Voluntary Assisted Dying

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Voluntary Assisted Dying Clinical Guideline for Health Practitioners

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Contents

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Purpose

This guideline supports all health professionals to understand voluntary assisted dying in South Australia and their obligations under the *Voluntary Assisted Dying Act 2021* (SA) when providing care and support to people accessing voluntary assisted dying.

This guideline sets out:

- roles and responsibilities in voluntary assisted dying
- the role of voluntary assisted dying as an end-of-life care option
- how to request voluntary assisted dying
- who is eligible to access voluntary assisted dying and how eligibility is assessed
- how voluntary assisted dying medication is prescribed, supplied, and administered.

This guideline is not intended to be exhaustive. Health professionals participating in voluntary assisted dying should:

- familiarise themselves with the Act
- familiarise themselves with any local policies and procedures at facilities where they may deliver or engage with voluntary assisted dying services
- complete the relevant voluntary assisted dying training
- utilise any related supporting documents
- draw on their existing clinical knowledge and expertise.

A list of related supporting documents is available at the end of this guideline.

Glossary of terms

Act: throughout this guideline "the Act" is used to refer to the *Voluntary Assisted Dying Act 2021* (SA).

Administration Permit: a permit issued under the Act permitting the prescription, supply, and administration of the voluntary assisted dying medication. The permit may allow self-administration or practitioner administration.

Administration request: a request made by a patient to their Coordinating Medical Practitioner for administration of the voluntary assisted dying medication.

Advance Care Directive: a legal document that empowers individuals to make clear legal arrangements for their future health care, end of life, preferred living arrangements and other personal matters. It allows individuals to appoint one or more Substitute Decision-Makers to make these decisions on their behalf if they are unable to do so in the future because of impairment of decision-making capacity. A patient's desire to access voluntary assisted dying can be included in an Advance Care Directive, but it will not be considered a request for voluntary assisted dying.

Australian Health Practitioner Regulation Agency (Ahpra): the national organisation responsible for implementing the National Registration and Accreditation Scheme for health practitioners across Australia.

Care navigator: see South Australian Voluntary Assisted Dying Care Navigator Service (SAVAD-CNS).

Carer: a person who provides informal care and support to family members or friends who have a disability, mental illness, chronic condition, terminal illness, an alcohol, or other drug issue or who are frail and/or aged.

Carriage service: defined to include the use of a telephone, email, fax, videoconference, internet, and the like.

Chief Executive: the Chief Executive of the Department for Health and Wellbeing. This person has responsibilities under the Act, including determining applications for voluntary assisted dying permits in South Australia.

Coercion: persuading someone to do something by using dishonesty, force, or threats. The term abuse is intended to include coercion. Under the Act, a patient's choice to access voluntary assisted dying must be free from coercion.

Conscientious objection: when a registered health practitioner or health service declines to participate in a treatment or procedure due to religious, moral, or ethical beliefs.

Consulting assessment: an independent assessment conducted by a Consulting Medical Practitioner to determine if a patient meets the eligibility criteria for voluntary assisted dying.

Consulting Medical Practitioner: a registered medical practitioner who accepts a referral to conduct a consulting assessment of the patient.

Contact Person: an individual appointed by a patient accessing voluntary assisted dying who takes responsibility for returning any unused or remaining voluntary assisted dying medication to the South Australian Voluntary Assisted Dying Pharmacy Service.

Coordinating assessment: a first independent assessment conducted by a Coordinating Medical Practitioner to determine if a patient meets the eligibility criteria for voluntary assisted dying.

Coordinating Medical Practitioner: a registered medical practitioner who accepts a patient's first request or a Consulting Medical Practitioner for the patient who accepts a transfer of the role of Coordinating Medical Practitioner.

Decision-making capacity: a patient's ability to make decisions about their life. For the purposes of the Act, a patient has decision-making capacity in relation to voluntary assisted dying if they can understand the information relevant to the decision, retain that information to the extent necessary to make the decision, use that information to make the decision and communicate the decision verbally or by gestures or other means of communication available to the person. The person must retain decision-making capacity through the entire voluntary assisted dying process.

Eligibility criteria: the set of requirements that a patient must meet to access voluntary assisted dying.

End of life: the time leading up to a patient's death, when it is expected that they are likely to die soon from an illness, disease, or medical condition. A patient at end of life will likely die within the next 12 months.

End of life care: includes physical, spiritual, and psychosocial assessment, care and treatment delivered by health professionals. It also includes the support of families and carers, and care of the patient's body after their death.

Enduring request: a request that is maintained or lasts over a period of time. The Act requires the request for voluntary assisted dying to be made at three different points in time (first request, written declaration, and final request) to ensure the request is enduring.

Final request: the final request for access to voluntary assisted dying that a patient makes to the Coordinating Medical Practitioner after completing the written declaration. This is the last of three requests a patient must make to access voluntary assisted dying.

Final review: a review conducted in respect of a patient by their Coordinating Medical Practitioner that certifies that the voluntary assisted dying request and assessment process has been completed in accordance with the Act.

First assessment: an assessment completed by the Coordinating Medical Practitioner to determine if a patient meets the eligibility criteria for access to voluntary assisted dying. If assessed as eligible, this would be followed by the Consulting Assessment.

First request: a clear and unambiguous request for access to voluntary assisted dying made personally to a registered medical practitioner.

Health practitioner: A person who is qualified to practice in a health profession, including registered health practitioners and self-regulated health professionals.

***Health Practitioner Regulation National Law (South Australia) Act 2010* (SA):** the legislation associated with regulation of health practitioners, the registration of pharmacy premises and pharmacy depots and the supply of optical appliances.

Health service: a broad range of metropolitan, regional, rural, and remote settings delivering acute, palliative care, and residential care and primary/ community health care.

Initial discussion: the process of seeking and reviewing information about voluntary assisted dying.

Interpreter: a person who translates speech orally into another language or into sign language.

Life-limiting: a disease, illness or medical condition that is expected to cause death.

Mandatory Voluntary Assisted Dying Training for Medical Practitioners (the mandatory training): this training must be completed before a medical practitioner can conduct a Coordinating assessment or a Consulting assessment.

Medical practitioner: a person who is registered with the Medical Board of Australia through the Australian Health Practitioner Regulation Agency (Ahpra). Also known as a doctor.

Mental illness: any illness or disorder of the mind as defined in the *Mental Health Act 2009* (SA).

Neurodegenerative condition: a condition characterised by degeneration of the nervous system, especially the neurons in the brain. For example, motor neurone disease, Parkinson's disease, Huntington's disease.

Palliative care: an approach that improves the quality of life of patients (adults and children) and their families who are facing problems associated with a life-limiting illness. It prevents and relieves suffering through early identification, correct assessment and treatment of pain and other problems, whether physical, psychosocial, or spiritual. A Medical practitioner can administer medical treatment under section 17(1) of the *Consent to Medical Treatment and Palliative Care Act 1995* (SA) to a patient with the intention of relieving pain or distress.

Patient: a person who requests information about or access to voluntary assisted dying.

Practitioner administration: the process whereby the Coordinating Medical Practitioner administers the voluntary assisted dying medication to the patient.

Practitioner Administration Permit: permit that allows Coordinating Medical Practitioner to administer voluntary assisted dying medication to a person in whose name the permit is issued. This permit is only issued if the person applying for voluntary assisted dying is physically incapable of self-administering or digesting the medication.

Registered health practitioner: A person who is qualified and registered under the *Health Practitioner Regulation National Law (South Australia) Act 2010* (SA) to practice a health profession, including medical practitioners, nurses, allied health practitioners, pharmacists, and paramedics.

Self-administration: the process whereby a patient administers the voluntary assisted dying medication themselves.

Self-administration Permit: permit that allows a person in whose name the permit is issued to self-administer the voluntary assisted dying medication.

Self-regulated professions: health professions for which the accreditation process is managed by the relevant professional peak body which provides similar functions to Ahpra, these include social work, speech pathology, dietetics and similar.

South Australian Civil and Administrative Tribunal (SACAT): an independent legal entity that helps people in South Australia resolve issues within specific areas of law. SACAT can review certain decisions related to voluntary assisted dying assessments.

South Australian Voluntary Assisted Dying Care Navigator Service (SAVAD-CNS or the Care Navigator Service): The Care Navigator Service provides care coordination, education and support for people accessing voluntary assisted dying as they live with a life limiting illness.

South Australian Voluntary Assisted Dying Operations team (the Operations team): this team is responsible for the management of the day-to-day mechanisms that support the Voluntary Assisted Dying Pathway.

South Australian Voluntary Assisted Dying Pharmacy Service (SAVAD-PS or the Pharmacy Service): The Pharmacy Service provides clinical resources to facilitate supply, re-supply, education, and safe disposal of voluntary assisted dying medications.

South Australian Voluntary Assisted Dying Review Board (the Review Board): the statutory Board established to ensure compliance with the Act and to recommend safety and quality improvements relating to voluntary assisted dying.

Spiritual care: care that helps a patient feel more connected with themself, other people or to something beyond. It supports the beliefs, traditions, values, and practices that gives meaning and purpose to a patient's life.

Telehealth: the use of communication technology to provide healthcare over a distance, for example through a phone call, or videoconference.

Vocationally registered general practitioner: Medical practitioners for example General Practitioners (GPs) who were registered for Medicare purposes on the Vocational Register on 16 June 2021 and continue to hold general registration by the Medical Board of Australia.

Voluntary: when a patient acts of their own free will. Under the Act, a patient is not obliged at any stage of the process, even after completion of the request and

assessment process, to take any further action in relation to voluntary assisted dying.

Voluntary assisted dying: the legal process that enables an eligible patient to access, administer or be administered the voluntary assisted dying medication for the purpose of causing their death.

Voluntary Assisted Dying Act 2021 **(SA) (the Act):** the legislation that regulates voluntary assisted dying in South Australia.

Voluntary Assisted Dying Clinical Portal **(the Clinical Portal):** the secure online system used to manage requests for voluntary assisted dying in South Australia.

Voluntary Assisted Dying Local Health Network liaison officer (VAD liaison): a registered health practitioner appointed by a Local Health Network to prove support to people receiving healthcare from a public health service regarding voluntary assisted dying.

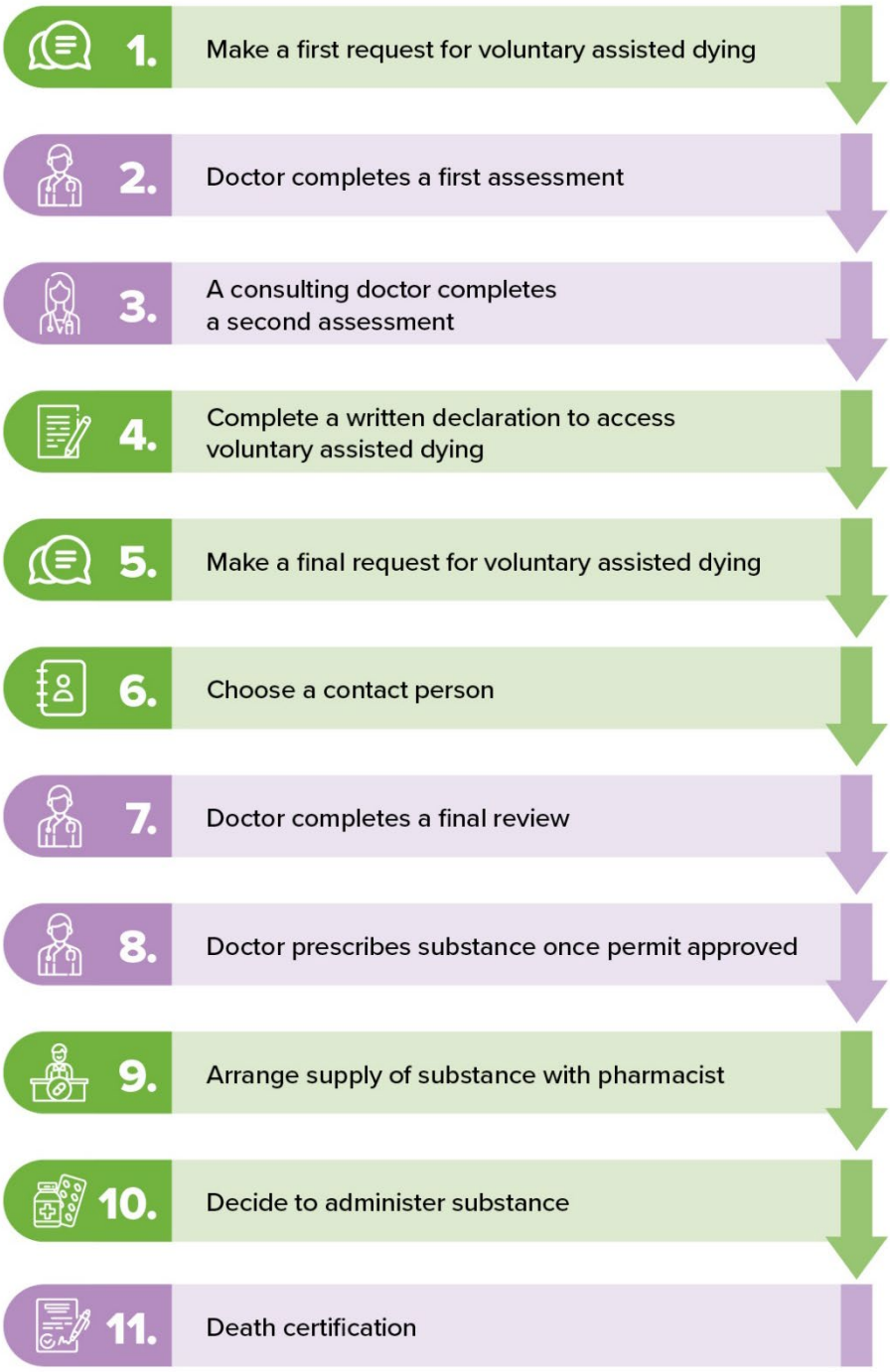
Voluntary assisted dying medication: a poison or controlled medication or a drug of dependence specified in a voluntary assisted dying permit for the purpose of causing a patient's death.

Voluntary Assisted Dying Pathway: an outline of all processes and assessments involved in voluntary assisted dying in South Australia.

Written declaration: a formal written request for access to voluntary assisted dying made by a patient after they are assessed as eligible by the Coordinating Medical Practitioner and the Consulting Medical Practitioner. This is the second of three requests a patient must make to access voluntary assisted dying.

Voluntary Assisted Dying

Overview of the Voluntary Assisted Dying Pathway



Section 1: About voluntary assisted dying

Patient eligibility

To be eligible to access voluntary assisted dying the patient must be assessed by both a Coordinating Medical Practitioner and Consulting Medical Practitioner as meeting **all** the below criteria:

- be aged 18 years or older
- be an Australian citizen or permanent resident
- lives in South Australia
- have lived in South Australia for at least 12 months at the time of making a first request
- have decision-making capacity in relation to voluntary assisted dying
- be acting freely and without coercion.

The patient must also have been diagnosed with a disease, illness or medical condition that meets all the below criteria:

- it is incurable, including if it can be managed but not cured
- it is advanced in its trajectory
- it is progressive, meaning that the patient is experiencing an active deterioration and will continue to decline and not recover
- it will cause their death
- it is expected to cause death within six months, or 12 months if it is a neurodegenerative disease
- it is causing suffering to the patient that cannot be relieved in a manner that they consider tolerable.

A patient is not eligible to access voluntary assisted dying if they have a mental illness or disability without also having a disease, illness or medical condition that meets the criteria set out above.

Roles in voluntary assisted dying

Coordinating Medical Practitioner

The Coordinating Medical Practitioner is responsible for supporting the patient, their family, and carers throughout the Voluntary Assisted Dying Pathway. This includes:

- assessing the patient's eligibility to access voluntary assisted dying
- referring the patient for a specialist opinion, if required
- referring the patient to another medical practitioner for a consulting assessment
- ensuring all the relevant forms are completed
- applying for a voluntary assisted dying permit
- prescribing the voluntary assisted dying medication
- administering the medication if the patient is physically incapable of self-administration or digesting the medication
- recording information in the Clinical Portal and the patient's medical record where required.

