

# Understanding Voluntary Assisted Dying



## Foreword: The Hon Amber-Jade Sanderson MLA

Each person is entitled to genuine choices about their own care, treatment and end-of-life, irrespective of where they live in Western Australia.

As such, a dignified end-of-life is a key priority of the WA Government, and we are committed to improving accessibility, awareness and the quality of Voluntary Assisted Dying (VAD) provision.

The Council on the Ageing Western Australia's (COTA WA) Understanding Voluntary Assisted Dying Guide has been developed to provide information on the process for accessing VAD in WA.



The information presented in this Guide is intended to inform you about key components of the VAD process whether you or a family member are considering the choice to access VAD or are simply seeking more information.

This Guide will help in considering the issues involved in thinking about VAD and assist you, your families and carers in making informed decisions about your care, treatment and end-of-life choices.

The WA Government's VAD legislation delivers on the My Life, My Choice Report (2018) in providing this choice at end of life within a framework of patient-centred, high-quality care at end of life.

It provides an additional end-of-life choice to eligible Western Australians and aims to ensure people are treated within a culture of compassion, autonomy and high quality care.

We have ensured that our VAD legislation is compassionate, safe and suitable to WA's unique situation and landscape.

I commend COTA (WA)'s commitment and dedication to support and empower Western Australia's older community to engage in meaningful conversations and make informed choices about their care.

Our focus will continue on delivering care that places people and their preferences at the centre to ultimately improve the experiences of patients, their families and carers.

**The Hon Amber-Jade Sanderson MLA  
Minister for Health; Mental Health**

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## Introduction

*“In this world, nothing is certain except death and taxes”* is still as true today as when Benjamin Franklin uttered these now-famous words in 1789.

Unlike the world of the eighteenth century, under the Voluntary Assisted Dying (VAD) WA legislation, Western Australians who are suffering from a terminal illness now have the right to choose death should certain safeguards and strict conditions be met.



Currently, around 90 per cent of us will live beyond 65 years of age. However, death and ageing, although inevitable, will occur differently for each one of us.

For some, death will be a peaceful experience, perhaps surrounded by family and friends. For others, death could be accompanied by suffering after a long struggle with illness that will have extracted a heavy toll not only on the deceased but also their loved ones. In other words, some experience a ‘good’ death while others may not.

The VAD process aims to promote the personal autonomy and choice of those people who are suffering at the end of their life, while ensuring there are safeguards for the broader community. To achieve this, it adopts a multi-stage assessment process with numerous safeguards and comprehensive oversight. Although there is widespread community support for legislation permitting people near the end of life to choose the circumstances of their death, the law also needs to protect those who may be vulnerable to abuse.

It should be emphasised that this guide is not aimed at promoting or advocating for Voluntary Assisted Dying. It is presented to highlight what is involved in accessing VAD under current Western Australian legislation. We have presented (in an easy to understand language) what can appear to be complex information which is readily and publicly available in an accessible and helpful document for the benefit of all people who may be contemplating this kind of assistance.

**Chris Jeffery**  
**Chief Policy Officer, Council on the Ageing (WA)**

# Format of the Guide

The Guide begins with a general overview of the process, leading to more specific and detailed information for those who require it. It includes:

- Background to the legislation
- Definition of VAD and the circumstances under which it can be accessed
- Eligibility criteria for VAD including an eligibility checklist
- Summary of the ten (10) steps in the VAD process
- Complaints process
- Detailed explanation of the responsibilities of those involved in the process
- Frequently asked questions
- Further information and support
- Key terms and definitions

## Acknowledgment

The content in this document is largely based on information prepared by the End of Life Care Program at the WA Department of Health and can be accessed through the Department's website: [www.health.wa.gov.au/voluntaryassisteddying](http://www.health.wa.gov.au/voluntaryassisteddying).

# What is Voluntary Assisted Dying?

Voluntary Assisted Dying is a legal process that enables a patient to access medication that will cause their death. The patient must be diagnosed with a terminal illness and expected to die within 6 months (or 12 months if it is a neurodegenerative condition). The patient can choose to take the substance themselves or have it administered by a medical practitioner or nurse practitioner at a time and place of their choosing. The term Voluntary Assisted Dying emphasises the voluntary nature of the patient's choice and their enduring capacity to make the decision. The Voluntary Assisted Dying Act 2019 is the legislation that regulates Voluntary Assisted Dying in Western Australia.

