

Ms Katherine Waller  
Project Manager  
Queensland University of Technology

By email: [katherine.waller@connect.qut.edu.au](mailto:katherine.waller@connect.qut.edu.au)

Dear Katherine

### Re Mandatory Online Practitioner Training for Voluntary Assisted Dying (WA)

I am writing to thank the Queensland University of Technology (QUT) and Western Australian Department of Health for the opportunity to provide feedback on the *Participating Practitioner Training – Draft Structure*.

I would like to commend QUT and the Department of Health for their diligence in devising and developing the Training, which – with some changes outlined below – will offer evidence-based, practical and systematic training for health care practitioners involved in voluntary assisted dying.

ACN believes nurses are vital in the provision of person-centred and high-quality health care to individuals at the end of their lives; ensuring all Australians are afforded respect, autonomy and dignity in making their own end of life care choices. Nurses have a unique and central role in care teams as they address a range of physical, emotional, social and spiritual needs of people with a life-limiting illness and promote continuity of care across the end-of-life care trajectory. Nurse practitioners should be supported and equipped to provide compassionate, professional and best practice care in voluntary assisted dying decisions and administration.

ACN is the pre-eminent and national leader of the nursing profession. We are committed to our intent of advancing nurse leadership to enhance health care. ACN is committed to ensuring that Australia's health system can meet the future needs of all Australians, particularly through the sustainable growth and development of the nursing workforce.

If you have further enquiries regarding this matter, please contact me, Dr Carolyn Stapleton FACN, Director of Policy, Strategy and Advocacy, at [carolyn.stapleton@acn.edu.au](mailto:carolyn.stapleton@acn.edu.au).

Yours sincerely



Dr Carolyn Stapleton FACN  
Director of Policy, Strategy and Advocacy  
Australian College of Nursing  
18 December 2020

## ACN response to Participating Practitioner Training – Draft Structure

### 1. Introduction to training (approx. 5-10 mins – 500 words)

- How to complete the training and the assessment;
- Demographic survey.

ACN does not wish to make any further comment on this.

### 2. Legislation and high-level overview of the VAD process (approx. 30 mins – 2400 words)

- Overview of the Voluntary Assisted Dying Act 2019;

ACN would add specifically the *WA Voluntary Assisted Dying Act 2018* should be covered in the overview.

- Overview of principles underpinning the Act;
- Overview of process – What does it look like to take a patient through the VAD process in WA?;

ACN suggests citing the Victorian legislation, as it has already been acted upon, thereby providing robust examples.

- Overview of key roles – Coordinating Practitioner, Consulting Practitioner, Administering Practitioner, Contact Person, Authorised Suppliers, Authorised Disposers, Voluntary Assisted Dying Board etc.;
- Overview of documentation requirements (forms) and obligations;

ACN suggests including examples of completed forms.

- Overview of the VAD portal; and
- Overview of related services – specified Pharmacy service, Care Navigator Service.

In this section, ACN advises including rural and remote services as nurses are more likely to be actively involved in end of life care in these areas, whether or not they are nurse practitioners.

### 3. Context (approx. 45mins – 3600 words – 1 video)

- VAD as one option at end of life – information on palliative care, advance health directives, and the range of supports available to someone approaching end of life;
- Ethical implications of VAD for the practitioner – deciding whether to participate in voluntary assisted dying, what the process involves, information about the community of practice, how to deal with moral distress;

ACN recommends clarifying what is meant by *community of practice* in this context and whether there will be formal channels and support for practitioners to share their experiences with one another. ACN also advises clarifying ‘moral distress’; whether this is on the part of the patient or the practitioner.

ACN believes the training should define or describe conscientious objection; and outline what is expected of the nurse if they have a conscientious objection. This should refer to the Nursing and Midwifery Board of Australia (NMBA) Code of Conduct Sections 3.1,3.2 and 3.6 and Code of Ethics

Elements 1 and 2. It should be made explicit that conscientious objection must be based on genuine and settled preferences (such as religious faith), rather than a convenient, ad hoc objection.

