



# Clinical Practice Guidelines: Other/Voluntary Assisted Dying

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# Voluntary assisted dying

December, 2022

Voluntary assisted dying (VAD) is a process by which a person who is diagnosed with a life-limiting condition, is suffering intolerably, and dying, and who meets eligibility criteria, can request medical assistance to lawfully end their life.<sup>[1]</sup>

VAD is authorised in Queensland under the *Voluntary Assisted Dying Act 2021* (*VAD Act*) which was passed by the Queensland Parliament on 16 September 2021 and commenced operation on 1 January 2023. The *VAD Act* establishes a lawful process through which eligible persons can elect to end their own life at a time and location of their choosing. The *VAD Act* also provides safeguards to protect vulnerable persons from coercion and exploitation and offers legal protection for health practitioners assisting persons to exercise the option of ending their life.<sup>[2]</sup>

The term **voluntary assisted dying** emphasises the person's decision to request, access, and continue with the VAD process must be **voluntary** and without coercion; that the process to end life is **assisted** by authorised health practitioners; and to be eligible, the person must be suffering and **dying**.<sup>[1,3]</sup>

While ambulance clinicians will not be directly involved in the VAD process, clinicians will provide ambulance services to patients at various stages of the process, including the stage at which the patient has self-administered the VAD substance. It is therefore imperative that clinicians are aware of their rights, obligations and protection under the VAD laws, and how they may continue to support and comfort patients and their family members at various stages of the VAD process.

In this Clinical Practice Guideline, the following topics are addressed:

- Definition of VAD
- Principles of VAD
- Eligibility criteria to access VAD
- The VAD Process
  - Request and assessment of eligibility
  - Administration of VAD substance
  - After the person dies
- Healthcare workers' rights and responsibilities
  - Conscientious objection
  - Prohibition on initiating a discussion about VAD
- Protection for health practitioners and ambulance clinicians
- VAD Terminology

## Definition of VAD

VAD is defined as *'the administration of a voluntary assisted dying substance and includes steps reasonably related to that administration'*.<sup>[4]</sup> The VAD substance must be approved by the Director-General of Queensland Health<sup>[4]</sup> and can be a Schedule 4 substance or Schedule 8 substance<sup>[5]</sup>, or a combination of those substances.<sup>[6]</sup>

## Principles of VAD

There are eight principles that underpin the *VAD Act* and are intended to guide how healthcare workers interact with voluntary assisted dying.<sup>[1,7]</sup>

1. **Value of human life:** human life is of fundamental importance.
2. **Dignity:** every person has inherent dignity and should be treated equally and with compassion and respect.
3. **Autonomy:** a person's autonomy, including autonomy in relation to end-of-life choices, should be respected.
4. **High quality care and treatment:** every person approaching end-of-life should be provided with high quality care and treatment, including palliative care, to minimise the person's suffering and maximise the person's quality of life.
5. **Accessibility:** access to voluntary assisted dying and other end-of-life choices should be available regardless of where a person resides in Queensland.
6. **Informed decision-making:** a person should be supported in making informed decisions about end-of-life choices.
7. **Protecting those that are vulnerable:** a person who is vulnerable should be protected from coercion and exploitation.
8. **Respect for diversity:** a person's freedom of thought, conscience, religion and belief and enjoyment of their culture should be respected.

## Eligibility Criteria

A person is eligible for access to VAD if the person meets each of the following criteria:<sup>[8]</sup>

- is 18 years of age or older; and
- has decision-making capacity in relation to VAD; and
- is acting voluntarily and without coercion; and
- has been diagnosed with a disease, illness or medical condition that is:
  - advanced, progressive and will cause death; and
  - is expected to cause death within 12 months; and
  - is causing suffering that the person considers to be intolerable; and
- meets the Australian and Queensland residency requirements set out in the *VAD Act* or has been granted a residency exemption by the Director-General of Health.<sup>[9]</sup>

## The VAD Process

The VAD process involves the following three phases:<sup>[1]</sup>

- **Phase 1 – Request and Assessment**
  - First request for VAD
  - First assessment of eligibility criteria by two medical practitioners and thereafter, a second request from the person
  - Final request
  - Final review
- **Phase 2 – Administration of VAD Substance**
  - Decision regarding the administration method
  - Appointment of a ‘contact person’
  - Prescription of the VAD substance
  - Administration of the VAD substance and death
- **Phase 3 – After the Person Dies**
  - Disposal of any remaining VAD substance
  - Notification of death

## Phase 1 – Request and Assessment of Eligibility

There are several stages in the VAD process during which a person’s eligibility to access VAD is assessed.

Following receipt of the person’s **first request** to a medical practitioner to access VAD, two medical practitioners, both of whom are required to have completed ‘approval training’, must independently assess the person to determine if the person meets the eligibility criteria for VAD.