Medical practitioners must meet minimum eligibility requirements under the Act to be a Coordinating Medical Practitioner.

In most cases, an eligible medical practitioner becomes the patient's Coordinating Medical Practitioner when they accept the patient's first request.

A patient must have a dedicated Coordinating Medical Practitioner through all stages of the pathway. This role may be transferred to the Consulting Medical Practitioner if required.

Consulting Medical Practitioner

The Consulting Medical Practitioner is responsible for independently assessing the patient's eligibility to access voluntary assisted dying.

Medical practitioners must meet minimum eligibility requirements under the Act to be a Consulting Medical Practitioner.

An eligible medical practitioner becomes the patient's Consulting Medical Practitioner when they accept the Coordinating Medical Practitioner's referral for a consulting assessment.

A patient may have more than one Consulting Medical Practitioner.

A Consulting Medical Practitioner who assesses a patient as eligible may be asked to become the Coordinating Medical Practitioner if a need to transfer the role of Coordinating Medical Practitioner arises.

Specialist Opinion Provider

Specialist medical and registered health practitioners who have appropriate skills and training in a particular disease, illness or medical condition may be asked to provide an opinion to a Coordinating or Consulting Medical Practitioner in relation to whether a patient meets a particular element of the eligibility criteria.

Skills and expertise required of Specialist Opinion Provider

Registered health practitioners, including medical practitioners, may provide a specialist opinion on whether a patient meets either of the below criteria:

- if they have decision-making capacity in relation to voluntary assisted dying
- if they are acting voluntarily and without coercion.

Medical practitioners may provide a specialist opinion on whether a patient meets either of the below criteria:

- if the patient's disease, illness, or medical condition meet the eligibility criteria
- if the patient has a neurodegenerative condition that is expected to cause death between 6 and 12 months.

The medical or registered health practitioner must have appropriate skills and training relevant to the referral criteria for which the patient is being referred and can provide a specialist opinion on matters that fit within their usual scope of practice.

Medical and registered health practitioners are not required to complete the mandatory training to provide a specialist opinion.

Eligibility relating to a patient for Specialist Opinion Providers

Specialist medical and registered health practitioners are not eligible to provide a specialist opinion if they meet any of the below criteria:

- they are a family member of the patient
- they know or reasonably believe they may be a beneficiary under the patient's will
- they know or reasonably believe they may otherwise benefit from the death of the patient.

Interpreter

Interpreters may support a patient to communicate about voluntary assisted dying.

An interpreter can choose whether to participate in voluntary assisted dying or not.

The Act requires an interpreter supporting a patient to:

- be accredited by the National Accreditation Authority for Translators and Interpreters (NAATI) or any other body determined by the Chief Executive in accordance with Voluntary Assisted Dying Regulations
- not be a member of the patient's family
- not know or believe they may benefit from the death of the patient
- not own or be responsible for the day-to-day management of a health facility where the patient lives or is being treated, for example a residential aged care facility
- not be directly involved in providing health services or professional care to the patient.

It is strongly encouraged that participating interpreters familiarise themselves with voluntary assisted dying and related resources available at www.sahealth.sa.gov.au/vad.

Interpreters participating in any part of the Voluntary Assisted Dying Pathway should practice in line with the Australian Institute of Interpreters and Translators (AUSIT) Code of Ethics.

Pharmacist

Only pharmacists in the South Australian Voluntary Assisted Dying Pharmacy Service (SAVAD-PS or the Pharmacy Service) can undertake roles in voluntary assisted dying.

The pharmacist is responsible for:

- supplying or re-supplying the voluntary assisted dying medication kit
- educating the patient about the administration, storage and return of voluntary assisted dying medication
- supporting Coordinating Medical Practitioners in the prescription, administration, storage and return of voluntary assisted dying medication
- facilitating the safe return and disposal of any unused medications.

Care navigators and VAD Liaisons

Voluntary Assisted Dying

People considering voluntary assisted dying can seek support from the South Australian Voluntary Assisted Dying Care Navigator Service (SAVAD-CNS or the Care Navigator Service) if they are in the community.

They may also seek support from Voluntary Assisted Dying Local Health Network Liaison Officers (VAD liaisons) if they are receiving healthcare from a public health service. Inpatients can request a member of their treating team to contact VAD liaisons if they wish to get more information around voluntary assisted dying.

Care navigators and VAD liaisons provide:

- general information about end of life care services, including voluntary assisted dying
- referral pathways to palliative care services
- individualised support for people accessing voluntary assisted dying
- assistance connecting people with appropriate medical practitioners and health services participating in voluntary assisted dying
- access to voluntary assisted dying support packages
- individualised support to medical practitioners and health services
- education and training to health services.

Health practitioners

Health practitioners may be asked to provide people with information about voluntary assisted dying.

Health practitioners may also be asked to assist in the Voluntary Assisted Dying Pathway either by a patient in their care or their health organisation in other ways, for example witnessing a patient's Written Declaration.

Health practitioners who have a conscientious objection to voluntary assisted dying have a right to refuse to participate in voluntary assisted dying, including provide information about voluntary assisted dying.

Health practitioners should care for patients accessing voluntary assisted dying in line with their professional code of conduct and duty of care, including by:

- providing the same standard of care and support to patients requesting voluntary assisted dying as that provided to any other patient
- supporting patients to make informed decisions about their end of life care
- respecting the patient's beliefs, values, and choices about their end of life care
- supporting patients to access the care they need
- taking any steps necessary to ensure their patient's access to care is not impeded.

South Australian Civil and Administrative Tribunal (SACAT)

South Australian Civil and Administrative Tribunal (SACAT) is an independent legal body that helps resolve issues within specific areas of law.

Under the Act, SACAT has power to review:

- a decision that the patient has or has not been ordinarily resident in South Australia
- a decision that the patient has or has not been ordinarily resident in South Australia for at least 12 months at time of the first request
- a decision that the patient does or does not have decision-making capacity in relation to voluntary assisted dying.

Voluntary Assisted Dying Review Board

The Voluntary Assisted Dying Review Board (the Review Board) is appointed by the Minister for Health and Wellbeing to oversee voluntary assisted dying in South Australia.

The Review Board has the following functions as outlined in the *Voluntary Assisted Dying Act 2021*:

- to monitor matters related to voluntary assisted dying
- to review functions or powers exercised under the Act
- to provide reports to parliament on the operation of the Act and any recommendations for improving voluntary assisted dying
- to promote compliance with the requirements of the Act by the provision of information regarding voluntary assisted dying to registered health practitioners and members of the community
- to refer any issue identified by the Review Board in relation to voluntary assisted dying to appropriate agencies
- to promote continuous improvement in the quality and safety of voluntary assisted dying
- to conduct analysis of and carry out research in relation to, information or forms given to the Board in accordance with the Act
- to provide information about voluntary assisted dying and other matters identified by the Review Board in the performance of a function under the Act
- to collect, use and disclose forms and information provided in accordance with the Act for the purposes of carrying out a function of the Review Board
- to consult and engage with the South Australian community; relevant groups or organisations; government departments and agencies; and health practitioners who provide voluntary assisted dying services in relation to voluntary assisted dying

- to provide advice to the Minister or the Chief Executive in relation to the operation of the Act
- to provide reports to the Minister or Chief Executive in respect of any matter relevant to the functions of the Review Board as requires.
- to collect and report on statistical information about voluntary assisted dying in South Australia.

The Review Board does not have a role in the approval of voluntary assisted dying substance permits or review of eligibility criteria of a patient.

The Review Board has delegated several of these functions to the Department for Health and Wellbeing including the management and administration of forms submitted to the Review Board by medical practitioners via the Clinical Portal.

A key activity of the Review Board is in undertaking a detailed review of each closed episode in the Clinical Portal for compliance with the Act. Once an episode has been reviewed by the Review Board and found to be compliant, a written letter of acknowledgement is provided to the Coordinating and Consulting Practitioner.

Reviewing each individual voluntary assisted dying episode and feedback provided by patients and families presents the Review Board with a range of opportunities to promote both compliance with the Act and continuous improvement in the quality and safety of voluntary assisted dying.

Chief Executive Department for Health and Wellbeing

The Chief Executive of SA Health determines the applications for voluntary assisted dying permits in South Australia. The Chief Executive is also responsible for approving the mandatory training.

The Voluntary Assisted Dying Operations team carries out operational compliance services on behalf of the Chief Executive to ensure timely processes are maintained.

Deciding to participate in voluntary assisted dying

Conscientious objection

The Act gives health practitioners who have a conscientious objection to voluntary assisted dying the right to refuse to do any of the below:

- to provide information about voluntary assisted dying

- to participate in the request and assessment process
- to apply for a voluntary assisted dying permit
- to supply, prescribe or administer a voluntary assisted dying medication
- to be present at the time of administration of a voluntary assisted dying medication
- to dispense a prescription for a voluntary assisted dying medication.

Factors to consider

Deciding to participate in voluntary assisted dying is a personal and professional decision that should be made carefully.

When choosing the extent and level of involvement in discussions about voluntary assisted dying registered health practitioners should take into consideration:

- their personal and professional values regarding end of life care
- their therapeutic relationship with the patient
- the needs and choices of the patient
- the impact on the patient because of their decision
- their willingness to participate in various aspects of the Voluntary Assisted Dying Pathway, for example providing information only, assessing a patient's eligibility, prescribing, or administering the medication
- obligations they have under relevant professional codes of conduct or ethics
- if their employing health service supports voluntary assisted dying or not
- if their employing health service has capacity to safely meet the needs of a patient seeking voluntary assisted dying
- any relevant organisational policies
- their professional obligation not to unduly delay a patient's access to voluntary assisted dying
- the need to inform the patient of their decision as soon as possible.

Requirements for Coordinating or Consulting Medical Practitioners

Medical practitioners are the only type of registered health practitioners who can assess a patient's eligibility to access voluntary assisted dying.

To be a Coordinating or Consulting Medical Practitioner, medical practitioners must:

- register and be verified as holding a fellowship or being a vocationally registered general practitioner

- successfully complete the mandatory training hosted on www.sahealth.sa.gov.au/vad
- Ensure that the patient meets the patient specific eligibility requirements.

Register to participate in voluntary assisted dying

Medical practitioners register in the Clinical Portal to participate in voluntary assisted dying.

The Voluntary Assisted Dying Operations team:

- reviews the registration
- confirms they provided current and valid proof of identity
- check their Ahpra registration to confirm they hold a fellowship with a registered medical college or are a vocationally registered general practitioner
- checks their Ahpra registration to confirm there are no conditions, undertakings, or reprimands
- contacts medical practitioners where more information is required.

Fellowship or vocational registration

If a medical practitioner's Ahpra registration does not show they hold a fellowship or are a vocationally registered general practitioner, they must provide one of the below documents:

- a copy of fellowship certificate
- a copy of vocational registration certificate
- a letter from training college confirming the date of vocationally registration or were added on the Vocational Register
- a letter from Medicare confirming the date of being added on the Vocational Register.

International medical graduates are considered to hold a fellowship with a registered medical college if their Ahpra registration type is "Specialist Registration".

Ahpra conditions, notations, undertakings, or reprimands

Medical practitioners may have a condition, notation, undertaking, or reprimand recorded on their Ahpra registration that imposes a restriction or limitation on their scope of practice.

The Voluntary Assisted Dying Operations team:

- reviews all conditions, notations, undertakings, or reprimands recorded on their Ahpra registration
- seeks advice from the Chief Medical Officer SA Health if the conditions, notations, undertakings, or reprimands are likely to impact the suitability of the practitioner to participate in voluntary assisted dying
- contacts the medical practitioner for more information if required.

Mandatory Voluntary Assisted Dying Training for Medical Practitioners

Before assessing a patient's eligibility to access voluntary assisted dying, medical practitioners must successfully pass the online Mandatory Voluntary Assisted Dying Training for Medical Practitioners (the mandatory training).

Training is available online at Launch Learning Online.

Medical practitioners can only access the course using a unique access code provided once they are verified as eligible to participate by the Voluntary Assisted Dying Operations team.

Medical practitioners can complete the training:

- before they receive a request for voluntary assisted dying
- after they have accepted a first request for voluntary assisted dying
- after they have accepted a referral for a consulting assessment for voluntary assisted dying.

To pass the training medical practitioners must achieve a grade of:

- 86% in the assessment, or correctly answer 26 of 30 questions
- 100% in the final exam, or correctly answer all 10 questions.

Medical practitioners have 2 attempts to complete the assessment and exam.

If a Medical practitioner requires further attempts to complete the assessment and exam, contact the Operations team at Health.VADOperations@sa.gov.au.

Training remains valid for five years from the date of successful completion.

Patient specific requirements

Coordinating and Consulting Medical Practitioners must declare in an assessment that they meet the requirements under the Act specific to the relevant patient.

Either the Coordinating Medical Practitioner or each Consulting Medical Practitioner (in cases where more than one consulting practitioner was involved in determining a person's eligibility to access voluntary assisted dying) must:

- have practised as a registered medical practitioner for at least 5 years after completing a fellowship with a specialist medical college or vocational registration
- have relevant expertise and experience in the disease, illness or medical condition expected to cause the death of the person being assessed.

Medical practitioners are not eligible to act as the Coordinating Medical Practitioner or Consulting Medical Practitioner for a patient if they meet any of the below criteria:

- they are a family member of the patient
- they know or reasonably believe they may be a beneficiary under the patient's will
- they know or reasonably believe they may otherwise benefit from the death of the patient.

Credentialling medical practitioners to provide services in hospital

Medical practitioners who act as a Coordinating or Consulting Medical Practitioner may offer or choose to provide voluntary assisted dying services to a patient who is admitted to hospital while accessing voluntary assisted dying.

Medical practitioners who provide care to patients in hospital must be credentialled to provide services in that hospital.

Each hospital has processes for credentialling medical practitioners, and the relevant Coordinating or Consulting Medical Practitioner should contact the credentialing teams or the VAD liaison at the relevant hospital to commence the credentialling process. Emergency credentialling processes are available if required, as is mutual recognition.

Credentialling in SA Health facilities

Medical practitioners who are not employed by SA Health and provide care to a patient in a public hospital must be credentialled by the relevant Local Health Network in line with SA Health Credentialling and Defining the Scope of Clinical Practice for Medical and Dental Practitioners policies and procedures.

Each Local Health Network has processes for credentialling medical practitioners, but generally Local Health Network credentialling committees require medical practitioners to provide documents, including but not limited to:

- a satisfactory National Police Check issued within the last 12 months in line with the SA Health Criminal and Relevant History Screening Policy
- certified copies of all medical qualifications, for example Bachelor of Medicine
- proof of registration with Medical Board of Australia
- proof of professional indemnity insurance
- a statement outlining that the practitioner has completed the required continuing professional development (CPD) from the relevant accredited specialist medical college, for example Royal Australian College of General Practitioners

- a current curriculum vitae, including details of two professional referees
- the relevant application form, for example credentialling application, scope of practice application.

Medical practitioners can get a National Police Check from either:

- SA Police at www.police.sa.gov.au
- an accredited CrimTrack Provider as listed in the National Police Checking Service (NPCS).

Rights and obligations of health services

Public health services

All SA Health services must provide access to voluntary assisted dying in line with the SA Health Voluntary Assisted Dying Policy.

Each Local Health Network has policies and procedures to support service delivery for people considering voluntary assisted dying.

VAD liaisons are available to support patients and staff in public health services to navigate voluntary assisted dying. Contact details for the VAD liaisons are available on the relevant LHN's intranet:

Private and non-government health services

Health services should develop policies and procedures that set out how their service will participate in voluntary assisted dying and comply with the requirements of the Act.

Where possible, these policies and procedures should be made available to patients accessing the service.

Private and non-government health services have the right to refuse to authorise or permit the carrying out of any part of the voluntary assisted dying process in relation to any patient at that health service.

