

Voluntary Assisted Dying in Queensland

Background

The 'Voluntary Assisted Dying Act 2021' (the Act) was passed in September 2021, with access to voluntary assisted dying available from 1 January 2023 to eligible Queenslanders (Queensland Government, 2021).

Voluntary assisted dying is an additional end-of-life choice that gives eligible people, who are suffering and dying, the option of asking for medical assistance to end their lives. There are strict [eligibility criteria](#) for accessing voluntary assisted dying in Queensland. The process to access voluntary assisted dying involves several safeguards, including the requirement to undergo multiple requests and assessments by specifically trained and qualified health professionals, ability to withdraw from the process at any time, and independent oversight by the [Voluntary Assisted Dying Review Board](#) (Queensland Government, 2022).

Before a person can access voluntary assisted dying in Queensland, three requests are made by the individual, with subsequent assessments, with a period of at least nine days between the first and final request. This allows time for the person to reflect on their choices while ensuring their suffering isn't unnecessarily drawn out (Queensland Government, 2022). However, a person may take as long as weeks or months to work their way through the process and make the final decision. There is also no obligation for a person to continue the voluntary assisted dying process after the request and assessment phase has been completed, and a person can choose not to proceed, or withdraw from the process at any time (Queensland Government, 2022).

The [scope of practice](#) information details which health professionals may participate and their specified roles in the process, specifically medical practitioners, nurse practitioners and registered nurses who have completed the mandatory voluntary assisted dying training (Queensland Government, 2022). Whilst only a small proportion of healthcare professionals will be authorised voluntary assisted dying practitioners, all doctors, nurses and other registered health practitioners will have obligations to provide information and on-referral to voluntary assisted dying services under the Act.

Voluntary assisted dying has been available in Victoria since 19 June 2019. From its inception to 30 June 2022, 1545 people in Victoria have registered for voluntary assisted dying, with under 0.4% identifying as Aboriginal and Torres Strait Islander (Voluntary Assisted Dying Review Board (VIC), 2022). Voluntary assisted dying also commenced in Western Australia from 1 July 2021 (Government of Western Australia Department of Health, 2022). Data on Aboriginal and Torres Strait Islander access to voluntary assisted dying in Western Australia is not yet available. However, Western Australia has developed a range of public resources to support Aboriginal and Torres Strait Islander people in this process (Government of Western Australia Department of Health, 2021), noting that these should not be relied on to provide direction under the Queensland legislation.

QAIHC Position

- QAIHC supports the introduction of Voluntary Assisted Dying within Queensland with a view that an individual should have genuine choices available about their care and treatment at end of life, no matter where they live and what cultures they come from. While many Aboriginal and Torres Strait Islander communities may not see voluntary assisted dying aligning with their cultural beliefs, there is a need to ensure Aboriginal and Torres Strait Islander people are able to access the program, and other supports at end of life (e.g., palliative care) in a culturally safe and appropriate way if they choose.
- That QAIHC Member services can make an individual choice regarding the support of the organisation, or clinicians, in regard to providing voluntary assisted dying to people in their community.
- All QAIHC Member services and healthcare workers must be aware of their legal obligations regardless of their choice to offer or not offer voluntary assisted dying. Even if a choice is made to not be involved in provision of voluntary assisted dying, responsibilities remain to the individual who has raised voluntary assisted dying. This includes being able to direct the individual to where they can get further information or support and to continue to support the person, including providing ongoing care and treatment for their underlying condition.
- QAIHC recognises that communities and services must also be prepared for the possibility that a member of their community may choose to access voluntary assisted dying, and the associated sorry business for family and community.

Cultural considerations

The importance of Aboriginal and Torres Strait Islander culture should be acknowledged and supported when discussing choices available at end of life with Aboriginal and Torres Strait Islander peoples. These choices should take into consideration the person's culture and language. In some situations, it may be more culturally appropriate to provide information about voluntary assisted dying through yarning with a trusted healthcare worker. There may also be instances where an interpreter will be required to ensure that the individual's wishes are clear and informed.

It is vital that Aboriginal and Torres Strait Islander people who choose to access voluntary assisted dying

be supported to do so on country. To support an individual to access the program on country it is critical that barriers are removed, such as access to transport and appropriate accommodation and in-community support. It is not only the responsibility of health services to ensure a comfortable and appropriate end of life journey, and as such consideration should be made to educate other key providers in Aboriginal and Torres Strait Islander communities to be able to prepare for community implications.

