

The Ministerial Expert Panel on Voluntary Assisted Dying
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24 May 2019

Dear Ministerial Expert Panel,

ANZSPM comment on Discussion Paper

The Australian and New Zealand Society of Palliative Medicine (ANZSPM) appreciates the opportunity to provide comment on the *Ministerial Expert Panel on Voluntary Assisted Dying Discussion Paper* (the Discussion Paper).

ANZSPM is the specialty medical society for medical practitioners who provide care for people with a life-limiting illness in Australia and New Zealand. ANZSPM represents practitioners of palliative medicine across Australia and New Zealand. We currently have 516 members, including 37 based in Western Australia (WA).

Palliative Medicine context

We respond to the Discussion Paper in the context of ANZSPM's published position statement on Euthanasia and Physician Assisted Dying¹ that the discipline of Palliative Medicine does not include the practices of euthanasia or physician assisted suicide.

Palliative medicine practitioners will continue to deliver high quality palliative care to people with a life-limiting illness, whether or not legislative frameworks exist for the provision of voluntary assisted dying. However, it is important that any voluntary assisted dying framework introduced by the WA government does not conflate palliative medicine with voluntary assisted dying.

It is incumbent on the WA government to consider who will be delivering voluntary assisted dying services and not to make the assumption that palliative medicine practitioners will take on this additional role that is not part of palliative medicine.

¹ ANZSPM, Position Statement on the Practice of Euthanasia and Physician Assisted Suicide (updated 31 March 2017), <http://www.anzspm.org.au/c/anzspm?a=sendfile&ft=p&fid=1491523669&sid=> (accessed 10 May 2019).

Key issues for consideration

We have not attempted to answer each of the questions raised in the Discussion Paper.

However, there are three key areas that ANZSPM considers are critical for the Ministerial Advisory Council to consider in making recommendations to the WA government on a legislative framework for voluntary assisted dying. These are:

- Capacity and informed consent;
- Communication with people around the end of life; and
- The need for a holistic approach to care and greater understanding of palliative care.

Each of these issues are relevant to the question on page 34 of the Discussion Paper: “What should be included in the training for health practitioners involved in voluntary assisted dying?” and are also relevant to other sections of the Discussion Paper, noted below.

We also provide below comment on the process for referral after conscientious objection.

Capacity and informed consent

Decision-making capacity is considered under the heading “The decision” in the Discussion Paper. The Discussion Paper acknowledges that “decision-making capacity is a fundamental safeguard in the voluntary assisted dying process” and that education, training and support for health practitioners on these key aspects of decision-making is important.

In ANZSPM’s experience, capacity assessment is an area which is both complex and poorly understood and we agree that it needs to be an important focus. In particular, it should not be assumed that assessment of capacity is a core skill for medical practitioners and training of anyone involved in voluntary assisted dying must include this.

Communication with people around the end of life

Communication with people at the end of life, their families and caregivers, including during bereavement, requires specific competencies. ANZSPM’s view is that clinicians who are undertaking regular conversations with people who have a life-limiting illness should receive specific training, which is then regularly updated in ongoing professional development. An example of such training exists for trainees in Palliative Medicine, and it should include experiential communication training using evidence-based educational methods.

This should form part of any mandatory training before a medical practitioner is able to undertake the process for voluntary assisted dying (refer final question on page 34 of the Discussion Paper).

Importantly, there also needs to be a better understanding of the uncertainties around prognostication, particularly in the context of attempting to set minimum timeframes of a life-limiting illness (refer the questions on page 30 of the Discussion Paper).

Holistic approach to care and understanding of palliative care

End of life care involves many health professionals who provide the necessary interdisciplinary care and facilitate end of life choices for patients and their carers. However, our experience is that knowledge about palliative care remains limited or is inaccurate for many medical practitioners and

this is an area which ought to be enhanced alongside the development of any voluntary assisted dying framework.

Conscientious objection and referrals

At page 34, the Discussion paper asks: “Should a medical practitioner or health service that conscientiously objects have an obligation to refer the patient to a practitioner or service that has no objection? If so, how should the medical practitioner find out which doctors are willing to provide voluntary assisted dying?”

We note that many practitioners who have a conscientious objection to voluntary assisted dying will also find the process of referral to another practitioner or service very difficult, as by doing so they may feel complicit in the process that they object to. We suggest that an approach will be needed which considers both the impact on practitioners, whilst respecting the right of the individual to have access to information and services.

Additionally, there is a large proportion of WA that is rural and remote and does not have access to palliative care services. Any voluntary assisted dying framework needs to respect the ability of a single medical practitioner working in those areas to conscientiously object and also consider how patients can seek accurate information and access to palliative care.

We would be happy to meet with members of the Ministerial Expert Panel to provide further information.

Yours sincerely,

Prof Meera Agar
President

Simone Carton
Chief Executive Officer