

Dying With Dignity Victoria

Respect the right to choose est. 1974

GOOD NEWS ONE YEAR ON

On 1 September the Voluntary Assisted Dying Review Board (VADRB) presented its report. Though the title was January-June 2020, the data presented covered the whole of the period of operation since June 2019.

The experience of a full year enabled a much better coverage than the previous report, which covered to December 2019. It was particularly important that Compliance was assessed at 99%. As we understand the missing 1% was because of a minor administrative error, this would seem to leave little room for our opponents to claim the system is unsafe.

Further, the tone of the report was positive. There have been no reports to the coroner and no complications from medication, as well as numerous reports from dying persons, family and carers of the beneficial effect of the process.

This is of some importance to the campaigns in both Tasmania and New Zealand. The VADRB report should assist those campaigns because it was so positive about compliance and the



perceived value of the VAD service to the community. Comments as we have seen from opponents appear to have no validity in the face of this report's findings.

In our view, the VAD Act as implemented in Victoria has some significant shortcomings. Two key problems are the prohibition on using Telehealth for VAD eligibility assessment and the need to involve a specialist in that process. Our Strategy Subcommittee is addressing these issues - see separate article on page 6 of this newsletter.

HEALTH PROFESSIONALS - WE NEED YOUR HELP

Add your name to the list of healthcare professionals who support assisted dying laws.

Are you a doctor, nurse, paramedic, psychologist, physio or other allied health professional? Are you a social worker or aged care worker? Please sign up to this national list of health professionals who support VAD laws. You can choose not to have your name published.



Please add
your name today
www.hpadchoice.org.au

COVID-19 SHARPENS OUR FOCUS ON ADVANCE CARE PLANNING

BY CARMEL MCNAUGHT

Everyone in our community of Victoria has been impacted on by the Covid-19 pandemic. All members of the DWDV Board extend sincere and heartfelt sympathy to all those who have lost loved ones as a result of this pandemic.

A particular focus of the tragedy has occurred in several aged-care homes, a situation that has brought grief to all of us. As a community, we will remain united in care and concern, while waiting out the pandemic in physical isolation from each other.

Many of us now have more time to think about life and mortality. Covid-19 has heightened our awareness of how suddenly the plans we had for the next few months and years are now back at the drawing board.

It is DWDV's hope that, as we all think about life during the pandemic and the possibilities for a post-Covid-19 world, we all ensure that our wishes for our own end of life are clearly documented.

If you have not appointed a Medical Treatment Decision Maker and completed an Advance Care Directive, now is the time to do so.

Have a look at the 'Documenting your Medical Treatment Preferences' section on the DWDV website at <https://www.dwdv.org.au/resources/documenting-your-medical-treatment-wishes>. Please contact DWDV if you need more information or advice.

NOTICE OF MEETING

The Annual General Meeting of Dying With Dignity Victoria will be held at 2pm on Saturday 14 November 2020.

Due to COVID-19 restrictions, it's likely we will have to hold this meeting using Zoom, but we will confirm closer to the date.

We know this is not ideal - and like everyone, we'd prefer to have a face-to-face meeting – but such a virtual meeting may be the safest option, and possibly the only legal one at that time.

Please remember that if for any reason it's not possible, or not convenient, for you to attend the AGM, you can nominate a proxy. We will send out proxy forms closer to the date of the meeting.

In the meantime, we hope everyone is doing as well as can be expected in these trying times.

**Meredith Doig
DWDV Secretary**

VAD IN VICTORIA – HOW IS IT GOING?

BY MEREDITH DOIG

Dr Nick Carr and Dr Cam McLaren are members of the DWDV board and both have significant experience supporting people who have made the choice to apply for Voluntary Assisted Dying.

In an extensive video interview, now freely available on the DWDV website (under Resources/Voluntary Assisted Dying in Victoria), Nick and Cam speak candidly about how this ground-breaking legislation is working in practice. In the process, they answer some of the tricky questions you may not have thought to ask.

Who is eligible

- VAD is available for people who are 'suffering' -- but what does 'suffering' actually mean?
- VAD is available only for people who've been assessed as having just weeks or months to live -- how is this decision made?
- What if someone is fearful of sliding into dementia? Can he or she apply?

How to apply

- How does someone ask their GP about VAD -- what words to use?
- How long does it take to get the medication?
- What's it like looking after a patient who asks for VAD?
- What if my doctor can't or won't help me?

How does the medication work?

- If someone gets the medication, how will they know when "it's time"?
- What's it like being there when someone takes the medication?
- What happens afterwards?

Victoria's VAD law is still relatively new and some issues are yet to be resolved.

If you know someone who has tried to apply for VAD but been frustrated, or if you are not sure of your eligibility, please do call the DWDV office or drop us a note at office@dwdv.org.au.

We will be making more informative videos like this one and we'd like to make sure they answer your questions.

