceptance**
10 **or refusal**

11 The medical practitioner must record the following in the
12 patient's medical record —

- 13 (a) the first request;
- 14 (b) the practitioner's decision to accept or refuse the first
15 request;
- 16 (c) if the practitioner's decision is to refuse the first request,
17 the reason for the refusal;
- 18 (d) whether the practitioner has given the patient the
19 information referred to in section 20(4)(b).

20 **22. Medical practitioner to notify Board of first request**

- 21 (1) Within 2 business days after deciding to accept or refuse the
22 first request, the medical practitioner must complete the
23 approved form (the *first request form*) and give a copy of it to
24 the Board.
- 25 (2) The first request form must include the following —
- 26 (a) the name, date of birth and contact details of the patient;
- 27 (b) the name and contact details of the medical practitioner;
- 28 (c) the date when the first request was made;
- 29 (d) whether the first request was made in person or using
30 audiovisual communication and whether it was made
31 verbally or in another way (for example, by gestures);

- 1 (e) the medical practitioner's decision to accept or refuse
2 the first request;
- 3 (f) if the medical practitioner's decision is to refuse the first
4 request, the reason for the refusal;
- 5 (g) the date when the medical practitioner informed the
6 patient of the practitioner's decision and gave the patient
7 the information referred to in section 20(4)(b);
- 8 (h) the signature of the medical practitioner and the date
9 when the form was signed.

10 **23. Medical practitioner becomes coordinating practitioner if**
11 **first request accepted**

12 If the medical practitioner accepts the first request, the
13 practitioner becomes the coordinating practitioner for the
14 patient.

15 **Division 3 — First assessment**

16 **24. First assessment**

- 17 (1) The coordinating practitioner for a patient must assess whether
18 the patient is eligible for access to voluntary assisted dying.
- 19 (2) For the purposes of subsection (1), the coordinating practitioner
20 must make a decision in respect of each of the eligibility
21 criteria.
- 22 (3) Nothing in this section prevents the coordinating practitioner
23 from having regard to relevant information about the patient that
24 has been prepared by, or at the instigation of, another registered
25 health practitioner.

26 **25. Coordinating practitioner to have completed approved**
27 **training**

28 The coordinating practitioner must not begin the first
29 assessment unless the practitioner has completed approved
30 training.

Voluntary Assisted Dying Bill 2019

Part 3 Requesting access to voluntary assisted dying and assessment of eligibility

Division 3 First assessment

s. 26

1 **26. Referral for determination**

2 (1) Subsection (2) applies if the coordinating practitioner is unable
3 to determine whether —

4 (a) the patient has a disease, illness or medical condition
5 that meets the requirements of section 16(1)(c); or

6 (b) the patient has decision-making capacity in relation to
7 voluntary assisted dying as required by section 16(1)(d).

8 (2) The coordinating practitioner must refer the patient to a
9 registered health practitioner who has appropriate skills and
10 training to make a determination in relation to the matter.

11 (3) If the coordinating practitioner is unable to determine whether
12 the patient is acting voluntarily and without coercion as required
13 by section 16(1)(e), the coordinating practitioner must refer the
14 patient to another person who has appropriate skills and training
15 to make a determination in relation to the matter.

16 (4) If the coordinating practitioner makes a referral under
17 subsection (2) or (3), the coordinating practitioner may adopt
18 the determination of the registered health practitioner or other
19 person, as the case requires, in relation to the matter in respect
20 of which the referral was made.

21 (5) A registered health practitioner or other person to whom the
22 patient is referred under subsection (2) or (3) must not be —

23 (a) a family member of the patient; or

24 (b) a person who knows or believes that they —

25 (i) are a beneficiary under a will of the patient; or

26 (ii) may otherwise benefit financially or in any other
27 material way from the death of the patient, other
28 than by receiving reasonable fees for the
29 provision of services in connection with the
30 referral.

- 1 **27. Information to be provided if patient assessed as meeting**
2 **eligibility criteria**
- 3 (1) If the coordinating practitioner is satisfied that the patient meets
4 all of the eligibility criteria, the coordinating practitioner must
5 inform the patient about the following matters —
- 6 (a) the patient’s diagnosis and prognosis;
 - 7 (b) the treatment options available to the patient and the
8 likely outcomes of that treatment;
 - 9 (c) the palliative care and treatment options available to the
10 patient and the likely outcomes of that care and
11 treatment;
 - 12 (d) the potential risks of self-administering or being
13 administered a voluntary assisted dying substance likely
14 to be prescribed under this Act for the purposes of
15 causing the patient’s death;
 - 16 (e) that the expected outcome of self-administering or being
17 administered a substance referred to in paragraph (d) is
18 death;
 - 19 (f) the method by which a substance referred to in
20 paragraph (d) is likely to be self-administered or
21 administered;
 - 22 (g) the request and assessment process, including the
23 requirement for a written declaration signed in the
24 presence of 2 witnesses;
 - 25 (h) that if the patient makes a self-administration decision,
26 the patient must appoint a contact person;
 - 27 (i) that the patient may decide at any time not to continue
28 the request and assessment process or not to access
29 voluntary assisted dying;
 - 30 (j) that if the patient is receiving ongoing health services
31 from a medical practitioner other than the coordinating
32 practitioner, the patient is encouraged to inform the
33 medical practitioner of the patient’s request for access to
34 voluntary assisted dying.

Voluntary Assisted Dying Bill 2019

Part 3 Requesting access to voluntary assisted dying and assessment of eligibility

Division 3 First assessment

s. 28

- 1 (2) In addition to informing the patient about the matters referred to
2 in subsection (1), the coordinating practitioner must take all
3 reasonable steps to fully explain to the patient and, if the patient
4 consents, another person nominated by the patient —
- 5 (a) all relevant clinical guidelines; and
6 (b) a plan in respect of the administration of a voluntary
7 assisted dying substance.
- 8 (3) Nothing in this section affects any duty a medical practitioner
9 has at common law or under any other enactment.

10 **28. Outcome of first assessment**

- 11 (1) The coordinating practitioner must assess the patient as eligible
12 for access to voluntary assisted dying if the coordinating
13 practitioner is satisfied that —
- 14 (a) the patient meets all of the eligibility criteria; and
15 (b) the patient understands the information required to be
16 provided under section 27(1).
- 17 (2) If the coordinating practitioner is not satisfied as to any matter
18 in subsection (1) —
- 19 (a) the coordinating practitioner must assess the patient as
20 ineligible for access to voluntary assisted dying; and
21 (b) the request and assessment process ends.

22 **29. Recording and notification of outcome of first assessment**

- 23 (1) The coordinating practitioner must inform the patient of the
24 outcome of the first assessment as soon as practicable after its
25 completion.
- 26 (2) Within 2 business days after completing the first assessment, the
27 coordinating practitioner must complete the approved form (the
28 *first assessment report form*) and give a copy of it to the Board.

- 1 (3) As soon as practicable after completing the first assessment
2 report form, the coordinating practitioner must give a copy of it
3 to the patient.
- 4 (4) The first assessment report form must include the following —
- 5 (a) the name, date of birth and contact details of the patient;
- 6 (b) the following information in respect of the patient —
- 7 (i) gender;
- 8 (ii) nationality;
- 9 (iii) ethnicity;
- 10 (iv) whether the patient has a disability;
- 11 (v) whether the patient’s first language is a language
12 other than English;
- 13 (vi) whether the coordinating practitioner engaged an
14 interpreter in accordance with section 162(2) to
15 communicate the information in section 27 to the
16 patient;
- 17 (c) the name and contact details of the coordinating
18 practitioner;
- 19 (d) a statement confirming that the coordinating practitioner
20 meets the requirements of section 17(2);
- 21 (e) the date when the first request was made;
- 22 (f) the date when the first assessment was completed;
- 23 (g) the outcome of the first assessment, including the
24 coordinating practitioner’s decision in respect of each of
25 the eligibility criteria;
- 26 (h) the date when the patient was informed of the outcome
27 of the first assessment;
- 28 (i) if the patient was referred under section 26(2) or (3), the
29 outcome of the referral (including a copy of any report
30 given by the registered health practitioner or other
31 person to whom the patient was referred);

Voluntary Assisted Dying Bill 2019

Part 3 Requesting access to voluntary assisted dying and assessment of eligibility

Division 4 Consulting assessment

s. 30

- 1 (j) if the patient was assisted by an interpreter when having
2 the first assessment, the name, contact details and
3 accreditation details of the interpreter;
- 4 (k) the palliative care and treatment options available to the
5 patient and the likely outcomes of that care and
6 treatment;
- 7 (l) the signature of the coordinating practitioner and the
8 date when the form was signed.

9 **30. Referral for consulting assessment if patient assessed as**
10 **eligible**

11 If the coordinating practitioner assesses the patient as eligible
12 for access to voluntary assisted dying, the practitioner must
13 refer the patient to another medical practitioner for a consulting
14 assessment.

15 **Division 4 — Consulting assessment**

16 **31. Medical practitioner to accept or refuse referral for**
17 **consulting assessment**

- 18 (1) If a patient is referred to a medical practitioner for a consulting
19 assessment under section 30, 41 or 157(6)(a), the practitioner
20 must accept or refuse the referral.
- 21 (2) The reasons for which the medical practitioner can refuse the
22 referral are as follows —
- 23 (a) the practitioner has a conscientious objection to
24 voluntary assisted dying or is otherwise unwilling to
25 perform the duties of a consulting practitioner;
- 26 (b) the practitioner is unable to perform the duties of a
27 consulting practitioner because of unavailability or some
28 other reason;
- 29 (c) the practitioner is required to refuse the referral under
30 subsection (3).

- 1 (3) The medical practitioner must refuse the referral if the
2 practitioner is not eligible to act as a consulting practitioner.
- 3 (4) Unless subsection (5) applies, the medical practitioner must,
4 within 2 business days after receiving the referral, inform the
5 patient and the coordinating practitioner for the patient that the
6 practitioner accepts or refuses the referral.
- 7 (5) If the medical practitioner refuses the referral because the
8 practitioner has a conscientious objection to voluntary assisted
9 dying, the practitioner must, immediately after receiving the
10 referral, inform the patient and the coordinating practitioner for
11 the patient that the practitioner refuses the referral.

12 **32. Medical practitioner to record referral and acceptance or**
13 **refusal**

14 The medical practitioner must record the following in the
15 patient's medical record —

- 16 (a) the referral;
17 (b) the practitioner's decision to accept or refuse the
18 referral;
19 (c) if the practitioner's decision is to refuse the referral, the
20 reason for the refusal.

21 **33. Medical practitioner to notify Board of referral**

- 22 (1) Within 2 business days after deciding to accept or refuse the
23 referral, the medical practitioner must complete the approved
24 form (the *consultation referral form*) and give a copy of it to
25 the Board.
- 26 (2) The consultation referral form must include the following —
27 (a) the name, date of birth and contact details of the patient;
28 (b) the name and contact details of the medical practitioner;
29 (c) the date when the referral was received;
30 (d) the medical practitioner's decision to accept or refuse
31 the referral;

Voluntary Assisted Dying Bill 2019

Part 3 Requesting access to voluntary assisted dying and assessment of eligibility

Division 4 Consulting assessment

s. 34

- 1 (e) if the medical practitioner's decision is to refuse the
2 referral, the reason for the refusal;
- 3 (f) the date when the medical practitioner informed the
4 patient and the coordinating practitioner for the patient
5 of the practitioner's decision;
- 6 (g) the signature of the medical practitioner and the date
7 when the form was signed.

8 **34. Medical practitioner becomes consulting practitioner if**
9 **referral accepted**

10 If the medical practitioner accepts the referral, the practitioner
11 becomes the consulting practitioner for the patient.

12 **35. Consulting assessment**

13 (1) The consulting practitioner for a patient must assess whether the
14 patient is eligible for access to voluntary assisted dying.

15 (2) For the purposes of subsection (1), the consulting practitioner
16 must make a decision in respect of each of the eligibility
17 criteria.

18 (3) For the purposes of subsection (1), the consulting practitioner
19 must independently of the coordinating practitioner form their
20 own opinions on the matters to be decided.

21 (4) Nothing in this section prevents the consulting practitioner from
22 having regard to relevant information about the patient that has
23 been prepared by, or at the instigation of, another registered
24 health practitioner.

25 **36. Consulting practitioner to have completed approved**
26 **training**

27 The consulting practitioner must not begin the consulting
28 assessment unless the practitioner has completed approved
29 training.

- 1 **37. Referral for determination**
- 2 (1) Subsection (2) applies if the consulting practitioner is unable to
3 determine whether —
- 4 (a) the patient has a disease, illness or medical condition
5 that meets the requirements of section 16(1)(c); or
- 6 (b) the patient has decision-making capacity in relation to
7 voluntary assisted dying as required by section 16(1)(d).
- 8 (2) The consulting practitioner must refer the patient to a registered
9 health practitioner who has appropriate skills and training to
10 make a determination in relation to the matter.
- 11 (3) If the consulting practitioner is unable to determine whether the
12 patient is acting voluntarily and without coercion as required by
13 section 16(1)(e), the consulting practitioner must refer the
14 patient to another person who has appropriate skills and training
15 to make a determination in relation to the matter.
- 16 (4) If the consulting practitioner makes a referral under
17 subsection (2) or (3), the consulting practitioner may adopt the
18 determination of the registered health practitioner or other
19 person, as the case requires, in relation to the matter in respect
20 of which the referral was made.
- 21 (5) A registered health practitioner or other person to whom the
22 patient is referred under subsection (2) or (3) must not be —
- 23 (a) a family member of the patient; or
- 24 (b) a person who knows or believes that they —
- 25 (i) are a beneficiary under a will of the patient; or
- 26 (ii) may otherwise benefit financially or in any other
27 material way from the death of the patient, other
28 than by receiving reasonable fees for the
29 provision of services in connection with the
30 referral.

Voluntary Assisted Dying Bill 2019

Part 3 Requesting access to voluntary assisted dying and assessment of eligibility

Division 4 Consulting assessment

s. 38

- 1 **38. Information to be provided if patient assessed as meeting**
2 **eligibility criteria**
- 3 (1) If the consulting practitioner is satisfied that the patient meets
4 all of the eligibility criteria, the consulting practitioner must
5 inform the patient about the matters referred to in section 27(1).
- 6 (2) Nothing in this section affects any duty a medical practitioner
7 has at common law or under any other enactment.
- 8 **39. Outcome of consulting assessment**
- 9 (1) The consulting practitioner must assess the patient as eligible
10 for access to voluntary assisted dying if the consulting
11 practitioner is satisfied that —
- 12 (a) the patient meets all of the eligibility criteria; and
13 (b) the patient understands the information required to be
14 provided under section 38(1).
- 15 (2) If the consulting practitioner is not satisfied as to any matter in
16 subsection (1), the consulting practitioner must assess the
17 patient as ineligible for access to voluntary assisted dying.
- 18 **40. Recording and notification of outcome of consulting**
19 **assessment**
- 20 (1) The consulting practitioner must inform the patient and the
21 coordinating practitioner for the patient of the outcome of the
22 consulting assessment as soon as practicable after its
23 completion.
- 24 (2) Within 2 business days after completing the consulting
25 assessment, the consulting practitioner must complete the
26 approved form (the *consulting assessment report form*) and
27 give a copy of it to the Board.
- 28 (3) As soon as practicable after completing the consulting
29 assessment report form, the consulting practitioner must give a
30 copy of it to the patient.