- **How to have difficult conversations – conversations with patients about end of life, conversations with families, carers and loved ones;**
- **The context in which conversations can arise – who can have the conversation and when, how to respond if you are willing to participate, how to respond if you are not willing to participate; and**

ACN recommends clarifying who can legally initiate the conversation, who can have the conversation and when, and including the conscientious objection point raised above to advise those unwilling to participate.

- **Cultural competency – VAD and Aboriginal people; VAD in culturally and linguistically diverse communities, VAD and people from different faiths.**

ACN advises including considerations of the body and how it is prepared and removed from the place of death. This could be a general statement about the need for *respectful and culturally and religiously appropriate preparation of the body for burial or cremation* included in the training materials. The difficulty this may pose for practitioners in rural and remote areas should also be addressed. This could be included in this section, or in Module 6; wherever most appropriate.

4. **Practitioner Self-care (dedicated self-care module with references to self-care throughout the training, where appropriate) (approx. 20 mins – 1500 words)**
- **Self-care information and resources**

ACN advises referring to the NMBA Code of Conduct Section 7.1 for expectations of nurses and the NMBA's confidential counselling service [<https://www.nmsupport.org.au/>].

5. **Accessing the VAD process (approx. 45mins – 3600 words – 1 video)**
- **The first request – requirements for the request, requirements of a medical practitioner to accept/refuse the request, requirements to notify the VAD Board, the meaning of 'unable' to participate for practitioners;**

ACN recommends adding a note to *see Module 3 above on conscientious objection*.

- **What constitutes a clear and unambiguous request – different means of communication in making a request (e.g. hand gestures), use of interpreters and alternative communication methods (with speech pathologist input);**

ACN advises specifying *registered interpreters*, rather than children, neighbours, friends or family, in order to reduce ambiguity or distress. In regard to the alternative communication methods, ACN advises specifying these should be *clinically indicated*; as well as advise for how individuals in rural and remote parts of WA will be able to access a speech pathologist or other appropriate specialist, including an Australian sign language (AUSLAN) interpreter.

- **The roles and functions of the Coordinating Practitioner, the Consulting Practitioner, and the Administering Practitioner;**
- **Eligibility and training requirements of participating practitioners; and**

ACN advises including reference to professional codes of ethics and conduct in this section.

- **How to withdraw from a role, how to transfer a role to another practitioner.**

ACN recommends including a note to see *above module 3 on conscientious objection*.

6. **Eligibility and assessment (approx. 75mins – 5000 words + – 2 videos) This module may be divided into two parts as it is very content heavy**

ACN supports dividing the module into two parts to enhance participant interest and focus.

- **Assessing whether a patient meets eligibility criteria (first and second assessment):**
- **Expectations regarding determination of a patient's age;**
- **Expectations regarding determination of a patient's citizenship/permanent resident status;**
- **Expectations regarding determination of a patient being ordinarily resident in WA;**
- **Diagnosis requirements;**
- **Prognosis requirements;**
- **Expectations regarding determination of decision-making capacity, including in the context of mental health (input from RANZCP);**

ACN advises referring to professional codes of ethics and codes of conduct in this section.

- **Expectations regarding determination of voluntariness and coercion (Hansard);**

ACN advises referring to professional codes of ethics and codes of conduct, and cross-referencing with Modules 3 and 5 above in this section.

- **Expectations regarding determination of enduring nature of decision;**
- **Detection of mental health issues in someone requesting VAD;**
- **VAD and people with a disability;**

Same as above.

- **VAD and people with mental health issues;**

Same as above.