VAD is about allowing for choice for those people who are dying and in pain, so that they don't have to go through those last weeks and months in agony.

*“It is a voluntary scheme. Those people who don't want to access it, won't have to access it. It's a voluntary decision on one of the most important periods in your own life, which is when you are dying and when you are in pain.” – Mark McGowan.*



# What is the background to the Voluntary Assisted Dying Legislation?

Prior to 2017, no Australian State permitted access to VAD. However, this changed with the passage of the Voluntary Assisted Dying Act 2017 (Vic), WA became the second State to enact legislation in 2021.

As was the case Australia-wide, many Western Australians experience profound suffering prior to dying, due in part, to inequitable access to palliative care. Moreover, even with access to the best quality palliative care, not all suffering can be alleviated.

There has also been a cultural shift across the community away from 'doctor knows best' to individuals wanting more control over their medical treatments. The principle of patient autonomy emerged during the 1970s. This principle, which continues to gain momentum, means that competent patients are encouraged to participate in their own medical treatment decisions.

The alleviation of insurmountable suffering at the end of life was one of the factors that formed the basis for the Western Australian Government to draft and introduce a bill for Voluntary Assisted Dying. Assisting someone facing hopeless circumstances to die peacefully with friends and family in a setting of their choosing is considered by many to reflect modern ethics and community expectations.



# Overview of the WA VAD Process

## Request and Assessment Phase

Steps	Description
<b>First Request</b>	Formal request to a medical practitioner who may or may not accept the request.
<b>Assessment</b>	1 <sup>st</sup> Assessment: conducted by the coordinating practitioner Consulting Assessment: referred by the coordinating practitioner
<b>Second Request</b>	Written declaration in the presence of two witnesses.
<b>Third Request</b>	Final request (9 days after the first request).
<b>Revision</b>	Review (by the coordinating practitioner).

## Substance Administration Phase – **Self-administration**

Steps	Description
<b>Administration decision made (in consultation with coordinating practitioner)</b>	Decision for self-administration made.
	Patient to appoint a contact person.
	Coordinating practitioner prescribes substance.
	Coordinating practitioner completes form.
	Supply and dispensing of substance by authorised supplier.
	Certificate of death.



## Substance Administration Phase – **NO Self-administration**

Steps	Description
<b>Administration decision made (in consultation with coordinating practitioner)</b>	<b><u>NO</u></b> Self-administration i.e. decision for practitioner administration made.
	Coordinating practitioner prescribes substance.
	Coordinating practitioner completes form.
	Supply and dispensing of substance by authorised supplier.
	Certificate of death.

## After Death

Steps	Description
<b>Substance management after the person's death (by any cause)</b>	Substance management after the person's death by any cause. (This is only required if there is unused or remaining substance following death)
	Authorised disposer disposes of unused substance.

# What is the difference between Voluntary Assisted Dying and Euthanasia?

Euthanasia can be interpreted in a range of ways which are not always consistent with Voluntary Assisted Dying.

The main key features of VAD which differentiates it from Euthanasia are:

- A person must request access to VAD themselves: no-one else can act on their behalf
- Two eligible medical practitioners must independently assess the request
- A person must make three separate requests to access VAD to confirm their intent
- A person can change their mind at any time and opt out of the process.

Very few people will be eligible for VAD, with strict criteria governing the process. A person must be suffering from a medical condition that is advanced, progressive and is expected to cause death within six months, or within 12 months in the case of a neurodegenerative disease.



# What is the difference between Palliative Care and Voluntary Assisted Dying?

Unlike VAD, palliative care is treatment, care and support for people living with a life-limiting illness. A life-limiting illness is an illness that can't be cured and that you're likely to die from. Life-limiting illnesses can include:

- Cancer
- Motor Neurone Disease
- End-stage Kidney Disease
- Dementia

Palliative care also supports your family and friends.

The aim of palliative care is to help you have a good quality of life. This includes making sure you get the care you need to live well. It can involve:

- Managing your physical symptoms such as pain
- Emotional, spiritual and psychological support
- Social care, including help with things like washing, dressing or eating
- Help for families to come together to talk about sensitive issues
- Support for people to meet cultural obligations
- Counselling and grief support
- Referrals to respite care services

**In brief, the palliative care system is not able to predict the time and place of a patient's death .**

# Who is eligible to access Voluntary Assisted Dying?

There are strict criteria governing access people have to Voluntary Assisted Dying. If you don't meet ALL the eligibility criteria, you won't be able to access this process.

