

# SCACS ST CATHERINE'S AGED CARE SERVICES



<i>Manual</i>	Policies & Procedures Manual
<i>Document</i>	Voluntary Assisted Dying Policy and Procedure
<i>Revision Date</i>	August 2023

## Voluntary Assisted Dying Policy and Procedure

**This Policy sets out St Catherine's Aged Care Services (SCACS) position in relation to the New South Wales Voluntary Assisted Dying Act 2022.**

SCACS is committed to providing high quality, safe and person-centred care which respects the dignity of each person. Supportive palliative care is a means to promoting a culture of quality of life, enabling a person to live until they die with dignity. The focus is on comfort care, reduction of suffering and promotion of understanding of loss and bereavement.

SCACS will not participate directly in voluntary assisted dying ('VAD')

This policy provides information to staff on how SCACS will provide information to consumers should they request assistance to access VAD and also outlines the support and information provided to ensure staff understand SCACS' position and practices regarding VAD.

### Position

- The *Voluntary Assisted Dying Act 2021 (NSW)* (**NSW Voluntary Assisted Dying Act 2022**) will commence on 28 November 2023. VAD cannot be accessed in New South Wales until after the VAD Act commences on 28 November 2023.
- SCACS will adhere strictly to the NSW Voluntary Assisted Dying Act 2022 and NSW Department of Health directives relevant to VAD.
- SCACS recognises that eligible residents and clients (consumers) accessing SCACS care and services have the choice to access VAD services under the NSW Voluntary Assisted Dying Act 2022, SCACS shares the Catholic understanding that all life is sacred from conception to death, and therefore operates in the long-standing Catholic moral tradition of compassionate care that neither prolongs dying nor hastens death.
- SCACS respects individual choices and preferences and will acknowledge a capable adult's right to cease or withdraw from medical treatment at any time. However, SCACS will not engage in any activity whose primary purpose or intention is to cause the death of a person.
- A consumer's tenure as a resident in a SCACS aged care facility or client in receipt of other SCACS Services will not be impacted by any decision they make in relation to VAD.

### Commitment

SCACS will ensure:

- All consumers will have access to Supportive and Palliative care which will be supported by appropriate specialist and palliative care networks within the local area. This care will not be affected by any decision to participate in VAD.
- SCACS will support and accompany families and loved ones through the death and dying process in a way that provides them with opportunity to find meaning, healing and hope. Whilst it does not participate directly in voluntary assisted dying SCACS will not abandon its commitment to care.

- SCACS will ensure staff are safe and supported in their understanding of VAD. This will include providing appropriate training about dealing with VAD and implement a mechanism to enable staff to obtain advice and support. VAD may be an overwhelming and emotional experience for staff who provide care and support for the patient. If VAD has raised concerns about staff wellbeing, the Employee Assistance Program and Spiritual/Pastoral Care is available to all staff at SCAC.

#### **For consumers seeking information on VAD**

- Staff are obliged, as employees of SCACS, to respond compassionately and respectfully to the person requesting VAD. Staff will not initiate discussions about, or suggest, VAD to a consumer they are providing health or professional care services to.
- All initial requests for information about, or access to, voluntary assisted dying are to be directed to the Manager, who will provide information and support and/or refer consumers and their families to the Voluntary Assisted Dying Care Navigator Service-NSW as applicable.
- SCACS will not provide any referrals to GPs or a voluntary assisted dying provider or service.

#### **For eligible consumers who choose to enact VAD**

- SCACS's position is that employees will not be present when the VAD substance is Administered, or act as a witness or contact person in respect of the administration of the substance.
- If a SCACS employee chooses to be present when the voluntary assisted dying substance is administered, they do so in a private capacity, and not as an employee of SCACS.
- SCAC'S will not store a voluntary assisted dying substance. However, in the interests of the health and safety of its staff and other residents, it will take steps to assist a person to comply with its obligations in respect of the storage of the substances.