The first practitioner, referred to as the *coordinating practitioner*, is the practitioner who receives the person’s first request for VAD.<sup>[10]</sup> If the co-ordinating practitioner concludes that the person is eligible for VAD, the practitioner must refer the person to a second medical practitioner, referred to as the *consulting practitioner*.<sup>[11]</sup>

If both practitioners determine that the person is eligible for VAD, the person is required to make a **second request**. The second request is required to be made in writing, using the approved form, and must be witnessed by a person other than a beneficiary or someone that is likely to benefit from the person’s death.<sup>[12]</sup> On this second occasion, the person will again be assessed by both the *coordinating practitioner* and the *consulting practitioner*.

Following the second request and assessments, the person is required to submit a **final request** which may be made verbally or by any other means of communication.<sup>[13]</sup>

Following completion of the request and assessment phase, the *coordinating practitioner* must complete a **final review**, in which both practitioners must certify the person has the requisite decision-making capacity and is acting voluntarily and without coercion.<sup>[13]</sup>

## Phase 2 – Administration of VAD substance

The person accessing VAD may, in consultation with the *coordinating practitioner*, decide the method of administration of the VAD substance. The *VAD Act* allows for the VAD substance to be administered via one of two methods:<sup>[14]</sup>

1. **Self-administration:** the person administers the VAD substance at a time and location of their choosing. There is no requirement for a health practitioner to be present at the time of administration and the person can elect to have family members and others present at the relevant time.
2. **Practitioner administration:** the VAD substance is administered by an *administering practitioner* if self-administration is inappropriate for reasons set out below:<sup>[15]</sup>
  - The person is unable to self-administer the VAD substance
  - The person is concerned about self-administration
  - The method of administration of the substance is not suitable for the person.

Once the decision regarding the administration method is made, the person **must** appoint a *contact person*. The contact person must be at least 18 years of age and must consent to the appointment. The contact person can be the person's carer, family member, friend, or a health practitioner involved in the person's care.<sup>[1,16]</sup>

If the person is to self-administer the VAD substance, the contact person is authorised to:

- receive the VAD substance from an authorised supplier
- possess the VAD substance
- supply the substance to the person.<sup>[17]</sup>

Self-administration of the VAD substance requires the person to prepare and ingest the substance by mouth, or via enteral access devices including nasogastric tube, nasojejunal tube, or percutaneous endoscopic gastrostomy and similar devices.<sup>[1]</sup>

At the person's request, another person (such as a family member, friend, or healthcare worker) can prepare the VAD substance for self-administration. Preparation includes doing anything necessary to ensure the substance is in a form suitable for self-administration, including to decant, dilute, dissolve, reconstitute, colour, or flavour the substance. The preparation must be strictly in accordance with instructions provided by the pharmacist.<sup>[1]</sup> However, they cannot administer the substance to the person. Only the person accessing voluntary assisted dying can self-administer the substance. Unauthorised administration of the substance can result in criminal prosecution and imprisonment.<sup>[1,18]</sup>

### Phase 3 – After the person dies

The contact person must inform the coordinating practitioner if the person dies, either prior to the administration of the VAD substance, or by virtue of the self-administration of the VAD substance.<sup>[19]</sup>

The contact person must also give any unused or remaining VAD substance to an *authorised disposer* within 14 days of the person dying or revoking their self-administration decision. (Pharmacist authorised to dispose of the VAD substance)<sup>[20]</sup>

## Healthcare workers' rights and responsibilities

### Participation in VAD – conscientious objection

A healthcare worker, including an ambulance clinician may choose not to participate in VAD due to personal beliefs or values. In these circumstances, the clinician can conscientiously object, and may refuse to do any of the following:<sup>[21]</sup>

- provide information about voluntary assisted dying in response to a request from a person
- be present at the time of the administration or self-administration of a VAD substance.

An ambulance clinician who refuses to participate due to a conscientious objection, must continue to be involved in the delivery of health and ambulance services that relate to the person's underlying condition.

In response to a request for information, the ambulance clinician must inform the person that other health service providers may be able to assist them and provide details about where the person can access further information.<sup>[22]</sup> For example QVAD-Support.

