



Voluntary Assisted Dying: the Australian Model

Step 1: Diagnosis of a terminal illness

Step 2: Find a Coordinating Medical Practitioner eg your GP or specialist

Step 3: Consult with your doctor – will they support you through VAD, are they VAD trained; doctor has 7 days to advise you if they will accept the role; doctor records First Request

Step 4: If your doctor says no, Care Navigators may source a new Coordinating Medical Practitioner

Step 5: First Assessment by Coordinating Medical Practitioner who will provide information about all treatment options and their likely impact

Step 6: Doctor completes First Assessment Form and advises you of the outcome

Step 7: Second Assessment by Consulting Medical Assessment, potentially a specialist in your condition; completes and submits form

Step 8: Written request, witnessed by Coordinating Medical Practitioner and two independent witnesses; witnesses must meet eligibility criteria eg not an employee of your health facility, a beneficiary in your will, your doctor

Step 9: Final Request – a waiting period between first and final requests eg 9 days

Step 10: Appoint Contact Person who manages return of any unused drugs

Step 11: Final Review completed by Coordinating Medical Practitioner to ensure all forms completed – Final Review Form submitted to VAD Review Board

Step 12: VAD Permit requested by Coordinating Medical practitioner for self administration; Health Department checks all steps and forms completed correctly before issuing VAD Permit (no VAD Permit required in WA and Qld)

Step 13: VAD substance prescription written by Coordinating Medical Practitioner and sent to pharmacy

Step 14: Pharmacy delivers substance in locked box and explains process; in Victoria these visits take approximately two hours, with two pharmacists attending

Step 15: Contact Person returns any unused substance within 15 days of the person's death, whether they used the VAD substance or not

Step 16: Coordinating Medical Practitioner may request change to practitioner administration if patient is unable to swallow by the time they intend to self administer (in some states, eg WA and Tasmania, nurses or nurse practitioners are permitted to administer the VAD substance)

Step 17: Death Certificate states cause of death as the underlying illness which made the person eligible for VAD.

See Notes below

VAD Eligibility Criteria

All criteria must be met

- 18 years old or over
- Australian citizen or permanent resident and been living in the state for 12 months; Qld and NSW Bills allow evidence of three years of residency in Australia
- have decision-making capacity – referral for further opinion if there is doubt
- diagnosed with a disease, illness or medical condition which is incurable, expected to cause death within 6 months, or 12 months for a neurodegenerative disease, and is causing suffering which cannot be relieved in a way the person finds tolerable (Qld proposes 12 months for all conditions)
- acting voluntarily in requesting voluntary assisted dying
- mental illness or a disability not a criteria for VAD; the person must have a terminal illness in addition to a mental illness or disability to be eligible

Conscientious Objection

- all states allow individual health practitioners and health service providers to conscientiously object to participate in any aspect of VAD
- Victoria, WA and Tasmania have no provision for institutions to conscientiously object
- SA allows private hospitals to adopt a policy of conscientiously objecting to VAD on their premises
- SA allows residential aged care centres managed by faith based institutions to conscientiously object to VAD, however they must allow all residents to manage their own health and end of life care, including VAD, in their room or residence
- Queensland VAD Bill allows faith based institutions to conscientiously object, but they must allow VAD in both private hospitals and residential aged care (note that this is not yet law).

Telehealth

- All consultations are in person
- Advice has been provided that medical practitioners risk being charged under the Commonwealth Criminal Code if telehealth is used for VAD consultations

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