Private and non-government health services may receive and should be able to respond appropriately to requests for information or access voluntary assisted dying, regardless of their decision to participate in voluntary assisted dying.

The extent to which a private and non-government health service participates in voluntary assisted dying will depend on several factors including:

- the type of care the service provides and whether this includes people who may be eligible for voluntary assisted dying
- the values, principles, and ethos of the service
- if staff have the appropriate skills and expertise to provide or support patients accessing voluntary assisted dying
- the service's capacity to provide or support patients accessing voluntary assisted dying.

Considerations for services participating in voluntary assisted dying

Private and non-government health services who choose to participate in voluntary assisted dying should consider:

- staff willingness to participate in or to support a person to access voluntary assisted dying
- the practical implications of providing voluntary assisted dying, such as governance structures and service planning
- staff education in relation to voluntary assisted dying, including the mandatory training
- requirements in relation to credentialling and scope of practice for participating medical practitioners
- support for existing staff (clinical and non-clinical) in relation to voluntary assisted dying, regardless of whether they choose to participate
- how records management systems will capture voluntary assisted dying services provided
- establishing a point of contact in your organisation for staff to ask questions about voluntary assisted dying.

Health services should familiarise their staff with all the below:

- their organisation's policies and procedures
- the requirements under the Act, including the requirement that registered health practitioners must not initiate a discussion about voluntary assisted dying
- the *Voluntary Assisted Dying Clinical Guideline for Health Practitioner*s (this document)
- the "Knowing your choices: Information for people considering voluntary assisted dying" resource

- knowledge that both patients and staff can contact the Care Navigator Service for assistance.

Patient terms and conditions where health service does not participate

Service providers may include an acknowledgment in the terms and conditions signed by patients when being accepted into the health service that the patient:

- understands and accepts that the service will not permit the establishment to be used for the purposes of, or incidental to, voluntary assisted dying
- agrees, as a condition of entry, that they will not seek or demand access to voluntary assisted dying at the establishment.

Transfer of patient where health service does not participate

If a patient requests to access voluntary assisted dying at a health service who refuses to participate in voluntary assisted dying, the health service should:

- advise the patient of the health service's refusal to authorise the carrying out of any part of the voluntary assisted dying process at the service and notify them of the steps they will take to enable the patient's request
- plan to transfer the patient to another health service establishment where support of the patient to access voluntary assisted dying can be provided
- ensure the service that the patient is being transferred to is made aware that the purpose of the transfer is to facilitate voluntary assisted dying services
- take reasonable steps to facilitate a timely transfer if requested by the patient.

Residential facilities

Residential facilities whose owners or operators have conscientious objection to voluntary assisted dying can choose not to provide voluntary assisted dying services.

However, facilities must comply with minimum obligations under the Act to provide reasonable access to information and support to allow a person at their facility to access voluntary assisted dying.

What is considered reasonable access to support depends on:

- the stage in the voluntary assisted dying pathway the person is completing, for example a request, assessment, or administration
- whether the person is a permanent resident at the facility.

Residential facilities include:

- nursing homes
- residential aged care facilities
- retirement villages
- residential disability care facilities.

Residential facilities who do not provide services associated with voluntary assisted dying must publish this information in a manner that is accessible to people who receive or may receive services at the facility.

Access to information about voluntary assisted dying

If a residential facility does not provide services associated with voluntary assisted dying and a resident of that facility asks for information about voluntary assisted dying, the facility must:

- not hinder the resident's access at the facility to information about voluntary assisted dying
- allow reasonable access to a person, for example a care navigator, to enable them to provide the information at the resident's request.

Access for first or final request

If a residential facility does not provide services associated with voluntary assisted dying and a resident of that facility wants to make a first or final request, the facility must either:

- allow reasonable access to a medical practitioner who is, or is eligible to be, the Coordinating Medical Practitioner
- take reasonable steps to transfer the resident to and from a place where they may make their request if the requested medical practitioner is not available to attend.

Access to request and assessment process

If a residential facility does not provide services associated with voluntary assisted dying, the facility must take reasonable steps to allow a permanent resident of that facility to complete any of the below:

- a First assessment
- a Consulting assessment
- a Written declaration
- a voluntary assisted dying permit application.

If the person is a permanent resident at the facility, the facility must either:

- allow reasonable access to the resident at the facility by any person lawfully participating in the resident's request for access to voluntary assisted dying, for example their medical practitioner, pharmacist, witness, or
- take reasonable steps to transfer the resident to and from a place where they can complete a process under the Act if the relevant health practitioner is not available to attend at the facility.

If the person is not a permanent resident at the facility, the facility must either:

- take reasonable steps to transfer the resident to and from a place where a process under the Act may be completed
- allow reasonable access to the resident at the facility by any person lawfully participating in the person's request for access to voluntary assisted dying, if a Coordinating Medical Practitioner determines that a transfer is not reasonable in the circumstances.

When determining if a transfer is reasonable in the circumstances the Coordinating Medical Practitioner takes into consideration whether any of the below apply:

- the transfer would be likely to cause serious harm to the resident
- the transfer would be likely to adversely affect the resident's access to voluntary assisted dying
- the transfer would cause undue delay and prolonged suffering in accessing voluntary assisted dying
- the place to which the resident is proposed to be transferred is available to receive the resident
- the resident would incur financial loss or costs because of the transfer.

If the Coordinating Medical Practitioner is not available, they may nominate another medical practitioner, for example the Consulting Medical Practitioner, to determine if a transfer is reasonable or not.

Access for administration of voluntary assisted dying medication

A residential facility must not hinder the resident's access to a voluntary assisted dying substance and provide reasonable access to the resident at the facility by any person lawfully participating in the person's request for access to voluntary assisted dying if all the below criteria are met:

- the residential facility does not provide services associated with voluntary assisted dying

- the resident is a permanent resident of that facility
- the resident wants to self-administer a voluntary assisted dying medication or have the medication administered to them by their Coordinating Medical Practitioner.

If the person is not a permanent resident of the facility, the facility must take reasonable steps to transfer the resident to a place where they can administer the voluntary assisted dying medication.

If the Coordinating Medical Practitioner determines that a transfer is not reasonable in the circumstances, the facility must provide reasonable access to the resident at the facility by any person lawfully participating in the person's request for access to voluntary assisted dying.

End of life care and planning

Voluntary assisted dying is another end of life choice available to eligible South Australians as part of high-quality, person centred end of life care.

This is in addition to other choices that people may make about their end of life care, including palliative care, Advance Care Directives.

Conversations about end of life care

Medical practitioners are encouraged to support patients to plan for end of life treatment and care using the Resuscitation Plan 7 Step Pathway for health professionals.

It is possible for a patient who is applying to access voluntary assisted dying to be admitted to hospital for a different reason and having clear instructions about their end of life wishes will be important.

Many of the prompts in the 7 Step Pathway can assist practitioners to check a patient's understanding of their situation and help them to think through their treatment, advance care planning, palliative care, and end of life care options.

Comprehensive conversations about end of life care and treatment options may require several discussions before the patient is ready to make an informed decision. Residents of aged care facilities should have conversations about end of life care and treatment that are clear, known to their next of kin and the facility and that are accessible by their care team. This is particularly related to the age and frailty of these residents and the residential aged care facility will be their final residence.

Voluntary Assisted Dying

Medical practitioners should be aware of their own feelings and values concerning the end of life when discussing end of life care with patients and reflect on how personal values may affect their ability to have open and supportive conversations with patients, particularly if a patient is considering withdrawing from active treatment or planning to access voluntary assisted dying. Medical and health practitioners should seek out other practitioners to assist with these discussions if needed.

Palliative care

Palliative Care Australia defines palliative care in contemporary Australian context as:

> *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 treatment goal is to optimise the quality of life (2018).*

Palliative care recognises the family as the unit of care and as such focuses on the needs and preferences of the patient and family through effective communication and shared decision making.

Palliative care is active care and available to anyone living with a life limiting illness regardless of diagnosis.

The Act requires medical practitioners to discuss the treatment options available, including palliative care, to all people accessing voluntary assisted dying.

Palliative care is distinct from voluntary assisted dying. People can access both palliative care and request access to voluntary assisted dying at the same time.

It is strongly encouraged that patients continue to receive good palliative care as they explore alternative end of life care choices, including voluntary assisted dying.

Palliative care will continue to be available to a person seeking access to voluntary assisted dying, right up until the time of their death. A person will not have to choose one or the other.

All health practitioners must support the patient to consider the most appropriate end of life treatment options based on their clinical condition and wishes.

Advance Care Directives

An Advance Care Directive empowers a patient to make clear legal arrangements for their future.

The Advance Care Directive allows patients to:

- write down their wishes, preferences and instructions for their future health care, end of life, living arrangements and personal matters and/or
- appoint one or more Substitute Decision Makers to make these decisions on their behalf if they are unable to do so in the future.

A desire to access voluntary assisted dying can be expressed in an Advance Care Directive however, under the Act this will not be considered a request for voluntary assisted dying.

The Act states that people requesting voluntary assisted dying need to have decision-making capacity throughout the entire process, to make sure their decision remains voluntary and consistent.

For more information about Advance Care Directives in South Australia visit www.advancecaredirectives.sa.gov.au.

Other end of life planning

Patients may also wish to plan for their end of life by accessing resources at www.sahealth.sa.gov.au/planahead or the Legal Services Commission End of Life Planning Checklist and Worksheet.

Legal context

Protections from liability

Any person who, in good faith, assists or facilitates a person who is requesting access or is accessing voluntary assisted dying in line with the Act is protected from criminal liability.

A health practitioner who, in good faith and without negligence, participates in voluntary assisted dying in line with the Act is not:

- guilty of an offence
- in breach of professional ethics or standards
- engaging in professional misconduct

- liable in civil proceedings.

The Act provides protection from civil and criminal liability for certain persons who do not administer lifesaving treatment in circumstances where the patient does not request it and the person believed, on reasonable grounds, that the patient is dying after self-administering or being administered the voluntary assisted dying medication in accordance with the Act. This includes registered health practitioners and a person providing an ambulance service.

Restrictions on communicating about self-administration

The *Criminal Code Act 1995* (Cwth) contains offences which limit the use of a carriage service to access and transmit suicide-related material. This directly impacts how certain parts of the Voluntary Assisted Dying Pathway can be communicated. Specifically, communications about self-administration.

Generally, information relating specifically to the act of administering a voluntary assisted dying medication or provides details or instructions about the act of administering a voluntary assisted dying medication must not be discussed or shared by telephone, fax, email, videoconference, internet, and the like.

General information about voluntary assisted dying and associated processes may be communicated via a carriage service, if the information does not advocate, encourage, incite, promote, or teach about how to undertake the act of self-administration of a voluntary assisted dying medication.

Good clinical practice should always guide decision-making where voluntary assisted dying is concerned, including when deciding if a consultation with a person is best to take place in person or if it can occur via the use of an audio-visual option.

Restriction on initiating discussion about voluntary assisted dying

A health practitioner must not initiate a discussion about voluntary assisted dying or suggest voluntary assisted dying with a patient they provide health or professional care services to.

Doing so may be reported to Ahpra or the relevant professional body for that self-regulated profession for an investigation of unprofessional conduct and may attract disciplinary action.

Complaints of misconduct can be reported to the Health and Community Services Complaints Commissioner (HCSCC) if the initial complaint to relevant service provider did not provide any resolution.

Voluntary Assisted Dying

Health practitioners who are asked about voluntary assisted dying by a patient should provide any information they are able to and refer the patient to where they can find more information, for example www.sahealth.sa.gov.au/vad.

Providing general information in a common area, for example webpages or notices or flyers located in a health practice waiting room is not considered to be initiating a discussion about or suggesting voluntary assisted dying to a patient.

Offences

The Act contains the following offences:

- unauthorised administration of the voluntary assisted dying medication
- inducing another person to make a request for access to voluntary assisted dying
- inducing another person to self-administer the medication
- falsifying a form or record required to be made under the Act
- knowingly making a false or misleading statement in a report or form required under the Act
- the Contact Person failing to return unused or remaining medication after the death of a patient granted a Self-administration Permit
- a person failing to give copies of forms to the Review Board.

These offences attract penalties. It is therefore important that anyone participating in the Voluntary Assisted Dying Pathway familiarise themselves with these offences.

A breach of the Act by a health practitioner may also be professional misconduct or unprofessional conduct for the purposes of the *Health Practitioner Regulation National Law (South Australia) Act 2010* (SA). This is the case even if the breach is not an offence under the Act.

Reporting possible breaches of the Act

The Act mandates health practitioners or an employer of a health practitioner to notify Ahpra as soon as possible if they reasonably believe another registered health practitioner either:

- initiates a discussion with a patient they provide health services or professional care to that is in substance about voluntary assisted dying in a manner that is not in line with the Act
- suggests or attempts to suggest voluntary assisted dying to a patient in a manner that is not in line with the Act
- offers or attempts to provide access to voluntary assisted dying in a manner that is not in line with the Act.

Failure of a registered health practitioner to make a mandatory report to Ahpra constitutes unprofessional conduct in line with the *Health Practitioner Regulation National Law (South Australia) Act 2010.*

A person may make a voluntary notification to Ahpra about any health practitioner they reasonably believe to be in breach of the Act.

Confidentiality and privacy

The Act includes protections and offences that aim to protect the privacy of patients and their families.

The Act does not allow a person to disclose information they have obtained while performing their function under the Act (unless they meet criteria to do so).

Medical records and confidentiality

Voluntary assisted dying services are documented in the patient's medical record. This may be in an electronic health record system, for example Sunrise in public health services.

Recording this information is reasonably necessary for the management and administration of health services in line with the *Health Care Act 2008* and is required under parts of the Act.

As such, documenting voluntary assisted dying services in a patient's medical record is generally not considered to be contrary to confidentiality provisions in the Act.

Health service staff should only use and access information that is reasonably necessary to perform their duties in line with their organisation's privacy policy and code of conduct.

Inappropriate or unauthorised use of or access to records related to voluntary assisted dying services may attract disciplinary action.

Feedback and complaints

Service providers and agencies

If a patient has any feedback or concerns about their experience accessing voluntary assisted dying, they should be encouraged to raise this with the relevant service person, service provider or agency. Service providers should have a process by which they can process consumer feedback and complaints.

If you have a complaint about the performance of an interpreter, discuss the complaint with the practitioner or service provider. If you are still having difficulty resolving the problem, support is available through the National Accreditation Authority for Translators and Interpreters (NAATI).

The Health and Community Services Complaints Commissioner

Complaints about individuals or organisations providing health, disability or mental health services can be made to the Health and Community Services Complaints Commissioner (HCSCC).

The Commissioner helps users, carers, and service providers to resolve complaints about health and community services when a direct approach to the service provider is either unreasonable or has not succeeded.

Ombudsman SA

Complaints about a South Australian state or local government agency's actions (including misconduct and maladministration) can be directed to Ombudsman SA. Complaints will be assessed against criteria for investigation set by Ombudsman SA, to determine whether investigation is necessary or justifiable.

Voluntary Assisted Dying Review Board

Concerns regarding a health professional not meeting the requirements under the Act can be raised with the Voluntary Assisted Dying Review Board.

In addition, personal reflections from any person involved in the Voluntary Assisted Dying Pathway including medical practitioners can be provided to the Review Board via a personal reflection form available at www.sahealth.sa.gov.au/vadreviewboard.

If you are unsure how to support a patient to provide feedback or raise concerns, you can direct them to the Care Navigator Service or relevant VAD liaison for further advice.

SACAT review

Under the Act, SACAT has power to review decisions made by the Coordinating or Consulting Medical Practitioner that impact a patient's eligibility to access voluntary assisted dying. Each of the following are SACAT reviewable decisions:

- that the patient is not ordinarily resident in South Australia
- that the patient was or was not ordinarily resident in South Australia for at least 12 months at the time of making a first request
- that the patient has or does not have decision-making capacity in relation to voluntary assisted dying.

