

Voluntary Assisted Dying

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PREAMBLE

Voluntary Assisted Dying refers to the administration of a Voluntary Assisted Dying substance and includes steps reasonably related to such administration (clause 3(1))¹. Voluntary Assisted Dying is now part of Victorian, Western Australian and Tasmanian law²⁻⁴; and Queensland has a consultation process underway⁵. The significant political and mainstream media attention given to the Voluntary Assisted Dying legislation in mainstream media⁶⁻⁹ suggests Voluntary Assisted Dying remains a major social policy issue with significant implications for the health system, health professionals and greater society¹⁰. Members of the nursing community across Australia will likely have questions about Voluntary Assisted Dying legislation as it pertains to each state or territory and possible implications for how the legislation is enacted and monitored, how vulnerable populations are appropriately safeguarded, and for their individual circumstances.

THE POSITION OF THE AUSTRALIAN COLLEGE OF NURSING

The Australian College of Nursing (ACN) acknowledges the significance of Voluntary Assisted Dying and the importance of access to palliative care for all who need it, across Australia. Every person should have choice in access to services such as specialist palliative care. Palliative Care provides *“an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual”*¹¹. Whilst Australia ranks second in the world for palliative care,¹² not all Australians are currently able to access specialist palliative care services; and the quality of palliative and end-of-life care provision varies¹³.

ACN emphasises that Voluntary Assisted Dying is not a part of palliative care, nor are the two mutually exclusive. If a person with a life-limiting illness chooses to access Voluntary Assisted Dying, this does not preclude the person from ongoing access to other health care services, including specialist palliative care.

Relevance to Nurses

Every nurse is expected to fulfil their role by providing safe, person-centred care and to work within their scope of practice. The Code of Ethics for Nurses states that inherent to nursing is a respect for human rights, including the right to life and choice, to dignity and to respect¹⁴. The Code of Conduct which sets out the legal requirements, professional behaviour and expected conduct for nurses in all practice settings in Australia; endorses that nurses practise within legal and regulatory frameworks, practise safely, effectively and collaboratively, and that nurses embody integrity, honesty, respect and compassion¹⁵.

ACN acknowledges that a nurse may have a personal opinion on Voluntary Assisted Dying, likely influenced by personal and professional experiences, culture, religion and many other factors. Individuals' views and beliefs on Voluntary Assisted Dying are to be respected. The Victorian Voluntary Assisted Dying Act acknowledges the diversity of personal views and contains provisions for conscientious objection², with similar provisions in other state legislations. Any nurse who has a conscientious objection to Voluntary Assisted Dying should be respected and supported by their colleagues and workplace.

A nurses' decision not to engage in any part of Voluntary Assisted Dying does not negate the nurses' obligation to continue to practise according to the profession's code of conduct and standards for practice when providing patient care. Appropriate provisions should be put in place to ensure safe and high-quality care for the dying person and their family across all health care settings.

High-quality palliative and end-of-life care must be responsive to the needs, preferences and values of people, their families and carers¹⁶. Nurses can and should continue to prioritise, contribute to and promote patient-centred communication which ensures a person's wishes are acknowledged and their autonomy is respected¹⁶.

Nurses may be asked about Voluntary Assisted Dying, thus it is essential for each nurse to be familiar with relevant legislative frameworks, as well as being skilled in having sensitive conversations about end-of-life concerns, including a person's choices and preferences.

POSITION STATEMENT **Voluntary Assisted Dying**

Where Voluntary Assisted Dying legislation has been enacted; health service managers, professional leaders, policy-makers and individual nurses are encouraged to understand the legislation and consider the workplace implications including the need for education for nurses, other health professionals and the community. Policies/protocols and other guidance documents are likely to require revision to ensure that health consumers, nurses and other health professionals are adequately informed and supported, particularly in cases where a person wishes to access Voluntary Assisted Dying. Whilst the Voluntary Assisted Dying legislation will specify relevant monitoring requirements, it is incumbent upon health services to monitor the local impact of any legislation on the nursing and other health professional workforce, and the wider community.

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