

Voluntary Assisted Dying Policy

Policy Owner/Responsible Officer	Chief Operating Officer
Department	Blue Haven
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Policy Statement/Objectives

This policy outlines the principles, procedures, and responsibilities to ensure that residents and customers receive high-quality, person-centred care that respects their dignity and autonomy. All people have the right to be supported in making informed decisions and understand their medical treatment options while being treated with dignity and respect regarding their choices.

Scope

This Policy and procedure is specific to Voluntary Assisted Dying (VAD) NSW legislation.

References

- Death of a Consumer Policy and Procedure
- Deteriorating Consumer Policy and procedure
- Specialised Nursing Policy and Procedure
- Care and Services Policy and Procedure

- Choice and decision making Policy and procedure.
- Advanced care Planning Policy and procedure
- Palliative and End of Life Policy and procedure.
- Human Resources management Policy and procedure
- Employee Assistance programme
- Aged Care Act 1997
- Australian Aged Care Quality and Safety Standards 2019
- Charter of Aged Care Rights 2019
- Privacy Act 1988, Schedule 1, Australian Privacy Principles
- Australian Privacy Principles
- Poisons and Therapeutic Goods Act 1966
- Poisons and Therapeutics Goods Regulations 2002
- Public Health Act 1991
- Public Health Regulations 1991
- Voluntary Assisted Dying ACT (NSW) 2022

Consultations

- Australian Health Practitioner Regulation Agency, 'AHPRA' Professional Codes and Conduct: retrieved 16/10/2023 https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements.aspx
- ELDAC, 'Voluntary Assisted Dying': retrieved 16/10/2023 https://www.eldac.com.au/tabid/5757/Default.aspx
- New South Wales (NSW) Health, 'Voluntary Assisted Dying': https://www.health.nsw.gov.au/voluntary-assisted-dying/Pages/default.aspx
- South Australia (SA) Health 'Voluntary Assisted Dying FAQ's': retrieved 16/10/2023 https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/services/primary+and+specialised+services/voluntary+assisted+dying/voluntary+assisted+dying+faq
- Queensland (QLD) Health "Voluntary Assisted Dying Handbook": retrieved 16/10/2023 https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/voluntary-assisted-dving/information-for-healthcare-workers/handbook
- Voluntary Assisted Dying Act (NSW) (2022), No 17: retrieved 16/10/2023 https://legislation.nsw.gov.au/view/html/inforce/current/act-2022-017

Definitions

Term	Definition	
Advanced Care Plan	Advanced Care Plan can be written by the resident/ customer or on their behalf. It documents a resident/customer's values and preferences for healthcare and preferred health outcomes.	
Conscientious Objection	A conscientious objection is when a person declines to participate in a lawful process or procedure due to their personal beliefs, values, or moral concerns.	
	A healthcare worker has the right to refuse to participate in the process if they conscientiously object to voluntary assisted dying. However, registered health practitioners and speech pathologists have obligations under the Act that apply if they hold a conscientious objection.	

Care Navigator Service	The NSW Voluntary Assisted Dying Care Navigator Service (VAD-CNS) provides the NSW community with a state-wide point of contact in relation to voluntary assisted dying.
Palliative Care	Palliative care is person and family-centred care provided for a person with an active, progressive, advanced disease, who has little or no prospect of cure and who is expected to die, and for whom the primary goal is to optimise the quality of life.
Voluntary Assisted Dying (VAD)	Voluntary Assisted Dying (VAD) means an eligible person can ask for medical help to end their life. The person must be in the late stages of an advanced disease, illness or medical condition. They must also be experiencing suffering they find unbearable. 'Voluntary' means the choice must be the person's own. Only the person who wants voluntary assisted dying can ask for it. It is against the law to pressure someone to ask for voluntary assisted dying. The NSW legislation has safeguards in place to make sure the person is protected.

Variation and review

Council reserves the right to review, vary or revoke this Policy.