### Prohibited from initiating a discussion

A healthcare worker, including an ambulance clinician, is prohibited from initiating a discussion with a person regarding VAD or suggesting VAD to a person.<sup>[23]</sup> However, there is nothing to prevent an ambulance clinician from providing accurate information to a person in response to their request, or referring a person to QVAD-Support.<sup>[24]</sup>

### Protection for healthcare workers and ambulance clinicians

The *VAD Act* provides legal protection for healthcare workers and others who have assisted a person to access VAD or are present when a VAD substance is administered. The most relevant of these protections for ambulance clinicians, is that which relates to the withholding of life-sustaining measures to a dying person in circumstances where the person *has not requested* such measures, and where the ambulance *clinician reasonably believes* that the person has *self-administered the VAD substance*. The person should receive appropriate treatment and care to ensure they are comfortable. However, this treatment and care cannot intentionally hasten death.<sup>[1]</sup>

The areas in which legal protections are provided are listed below:

- **No civil or criminal liability** will attach to an ambulance clinician or other healthcare provider, where the clinician withholds life-sustaining measures in the following circumstances:
  - *the (patient) has not requested* the administration of life-sustaining treatment; and
  - *the ambulance clinician believes, on reasonable grounds, that the patient is dying after self-administering or being administered, a VAD substance.*<sup>[25]</sup>
- **No criminal liability** will attach to a person in circumstances where the person, *in good faith, does an act or makes an omission* that assists another (the patient), where the person *believes on reasonable grounds that (the patient) is requesting or accessing VAD* in accordance with the *VAD Act*.<sup>[26]</sup>
- **No civil or criminal liability** will attach to a person for an act done, or omission made, *in good faith and without negligence in accordance with the VAD Act*.<sup>[27]</sup>

### Key Points for ambulance clinicians

**Initiating VAD discussion:** When providing ambulance services to a patient, ambulance clinicians **must not** suggest VAD or initiate a discussion about VAD with the patient.

**Patient request for VAD information:** If a patient requests information about VAD, the ambulance clinician may provide the patient with accurate information and should refer the patient to QVAD-Support and provide the patient with the contact details.

**Conscientious objection:** Ambulance clinicians who have a conscientious objection to VAD have a right to refuse to participate in VAD. This may include providing information to a patient about VAD or being present at the time of the administration or self-administration of a VAD substance. The ambulance clinician must continue to be involved in the delivery of ambulance services that relate to the patient's underlying condition, and must provide the patient with details regarding where they can obtain information about VAD.

**Respect patient autonomy:** Ambulance clinicians must respect their patient's autonomy, beliefs, values, and choices, including the choices they make regarding VAD, even if those choices conflict with the clinician's own values and beliefs.

**Resuscitation:** There is no obligation to commence cardio-pulmonary resuscitation and administer other life-sustaining treatment to a patient *if the (patient) has not requested* the administration of life-sustaining treatment *and the ambulance clinician believes, on reasonable grounds, that the patient is dying after self-administering or being administered, a VAD substance.*

**Unused VAD substance:** The patient's contact person is to return the VAD substance to an authorised disposer (pharmacy) within 14 days. Contact person's details are recorded on the box in which VAS substance is dispensed. If contact person is not present and not contactable, the clinician should contact the *Clinical Consultation and Advice Line* for direction.

**Notification of death:** A death brought about by VAD *in accordance with the VAD Act* is not a reportable death under the *Coroners Act 2003 (Qld)* and should be managed in accordance with the *CPG: Recording of Life Extinct/ Management of a deceased person*. If the death is unusual or there are suspicious circumstances surrounding the death, the death would be reportable. Contact the *QAS Clinical Consultation and Advice Line* for direction.

## Queensland Voluntary Assisted Dying Support Services (QVAD-Support)<sup>[1]</sup>

QVAD-Support provides support to anyone involved with VAD in Queensland.

QVAD-Support does not provide VAD services, but can connect people with appropriate practitioners, services, and referral pathways, and provide follow up care and support.

### A snapshot of the services that QVAD-Support provide:

- Assistance connecting people with coordinating, consulting, and administering practitioners.
- Support for people, carers, and families as they navigate the voluntary assisted dying process
- Connections with local services and providers to facilitate coordination of care across public and hospitals, primary care, aged care facilities, hospices, and community-based services.
- Providing information for people wishing to access the VAD scheme, carers and family members, healthcare workers, and service providers.

### Additional information for ambulance clinicians

Australian Centre for Health Law Research

[End of Life Law in Australia](#)

Queensland Health

[Queensland Voluntary Assisted Dying Handbook \(October 2022\)](#)

Queensland Health Website

[Voluntary Assisted Dying in Queensland Website](#)

[Voluntary Assisted Dying Act, 2021](#)

## Glossary of terms

**Administering practitioner:** The medical practitioner, nurse practitioner or registered nurse who is authorised to administer the VAD substance.

**Administration decision:** The decision a person makes in consultation with the coordinating practitioner to either self-administer the VAD substance, or have it administered by an administering practitioner.

**Authorised disposer:** a pharmacist who is authorised to dispose of the VAD substance.

**Authorised supplier:** A registered health practitioner (generally pharmacist) who is authorised to supply the VAD. In Queensland, the authorised supplier is the QVAD-Pharmacy.

**Authorised VAD practitioner:** A medical practitioner, nurse practitioner or registered nurse who is authorised to participate in the VAD process as a coordinating consulting, or administering practitioner. This person must complete mandatory training and must be verified as eligible to participate by Queensland Health.

