

Queensland Voluntary Assisted Dying legislation

What is the Voluntary Assisted Dying legislation?

Voluntary Assisted Dying (VAD) became lawful in Queensland on 1 January 2023. The Voluntary Assisted Dying Act 2021 (Qld) allows certain people in the late stages of advanced disease to take a substance prescribed by a doctor that will end their life, at a time and place of their choosing.

There are strict eligibility requirements and not all patients will be able to access VAD.

What is Mater's position on VAD?

Mater's position is that doctors and other healthcare practitioners should not intentionally cause the death of a person in their care and should not assist a person in taking their own life. Mater does not participate in VAD. We welcome all people to our facilities, whatever their views and beliefs. We will support our staff in being able to respond in a sensitive and open way to any person's desire to discuss or access VAD.

The Mater By-Laws for Accredited Practitioners requires adherence to the Code of Ethical Standards for Catholic Health and Aged Care, as well as all Mater policies and procedures.

No patient or consumer will be denied medical care or treatment provided by Mater because of the person's participation under the legislation.

What do I do/say when a member of the public asks about the hospital's position VAD?

Some talking points may include:

- Mater has a long-standing commitment to excellence in end-of-life care and extensive palliative and supportive care services.
- Our services always strive to ensure that those in our care die in comfort and with dignity.
- Our ethics, as defined in the Code of Ethical Standards for Catholic Health Care Services in Australia, states:
 - » Mater patients and consumers will not be denied medical care or treatment provided by Mater because of their participation under the legislation.
- Mater will not support, facilitate or provide services associated with voluntary assisted dying.
- However, Mater will not impede any person's request for information and services provided under the VAD Act 2021 (Qld).

What do I say/do if my Mater patient asks about VAD?

It is important to acknowledge the significance of such questions in a sensitive and compassionate manner. All questions should be answered openly and honestly to the best of your ability. You should inform the person that as a Mater doctor you are unable to provide services for the purpose of VAD, but there are many other end-of-life care services available at Mater.

Remind the person that even if they choose to access VAD services elsewhere, they will remain welcome at Mater for all other care needs.

Mater has a range of professional staff across multiple disciplines who have undergone Tier 1 and Tier 2 training to engage in discussions of this nature. You can refer your patient to one of these staff members for more information.

A suggested response is: "You have asked a very important question. I would like to get somebody to discuss this further with you." At each site the hospital Nurse Unit Manager will be able to assist you in finding a Tier 1 or Tier 2 staff member to meet with the patient.



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Will Mater People try to talk my patient out of their request for VAD?

It is illegal, as well as unethical, to try to persuade a person in their decision about VAD. As with any person considering their treatment options, we have a duty of care to ensure we provide patients and consumers information to help them make an informed choice. This is why Mater has a range of professionals across multiple disciplines qualified and available to engage in these discussions. These people are called Tier 1 and Tier 2 team members.

The Tier 1 response involves:

- Providing an opportunity to discuss end-of-life care options with the patient and/or their medical treatment decision maker/care giver;
- Providing access for patients to end-of-life care options consistent with Mater's Code of Ethics;
- Seeking to understand the nature of the request, clarifying whether the patient is in need of end-of-life services that Mater is able to provide and ensuring that the patient is aware of Mater's commitment to provide care to them;
- Responding to the patient request for information about VAD in a manner consistent with their capabilities and in line with our ethic of care and values;
- Notifying the Nurse Unit Manger or After-Hours Manager or Advance Care Planning Coordinator in the first instance;
- Ensuring that the admitting medical practitioner has been notified; and
- Documenting the request as per requirements.

If, after the discussion, the patient still expresses a desire to further explore VAD, information on alternatives will be provided along with clear communication that VAD is not provided in Mater facilities.

The patient may be referred to the Queensland Government VAD Support Service (Q-VAD) for further information by the Tier 1 team.

What should I say if my Mater patient asks me if they are eligible for VAD?

Medical practitioners at Mater do not need to discuss eligibility for VAD and should refer all queries of this nature to a Tier 1 team member or refer the patient to Q-VAD to discuss further.

Strict eligibility criteria can be found at health.qld.gov.au/VAD

How can I continue to care for my Mater patients if they have chosen to go down the VAD pathway?

Mater recognises its duty is to care for people across our services. No patient or consumer will be denied medical care or treatment provided by Mater because of the person's participation under the legislation.

Mater will not support, facilitate, or provide services for the assessment, prescription or administration of medication for the purposes of VAD.

Under the VAD Act, Mater must allow reasonable access to our facilities for health practitioners to provide information on VAD and other VAD services, where transfer is not possible.

You should continue to treat your patient with dignity and continue to provide compassionate care to them.