A person can apply to SACAT for review of the decision within 28 calendar days after the date the decision was made. SACAT may extend this timeframe if special circumstances

exist provided that the patient will not be unreasonably disadvantaged because of the extension.

An application for SACAT review of a decision will result in each of the following processes being suspended until the review is complete:

- the request and assessment process
- any application for an administration permit
- the prescription and supply of the medication to the patient.

SACAT must give notice of the application to all the below:

- the Coordinating Medical Practitioner
- the Chief Executive, SA Health
- the Review Board.

A Coordinating or Consulting Medical Practitioner may refuse to continue to perform that role if both the below apply:

- SACAT determines the patient did not have impaired decision-making capacity
- SACAT determines the patient had decision-making capacity.

In this situation:

- the Coordinating Medical Practitioner must transfer their role in accordance with the requirements of the Act.
- the Consulting Medical Practitioner may refer the patient to another medical practitioner for a further consulting assessment.

A review is taken to be withdrawn if the patient who is the subject of the decision dies.

Section Two: The Voluntary Assisted Dying Pathway

1. Make a first request for voluntary assisted dying

- 1.1 Making the first request
- 1.2 Deciding to accept or refuse a first request
- 1.3 Responsibilities after making the

2. Doctor completes a first assessment

- 2.1 Preparing for assessment
- 2.2 Eligibility criteria
- 2.3 Specialist opinion

3. A consulting doctor completes a second assessment

- 3.1 Receiving a referral
- 3.2 Consulting assessment
- 3.3 Outcome of assessment
- 3.4 Transferring Coordinating Practitioner

4. Complete a written declaration to access voluntary assisted dying

5. Make a final request for voluntary assisted dying

6. Choose a contact person

7. Doctor completes a final review

8. Doctor prescribes substance once permit approved

- 8.1 Applying for a permit
- 8.2 Prescribing medication

9. Arrange supply of substance with pharmacist

10. Decide to administer substance

- 10.1 Self-administration
- 10.2 Practitioner administration

11. Death certification

- 11.1 Reporting requirements
- 11.2 Return unused medication
- 11.3 Confidentiality and privacy
- 11.4 Grief and bereavement support

Initial discussion about voluntary assisted dying

Health practitioner responsibilities – initial discussion

Discussion initiated by the patient

The Act requires that registered health practitioners do not initiate discussion about voluntary assisted dying or suggest voluntary assisted dying to a patient they provide health or professional care services to.

Doing so may constitute unprofessional conduct under the *Health Practitioner Regulation National Law (South Australia) Act 2010* which may attract disciplinary action.

This restriction applies to all health practitioners, while providing a health care service to a person. Examples include but are not limited to:

- a doctor outlining treatment options to a patient at their end of life cannot initiate discussion about voluntary assisted dying
- a nurse advising a patient of options to relieve suffering cannot initiate discussion about voluntary assisted dying
- a psychiatrist conducting a psychiatric assessment of a terminally ill or suicidal patient cannot initiate discussion about voluntary assisted dying during this assessment
- a health practitioner at a residential aged care facility providing care or support to a patient cannot initiate discussion about voluntary assisted dying.

Once a patient has requested information about voluntary assisted dying, health practitioners can provide relevant information.

An initial discussion about voluntary assisted dying does not begin the Voluntary Assisted Dying Pathway or constitute a first request for access to voluntary assisted dying.

A patient may ask about voluntary assisted dying using a range of words and phrases including:

- “Can you help me die?”
- “How do I get euthanasia in South Australia?”

- “I don't see the point of another couple of months slowly dying. Can you give me a drug to speed things up?”
- “How do I get that medicine to end it all when it gets too much?”

If it is unclear whether the patient is explicitly asking about voluntary assisted dying, clarify what they are asking about before providing information, for example ask open-ended questions.

Initiating discussion where patient previously discussed with another health practitioner

In some situations, the patient may have had an initial discussion about voluntary assisted dying with another health practitioner who is not their treating medical practitioner.

If the patient gave consent for that health practitioner to tell their treating medical practitioner about their discussion and the health practitioner recorded the conversation in the patient’s medical record, then the medical practitioner should:

- confirm the conversation was recorded in the patient’s medical record
- tell the patient that the health practitioner has informed them about the discussion regarding their end of life choices
- give the patient the opportunity to confirm.

Requests for information from someone other than the patient

A patient can only access voluntary assisted dying by requesting it personally. A patient may make the request verbally or by gestures or other means of communication available to the patient.

Another person, for example a carer, family member or friend, can support the patient to access voluntary assisted dying. However, they cannot request to access voluntary assisted dying on that patient’s behalf.

If someone asks a health practitioner for information about voluntary assisted dying on the patient’s behalf, the health practitioner should tell them:

- where to find more information, for example a care navigator, relevant VAD liaison or at www.sahealth.sa.gov.au/vad
- that they cannot request to access voluntary assisted dying on another person’s behalf

- that health and medical practitioners need to talk to the patient directly before having any conversation with another person about voluntary assisted dying.

A carer, family member or friend cannot prevent a patient from accessing voluntary assisted dying. If another person asks a health practitioner if they can stop a patient accessing voluntary assisted dying, health practitioners should tell them:

- people are entitled to make fully informed decisions regarding their treatment and care
- accessing voluntary assisted dying is available to those that meet the eligibility criteria and make the decision freely and voluntarily without influence from another person.
- people should be encouraged to openly discuss death and dying
- people's individual preferences and values should be encouraged and promoted.

Record details of the discussion in the patient's medical record.

Caring for someone with a life-limiting medical condition can be tiring physically and emotionally. Health practitioners, regardless of whether the patient is eligible for voluntary assisted dying or not, may offer families and carers support so they can continue to provide the care the patient wants, for example:

- listening to their concerns and talking through the treatment options
- practical advice on how to procure special equipment
- information about specific medical care to be provided
- arranging respite care
- referring the patient to a palliative care service, if appropriate.

Health practitioners' choice to participate in a discussion

The Act permits health practitioners to choose the extent of their involvement in voluntary assisted dying, taking into consideration if they have a conscientious objection to voluntary assisted dying.

Health practitioners who choose not to participate in a discussion about voluntary assisted dying are encouraged to be aware of their professional obligation not to impede or obstruct access to voluntary assisted dying.

If a health practitioner chooses not to participate in a discussion about voluntary assisted dying, it is recommended that they:

- tell the patient where to find more information, for example at www.sahealth.sa.gov.au/vad
- refer the patient to someone who can help, for example the Care Navigator Service
- record the conversation and details of the discussion in the patient's medical record.

Responding to the patient

Health practitioners should manage discussions about end of life care with sensitivity, empathy, and respect for the patient's autonomy.

Questions about voluntary assisted dying present an opportunity for health practitioners to have an open, honest, and meaningful discussion with the patient about their suffering and end of life care needs.

People may ask about voluntary assisted dying because they are experiencing suffering and want support to understand their end of life care options. Health practitioners may be required to discuss any, and all, of the below with the patient:

- their situation, for example their care needs, symptom management
- the nature and extent of their suffering
- how they are feeling
- why they are feeling the way they are
- their options for treatment and care, for example referral to Palliative Care Services, Home Medicines Review, support through services such as My Aged Care, National Disability Insurance Scheme (NDIS)
- outcomes of that care and treatment
- the perceived or real impact of their illness on their family and friends
- any relevant cultural considerations
- end of life planning, for example, making a will, an Advance Care Directive, powers of attorney
- their priorities as they approach end of life.

Listen to the patient carefully without judgment and ensure they feel validated and heard.

Patients should be encouraged to complete end of life planning documents to outline arrangements for their end of life care, including appointing a Substitute Decision-Maker by way of an Advance Care Directive should they have impaired decision-making capacity in the future. These documents are important regardless of whether the patient progresses through the Voluntary Assisted Dying Pathway or not.

Discussions with a patient who may be eligible

If a patient requests information about voluntary assisted dying, health practitioners should:

- provide what information they can about voluntary assisted dying
- tell them where to find more information, for example their treating medical practitioner, a voluntary assisted dying care navigator, relevant VAD liaison, or at www.sahealth.sa.gov.au/vad
- tell the patient that they should discuss voluntary assisted dying with their treating medical practitioner if they want to make a first request.

The health practitioner should seek the patients consent to:

- tell the treating medical practitioner that they want to discuss voluntary assisted dying
- organise additional support to manage suffering they are experiencing in the short term, for example referral to palliative care services, home medicines review, support through My Aged Care, National Disability Insurance Scheme, a review by specialists for symptom management, or psychological or spiritual care
- consider arranging a family meeting if it is appropriate.

Record details of the discussion in the patient's medical record.

Discussions with patients who are clearly ineligible

Patients can only access voluntary assisted dying if they meet the eligibility criteria set out in the Act.

In some circumstances a patient considering accessing voluntary assisted dying may be clearly ineligible to access it, for example a patient who does not have an incurable illness likely to cause death, or who is aged under 18.

If a patient asks about voluntary assisted dying and is clearly ineligible:

- explore the conversation with respect and consideration to the patient's underlying suffering
- manage expectations sensitively
- respectfully explain that the voluntary assisted dying legislation will not apply to their circumstances and why
- reassure the patient that if their circumstances change, they may later become eligible and can request to access voluntary assisted dying in the future

- to identify suicide risk, enquire if the patient is experiencing a sense of hopelessness or some inner pressure that makes them enquire about dying
- explore alternate options for treatment and care that may reduce suffering, for example referral to palliative care services, home medicines review, support through My Aged Care, National Disability Insurance Scheme
- explore and refer the patient to services that may be able to support them, for example counselling, spiritual care.

1. Make a first request for voluntary assisted dying

1.1 Making the first request

Appropriate setting for a first request

A first request should be made during a medical consultation, for example at a health clinic, hospital, or house call. A medical practitioner is encouraged to arrange a formal consultation with a person to allow them to make the first request in the appropriate setting.

A first request can be made and accepted in-person or by phone, email, or internet. Information about administration of voluntary assisted dying medication cannot be discussed by these communication methods in line with the restrictions on communicating about voluntary assisted dying.

Legal requirements for the first request

The Act requires that a patient makes a first request to access voluntary assisted dying. The first request can be made verbally or by gestures or other means of communication available to the patient and must be made:

- to a medical practitioner
- clearly and unambiguously
- by the person personally.

If the patient's request for voluntary assisted dying does not meet all the above criteria, it is not considered a first request. This includes, but is not limited to, when a patient:

- seeks information or expresses curiosity about voluntary assisted dying
- makes a request for voluntary assisted dying to a health practitioner who is not a medical practitioner
- makes a request for voluntary assisted dying in an Advance Care Directive

1.2 Deciding to accept or refuse a first request or consultation referral

If the medical practitioner accepts the request, they become the patient's Coordinating Medical Practitioner who is responsible for supporting the patient, their family, and carers throughout the Voluntary Assisted Dying Pathway.

Timeline for response to first request

Under the Act, medical practitioners have up to seven calendar days from the date the first request was made to:

- decide if they accept or refuse the request
- tell the patient if they accept or refuse the request
- provide the reason for their decision.

Considerations prior to accepting the first request

Medical practitioners must refuse the request if they either:

- have a conscientious objection to voluntary assisted dying
- believe they will be unavailable to perform the duties of Coordinating Medical Practitioner, for example they will not have time or
- are not eligible to act as the Coordinating or Consulting Medical Practitioner for the patient.

Medical practitioners are not required to complete the mandatory training to accept a request. If they want to support the patient to access voluntary assisted dying, they must undertake the mandatory training before commencing the first assessment.

Medical practitioners who have not undertaken the mandatory training at the time of receiving a first request should consider the urgency of the patient's condition or situation. If the patient's request is urgent, the medical practitioner should consider referring the patient to another doctor who has completed the mandatory training to ensure a timely first assessment is able to occur.

Medical practitioners should consider their willingness and capacity to provide practitioner administration at the time of the first request. While it is possible to transfer the role of Coordinating Medical Practitioner it has the potential to delay a patient's access to voluntary assisted dying.

Medical practitioners should familiarise themselves with the legal context of voluntary assisted dying before they accept the request, including protections from liability, offences, and requirements to report suspected breaches of the Act.

1.3 Responsibilities after making the decision

Practitioners complete a First Request Form in the Clinical Portal to record details of the request and whether they accept or refuse the request.

Patients may choose to record their contact details as that of a support person, for example spouse, if they live together or the patient has limitations in using a phone or email due to their illness.

Refusing a first request

If the Medical practitioner refuses the request, they should manage the discussion sensitively and respectfully.

Medical practitioners who refuse a first request are encouraged to:

- provide the patient with a copy of the Knowing your choices: Information for people considering voluntary assisted dying booklet
- provide the patient the contact details of the Care Navigator Service or relevant VAD liaison
- refer the patient to a doctor known to accept referrals for voluntary assisted dying
- document the first request on the Clinical Portal.

Accepting the first request

By accepting the first request, a medical practitioner agrees to becoming the patient's Coordinating Medical Practitioner.

Upon accepting the first request, the medical practitioners must:

- document the acceptance of the first request in the patient's medical record
- record the first request in the patient's medical record.

The Coordinating Medical Practitioner should take steps to ensure that the patient is adequately informed of the Voluntary Assisted Dying Pathway and options for end of life care. In addition to providing the patient with a copy of Knowing your choices: Information for people considering voluntary assisted dying booklet, the Coordinating Medical Practitioner should discuss the following with the patient:

- that the request will be recorded in their medical record and the Clinical Portal
- that patient can withdraw from voluntary assisted dying at any time

- the steps involved in the Voluntary Assisted Dying Pathway and the timelines that can be expected
- the ongoing care options available to them.

The Coordinating Medical Practitioner should encourage the patient to communicate their decision about wanting to access voluntary assisted dying with their healthcare team, family, and other supports.

If the medical practitioner accepts the first request but does not want to participate in practitioner administration, they should inform the patient and explain that if the patient later becomes physically incapable of self-administration, they will need to transfer the role of Coordinating Medical Practitioner to another medical practitioner

2. Doctor completes a first assessment

For a patient to access voluntary assisted dying a Coordinating and Consulting Medical Practitioners must each be satisfied that the patient meets the eligibility criteria. Evidence to support this assessment of eligibility must be submitted through the Clinical Portal using the relevant form.

2.1 Preparing for the assessment

Coordinating and Consulting Medical Practitioners should assess a patient's eligibility to access voluntary assisted dying:

- in a timely manner, taking into consideration the needs of the patient and the suffering they are experiencing
- in an environment that considers the patient's wishes, privacy, medical condition, and any suffering they are experiencing
- in a way that enables the patient to actively participate and understand, for example with support of an interpreter or speech pathologist
- with support for the patient from anyone they want involved, for example family, friends, care navigator or relevant VAD liaison.

A medical practitioner can only undertake an assessment of eligibility to access voluntary assisted dying if they meet both the below criteria:

- they meet the requirements to act as the patient's Coordinating or Consulting Medical Practitioner
- they have completed the mandatory training

- they have registered and been approved to access the Clinical Portal.

The patient can prepare for their assessment by completing a Prepare for Assessment Form in the Clinical Portal. It will help the patient to:

- collect information they will need to provide in the first assessment
- collect evidence they require to establish their eligibility, for example proof of age
- understand what to expect at the first assessment.

The Care Navigator Service can also help to support the patient preparing for their assessment.

2.2 Eligibility criteria

After the medical practitioner has successfully completed the mandatory training and determined their eligibility to act as the Coordinating Medical Practitioner for the patient making the first request they can undertake a first assessment to determine if the patient is eligible to access voluntary assisted dying.

A first assessment can take place in-person or using telehealth. Information about administration of voluntary assisted dying medication cannot be discussed by this communication method in line with the restrictions on communicating about voluntary assisted dying.

A First Assessment Report Form must be completed and submitted in the Clinical Portal by the Coordinating Medical Practitioner for all first assessments, regardless of the outcome.

Assessing the eligibility criteria

The medical practitioner must assess whether the patient meets each of the eligibility criteria set out in the Act.

