



Voluntary assisted dying

Voluntary assisted dying is a complex social and health issue that continues to be debated by the health professions and the community. Those contributing to the debate include: nurses, doctors and midwives; those seeking to end their lives due to pain and illness; advocates for voluntary assisted dying; ethicists; disability advocates; religious organisations; and the broader community.

For the purposes of this position statement voluntary assisted dying is defined as: a regulated intervention by an authorised health practitioner, either providing the person with the means to end their life or (if the person is unable to do so) ending the person's life with the primary intent of relieving pain and/or suffering, at the person's voluntary, repeated, and fully informed request.

The advent of modern medical technology has made it possible to artificially prolong life, and treat conditions which were previously rapidly terminal. This has resulted in a growing number of people who may experience pain and suffering towards the end of life. Palliative care services are able to effectively and compassionately support the overwhelming majority of these people, including through the provision of medicines and other interventions that reduce symptoms and maximise quality of life.

For a very small minority of people though, even expert palliative care is not sufficient to satisfactorily manage their terminal symptoms. This has led to calls from people near the end of their life and their advocates for an additional option for those who choose to take it. The first case where law around assisting another person to die were challenged was in the Northern Territory, '*Rights of the Terminally Ill Act of 1996*', which was overturned by the Australian Government. Since then a number of countries around the world have adopted various models of assisted dying legislation, including the Netherlands, Belgium, Switzerland, Canada, New Zealand, Luxembourg, Colombia and some states in the USA. On 19 June 2019, Victoria's *Voluntary Assisted Dying Act* came into effect. Other Australian states and territories are also considering introduction and re-introduction of voluntary assisted dying Bill.

It is the position of the Australian Nursing and Midwifery Federation that:

1. People receiving end-of-life care have a right to maintain their dignity, comfort, and privacy, and to be cared for respectfully and with compassion. ¹
2. Nurses must provide culturally appropriate end-of-life care and recognise when efforts to prolong life may not be in the best interest of the person. ²
3. Society's approach to voluntary assisted dying should be informed by the moral and ethical dimensions of:
 - respect for self-determination;
 - concern for quality of life; and
 - compassion for those who suffer.
4. Voluntary assisted dying is only accessible in Victoria, where the *Voluntary Assisted Dying Act 2017* (Vic) (Victorian law) came into effect on 19 June, 2019.
5. Nurses and midwives are obliged by both the law and their professional standards for practice and codes of conduct, to practice within the law at all times.



6. Adult patients with decision-making capacity have a common law right to consent to or refuse medical treatment which is offered to them³. Withdrawal of medical intervention does not constitute voluntary assisted dying, and is legal. Refusal of hydration, nutrition, and/or medical treatment is not assisted dying and is legal across Australia.
7. Our membership comes from diverse cultural, religious, and ethnic backgrounds, and our members hold a range of ethical views on the subject of voluntary assisted dying. Nurses, midwives and assistants in nursing* have the right to hold their own opinion and for their opinion to be respected.
8. Nurses and midwives have a professional responsibility to stay reliably informed about the ethical, legal, professional, cultural and clinical implications of voluntary assisted dying.
9. Where a person expresses a wish for assistance to die, nurses and midwives should understand their obligations and limitations under law of this request as well as other options available to the person and ensure appropriate referrals are made to other health practitioners where indicated.
10. The Victorian law prohibits registered health practitioners, including nurses and midwives, from initiating conversations with patients about accessing the voluntary assisted dying process⁴. If a patient has already initiated discussion about voluntary assisted dying then a nurse or midwife may provide them with information⁵.
11. We have a role in providing nurses, midwives and assistants in nursing with information about issues related to voluntary assisted dying and providing a forum for members to debate those issues. Our role is also to participate in the broader public debate as a professional organisation to ensure that the nursing and midwifery voice is heard in the public and political domains.
12. In any jurisdiction where voluntary assisted dying is, or becomes legalised, nurses, midwives and assistants in nursing:
 - a) have the right to conscientiously object on moral, ethical or religious grounds, to participation or involvement in assistance with dying; and
 - b) must be legislatively protected from litigation where they are requested to assist with the process.
13. Irrespective of whether voluntary assisted dying is more widely legalised, the ANMF will continue to lobby for adequate resourcing of and equity of access to palliative care (including suitably qualified and adequate numbers of nurses and midwives) for those requesting and/or requiring palliation.
14. We support legislative reform so that competent adults who have an incurable physical illness that creates unbearable suffering shall have the right to choose to die at a time and in a manner acceptable to them and shall not be compelled to suffer beyond their wishes.
15. Legislative reform must ensure that no individual, group or organisation shall be compelled against their will to either participate or be prohibited from participating in an authorised assisted or supported death.

*The term assistant in nursing also refers to care workers (however titled)



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16. Legislative reform must ensure that it shall not be an offence to confidentially advise a sufferer regarding a voluntarily chosen death, assist or support such a death, or to be present at the time of that death.
17. Wherever legislative reform is introduced, specific criteria must provide safeguards for both the individual and those nurses and midwives involved in their care.
18. Legislative reform authorising voluntary assisted dying should only be accessible to people who have an incurable physical illness that creates unbearable suffering. The process should involve obtaining prescriptions from the treating doctor for the self-administration or assisted administration of lethal medication ending a person's life. Access to that process should only occur if the minimum following criteria are met:
The person must:
 - a) be a resident of the state or territory where the request is made;
 - b) be 18 years or older;
 - c) be deemed 'capable' of making decisions, including;
 - the ability to make and communicate healthcare decisions;
 - an appreciation of the relevant facts including medical diagnosis and prognosis;
 - awareness of the risks involved in taking the lethal medication;
 - knowledge of any feasible treatment alternatives; and
 - d) have made a voluntary, well considered, repeated and consistent requests.
19. The process must include a reporting regime (pharmacist and doctor).

Endorsed December 2007

Endorsed February 2009

Reviewed and re-endorsed May 2012

Reviewed and re-endorsed August 2015

Reviewed and re-endorsed November 2016

Reviewed August 2019

Reviewed and re-endorsed November 2019

References

1. *National Consensus Statement: essential elements for safe and high-quality end-of-life care*, Australian Commission on Safety and Quality in Health Care, 2015, Sydney, Australia.
2. *Code of conduct for nurses*, Nursing and Midwifery Board of Australia, 2018, Melbourne, Australia.
3. *Ibid*
4. *Section 8(1), Voluntary Assisted Dying Act 2017 (Vic)*
5. *Section 8(2), Voluntary Assisted Dying Act 2017 (Vic)*