Criteria	Description
<b>Age</b>	The person must be an adult (aged 18 years or older).
<b>Residency</b>	The person must be an Australian Citizen or permanent resident and have been ordinarily resident in WA for at least 12 months at the time of making the first request.
<b>Medical Requirements</b>	The person must be diagnosed with at least one disease, illness or medical condition that is advanced, progressive and will (on the balance of probabilities) cause death within six months, or 12 months if it is a neurodegenerative condition. The disease, illness or medical condition must be causing suffering that cannot be relieved in a manner that the person considers tolerable.
<b>Decision-making Capacity</b>	The person must have decision-making capacity in relation to Voluntary Assisted Dying. This means that the person must have the capacity to: <ul style="list-style-type: none"> <li>▪ Understand any information or advice about Voluntary Assisted Dying that is required to be provided to them</li> <li>▪ Understand the matters involved in a Voluntary Assisted Dying decision</li> <li>▪ Understand the effect of a Voluntary Assisted Dying decision</li> <li>▪ Weigh up these factors for the purposes of making a Voluntary Assisted Dying decision</li> <li>▪ Communicate their decision in some way</li> </ul>
<b>Voluntariness</b>	The person must be acting voluntarily and without coercion (that is, without force, influence, or persuasion by another person).
<b>Enduring Request</b>	The person's request must be enduring (lasting over a period).

# Voluntary Assisted Dying Eligibility Checklist

If your answer is **NO** to any of the following criteria, you are not eligible to access VAD.

Criteria	YES	NO
Are you aged 18 years or older?		
Are you an Australian citizen or permanent resident?		
Have you been ordinarily resident in Western Australia for at least 12 months?		
Do you have decision making capacity in relation to Voluntary Assisted Dying?		
Are you making a voluntary decision (i.e. without coercion)?		
Have you been diagnosed with an illness, disease or medical condition that is advanced and progressive?		
Will this illness or disease in all probability cause death within the stated timelines (i.e. 6 or 12 months depending on the condition)?		
Is the disease, illness or medical condition causing you suffering?		
Is your suffering unable to be relieved in a manner you consider tolerable?		

# What steps are involved in applying for Voluntary Assisted Dying?

Below is a **very** brief outline of the ten (10) steps involved in applying to access Voluntary Assisted Dying. These ten (10) steps are explained in 'More detailed summary of the essential ten steps of the VAD Process' and **MUST** be read to obtain all the information you will require to make an informed decision.

## 1. First Request

The First Request is a clear and unambiguous request to access Voluntary Assisted Dying which is made to a medical practitioner during a medical consultation.

The medical practitioner will decide to accept or refuse the First Request. Whether the First Request is accepted or refused, the medical practitioner must provide you with information about Voluntary Assisted Dying in WA which includes information on finding an alternative medical practitioner if necessary.

## 2. First Assessment

Once the medical practitioner accepts the First Request, s/he becomes your **Coordinating Practitioner** and will coordinate your Voluntary Assisted Dying process, including arranging for an accredited interpreter if required.

## 3. Consulting Assessment

If eligible for Voluntary Assisted Dying, the Coordinating Practitioner will refer you to another medical practitioner for assessment. This medical practitioner becomes your **Consulting Practitioner** and will independently assess your eligibility for Voluntary Assisted Dying.

## 4. Written Declaration

If you have been assessed as eligible for Voluntary Assisted Dying by both the Coordinating Practitioner and the Consulting Practitioner, you may then make a Written Declaration in the presence of two witnesses requesting access to Voluntary Assisted Dying.

## 5. Final Request

Following the Written Declaration, and after nine days from the First request, you may then make a Final Request to the Coordinating Practitioner for access to Voluntary Assisted Dying. The Coordinating Practitioner will then start the Final Review process.

## 6. Final Review

The Final Review requires the Coordinating Practitioner to check that the request and assessment process has been completed in accordance with the Act.