-
- 1 (4) The consulting assessment report form must include the
2 following —
- 3 (a) the name, date of birth and contact details of the patient;
- 4 (b) the name and contact details of the consulting
5 practitioner;
- 6 (c) a statement confirming that the consulting practitioner
7 meets the requirements of section 17(2);
- 8 (d) the date when the first request was made;
- 9 (e) the date when the referral for the consulting assessment
10 was made;
- 11 (f) the date when the referral for the consulting assessment
12 was received;
- 13 (g) the date when the consulting assessment was completed;
- 14 (h) the outcome of the consulting assessment, including the
15 consulting practitioner’s decision in respect of each of
16 the eligibility criteria;
- 17 (i) the date when the patient was informed of the outcome
18 of the consulting assessment;
- 19 (j) the date when the coordinating practitioner for the
20 patient was informed of the outcome of the consulting
21 assessment;
- 22 (k) if the patient was referred under section 37(2) or (3), the
23 outcome of the referral (including a copy of any report
24 given by the registered health practitioner or other
25 person to whom the patient was referred);
- 26 (l) if the patient was assisted by an interpreter when having
27 the consulting assessment, the name, contact details and
28 accreditation details of the interpreter;
- 29 (m) the palliative care and treatment options available to the
30 patient and the likely outcomes of that care and
31 treatment;
- 32 (n) the signature of the consulting practitioner and the date
33 when the form was signed.

Voluntary Assisted Dying Bill 2019

Part 3 Requesting access to voluntary assisted dying and assessment of eligibility

Division 5 Written declaration

s. 41

- 1 (5) The consulting practitioner must give a copy of the consulting
2 assessment report form to the coordinating practitioner for the
3 patient as soon as practicable after completing the consulting
4 assessment.

5 **41. Referral for further consulting assessment if patient**
6 **assessed as ineligible**

7 If the consulting practitioner assesses the patient as ineligible
8 for access to voluntary assisted dying, the coordinating
9 practitioner for the patient may refer the patient to another
10 medical practitioner for a further consulting assessment.

11 **Division 5 — Written declaration**

12 **42. Patient assessed as eligible may make written declaration**

- 13 (1) A patient may make a written declaration requesting access to
14 voluntary assisted dying if the patient has been assessed as
15 eligible for access to voluntary assisted dying by —
16 (a) the coordinating practitioner for the patient; and
17 (b) the consulting practitioner for the patient.
- 18 (2) The written declaration must be in the approved form and given
19 to the coordinating practitioner for the patient.
- 20 (3) The written declaration must —
21 (a) specify that the patient —
22 (i) makes it voluntarily and without coercion; and
23 (ii) understands its nature and effect;
24 and
25 (b) be signed by the patient, or a person referred to in
26 subsection (4), in the presence of 2 witnesses; and
27 (c) include the following —
28 (i) the name, date of birth and contact details of the
29 patient;

- 1 (ii) if the patient was assisted by an interpreter, the
2 name, contact details and accreditation details of
3 the interpreter;
- 4 (iii) the name and contact details of the coordinating
5 practitioner for the patient.
- 6 (4) A person may sign the written declaration on behalf of the
7 patient if —
- 8 (a) the patient is unable to sign the declaration; and
9 (b) the patient directs the person to sign the declaration; and
10 (c) the person —
- 11 (i) has reached 18 years of age; and
12 (ii) is not a witness to the signing of the declaration;
13 and
14 (iii) is not the coordinating practitioner or consulting
15 practitioner for the patient making the
16 declaration.
- 17 (5) A person who signs the written declaration on behalf of the
18 patient must do so in the patient’s presence.
- 19 (6) If the patient makes the written declaration with the assistance
20 of an interpreter, the interpreter must certify on the declaration
21 that the interpreter provided a true and correct translation of any
22 material translated.
- 23 **43. Witness to signing of written declaration**
- 24 (1) For the purposes of section 42(3)(b), a person is eligible to
25 witness the signing of a written declaration if the person —
- 26 (a) has reached 18 years of age; and
27 (b) is not an ineligible witness.

Voluntary Assisted Dying Bill 2019

Part 3 Requesting access to voluntary assisted dying and assessment of eligibility

Division 5 Written declaration

s. 44

- 1 (2) For the purposes of subsection (1)(b), a person is an ineligible
2 witness if the person —
- 3 (a) knows or believes that the person —
- 4 (i) is a beneficiary under a will of the patient
5 making the declaration; or
- 6 (ii) may otherwise benefit financially or in any other
7 material way from the death of the patient
8 making the declaration;
- 9 or
- 10 (b) is a family member of the patient making the
11 declaration; or
- 12 (c) is the coordinating practitioner or consulting practitioner
13 for the patient making the declaration.

14 **44. Certification of witness to signing of written declaration**

- 15 (1) In this section —
- 16 *ineligible witness* means a person who is an ineligible witness
17 under section 43(2).
- 18 (2) A witness who witnesses the signing of a written declaration by
19 the patient making the declaration must —
- 20 (a) certify in writing in the declaration that, in the presence
21 of the witness, the patient appeared to freely and
22 voluntarily sign the declaration; and
- 23 (b) state that the witness is not knowingly an ineligible
24 witness.
- 25 (3) A witness who witnesses the signing of a written declaration by
26 another person on behalf of the patient making the declaration
27 must —
- 28 (a) certify in writing in the declaration that —
- 29 (i) in the presence of the witness, the patient
30 appeared to freely and voluntarily direct the
31 other person to sign the declaration; and

- 1 (ii) the other person signed the declaration in the
2 presence of the patient and the witness;
3 and
4 (b) state that the witness is not knowingly an ineligible
5 witness.

6 **45. Coordinating practitioner to record written declaration**

7 If a patient gives a written declaration to the coordinating
8 practitioner for the patient, the coordinating practitioner must
9 record the following in the patient’s medical record —

- 10 (a) the date when the written declaration was made;
11 (b) the date when the written declaration was received by
12 the coordinating practitioner.

13 **46. Coordinating practitioner to notify Board of written**
14 **declaration**

15 Within 2 business days after receiving a written declaration
16 made by a patient, the coordinating practitioner for the patient
17 must give a copy of it to the Board.

18 **Division 6 — Final request and final review**

19 **47. Patient may make final request to coordinating practitioner**

- 20 (1) A patient who has made a written declaration may make a final
21 request to the coordinating practitioner for the patient for access
22 to voluntary assisted dying.
23 (2) The final request must be —
24 (a) clear and unambiguous; and
25 (b) made in person or, if that is not practicable, in
26 accordance with section 158(2)(a).
27 (3) The patient may make the final request verbally or in another
28 way (for example, by gestures).

Voluntary Assisted Dying Bill 2019

Part 3 Requesting access to voluntary assisted dying and assessment of eligibility

Division 6 Final request and final review

s. 48

1 **48. When final request can be made**

2 (1) In this section —

3 *designated period* means the period of 9 days beginning on the
4 day on which the patient made the first request.

5 (2) The final request cannot be made —

6 (a) before the end of the designated period, except as
7 provided in subsection (3); and

8 (b) in any case, until after the day on which the consulting
9 assessment that assessed the patient as eligible for
10 access to voluntary assisted dying was completed.

11 (3) The final request can be made before the end of the designated
12 period if —

13 (a) in the opinion of the coordinating practitioner for the
14 patient, the patient is likely to die, or to lose
15 decision-making capacity in relation to voluntary
16 assisted dying, before the end of the designated period;
17 and

18 (b) the opinion of the coordinating practitioner is consistent
19 with the opinion of the consulting practitioner for the
20 patient.

21 **49. Coordinating practitioner to record final request**

22 The coordinating practitioner for the patient must record the
23 following in the patient's medical record —

24 (a) the date when the final request was made;

25 (b) if the final request was made before the end of the
26 designated period as defined in section 48(1), the reason
27 for it being made before the end of that period.

1 **50. Coordinating practitioner to notify Board of final request**

2 (1) Within 2 business days after receiving a final request made by a
3 patient, the coordinating practitioner for the patient must
4 complete the approved form (the *final request form*) and give a
5 copy of it to the Board.

6 (2) The final request form must include the following —

7 (a) the name, date of birth and contact details of the patient;

8 (b) the name and contact details of the coordinating
9 practitioner;

10 (c) the date when the first request was made;

11 (d) the date when the final request was made;

12 (e) whether the final request was made in person or using
13 audiovisual communication and whether it was made
14 verbally or in another way;

15 (f) if the patient was assisted by an interpreter when making
16 the final request, the name, contact details and
17 accreditation details of the interpreter;

18 (g) if the final request was made before the end of the
19 designated period as defined in section 48(1), the reason
20 for it being made before the end of that period;

21 (h) the signature of the coordinating practitioner and the
22 date when the form was signed.

23 **51. Final review by coordinating practitioner on receiving final**
24 **request**

25 (1) On receiving a final request made by a patient, the coordinating
26 practitioner for the patient must —

27 (a) review the following in respect of the patient —

28 (i) the first assessment report form;

29 (ii) all consulting assessment report forms;

30 (iii) the written declaration;

31 and

Voluntary Assisted Dying Bill 2019

Part 3 Requesting access to voluntary assisted dying and assessment of eligibility

Division 6 Final request and final review

s. 51

- 1 (b) complete the approved form (the *final review form*) in
2 respect of the patient.
- 3 (2) When conducting the final review, the coordinating practitioner
4 must have regard to any decision made by the Tribunal under
5 Part 5 in respect of a decision made in the request and
6 assessment process.
- 7 (3) The final review form must include the following —
- 8 (a) the name, date of birth and contact details of the patient;
- 9 (b) the name and contact details of the coordinating
10 practitioner;
- 11 (c) a statement that the coordinating practitioner has
12 reviewed the forms referred to in subsection (1)(a);
- 13 (d) a statement certifying whether or not the request and
14 assessment process has been completed in accordance
15 with this Act;
- 16 (e) if the patient was assisted by an interpreter, the name,
17 contact details and accreditation details of the
18 interpreter;
- 19 (f) a statement certifying whether or not the coordinating
20 practitioner is satisfied of each of the following —
- 21 (i) that the patient has decision-making capacity in
22 relation to voluntary assisted dying;
- 23 (ii) that the patient in requesting access to voluntary
24 assisted dying is acting voluntarily and without
25 coercion;
- 26 (iii) that the patient's request to access voluntary
27 assisted dying is enduring;
- 28 (g) the signature of the coordinating practitioner and the
29 date when the form was signed.
- 30 (4) Within 2 business days after completing the final review form,
31 the coordinating practitioner must give a copy of it to the Board.

1 **52. Technical error not to invalidate request and assessment**
2 **process**

3 The validity of the request and assessment process is not
4 affected by any minor or technical error in a final review form
5 or a form referred to in section 51(1)(a).

6 **53. No obligation for patient to continue after completion of**
7 **request and assessment process**

8 A patient in respect of whom the request and assessment
9 process has been completed may decide at any time not to take
10 any further step in relation to access to voluntary assisted dying.

1 **Part 4 — Accessing voluntary assisted dying and death**

2 **Division 1 — Eligibility requirements for administering**
3 **practitioners**

4 **54. Eligibility to act as administering practitioner**

5 (1) A person is eligible to act as an administering practitioner for a
6 patient if —

7 (a) the person is —

8 (i) a medical practitioner who is eligible to act as a
9 coordinating practitioner for the patient under
10 section 17(2); or

11 (ii) a nurse practitioner who has practised the
12 nursing profession for at least 2 years as a nurse
13 practitioner and meets the requirements approved
14 by the CEO for the purposes of this
15 subparagraph;

16 and

17 (b) the person has completed approved training; and

18 (c) the person is not a family member of the patient; and

19 (d) the person does not know or believe that they —

20 (i) are a beneficiary under a will of the patient; or

21 (ii) may otherwise benefit financially or in any other
22 material way from the death of the patient, other
23 than by receiving reasonable fees for the
24 provision of services as the administering
25 practitioner for the patient.

26 (2) The CEO must publish the requirements approved for the
27 purposes of subsection (1)(a)(ii) on the Department's website.

1 **Division 2 — Administration of voluntary assisted**
2 **dying substance**

3 **55. Application of Division**

4 This Division applies if —

- 5 (a) the request and assessment process has been completed
6 in respect of a patient; and
- 7 (b) the final review form in respect of the patient certifies
8 that the coordinating practitioner for the patient is
9 satisfied of each of the following —
- 10 (i) that the patient has decision-making capacity in
11 relation to voluntary assisted dying;
- 12 (ii) that the patient in requesting access to voluntary
13 assisted dying is acting voluntarily and without
14 coercion;
- 15 (iii) that the patient’s request to access voluntary
16 assisted dying is enduring.

17 **56. Administration decision**

18 (1) The patient may, in consultation with and on the advice of the
19 coordinating practitioner for the patient —

- 20 (a) decide to self-administer a voluntary assisted dying
21 substance (a *self-administration decision*); or
- 22 (b) decide that a voluntary assisted dying substance is to be
23 administered to the patient by the administering
24 practitioner for the patient (a *practitioner*
25 *administration decision*).

26 (2) A practitioner administration decision can only be made if the
27 coordinating practitioner for the patient advises the patient that
28 self-administration of a voluntary assisted dying substance is
29 inappropriate having regard to 1 or more of the following —

- 30 (a) the ability of the patient to self-administer the substance;

Voluntary Assisted Dying Bill 2019

Part 4 Accessing voluntary assisted dying and death

Division 2 Administration of voluntary assisted dying substance

s. 57

- 1 (b) the patient’s concerns about self-administering the
2 substance;
- 3 (c) the method for administering the substance that is
4 suitable for the patient.
- 5 (3) An administration decision must be —
- 6 (a) clear and unambiguous; and
- 7 (b) made in person before the coordinating practitioner for
8 the patient or, if that is not practicable, in accordance
9 with section 158(2)(a).
- 10 (4) The patient may make an administration decision verbally or in
11 another way (for example, by gestures).
- 12 (5) If the patient makes an administration decision, the coordinating
13 practitioner for the patient must record the decision in the
14 patient’s medical record.
- 15 **57. Revocation of administration decision**
- 16 (1) The patient may at any time —
- 17 (a) revoke a self-administration decision by informing the
18 coordinating practitioner for the patient that the patient
19 has decided not to self-administer a voluntary assisted
20 dying substance; or
- 21 (b) revoke a practitioner administration decision by
22 informing the administering practitioner for the patient
23 that the patient has decided not to proceed with the
24 administration of a voluntary assisted dying substance.
- 25 (2) For the purposes of subsection (1), the patient may inform the
26 coordinating practitioner or administering practitioner of the
27 patient’s decision in writing, verbally or in another way (for
28 example, by gestures).