Review History

Date reviewed	Date adopted/ endorsed	Brief detail of amendments
	21/05/2024	New Policy endorsed

POLICY

1. Key Responsibilities

Council & Blue Haven Advisory Committee	1.1 The organisation's governing body is accountable for delivery safe and quality care, services and support to residents/customers.
2. Chief Executive Officer (CEO) & Chief Operating Officer (COO)	2.1 Accountable to the residents/customers, staff and multidisciplinary team(s) for assuring the safe, effective and high-quality delivery of healthcare across Blue Haven.
3. Manager Aged Care & Operations (MACO) / Clinical Governance Team (CGT)	3.1 Support the clinical practice guidelines developed to assist clinicians and resident/customer decisions about appropriate health care in specific circumstances.

4. Residential Services Manager (RSM)/ Care Managers (CM)	 4.1 Oversee the safe delivery of complex care by way of a skilled workforce, based on diagnosis, treatment, and care through best available evidence. 4.2 Supporting and rostering of staff who are conscientious objectors.
5. Registered Nurses (RN)	5.1 Alert residents/customers of VAD as a possibility, must also state palliative care is available and encourage the resident/ customer to discuss with their Medical Officer. 5.2 Provide VAD information when requested and encourage the resident/ customer to discuss with their Medical Officer. 5.3 Ensure the Voluntary Assisted Dying (VAD) form is updated with resident wishes and VAD processes. Inform RSM/ CM and SCL of any VAD related process. 5.4 May choose to conscientiously object to the residents'/ customers' VAD requests for involvement in the process but must not hinder their access to the service.
6.Team Leaders (TL)/ Lifestyle Team (LT)	6.1 Alert residents/customers of VAD as a possibility, must also state palliative care is available and encourage the resident/ customer to discuss with their Medical Officer. 6.2 When asked by a resident/ customer about VAD, provide information regarding VAD access and encourage the resident/ customer to discuss with their Medical Officer. 6.3 Ensure VAD records in the electronic system are kept to date with resident wishes. Inform RN of any VAD related process. 6.4 Oversee CSE's and ensure that safe, person-centred and culturally safe practices are upheld. 6.5 May choose to conscientiously object to the residents' / customers' VAD requests for involvement in the process but must not hinder their access to the service.
7. Care Service Employees (CSE)	7.1 Provide VAD information when requested and encourage the resident/ customer to discuss with their Medical Officer. 7.2 Inform RN of any requests for VAD or VAD administration processes.
	7.3 Ensure electronic system is kept to date with the VAD referral with resident wishes and VAD processes.

	7.4 May choose to conscientiously object to the resident's VAD requests for involvement in the process but must not hinder their access to the service.
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2. Overview of Voluntary Assisted Dying (VAD)

Voluntary assisted dying means an eligible person can ask for medical help to end their life. The person must be in the late stages of an advanced disease, illness, or medical condition. They must also be experiencing suffering they find unbearable.

If a person meets all the criteria and the steps set out in the law are followed, they can take or be given a voluntary assisted dying substance to bring about their death at a time they choose. The substance must be prescribed by a doctor who is eligible to provide voluntary assisted dying services.

'Voluntary' means the choice must be the person's own. Only the person who wants voluntary assisted dying can ask for it. It is against the law to pressure someone to ask for voluntary assisted dying. The NSW Legislation has safeguards in place to make sure the person is protected. Voluntary Assisted Dying (VAD) refers to the assistance provided to a person by a health practitioner to end their life. It includes:

- 1. 'self-administration', where the person takes the VAD medication themselves (this is sometimes called physician-assisted suicide or dying) and
- 2. 'practitioner administration', where the person is given the substance by a doctor (or in some Australian States, a nurse practitioner or registered nurse) (this is sometimes called voluntary euthanasia)

If a person meets all the criteria, and the process is followed, they can take or be given a voluntary assisted dying substance to bring about their death at a time they choose. The substance must be prescribed by an authorised voluntary assisted dying practitioner.