## 7. Administration Decision

You will need to decide, with the help of your Coordinating Practitioner, if you will self-administer the Voluntary Assisted Dying substance or if you would prefer an **Administering Practitioner** to administer it

## 8. Prescription

The Coordinating Practitioner will prescribe the Voluntary Assisted Dying substance which will be given directly to the Authorised Supplier at the Western Australian Voluntary Assisted Dying State-wide Pharmacy Service (SWPS).

## 9. Supply and use of the Voluntary Assisted Dying substance:

If you have decided to self-administer, the **Authorised Supplier** can supply the Voluntary Assisted Dying substance directly to you, to your Contact Person or to someone else who can collect the substance on your behalf.

If you have decided to have the substance administered to you by a medical practitioner or nurse practitioner (known as the Administering Practitioner), the Supplier will supply the substance directly to the Administering Practitioner (who will take responsibility for the substance until it is used).

## 10. Death Certification

As is the case with any death, a medical practitioner must issue the Death Certificate. There will be no reference to Voluntary Assisted Dying on your death certificate. The medical practitioner who confirms and certifies your death will record your underlying illness, disease or medical condition as the cause of death.

If the substance is self-administered, arrangements must be made prior to the patient's death on who to call to confirm the death and complete the Death Certificate.

# Checklist for completion of the ten steps to apply for Voluntary Assisted Dying

Steps	YES	NO	Date of Completion	Location of Information	Additional Comments
First Request					
First Assessment					
Consulting Assessment					
Written Declaration					
Final Request					
Final Request					
Final Review					
Administration Decision					
Prescription					
Supply and use of Voluntary Assisted Dying Substance					
Death Certification					



# How can I deal with any complaints about the process for Voluntary Assisted Dying?

If you are concerned about your experience of the Voluntary Assisted Dying process you should first raise this with the person who is responsible for your concerns, service provider or agency (which should have a complaints process for you to follow).

You can make a complaint about **individuals or organisations** that provide health, disability or mental health services to the Health and Disability Services Complaint Office (HaDSCO), details:

- Location: Albert Facey House, 469 Wellington St, Perth.
- Telephone: 08 6551 7600
- Further information can be found on the HaDSCO website [www.hadSCO.wa.gov.au](http://www.hadSCO.wa.gov.au)

You can raise concerns about the **conduct or performance of a registered health practitioner** with the Australian Health Practitioner Regulation Agency (AHPRA), details:

- Location: 541 Hay St, Subiaco 6008 (office temporarily closed)
- Telephone: 1300 419 495
- Further information can be found on the AHPRA website [www.ahpra.gov.au](http://www.ahpra.gov.au)

You can raise concerns about a **health professional not meeting the requirements of the Act** with the Voluntary Assisted Dying Board, details:

Email: [VADBoard@health.wa.gov.au](mailto:VADBoard@health.wa.gov.au)

FAX: 08 9222 0399

Postal Address:

VAD Board Secretariat Unit

Office of the Chief Medical Officer

189 Royal Street, East Perth WA 6004

Further information can be found on the Voluntary Assisted Dying Board website <https://ww2.health.wa.gov.au/voluntaryassisteddyingboard>

# What are the responsibilities of the key people involved in the VAD process?

<p><b>Role</b></p>	<p><b>Coordinating and Consulting Practitioner</b>  (Specialist/Generalist Medical Practitioner)</p>
<p><b>Responsibility</b></p>	<p>The <b>Coordinating Practitioner</b> accepts your first request and then assesses your eligibility for VAD. You must be informed of the outcome of the first assessment as soon as practicable after its completion.</p> <p><i><b>The Co-ordinating practitioner co-ordinates your entire VAD process and is involved in maintaining oversight of all steps of the process.</b></i></p> <p>If your eligibility is authorised by the Coordinating practitioner (the First Assessment), s/he will send your request to another medical practitioner for independent assessment (the Consulting Assessment). This practitioner then becomes the <b>Consulting Practitioner</b>.</p> <p>Both practitioners must be satisfied that you are acting voluntarily and without coercion and that your request for access to Voluntary Assisted Dying is enduring.</p> <p>Both practitioners will ascertain how you reached your decision, including what or who may have influenced you.</p> <p>Both practitioners must be independently satisfied that you understand the information provided to you. If either of the practitioners is not satisfied, you may be considered ineligible.</p> <p>Regardless of whether a medical practitioner accepts or refuses the first request, you <b>MUST</b> be provided with the required information approved by the director general of health for this purpose.</p> <p>Details of the consultation should be documented in your medical record</p> <p>If you agree, it may be helpful for the coordinating practitioner to discuss your situation concerning Voluntary Assisted Dying with your treating healthcare team and family. However, your confidentiality and privacy must always be respected. If you do not wish others to be informed of your request to access Voluntary Assisted Dying, this must be upheld.</p>