- 1 (3) If the patient revokes an administration decision under
 2 subsection (1), the coordinating practitioner or administering
 3 practitioner who is informed of the patient’s decision must —
 4 (a) record the revocation in the patient’s medical record;
 5 and
 6 (b) if the practitioner is not the coordinating practitioner for
 7 the patient, inform the coordinating practitioner of the
 8 revocation; and
 9 (c) within 2 business days after the revocation, complete the
 10 approved form (the *revocation form*) and give a copy of
 11 it to the Board.
- 12 (4) The revocation form must include the following —
 13 (a) the name, date of birth and contact details of the patient;
 14 (b) the name and contact details of the person completing
 15 the form;
 16 (c) if the person completing the form is not the coordinating
 17 practitioner for the patient, the name and contact details
 18 of the coordinating practitioner;
 19 (d) the date when the administration decision was made;
 20 (e) the date when the administration decision was revoked;
 21 (f) if the patient was assisted by an interpreter when
 22 revoking the administration decision, the name, contact
 23 details and accreditation details of the interpreter;
 24 (g) the signature of the person completing the form and the
 25 date when the form was signed.
- 26 (5) The revocation of an administration decision does not prevent
 27 the patient from making another administration decision under
 28 section 56(1).

29 **58. Self-administration**

- 30 (1) This section applies if the patient has made a self-administration
 31 decision and has not revoked it.

Voluntary Assisted Dying Bill 2019

Part 4 Accessing voluntary assisted dying and death

Division 2 Administration of voluntary assisted dying substance

s. 59

- 1 (2) The coordinating practitioner for the patient is authorised to
2 prescribe a voluntary assisted dying substance for the patient
3 that is of a sufficient dose to cause death.
- 4 (3) Subsection (2) is subject to section 66(6).
- 5 (4) The authorised supplier who is given the prescription for the
6 patient is authorised to —
- 7 (a) possess the prescribed substance for the purpose of
8 preparing it and supplying it to a person referred to in
9 paragraph (c); and
- 10 (b) prepare the prescribed substance; and
- 11 (c) supply the prescribed substance to the patient, the
12 contact person for the patient or an agent of the patient.
- 13 (5) The patient is authorised to —
- 14 (a) receive the prescribed substance from an authorised
15 supplier, the contact person for the patient or an agent of
16 the patient; and
- 17 (b) possess the prescribed substance for the purpose of
18 preparing and self-administering it; and
- 19 (c) prepare the prescribed substance; and
- 20 (d) self-administer the prescribed substance.
- 21 (6) The contact person for the patient is authorised as set out in
22 section 67(1).
- 23 (7) An agent of the patient is authorised to —
- 24 (a) receive the prescribed substance from an authorised
25 supplier; and
- 26 (b) possess the prescribed substance for the purpose of
27 supplying it to the patient; and
- 28 (c) supply the prescribed substance to the patient.

1 **59. Practitioner administration**

- 2 (1) This section applies if the patient has made a practitioner
3 administration decision and has not revoked it.
- 4 (2) The coordinating practitioner for the patient is authorised to
5 prescribe a voluntary assisted dying substance for the patient
6 that is of a sufficient dose to cause death.
- 7 (3) The authorised supplier who is given the prescription for the
8 patient is authorised to —
- 9 (a) possess the prescribed substance for the purpose of
10 preparing it and supplying it to the administering
11 practitioner for the patient; and
- 12 (b) prepare the prescribed substance; and
- 13 (c) supply the prescribed substance to the administering
14 practitioner for the patient.
- 15 (4) The administering practitioner for the patient is authorised to —
- 16 (a) receive the prescribed substance from an authorised
17 supplier; and
- 18 (b) possess the prescribed substance for the purpose of
19 preparing it and administering it to the patient; and
- 20 (c) prepare the prescribed substance.
- 21 (5) The administering practitioner for the patient is authorised, in
22 the presence of a witness, to administer the prescribed substance
23 to the patient if the administering practitioner is satisfied at the
24 time of administration that —
- 25 (a) the patient has decision-making capacity in relation to
26 voluntary assisted dying; and
- 27 (b) the patient is acting voluntarily and without coercion;
28 and
- 29 (c) the patient's request for access to voluntary assisted
30 dying is enduring.

- 1 **60. Coordinating practitioner to notify Board of administration**
2 **decision and prescription of substance**
- 3 (1) Within 2 business days after prescribing a voluntary assisted
4 dying substance for the patient, the coordinating practitioner for
5 the patient must —
- 6 (a) complete the approved form (the *administration*
7 *decision and prescription form*); and
- 8 (b) give the Board —
- 9 (i) a copy of the administration decision and
10 prescription form; and
- 11 (ii) if the patient has made a self-administration
12 decision, a copy of the contact person
13 appointment form given to the coordinating
14 practitioner under section 66(3).
- 15 (2) The administration decision and prescription form must include
16 the following —
- 17 (a) the name, date of birth and contact details of the patient;
18 (b) the name and contact details of the coordinating
19 practitioner;
- 20 (c) the administration decision made by the patient;
- 21 (d) the date when the administration decision was made;
- 22 (e) a statement confirming that the coordinating practitioner
23 has complied with section 69(2) or (3), as the case
24 requires;
- 25 (f) the date when the prescription for the voluntary assisted
26 dying substance was issued;
- 27 (g) if the patient was assisted by an interpreter when making
28 the administration decision, the name, contact details
29 and accreditation details of the interpreter;
- 30 (h) the signature of the coordinating practitioner and the
31 date when the form was signed.

1 **61. Certification by administering practitioner following**
2 **administration of prescribed substance**

3 (1) This section applies if the administering practitioner for the
4 patient administers the prescribed substance to the patient.

5 (2) The administering practitioner must certify in writing that —

6 (a) the patient made a practitioner administration decision
7 and did not revoke the decision; and

8 (b) the administering practitioner was satisfied at the time of
9 administering the prescribed substance to the patient —

10 (i) that the patient had decision-making capacity in
11 relation to voluntary assisted dying; and

12 (ii) that the patient was acting voluntarily and
13 without coercion; and

14 (iii) that the patient's request for access to voluntary
15 assisted dying was enduring.

16 (3) The certificate must be in the approved form (the *practitioner*
17 *administration form*) and must include the following —

18 (a) the name and date of birth of the patient;

19 (b) the name and contact details of the administering
20 practitioner;

21 (c) the name, date of birth and contact details of the witness
22 to the administration of the prescribed substance (the
23 *witness*);

24 (d) the date, time and location where the prescribed
25 substance was administered;

26 (e) the date and time of the patient's death;

27 (f) the period of time that lapsed between the administration
28 of the prescribed substance and the patient's death;

29 (g) details of any complications relating to the
30 administration of the prescribed substance;

31 (h) the certificate of the witness required under
32 section 62(3);

Voluntary Assisted Dying Bill 2019

Part 4 Accessing voluntary assisted dying and death

Division 2 Administration of voluntary assisted dying substance

s. 62

- 1 (i) the signature of the administering practitioner and the
2 date when the form was signed;
- 3 (j) the signature of the witness and the date when the form
4 was signed.
- 5 (4) Within 2 business days after administering the prescribed
6 substance, the administering practitioner must give a copy of the
7 practitioner administration form to the Board.

8 **62. Witness to administration of prescribed substance**

- 9 (1) For the purposes of section 59(5), a person is eligible to witness
10 the administration of a prescribed substance to a patient if the
11 person —
- 12 (a) has reached 18 years of age; and
13 (b) is not an ineligible witness.
- 14 (2) For the purposes of subsection (1)(b), a person is an ineligible
15 witness if the person —
- 16 (a) is a family member of the administering practitioner for
17 the patient; or
18 (b) is employed, or engaged under a contract for services,
19 by the administering practitioner for the patient.
- 20 (3) The witness to the administration of a prescribed substance to a
21 patient must certify in the practitioner administration form for
22 the patient that —
- 23 (a) the patient's request for access to voluntary assisted
24 dying appeared to be free, voluntary and enduring; and
25 (b) the administering practitioner for the patient
26 administered the prescribed substance to the patient in
27 the presence of the witness.

- 1 **63. Transfer of administering practitioner’s role**
- 2 (1) This section applies if —
- 3 (a) a patient has made a practitioner administration
- 4 decision; and
- 5 (b) the coordinating practitioner for the patient has
- 6 prescribed a voluntary assisted dying substance for the
- 7 patient; and
- 8 (c) the administering practitioner for the patient (the
- 9 *original practitioner*) is unable or unwilling for any
- 10 reason to administer the prescribed substance to the
- 11 patient, whether the original practitioner is the
- 12 coordinating practitioner for the patient or a person to
- 13 whom the role of administering practitioner has been
- 14 transferred under subsection (2).
- 15 (2) The original practitioner must transfer the role of administering
- 16 practitioner to another person who is eligible to act as an
- 17 administering practitioner for the patient and accepts the
- 18 transfer of the role.
- 19 (3) If a person (the *new practitioner*) accepts the transfer of the
- 20 role, the original practitioner must —
- 21 (a) inform the patient of the transfer and of the name and
- 22 contact details of the new practitioner; and
- 23 (b) record the transfer in the patient’s medical record; and
- 24 (c) within 2 business days after the acceptance of the
- 25 transfer, complete the approved form (the *administering*
- 26 *practitioner transfer form*) and give a copy of it to the
- 27 Board.
- 28 (4) The administering practitioner transfer form must include the
- 29 following —
- 30 (a) the name, date of birth and contact details of the patient;
- 31 (b) the name and contact details of the original practitioner;
- 32 (c) the name and contact details of the new practitioner;

Voluntary Assisted Dying Bill 2019

Part 4 Accessing voluntary assisted dying and death

Division 3 Contact person

s. 64

- 1 (d) the date when the new practitioner accepted the transfer;
2 (e) the date when the patient was informed of the transfer;
3 (f) the signature of the original practitioner and the date
4 when the form was signed.
- 5 (5) If the original practitioner has possession of the prescribed
6 substance when the role is transferred —
- 7 (a) the original practitioner is authorised to supply the
8 prescribed substance to the new practitioner; and
- 9 (b) the new practitioner is authorised to receive the
10 prescribed substance from the original practitioner.
- 11 (6) The coordinating practitioner for the patient remains the
12 coordinating practitioner despite any transfer of the role of
13 administering practitioner under subsection (2), but subject to
14 section 157.

15 **Division 3 — Contact person**

16 **64. Application of Division**

17 This Division applies if a patient has made a self-administration
18 decision.

19 **65. Patient to appoint contact person**

- 20 (1) The patient must appoint a person as the contact person for the
21 patient.
- 22 (2) A person is eligible for appointment if the person has reached
23 18 years of age.
- 24 (3) Without limiting who can be appointed as the contact person,
25 the patient may appoint their coordinating practitioner, their
26 consulting practitioner or another registered health practitioner.
- 27 (4) A person cannot be appointed as the contact person unless the
28 person consents to the appointment.
- 29 (5) The patient may revoke the appointment of the contact person.

- 1 (6) If the patient revokes the appointment of the contact person —
2 (a) the patient must inform the person of the revocation; and
3 (b) the person ceases to be the contact person for the patient
4 on being informed under paragraph (a); and
5 (c) the patient must make another appointment under
6 subsection (1).

7 **66. Contact person appointment form**

- 8 (1) An appointment under section 65(1) must be made in the
9 approved form (the *contact person appointment form*) and
10 include the following —
11 (a) the name, date of birth and contact details of the patient;
12 (b) the name and contact details of the coordinating
13 practitioner for the patient;
14 (c) the name, date of birth and contact details of the contact
15 person;
16 (d) a statement that the contact person consents to the
17 appointment;
18 (e) a statement that the contact person understands their role
19 under this Act (including the requirements under
20 section 105 to give the prescribed substance, or any
21 unused or remaining prescribed substance, to an
22 authorised disposer and the penalties for offences under
23 that section);
24 (f) if the patient was assisted by an interpreter when making
25 the appointment, the name, contact details and
26 accreditation details of the interpreter;
27 (g) the signature of the contact person and the date when the
28 form was signed;
29 (h) the signature of the patient, or other person who
30 completes the form on behalf of the patient, and the date
31 when the form was signed.

Voluntary Assisted Dying Bill 2019

Part 4 Accessing voluntary assisted dying and death

Division 3 Contact person

s. 67

- 1 (2) If the patient is unable to complete the contact person
2 appointment form, another person can complete the form on
3 behalf of the patient if —
- 4 (a) the patient directs the person to complete the contact
5 person appointment form; and
- 6 (b) the person has reached 18 years of age.
- 7 (3) The patient or the contact person for the patient must give the
8 contact person appointment form to the coordinating
9 practitioner for the patient.
- 10 (4) Within 2 business days after receiving the contact person
11 appointment form, the coordinating practitioner for the patient
12 must give a copy of it to the Board.
- 13 (5) Subsection (4) does not apply if a copy of the form is given to
14 the Board under section 60(1)(b)(ii).
- 15 (6) The coordinating practitioner for the patient cannot prescribe a
16 voluntary assisted dying substance for the patient before the
17 contact person appointment form is given to the coordinating
18 practitioner.

19 **67. Role of contact person**

- 20 (1) The contact person for the patient is authorised to —
- 21 (a) receive the prescribed substance from an authorised
22 supplier; and
- 23 (b) possess the prescribed substance for the purpose of
24 paragraph (c) or (d); and
- 25 (c) supply the prescribed substance to the patient; and
- 26 (d) give the prescribed substance, or any unused or
27 remaining prescribed substance, to an authorised
28 disposer as required by section 105.

- 1 (2) The contact person for the patient must inform the coordinating
2 practitioner for the patient if the patient dies (whether as a result
3 of self-administering the prescribed substance or from some
4 other cause).

5 **68. Contact person may refuse to continue in role**

- 6 (1) The contact person for a patient may refuse to continue to
7 perform the role of contact person.
- 8 (2) If the contact person for a patient refuses to continue to perform
9 the role —
- 10 (a) the person must inform the patient of the refusal; and
11 (b) the person ceases to be the contact person for the patient
12 on informing the patient under paragraph (a); and
13 (c) the patient must make another appointment under
14 section 65(1).

