

Western Australia Voluntary Assisted Dying Act Review, December 2023

Responses to consultation questions

- 1. Provision of information to the patient (requirements include but are not limited to):**
 - Providing approved information at first request (section 20(4)(b))
 - Information to be provided if the patient is assessed as meeting eligibility criteria (sections 27 and 38)
 - Information to be given for prescribing substance (section 69).

Based on your experience with VAD, to what extent during the first two years of the operation of the Act has the objective that the person's decision is well informed been upheld by the requirements listed above?

The Society of Hospital Pharmacists of Australia (SHPA) is the national, professional organisation for the 6,100+ Hospital Pharmacists, and their Hospital Pharmacist Intern and Hospital Pharmacy Technician colleagues working across Australia's health system, advocating for their pivotal role in improving the safety and quality of medicines use. Our response to this Review is made on behalf of the SHPA Western Australian Branch Committee.

Embedded in multidisciplinary medical teams and equipped with exceptional medicines management expertise, SHPA members are progressive advocates for clinical excellence, committed to evidence-based practice and passionate about patient care. Voluntary Assisted Dying (VAD) services around the country are often a public, state-funded service, and have a multidisciplinary team of doctors, pharmacists, nurses, and care navigators. Many pharmacists working in VAD services and as VAD pharmacists are SHPA members.

Our members report that the current limitations on information sharing between Care Navigators, patients/carers and clinicians has a negative impact on the ability to provide consistently high-quality care and disadvantage highly vulnerable people. Patient privacy is very important in VAD care to balance this we suggest improving access to [WA Health's VAD Information Management System](#) (VAD- IMS) for VAD Care Navigators. This will help Care Navigators to more appropriately fulfil their role to provide support to anyone involved with voluntary assisted dying in WA including patients, the family and carers of patients, members of the community, health professionals and service providers¹. To do this the current legislation needs to be amended to recognise and define the role of Care Navigators allowing appropriate access to information about the treatment and care of their patient to avoid the duplication of information sharing between practitioners and their patients and to prevent fragmented care.

- 2. What comment do you have, if any, regarding the operation and effectiveness of the contact person role during the first two years of operation under the Act (sections 64 to 68)?**

The Contact Person is the only one who can possess, be supplied, and prepare the VAD substance². This poses logistical challenges for the administration of VAD kits particularly in situations where the person approved for VAD experiences sudden deterioration. This can result in the patient being moved for example from a residential aged care facility to receive higher care at a hospital and no longer being near their Contact Person as well as a change in the type of voluntary assisted dying substance prescribed. For example, someone who had chosen oral self-administered medications may no longer be capable of swallowing. We recommend broadening the definition of who can be a Contact Person and allowing other appropriate medical practitioners to be able to possess, supply and prepare the VAD substance.

- 3. Prescribing, supplying or disposing of voluntary assisted dying substance (Part 4 sections 69 to 81) What comment do you have, if any, regarding the prescription and supply processes for the**

VAD substance during the first two years of operation under the Act (sections 69 to 74, 80 and 81)?

Our members report that, for many people involved, prescribing, supplying, and disposing of the VAD substance has been a positive experience. For rural patients there are geographic barriers in accessing care. This is exacerbated by the inability to utilise most forms of telehealth for VAD. SHPA is advocating for an urgent clarification on the definition of 'suicide' in the Commonwealth Criminal Code, and the need to exempt VAD from this definition³. Many of WA's rural patients are familiar with using telehealth and will receive care via telehealth for other forms of palliative care. The inability to use audio-visual telehealth infrastructure and carriage services causes substantial delays in the provision of VAD to a patient struggling at the end of their life.

For example, a patient in a remote part of WA who had been approved for VAD subsequently deteriorated significantly and requested administration of VAD substance only to find both of his assessing medical practitioners were away in other rural areas. The VAD Pharmacy Service requires a prescription to be provided in physical form for a third practitioner to undertake the role of administering the VAD substance. There were then significant delays for the required medical practitioners to fly between destinations. In any other situation, such a prescription could be provided by fax, email, or other electronic means and consultations could have taken place using telehealth.