<b>Eligibility</b>	<ul style="list-style-type: none"> <li>▪ A medical practitioner who can undertake the role of coordinating or consulting practitioner must meet eligibility criteria outlined by the Act</li> </ul>
<b>Role</b>	<p><b>Contact Person</b></p> <p><b>(You can revoke the appointment of your Contact Person at any time)</b></p>
<b>Responsibility</b>	<p>If you have decided to self-administer the substance, you must appoint a Contact Person.</p> <p>The Contact Person can receive the Voluntary Assisted Dying substance from the Authorised Supplier (i.e. Statewide Pharmacy Services) for the purpose of supplying the substance to you</p> <p>In a case where an Authorised Supplier has already supplied the Voluntary Assisted Dying substance to you, your Contact Person or agent, and you revoke your self-administration decision, the Contact Person must give the substance to an Authorised Disposer within 14 days of your revoking the self-administration decision.</p> <p>In a case where unused Voluntary Assisted Dying substance remains following your death, the Contact Person must give the unused or remaining substance to an Authorised Disposer as soon as practicable and in any event within 14 days of your death.</p> <p>The Contact Person is also responsible for informing the Coordinating Practitioner when you die. This must be done if you have died because of self-administration of the Voluntary Assisted Dying substance or if you have died because of another reason.</p>

<p><b>Eligibility</b></p>	<p>Anyone who has reached 18 years of age is eligible to be your Contact Person when seeking access to Voluntary Assisted Dying.</p> <p>This includes your Coordinating Practitioner or Consulting Practitioner, or any other health professional who may be involved with your care.</p> <p>The Contact Person can also be a carer, family member or friend. The person undertaking the role of Contact Person must consent to the appointment and may choose to withdraw from the role at any time.</p>
<p><b>Role</b></p>	<p><b>The Two (2) Witnesses</b></p>
<p><b>Responsibility</b></p>	<p>The witnesses provide independent verification that your Written Declaration was signed freely and voluntarily by you.</p> <p>Each witness must sign the Written Declaration certifying that:</p> <ul style="list-style-type: none"> <li>▪ In their presence, you appeared to freely and voluntarily sign the declaration</li> </ul> <p>They are not knowingly an ineligible witness</p>
<p><b>Eligibility</b></p>	<p>The witnesses must be 18 years of age or older.</p> <p>They must not know or believe that they are a beneficiary under your Will or may otherwise benefit financially or in any other material way from your death.</p> <p>Not be a member of your family.</p> <p>Not be your Coordinating Practitioner or Consulting Practitioner.</p>

<b>Role</b>	<b>The Interpreter</b>
<b>Responsibility</b>	If English is not your first language or if you have communication difficulties, the Interpreter provides assistance with the request and assessment and administration processes.
<b>Eligibility</b>	<p>Under the Act, an accredited interpreter <b><u>must hold</u></b> a credential issued under the National Accreditation Authority for Translators and Interpreters (NAATI) certification scheme or a qualification issued by a Registered Higher Education Provider or Registered Training Organisation.</p> <p><b><u>Must not</u></b> be a member of your family.</p> <p><b><u>Must not</u></b> know or believe they are a beneficiary under your Will or otherwise benefit financially or in any other material way from your death.</p> <p><b><u>Must not</u></b> be an owner or responsible for the day-to-day management of the health facility where you are being treated or lives.</p> <p><b><u>Must not</u></b> be a person directly involved in providing your health services or professional care services.</p>



# Conclusion

We believe that this document will help you and your loved ones to consider most of the issues involved in thinking about Voluntary Assisted Dying. It does not provide a detailed examination of all the issues: should you require it, we urge you to seek this kind of information from the resources mentioned in this document.

The following pages will also be helpful to you in exploring in greater detail the complexities of Voluntary Assisted Dying.