15 **Division 4 — Prescribing, supplying and disposing of voluntary**
16 **assisted dying substance**

17 **69. Information to be given before prescribing substance**

- 18 (1) In this section —
19 *Schedule 4 poison* and *Schedule 8 poison* have the meanings
20 given in the *Medicines and Poisons Act 2014* section 3.
- 21 (2) The coordinating practitioner for a patient who has made a
22 self-administration decision must, before prescribing a
23 voluntary assisted dying substance for the patient, inform the
24 patient, in writing, of the following —
- 25 (a) the Schedule 4 poison or Schedule 8 poison, or
26 combination of those poisons, constituting the
27 substance;
28 (b) that the patient is not under any obligation to obtain the
29 substance;

Voluntary Assisted Dying Bill 2019

Part 4 Accessing voluntary assisted dying and death

Division 4 Prescribing, supplying and disposing of voluntary assisted dying substance

s. 69

- 1 (c) that the patient is not under any obligation to
2 self-administer the substance;
- 3 (d) that the substance must be stored in accordance with the
4 information provided by the authorised supplier who
5 supplies the substance;
- 6 (e) how to prepare and self-administer the substance;
- 7 (f) the method by which the substance will be self-
8 administered;
- 9 (g) the expected effects of self-administration of the
10 substance;
- 11 (h) the period within which the patient is likely to die after
12 self-administration of the substance;
- 13 (i) the potential risks of self-administration of the
14 substance;
- 15 (j) that, if the patient decides not to self-administer the
16 substance, their contact person must give the substance
17 to an authorised disposer for disposal;
- 18 (k) that, if the patient dies, their contact person must give
19 any unused or remaining substance to an authorised
20 disposer for disposal.
- 21 (3) The coordinating practitioner for a patient who has made a
22 practitioner administration decision must, before prescribing a
23 voluntary assisted dying substance for the patient, inform the
24 patient, in writing, of the following —
- 25 (a) the Schedule 4 poison or Schedule 8 poison, or
26 combination of those poisons, constituting the
27 substance;
- 28 (b) that the patient is not under any obligation to have the
29 substance administered;
- 30 (c) the method by which the substance will be administered;
- 31 (d) the expected effects of administration of the substance;
- 32 (e) the period within which the patient is likely to die after
33 administration of the substance;

- 1 (f) the potential risks of administration of the substance;
2 (g) that, if the practitioner administration decision is made
3 after the revocation of a self-administration decision, the
4 contact person for the patient must give any prescribed
5 substance received by the patient, the contact person or
6 an agent of the patient to an authorised disposer for
7 disposal.

8 **70. Prescription for substance**

- 9 (1) In this section —
10 *medication chart* means a chart (however described) that
11 records medicines used, or to be used, for the treatment of the
12 patient.
13 (2) This section applies if the coordinating practitioner for a patient
14 prescribes a voluntary assisted dying substance for the patient.
15 (3) The prescription issued by the coordinating practitioner (the
16 *prescription*) must include —
17 (a) a statement that clearly indicates it is for a voluntary
18 assisted dying substance; and
19 (b) a statement —
20 (i) certifying that the request and assessment
21 process has been completed in respect of the
22 patient in accordance with this Act; and
23 (ii) certifying that the patient has made an
24 administration decision and specifying whether
25 the decision is a self-administration decision or a
26 practitioner administration decision;
27 and
28 (c) the telephone number of the patient.
29 (4) The prescription cannot be in the form of a medication chart.

Voluntary Assisted Dying Bill 2019

Part 4 Accessing voluntary assisted dying and death

Division 4 Prescribing, supplying and disposing of voluntary assisted dying substance

s. 71

- 1 (5) The prescription cannot provide for the prescribed substance to
2 be supplied on more than 1 occasion.
- 3 (6) The coordinating practitioner must give the prescription directly
4 to an authorised supplier.

5 **71. Authorised supplier to authenticate prescription**

6 An authorised supplier who is given a prescription for a
7 voluntary assisted dying substance must not supply the
8 substance in accordance with the prescription unless the
9 authorised supplier has confirmed —

- 10 (a) the authenticity of the prescription; and
11 (b) the identity of the person who issued the prescription;
12 and
13 (c) the identity of the person to whom the substance is to be
14 supplied.

15 **72. Information to be given when supplying prescribed
16 substance**

- 17 (1) Subsection (2) applies if an authorised supplier supplies a
18 prescribed substance to a patient, the contact person for a patient
19 or an agent of a patient (the *recipient*).
- 20 (2) The authorised supplier must, when supplying the prescribed
21 substance, inform the recipient, in writing, of the following —
- 22 (a) that the patient is not under any obligation to
23 self-administer the substance;
- 24 (b) how to store the substance in a safe and secure way;
- 25 (c) how to prepare and self-administer the substance;
- 26 (d) that, if the patient decides not to self-administer the
27 substance, their contact person must give the substance
28 to an authorised disposer for disposal;
- 29 (e) that, if the patient dies, their contact person must give
30 any unused or remaining substance to an authorised
31 disposer for disposal.

- 1 (3) If the recipient is not the patient, the authorised supplier must,
2 when supplying the prescribed substance, advise the recipient to
3 give the information provided under subsection (2) to the
4 patient.

5 **73. Labelling requirements for prescribed substance**

- 6 (1) In addition to any labelling requirements under the *Medicines*
7 *and Poisons Act 2014*, an authorised supplier who supplies a
8 prescribed substance must attach a statement in writing to the
9 relevant package or container that —
- 10 (a) warns of the purpose of the dose of the substance; and
11 (b) states the dangers of administration of the substance;
12 and
13 (c) states that, if the substance is supplied for
14 self-administration —
- 15 (i) the substance must be stored in accordance with
16 the advice given by the authorised supplier; and
17 (ii) any unused or remaining substance must be
18 given to an authorised disposer by the contact
19 person for the patient to whom it is supplied.
- 20 (2) The statement must be in the approved form.

21 **74. Authorised supplier to record and notify of supply**

- 22 (1) An authorised supplier who supplies a prescribed substance
23 must immediately complete the approved form (the *authorised*
24 *supply form*).
- 25 (2) The authorised supply form must include the following —
- 26 (a) the name, date of birth and contact details of the patient;
27 (b) the name and contact details of the authorised supplier;
28 (c) a statement certifying that the prescribed substance was
29 supplied;
30 (d) the name and contact details of the person to whom the
31 prescribed substance was supplied;

Voluntary Assisted Dying Bill 2019

Part 4 Accessing voluntary assisted dying and death

Division 4 Prescribing, supplying and disposing of voluntary assisted dying substance

s. 75

- 1 (e) the date when the prescribed substance was supplied;
2 (f) a statement certifying that the requirements under
3 sections 72 and 73 were complied with;
4 (g) the signature of the authorised supplier and the date
5 when the form was signed.
- 6 (3) Within 2 business days after supplying the prescribed substance,
7 the authorised supplier must give a copy of the completed
8 authorised supply form to the Board.

9 **75. Disposal of prescribed substance by authorised disposer**

- 10 (1) This section applies if a prescribed substance, or any unused or
11 remaining prescribed substance, is given to an authorised
12 disposer by the contact person for a patient.
- 13 (2) The authorised disposer is authorised to —
14 (a) possess the prescribed substance for the purpose of
15 disposing of it; and
16 (b) dispose of the prescribed substance.
- 17 (3) The authorised disposer must dispose of the prescribed
18 substance as soon as practicable after receiving it.
- 19 (4) In disposing of the prescribed substance, the authorised disposer
20 must comply with any requirements of the *Medicines and*
21 *Poisons Act 2014* that apply to the disposal.

22 **76. Authorised disposer to record and notify of disposal**

- 23 (1) An authorised disposer who disposes of a prescribed substance
24 must immediately complete the approved form (the *authorised*
25 *disposal form*).
- 26 (2) The authorised disposal form must include the following —
27 (a) the name, date of birth and contact details of the patient;
28 (b) the name and contact details of the authorised disposer;

- 1 (c) the name and contact details of the person who gave the
2 prescribed substance to the authorised disposer;
- 3 (d) the date when the prescribed substance was given to the
4 authorised disposer;
- 5 (e) the date when the prescribed substance was disposed of
6 by the authorised disposer;
- 7 (f) the signature of the authorised disposer and the date
8 when the form was signed.

9 (3) Within 2 business days after disposing of the prescribed
10 substance, the authorised disposer must give a copy of the
11 completed authorised disposal form to the Board.

12 **77. Disposal of prescribed substance by administering**
13 **practitioner**

- 14 (1) Subsections (2) and (3) apply if —
- 15 (a) a patient who has made a practitioner administration
16 decision revokes the decision; and
- 17 (b) the administering practitioner for the patient has
18 possession of the prescribed substance when the
19 decision is revoked.
- 20 (2) The administering practitioner is authorised to —
- 21 (a) possess the prescribed substance for the purpose of
22 disposing of it; and
- 23 (b) dispose of the prescribed substance.
- 24 (3) The prescribed substance must be disposed of by the
25 administering practitioner as soon as practicable after the
26 practitioner administration decision is revoked.
- 27 (4) Subsections (5) and (6) apply if —
- 28 (a) a patient who has made a practitioner administration
29 decision dies (whether or not after being administered
30 the prescribed substance); and

Voluntary Assisted Dying Bill 2019

Part 4 Accessing voluntary assisted dying and death

Division 4 Prescribing, supplying and disposing of voluntary assisted dying substance

s. 78

- 1 (b) the administering practitioner for the patient has
2 possession of any prescribed substance that is unused or
3 remaining after the patient's death (the *unused or*
4 *remaining substance*).
- 5 (5) The administering practitioner is authorised to —
6 (a) possess the unused or remaining substance for the
7 purpose of disposing of it; and
8 (b) dispose of the unused or remaining substance.
- 9 (6) The unused or remaining substance must be disposed of by the
10 administering practitioner as soon as practicable after the
11 patient's death.
- 12 (7) In disposing of the prescribed substance or the unused or
13 remaining substance, as the case requires, the administering
14 practitioner must comply with any requirements of the
15 *Medicines and Poisons Act 2014* that apply to the disposal.
- 16 **78. Administering practitioner to record and notify of disposal**
- 17 (1) An administering practitioner for a patient who disposes of a
18 prescribed substance must immediately complete the approved
19 form (the *practitioner disposal form*).
- 20 (2) The practitioner disposal form must include the following —
21 (a) the name, date of birth and contact details of the patient;
22 (b) the name and contact details of the administering
23 practitioner;
24 (c) the date when the prescribed substance was supplied to
25 the administering practitioner;
26 (d) the date when the patient revoked the practitioner
27 administration decision or died;
28 (e) the date when the prescribed substance was disposed of
29 by the administering practitioner;
30 (f) the signature of the administering practitioner and the
31 date when the form was signed.

- 1 (3) Within 2 business days after disposing of the prescribed
2 substance, the administering practitioner must give a copy of the
3 completed practitioner disposal form to the Board.

4 **Division 5 — Other matters**

5 **79. Authorised suppliers and authorised disposers**

- 6 (1) The CEO may, in writing, authorise a registered health
7 practitioner, or persons in a class of registered health
8 practitioners, to supply prescribed substances for the purposes
9 of this Part.
- 10 (2) A person who is authorised under subsection (1) is an
11 ***authorised supplier***.
- 12 (3) The CEO may, in writing, authorise a registered health
13 practitioner, or persons in a class of registered health
14 practitioners, to dispose of prescribed substances for the
15 purposes of this Part.
- 16 (4) A person who is authorised under subsection (3) is an
17 ***authorised disposer***.
- 18 (5) The CEO may, in writing, revoke an authorisation given under
19 subsection (1) or (3).
- 20 (6) The CEO must publish an up-to-date list of authorised suppliers
21 and authorised disposers on the Department's website.

22 **80. Certain directions as to supply or administration prohibited**

- 23 (1) In this section —
24 ***authorised health professional*** has the meaning given in the
25 ***Medicines and Poisons Act 2014*** section 3.

- 1 (2) The coordinating practitioner for a patient cannot direct an
2 authorised health professional to supply a prescribed substance
3 to the patient, the contact person for the patient or an agent of
4 the patient, unless —
5 (a) the authorised health professional is an authorised
6 supplier; and
7 (b) the direction is in the form of a prescription for the
8 prescribed substance given directly to the authorised
9 supplier.
- 10 (3) The coordinating practitioner or administering practitioner for a
11 patient cannot direct an authorised health professional to
12 administer a prescribed substance to the patient.

13 **81. Structured administration and supply arrangement not to**
14 **be issued for substance**

- 15 (1) In this section —
16 *structured administration and supply arrangement* means a
17 document that sets out the circumstances in which a health
18 professional (as defined in the *Medicines and Poisons Act 2014*
19 section 3) specified, or of a class specified, in the document may
20 administer or supply a medicine specified in the document.
- 21 (2) A person cannot issue a structured administration and supply
22 arrangement in relation to the administration or supply of a
23 medicine for the purpose of voluntary assisted dying.

24 **82. Notification of death**

- 25 (1) In this section —
26 *cause of death certificate* means a certificate of the cause of a
27 person's death under the *Births, Deaths and Marriages*
28 *Registration Act 1998* section 44(1).
- 29 (2) The coordinating practitioner or administering practitioner for a
30 patient must, within 2 business days after becoming aware that
31 the patient has died (whether or not after self-administering, or

- 1 being administered, a voluntary assisted dying substance in
2 accordance with this Act), notify the Board, in the approved
3 form, of the patient's death.
- 4 (3) Subsection (2) does not apply if the administering practitioner
5 for a patient gives the Board a copy of a practitioner
6 administration form in respect of the patient under
7 section 61(4).
- 8 (4) Subsections (5) and (6) apply if a medical practitioner who is
9 required to give a cause of death certificate for a person knows
10 or reasonably believes that the person was a patient who
11 self-administered, or was administered, a voluntary assisted
12 dying substance in accordance with this Act.
- 13 (5) The medical practitioner must, within 2 business days after
14 becoming aware that the person has died, notify the Board, in
15 the approved form, of the person's death, unless the medical
16 practitioner is the coordinating practitioner or administering
17 practitioner for the person.
- 18 (6) The medical practitioner must not include any reference to
19 voluntary assisted dying in the cause of death certificate for the
20 person.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29

Part 5 — Review by Tribunal

83. Terms used

eligible applicant means —

- (a) a patient who is the subject of a decision referred to in section 84(1); or
- (b) an agent of a patient referred to in paragraph (a); or
- (c) any other person who the Tribunal is satisfied has a special interest in the medical care and treatment of a patient referred to in paragraph (a);

party to the proceeding, in relation to a review application, means a party to the proceeding before the Tribunal relating to the application;

review application, in relation to a patient, means an application under section 84(1) for a review of a decision made in relation to the patient;

reviewed decision, in relation to a review application, means the decision the subject of the application.

84. Application for review of certain decisions by Tribunal

(1) An eligible applicant may apply to the Tribunal for a review of any of the following decisions —

- (a) a decision of the coordinating practitioner for a patient in a first assessment that the patient —
 - (i) at the time of making the first request, has or has not been ordinarily resident in Western Australia for a period of at least 12 months; or
 - (ii) has or does not have decision-making capacity in relation to voluntary assisted dying; or
 - (iii) is or is not acting voluntarily and without coercion;

- 1 (b) a decision of the consulting practitioner for a patient in a
2 consulting assessment that the patient —
- 3 (i) at the time of making the first request, has or has
4 not been ordinarily resident in Western Australia
5 for a period of at least 12 months; or
- 6 (ii) has or does not have decision-making capacity in
7 relation to voluntary assisted dying; or
- 8 (iii) is or is not acting voluntarily and without
9 coercion;
- 10 (c) a decision of the coordinating practitioner for a patient
11 to make a statement in a final review form certifying
12 that the coordinating practitioner is satisfied that the
13 patient —
- 14 (i) has or does not have decision-making capacity in
15 relation to voluntary assisted dying; or
- 16 (ii) in requesting access to voluntary assisted dying
17 is or is not acting voluntarily and without
18 coercion.
- 19 (2) If a review application is made in relation to a patient, the
20 patient is a party to the proceeding whether or not the patient is
21 the applicant for the review.