Community considerations

To date, the engagement focus has been on practitioner readiness, but QAIHC Members suggest that there also needs to be a focus on community readiness. When supporting an Aboriginal or Torres Strait Islander person who is considering voluntary assisted dying, it is important to understand and appreciate the importance of family and community. Aboriginal and Torres Strait Islander people may wish to involve their family and community in discussions. However, the final decision will remain with the individual, as required under the Act.

To minimise potential misunderstanding within communities, communities must be engaged, prepared, and educated on the voluntary assisted dying program while maintaining sensitivity, to promote the understanding that access to the program will be an individual's choice, and that the cause of death will always be attributed to the underlying health condition from which the individual was suffering. It should continue to be reinforced that voluntary assisted dying is not suicide, including that the death certificate will list the underlying illness as the cause of death.

It is important to recognise that Queensland's Aboriginal and Torres Strait Islander peoples live in a range of community settings, and that even within a particular community there will be range of cultural considerations (family, clan, tribal processes) which may need to be considered in preparing for and dealing with death. It is best that advice and direction is sought from the individual, family members and key health leaders in community.

Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSI CCHOs) are often best placed to have the consultations with community around voluntary assisted dying. However, it should be noted that not all communities have access to an ATSI CCHO and that there are ongoing challenges with workforce availability to deliver core primary health care

services. Therefore, ATSCCHOs will not have the capacity to engage in preparing communities on voluntary assisted dying without additional resources.

Healthcare worker considerations

ATSCCHOs employ a range of healthcare professionals, including doctors, nurse practitioners, registered nurses, and other registered and unregistered healthcare workers, that may be involved in the voluntary assisted dying process at any time following 1 January 2023. For this reason, it is essential that all healthcare workers within ATSCCHOs are provided education on the voluntary assisted dying process and their legal responsibilities, including around their ability to decline offering information or partaking in the process, prior to the commencement of the program. This will ensure protection for both healthcare workers from a legal perspective, and Aboriginal and Torres Strait Islander

people by ensuring healthcare workers are properly equipped to handle voluntary assisted dying requests within ATSCCHOs.

Further, concern has been raised for the emotional safety and wellbeing of Aboriginal and Torres Strait Islander Health Workers and practitioners who may be assisting Aboriginal and Torres Strait Islander people accessing voluntary assisted dying. These providers may be required to support their own direct relatives and close community members through the process without the ability to refer on to another worker, as many remote communities often have small numbers of Aboriginal and/or Torres Strait Islander Health Workers. It should also be recognised while these Health Workers may not directly participate in the voluntary assisted dying process they will still be participating in the individual and family's ongoing healthcare.

Recommendations

Recommendation 1:

That each Hospital and Health Service's Voluntary Assisted Dying Implementation Lead engage with the ATSCCHOs in their region to support community and service preparedness for the commencement of the voluntary assisted dying program and ensuring matters of death and dying are done in the most culturally appropriate way. In communities where there is no ATSCCHO, partnership must be made with Local Government and Regional Councils.

Recommendation 2:

That Queensland Government provide appropriate support to assist Aboriginal and Torres Strait Islander people to be able to choose voluntary assisted dying on their country.

Recommendation 3:

That Queensland Government develop and fund an appropriate repatriation process to allow the returning of bodies to an individual's country or community.

Recommendation 4:

That Queensland Health provide culturally appropriate resources, training and support mechanisms including support for emotional safety, wellbeing and trauma, for all healthcare professionals involved in voluntary assisted dying. These resources need to take a trauma-informed care approach to recognise the impact of

disconnection of family and country, intergenerational trauma and the high presence of death and dying for Aboriginal and Torres Strait Islander peoples.

Recommendation 5:

That Queensland Health, in developing a support system for healthcare workers involved in voluntary assisted dying, consider the specific needs of Aboriginal and Torres Strait Islander health staff that may be involved in the voluntary assisted dying process. This support should be accessible across both public and private health providers to allow them to understand and comply with their legislated obligations and are supported in instances where they have been required to provide voluntary assisted dying services within their community.

Recommendation 6:

That Queensland Government brief the Mayors of Queensland's local councils, including the remote and discrete communities, around voluntary assisted dying to provide them with an understanding and possible implications for their communities and services.

Recommendation 7:

Urgent need to invest into culturally appropriate palliative care services.

References

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