# Frequently Asked Questions (FAQs)

These questions have been adapted from the WA Department of Health's Voluntary Assisted Dying Frequently Asked Questions information sheet.

To access the information sheet go to:

<https://ww2.health.wa.gov.au/-/media/Corp/Documents/Health-for/Voluntary-assisted-dying/Frequently-Asked-Questions.pdf>

## **1. Who will monitor WA's Voluntary Assisted Dying law?**

The Voluntary Assisted Dying Board monitors Voluntary Assisted Dying in WA. The Board will regularly review the process to ensure compliance with the Act and to recommend safety and quality improvements. The Voluntary Assisted Dying Board does not have an investigatory or enforcement role. There are other agencies with these functions, such as WA Police and the Department of Health (among others).

## **2. Can someone with a disability or mental illness access Voluntary Assisted Dying?**

People with a disability or mental illness have the same right to ask for Voluntary Assisted Dying as others in the community. Like anyone else, people who have a disability or mental illness must still meet all the criteria set out in the Act to access Voluntary Assisted Dying (including the ability to make and communicate a decision about Voluntary Assisted Dying throughout the process). Having a disability or mental illness alone does not meet the criteria set out in the Act.

## **3. Can someone with dementia access Voluntary Assisted Dying?**

Having dementia on its own is unlikely to make you eligible for Voluntary Assisted Dying. By the time the disease is advanced you will usually no longer have decision-making capacity. However, a person diagnosed with dementia may be eligible if they meet the eligibility criteria in relation to a different disease, illness, or medical condition. Like anyone else, people who have dementia must still meet all the criteria set out in the Act to access Voluntary Assisted Dying (including the ability to make and communicate a decision about Voluntary Assisted Dying throughout the process).

#### 4. What is the Western Australian Voluntary Assisted Dying Care Navigator Service (SWCNS)?

SWCNS has been established to support anyone involved with Voluntary Assisted Dying in WA. This includes patients, the family and carers of patients, members of the community, health professionals and service providers.

The service is nurse-led and staffed by Care Navigators, who are experienced health professionals and can answer questions, give advice, or provide information about Voluntary Assisted Dying.

The Care Navigators can be contacted by email and phone during standard work hours (8:30 am – 5:00 pm).

Email: [VADcarenavigator@health.wa.gov.au](mailto:VADcarenavigator@health.wa.gov.au)

Telephone: 08 9431 2755

More information is available in the information sheet: *Accessing Voluntary Assisted Dying in Western Australia– What is the Western Australian Voluntary Assisted Dying Statewide Care Navigator Service?*

[https://ww2.health.wa.gov.au/~/\\_/media/Corp/Documents/Health-for/Voluntary-assisted-dying/Care-Navigator-Service.pdf](https://ww2.health.wa.gov.au/~/_/media/Corp/Documents/Health-for/Voluntary-assisted-dying/Care-Navigator-Service.pdf)

#### 5. Who can assist with accessing Voluntary Assisted Dying?

Only a medical practitioner can assess your eligibility for access to Voluntary Assisted Dying. Therefore, a request to access Voluntary Assisted Dying (called the First Request) must be made to a medical practitioner during a medical consultation. To be eligible to participate in Voluntary Assisted Dying a medical practitioner must meet several criteria that ensure they are qualified, experienced, and able to support the patient during the process.

On your request, other health professionals, such as nurses and allied health professionals (e.g. social workers, physiotherapists, speech pathologists etc.) can give you information and support you if you are considering Voluntary Assisted Dying. They can continue to care for you during the Voluntary Assisted Dying process if this is your choice.

SWCNS (see web link above) will also be able to provide information, answer questions and offer support.



## **6. Does the health service you use, participate in Voluntary Assisted Dying?**

That depends on the health service.

Some health services (e.g. hospital, hospice, general practice, residential aged care facility, home care services etc.) may choose not to participate in Voluntary Assisted Dying if it does not align to the purpose or values of the service.

Even if a health service is not participating, you can still ask the staff where you can go to get information about Voluntary Assisted Dying and what arrangements could be made to enable you to access Voluntary Assisted Dying, if this is your choice.

## **7. Can any health professional or healthcare worker start a discussion about Voluntary Assisted Dying with you?**

No. Under the law only medical practitioners and nurse practitioners are permitted to start a discussion about Voluntary Assisted Dying.