- **How to have a conversation with someone who has been deemed ineligible;**
- **Referral for determination indicators and pathways;**
- **Information requirements for patient if patient assessed as eligible;**
- **Assessment form completion by coordinating practitioner/consulting practitioner;**
- **How to find/refer to a consulting practitioner;**

ACN advises adding *and/or another health professional (see Module 5)*;

- **Requirements to accept/refuse consulting assessment, requirement to notify board;**
- **Meaning of 'independently' form own opinions (Hansard);**
- **Written declaration – requirements, witness eligibility;**
- **Final request – requirements, designated period and exceptions; and**
- **Final review – requirements.**

7. **Accessing voluntary assisted dying and death (approx. 45mins – 3600 words – 1 video)**
  - **Planning for death – supporting the patient and their family /carers in a planned approach to death and arrangements for immediately after death;**

In this section, ACN recommends clarifying who can certify death if a nurse practitioner administers the substance causing death. This section should provide links and explanations to other relevant legislation; and any relevant considerations for rural and remote areas. This section should also include a note to *see Module 3 regarding cultural and religious consideration.*

- **Administration options (self or practitioner) and requirements e.g. witness to administration;**
- **Appointment of a contact person – contact person responsibilities, interaction of medical practitioner and contact person through process;**
- **Information requirements prior to prescription;**
- **Prescription/protocols – general commentary as relates to the Act and high-level information only (provision of specific protocol information will be managed offline by the Customer);**

ACN recommends including reference to NMBA requirements re ‘endorsed’ status [<https://www.nursingmidwiferyboard.gov.au/registration-and-endorsement/endorsements-notations.aspx>]. This is particularly relevant for remote areas, however the NMBA will soon be discontinuing the Registration standard for endorsement for scheduled medicines for rural and isolated practice endorsed registered nurses (RIPERNS) in Victoria. ACN is unaware if there is similar legislation applicable in WA.

- **Authorised suppliers – information requirements prior to dispensing, commentary on role and processes of the specified pharmacy service;**
- **Administering practitioner to be satisfied in relation to certain aspects prior to administration, witness present etc.;**
- **What must occur after death – aspects related to death certification, communication with family, bereavement and support options for family members; and**

ACN advises adding *culturally and linguistically appropriate communication with family.*

- **Authorised disposers – role of authorised disposers, how can an administering practitioner dispose of the substance.**
8. **Other aspects practitioners should be aware of (approx. 30mins – 2400 words)**
    - **Role of State Administrative Tribunal – implications for process (on hold, change outcome etc.);**
    - **Legal implications for practitioners – protections and offences;**

ACN advises including reference to the NMBA and Australian Health Practitioner Regulation Agency (AHPRA) in this section.

- **How practitioners can communicate with patients about VAD i.e. when is it okay to use telehealth, phone, email etc.;** and
- **Addressing access for regional residents.**

ACN recommends also addressing access for *rural, remote and very remote residents* in this section.

9. **Practitioner Training Assessment (approx. 30mins – 90 MCQs)**
  - **Assessment to evaluate practitioner understanding of content, with input from relevant professional colleges including RACGP;**

ACN advises adding *and Council of Remote Area Nurses (CRANA) or Rural Health Alliance* to this section. This will not only address complications and inequity for those in rural and remote areas but will also provide greater guidance around allied health referrals such as speech pathologists, as the RACGP's involvement is not clear in these cases.

- **Practitioner must achieve a score of 90% or more to pass;**
  - **Assessment cannot include details related to VAD substances and administration protocols, in compliance with the Commonwealth Criminal Code; and**
  - **Final step in assessment will likely involve confirmation of receipt, and understanding, of information provided in hard copy.**
10. **Practitioner Participation (approx. 5mins – 400 words)**
    - **Sharing of contact details with care navigators**

ACN urges caution in advising the sharing of any contact details, particularly personal details. While the nurse navigator is likely a professional, sharing of details could have very harmful consequences for health practitioners, particularly in small and/or isolated communities where backlash may occur.

11. **Resources (approx. 5mins)**
  - **Resource guide;**
  - **VAD specific program resources;**
  - **End of life care, including palliative care; and**
  - **Ethics and decision-making.**

ACN advises providing greater clarity regarding which resources will be cited in this section. ACN recommends including relevant codes of conduct, codes of ethics and position statements from professional bodies such as ACN, as well as referring nurses to the NMBA's confidential counselling service [<https://www.nmsupport.org.au/>].