22 **85. Notice of decision and right to have it reviewed**

23 Despite the *State Administrative Tribunal Act 2004*
24 section 20(1), the only person who has to be given notice under
25 that section in relation to a decision referred to in section 84(1)
26 is the patient who is the subject of the decision.

27 **86. Consequences of review application**

- 28 (1) This section applies if a review application is made in relation to
29 a patient.
- 30 (2) If the request and assessment process in respect of the patient
31 has not been completed, the request and assessment process is

s. 87

1 suspended and no further step in the process is to be taken until
2 the review application is determined or otherwise disposed of.

3 (3) If the request and assessment process in respect of the patient
4 has been completed, the process for accessing voluntary assisted
5 dying under Part 4 is suspended and no step under that Part
6 (including the prescription, supply or administration of a
7 voluntary assisted dying substance) is to be taken in relation to
8 the patient until the review application is determined or
9 otherwise disposed of.

10 **87. Review application taken to be withdrawn if patient dies**

11 A review application made in relation to a patient is taken to be
12 withdrawn if the patient dies.

13 **88. Decision of Tribunal**

14 In determining a review application made in relation to a patient
15 the Tribunal may decide that —

- 16 (a) at the time of making the first request, the patient had
17 been ordinarily resident in Western Australia for a
18 period of at least 12 months; or
19 (b) at the time of making the first request, the patient had
20 not been ordinarily resident in Western Australia for a
21 period of at least 12 months; or
22 (c) the patient has decision-making capacity in relation to
23 voluntary assisted dying; or
24 (d) the patient does not have decision-making capacity in
25 relation to voluntary assisted dying; or
26 (e) the patient is acting voluntarily and without coercion; or
27 (f) the patient is not acting voluntarily and without
28 coercion.

- 1 **89. Effect of decision under s. 88(a), (c) or (e)**
- 2 (1) If the Tribunal makes a decision referred to in section 88(a), (c)
- 3 or (e) on a review application made in relation to a patient —
- 4 (a) section 86 ceases to apply; and
- 5 (b) if the request and assessment process in respect of the
- 6 patient had not been completed when the review
- 7 application was made — the request and assessment
- 8 process can be resumed; and
- 9 (c) if the request and assessment process in respect of the
- 10 patient had been completed when the review application
- 11 was made — the process under Part 4 can be resumed,
- 12 and any step that is authorised under that Part can be
- 13 taken, in relation to the patient; and
- 14 (d) if the Tribunal sets aside the reviewed decision —
- 15 subsection (2), (3) or (4) applies, as the case requires.
- 16 (2) If the reviewed decision set aside by the Tribunal is a decision
- 17 of a coordinating practitioner in a first assessment —
- 18 (a) the Tribunal’s decision is substituted for the reviewed
- 19 decision; and
- 20 (b) if the outcome of the first assessment would, but for the
- 21 reviewed decision, have been that the patient was
- 22 assessed as eligible for access to voluntary assisted
- 23 dying — the coordinating practitioner is taken to have
- 24 made a first assessment assessing the patient as eligible
- 25 for access to voluntary assisted dying.
- 26 (3) If the reviewed decision set aside by the Tribunal is a decision
- 27 of a consulting practitioner in a consulting assessment —
- 28 (a) the Tribunal’s decision is substituted for the reviewed
- 29 decision; and
- 30 (b) if the outcome of the consulting assessment would, but
- 31 for the reviewed decision, have been that the patient was
- 32 assessed as eligible for access to voluntary assisted
- 33 dying — the consulting practitioner is taken to have

s. 90

- 1 made a consulting assessment assessing the patient as
2 eligible for access to voluntary assisted dying.
- 3 (4) If the reviewed decision set aside by the Tribunal is a decision
4 of a coordinating practitioner in a final review —
- 5 (a) the Tribunal’s decision is substituted for the reviewed
6 decision; and
- 7 (b) the final review form is taken to include —
- 8 (i) if the reviewed decision is a decision referred to
9 in section 84(1)(c)(i) — a statement certifying
10 that the coordinating practitioner is satisfied that
11 the patient has decision-making capacity in
12 relation to voluntary assisted dying; or
- 13 (ii) if the reviewed decision is a decision referred to
14 in section 84(1)(c)(ii) — a statement certifying
15 that the coordinating practitioner is satisfied that
16 the patient in requesting access to voluntary
17 assisted dying is acting voluntarily and without
18 coercion.

19 **90. Effect of decision under s. 88(b), (d) or (f)**

- 20 If the Tribunal makes a decision referred to in section 88(b), (d)
21 or (f) on a review application made in relation to a patient —
- 22 (a) the patient is taken to be ineligible for access to
23 voluntary assisted dying for the purposes of the request
24 and assessment process in respect of the patient; and
- 25 (b) if the request and assessment process in respect of the
26 patient had not been completed when the review
27 application was made — the request and assessment
28 process ends; and
- 29 (c) if the request and assessment process in respect of the
30 patient had been completed when the review application
31 was made — the process for accessing voluntary
32 assisted dying under Part 4 ends and no step under that
33 Part (including the prescription, supply or administration

1 of a voluntary assisted dying substance) is to be taken in
2 relation to the patient.

3 **91. Coordinating practitioner may refuse to continue in role**

4 (1) If a decision of the Tribunal is substituted for a decision of the
5 coordinating practitioner for a patient under section 89(2)(a)
6 or (4)(a), the coordinating practitioner may refuse to continue to
7 perform the role of coordinating practitioner.

8 (2) A coordinating practitioner who refuses under subsection (1) to
9 continue to perform the role of coordinating practitioner must
10 transfer the role of coordinating practitioner in accordance with
11 section 157.

12 **92. Constitution and membership of Tribunal**

13 (1) In this section —
14 *judicial member, non-judicial member* and *public sector*
15 *employee* have the meanings given in the *State Administrative*
16 *Tribunal Act 2004* section 3(1).

17 (2) For the purposes of this Part —
18 (a) the Tribunal, when exercising its review jurisdiction,
19 must be constituted by, or so as to include, a judicial
20 member; and
21 (b) a person who is a public sector employee may be
22 appointed to be a non-judicial member in respect of
23 matters in the Tribunal's review jurisdiction.

24 **93. Hearings of Tribunal to be held in private**

25 (1) Hearings of the Tribunal in respect of a review application must
26 be held in private.

27 (2) The Tribunal may give directions as to persons who may be
28 present at a hearing in respect of a review application.

s. 94

- 1 **94. Notice requirements**
- 2 (1) If a review application is made in relation to a patient, the
- 3 Tribunal must give notice of the application and any decision or
- 4 order (however described) of the Tribunal in respect of the
- 5 application to —
- 6 (a) the coordinating practitioner for the patient if the
- 7 coordinating practitioner is not a party to the
- 8 proceeding; and
- 9 (b) the consulting practitioner for the patient if the
- 10 consulting practitioner is not a party to the proceeding;
- 11 and
- 12 (c) if the role of administering practitioner for the patient
- 13 has been transferred under section 63(2), the
- 14 administering practitioner for the patient; and
- 15 (d) the CEO; and
- 16 (e) the Board.
- 17 (2) Subsection (1) does not limit the operation of the *State*
- 18 *Administrative Tribunal Act 2004* section 75 and is in addition
- 19 to any requirements for notice under that Act.
- 20 (3) The Board must, as soon as practicable after receiving notice of
- 21 a review application under subsection (1), give written notice of
- 22 the effect of section 86(2) and (3) to —
- 23 (a) each party to the proceeding; and
- 24 (b) the coordinating practitioner for the patient if the
- 25 coordinating practitioner is not a party to the
- 26 proceeding; and
- 27 (c) if the role of administering practitioner for the patient
- 28 has been transferred under section 63(2), the
- 29 administering practitioner for the patient.

1 **95. Coordinating practitioner to give Tribunal relevant material**

2 Within 7 business days after receiving notice of a review
3 application under section 94(1) or any shorter period ordered by
4 the Tribunal, the coordinating practitioner for a patient must —

5 (a) if the coordinating practitioner is the decision-maker for
6 the purposes of the *State Administrative Tribunal*
7 *Act 2004*, provide the following to the Tribunal —

8 (i) a statement of the reasons for the reviewed
9 decision;

10 (ii) other documents and material in the
11 practitioner’s possession or under the
12 practitioner’s control and relevant to the
13 Tribunal’s review of the reviewed decision;

14 or

15 (b) if the coordinating practitioner is not the decision-maker
16 for the purposes of the *State Administrative Tribunal*
17 *Act 2004*, provide to the Tribunal documents and
18 material in the practitioner’s possession or under the
19 practitioner’s control and relevant to the Tribunal’s
20 review of the reviewed decision.

21 **96. Tribunal to give written reasons for decision**

22 (1) The Tribunal must give written reasons for a decision made in
23 respect of a review application.

24 (2) The Tribunal must give a copy of the written reasons to —

25 (a) each party to the proceeding; and

26 (b) the coordinating practitioner for the patient if the
27 coordinating practitioner is not a party to the
28 proceeding; and

29 (c) the consulting practitioner for the patient if the
30 consulting practitioner is not a party to the proceeding;
31 and

s. 97

- 1 (d) if the role of administering practitioner for the patient
2 has been transferred under section 63(2), the
3 administering practitioner for the patient; and
4 (e) the CEO; and
5 (f) the Board.
- 6 (3) A written transcript of the part of the proceeding in which the
7 Tribunal's reasons for the decision are given orally is sufficient
8 to constitute written reasons for the purposes of this section.
- 9 **97. Published decisions or reasons to exclude personal**
10 **information**
- 11 (1) If the Tribunal publishes a decision, or its reasons for a decision,
12 made in respect of a review application, the Tribunal must
13 ensure that the decision or reasons are published in a form that
14 does not disclose personal information about any of the
15 following —
- 16 (a) a party to the proceeding;
17 (b) a person who has appeared before the Tribunal in the
18 proceeding;
19 (c) the coordinating practitioner for the patient if the
20 coordinating practitioner is not a party to the
21 proceeding;
22 (d) the consulting practitioner for the patient if the
23 consulting practitioner is not a party to the proceeding;
24 (e) a former coordinating practitioner or consulting
25 practitioner for the patient if the person is not a party to
26 the proceeding;
27 (f) if the role of administering practitioner for the patient
28 has been transferred under section 63(2), a person to
29 whom the role has been transferred.

1 (2) Subsection (1) does not prevent the Tribunal from disclosing
2 personal information about a person referred to in that
3 subsection in written reasons given under section 96(1) or in a
4 copy of written reasons given under section 96(2).

5 **98. Interim orders**

6 On a review application, the Tribunal may make any interim
7 order that it considers necessary.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29

Part 6 — Offences

99. Unauthorised administration of prescribed substance

A person commits a crime if —

- (a) the person administers a prescribed substance to another person; and
- (b) the person is not authorised by section 59(5) to administer the prescribed substance to the other person.

Penalty: imprisonment for life.

100. Inducing another person to request or access voluntary assisted dying

(1) In this section —

request for access to voluntary assisted dying means —

- (a) a first request; or
- (b) a written declaration; or
- (c) a final request; or
- (d) an administration decision.

(2) A person commits a crime if the person, by dishonesty, undue influence or coercion, induces another person —

- (a) to make a request for access to voluntary assisted dying; or
- (b) to access voluntary assisted dying.

Penalty for this subsection: imprisonment for 7 years.

Summary conviction penalty for this subsection: imprisonment for 3 years and a fine of \$36 000.

101. Inducing self-administration of prescribed substance

A person commits a crime if the person, by dishonesty, undue influence or coercion, induces another person to self-administer a prescribed substance.

Penalty: imprisonment for life.

1 **102. False or misleading information**

2 (1) A person commits a crime if the person does anything set out in
3 subsection (2) —

4 (a) in, or in connection with, a form, declaration or other
5 document required under this Act; or

6 (b) in compliance, or purported compliance, with a
7 requirement under this Act; or

8 (c) for any other purpose under this Act.

9 Penalty for this subsection: imprisonment for 7 years.

10 Summary conviction penalty for this subsection: imprisonment
11 for 3 years and a fine of \$36 000.

12 (2) The things to which subsection (1) applies are making a
13 statement or giving information that —

14 (a) the person knows is false or misleading in a material
15 particular; or

16 (b) omits anything without which the statement or
17 information is, to the person's knowledge, misleading in
18 a material particular.

19 **103. Advertising Schedule 4 or 8 poison as voluntary assisted**
20 **dying substance**

21 A person commits a crime if the person advertises a Schedule 4
22 poison or Schedule 8 poison as a voluntary assisted dying
23 substance.

24 Penalty: imprisonment for 3 years and a fine of \$36 000.

25 **104. Cancellation of document presented as prescription**

26 (1) This section applies if —

27 (a) an authorised supplier is given a document that is
28 presented as a prescription for a voluntary assisted dying
29 substance; and

s. 105

- 1 (b) the authorised supplier is satisfied that the document —
2 (i) does not comply with section 70; or
3 (ii) is not issued by the coordinating practitioner for
4 the patient to whom it relates; or
5 (iii) is false in a material particular.

- 6 (2) The authorised supplier must —
7 (a) cancel the document by marking the word “cancelled”
8 across it; and
9 (b) inform the CEO that the document has been cancelled
10 and of the reasons for cancelling it.

11 Penalty for this subsection: imprisonment for 12 months.

12 **105. Contact person to give unused or remaining substance to**
13 **authorised disposer**

- 14 (1) If a patient revokes a self-administration decision after an
15 authorised supplier has supplied a prescribed substance for the
16 patient, the contact person for the patient must, as soon as
17 practicable and in any event within 14 days after the day on
18 which the decision is revoked, give the prescribed substance to
19 an authorised disposer.

20 Penalty for this subsection: imprisonment for 12 months.

- 21 (2) If a patient who has made a self-administration decision dies
22 and the patient’s death occurs after an authorised supplier has
23 supplied a prescribed substance for the patient, the contact
24 person for the patient must, as soon as practicable and in any
25 event within 14 days after the day on which the patient dies,
26 give any unused or remaining substance to an authorised
27 disposer.

28 Penalty for this subsection: imprisonment for 12 months.

- 29 (3) In subsection (2) the reference to any unused or remaining
30 substance is a reference to any prescribed substance that the
31 contact person knows is unused or remaining after the patient’s
32 death.

1 **106. Recording, use or disclosure of information**

2 (1) A person must not, directly or indirectly, record, use or disclose
3 information obtained by the person because of a function that
4 the person has, or at any time had, under this Act.