#### **Responsibility**

- The CEO is the overall sponsor for the oversight of the voluntary assisted dying policy, procedure and processes at SCACS and ensuring regular reporting to the Board. The CEO has oversight of all responsibilities (*awareness, advice and decision-making*) as outlined in *Appendix 2: Voluntary Assisted Dying Clinical Governance Framework*.
- The Board are responsible for adherence to this policy; delegation of operational responsibilities as appropriate; monitor compliance to this policy and associated procedure, and ensure alignment with SCACS' Mission and Values. The Board assumes the Tier 2 '*awareness, advice and decision-making*' responsibility as outlined in *Appendix 2: Voluntary Assisted Dying Clinical Governance Framework*.
- Managers will ensure compliance with this Policy and the associated procedure. Managers assume the Tier 1 '*awareness and advice*' responsibility as outlined in *Appendix 2: Voluntary Assisted Dying Clinical Governance Framework*.
- Relevant, and trained, staff will ensure they have an understanding of and compliance with SCACS's policy and procedures regarding voluntary assisted dying (*awareness*) responsibility as outlined in *Appendix 3: Voluntary Assisted Dying Clinical Procures*

## Evaluation and Improvement

To assess compliance with Policy, SCACS will undertake evaluation processes and consider:

- Catholic ethics and foundations;
- Legislation changes and requirements;
- Feedback from consumers, representatives and stakeholders; and
- Future improvement strategies, including training opportunities.

## Legislation and Standards

*Voluntary Assisted Dying Act 2022* (NSW): <https://legislation.nsw.gov.au/view/html/inforce/current/act-2022-017>

Australian Aged Care Quality Agency Accreditation Standards 2018.

## Other resources

- The Voluntary Assisted Dying Care Navigator Service
- The NSW Health website: <https://www.health.nsw.gov.au>
- The SCACS workspace

VAD Fact Sheet: Provided by ELDAR: [eldar.com.au/Portals/12/Documents/Factsheet/Legal/VAD-Overview](https://eldar.com.au/Portals/12/Documents/Factsheet/Legal/VAD-Overview)

SCACS related Policies/Procedures

SCACS supports Catholic Health Australia's core end-of-life care principles, clinical governance framework and structured escalation system (see **Appendices 1 and 2** to this Policy).

SCACS Voluntary Assisted Dying Framework (Appendix 3)

and Palliative Care Policy

## Definitions

Terms in this document that are capitalised are terms that are defined in the VAD Act and include the following:

Term	Definition
Eligible adult	A person who meets all eligibility criteria listed in the <i>Voluntary Assisted Dying Act 2022</i>
Eligible medical practitioner	Authorized practitioner who meets the eligibility criteria listed under the <i>Voluntary Assisted Dying Act 2022</i> and who has successfully completed the approved mandatory training
First Request	A clear and unambiguous request for access to voluntary assisted dying made to a medical practitioner during a medical consultation under the <i>Voluntary Assisted Dying Act 2022</i> .
Practitioner administration	The process whereby a person assessed as eligible for voluntary assisted dying, and who has made a practitioner administration decision, is

Term	Definition
	administered the voluntary assisted dying substance by the Administering Practitioner.
Self-administration	The process whereby a person assessed as eligible for voluntary assisted dying, and who has made a self-administration decision, prepares and ingests the voluntary assisted dying substance.
Statewide Voluntary Assisted Dying Care Navigator Service	The service established to provide a statewide point of contact for information and assistance relating to voluntary assisted dying in NSW
Voluntary assisted dying	Means the administration of a voluntary assisted dying substance and includes steps reasonably related to that administration as per the <i>Voluntary Assisted Dying Act 2022</i>
NSW Voluntary Assisted Dying Approved Training	The mandatory training that must be completed before a medical practitioner or nurse practitioner can carry out assessment and administration actions under the <i>Voluntary Assisted Dying Act 2022</i>
NSW Voluntary Assisted Dying Statewide Pharmacy	The statewide service established to ensure the voluntary assisted dying substance is provided in a safe, equitable, and patient-centred manner.