You should refrain from expressing your own personal beliefs to your patient in a way that may cause them distress.

Can I conscientiously object to caring for a Mater patient who I know to be seeking VAD or has the substance at home?

VAD is not a service that Mater will be offering and therefore you will not be required to provide, facilitate or directly participate in VAD at Mater.

What is the VAD substance?

Q-VAD is not releasing the names of the medications used for VAD to minimise any risk of abuse or misuse.

What if my patient brings the VAD substance into a Mater facility?

If a patient or consumer brings the VAD substance into a Mater facility, you should immediately notify the Nurse Unit Manager or After-Hours Manager. They will then escalate this to the Tier 2 team.

Will doctors be required to refer to another doctor who will provide services related to VAD?

The legislation does not require medical practitioners to directly refer persons seeking VAD to other medical practitioners in order to obtain access.

Doctors and VMOs providing services at Mater or on behalf of Mater are required to adhere to the Catholic Code of Ethical Standards, and therefore must not provide services related to VAD.

You can, however, refer the patient to Mater's Tier 1 team by raising the issue with a Nurse Unit Manger or After-Hours Manager.

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Will Mater transfer patients to external facilities for VAD services?

Although Mater does not provide services for VAD, we respect our patients' choice to pursue these services elsewhere in accordance with the Act and will not obstruct them. If a person wishes to go to another facility for services related to VAD, we will assist with or coordinate their transfer to an appropriate receiving provider of their choice.

Mater will continue to care for this person until such time as that care has been assumed by an appropriate receiving provider.

Can I still discuss death and dying with patients?

It is important to recognise that discussions about death and dying, including a person's desire for death, are not necessarily related to VAD and may form part of an appropriate therapeutic relationship.

Mater doctors and VMOs will not initiate conversations about VAD at our facilities. However, if your patient raises the discussion, you are free to discuss all end-of-life care services available at Mater and to refer the patient to Mater's Tier 1 team by raising the issue with a Nurse Unit Manager or After-Hours Manager.

You should continue to respond with compassion, care and with active listening as you usually would.

Some people might find this kind of discussion very difficult or upsetting. We have pastoral care practitioners, social workers and trained nursing staff available to support patients and consumers. Pastoral care practitioners and peer support are also available for our staff and visiting medical practitioners.

What should I do if I have concerns that a clinician has initiated a conversation about VAD with a patient?

Discussions about death and dying form part of normal therapeutic encounters, particularly when discussing a person's life-limiting disease.

While it is not illegal to initiate a discussion about VAD if at the same time you also inform the person about treatment options and palliative care, Mater does not permit the initiation of this conversation in its facilities.

If you believe another registered healthcare practitioner has initiated a conversation about VAD, you must escalate this to the hospital Director of Clinical Services or Executive Officer for consideration of notification to the Office of the Health Ombudsman.

What should I do if I am required to provide a death certificate for a patient under my care who has died in the community or in hospital and I know (or reasonably believe) has ingested the VAD substance?

Under the Coroner's Act 2003 (Qld) a death brought about by VAD in accordance with the Act is not a reportable death. If it is not in accordance with the Act (eg. unusual circumstances surrounding a death) then it can be reported to the coroner.

The death certificate must state the cause of death was the disease, illness or medical condition of the patient. It must not mention VAD, as per the Act and Mater's procedure.

The coordinating VAD practitioner or administering VAD practitioner must notify the Q-VAD Review Board within two business days of becoming aware of the death.

What should I do if I know (or reasonably believe) a patient is not subject to a VAD permit and has committed suicide by taking a known or unknown substance?

The death is a reportable death to the coroner as per usual processes.

Who can I contact with other questions about VAD?

Within Mater you can direct any questions or concerns to the Director of Clinical Services or Executive Officer.

Please direct any questions or concerns to the Voluntary Assisted Dying Unit by emailing: VADImplementation@health.qld.gov.au

Further Information

- [AMA position statement Euthanasia and Physician Assisted Suicide: Euthanasia and Physician Assisted Suicide 2016 | Australian Medical Association \(ama.com.au\)](#)
- [Catholic Health Australia Code of Ethical Standards: \[cha.org.au/code-of-ethical-standards\]\(http://cha.org.au/code-of-ethical-standards\)](#)
- [The Voluntary Assisted Dying Act 2021 \(QLD\) \[health.qld.gov.au/system-governance/legislation/voluntary-assisted-dying-act/voluntary-assisted-dying-substances\]\(http://health.qld.gov.au/system-governance/legislation/voluntary-assisted-dying-act/voluntary-assisted-dying-substances\)](#)
- [Requests for Voluntary Assisted Dying – State-wide Policy \[mater.org.au/VAD\]\(http://mater.org.au/VAD\)](#)