**Care coordinator:** a healthcare worker employed by QVAD-Support who can provide information and assistance regarding VAD.

**Coercion:** Includes intimidation, or a threat, or promise, including an improper use of a position of trust or influence. The decision to access VAD must be voluntary and free from coercion.

**Conscientious objection:** Refusal by a healthcare worker to provide, or participate in, a lawful treatment of procedure because it conflicts with their personal beliefs, values, or moral concerns.

**Consulting assessment:** The assessment conducted by the consulting practitioner to determine if a person meets the eligibility criteria for voluntary assisted dying. The consulting assessment is conducted after a person has first been assessed by the coordinating practitioner as eligible.

**Consulting practitioner:** A medical practitioner who independently completes a consulting assessment for the person. This person is always different to the coordinating practitioner.

**Contact person:** The person appointed by a person accessing VAD to carry out specific activities under the *VAD Act* and act as a point of contact for the Review Board.

## **Glossary of terms** (cont.)

**Coordinating practitioner:** The medical practitioner who accepts a person's first request and supports the person through the VAD process. This role can be transferred to the consulting practitioner at the request of either the person, or the coordinating practitioner.

**Eligibility criteria:** The set of requirements that a person must meet to access voluntary assisted dying.

**Final request:** The clear and unambiguous request a person makes to a medical practitioner for access to VAD. This is the first of three requests a person must make to access VAD and should be ordinarily be made during a medical consultation.

**Practitioner administration:** The process whereby a person is administered voluntary assisted dying substance by an administering practitioner.

**Queensland VAD-Pharmacy (QVAD-Pharmacy):** The statewide pharmacy service hosted by Metro South Health. Staff within QVAD-Pharmacy are the authorised suppliers of the voluntary assisted dying substance in Queensland.

**Queensland VAD-support (QVAD-Support):** The statewide support service hosted by Metro South Health. QVAD-Support care coordinators provide support to anyone involved with VAD in Queensland, including people wanting information about or access to voluntary assisted dying; carers and family members of people wanting to access voluntary assisted dying; healthcare workers; facilities and entities.

**Self-administration:** The process whereby a person administers the VAD substance themselves.

**Voluntary Assisted Dying (VAD):** The administration of a VAD substance and steps reasonably related to that administration.

**VAD substance:** The approved Schedule 4 substance or Schedule 8 substance, or a combination of those substances, for use under the *VAD Act* for the purpose of causing a person's death. The substances are approved as VAD substances by the Director-General of Queensland Health.

## **References**

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2. *Voluntary Assisted Dying Act 2021*, s3

3. Queensland Law Reform Commission. 2021 A legal framework for voluntary assisted dying: Report No 79. Accessed 22 November 2022 at [https://www.qlrc.qld.gov.au/\\_\\_data/assets/pdf\\_file/0020/681131/qlrc-report-79-a-legal-framework-for-voluntary-assisted-dying.pdf](https://www.qlrc.qld.gov.au/__data/assets/pdf_file/0020/681131/qlrc-report-79-a-legal-framework-for-voluntary-assisted-dying.pdf)
4. *Voluntary Assisted Dying Act 2021*, s160
5. Commonwealth *Standard for the Uniform Scheduling of Medicine and Poisons* (SUSMP)
6. *Voluntary Assisted Dying Act 2021*, Sch. 1.
7. *Voluntary Assisted Dying Act 2021*, s5
8. *Voluntary Assisted Dying Act 2021*, s10
9. *Voluntary Assisted Dying Act 2021*, s12
10. *Voluntary Assisted Dying Act 2021*, s19-s25
11. *Voluntary Assisted Dying Act 2021*, s36-s36
12. *Voluntary Assisted Dying Act 2021*, s37-s41
13. *Voluntary Assisted Dying Act 2021*, s42-s46
14. *Voluntary Assisted Dying Act 2021*, s50 (1)(a)-(b)
15. *Voluntary Assisted Dying Act 2021*, s50 (2)
16. *Voluntary Assisted Dying Act 2021*, s58
17. *Voluntary Assisted Dying Act 2021*, s61(1)-(2)(a)-(c)
18. *Voluntary Assisted Dying Act 2021*, s140
19. *Voluntary Assisted Dying Act 2021*, s61(3)
20. *Voluntary Assisted Dying Act 2021*, s62(2)(d)
21. *Voluntary Assisted Dying Act 2021*, s84(1)
22. *Voluntary Assisted Dying Act 2021*, s84(2)
23. *Voluntary Assisted Dying Act 2021*, s7(1)(a)-(b)
24. *Voluntary Assisted Dying Act 2021*, s7(3)
25. *Voluntary Assisted Dying Act 2021*, s147
26. *Voluntary Assisted Dying Act 2021*, s148
27. *Voluntary Assisted Dying Act 2021*, s149