## Acknowledgments

SCACS acknowledges and thanks the following organisations for their assistance and use of existing documentation and copy in this Policy and other support documentation.

- Catholic Health Australia
- The NSW Department of Health

## Appendix 1: Excellence in End of Life Care - Principles<sup>1</sup>

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- 1 Medicine's longstanding ethic governs the care we provide to all our patients and residents. That is, we put into practice the ancient commitment of the medical profession to cure where possible, to care always and never intentionally to inflict death.
  - 2 Our clinicians are trained to provide effective pain management and to respect patients' decisions (or, if they are not competent, their substitute decision-maker's decisions) to forgo treatments that are too burdensome or medically futile: in doing so, our clinicians act in accordance with the needs and preferences of the patients.
  - 3 Our clinicians do not and will not intentionally inflict death on patients (that is, provide euthanasia), nor intentionally assist patients or residents to take their own lives (that is, provide physician-assisted suicide). We accept and act according to the traditional understanding that these interventions are not medical treatments. They stand outside our ethic of care and contravene our Code of Ethical Standards. (We note that the terminology used to describe these interventions varies from place to place, but in the *Voluntary Assisted Dying Act 2022* (NSW) they are collectively referred to as 'voluntary assisted dying'.)
  - 4 We will honour our long-standing practice of having open and sensitive discussions with those within our care and their families about their treatment and their care, including where they disclose that they are considering requesting physician-assisted suicide or euthanasia. If a patient, resident, client or their family initiates such a discussion, we will respond to it openly and sensitively while making clear we will not participate in, provide or refer for these interventions. We will ensure that trained staff are available to engage in such discussions and that processes are in place to respond to the results of these discussions.
  - 5 We will not participate in assessments undertaken for the purpose of a patient or resident having access to or making use of the interventions allowed under the *Voluntary Assisted Dying Act 2022* (NSW), nor will we provide (or facilitate the provision of) a substance for the same purpose.
  - 6 We recognise our duty to people in our care is based on trust and will continue to commit to and implement our ethic of care. We believe this to be the best way to respond to the needs of people who have a life-limiting condition and/or are nearing the end of their lives. We will continue confidently to welcome all people into our care.
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### Excellence in end-of-life care in the context of Catholic Health, Aged Care and Community Services

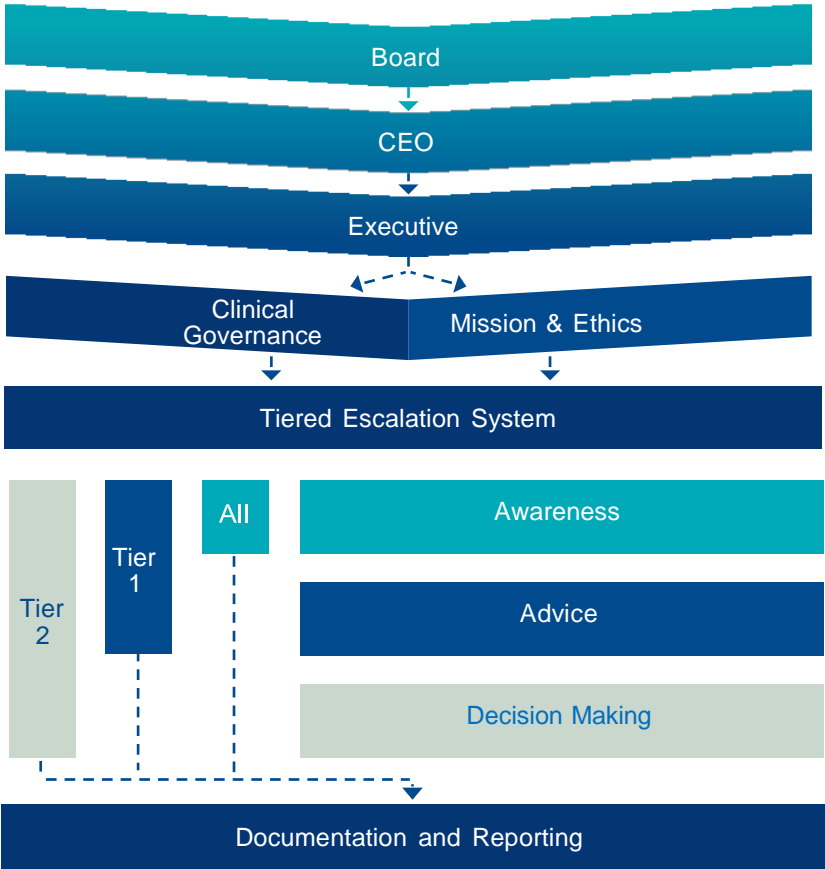
Catholic health, aged care, and disability services are committed to the ethic of healing, the ethic which is found in both the Hippocratic tradition of medical practice and the long Christian tradition of providing care, especially for poor and vulnerable people. The main features of this ethic as it pertains to people who have a life-limiting condition and/or are nearing the end of their lives are set out in the Code of Ethical Standards for Catholic Health and Aged Care Services in Australia.