Proof of age

A patient can verify they are aged 18 years or older by providing any of the below documents:

- driver's license
- proof of age card
- birth certificate
- passport
- age pension card
- Seniors Card.

Proof of Australian citizenship or permanent residency

The Department of Home Affairs determines if a person is an Australian citizen or permanent resident.

If a medical practitioner is unsure about how to verify if a person is an Australian citizen or permanent resident, contact the Department of Home Affairs at www.homeaffairs.gov.au.

Born in Australia before 20 August 1986

If the patient was born in Australia before 20 August 1986, they can verify they are an Australian citizen by providing their Australian birth certificate.

Born in Australia on or after 20 August 1986 or born outside Australia

If the patient was born in Australia on or after 20 August 1986 or they were born outside Australia, they can verify they are an Australian citizen by providing one of the below documents:

- an Australian citizenship certificate
- an Australian passport issued in their name on or after 1 January 2000 that was valid for at least two years.

Aboriginal and Torres Strait Islander people with no birth certificate

Aboriginal or Torres Strait Islander people with no birth certificate can provide a completed B19 – Aboriginal and Torres Strait Islander declaration - Application for an Australian Passport.

Australian permanent resident

A patient can verify they are an Australian permanent resident by providing both the below documents:

- passport
- verification of their permanent resident visa from the Department of Home Affairs Visa Entitlement Verification Online (VEVO).

Online verification of a patient's permanent resident visa through Department of Home Affairs can be completed by either:

- the patient

- the patient's advocate
- the Coordinating Medical Practitioner.

Check the details of the verification match the details of the patient's passport.

Proof of South Australian residency for at least 12 months

A patient can verify they live in South Australia and have lived in South Australia for 12 months at the time of making a first request by providing any of the below documents:

- driver's license
- proof of age card
- vehicle registration
- age pension card
- registration on the South Australian electoral roll
- residential lease agreement
- current statement from a financial institution, for example bank, credit union
- utility bill, for example gas, electricity
- medical records
- statutory declaration from a health or support worker confirming the patient has lived in South Australia for 12 months at the time of making a first request
- any other form of identity that shows their name, address, and signature.

Whether a patient lives in South Australia and has lived in South Australia for 12 months at the time of making a first request is a decision reviewable by SACAT.

Short term temporary absences

Short term rental agreements, hotel receipts or documents that show a patient is living with a relative or other evidence of temporary accommodation can be used to verify residency, provided they demonstrate a degree of permanency.

If a person has temporarily lived outside South Australia within 12 months before an assessment for voluntary assisted dying, medical practitioners consider whether the person has a regular and habitual mode of life in South Australia that has continued despite their temporary absence. Take into consideration:

- the person's intention or purpose of living outside South Australia
- whether the person has a substantial connection to South Australia, for example through family or employment

- whether the person has maintained their connection to South Australia, for example paying bills South Australian utility bills, renting, or owning property or other assets in South Australia
- whether the person has maintained social or living arrangements in South Australia, for example continued membership or involvement in sporting or recreational clubs.

If a patient relocates interstate but returns to South Australia permanently after a short period of time, they may still meet the 12 month residency requirement. Residency is not automatically severed. It will depend on the circumstances and must be assessed on the individual circumstances and facts.

Assessment of decision-making capacity

All people, including those with a mental illness or disability, are presumed to have decision-making capacity, including in relation to voluntary assisted dying, unless there is evidence to the contrary.

Medical practitioners must specifically assess the patient's capacity to make decisions about voluntary assisted dying.

Decision-making capacity must be assessed at multiple points in the Voluntary Assisted Dying Pathway:

- as part of the eligibility assessments, including the first assessment, consulting assessment(s) and specialist opinion regarding decision-making capacity
- at the time of the written declaration
- at the time of administration, under a Practitioner Administration Permit.

Decision-making capacity may also be assessed at other stages of the pathway if a health practitioner involved in the persons care expresses concern to the Coordinating Medical Practitioner that the patient has impaired decision-making capacity in relation to voluntary assisted dying.

Medical practitioners should assess a patient's decision-making capacity at a time when:

- the patient's symptom control is optimal
- the patient is not overly tired or medicated
- the patient has the appropriate support, for example support from interpreters

Medical practitioners should use their clinical expertise to provide the patient information about their diagnosis, prognosis, treatment options and information

regarding voluntary assisted dying. Following this, they should check the patient's capacity to:

- understand the information relevant to the decision relating to accessing voluntary assisted dying, and the effect of their decision
- retain information to the extent necessary to make the decision
- use or weigh the information as part of making the decision
- communicate the decision and their views and needs as to the decision.

Depression and decision-making capacity

Someone who is at the end of life may experience depression, a loss of hope and suffering. Having depression does not automatically mean the patient does not have decision-making capacity in relation to voluntary assisted dying. If the medical practitioner assesses that the patient is depressed, they should explore how this is affecting the patient's decision-making capacity and offer treatment or a specialist opinion if required.

Communication barriers and decision-making capacity

A patient may have a communication barrier that affects their ability to be understood by others, for example a communication disability or someone may prefer or need to communicate in a language other than English.

Having a communication barrier does not mean the patient does not have decision-making capacity.

The Act allows a patient to communicate their request to access voluntary assisted dying through speech, gestures or other practical and appropriate techniques including:

- using information or formats tailored to the needs of the patient
- assisting a patient to communicate the patient's decision
- giving a patient additional time and discussing the matter with the patient
- using technology that alleviates the effects of a patient's disability.

Coordinating and Consulting Medical Practitioners should check all the below:

- whether the patient has a communication disorder, for example aphasia, dysarthria, apraxia, anomia

- the patient's most effective form of communication, such as communication boards, technology assisted speech devices.
- the first language of patient being assessed
- whether the patient needs support of an interpreter, translator, or speech pathologist
- hearing difficulty, and use of hearing aides
- visual impairments
- whether the patient has another condition that could impact the patient's ability to be understood by others, for example mental health issues, sleeping problems, dehydration, malnutrition, pain, and fever
- any other communication barrier.

Medical practitioners should make reasonable attempts to ensure a patient has practicable and appropriate support to communicate their decisions.

A patient may also communicate their decision non-verbally, including by:

- writing or drawing
- pointing to a picture or items such as a body part
- sounds with positive or negative intonation
- head nodding for "Yes"
- head shaking for "No"
- blinking, such as once for "Yes", twice for "No".
- shrugging shoulders for "unsure" or "don't know"
- gestures and facial expressions
- purposeful eye gaze
- other symbols of intent or acknowledgement.

Uncertainty about decision-making

The following resources provide general guidance for practitioners on assessing a patient's decision-making capacity:

- Assessing decision-making capacity in relation to voluntary assisted dying tool (PDF 119KB)
- What is decision making capacity? (PDF 126KB)

In addition to these tools, medical practitioners are expected to use their own clinical judgement to assess decision-making capacity.

If a medical practitioner remains uncertain if the patient has decision-making capacity in relation to voluntary assisted dying, they must make a referral for a specialist opinion.

Whether a patient has decision-making capacity in relation to voluntary assisted dying is a decision reviewable by SACAT.

Assessment of medical criteria

The medical practitioner must assess each of the following:

- the patient's diagnosis
- the patient's prognosis
- the patient's perception of the suffering they are experiencing because of their disease, illness, or medical condition
- the options available to alleviate their suffering, for example referral to other members of the multidisciplinary team.

Diagnosis and prognosis

The medical practitioner should assess the patient's diagnosis and prognosis based on the individual's circumstances, for example comorbidities and treatment choices. Take into consideration information gathered through:

- the current consultation
- the patient's medical history
- investigations and reports from other health professionals.

A patient can choose to withdraw from active medical treatment for medical conditions that are being managed but are incurable (such as an incurable cancer that may be managed through chemotherapy). In some cases, this may be expected to lead to the patient's death within six months. Under these circumstances the patient may become eligible to access voluntary assisted dying.

Uncertainty about medical criteria

The following resources provide general guidance for medical practitioners in assessing a patient's prognosis:

- Gold Standards Framework (GSF) Proactive Identification Guidance
- Australian Karnofsky Performance Scale (AKPS)

- Palliative Care Outcomes Collaboration (PCOC)
- Resource Utilisation Groups – Activities of Daily Living
- Supportive and Palliative Care Indicators Tool (SPICT)
- The Surprise Question (SQ)

Medical practitioners should act within their scope of expertise and experience. If they are unable to determine whether a patient meets the medical criteria, they must refer for a specialist opinion. This referral must be to a medical practitioner with sufficient skills and experience in the patient's underlying condition.

Neurodegenerative condition with six to twelve month prognosis

If the Coordinating Medical Practitioner determines that a patient has a neurodegenerative disease, illness, or medical condition that will cause death between 6 and 12 months, they must refer a patient for a specialist opinion to confirm the prognosis.

The referral must be to a specialist medical practitioner with appropriate skills and training in the patient's neurodegenerative disease, illness, or medical condition. For example, a palliative medical specialist, neurologist, general physician, or geriatrician.

The specialist medical practitioner must assess both the below criteria:

- if the patient has a disease, illness or medical condition that is neurodegenerative
- if that disease, illness, or medical condition is likely to cause death between 6-12 months.

In line with the Act, if the patient has a neurodegenerative disease, the Coordinating Medical Practitioner must adopt the current determination of the specialist in relation to which the person was referred to the specialist.

Suffering

Suffering can be defined as "a state of distress related to the imminent, perceived or actual threat to the integrity (intactness) or existential continuity of a patient" (Cassell, 2004). It involves several factors including, but not limited to:

- physical, for example pain, shortness of breath or other bodily symptoms
- psychological, for example, mental exhaustion
- emotional, for example, grief
- social, for example, loss of connectedness
- spiritual, for example, loss of hope
- existential, for example, loss of meaning.

Voluntary Assisted Dying

Suffering is a subjective experience that must be judged by the patient themselves. While a medical practitioner is required to determine that a patient has a serious and incurable condition, it is the patient themselves who determines whether their suffering cannot be relieved in a manner they consider tolerable.

It may be appropriate to discuss with the patient their options for treatment and care to alleviate suffering, for example referral to palliative care services, home medicines review, support through services such as My Aged Care, National Disability Insurance Scheme.

Assessment of voluntary and enduring decision made free from coercion

A medical practitioner must be satisfied the patient's circumstances meet all the below criteria throughout the Voluntary Assisted Dying Pathway:

- their request to access voluntary assisted dying is being made voluntarily
- they are making the decision free from coercion
- their request is enduring.

Talk with the patient on their own and discuss:

- why the patient is requesting voluntary assisted dying
- how they reached the decision to request voluntary assisted dying
- what or who may have influenced them.

Questions medical practitioners could ask the patient include:

- "do you feel any pressure from others to request voluntary assisted dying?"
- "do you have any concerns about your family after you die?"
- "do you have, or are there any significant financial concerns?"
- "is there anything we need to know that you don't want your family to know?"
- "how do your family and friends feel about your request for voluntary assisted dying? Do they support your decision?"
- "is your GP aware of your request for voluntary assisted dying? Does your GP support it?"

A medical practitioner can also observe the dynamics between the patient and their carer or family. If appropriate and the patient consents, the medical practitioner may undertake discussions with carers or family members to explore how they feel about the patient's decision. It may also be appropriate for the medical practitioner to ask other members of the patient's healthcare team if they have made any observations about the patient's motivations for their decision.

Indicators of coercion may include:

- the patient excessively deferring to carers, family, or friends for answers, reassurance, or explanation
- carers, family, or friends talking over the patient and answering on their behalf
- carers, family, or friends unreasonably refusing the patient to be alone for consultation
- inconsistencies in the patient's answers to questions from the doctor about their suffering, medical condition, and voluntary assisted dying in general.

Uncertainty about voluntariness

Medical practitioners who remain uncertain about a patient's voluntariness can make a referral for a specialist opinion.

Suspected coercion or abuse

If a medical or health practitioner suspects that a patient is being coerced or is at risk of or is being abused, contact either of the below for support and advice:

- the Care Navigator Service
- the Adult Safeguarding Unit.

If there is a concern about abuse and or mistreatment by a health service provider, other avenues to report or discuss these concerns can include:

- Aged Care Quality and Safety Commission
- NDIS Quality and Safeguards Commission
- Health and Community Services Complaints Commissioner

Determine the outcome of the first assessment

First Assessment Report Form

A First Assessment Report Form must be completed and submitted in the Clinical Portal by the Coordinating Medical Practitioner for all first assessments, regardless of the outcome.

The first assessment report should include any clinical reports outlining specialist opinions received. All submitted specialist opinion reports must be current.

The completed form and attachments must be uploaded to the Clinical Portal within seven calendar days from the date of the first assessment.

You can choose to email the patient a copy of the *Knowing your choices: Information for people considering voluntary assisted dying booklet* through the Clinical Portal.

Patients considered eligible (first assessment)

If the Coordinating Medical Practitioner is satisfied the patient meets the defined eligibility criteria to access voluntary assisted dying, the Act requires that they inform them about the following:

- their diagnosis and prognosis
- the treatment options available to them, and the likely outcomes of that treatment
- the palliative care options available to them, and the likely outcome of that care
- the potential risks of taking the medication likely to be prescribed for voluntary assisted dying for the purposes of causing their death
- that the expected outcome of taking the medication prescribed for voluntary assisted dying is death
- that they may decide at any time not to continue the request and assessment process
- that if they are receiving ongoing health services from any other medical practitioners, they are encouraged to inform them of their request to access voluntary assisted dying

The Act requires that the Coordinating Medical Practitioner must be satisfied that the patient understands the above information to continue the pathway.

If the Coordinating Medical Practitioner is not satisfied that the patient understands this information the patient must be determined as ineligible to access voluntary assisted dying and the request and assessment process must end (refer to discussions with patients determined as ineligible).

If the Coordinating Medical Practitioner is satisfied that the patient understands this information they may be determined as eligible to access voluntary assisted dying. The Coordinating Medical Practitioner can then:

- discuss the outcome of the assessment with the patient and any support person present
- take reasonable steps to discuss the outcome with the patient's family if the patient consents
- make a referral for a consulting assessment

The Act requires the Coordinating Medical Practitioner to take reasonable steps to explain the relevant clinical guidelines and a plan regarding self-administration of a voluntary

assisted dying medication to a member of the patient's family. The Coordinating Medical Practitioner should only talk to a member of the patient's family with the patient's consent.

Patients determined as ineligible (first assessment)

If the Coordinating Medical Practitioner assesses the patient as ineligible to access voluntary assisted dying, they should discuss all the below with the patient:

- explain to the patient that they are ineligible and why
- explain to the patient that they may become eligible if their circumstances change
- tell the patient they can ask another medical practitioner to assess for access to voluntary assisted dying at any time, if they choose
- tell the patient about their right to request a review of aspects of the decision by the South Australian Civil and Administrative Tribunal, if applicable
- listen compassionately to the patient
- talk with the patient about how their treating healthcare team may alleviate suffering they are experiencing
- ask for the patient's consent to discuss their situation with the treating healthcare team and family, if applicable
- make appropriate referrals if the patient consents
- update the patient's care plan.

Referring for a consulting assessment

Selecting an appropriate Consulting Medical Practitioner

The Act requires that the combined expertise and experience of the Coordinating Medical Practitioner and Consulting Medical Practitioner be sufficient to assess the patient's eligibility.

The Coordinating Medical Practitioner must ensure they refer to a Consulting Medical Practitioner who meets the requirements to participate in line with the Act.

The Consulting Medical Practitioner must:

- hold the requisite five years of experience after completing a fellowship with a specialist medical college or vocational registration (this does not apply if the Coordinating Medical Practitioner fulfills this requirement)
- have relevant expertise and experience in the disease, illness or medical condition expected to cause the person's death (this does not apply if the Coordinating Medical Practitioner has relevant expertise and experience in the disease, illness or medical condition expected to cause the person's death).

The Coordinating Medical Practitioner makes a referral to an appropriate Consulting Medical Practitioner using their usual clinical referral processes, for example sending a letter. You can use the Referral details for consulting assessment template to provide the patient's details as recorded in the Clinical Portal.

