Australian College of Nursing

ACN SUBMISSION TO THE GOVERNMENT OF WESTERN AUSTRALIA VOLUNTARY ASSISTED DYING PUBLIC CONSULTATION

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General comment

The Australian College of Nursing (ACN) welcomes the opportunity to provide feedback to the Government of Western Australia's public consultation on voluntary assisted dying (VAD). ACN has previously responded to the Government of Victoria and the ACT Legislative Assembly with regard to end of life choices and has also released a position statement on VAD in Victoria (https://www.acn.edu.au/wp-content/uploads/2018/10/Voluntary-Assisted-Dying-in-Victoria.pdf).

As discussed in ACN's position statement on VAD in Victoria, ACN believes that VAD should not be considered separately to providing high quality, evidence-based health care to those with a life-limiting illness. A person making the choice to undergo VAD must also have the same continual access to palliative care services to those who do not.

ACN strongly believes that an individual's dignity and choice are vital for end of life (EOL) care. Quality nursing care provided during EOL profoundly influences a person's quality of life, comfort and dignity during this vulnerable time. Care should be delivered in partnership with health professionals, individuals and their families and be responsive to changing needs and circumstances, whilst maintaining a person centred focus.

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Guiding principles

ACN agrees with the guiding principles that have been adopted for the discussion paper, and would like to emphasise the necessity of providing high quality care to those facing life-ending illnesses, regardless of whether or not they choose to undergo VAD. In the absence of the availability of such care, there is potential for a person to feel that VAD is the only option. Providing people with a choice is the fundamental objective of allowing VAD, and it is important that it does not lead to reduced quality and choices in palliative and EOL care. Therefore, it is imperative that there is sufficient funding and resourcing available for the provision of such care.

Furthermore, ACN suggests that those who work within organisations that provide EOL and palliative care would benefit from the development of organisation-endorsed guiding principles, specifically developed for their area of work. VAD as a concept poses ethical, personal and professional issues for many health professionals and non-clinical workers, and it would be valuable for there to be clear guidance on the organisation's stance. The aim of these guiding principles would be to provide all staff with an ethical framework by which they could guide their conduct when encountering the discussion of, and the actual act of VAD. These guiding principles would not force a healthcare worker to be involved with VAD if it did not align with their personal beliefs, but would guide them in how to respond and how to connect the person with an appropriate healthcare worker.

Key Issues

There are some concerns around the definition of "the person" as being eligible for VAD. An ACN member provided the following comments regarding the competence of a person to be a candidate for VAD:

The terms 'mental illness' and 'disability' are very broad, and may not provide adequate safeguards. For example, depression and expression of a wish to die is not uncommon when a person is diagnosed with a terminal illness, especially if symptoms have not been well controlled. This is often not 'enduring', but may persist beyond a specified minimum timeframe for reflection. Potentially treatable clinical depression should be specifically excluded before a person is able to access VAD. Likewise the term 'disability' covers a broad range of conditions, some of which may affect capacity in ways that are not immediately apparent. For example, determining capacity in relation to VAD could be uncertain in the case of a person with mild intellectual disability, who may be vulnerable to interpreting discussion of VAD (especially if initiated by their physician) as a recommendation from someone they trust, without fully understanding the implications.

The process

While there is no formal role for nurses in the actual act of VAD, nurses are heavily involved with, and have much to offer in the provision of high quality palliative and EOL care. It is thus very important that nurses are able to continue to practice within their full scope of practice, and not be put in a position where there may be pressure to act beyond this scope. When considering VAD, patients need to have adequate access to medical practitioners who are well-informed and willing to be involved with the VAD process.

It is very likely that nurses will be asked about VAD by both patients and their families, and it is necessary that they have a comprehensive understanding of the process, the legal implications and how to appropriately discuss VAD. Therefore, ACN recommends that training be available for nurses working in palliative care and with patients facing life-ending illnesses; tailored specifically to the

role of nurses. This training should ensure that nurses are fully across the process itself and the extent to which they can legally and ethically be involved. Given the unique nature of the nurse-patient relationship and the provision of person-centred care, which is founded on the nurse's integrity, honesty, respect and compassion it is imperative that nurses are adequately informed about VAD, their professional obligations and role and the nexus with their scope of practice. It is equally essential that nurses are educated about how they can support patients who request VAD and can continue to provide care. ACN is keen to support the profession with this education and is currently looking for and exploring funding opportunities to create and provide an ongoing national education program for the nursing workforce about VAD and similar future legislations.

In terms of safety around the medications used for VAD, ACN recommends adopting the approach taken by the Victorian Government, whereby the medication is managed from one sole pharmacy (in Victoria, this is at the Alfred Hospital in Melbourne). This approach enables strict control over the dispensing and returning of medications, and minimises risk of harm to the public. Consideration should also be given for two facilities, perhaps top and bottom of the state due to the vastness of WA. Medication safety is a very serious matter,[1] particularly with regard to drugs that are designed to induce death. Ensuring that the act of VAD is undertaken in a controlled environment, with medications strictly accounted for would be beneficial in reducing the risk of adverse events.

Death Certification

To enable accurate reporting and review, it is important that VAD be included on the Medical Certificate Cause of Death. Given that the Death Certificate is viewed by various organisations in the process of settling the person's estate, it would not be appropriate to include VAD on this document as this would represent a breach of privacy.

Oversight

In considering what data to collect, it would be extremely valuable to collect information around the reasons why people have chosen VAD. Understanding what has prompted a person to make this choice could facilitate improvements to models of care and care delivery. To maximise the quality of the data, it would be prudent to include information about not just the reasons, but also details such as the type of illness, treatments undertaken and original date of diagnosis.

Conclusion

For a person to be able to exercise choice, it is important that they feel empowered by a health system that provides and supports accessible, effective and flexible care options delivered by health professionals with the necessary knowledge and skills. In providing this choice, it is imperative that the WA Government ensures that it is governed in such a way that safety of both the patient and the public are the highest priority.

[1] Aziz Sheik et al. "Agreeing on global research priorities for medication safety: an international prioritisation exercise." Journal of Global Health, 9, 1 (2019): 010422. doi:10.7189/jogh.09.010422