



3 March 2022

Stuart Weierter  
Senior Policy Analyst  
Voluntary Assisted Dying Implementation  
Department of Health - Tasmania  
Hobart TAS 7001

Dear Stuart Weierter,

**RE: Tasmanian Voluntary Assisted Dying Consultation and Information Paper – Hospital Pharmacists**

The Society of Hospital Pharmacists of Australia is the national professional organisation for more than 5,200 pharmacists, pharmacists in training, pharmacy technicians and associates working across Australia's health system. SHPA is committed to facilitating the safe and effective use of medicines, which is the core business of pharmacists, especially in hospitals.

As hospital pharmacists may well be a first point of contact from a patient requesting information about voluntary assisted dying, SHPA Tasmanian Branch welcomes the development of an information package to help support these complex conversations. SHPA Tasmanian Branch sought feedback from its members to make the following recommendations:

**1. Voluntary Assisted Dying Roles and Responsibilities**

A flow chart would better convey the voluntary assisted dying process and where each practitioner fits into it. Each practitioner such as the Primary Medical Practitioner (PMP), Consulting Medical Practitioner (CMP), Administering Health Practitioner (AHP), Voluntary Assisted Dying Commission (VAD), Government Pharmacy, Pharmacist and Patient could be represented using different images.

For the purposes of transparency and clarity, it would be useful to show the complete process end to end. The process currently ends with the pharmacist supplying medication to the PMP. Members would appreciate having information on each of the roles and responsibilities of those involved with the Voluntary Assisted Dying process. Clarification should be provided on how a pharmacist would provide counselling to patients involved in the Voluntary Assisted Dying program.

**2. Method of Administration**

Pharmacists feel that patients would like to know and discuss the method of administration of the medicines used within the Voluntary Assisted Dying program. To support them, members ask if this information could be provided in the context of the different administration pathways e.g. patient self-administered or practitioner administered.

**3. Empathy and Moral Objections**

Further resources may be required for pharmacists on how to approach the topic within a broad range of cultural contexts with empathy and compassion. Members raised the question if there will be an abbreviated information package available for those pharmacists that do not wish to participate in any discussion about the program but are required to know their legal obligation including referral to other practitioners. This may



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be similar to the questions posed for the supply of emergency hormonal contraception in community pharmacy settings.

Given that this topic area is highly sensitive, hospital pharmacists may need to self-refer to further support services beyond the standard Employee Assistance Programs provided by employers. If these are available, links should be provided in the information package.

#### 4. Referral

Provide appropriate contact details for the service for Pharmacists who may have queries. Further queries received included factors around how the service would be run and where it would be geographically located which we feel was more relevant for those running the service and not for the commission. If you have any queries or would like to discuss our submission further, please do not hesitate to contact myself as Chair of the SHPA Tasmanian Branch on [tas@shpa.org.au](mailto:tas@shpa.org.au) or Jerry Yik, Head of Policy and Advocacy on [jyik@shpa.org.au](mailto:jyik@shpa.org.au).

Yours sincerely,



Kelly Beswick  
Chair, SHPA Tasmanian Branch