Medical practitioners are required to self-declare in the Clinical Portal that they hold relevant expertise and experience in the disease, illness or medical condition expected to cause the death of the patient being assessed.

The Care Navigator Service and relevant VAD liaison can provide advice on the availability of medical practitioner's able to undertake consulting assessments and their relevant scope of practice.

2.3 Referring for a specialist opinion

A medical practitioner may be required to seek a specialist opinion in any of the below circumstances:

- if they are uncertain of a patient's decision-making capacity
- if they are uncertain of a patient's medical condition criteria
- if the patient has neurodegenerative medical condition with prognosis of between six to twelve months
- if they are uncertain of the patient's voluntariness of decision made free of coercion.

This specialist referral is made in addition to the referral for a consulting assessment.

The referring medical practitioner:

- explains the reason for the referral to the patient
- completes the Referral for Specialist Opinion Form
- sends the completed form to the relevant specialist practitioner
- records the referral and the outcome in the Clinical Portal.

The specialist medical practitioner must:

- confirm if they are eligible to accept the referral
- provide an opinion on whether the patient meets the specific eligibility criteria
- undertake an independent determination
- provide a clinical report to the referring Coordinating or Consulting Medical Practitioner.

The Coordinating or Consulting Medical Practitioner may either accept the specialist opinion or rely on their own determination, except if the patient has a neurodegenerative disease in which case, they must adopt the specialist opinion.

Medical practitioners who decide not to adopt a specialist opinion should have clear, robust, and documented reasons for their decisions and must ensure they are acting within the scope of their experience and expertise.

The Coordinating or Consulting Medical Practitioner must use a current specialist opinion to determine a patient's eligibility to access voluntary assisted dying.

Decision-making capacity specialist opinion

The Coordinating or Consulting Medical Practitioner must seek a specialist opinion if they are unable to determine if the patient has decision-making capacity in relation to voluntary assisted dying.

A referral to assess decision-making capacity must be to a registered health or medical practitioner who has appropriate skills and training, for example:

- a psychologist
- psychiatrist
- neuropsychologist
- geriatrician.

Whether a patient has decision-making capacity in relation to voluntary assisted dying is a decision reviewable by SACAT.

Medical condition specialist opinion

The Coordinating or Consulting Medical Practitioner must seek a specialist opinion from another medical practitioner if they are unable to determine if the patient has a disease, illness, or medical condition that meets all the below criteria:

- it is incurable
- it is advanced, progressive, and will cause death
- it is expected to cause death within 6 months
- it is causing suffering to the patient that cannot be relieved in a manner that they consider tolerable.

A referral regarding medical eligibility criteria must be to a specialist medical practitioner with appropriate skills and training in the patient's disease, illness, or medical condition.

Voluntary Assisted Dying

The Coordinating or Consulting Medical Practitioner must use a current specialist opinion regarding a patient's medical condition to determine a patient's eligibility to access voluntary assisted dying.

Neurodegenerative condition with six to twelve month prognosis specialist opinion

The Coordinating Medical Practitioner must seek a specialist opinion to confirm the patient's prognosis if they assess that they meet both the below criteria:

- they have a neurodegenerative disease, illness, or medical condition
- the neurodegenerative condition is expected to cause death between 6 and 12 months.

A specialist opinion is not required if either the neurodegenerative condition is expected to cause death in either:

- less than 6 months
- more than 12 months, as the patient is not eligible.

The referral must be to a specialist medical practitioner with appropriate skills and training in the patient's neurodegenerative disease, illness, or medical condition. For example, a palliative medical specialist, neurologist, general physician, or geriatrician.

The specialist medical practitioner must assess both the below criteria:

- if the patient has a neurodegenerative disease, illness, or medical condition
- if that neurodegenerative condition is expected to cause death between 6 and 12 months.

The specialist medical practitioner then provides a clinical report to the Coordinating Medical Practitioner that sets out their determination.

The Coordinating Medical Practitioner must accept the specialist opinion and make a record of the opinion in the Clinical Portal.

The Coordinating Medical Practitioner must determine a patient's eligibility to access voluntary assisted dying based on the current specialist opinion.

Voluntariness specialist opinion

It is strongly recommended that a Coordinating or Consulting Medical Practitioner seek a specialist opinion if unable to determine if the patient is making the request voluntarily and free from coercion.

A referral to assess voluntariness should be to a health or medical practitioner with appropriate skills and training. For example, a psychiatrist or psychologist.

3. A consulting doctor completes a second assessment

3.1 Receiving a referral for a consulting assessment

Timeline for response to a consulting referral

A Medical practitioner has seven calendar days from the date they receive a referral for a consulting assessment to:

- check if they meet the requirements to accept the consultation referral
- decide if they want to participate in voluntary assisted dying
- complete the Consulting Referral Form to record if they accept or refuse the request in the Clinical Portal.

Certain information must be entered in the Clinical Portal to automatically match the Consulting Medical Practitioner to the relevant patient episode. Enter the information provided on the Referral Details for Consulting Assessment Template into the Consulting Referral Form.

Deciding to accept or refuse a consulting referral

If the Medical practitioner has not completed the mandatory training at the time of receiving the referral they should consider the urgency of the patient's situation and their capacity to undertake a timely assessment. It may be appropriate to discuss this further with the referring Coordinating Medical Practitioner prior to accepting or refusing the referral.

If the Medical practitioner refuses the referral, they must tell the patient and the Coordinating Medical Practitioner as soon as possible.

If the Medical practitioner accepts the referral, they become the patient's Consulting Medical Practitioner.

The Medical practitioner who receives the referral should document the following in the patient's medical record:

- the details of the referral, including the date it was received

- their decision to accept or refuse the referral
- their reason for refusing the referral, if applicable.

3.2 Conducting the consulting assessment

After the Consulting Medical Practitioner has successfully completed the mandatory training, they can undertake a consulting assessment to determine if the patient is eligible to access voluntary assisted dying.

During this assessment, the Consulting Medical Practitioner must undertake their own independent assessment of whether the patient meets the eligibility criteria set out in the Act. The consulting assessment follows the same process as described in

3.3 Determining the outcome of the consulting assessment

The Medical practitioner undertaking the consulting assessment may have access to clinical and other records connected with the first assessment but must form a conclusion independently of the Coordinating Medical Practitioner.

A Consulting Medical Practitioner must refer for a specialist opinion if they are unable to determine whether the patient meets specific eligibility criteria.

A consulting assessment can take place in-person or using telehealth. Information about administration of voluntary assisted dying medication cannot be discussed by this communication method in line with the restrictions on communicating about voluntary assisted dying.

3.3 Determining the outcome of the consulting assessment

Consulting Assessment Report Form

A Consulting Assessment Report Form must be completed and submitted in the Clinical Portal by the Consulting Medical Practitioner for all consulting assessments, regardless of the outcome.

The consulting assessment report should include any clinical reports outlining specialist opinions received.

The completed form and attachments must be uploaded to the Clinical Portal within seven calendar days from the date of the consulting assessment.

Patients considered eligible (consulting assessment)

If the Consulting Medical Practitioner is satisfied the patient meets the defined eligibility criteria to access voluntary assisted dying, the Act requires that they inform them about the following:

- their diagnosis and prognosis
- the treatment options available to them, and the likely outcomes of that treatment
- the palliative care options available to them, and the likely outcome of that care
- the potential risks of taking the medication likely to be prescribed for voluntary assisted dying for the purposes of causing their death
- that the expected outcome of taking the medication prescribed for voluntary assisted dying is death
- that they may decide at any time not to continue the request and assessment process
- that if they are receiving ongoing health services from any other medical practitioners, they are encouraged to inform them of their request to access voluntary assisted dying.

The Act requires that the Consulting Medical Practitioner must be satisfied that the patient understands the above information to continue the pathway.

If the Consulting Medical Practitioner is not satisfied that the patient understands this information the patient must be determined as ineligible to access voluntary assisted dying and the request and assessment process must end (refer to discussions with patients determined as ineligible).

If the Consulting Medical Practitioner is satisfied that the patient understands this information they may be determined as eligible to access voluntary assisted dying. The Consulting Medical Practitioner can then:

- notify the patient of the outcome of the consulting assessment
- complete the Consulting Assessment Form
- provide a copy of the Consulting Assessment Form to the Review Board and Coordinating Medical Practitioner via the Clinical Portal

Patients determined as ineligible (consulting assessment)

If the Consulting Medical Practitioner determines that the patient is ineligible to access voluntary assisted dying, they must:

- notify the patient of the outcome of the consulting assessment
- complete the Consulting Assessment Form

- provide a copy of the Consulting Assessment Form to the Review Board and Coordinating Medical Practitioner via the Clinical Portal

The Coordinating Medical Practitioner can make a referral for an additional consulting assessment if they deem it appropriate to do so.

Discussing the outcome of the assessments

Once the Coordinating Medical Practitioner has been notified of the outcome of the consulting assessment, they should make time with the patient to discuss the outcome of the assessment process and any next steps. This consultation may occur in person or using telehealth, depending on the nature of the discussion. Any conversation that substantially instructs a patient on how to self-administer the voluntary assisted dying medication must occur in person in line with the *Criminal Code Act 1995* (Cwth).

Additional consulting assessments

If a patient that the Coordinating Medical Practitioner has determined as eligible to access voluntary assisted dying has been determined as ineligible in the consulting assessment it may be appropriate to refer them for an additional consulting assessment. This should be discussed with the patient.

Discussing expectations of voluntary assisted dying

If a patient is determined by the Coordinating and Consulting Medical Practitioner as being eligible to access voluntary assisted dying, the Coordinating Medical Practitioner should begin to explore the patient's expectations about the Voluntary Assisted Dying Pathway. This discussion will help to ensure that the patient can be adequately supported in their plans for administering the medication. If the patient consents, family members or dedicated care workers can be included in this discussion as appropriate.

Discussions should include:

- the benefits of informing their family, carers, and other relevant supports about their decision to access voluntary assisted dying
- the next steps in the Voluntary Assisted Dying Pathway, including future actions for both the patient and the Coordinating Medical Practitioner.
- the location where the patient prefers to die, for example home, hospice, residential aged care facility, hospital
- who the patient wants present at the time of administering the voluntary assisted dying medication

- how administration will be arranged between the Coordinating Medical Practitioner and the patient, if the Coordinating Medical Practitioner is to administer the medication
- preparing those present at the time of administration for what happens during the process of death and what they need to do at that time and shortly after
- any cultural considerations, spiritual requirements and rituals that are important to the patient and their family
- making arrangements for a medical practitioner, or a registered nurse or midwife in the absence of a medical practitioner, to declare life extinct to allow a deceased body to be moved, for example by a Funeral Director
- which medical practitioner will be contacted to certify the patient's death if the Coordinating Medical Practitioner will not be certifying the death
- what arrangements are in place for the care and transportation of the person's body after death
- the need to nominate a funeral director.

The patient can use the resources below to prepare for their death:

- End of Life Planning Checklist and Worksheet
- Plan Ahead

3.4 Transferring the role of Coordinating Medical Practitioner

Once a patient has been assessed as being eligible to access voluntary assisted dying in both the first assessment and consulting assessment, it may be necessary for the role of Coordinating Medical Practitioner be transferred to the Consulting Medical Practitioner.

This request may be initiated by either the patient or their Coordinating Medical Practitioner.

Record the transfer of the role of Coordinating Medical Practitioner in the Clinical Portal.

The Coordinating Medical Practitioner makes a request

The Coordinating Medical Practitioner may ask the Consulting Medical Practitioner to transfer the Coordinating Medical Practitioner role to them. The Consulting Medical Practitioner has seven calendar days to inform the Coordinating Medical Practitioner if they accept or refuse the request.

If the Consulting Medical Practitioner accepts the transfer

If the Consulting Medical Practitioner accepts the transfer, the Coordinating Medical Practitioner:

- tells the patient
- records the transfer in the patient's medical record
- completes the Coordinating Medical Practitioner Transfer Form
- submits the completed form to the Board in the Clinical Portal as soon as possible.

If the Consulting Medical Practitioner refuses the transfer

If the Consulting Medical Practitioner refuses the transfer, the Coordinating Medical Practitioner should try to identify an alternative Consulting Medical Practitioner who is willing to accept the role transfer. The nominated Consulting Medical Practitioner must then complete an additional consulting assessment of the patient. If they determine the patient to be eligible to access voluntary assisted dying the Coordinating Medical Practitioner can progress with transferring the role of Coordinating Medical Practitioner.

4. Complete a written declaration to access voluntary assisted dying

After a Coordinating and Consulting Medical Practitioner have each assessed the patient as eligible to access voluntary assisted dying, the patient may make a second request to access voluntary assisted dying through a written declaration. This declaration requires the patient to arrange an appointment with the Coordinating Medical Practitioner.

4.1 Making the written declaration

At the patient's request, the Coordinating Medical Practitioner downloads a Written Declaration Form from the Clinical Portal.

The signing of the Written Declaration Form must occur in person, with the following people present:

- the patient
- two eligible witnesses
- the Coordinating Medical Practitioner
- someone to sign the declaration on the patient's behalf, if the patient is unable to sign the declaration
- the patient's interpreter, if required.

4.2 Requirements for witnesses – written declaration

Witnessing a written declaration does not require prior knowledge of the patient or specialist knowledge but is based on the Witness's observation of the patient at the time.

A person is not eligible to witness a written declaration if they meet any of the below criteria:

- they are aged 17 years or younger
- they know or reasonably believe they may be a beneficiary under the patient's will
- they know or reasonably believe they may otherwise benefit from the death of the patient
- they are an owner of or are responsible for the day-to-day operation of a health facility where the patient lives or is being treated
- they are directly involved in providing health services or professional care to the patient making the declaration.

Not more than one witness may be a family member of the person making the written declaration.

A stepchild is considered a family member. If a person wants their stepchild to witness their written declaration, it would be prudent that no other family member act as the second witness.

If a patient does not know someone eligible to be a witness, it may be appropriate for an administrative health service staff member, care navigator or relevant VAD liaison to be their witness where they are not directly involved in providing health service or professional care to the patient. This includes supporting a person to access and progress through the voluntary assisted dying process.

Signing the written declaration

In the presence of the two witnesses, the Coordinating Medical Practitioner should discuss with the patient:

- their decision
- their understanding of the effects, potential risks, and outcome of taking the voluntary assisted dying medication

- that the expected outcome of taking the voluntary assisted dying medication is death.

Two witnesses must independently certify on the written declaration all the below:

- that the patient making the declaration appeared to freely and voluntarily sign the declaration or direct another person to sign it on their behalf
- that the patient appeared to have decision-making capacity in relation to voluntary assisted dying
- that the patient appeared to understand the nature and effect of making the declaration
- that, to the best of their knowledge, they are not ineligible to be a witness.

If the patient is supported by an interpreter to make a written declaration, the interpreter must also certify on the declaration that they provided a true and correct translation of any material translated.

The Written Declaration Form is signed by:

- the patient
- two witnesses
- the interpreter, if required
- another person signing the declaration on the patient's behalf.

Another person signing the declaration on the patient's behalf must:

- be aged 18 years or older
- not be a witness to the signing of the declaration
- sign the declaration on the patient's behalf in the patient's presence.

The Coordinating Medical Practitioner:

- records the date the written declaration was made in the patient's medical record
- submits the completed Written Declaration Form in the Clinical Portal.

5. Make a final request for voluntary assisted dying

After signing a written declaration, a patient may make a third and final request to access voluntary assisted dying to their Coordinating Medical Practitioner. This final request may be made at the same appointment as the written declaration.

The Coordinating Medical Practitioner records that the final request has been made in the Clinical Portal.

Making the final request

The final request must be made:

- after the written declaration is signed and witnessed
- at least nine calendar days after the date the patient made the first request, unless the Coordinating and Consulting Medical Practitioners have each independently assessed that patient's death is likely to occur before the end of that nine calendar day period
- at least one calendar day after the consulting assessment was completed.

