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[White, Ben, Haining, Casey, Archer, Madeleine, & Willmott, Lindy](#)
(2024)

Navigating the topic of Voluntary Assisted Dying in Advance Care Planning Conversations: Guiding Principles for Health and Aged Care Organisations.

Australian Centre for Health Law Research, Queensland University of Technology.

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Navigating the topic of Voluntary Assisted Dying in Advance Care Planning Conversations

GUIDING PRINCIPLES FOR HEALTH AND AGED CARE ORGANISATIONS



Voluntary assisted dying (VAD) as an end-of-life treatment option is now lawful in all Australian states and appears likely to become lawful in the territories. The passing of these laws means that the topic of VAD may arise during Advance Care Planning (ACP) conversations. Health and aged care organisations need to be prepared for this. Health and aged care organisations have a responsibility to **be open and ready to support the person to be heard**, regardless of organisational or personal views.

The Australian Centre for Health Law Research and Advance Care Planning Australia offer guiding principles for health and aged care organisations to assist their staff in navigating conversations about VAD, where they arise in ACP discussions.

Having difficult conversations about end-of-life care can be uncomfortable, but it is important to address all options, including VAD. VAD is a sensitive yet critical aspect of end-of-life care that requires careful consideration and thought, similar to when palliative care and other treatment options are raised during ACP conversations.

Advance care planning

Advance care planning (ACP) is a process of planning for future health and personal care whereby the person's values, beliefs and preferences are made known to guide decision-making at a future time when that person cannot make or communicate their wishes. It is a voluntary process where discussions may lead to formally documenting wishes and preferences in an ACP document.

Voluntary assisted dying

Voluntary assisted dying (VAD) is one end-of-life treatment option available to terminally ill people with decision-making capacity who satisfy the legal eligibility criteria. A person assessed as eligible for VAD may access medication at a time of their choosing that will end their life. The medication can either be taken by the person themselves or be administered by a qualified health professional.

ACP and VAD are conceptually distinct

While ACP relies on a person's previously specified wishes and preferences to guide their care at a point in time when the person lacks decision-making capacity, VAD as a treatment option can only be accessed by a person when they have decision-making capacity.

This means:

- VAD cannot be requested through an ACP document (such as an advance care directive)
- A person's substitute decision-maker cannot request VAD on a person's behalf.

VAD can arise during ACP

While VAD cannot be requested via an ACP document or a substitute decision-maker, the topic of VAD may arise during ACP discussions. Indeed, when the law permits this, health professionals should inform people about VAD if this could be an option for them. Health professionals need to be prepared for discussions about VAD and know how to respond appropriately, regardless of their views about VAD.

Health and aged care organisations have a responsibility to:

- Have systems in place to ensure that ACP is embedded into relevant organisational processes such as assessment, admission, care planning and review, and record-keeping.
- Adapt any existing (or develop new) ACP policies so they acknowledge that VAD may be raised in ACP discussions.
- Adapt or develop guidance for staff about how to support ACP and include advice on navigating the topic of VAD in ACP discussions.
- Educate staff about ACP and VAD including any legal, professional, and ethical obligations they might have as applicable in their state or territory.
- Establish processes for staff to access support, advice, and information about VAD. This should include adapting or developing self-care resources.
- Not hinder a person's access to information about VAD and/or VAD. Where an organisation chooses not to participate in VAD, they should have systems in place to:
 - connect the person with the VAD navigator service (or equivalent), and
 - ensure any legislative obligations to facilitate a person's access to information about VAD and/or VAD are met.
- Continue delivering high-quality care to the person, regardless of a person's decision to access information about VAD and/or VAD.

Further information

When considering policies, guidance and training for staff, health and aged care organisations should include the responsibilities identified for health professionals outlined in: Navigating the topic of Voluntary Assisted Dying in Advance Care Planning Conversations: Guiding Principles For Health Professionals, see https://www.advancecareplanning.org.au/data/assets/pdf_file/0016/220039/S1868_ACPA_GuidingPrinciples_QUT_FinalWEB.pdf

For more information about ACP and VAD (including information about legal duties and guidance resources), see: Ben P White, Madeleine Archer, Casey M Haining & Lindy Willmott. Implications of voluntary assisted dying for advance care planning. Medical Journal of Australia 2024 220(3): 129-133. <https://doi.org/10.5694/mja2.52183>

For more information about voluntary assisted dying in your state and territory, see: <https://end-of-life.qut.edu.au/assisteddying>

For more information about advance care planning, see: <https://www.advancecareplanning.org.au/>

The Australian Centre for Health Law Research is part of the Faculty of Business and Law, Queensland University of Technology. The Centre undertakes innovative, transdisciplinary research which aims to improve health law, policy, and practice. End-of-life decision-making is a priority area of the Centre's research and training.

Advance Care Planning Australia™ (ACPA) is a national project funded by the Australian Government Department of Health and Aged Care, enabling Australians to make the best choices for their future health and care.