You can view the video on the DWDV website under Resources/Voluntary Assisted Dying in Victoria.



THE ROLE OF VOLUNTARY ASSISTED DYING COORDINATOR

Victoria is the first state in Australia to pass voluntary assisted dying laws. The Voluntary Assisted Dying Act (2017) provides a safe legal framework for people who are suffering and dying to choose the manner and timing of their death.

With comprehensive safeguards and rigorous protections, the process for accessing voluntary assisted dying in Victoria is the safest and most conservative in the world.

18 months ago, I was offered the position as the VAD coordinator at one of Victoria's leading Private Hospitals and have been instrumental in the introduction of the VAD service across the hospital's multiple campuses. This service has been consistent with clinical guidelines and models of care developed by the Victorian Government's VAD implementation.

I also have had to implement the VAD Act in accordance with the requirements of the hospital's board.

My job entails liaising with the following groups:

- Patient
- Doctors
- Family
- Statewide care navigators
- Statewide Pharmacists
- Hospital Executive
- Pastoral care
- VAD Local support team

It is essential that all patients who make a request for information regarding VAD are seen within twenty-four hours by myself or a local VAD support team member in hospital or in a VAD accredited doctors' room. My role is to support patients and their families from the first request and throughout their VAD journey.

As part of my role I coordinate the VAD accredited Doctors and provide patient

handover to the doctors. If appropriate the VAD accredited doctor and I will involve palliative care for patients and their families.

Ensuring that pastoral care is involved and available from the beginning of the process for the patient and staff is vital so that all feel well supported.

It is important I explain the process several times to the families and ensure the patient is making a fully informed decision.

From this point on, my role is to organise and facilitate the suitable witnesses required for the final declaration (i.e. family, friends and Dying With Dignity Victoria witnesses) and to clarify the contact person for the responsibility of the VAD medication.

Some people may have difficulty relating to end of life care including how to support those that choose to participate in VAD. An important part of my role is acknowledging those who conscientiously object. Providing actual comfort and care for the patient and family at the time of medication administration is vital. This is always done in conjunction with pastoral care. A comprehensive debrief for staff is a very important part of the VAD coordinator's role for all involved in the patient's journey.

I also see my role as an educator to all staff who care for and are involved in the Voluntary Assisted Dying process. Implementing a comprehensive campaign allowing for the voices of conscientious objectors to be heard was another initiative of mine. The local VAD team are also included in this campaign so all shifts and staff are provided the opportunity to express their feelings and to benefit from in-service education.

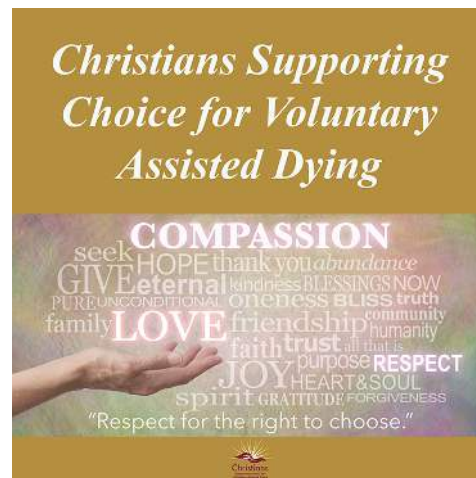
It's vital that there is ongoing and continuous

improvement and evaluation of VAD delivery through a quality assurance and best practice approach. This includes writing and presenting comprehensive reports to the hospital's senior Executives and the Board.

Following up with the family and offering ongoing support after their loved one has passed is a crucial part of my job as VAD coordinator.

I feel honoured and privileged to be given this role which allows each patient in our health care group to have the end of life choice they desire.

(Identifying information omitted from this article by request for privacy reasons)



Contrary to what many senior Religious leaders say, the majority of people of faith actually support Voluntary Assisted Dying Legislation. Will you add your name to demonstrate this level of support?

<https://christiansforvad.org.au/add-your-name/>

TASMANIA AND NEW ZEALAND

BY HUGH SARJEANT



For the Tasmanian campaign, which is underway at the time of writing, the mood seems to be one of cautious optimism. But, as we know, there can be significant changes in support even during the debate.

The team in support of MP Mike Gaffney, who is driving the political process, includes DWD Tas and Go Gentle Australia (GGA), which is offering some technical support.

However, much of the drive for the campaign is coming from sisters Jacqui and Natalie Gray, who made a commitment to their dying mother to seek a way that others could have a better end of life than she did.

The Tasmanian MLC Dr Bastian Seidel, a former president of the Royal Australian College of General Practitioners, will be a very useful ally. DWDV is providing substantial financial support to the Tasmanian campaign.

We have also provided some funds to the New Zealand campaign for their referendum on 17 October. The NZ Parliament has legislated for voluntary assisted dying, provided it is ratified by the referendum.

Providing such financial support for neighbouring jurisdictions helps secure our own position. In particular, if they are able to achieve less restrictive legislation, that increases our chances of eventually obtaining some of the improvements we seek.