5 Penalty for this subsection: imprisonment for 12 months.

6 (2) Subsection (1) does not apply to the recording, use or disclosure
7 of information —

8 (a) for the purpose of performing a function under this Act;
9 or

10 (b) as required or allowed under this Act or another written
11 law; or

12 (c) under an order of a court or other person or body acting
13 judicially; or

14 (d) for the purpose of a proceeding under Part 5 or another
15 proceeding before a court or other person or body acting
16 judicially; or

17 (e) for the purpose of the investigation of a suspected
18 offence or the conduct of proceedings against a person
19 for an offence; or

20 (f) with the written consent of —

21 (i) the person to whom the information relates; or

22 (ii) an executor or administrator of the estate of that
23 person.

24 (3) Subsection (1) does not apply to the recording, use or disclosure
25 of statistical or other information that is not personal
26 information.

27 **107. Publication of personal information concerning proceeding**
28 **before Tribunal**

29 (1) In this section —

30 *information about a proceeding* means information about —

31 (a) a proceeding before the Tribunal under Part 5; or

s. 108

1 (b) a decision or order (however described) of the Tribunal
2 in a proceeding under that Part;

3 ***publish*** means to disseminate to the public or a section of the
4 public by any means, including the following —

- 5 (a) in a newspaper or periodical publication;
6 (b) by radio broadcast, television, a website, an online
7 facility or other electronic means.

8 (2) A person must not publish information about a proceeding in a
9 form that discloses personal information about any of the
10 following —

- 11 (a) a party to the proceeding;
12 (b) a person who has appeared before the Tribunal in the
13 proceeding;
14 (c) the coordinating practitioner for the patient if the
15 coordinating practitioner is not a party to the
16 proceeding;
17 (d) the consulting practitioner for the patient if the
18 consulting practitioner is not a party to the proceeding;
19 (e) a former coordinating practitioner or consulting
20 practitioner for the patient if the person is not a party to
21 the proceeding;
22 (f) if the role of administering practitioner for the patient
23 has been transferred under section 63(2), a person to
24 whom the role has been transferred.

25 Penalty for this subsection: imprisonment for 12 months.

26 **108. Failure to give form to Board**

27 A person who contravenes a provision of this Act listed in the
28 Table commits an offence.

29 Penalty: a fine of \$10 000.

1

Table

s. 29(2)	s. 33(1)
s. 40(2)	s. 46
s. 50(1)	s. 51(4)
s. 57(3)(c)	s. 60(1)(b)
s. 61(4)	s. 63(3)(c)
s. 66(4)	s. 74(3)
s. 76(3)	s. 78(3)
s. 82(2)	s. 82(5)
s. 157(4)(c)	

Part 7 — Enforcement

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29

109. Application of *Medicines and Poisons Act 2014* Part 7

- (1) The provisions of the *Medicines and Poisons Act 2014* Part 7 Divisions 1 to 5 (the *applied provisions*) apply, for the purposes of the enforcement of this Act, with the modifications set out in subsections (2) to (7) and any other necessary modifications.
- (2) References in the applied provisions to “this Act” are to be read as references to this Act.
- (3) References in the applied provisions to “the CEO” are to be read as references to the CEO as defined in section 5 of this Act.
- (4) Section 94 is to be read as if “or the *Medicines and Poisons Act 2014*” were inserted after “the *Misuse of Drugs Act 1981*”.
- (5) Section 95(1) is to be read as if section 95(1)(c) were deleted.
- (6) Section 101 is to be read as if section 101(1)(a) and (2) were deleted.
- (7) Section 103 is to be read as if section 103(2) and (3) were replaced by the following provision —
 - (2) An investigator who enters a place under section 102(1) is entitled under this section to seize any patient records or data relating to a patient.
- (8) Any definition in the *Medicines and Poisons Act 2014* of a term used in the applied provisions also applies for the purposes of the application of those provisions under subsection (1).

110. Court to notify CEO of conviction of offence under Act

If a court convicts a person of an offence under this Act, the registrar of the court must notify the CEO of the conviction and the penalty imposed.

1 **111. Who may commence proceedings for simple offence**

2 A prosecution for a simple offence under this Act can only be
3 commenced by the CEO or by a person authorised by the CEO
4 to do so.

5 **112. Time limit for prosecution of simple offence**

6 (1) A prosecution for a simple offence under this Act must be
7 commenced within 2 years after the day on which the offence is
8 alleged to have been committed.

9 (2) However, if a prosecution notice alleging an offence specifies
10 the day on which evidence of the alleged offence first came to
11 the attention of a person authorised under section 111 to
12 commence the prosecution —

13 (a) the prosecution may be commenced within 2 years after
14 that day; and

15 (b) the prosecution notice need not contain particulars of the
16 day on which the offence is alleged to have been
17 committed.

18 (3) The day on which evidence first came to the attention of a
19 person authorised under section 111 to commence a prosecution
20 is, in the absence of evidence to the contrary, the day specified
21 in the prosecution notice.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Part 8 — Protection from liability

113. Protection for persons assisting access to voluntary assisted dying or present when substance administered

A person does not incur any criminal liability if the person —

- (a) in good faith, assists another person to request access to, or access, voluntary assisted dying in accordance with this Act; or
- (b) is present when another person self-administers or is administered a prescribed substance in accordance with this Act.

114. Protection for persons acting in accordance with Act

- (1) This section applies if a person, in good faith and with reasonable care and skill, does a thing —
 - (a) in accordance with this Act; or
 - (b) believing on reasonable grounds that the thing is done in accordance with this Act.
- (2) The person does not incur any civil liability, or any criminal liability under this Act, for doing the thing.
- (3) The doing of the thing is not to be regarded as —
 - (a) a breach of professional ethics or standards or any principles of conduct applicable to the person’s employment; or
 - (b) professional misconduct or unprofessional conduct.
- (4) In this section, a reference to the doing of a thing includes a reference to an omission to do a thing.

1 **115. Protection for certain persons who do not administer**
2 **lifesaving treatment**

3 (1) In this section —

4 *ambulance officer* means a person employed or engaged
5 (including on a voluntary basis) by the provider of an
6 ambulance service to provide medical or other assistance to
7 persons in an emergency;

8 *lifesaving treatment* means lifesaving or life-preserving medical
9 treatment;

10 *protected person* means —

11 (a) a registered health practitioner; or

12 (b) an ambulance officer; or

13 (c) a person (other than a person referred to in paragraph (a)
14 or (b)) who has a duty to administer lifesaving treatment
15 to another person.

16 (2) This section applies if a protected person, in good faith, does not
17 administer lifesaving treatment to another person in
18 circumstances where —

19 (a) the other person has not requested the administration of
20 lifesaving treatment; and

21 (b) the protected person believes on reasonable grounds that
22 the other person is dying after self-administering or
23 being administered a prescribed substance in accordance
24 with this Act.

25 (3) The protected person does not incur any civil liability or
26 criminal liability for not administering the lifesaving treatment.

27 (4) The non-administration of the lifesaving treatment is not to be
28 regarded as —

29 (a) a breach of professional ethics or standards or any
30 principles of conduct applicable to the protected
31 person's employment; or

32 (b) professional misconduct or unprofessional conduct.

1 **Part 9 — Voluntary Assisted Dying Board**

2 **Division 1 — Establishment**

3 **116. Board established**

4 A body called the Voluntary Assisted Dying Board is
5 established.

6 **117. Status**

7 The Board is an agent of the Crown and has the status,
8 immunities and privileges of the Crown.

9 **Division 2 — Functions and powers**

10 **118. Functions of Board**

11 The Board has the following functions —

- 12 (a) to monitor the operation of this Act;
- 13 (b) to provide to the Minister or the CEO, on its own
14 initiative or on request, advice, information and reports
15 on matters relating to the operation of this Act, including
16 any recommendations for the improvement of voluntary
17 assisted dying;
- 18 (c) to refer to any of the following persons or bodies any
19 matter identified by the Board in relation to voluntary
20 assisted dying that is relevant to the functions of the
21 person or body —
- 22 (i) the person holding or acting in the office of
23 Commissioner of Police under the *Police*
24 *Act 1892*;
- 25 (ii) the Registrar of Births, Deaths and Marriages
26 referred to in the *Births, Deaths and Marriages*
27 *Registration Act 1998* section 5;
- 28 (iii) the State Coroner appointed under the *Coroners*
29 *Act 1996* section 6;

- 1 (iv) the CEO;
- 2 (v) the chief executive officer of the department of
3 the Public Service principally assisting in the
4 administration of the *Prisons Act 1981*;
- 5 (vi) the Australian Health Practitioner Regulation
6 Agency established by the *Health Practitioner*
7 *Regulation National Law (Western Australia)*
8 section 23;
- 9 (vii) the Director of the Health and Disability Services
10 Complaints Office appointed under the *Health*
11 *and Disability Services (Complaints) Act 1995*
12 section 7(1);
- 13 (d) to conduct analysis of, and research in relation to,
14 information given to the Board under this Act;
- 15 (e) to collect, use and disclose information given to the
16 Board under this Act for the purposes of performing its
17 functions;
- 18 (f) any other function given to the Board under this Act.

19 **119. Powers of Board**

20 The Board has all the powers it needs to perform its functions.

21 **120. Delegation by Board**

- 22 (1) The Board may delegate any power or duty of the Board under
23 another provision of this Act to a member or to a committee
24 established under section 145.
- 25 (2) The delegation must be in writing executed by the Board.
- 26 (3) A person or committee to whom or which a power or duty is
27 delegated under this section cannot delegate the power or duty.
- 28 (4) A person or committee exercising or performing a power or
29 duty that has been delegated to the person or committee under
30 this section is taken to do so in accordance with the terms of the
31 delegation unless the contrary is shown.

- 1 (5) Nothing in this section limits the ability of the Board to perform
2 a function through a member of staff provided to the Board
3 under section 121 or an agent of the Board.

4 **Division 3 — Staff and assistance**

5 **121. Staff and services**

6 The CEO must ensure that the Board is provided with the staff,
7 services and facilities, and other resources and support, that are
8 reasonably necessary to enable it to perform its functions.

9 **122. Assistance**

- 10 (1) The Board, with the approval of the Minister, may co-opt any
11 person with special knowledge or skills to assist the Board in a
12 particular matter.
- 13 (2) A person who has been co-opted to assist the Board may attend
14 meetings of the Board and participate in its deliberations but
15 cannot vote at a meeting of the Board.

16 **Division 4 — Accountability**

17 **123. Minister may give directions**

- 18 (1) The Minister may give written directions to the Board with
19 respect to the performance of its functions, and the Board must
20 give effect to any such direction.
- 21 (2) However, a direction under subsection (1) cannot be about the
22 performance of a function in relation to a particular person or
23 matter.

24 **124. Minister to have access to information**

- 25 (1) In this section —
26 *document* includes any tape, disk or other device or medium on
27 which information is recorded or stored;

- 1 **information** means information specified, or of a description
2 specified, by the Minister that relates to the functions of the
3 Board.
- 4 (2) The Minister is entitled —
- 5 (a) to have information in the possession of the Board; and
6 (b) if the information is in or on a document, to have, and
7 make and retain copies of, that document.
- 8 (3) However, the Minister is not entitled to have personal
9 information about a person unless the person has consented to
10 the disclosure of the information.
- 11 (4) For the purposes of subsection (2), the Minister may —
- 12 (a) request the Board to give information to the Minister;
13 and
14 (b) request the Board to give the Minister access to
15 information; and
16 (c) for the purposes of paragraph (b), make use of staff
17 provided to the Board under section 121 to obtain the
18 information and give it to the Minister.
- 19 (5) The Board must comply with a request under subsection (4) and
20 make staff and facilities available to the Minister for the
21 purposes of subsection (4)(c).

Division 5 — Membership

125. Membership of Board

The Board consists of 5 members appointed by the Minister.

126. Chairperson and deputy chairperson

- (1) The Minister must designate one member to be the chairperson of the Board and another member to be the deputy chairperson of the Board.

1 (2) If the chairperson is unable to act because of illness, absence or
2 other cause or if there is no chairperson, the deputy chairperson
3 must act in the chairperson's place.

4 (3) An act or omission of the deputy chairperson acting in the
5 chairperson's place cannot be questioned on the ground that the
6 occasion to act in the chairperson's place had not arisen or had
7 ceased.

8 **127. Term of office**

9 (1) A member holds office for the term, not exceeding 3 years, that
10 is specified in the member's instrument of appointment.

11 (2) A member is eligible for reappointment.

12 **128. Casual vacancies**

13 (1) In this section —

14 *misconduct* includes conduct that renders the member unfit to
15 hold office as a member even though the conduct does not relate
16 to a duty of the office.

17 (2) The office of a member becomes vacant if the member —

18 (a) dies, resigns or is removed from office under this
19 section; or

20 (b) is, according to the *Interpretation Act 1984* section 13D,
21 a bankrupt or a person whose affairs are under
22 insolvency laws; or

23 (c) is convicted of an offence punishable by imprisonment
24 for more than 12 months; or

25 (d) is convicted of an offence under section 140.

26 (3) A member may at any time resign from office by written notice
27 given to the Minister.

28 (4) The Minister may remove a member from office on the grounds
29 of —

30 (a) neglect of duty; or

- 1 (b) misconduct or incompetence; or
2 (c) mental or physical incapacity, other than temporary
3 illness, impairing the performance of the member's
4 duties; or
5 (d) absence, without leave, from 3 consecutive meetings of
6 the Board of which the member has had notice.

7 **129. Extension of term of office during vacancy**

- 8 (1) If the office of a member becomes vacant because the member's
9 term of office expires by effluxion of time, the member
10 continues to be a member during that vacancy until the day on
11 which the vacancy is filled (whether by reappointment of the
12 member or appointment of a successor to the member).
13 (2) Subsection (1) ceases to apply if the member resigns or is
14 removed from office under section 128.
15 (3) The maximum period for which a member continues to be a
16 member under this section after the member's term of office
17 expires is 3 months.

18 **130. Alternate members**

- 19 (1) If a member other than the chairperson is unable to act because
20 of illness, absence or other cause, the Minister may appoint
21 another person as an alternate member to act temporarily in the
22 member's place.
23 (2) If the deputy chairperson is acting in the chairperson's place, the
24 Minister may appoint another person as an alternate member to
25 act temporarily in the deputy chairperson's place.
26 (3) While acting in accordance with their appointment an alternate
27 member is taken to be, and to have any entitlement of, a
28 member.
29 (4) An act or omission of an alternate member cannot be questioned
30 on the ground that the occasion for the appointment or acting
31 had not arisen or had ceased.

1 **131. Remuneration of members**

2 A member is entitled to be paid any remuneration and
3 allowances that the Minister may from time to time determine
4 on the recommendation of the Public Sector Commissioner.

5 **Division 6 — Board meetings**

6 **132. Holding meetings**

7 (1) The first meeting of the Board must be convened by the
8 chairperson, and subsequent meetings must be held at times and
9 places determined by the Board.

10 (2) A special meeting of the Board may at any time be convened by
11 the chairperson.