These features include commitments: to heal and never to harm; to relieve pain and other physical and psycho-social symptoms of illness and frailty; to withdraw life-prolonging treatments when they are futile or overly burdensome or when a person wants them withdrawn and gives informed refusal of these treatments; and to never abandon patients.

We are always committed to improving care at the end of life. In addition, we do whatever we can to ensure that such care is available to all people who need and want it.

Though we always strive to ensure that those in our care die in comfort and with dignity, we do not assist them to end their own lives or provide euthanasia. We will continue to promote and provide healthcare that is consistent with our commitment and ethic of care and which avoids harm, especially to those most vulnerable.

**Appendix 2: Voluntary Assisted Dying Clinical Governance Framework**



**CLINICAL GOVERNANCE FRAMEWORK**

Recognising the significance of the Voluntary Assistance Dying (VAD) Legislation and its potential impact for patients, residents and staff, we have adopted CHA’s recommendation on clinical governance which will enact our ethic of care. This begins with each service provider appointing an executive as the sponsor overseeing the VAD response process, with regular reporting to the CEO and Board as relevant. It also includes a tiered escalation system for any issues which arise related to VAD, to ensure that appropriate care services and expertise are available to patients, residents and staff.

	All Staff	Tier 1	Tier 2
Awareness			
Awareness of organisational position	✓	✓	✓
Awareness that VAD can only be initiated by patient	✓	✓	✓
Awareness of basic information provision re: VAD	✓	✓	✓
Awareness of documentation requirements	✓	✓	✓
Awareness of escalation requirements	✓	✓	✓
Advice			
Manage sensitive discussions and address end of life concerns	✗	✓	✓
Provide advice on end of life care options	✗	✓	✓
Connect patients / residents / clients to end of life care options	✗	✓	✓
Decision Making			
Management of complex cases	✗	✗	✓
Escalate and Inform relevant stakeholders	✗	✗	✓
Manage risks	✗	✗	✓
Commission or seek expert advice as required	✗	✗	✓

Table 1: Capability Framework for Tiered Governance System

## TIERED SYSTEM

We have also adopted CHA's structured escalation system to provide clinical support.

This approach acknowledges that different scenarios may arise which will require different levels of competency in response to VAD related clinical issues. These range from basic competencies which all staff should be familiar with to more complex competencies which will be required in certain complex cases. The establishment of such an approach will be adapted for the specific needs of acute care, sub-acute care, aged care, disability care, and community care environments.

### *Appendix 3: Voluntary Assisted Dying Clinical Procedures*

## **Procedures**

### **1. Initiating discussions about Voluntary Assisted Dying**

SCACS Workers must not initiate discussions about Voluntary Assisted Dying with residents or consumers.