'Voluntary' means the choice must be the person's own. The person must have decision making capacity throughout the entire process to access voluntary assisted dying.

A resident /customer must remain able to provide consent and have capacity throughout the whole process of accessing VAD. If a resident is deemed to have lost capacity during the process, they will no longer be eligible to continue. This will be determined by the trained medical practitioners in VAD during the process of access.

3. Procedure

3.1. Resident request information under VAD

Staff inform the resident/customer that they must speak to their treating Medical Officer about their request and provide information regarding VAD to the resident/customer recorded on the resident/customer electronic file within the VAD form. The request must be escalated to the MACO/RSM and CM.

3.2. VAD medication storage – self administration

3.2.1. Blue Haven will ensure that the locked VAD medication box will be kept in a safe on the premises. Staff must record in the progress notes of the VAD medication storage location recorded on the resident/ customer electronic file within the VAD form.

- 3.2.2. Blue Haven staff must ensure that the resident/customer has made arrangements for the VAD pharmacy to be notified of any unused medications and which person the resident/ customer has nominated for this to occur, recorded on the resident/customer electronic file within the VAD form. The MACO/RSM and CM must be notified of the medication being on site.
- 3.2.3. The resident/customer must ensure that the VAD medication is kept within the locked medication box at all times, and this is kept in a locked cupboard that only the resident/customer has a key to. Staff are to record the location and the resident/customer has the substance in their room recorded on the resident/ customer electronic file within the VAD form

3.3. Access to premises and residents/ customers

- 3.3.1. VAD practitioners including medical professionals and pharmacists must show the RN on duty their identification for the services to be completed on site and recorded on the resident/ customer electronic file within the VAD form. Blue Haven staff must not prevent access to the practitioner. The MACO/ RSM and CM must be notified when the VAD service's professional has attended on site.
- 3.3.2. Witnesses and other support persons must also be allowed access to the premises for the implementation of VAD processes.

3.4. VAD Medication Administration

- 3.4.1. Residents/customers must agree to inform staff of their intention to take VAD medication when opting for self-administration of VAD medications. Staff must ensure that the VAD form is completed in the resident/ customer electronic record.
- 3.5. Resident requesting staff to be a witness during VAD medication administration
 - 3.5.1. Blue Haven employees are not able to be a legal witness for VAD medication administration and must decline to be involved in this process. Blue Haven staff to ensure VAD referral document is completed in resident/customer electronic record.

3.6. Staff Conscientious Objection

3.6.1. Staff who are conscientious objectors to VAD services must be relieved of care of the resident on the day that the resident/customer has chosen to take their medication, either self-administered or physician administered.

3.7. Home Care Services

- 3.7.1. Customer request for information
 - 1.7.1.1. Blue Haven staff must not prevent access to the practitioner.
 - 1.7.1.2. Blue Haven staff must not hinder customers/s request for information.
 - 1.7.1.3. Blue Haven staff are to provide information about the VAD Care Navigator Service to the customer and refer the customer to their medical practitioner for more information.
- 3.7.2. Client request staff for witness of VAD medication administration
 - 1.7.2.1. Blue Haven employees are not able to be witness VAD medication administration and must decline to be involved in this process.

Related Forms/Documents

- Australian Health Practitioner Regulation Agency, 'AHPRA' Professional Codes and Conduct: retrieved 16/10/2023 https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements.aspx
- ELDAC, 'Voluntary Assisted Dying': retrieved 16/10/2023 https://www.eldac.com.au/tabid/5757/Default.aspx
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- Queensland (QLD) Health "Voluntary Assisted Dying Handbook': retrieved 16/10/2023 https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/voluntary-assisted-dying/information-for-healthcare-workers/handbook
- Voluntary Assisted Dying Act (NSW) (2022), No 17: retrieved 16/10/2023 https://legislation.nsw.gov.au/view/html/inforce/current/act-2022-017

Attachments

Nil

Authorisation

Name: Council Resolution 24/156OC

Date: 21 May 2024