12 **133. Quorum**

13 A quorum for a meeting of the Board is 3 members of the
14 Board.

15 **134. Presiding member**

16 (1) The chairperson, if present, must preside at a meeting of the
17 Board.

18 (2) If neither the chairperson, nor the deputy chairperson acting in
19 the chairperson's place, is presiding under subsection (1), the
20 members present at the meeting must elect one of their number
21 to preside.

22 **135. Procedure at meetings**

23 The Board must determine its own meeting procedures to the
24 extent that they are not fixed by this Act.

25 **136. Voting**

26 (1) At a meeting of the Board each member present has a
27 deliberative vote unless section 141 prevents the member from
28 voting.

1 **141. Voting by interested member**

- 2 (1) A member who has a material personal interest in a matter that
3 is being considered by the Board —
- 4 (a) must not vote, whether at a meeting or otherwise, on the
5 matter; and
- 6 (b) must not be present while the matter is being considered
7 at a meeting.
- 8 (2) A reference in subsection (1) to a matter includes a reference to
9 a proposed resolution under section 142 in respect of the matter,
10 whether relating to that member or a different member.

11 **142. Section 141 may be declared inapplicable**

12 Section 141 does not apply if —

- 13 (a) a member has disclosed under section 140 an interest in
14 a matter; and
- 15 (b) the Board has at any time passed a resolution that —
- 16 (i) specifies the member, the interest and the matter;
17 and
- 18 (ii) states that the members voting for the resolution
19 are satisfied that the interest is so trivial or
20 insignificant as to be unlikely to influence the
21 disclosing member's conduct and should not
22 disqualify the member from considering or
23 voting on the matter.

24 **143. Quorum where s. 141 applies**

- 25 (1) Despite section 133, if a member is disqualified under
26 section 141 in relation to a matter, a quorum is present during
27 the consideration of the matter if 2 members of the Board who
28 are entitled to vote on any motion that may be moved at the
29 meeting in relation to the matter are present.
- 30 (2) The Minister may deal with a matter to the extent that the Board
31 cannot deal with it because of subsection (1).

1 **144. Minister may declare s. 141 and 143 inapplicable**

- 2 (1) The Minister may in writing declare that section 141 or 143 or
3 both of them do not apply in relation to a specified matter either
4 generally or in voting on particular resolutions.
- 5 (2) The Minister must cause a copy of a declaration made under
6 subsection (1) to be laid before each House of Parliament within
7 14 sitting days of the House after the declaration is made.

8 **Division 8 — Committees**

9 **145. Establishment of committees**

- 10 (1) The Board may establish committees to assist it in the
11 performance of its functions.
- 12 (2) The Board may discharge, alter or reconstitute a committee.
- 13 (3) The Board may —
- 14 (a) determine the functions, membership and constitution of
15 a committee; and
- 16 (b) appoint any members of the Board or other persons as it
17 thinks fit to be members of a committee.

18 **146. Directions to committee**

- 19 (1) The Board may give directions to a committee with respect to
20 its functions and procedures.
- 21 (2) A committee must comply with a direction given to it by the
22 Board.

23 **147. Committee to determine own procedures**

24 Subject to any directions of the Board and the terms of any
25 delegation under section 120, a committee may determine its
26 own procedures.

1 **148. Remuneration of committee members**

2 A member of a committee is entitled to be paid any
3 remuneration and allowances that the Minister may from time to
4 time determine on the recommendation of the Public Sector
5 Commissioner.

6 **Division 9 — Information**

7 **149. Board to send information to contact person for patient**

8 The Board must, within 2 business days after receiving a copy
9 of a contact person appointment form for a patient under
10 section 60(1)(b)(ii) or 66(4), send information to the contact
11 person for the patient that —

- 12 (a) explains the requirements under section 105 to give the
13 prescribed substance, or any unused or remaining
14 prescribed substance, to an authorised disposer; and
15 (b) outlines the support services available to assist the
16 contact person to comply with the requirements referred
17 to in paragraph (a).

18 **150. Request for information**

19 (1) The Board may request any person (including the contact person
20 for a patient) to give information to the Board to assist it in
21 performing any of its functions.

22 (2) A person may comply with a request under subsection (1)
23 despite any enactment that prohibits or restricts the disclosure of
24 the information.

25 **151. Disclosure of information**

26 The Board may, on request, disclose information (other than
27 personal information) obtained in the performance of its
28 functions to —

- 29 (a) a public authority as defined in the *Health Services*
30 *Act 2016* section 6; or

1 (b) a person or body for the purposes of education or
2 research.

3 **152. Board to record and retain statistical information**

4 (1) The Board must record and retain statistical information about
5 the following matters relating to voluntary assisted dying —

6 (a) the disease, illness or medical condition of a patient that
7 met the requirements of section 16(1)(c) (whether or not
8 the patient made a final request);

9 (b) if a patient has died after self-administering or being
10 administered a voluntary assisted dying substance in
11 accordance with this Act, the age of the patient on the
12 day the patient died;

13 (c) participation in the request and assessment process, and
14 access to voluntary assisted dying, by patients who are
15 regional residents;

16 (d) a matter specified in a direction under subsection (2).

17 (2) The Minister may give a written direction to the Board requiring
18 it —

19 (a) to record and retain statistical information about a matter
20 relating to voluntary assisted dying specified in the
21 direction; and

22 (b) to include that statistical information in its report under
23 section 155(1).

24 (3) The Board must give effect to a direction under subsection (2).

25 **Division 10 — Miscellaneous**

26 **153. Board to notify receipt of forms**

27 (1) The Board must, as soon as practicable after receiving a form or
28 a copy of a form from a person under this Act, notify the person
29 that it has been received.

- 1 (2) The Board must, as soon as practicable after receiving a copy of
2 an authorised disposal form or practitioner disposal form, give a
3 copy of that form to the CEO.

4 **154. Execution of documents by Board**

- 5 (1) A document is duly executed by the Board if it is signed on
6 behalf of the Board by 2 members authorised to do so under
7 subsection (2).
- 8 (2) The Board may authorise any of its members to sign documents
9 on behalf of the Board, either generally or subject to the
10 conditions that are specified in the authorisation.
- 11 (3) A document purporting to be executed in accordance with this
12 section is to be presumed to be duly executed until the contrary
13 is shown.

14 **155. Annual report**

- 15 (1) The Board must, within 6 months after the end of each financial
16 year, prepare and give to the Minister a report on the operation
17 of this Act during that financial year.
- 18 (2) The report must include —
- 19 (a) any recommendations that the Board considers
20 appropriate in relation to voluntary assisted dying; and
- 21 (b) any information that the Board considers relevant to the
22 performance of its functions; and
- 23 (c) the number of any referrals made by the Board under
24 section 118(c); and
- 25 (d) the text of any direction given to the Board under
26 section 123(1) or 152(2); and
- 27 (e) details of any disclosure under section 140(1) that
28 relates to a matter dealt with in the report and of any
29 resolution under section 142 in respect of the disclosure;
30 and

- 1 (f) statistical information that the Board is directed under
2 section 152(2) to include in the report; and
- 3 (g) information about the extent to which regional residents
4 had access to voluntary assisted dying, including
5 statistical information recorded and retained under
6 section 152(1)(c), and having regard to the access
7 standard under section 156.
- 8 (3) The report must not include —
- 9 (a) personal information about a patient, medical
10 practitioner or other person who has participated in the
11 request and assessment process or the process for
12 accessing voluntary assisted dying under Part 4; or
- 13 (b) information that would prejudice —
- 14 (i) any criminal investigation or criminal
15 proceeding; or
- 16 (ii) any civil proceeding; or
- 17 (iii) any proceeding in the Coroner’s Court of
18 Western Australia.
- 19 (4) The Minister must cause a copy of the report to be laid before
20 each House of Parliament within 6 sitting days of the House
21 after the day on which the Minister receives the report.

Part 10 — Access standard

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17

156. Standard about access to voluntary assisted dying

- (1) The CEO must issue a standard (the *access standard*) setting out how the State intends to facilitate access to voluntary assisted dying for persons ordinarily resident in Western Australia, including how the State intends to facilitate those persons' access to —
 - (a) the services of medical practitioners and other persons who carry out functions under this Act; and
 - (b) prescribed substances; and
 - (c) information about accessing voluntary assisted dying.
- (2) The access standard must specifically set out how the State intends to facilitate access to voluntary assisted dying for regional residents.
- (3) The CEO may modify or replace the access standard.
- (4) The CEO must publish the access standard on the Department's website.

Part 11 — General

1

2 **157. Transfer of coordinating practitioner's role**

3 (1) The coordinating practitioner for a patient (the *original*
4 *practitioner*) may transfer the role of coordinating practitioner
5 to the consulting practitioner for the patient if —

6 (a) the consulting practitioner has assessed the patient as
7 eligible for access to voluntary assisted dying; and

8 (b) the consulting practitioner accepts the transfer of the
9 role.

10 (2) The transfer of the role can be —

11 (a) at the request of the patient; or

12 (b) on the original practitioner's own initiative.

13 (3) Within 2 business days after being requested by the original
14 practitioner to accept a transfer under subsection (1), the
15 consulting practitioner must inform the original practitioner
16 whether the consulting practitioner accepts or refuses the
17 transfer of the role.

18 (4) If the consulting practitioner accepts the transfer of the role, the
19 original practitioner must —

20 (a) inform the patient of the transfer; and

21 (b) record the transfer in the patient's medical record; and

22 (c) within 2 business days after the acceptance of the
23 transfer, complete the approved form (the *coordinating*
24 *practitioner transfer form*) and give a copy of it to the
25 Board.

26 (5) The coordinating practitioner transfer form must include the
27 following —

28 (a) the name, date of birth and contact details of the patient;

29 (b) the name and contact details of the original practitioner;

s. 158

- 1 (c) the name and contact details of the consulting
2 practitioner;
- 3 (d) the date when the consulting practitioner accepted the
4 transfer;
- 5 (e) the date when the patient was informed of the transfer;
- 6 (f) the signature of the original practitioner and the date
7 when the form was signed.
- 8 (6) If the consulting practitioner refuses the transfer of the role, the
9 original practitioner may —
- 10 (a) refer the patient to another medical practitioner for a
11 further consulting assessment; and
- 12 (b) transfer the role of coordinating practitioner to that
13 medical practitioner if the practitioner —
- 14 (i) accepts the referral for a further consulting
15 assessment; and
- 16 (ii) assesses the patient as eligible for access to
17 voluntary assisted dying; and
- 18 (iii) accepts the transfer of the role.
- 19 (7) On acceptance of the referral for a further consulting
20 assessment, the consulting assessment that previously assessed
21 the patient as eligible for access to voluntary assisted dying
22 becomes void.

23 **158. Communication between patient and practitioner**

- 24 (1) In this section —
- 25 *audiovisual communication* means a method of electronic
26 communication that is designed to allow people to see and hear
27 each other simultaneously.
- 28 (2) If it is not practicable for a patient to make a first request, final
29 request or administration decision in person —
- 30 (a) the patient may make the request or decision using
31 audiovisual communication; and

-
- 1 (b) the medical practitioner who receives the request or is
2 being informed of the decision may give the patient
3 advice or information in relation to the request or
4 decision using audiovisual communication.
- 5 (3) Except as provided in subsection (2)(b), a medical practitioner
6 or other registered health practitioner may give advice or
7 information to, or otherwise communicate with, a person for the
8 purposes of this Act using any method of communication
9 (including electronic communication) that the practitioner
10 considers appropriate.
- 11 (4) However, subsections (2) and (3) do not authorise the use of a
12 method of communication if, or to the extent that, the use is
13 contrary to or inconsistent with a law of the Commonwealth.
- 14 **159. Information about voluntary assisted dying**
- 15 (1) In this section —
16 *authorised official* means —
17 (a) the CEO; or
18 (b) a public service officer employed in the Department; or
19 (c) a person designated as an authorised official under
20 subsection (2).
- 21 (2) The CEO may, in writing, designate persons, or persons in a
22 class, as authorised officials for the purposes of this section.
- 23 (3) An authorised official may make information about voluntary
24 assisted dying publicly available.
- 25 (4) Information may be made available under this section using any
26 method of communication (including electronic
27 communication) that the authorised official considers
28 appropriate.
- 29 (5) However, subsection (4) does not authorise the use of a method
30 of communication if, or to the extent that, the use is contrary to
31 or inconsistent with a law of the Commonwealth.

s. 160

1 **160. CEO may approve training**

2 The CEO may approve training relating to the following
3 matters —

- 4 (a) the operation of this Act in relation to medical
5 practitioners and nurse practitioners, including the
6 functions of coordinating practitioners, consulting
7 practitioners and administering practitioners;
- 8 (b) assessing whether or not a patient meets the eligibility
9 criteria;
- 10 (c) identifying and assessing risk factors for abuse or
11 coercion;
- 12 (d) other matters relating to the operation of this Act.

13 **161. CEO may approve forms**

14 The CEO may approve forms for use under this Act.

15 **162. Interpreters**

16 (1) In this section —

17 *health facility* means any of the following —

- 18 (a) a hospital as defined in the *Health Services Act 2016*
19 section 8;
- 20 (b) a private psychiatric hostel as defined in the *Private*
21 *Hospitals and Health Services Act 1927* section 2(1);
- 22 (c) premises where residential care, as defined in the *Aged*
23 *Care Act 1997* (Commonwealth) section 41-3, is
24 provided;
- 25 (d) premises, other than a private residence, where
26 accommodation and personal care or nursing care, or
27 both, are provided to a person with a disability;

28 *interpreter*, for a patient, means an interpreter who assists a
29 patient in relation to —

- 30 (a) the request and assessment process; or

- 1 (b) the process for accessing voluntary assisted dying under
2 Part 4; or
- 3 (c) a proceeding under Part 5.
- 4 (2) An interpreter for a patient —
- 5 (a) must be accredited by a body approved by the CEO; and
- 6 (b) must not —
- 7 (i) be a family member of the patient; or
- 8 (ii) know or believe that they are a beneficiary under
9 a will of the patient or that they may otherwise
10 benefit financially or in any other material way
11 from the death of the patient; or
- 12 (iii) be an owner of, or be responsible for the
13 day-to-day management and operation of, any
14 health facility at which the patient is being
15 treated or resides; or
- 16 (iv) be a person who is directly involved in providing
17 health services or professional care services to
18 the patient.

19 **163. Regulations**

20 The Governor may make regulations prescribing matters
21 necessary or convenient to be prescribed for giving effect to this
22 Act.

23 **164. Review of Act**

- 24 (1) The Minister must review the operation and effectiveness of this
25 Act, and prepare a report based on the review —
- 26 (a) as soon as practicable after the 2nd anniversary of the
27 day on which this section comes into operation; and
- 28 (b) after that, at intervals of not more than 5 years.

s. 164

- 1 (2) The Minister must cause the report to be laid before each House
2 of Parliament as soon as practicable after it is prepared, but not
3 later than 12 months after the 2nd anniversary or the expiry of
4 the period of 5 years, as the case may be.