The patient may make the final request either:

- verbally
- by gestures
- with support of an interpreter
- by any other means of communication available to the patient.

6. Choose a contact person

After making a final request, the patient must appoint a Contact Person. This process does not require the Coordinating Medical Practitioner to be present.

Contact Person responsibilities

The Contact Person is responsible for:

- returning any unused or remaining voluntary assisted dying medication to the Pharmacy Service within fifteen days after the date of the patient's death
- being contacted by the Voluntary Assisted Dying Review Board Secretariat on behalf of the Board after the person dies.

Requirements for the Contact Person

The Act requires a Contact Person to:

- be aged 18 years or older
- accept the appointment as the Contact Person.

The Contact Person may be:

- the patient's carer, family member, friend
- someone involved in providing care to the patient.

If there is no other practical alternative, contact the Voluntary Assisted Dying Care Navigator Service for support.

Appointing the Contact Person

At the patient's request, the Coordinating Medical Practitioner downloads a Contact Person Appointment form from the Clinical Portal.

The patient and their Contact Person must complete and sign the Contact Person Appointment form in the presence of another person aged 18 years or older.

If the patient is unable to sign the Contact Person Appointment form, another person may sign the form on behalf of the patient. Another person signing the declaration on the patient's behalf must:

- be aged 18 years or older
- not be a witness to the signing of the Contact Person Appointment form
- not be the person to be appointed as the Contact Person
- sign the declaration on the patient's behalf in that patient's presence.

If the patient is supported by an interpreter, the interpreter must also certify on the Contact person appointment form that they provided a true and correct translation of any material translated.

The patient must provide the completed Contact Person Appointment form to the Coordinating Medical Practitioner who:

- checks the form is complete and correct
- uploads the completed Contact Person Appointment form in the Clinical Portal.

Changing the Contact Person

The patient may change their Contact Person at any time, including at the request of the Contact Person.

If the Contact Person changes, the person must appoint a new Contact Person as soon as possible.

7. Doctor completes a final review

Once the patient has appointed their Contact Person, the Coordinating Medical Practitioner must complete a final review to confirm that the request and assessment process has been completed in line with the Act.

The Coordinating Medical Practitioner reviews each of the following forms in the Clinical Portal:

- First Assessment Report form
- Consulting Assessment Report form
- Written Declaration form
- Contact Person Appointment form.

The Coordinating Medical Practitioner completes a Final Review form in the Clinical Portal and submits it within seven calendar days.

A minor or technical error in any of the submitted forms will not affect the validity of the request and assessment process.

Discuss the prescribing and administration process

Upon undertaking the final review, the Coordinating Medical Practitioner should inform the patient about the next steps in the process, including:

- the permit application process
- that the permit will be processed within three business days
- the process for dispensing the voluntary assisted dying medication through the Pharmacy Service
- the administration process, including the patient's preferences for when and where they want the administration to take place
- any other plans required to support the patient's end of life needs
- plans and support needs of the patient's family, friends, and carers at the time of administration.

The Coordinating Medical Practitioner should confirm that the patient wants to continue with the process to access voluntary assisted dying.

The patient may ask a registered health practitioner to attend at the time of administration. Individual health practitioners decide whether to attend or not attend.

8. Doctor prescribes medication once permit approved

8.1 Applying for a permit

A patient is only able to access the voluntary assisted dying medication if they have been issued a permit by the Chief Executive, Department for Health and Wellbeing.

The patient's Coordinating Medical Practitioner can apply for this permit if each of the below criteria are met:

- they are satisfied that the patient has decision-making capacity in relation to voluntary assisted dying
- they are satisfied that the patient's request to access voluntary assisted dying is enduring
- the patient has expressed that they want to continue with the process to access voluntary assisted dying.
- they have submitted the Final Review Form in the Clinical Portal
- they have determined if the appropriate mode of administration is self-administration or practitioner administration
- they have determined the appropriate route of administration - e.g. oral

Permit types

There are two types of permits:

- a Self-administration Permit for patients who can self-administer and digest the medication
- a Practitioner Administration Permit for patients who are physically incapable of self-administering or digesting the medication.

A Self-administration Permit authorises specific individuals to undertake the following roles in relation to the voluntary assisted dying medication:

- the Coordinating Medical Practitioner specified in the permit is authorised to prescribe and supply the medication to the patient

- the patient who is the subject of the permit is authorised to obtain, possess, store and, if they choose, self-administer the medication
- the Contact Person nominated by the patient is authorised to possess, store, carry and transport the medication only for the purposes of returning the medication to the South Australian Voluntary Assisted Dying Pharmacy Service for disposal.

A person who is issued a Self-administration Permit must have the physical capacity to self-administer the voluntary assisted dying medication without any help. For example:

- if the patient drinks the medication, they must be able to hold the cup or drink through a straw unassisted
- if the patient administers the medication via an enteral tube, they must be able to connect, push, disconnect, flush, and empty the tube.

If the practitioner makes an assessment that the patient cannot self-administer the medication, they must apply for a Practitioner Administration Permit.

A Practitioner Administration Permit authorises the Coordinating Medical Practitioner to undertake roles in relation to the voluntary assisted dying medication. Under a Practitioner Administration Permit, the Coordinating Medical Practitioner is authorised to:

- prescribe, possess, and supply the medication to the patient, and
- administer the medication to the patient at their request, in the presence of a witness.

Submitting the permit application

The Coordinating Medical Practitioner applies for the permit by completing the relevant form in the Clinical Portal.

The permit application will require the Coordinating Medical Practitioner to:

- identify the patient who is the subject of the permit
- specify the mode of administration (self-administration or practitioner administration)
- specify the voluntary assisted dying medication and route of administration
- specify the nominated Contact Person
- provide a statement that as the Coordinating Medical Practitioner, they are satisfied that at the time of making the request:
    - the patient has decision-making capacity in relation to voluntary assisted dying, and
    - the patient's request to access voluntary assisted dying is enduring.

The Coordinating Medical Practitioner receives an email notification of permit application submission. The email provides general information about the next steps of the process after application submission.

Timeline for permit approval

The Voluntary Assisted Dying Operations team:

- review the permit application and forms submitted in the Clinical Portal
- contact the Coordinating Medical Practitioner to confirm any issues arising
- seek approval for a permit from the Chief Executive.

The Chief Executive has three business days to determine if a permit will be granted.

Once the application has been processed, the patient and Coordinating Medical Practitioner will be immediately notified through the Clinical Portal.

The Chief Executive may refuse a permit application if they are not satisfied that the request and assessment process has been completed in line with the Act. If a permit application is refused, the Voluntary Assisted Dying Operations team will notify the Coordinating Medical Practitioner and provides reasons for the decision.

Once a voluntary assisted dying permit has been granted it has no expiry date.

Changing from a Self-administration to a Practitioner Administration Permit

Only the patient who is the subject of a Self-administration Permit is legally authorised to administer the voluntary assisted dying medication. If, having been issued such a permit, the patient becomes unable to physically self-administer the medication or becomes unable to digest enterally administered medicines, it may be appropriate for them to change to a Practitioner Administration Permit.

Patient requests to change to a Practitioner Administration Permit

To change to a Practitioner Administration Permit, the patient specified in the Self-administration Permit must make a personal request to the Coordinating Medical Practitioner. This can be done verbally or by gestures or other means of communication.

Cancellation of an existing permit

A new Practitioner Administration Permit will only be granted once the existing Self-administration Permit has been cancelled. This will only occur if:

- the Coordinating Medical Practitioner lodges a notification that an unfilled prescription has been destroyed, or

- the Pharmacy Service lodges a voluntary assisted dying medication disposal form.

Once the Coordinating Medical Practitioner has been notified that the Self-administration Permit has been cancelled, they are able to submit a new application for a Practitioner Administration Permit.

8.2 Prescribing the medication

The Coordinating Medical Practitioner can only prescribe the voluntary assisted dying medication once they have been granted a voluntary assisted dying permit.

The *Voluntary Assisted Dying Prescription and Administration Handbook* provides detailed guidance to medical practitioners who have completed the mandatory training about the prescribing and administration process including:

- the approved voluntary assisted dying medication(s)
- recommended pre-medications
- guidelines for self-administration and practitioner administration
- written patient information resources

The Pharmacy Service is available to provide medical practitioners with advice and support throughout the prescribing and administration process.

Patient information

The Coordinating Medical Practitioner should ensure that any patient who is the subject of a voluntary assisted dying permit is adequately informed prior to prescribing the medication. This can be facilitated by ensuring the patient is provided with written patient information. This should include information about the following:

- the voluntary assisted dying medication, what is involved with administration of the medication and any associated risk(s)
- that they are under no obligation to obtain the medication and can ask to cancel an unfilled prescription or return a dispensed medication kit at any time
- details of the Pharmacy Service and the opportunity to seek further advice or information, and
- how to arrange supply of the medication.

In addition to the abovementioned information, the Act requires a patient who is the subject of a Self-administration Permit to be informed of the following before prescribing:

- that the medication must be stored in the locked box provided, with the key kept in their possession

- how to prepare and self-administer the medication
- that they or their nominated Contact Person must return any unused medication to the Pharmacy Service for disposal if they decide not to use it or are no longer able to self-administer
- that after their death, their nominated Contact Person must return any unused medication to the Pharmacy Service for disposal that is not self-administered.

Information regarding the preparation and self-administration of the voluntary assisted dying medication must be provided in person. Use of a carriage service - e.g. the internet or telephone, is not permitted when providing information to a patient about how to self-administer a voluntary assisted dying medication.

Written patient information resources are available to Coordinating Medical Practitioners in the *Prescription and Administration Handbook.*

Discussing plans for end of life

In addition to providing information about the voluntary assisted dying medication, the Coordinating Medical Practitioner should also spend time with the patient and, where possible, their support person(s) to discuss the plans for their death.

Conversations about end of life may be challenging for those involved. The patient may be supported by another member of their healthcare team during these conversations, for example a palliative care nurse or social worker.

Where will administration take place?

The patient should be encouraged to choose a safe environment where they feel comfortable and can have privacy with their chosen support people present. In many cases, this will be in a private home.

If the patient chooses to self-administer somewhere other than a private home, for example a hospital or community health service, they should communicate with staff at the facility to ensure the location is willing and able to safely meet their needs.

Voluntary assisted dying permits only apply within the South Australian borders. The Coordinating Medical Practitioner should inform the patient that they and their family will not be protected by the Act if they administer the medication outside of South Australia.

If the patient is the subject of a Practitioner Administration Permit and the Coordinating Medical Practitioner is interstate or overseas, the Coordinating Medical Practitioner must either:

- travel to administer the medication to the patient in South Australia

- transfer the Coordinating Medical Practitioner role to a Consulting Medical Practitioner who can administer the medication to the patient in South Australia.

Who will be present for the patient's death?

During the discussion prompt the patient to consider who will be present at their death, including:

- who will support the patient, for example, carers, family, friends, care navigator or VAD liaison
- will someone need to be present to undertake any religious or cultural rituals or practices that are important to the patient
- does the patient want support from their palliative care or other care provider
- who will act as a witness for practitioner administration
- a medical practitioner, or a registered nurse or midwife in the absence of a medical practitioner, to declare life extinct to allow a deceased body to be moved, for example by a funeral director.

The patient should be informed of the importance of having at least one support person present when they self-administer the medication. Explain that this helps to make sure the medicine works effectively, ensures their body can be cared for after death, and ensures any unused medication is safely stored and returned to the Pharmacy Service for disposal.

Being present for a patient's death can be a positive experience for carers, family, or friends, but may be confronting for some. Encourage the patient to prepare their supporters for what to expect and decide whether attending the death is right for them. The patient may ask a health practitioner or care worker to provide this support. They have no obligation to agree to this request.

Writing the prescriptions

Once the patient has been provided with the required information, the Coordinating Medical Practitioner can prescribe the voluntary assisted dying medications.

Further detail on the prescribing process can be found in the *Prescription and Administration Handbook*.

All prescriptions for voluntary assisted dying within South Australia are dispensed by the Pharmacy Service. Once the prescription has been written, the Coordinating Medical Practitioner will deliver the prescription directly to the Pharmacy Service.

9. Arrange supply of medication with pharmacist

Once the prescription is in the possession of the Pharmacy Service the patient can request that it be supplied, up to six months after the date on which the prescription was written.

9.1 Arranging supply

Supply for self-administration

The patient or their nominee (in the case of someone with communication difficulties) will be instructed to contact Pharmacy Service directly to arrange supply for self-administration. During this consultation with the patient, the pharmacist will plan how to deliver the medication to the patient.

In most cases, the self-administration kits will be dispensed from the Pharmacy Service directly to the patient specified on the Self-administration Permit. No other person is authorised to possess the voluntary assisted dying medication or receive supply of a voluntary assisted dying medication kit dispensed under a Self-administration Permit. If required, re-supply of a voluntary assisted dying medication kit dispensed under a Self-administration Permit must be arranged through the Pharmacy Service.

Supply for practitioner administration

For practitioner administration, the patient will be instructed to discuss supply arrangements with their Coordinating Medical Practitioner. Once a suitable time and location for administration has been determined, the Coordinating Medical Practitioner must contact the pharmacy service to arrange supply. During this consultation, the pharmacist will determine the most appropriate method of supply with the Coordinating Medical Practitioner, either collection from Pharmacy Service or personal delivery. If required, re-supply of a voluntary assisted dying medication

kit dispensed under a Practitioner Administration Permit must be arranged through the Pharmacy Service.

9.2 Pharmacy Service supplies the medication kit

When the pharmacist dispenses the voluntary assisted dying medication, they must provide the patient with the following information as required by the Act:

- details about the prescribed medication and how it should be administered
- the storage requirements for the dispensed medication kit
- that the patient is under no obligation to administer the medication
- that the patient or Contact Person must return any unused medication to the Pharmacy Service if the patient decides not to self-administer or changes to a Practitioner Administration Permit
- that the Contact Person must return any unused medication to the Pharmacy Service after the patient dies.

Labelling requirements

The voluntary assisted dying medication is supplied in the form of a kit containing the medication in a locked box, along with written information and any other equipment required. In addition to any labelling requirements of the Uniform Poisons Standard or any other Act, the Pharmacy Service attaches a labelling statement to the locked box that:

- warns of the purpose of the dose of the voluntary assisted dying medication
- states the dangers of self-administering the voluntary assisted dying medication
- states that the voluntary assisted dying medication must be stored in a locked box that satisfies the prescribed specifications
- states that any unused or remaining voluntary assisted dying medication must be returned by the patient to whom it was dispensed or the relevant Contact Person to a pharmacist at the Pharmacy Service.

Storage requirements

Once dispensed by the pharmacist, the voluntary assisted dying medication must be stored by the patient in the locked box provided. The key to the locked box should be held securely by the patient named in the Self-administration Permit.

For self-administration, the patient should be advised to inform their nominated Contact Person of the storage location.

If the patient brings their voluntary assisted dying medication to a hospital or other health facility, they are encouraged to tell the health facility that they have the medication in their possession.

Health facilities may ask the person to give their voluntary assisted dying medication to the facility for safe storage.

In line with the Act, health facilities cannot force the person to give them their voluntary assisted dying medication and must give the patient access to their medication when they request it.

Later decline in decision-making capacity and self-administration

If a person presents to a health facility in the state of confusion or delirium and has their voluntary assisted dying medication in their possession, staff should either:

- tell the Coordinating Medical Practitioner if they know who it is
- contact the Voluntary Assisted Dying Pharmacy Service for advice regarding the medication kit (if in possession of the patient)
- contact the relevant VAD liaison if the patient is at a public health facility.

The treating medical practitioner should assess the patient's ability to make decisions about voluntary assisted dying and determine if the confusion or delirium is temporary or ongoing.

If the patient is permanently no longer able to make decisions about voluntary assisted dying, the treating medical practitioner should consider undertaking the following steps:

- consult relevant specialists, for example the Coordinating Medical Practitioner
- contact the care navigator or relevant VAD liaison for support, if required
- contact the Pharmacy Service for advice
- seek guidance from the relevant health service's Safety and Quality Unit
- discuss the situation with the patient's Contact Person and other relevant support people, if appropriate.