STRATEGY SUBCOMMITTEE TO TACKLE VAD BARRIERS

BY JOHN HONT



DWDV has re-convened its Strategy Subcommittee to tackle a number of barriers that are hampering Victorians' access to voluntary assisted dying.

The Victorian Voluntary Assisted Dying Act 2017 (VAD Act) is considered to be one of the most restrictive of its type in the world. But it will not be reviewed, as per the legislation, until 2023; nothing can be done to circumvent or change the provisions of the Act at least until then.

However, we have identified two key non-legislated barriers that are constraining wider and easier access to voluntary assisted dying.

Telehealth

This is the provision of medical services over phone, email, video (Skype, Zoom, etc). While telehealth is now widely used during the time of COVID-19, it is forbidden for use in matters relating to voluntary assisted dying. The use of a telecommunications carriage service for the transmission of "suicide" related materials is not permitted because of the Commonwealth Criminal Code.

However, DWDV disputes the interpretation of voluntary assisted dying as being equivalent to suicide, and there is a growing body of legal

opinion which supports this view. We will continue to prosecute this case, as telehealth has the potential to make access to medical practitioners with the required expertise to people living in rural and remote locations much easier. Further, it enables medical practitioners to reduce their physical exposure to persons seeking voluntary assisted dying, thus keeping them safer under COVID-19.

Reference to a "specialist"

This is another case of an unfavourable interpretation, this time of the VAD Act. Section 10 (3) states:

Either the co-ordinating medical practitioner or each consulting medical practitioner must have relevant expertise and experience in the disease, illness or medical condition expected to cause the death of the person being assessed.

This section of the Act has been interpreted to mean that one of the two medical practitioners involved in assessing eligibility for voluntary assisted dying needs to be a specialist; yet many GPs can validly claim to have "relevant expertise and experience" in the person's complaint. Again, this interpretation limits access to voluntary assisted dying.

DWDV has raised these issues with the Health Department, the Health Minister and the Voluntary Assisted Dying Review Board. We will continue to build evidence and gather qualified opinion to counter these interpretations that are having a restrictive impact on Victorians' access to voluntary assisted dying.

VAD BILL IN TASMANIA

BY DR NICK CARR

On Thursday the 27th of August, Cam McLaren and myself were invited to address the Legislative Council of Tasmania. Mike Gaffney, independent member for the seat of Mersey, was tabling his private member's Voluntary Assisted Dying (VAD) bill on that day, and we were asked to present some aspects of the experience from Victoria, and to answer questions.

The concept sounds forbidding - two clinicians facing an inquisition by high powered politicians, not all of whom would be favourably disposed to our viewpoint. However, there are only 15 members of the Tasmanian Legislative Council, and not all of them were present on the day when we presented. Being necessarily conducted by Zoom, the process had a more informal air than we had expected, which made it seem less intimidating.

Cam kicked off, giving some details about his experience of managing voluntary assisted dying patients here in Victoria. He eloquently explained the process, both from the patient and the practitioner perspectives. I then outlined the experience of the Victorian legislation, and went through the areas where we feel the Tasmanian legislation is an improvement.

There are three main areas of benefit in the proposed Tasmanian legislation:

1. There is no requirement for the patient to be an Australian citizen, just to have been ordinarily resident in Australia for at least three years, and Tasmania for 12 months. In Victoria, the requirement to be an Australian citizen has proved an occasional stumbling block. For instance, New Zealanders living in Australia who do not take out citizenship would not be eligible. Similarly, there has been a case where a patient committed suicide because, despite living in Australia for over 45 years, he had never taken out Australian citizenship, so was deemed not eligible for VAD.
2. There is no requirement for a timeline in the prognosis as in the Victorian legislation, where someone has to say that the patient has less than six months to live, or 12 months if a neurodegenerative disease. We feel this is a major improvement on the Victorian bill, as accurate prognosis of this kind is notoriously difficult, and has at times led to patients presenting for VAD care here at too late a stage.
3. The assessment can be done by two doctors trained in voluntary assisted dying, both of whom can be general practitioners, without the need for a specialist. This is a particular advantage in Tasmania, where the number of trained specialists is likely to be quite low. GPs would still have the benefit of advice from their specialist colleagues.

The questions from Council members suggested that they had a good understanding of how this sort of legislation would work, and that most of those asking the questions seemed supportive of the legislation. To most of their queries we were able to offer a coherent response, except when they asked about the details of how the legislation and political processes had occurred, which was not our strong point.

Hopefully council members came away with the impression that their legislation was both safe and likely to be effective. Hopefully they also came away understanding that in Victoria the legislation has been operating for over 12 months, and that society has not ceased to function, nor has the sky fallen in. Hopefully they came away feeling that they could safely vote for this legislation to pass.

Next stop is the legislative assembly, which is where the real battle will be fought.

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