SHPA believes that this restriction discourages medical practitioners from participating in VAD leading to access constraints in some areas. A proposed solution to this is the introduction of dispensing off digital images of VAD prescription/supply proforma. To enable the supply of VAD substance via digital image, appropriate checks and balances to ensure patient safety is maintained would include:

- Authorised practitioner to electronically sign, or physically sign and scan the supply form
- Prescription form to be uploaded into VAD-IMS
- Verification of the prescription including contacting the prescriber for verification upon receiving the script and reporting the receipt of the script
- Capturing this process in VAD-IMS

4. What comment do you have, if any, regarding the disposal processes for the VAD substance during the first two years of operation under the Act (sections 75 to 79)? In your response, indicate what is working well and any challenges.

VAD kits need to be returned as soon as possible after the patient has changed their mind or died, including returning any remaining substance post administration. Legislation currently states that the Contact Person must have returned the VAD substance within two weeks from the patient revoking their decision, post administration of the substance or upon natural death of the patient⁴. The Contact Person is then the one who is followed up by the VAD Board to be informed when the substance has been destroyed⁵. This can cause additional distress to the Contact Person who may be grieving or otherwise vulnerable. We recommend the scope of who can return the VAD substance kits be broadened to include other appropriate medical professionals and that Pharmacists notify the VAD Board at the point of receiving the substance from the Contact Person and at the point of destruction. This supports the immediate destruction of the VAD substance at the pharmacy and means the VAD Board is following up with the pharmacist.

5. The Voluntary Assisted Dying Board Part 9 (sections 116 to 155) of the act establishes and sets out the role and powers of the VAD Board (Board)

- Ensure proper adherence to legislation
- Recommend safety and quality improvements
- Mainly advisory and monitoring functions about VAD – no investigatory or enforcement role

What comment do you have, if any, regarding the function of the Board during the first two years of operation under the Act (sections 116 to 155)?

SHPA recommends that the VAD Board address the lack of practitioner awareness on managing referrals or making active steps to progress a First Request from a patient. We recommend the VAD Board amend the



process to ensure that all patients who make a first request can be appropriately recorded and the implementation of a more streamlined reporting process whereby notification is provided to the entire VAD Care Team as soon as possible after a first request is made.

6. What comment do you have, if any, regarding the operation and effectiveness of the interpreter requirements during the first two years of operation under the Act (section 162)?

It is important that a person who intends to access voluntary assisted dying can understand what is happening at each stage of the process and can communicate their needs. Under the Voluntary Assisted Dying Act 2019, family members or friends are not allowed to act as interpreters for a person accessing voluntary assisted dying. An accredited interpreter must hold a credential issued under the National Accreditation Authority for Translators and Interpreters (NAATI) certification scheme to provide services for VAD⁶. For most other types of care, the use of audio-visual interpreting services would be entirely appropriate and is often the only option for interpretation in rural and remote areas. However, for VAD appointments the interpreter, medical practitioner and care navigator are all required to be in the same room requiring significant logistical challenges including travel costs and difficulty coordinating everyone to be in the same place at the same time.

References

¹ WA Voluntary Assisted Dying Statewide Care Navigator Service, Government of Western Australia Department of Health. (2021) Statewide Care Navigator Service. Retrieved from [WA Voluntary Assisted Dying Statewide Care Navigator Service \(health.wa.gov.au\)](https://www.health.wa.gov.au)

² VAD - Being the Contact Person, Health Networks, Health Department of Western Australia. (2021). VAD - Being the Contact Person. Retrieved from [VAD - Being the Contact Person \(health.wa.gov.au\)](https://www.health.wa.gov.au)

³ Media Release - SHPA writes to Attorney General in support of proposed VAD bill 011223.pdf [SHPA]. (2023). Media Release: SHPA writes to Attorney General in support of proposed VAD bill. Retrieved from [Media-Release---SHPA-writes-to-Attorney-General-in-support-of-proposed-VAD-bill_011223.pdf](https://www.spha.org.au)

⁴ VAD - Overview of the Process, Health Networks, Health Department of Western Australia. (2021). VAD - Overview of the Process. Retrieved from [VAD - Overview of the process \(health.wa.gov.au\)](https://www.health.wa.gov.au)

⁵ QRG Authorised Disposal v2 (health.wa.gov.au) Health Department of Western Australia. (2022). QRG Authorised Disposal v2. Retrieved from [QRG Authorised Disposal v2 \(health.wa.gov.au\)](https://www.health.wa.gov.au)

⁶ VAD- Assistance with communication, Health Networks, Health Department of Western Australia. (2021). Assistance with Communication. Retrieved from [VAD - Assistance with communication \(health.wa.gov.au\)](https://www.health.wa.gov.au)