### **2. Requests for information about Voluntary Assisted Dying**

- i. All requests for information about Voluntary Assisted Dying must be received in a compassionate and respectful manner.
- ii. We will not hinder a person from accessing information about VAD.
- iii. If a resident or consumer requests information about Voluntary Assisted Dying, the SCACS Worker will inform the person:
  - a. that our services do not provide VAD in its residential aged care facilities other than to the extent as required by the VAD Act and as set out in this fact sheet;
  - b. that they can be directed to or connected with a professional within our services who is qualified to engage in discussions about end-of-life care; and
  - c. that they can be provided with contact information for the end of life care service from the NSW Health.
- iv. Residents or consumers who wish to engage in further discussions be directed to a Tier 1 team consultation
- v. The facility Tier 1 team shall respond to the patient, resident or consumer seeking information in a manner consistent with their capabilities as described above.

### **3. Requests for Voluntary Assisted Dying**

- i. All requests for Voluntary Assisted Dying will be received in a compassionate and respectful manner.
- ii. A request for Voluntary Assisted Dying will activate a Tier 1 response.
- iii. A Tier 1 team shall:
  - a. seek to understand the nature of the request, including clarifying whether the resident/consumer is in need of end-of-life care services that SCACS is able to provide, and ensure that the patient is aware of SCACS's commitment to provide care to them;
  - b. ensure that the resident/consumer is aware that SCACS does not provide or facilitate VAD, but will not impede their access to VAD or to information about VAD;



- c. ensure that the resident/consumer is aware that NSW Health provides information about accessing VAD, and has the means to access that information;
- d. document the request as per facility requirements; and
- e. where the request to access Voluntary Assisted Dying is made to a medical or health care practitioner, the medical or health care practitioner must ensure compliance with any specific requirements of relevant State based VAD legislation.

#### **4. Resident/consumer engaging in the VAD process**

- i. We will allow a resident/consumer reasonable access to a medical practitioner, or other eligible person to personally provide support, assistance and information to them in relation to VAD, and to enable the resident to:
  - a. access to information about VAD;
  - b. make a First Request and a Final Request;
  - c. undergo a First Assessment;
  - d. undergo a Final Review with by the Coordinating Practitioner;
  - e. undergo a Consulting Assessment;
  - f. make a Written Declaration;
  - g. make an application for Administration Decision; and
  - h. self-administer a VAD Substance or have the practitioner administer a VAD substance.
- ii. If a requested medical practitioner is not available to attend for the purposes of a resident/consumer accessing VAD, there may be circumstances where we must facilitate the transfer of a resident to obtain those services at another location. We will comply with our obligations under the VAD Act in respect of the transfers.
- iii. Additionally, if a resident/consumer requests transfer to another service for the purpose of accessing Voluntary Assisted Dying, SCACS facilities will continue to care for this person until such time as that care has been assumed by an appropriate receiving provider. In addition to normal protocols for handover, this may include being involved with arrangements for the resident/consumer to be transferred to their preferred location.
- iv. If a resident/consumer requests release from care for a period of time for the purpose of accessing assessment of eligibility for Voluntary Assisted Dying, SCACS facilities shall follow normal protocols for leave from care and will facilitate the transfer of the person to and from the assessment

- v. A resident/consumer is entitled to private consultations with their preferred medical practitioners in what is legally their home. SCACS upholds this respect for privacy, including where a resident is engaging in the VAD process. If a resident discloses to a Worker that they are engaging in the VAD process independently of our service, a Tier 2 team will be notified, and the resident reminded that SCACS is committed to continuing to provide care for them but will not provide or facilitate the VAD process.

## **5. Resident/consumer in possession of VAD substance**

- i. Where consistent with legislative requirements SCACS facilities will not hinder a permanent resident's access to a voluntary assisted dying substance in its facilities.
- ii. If a resident or consumer does possess a VAD substance, a Tier 2 team should be notified and the person informed that SCACS:
  - a. will not store it for them; but
  - b. in the interests of the health and safety, it will take steps to assist them to comply with their obligations in respect of the storage of the substance.