1 **Part 12 — Consequential amendments to other Acts**

2 **Division 1 — *Constitution Acts Amendment Act 1899* amended**

3 **165. Act amended**

4 This Division amends the *Constitution Acts Amendment*
5 *Act 1899*.

6 **166. Schedule V amended**

7 In Schedule V Part 3 before the item relating to the Waste
8 Authority insert:

9
10 The Voluntary Assisted Dying Board established by the *Voluntary*
11 *Assisted Dying Act 2019*.

12
13 **Division 2 — *Coroners Act 1996* amended**

14 **167. Act amended**

15 This Division amends the *Coroners Act 1996*.

16 **168. Section 3A inserted**

17 After section 3 insert:

18
19 **3A. Death under *Voluntary Assisted Dying Act 2019* not**
20 **reportable death**

21 (1) Despite the definition of *reportable death* in section 3,
22 a Western Australian death of a person who has
23 self-administered, or has been administered, a
24 voluntary assisted dying substance in accordance with
25 the *Voluntary Assisted Dying Act 2019* is not a
26 reportable death for the purposes of this Act.

Voluntary Assisted Dying Bill 2019

Part 12 Consequential amendments to other Acts

Division 3 Guardianship and Administration Act 1990 amended

s. 169

- 1 (2) Subsection (1) does not apply to a Western Australian
2 death of a person who immediately before death was a
3 person held in care.
4

5 **Division 3 — *Guardianship and Administration***
6 ***Act 1990* amended**

7 **169. Act amended**

8 This Division amends the *Guardianship and Administration*
9 *Act 1990*.

10 **170. Section 3B inserted**

11 At the end of Part 1 insert:
12

13 **3B. Act does not authorise decisions about voluntary**
14 **assisted dying**

15 Nothing in this Act authorises the making of a
16 treatment decision, whether in an advance health
17 directive or otherwise, in relation to voluntary assisted
18 dying as defined in the *Voluntary Assisted Dying*
19 *Act 2019* section 5.
20

21 **Division 4 — *Health and Disability Services (Complaints)***
22 ***Act 1995* amended**

23 **171. Act amended**

24 This Division amends the *Health and Disability Services*
25 *(Complaints) Act 1995*.

1 **172. Section 3 amended**

2 In section 3 in the definition of *health service* paragraph (b)
3 delete “including palliative health care; and” and insert:

4
5 including —

- 6 (i) palliative health care; and
7 (ii) voluntary assisted dying as defined in
8 the *Voluntary Assisted Dying Act 2019*
9 section 5;

10 and
11

12 **Division 5 — Medicines and Poisons Act 2014 amended**

13 **173. Act amended**

14 This Division amends the *Medicines and Poisons Act 2014*.

15 **174. Section 3 amended**

16 (1) In section 3 insert in alphabetical order:

17
18 *voluntary assisted dying substance* means a
19 Schedule 4 or 8 poison that is a voluntary assisted
20 dying substance as defined in the *Voluntary Assisted*
21 *Dying Act 2019* section 7(2).
22

23 (2) In section 3 in the definition of *veterinary surgeon* delete
24 “1960.” and insert:

25
26 *1960*;
27

1 **175. Section 7 amended**

2 (1) In section 7(1) delete the definition of *prescriber* and insert:

3

4 *prescriber* means —

5 (a) in relation to a Schedule 4 or 8 poison (other
6 than a voluntary assisted dying substance
7 prescribed for the purposes of the *Voluntary*
8 *Assisted Dying Act 2019*) — an authorised
9 health professional who has authority to
10 prescribe the poison; or

11 (b) in relation to a voluntary assisted dying
12 substance prescribed for the purposes of the
13 *Voluntary Assisted Dying Act 2019* — a person
14 who is authorised by that Act to prescribe the
15 substance;

16

17 (2) In section 7(1) in the definition of *prescription*:

18 (a) delete paragraph (a) and insert:

19

20 (a) sets out particulars of the poison, or a substance
21 that contains the poison, that is —

22 (i) to be used by, or administered to, a
23 person named in the document for
24 therapeutic purposes or for the purposes
25 of the *Voluntary Assisted Dying*
26 *Act 2019*; or

27 (ii) to be administered to an animal
28 described in the document for
29 therapeutic purposes;

30 and

31

- 1 (b) delete paragraph (c) and insert:
2
3 (c) complies with —
4 (i) any requirements prescribed by the
5 regulations; or
6 (ii) if the poison is a voluntary assisted
7 dying substance that is to be used or
8 administered for the purposes of the
9 *Voluntary Assisted Dying Act 2019*, any
10 requirements under that Act or
11 prescribed by the regulations to the
12 extent they are consistent with that Act.
13
- 14 (3) In section 7(3):
15 (a) in paragraph (b)(i)(I) delete “a person — ” and insert:
16
17 a person or for the use of, or administration to, a person
18 under the *Voluntary Assisted Dying Act 2019* —
19
20 (b) in paragraph (b)(ii) after “obtain” insert:
21
22 or receive
23
- 24 **176. Section 14 amended**
25 (1) In section 14(1) delete the passage that begins with “unless” and
26 ends with “in accordance with the regulations.” and insert:
27
28 unless subsection (1A) is complied with.
29

Voluntary Assisted Dying Bill 2019

Part 12 Consequential amendments to other Acts

Division 5 Medicines and Poisons Act 2014 amended

s. 176

- 1 (2) After section 14(1) insert:
2
- 3 (1A) This subsection is complied with —
- 4 (a) in the case of the manufacture of a Schedule 4
5 or 8 poison, if the person who manufactures the
6 poison does so —
- 7 (i) under and in accordance with an
8 appropriate licence or a professional
9 authority; and
- 10 (ii) in accordance with the regulations;
- 11 or
- 12 (b) in the case of the supply of a Schedule 4 or 8
13 poison (other than the supply of a voluntary
14 assisted dying substance for the purposes of the
15 *Voluntary Assisted Dying Act 2019*), if the
16 person who supplies the poison does so —
- 17 (i) under and in accordance with an
18 appropriate licence or a professional
19 authority; and
- 20 (ii) in accordance with the regulations;
- 21 or
- 22 (c) in the case of the supply of a voluntary assisted
23 dying substance for the purposes of the
24 *Voluntary Assisted Dying Act 2019*, if —
- 25 (i) the person who supplies the substance is
26 authorised by that Act to supply it; and
- 27 (ii) the supply is in accordance with that
28 Act.
29

- 1 (3) In section 14(3) delete the passage that begins with “unless — ”
2 and ends with “in accordance with the regulations.” and insert:
3
4 unless subsection (3A) is complied with.
5
6 (4) After section 14(3) insert:
7
8 (3A) This subsection is complied with —
9 (a) in the case of the prescription of a Schedule 4
10 or 8 poison (other than the prescription of a
11 voluntary assisted dying substance for the
12 purposes of the *Voluntary Assisted Dying*
13 *Act 2019*), if —
14 (i) the person who prescribes the poison is
15 a health professional who is authorised
16 under section 25 to prescribe the poison;
17 and
18 (ii) the prescription is in accordance with
19 the regulations;
20 or
21 (b) in the case of the prescription of a voluntary
22 assisted dying substance for the purposes of the
23 *Voluntary Assisted Dying Act 2019*, if —
24 (i) the person who prescribes the substance
25 is authorised by that Act to prescribe the
26 substance; and
27 (ii) the prescription is in accordance with
28 that Act and the regulations to the extent
29 they are consistent with that Act.
30

Voluntary Assisted Dying Bill 2019

Part 12 Consequential amendments to other Acts

Division 5 Medicines and Poisons Act 2014 amended

s. 177

1 (5) In section 14(4)(i) after “1981” insert:

2

3 or the *Voluntary Assisted Dying Act 2019*

4

5 **177. Section 28 amended**

6 After section 28(1)(a)(ii) insert:

7

8 (ia) the *Voluntary Assisted Dying Act 2019*;

9

10 **178. Section 83 amended**

11 After section 83(2) insert:

12

13 (3) Regulations referred to in subsection (1) cannot make
14 provision in relation to the supply or prescription, for
15 the purposes of the *Voluntary Assisted Dying Act 2019*,
16 of a drug of addiction that is a voluntary assisted dying
17 substance.

18

19 **179. Section 115 amended**

20 In section 115(1)(a):

21 (a) in subparagraph (iii) delete “substance,” and insert:

22

23 substance; or

24

25 (b) after subparagraph (iii) insert:

26

27 (iv) a voluntary assisted dying substance
28 prescribed, supplied, possessed or used
29 for the purposes of the *Voluntary*
30 *Assisted Dying Act 2019*,

31

1 **Division 6 — *Misuse of Drugs Act 1981* amended**

2 **180. Act amended**

3 This Division amends the *Misuse of Drugs Act 1981*.

4 **181. Section 5C inserted**

5 At the end of Part I insert:

6

7 **5C. Authorisation under *Voluntary Assisted Dying***
8 ***Act 2019***

- 9 (1) For the purposes of this Act, a person is authorised
10 under the *Voluntary Assisted Dying Act 2019* to
11 prepare, sell or supply a prohibited drug if —
- 12 (a) the person is authorised by section 58, 59, 63
13 or 67 of that Act to prepare or supply the drug;
14 and
- 15 (b) the preparation or supply is in accordance with
16 that Act.
- 17 (2) For the purposes of this Act, a person is authorised
18 under the *Voluntary Assisted Dying Act 2019* to
19 possess a prohibited drug if —
- 20 (a) the person is authorised by section 58, 59, 63,
21 67, 75 or 77 of that Act to receive or possess
22 the drug; and
- 23 (b) the receipt or possession is in accordance with
24 that Act.
- 25 (3) For the purposes of this Act, a person is authorised
26 under the *Voluntary Assisted Dying Act 2019* to use a
27 prohibited drug if —
- 28 (a) the person is authorised by section 58 or 59 of
29 that Act to prepare, self-administer or
30 administer the drug; and

Voluntary Assisted Dying Bill 2019

Part 12 Consequential amendments to other Acts

Division 6 Misuse of Drugs Act 1981 amended

s. 182

1 (b) the preparation, self-administration or
2 administration is in accordance with that Act.
3

4 **182. Section 5 amended**

5 In section 5(3):

6 (a) after paragraph (a) insert:

7
8 (aa) that the preparation, sale or supply of the drug
9 was by a person authorised under the *Voluntary*
10 *Assisted Dying Act 2019* to prepare, sell or
11 supply the drug; or
12

13 (b) in paragraph (b) delete “Act or the *Medicines and*
14 *Poisons Act 2014*” and insert:

15
16 Act, the *Medicines and Poisons Act 2014* or the
17 *Voluntary Assisted Dying Act 2019*
18

19 **183. Section 6 amended**

20 (1) In section 6(3)(a) and (b) delete “Act or the *Medicines and*
21 *Poisons Act 2014*” and insert:

22
23 Act, the *Medicines and Poisons Act 2014* or the *Voluntary*
24 *Assisted Dying Act 2019*
25

26 (2) In section 6(4) and (5) delete “Act or the *Medicines and Poisons*
27 *Act 2014.*” and insert:

28
29 Act, the *Medicines and Poisons Act 2014* or the *Voluntary*
30 *Assisted Dying Act 2019.*
31

1 **184. Section 7 amended**

2 In section 7(3)(a) and (b) delete “Act or the *Medicines and*
3 *Poisons Act 2014*” and insert:

4
5 *Act, the Medicines and Poisons Act 2014 or the Voluntary*
6 *Assisted Dying Act 2019*
7

8 **185. Section 7B amended**

9 In section 7B(7)(a) and (b)(i) delete “Act or the *Medicines and*
10 *Poisons Act 2014*” and insert:

11
12 *Act, the Medicines and Poisons Act 2014 or the Voluntary*
13 *Assisted Dying Act 2019*
14

15 **186. Section 27 amended**

16 In section 27(1):

17 (a) in paragraph (a)(ii) delete “Act or under the *Medicines*
18 *and Poisons Act 2014*” and insert:

19
20 *Act, the Medicines and Poisons Act 2014 or the*
21 *Voluntary Assisted Dying Act 2019*
22

23 (b) in paragraph (b) delete “Act or by or under the
24 *Medicines and Poisons Act 2014*” and insert:

25
26 *Act, the Medicines and Poisons Act 2014 or the*
27 *Voluntary Assisted Dying Act 2019*
28

29

Defined terms

*[This is a list of terms defined and the provisions where they are defined.
The list is not part of the law.]*

Defined term	Provision(s)
administering practitioner	5
administering practitioner transfer form	63(3)
administration	5
administration decision	5
administration decision and prescription form	60(1)
ambulance officer	115(1)
applied provisions	109(1)
approved form	5
approved training	5
audiovisual communication	158(1)
authorised disposal form	5, 76(1)
authorised disposer	5, 79(4)
authorised health professional	80(1)
authorised official	159(1)
authorised supplier	5, 79(2)
authorised supply form	74(1)
Board	5
business day	5
cause of death certificate	82(1)
CEO	5
completed	5, 8
consultation referral form	33(1)
consulting assessment	5
consulting assessment report form	5, 40(2)
consulting practitioner	5
contact details	5
contact person	5
contact person appointment form	5, 66(1)
coordinating practitioner	5
coordinating practitioner transfer form	157(4)
decision-making capacity	5, 6(2)
Department	5
designated period	48(1)
disability	5
document	124(1)
eligibility criteria	5
eligible applicant	83
family member	5
final request	5
final request form	50(1)

final review	5
final review form	5, 51(1)
first assessment	5
first assessment report form	5, 29(2)
first request	5
first request form	22(1)
general registration	17(1)
health care worker	10(1)
health facility	162(1)
health service	5
ineligible witness	44(1)
information	124(1)
information about a proceeding	107(1)
interpreter	162(1)
judicial member	92(1)
lifesaving treatment	115(1)
limited registration	17(1)
medical practitioner	5
medication chart	70(1)
medicine	5
member	5
metropolitan region	5
misconduct	128(1)
new practitioner	63(3)
non-judicial member	92(1)
nurse practitioner	5
original practitioner	63(1), 157(1)
palliative care and treatment	5
party to the proceeding	83
patient	5
personal information	5
practitioner administration decision	5, 56(1)
practitioner administration form	5, 61(3)
practitioner disposal form	5, 78(1)
prepare	5
prescribe	5
prescribed substance	5
prescription	5, 70(3)
professional care services	5
protected person	115(1)
provisional registration	17(1)
public sector employee	92(1)
publish	107(1)
recipient	72(1)
regional resident	5

Defined terms

registered health practitioner.....	5
request and assessment process.....	5
request for access to voluntary assisted dying	100(1)
review application.....	83
reviewed decision	83
revocation form.....	57(3)
Schedule 4 poison	69(1)
Schedule 8 poison	69(1)
self-administration decision	5, 56(1)
specialist registration	17(1)
structured administration and supply arrangement	81(1)
supply.....	5
Tribunal.....	5
unused or remaining substance	77(4)
voluntary assisted dying.....	5
voluntary assisted dying decision	6(1)
voluntary assisted dying substance	5, 7(2)
witness	61(3)
written declaration	5