Medical practitioners, health facilities, families or the patient's Contact Person cannot force the person to give them their voluntary assisted dying medication or stop a person for bringing their medication to a health facility.

Anyone with a sufficient interest in the matter may apply to SACAT for a review of whether the person has or does not have decision making capacity in relation to voluntary assisted dying.

Contact the Operations team at Health.VADOperations@sa.gov.au for advice before commencing an application to SACAT in these circumstances.

10. Decide to administer the medication

10.1 Self-administration

Once the voluntary assisted dying medication kit has been supplied to the patient specified in the permit, they can decide if, when and where they will self-administer the medication.

A Self-administration Permit only authorises use of the voluntary assisted dying medication within South Australian borders.

Patients should be recommended that they inform others about their plans, such as family and friends, the Coordinating Medical Practitioner, a care navigator, or the relevant VAD liaison. This can help to ensure things go smoothly on the day and that arrangements are in place to care for the body after death occurs.

Patients are advised to inform the nominated Contact Person and Coordinating Medical Practitioner of their plans to administer the medication.

Patients must have the physical capacity to self-administer the voluntary assisted dying medication without any help. If they are no longer able to physically self-administer the medication or become unable to digest enterally administered medicines, it may be appropriate for them to change to a Practitioner Administration Permit.

If at any time the patient decides they no longer want to access voluntary assisted dying they can contact Pharmacy Service to arrange return of the medication kit.

Detailed information about the self-administration process will be provided by the pharmacist when the voluntary assisted dying medication kit is supplied, including a written information booklet.

In most self-administration cases death can occur within 60 minutes of taking the medication, but it can sometimes take longer.

10.2 Practitioner administration

Practitioner administration must occur in the presence of a witness.

The Witness and the Coordinating Medical Practitioner must each complete sections of the Practitioner Administration Form, as required by the Act.

Administration request

The patient who is the subject of the permit must make a personal administration request to their Coordinating Medical Practitioner in the presence of the Witness. This request can be verbal, by gesture, or by other means of communication.

Coordinating Medical Practitioner responsibilities

Before administering the medication, the Coordinating Medical Practitioner must be satisfied of each of the following:

- the patient has decision-making capacity in relation to voluntary assisted dying
- the patient's request to access voluntary assisted dying is enduring
- the patient understands that the medication will be administered immediately after the request is made.

Further advice regarding the administration of the medication is available in the voluntary assisted dying prescribing and administration handbook, accessible to medical practitioners who have completed the mandatory training.

Witness requirements and certification

The Witness must be present for both the administration request and the administration of the medication by the Coordinating Medical Practitioner.

The Act requires the Witness to be:

- aged 18 years or older and
- acting independently of the patient's Coordinating Medical Practitioner.

Being independent of the Coordinating Medical Practitioner means the person must:

- not be a family member of the Coordinating Medical Practitioner or
- be employed or engaged under a contract for services by the Coordinating Medical Practitioner.

Administering the medication

Other health practitioners may assist the Coordinating Medical Practitioner and/or provide support to the patient. Only the Coordinating Medical Practitioner can administer the medication.

In line with good medical practice, the Coordinating Medical Practitioner who administers the voluntary assisted dying medication should remain with the patient until death occurs.

Time for medication to take effect differs for enteral and intravenous administration. For most enteral practitioner administrations death can occur within 60 minutes of taking the medication, but it can sometimes take longer. For intravenous administration death occurs at the end of the procedure involving a series of injections which would take around 10 minutes.

Certification by the Coordinating Medical Practitioner and Witness

The Coordinating Medical Practitioner and witness must each complete and sign one hardcopy of the Practitioner Administration Form.

By signing the Practitioner Administration Form, the Witness certifies all the below:

- the patient appeared to have decision-making capacity in relation to voluntary assisted dying at the time of making their administration request
- the patient appeared to be acting voluntarily and without coercion
- the patient's request to access voluntary assisted dying appeared to be enduring
- the Coordinating Medical Practitioner administered the voluntary assisted dying medication to the patient.

By signing the Practitioner Administration Form the Coordinating Medical Practitioner certifies all the below:

- the patient was physically incapable of the self-administration or digestion of the voluntary assisted dying medication

- the patient at the time of making the administration request, had decision-making capacity in relation to voluntary assisted dying
- the patient in requesting access to voluntary assisted dying acted voluntarily and without coercion
- the patient's request to access voluntary assisted dying was enduring.

The Coordinating Medical Practitioner must upload and submit this form in the Clinical Portal within seven calendar days from the date they administered the medication.

Unexpected events

If a health practitioner is present for the administration of the voluntary assisted dying medication, they may be required to respond to an unexpected event.

In the event of a patient experiencing an unexpected event following the administration of the voluntary assisted dying medication, the registered health practitioner should provide treatment to ensure the patient is comfortable. Health practitioners are not permitted to administer doses of medications to intentionally hasten the patient's death beyond that which has been specified by the voluntary assisted dying permit.

Health practitioners are under no obligation to attempt life sustaining measures unless the patient requests it. Health practitioners or ambulance paramedics are protected by the Act if all the below apply:

- they act in good faith, and
- they do not administer lifesaving or sustaining medical treatment to a patient, and
- the patient has not requested lifesaving or sustaining medical treatment, and
- they reasonably believe the patient is dying after being administered voluntary assisted dying medication in accordance with the Act.

In this circumstance health practitioners or ambulance paramedics are not:

- guilty of an offence
- liable for unprofessional conduct or professional misconduct
- liable in any civil proceedings
- liable for contravention of any code of conduct.

This provision does not prevent a health practitioner or ambulance paramedic from providing care to ensure the patient's comfort.

11. Death certification

Family members, friends and carers of the patient are asked to notify the Coordinating Medical Practitioner when a patient who is accessing voluntary assisted dying dies.

11.1 Certifying cause of death for people who have accessed voluntary assisted dying

When a patient who is the subject of a voluntary assisted dying permit dies, a doctor must certify their death by completing and submitting a Doctor's Certificate of Cause of Death form within 48 hours if the medical practitioner either:

- was responsible for the patient's medical care immediately before their death
- examined the body of the patient after death.

Doctors Certificate Cause of Death form

On 31 January 2023 Births, Deaths, and Marriages updated the Doctor's Certificate of Cause of Death form with changes to capture deaths of people who are the subject of a voluntary assisted dying permit.

The form can now be accessed, completed, and submitted online.

Medical practitioners can access the new digital Doctor's Certificate of Cause of Death form by either:

- contacting the Registrar of Births Deaths and Marriages at www.sa.gov.au/bdm/doctors
- in the Clinical Portal Resource Hub
- in the medication information provided by the Pharmacy Service when they deliver the voluntary assisted dying medication.

Recording cause of death

In "Part 3 – Causes of Death", the medical practitioner should record the cause of death as the disease, illness or medical condition that was the grounds for the patient to access voluntary assisted dying.

The Medical practitioner should not record the cause of death as “voluntary assisted dying”, “euthanasia”, “medication”, “poisoning”, “overdose” or other similar terminology.

This is to maintain the confidentiality of the patient having accessed voluntary assisted dying, as the cause of death recorded on the Doctor’s Certificate of Cause of Death form is also recorded on the person’s death certificate accessible by the person’s family, legal guardian, executor, or power of attorney.

Recording manner of death

If the Medical practitioner knows or has reason to believe that the patient was the subject of a voluntary assisted dying permit, they must declare this on the Certification of Death form.

Medical practitioners should use their professional judgment to determine whether they have such a reasonable belief, taking into consideration:

- evidence that the medications have been used, for example a voluntary assisted dying medication kit near the deceased
- knowledge of the patient’s voluntary assisted dying permit through prior communication with the patient or their family.

The medical practitioner declares their knowledge of belief in “Part 4 – Manner of death” of the form by choosing one of the below options:

1. The deceased was the subject of a voluntary assisted dying permit and the voluntary assisted dying medication specified in the permit was not self-administered by the person or administered to the person.
2. The deceased was the subject of a Self-administration Permit and accessed voluntary assisted dying by self-administering the voluntary assisted dying medication specified in the permit.
3. The deceased was the subject of a Practitioner Administration Permit and accessed voluntary assisted dying by being administered the voluntary assisted dying medication specified in the permit.

In “Part 4 - Manner of Death”, the medical practitioner must also record both the below:

- the disease, illness or medical condition that was the grounds for the person to access voluntary assisted dying.

- the length of time the person had that disease, illness, or medical condition.

Submitting the Doctors Certificate Cause of Death form

Medical practitioners give completed forms to both the Registrar of Births Deaths and Marriages and the State Coroner.

Give completed forms to Births, Deaths, and Marriages by either:

- uploading a copy at www.sa.gov.au/bdm/doctors
- posting a copy to GPO Box 1351, Adelaide 5001.

Give completed forms to the State Coroners by emailing a copy to coroner@courts.sa.gov.au.

Reporting requirements of Births, Deaths, and Marriages

The Registrar of Births, Deaths and Marriages notifies the Voluntary Assisted Dying Review Board Secretariat when they receive a notification that a person who was granted a voluntary assisted dying permit has died.

The Voluntary Assisted Dying Review Board Secretariat completes the Notification of Death form and closes the episode in the Clinical Portal.

Reporting requirements of the Coroners Court

A voluntary assisted dying death does not fall within the definition of a reportable death as defined in Section 3 of the *Coroners Act 2003* (SA).

However, if a doctor believes that the death was unexpected, unnatural, unusual, violent, unknown cause or meets any of the other criteria of a reportable death set out in Section 3 of the *Coroners Act 2003,* they should report the death to the Coroner. In most cases the Coroner will not need to investigate the death.

The Coroner is required to include data in relation to voluntary assisted dying in South Australia each year within the annual report.

11.2 Return of unused or remaining medication

The Review Board must provide information to the patient's nominated Contact Person within seven working days of being notified of the death by the Office of Births, Deaths, and Marriages. This information must:

- set out the requirement for the Contact Person to return any unused or remaining medication to the Pharmacy Service, and

- outline the support services available to assist the Contact Person to fulfil this requirement.

The Contact Person is required to return the voluntary assisted dying medication to the Pharmacy Service within fifteen calendar days of the patient's death. This can be arranged by contacting the Pharmacy Service.

The Contact Person is the only person permitted by law to possess or transport any unused or remaining medication to return it to the Pharmacy Service.

The Contact Person can contact the Pharmacy Service if they require assistance.

The Pharmacy Service will safely dispose of the unused medication as soon as practicable. The pharmacist who disposes of the medication is responsible for completing and submitting the voluntary assisted dying medication disposal form within seven calendar days.

11.3 Grief and bereavement support

Voluntary assisted dying shifts the timing of death from the unknown to a planned and managed occurrence. This level of management at the end of life is new and how it impacts on bereavement is yet to be fully understood.

There can be grief experienced in the way the decision to access voluntary assisted dying is negotiated. Family may take time to accept the decision of the patient. Anticipatory grief is likely to occur as the family members prepare for the voluntary assisted dying event.

For those patients receiving concurrent support from a specialist palliative care service, bereavement care is available to family members. For those patients' accessing voluntary assisted dying independently from a specialist palliative care service, bereavement care options are limited.

Medical and other health practitioners have a role in supporting and preparing the family of the patient as there can be discrepancy between the needs of the carer/family and the requests of the patient.

Resources and services to support people experiencing grief and loss are available on the SA Health Bereavement Portal.

Section Three: Related information

Controlling documents

This guideline is based on and complies with:

- *Voluntary Assisted Dying Act 2021* (SA)
- *Births, Deaths, and Marriages Registration Act (BDMR Act) 1996* (SA)
- *Consent to Medical Treatment and Palliative Care Act 1995* (SA)
- *Coroners Act 2003* (SA)
- *Criminal Code Act 1995* (Cth)
- *Mental Health Act 2009* (SA)
- *Health Practitioner Regulation National Law (South Australia) Act 2010* (SA)

Related policies and other documents

SA Health Voluntary assisted dying website

www.sahealth.sa.gov.au/vad

Voluntary assisted dying forms

All forms are available on the Voluntary Assisted Dying Clinical Portal

SA Health policies

- Credentialling and Defining the Scope of Clinical Practice for Medical and Dental Practitioners Policy and supporting documents
- Criminal and Relevant History Screening Policy
- Voluntary Assisted Dying Policy

Related factsheets and websites

- Adult Safeguarding Unit – www.sahealth.sa.gov.au/adultsafeguardingunit
- Advance Care Directives – www.advancecaredirectives.sa.gov.au
- Aged Care Quality and Safety Commission – www.agedcarequality.gov.au/
- Assessing decision-making capacity in relation to voluntary assisted dying tool (PDF 119KB)
- Australian Health Practitioner Regulation Agency (Ahpra) – www.ahpra.gov.au
- Australian Karnofsky Performance Scale (AKPS) – BMC Palliative Care

- B19 – Aboriginal and Torres Strait Islander declaration - Application for an Australian Passport – Department for Foreign Affairs and Trade, Australian Passport Office
- Bereavement Portal – SA Health
- Check visa details and conditions, Visa Entitlement Verification Online system (VEVO) – Department of Home Affairs, Immigration and Citizenship
- Code of Ethics – Australian Institute of Interpreters and Translators (AUSIT)
- Consent to medical treatment for health professionals – SA Health
- Continuing Professional Development (CPD) – Medical Board of Australia
- CPD Homes – Australian Medical Council
- Doctors' responsibilities – www.sa.gov.au/bdm/doctors
- End of Life Planning Checklist and Worksheet – Legal Services Commission SA
- Getting a home medicines review – NPS MedicineWise
- Good medical practice: A code of conduct for doctors in Australia – Medical Board of Australia
- Health and Community Services Complaints Commissioner (HCSCC) – www.hcscc.sa.gov.au
- What is impaired decision-making capacity and how is it assessed? – SA Health
- Law Handbook South Australia - www.lawhandbook.sa.gov.au
- Launch Learning Online – SA Health
- List of specialist medical colleges– Australian Medical Council
- Medical Board of Australia - www.medicalboard.gov.au
- My Aged Care – www.myagedcare.gov.au
- National Accreditation Authority for Translators and Interpreters (NAATI) – www.naati.com.au
- National Disability Insurance Scheme (NDIS) – www.ndis.gov.au
- National Police Checking Service (NPCS) – Australian Criminal Intelligence Commission
- NDIS Quality and Safeguards Commission - www.ndiscommission.gov.au
- Ombudsman SA – www.ombudsman.sa.gov.au
- Palliative Care Australia – www.palliativecare.org.au
- Palliative Care Outcomes Collaboration (PCOC) – University of Wollongong
- Plan Ahead – www.sahealth.sa.gov.au/planahead
- Proactive Identification Guidance (PIG) – The Gold Standards Framework
- Resource Utilisation Groups – Activities of Daily Living – Australian Institute of Health and Welfare (AIHW)
- Resuscitation Plan 7 Step Pathway for health professionals – SA Health
- South Australian Civil and Administrative Tribunal (SACAT) –www.sacat.sa.gov.au

- SA Police - www.police.sa.gov.au
  Supportive and Palliative Care Indicators Tool (SPICT) – SA Health
- The Surprise Question (SQ) – BMJ Supportive & Palliative Care
- Vocationally registered general practitioner (Eligibility for health professionals) – Services Australia
- What is decision making capacity? (PDF 126KB) - SA Health

Document ownership

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Document history

Approval date	Version	Reason for change
29 November 2022	1.0	Original approved version
30 October 2023	2.0	Additional guidance added to reflect the currency of content
29 November 2023	2.1	Minor immaterial amendment to wording
20 December 2024	2.2	Non-material amendments, which include updated hyperlinks and references, consistent application of VAD style and language guidelines, adherence to naming conventions, and clarification of the Review Board Secretariat's role in communicating with the Contact Person on behalf of the Board.