Other health professionals and healthcare workers can respond to your questions about Voluntary Assisted Dying, and provide information about the process, but they are not allowed to start a discussion about Voluntary Assisted Dying with you.

It is important to remember that some people involved in a patient's care may not be comfortable talking about Voluntary Assisted Dying. The Western Australian Voluntary Assisted Dying State-wide Care Navigator Service (SWCNS) will be able to provide the patient with information and answer any questions they might have.

Information on the roles of medical practitioners, nurse practitioners and other health professionals can be found in the information sheet: *Providing Voluntary Assisted Dying in Western Australia – Health professional participation and Providing Voluntary Assisted Dying in Western Australia – FAQs for health professionals*. This can be found at: <https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Voluntary-assisted-dying/Health-Professional-Participation.pdf>

## **8. Can you receive palliative care if you ask for Voluntary Assisted Dying?**

Yes. Voluntary assisted dying is not intended to be an alternative or exclude access to palliative care. Both Voluntary Assisted Dying and palliative care are part of a range of end-of-life choices and can play important roles in how you approach the end of your life. Most people who request Voluntary Assisted Dying will also be supported by palliative care services. If you have not yet received palliative care services, you may want to talk to a medical practitioner, or another health professional involved in your care about how to access these services.

## **9. How long does the Voluntary Assisted Dying process typically take?**

The time it will take from making the First Request to taking the Voluntary Assisted Dying substance will likely be different for each person.

There are many different factors involved and it is difficult to estimate a timeframe. For some people it may be a few weeks and for others it may take longer, especially if additional assessments are needed or if travel is required.

## **10. What if you need to access Voluntary Assisted Dying quickly?**

The Final Request cannot be made before the end of the designated period. This is a period of nine (9) days beginning on the day the First Request is made. However, in some circumstances it can occur sooner than this.

If your Coordinating Practitioner believes that you will die or lose capacity to make decisions about Voluntary Assisted Dying before the end of the designated period, you may be allowed to access the Voluntary Assisted Dying substance sooner. You will need to discuss this with the Coordinating Practitioner.

## **11. Are there costs associated with Voluntary Assisted Dying?**

Possibly. As with other healthcare services, there may be associated costs.

For example, you may need to pay for the appointments with the Coordinating Practitioner, Consulting Practitioner, and any other registered health professionals you need to see. You should discuss any costs you may need to cover at the start of the process. There are no costs for the Voluntary Assisted Dying substance or for using SWCNS.

If you live in a regional or remote area, there is support available so that you are not disadvantaged in accessing Voluntary Assisted Dying. This is called the Regional Access Support Scheme (RASS) and is managed by SWCNS. The Care Navigators will be able to assess if you are eligible to access this support.

## 12. My medical practitioner has refused my First Request for Voluntary Assisted Dying. What can I do?

A medical practitioner may refuse a First Request for several reasons.

If a medical practitioner refuses your **First Request**, they must provide you with an information booklet called: *Approved information for a person making a First Request for Voluntary Assisted Dying*.

<https://ww2.health.wa.gov.au/-/media/Corp/Documents/Health-for/Voluntary-assisted-dying/Approved-information-for-a-person-making-First-Request.pdf>

They must also notify the Voluntary Assisted Dying Board that you have made a First Request and they have refused it.

The medical practitioner may suggest another medical practitioner who can help you if they can't. If they do not suggest someone else, you can contact SWCNS to help you find a medical practitioner who is willing to assess your eligibility for accessing Voluntary Assisted Dying.

## 13. My Coordinating Practitioner did the First Assessment and decided I am not eligible for Voluntary Assisted Dying. What can I do?

If the Coordinating Practitioner determines you are not eligible for Voluntary Assisted Dying, usually this will be the end of the assessment process. They can discuss other options available to you, including palliative care.

If you choose to, you can request to start the process again with another medical practitioner by making a new First Request. You can also start the process again in the future, for example if things change, by making a new First Request later.

If the Coordinating Practitioner determines you are not eligible because:

- You do not have decision-making capacity in relation to Voluntary Assisted Dying
- You have not been ordinarily resident in WA for a period of at least 12 months
- You are not acting voluntarily and without coercion

If you disagree with this decision, then you can apply to the State Administrative Tribunal (SAT) for a review of that decision.

More information can be found in the information sheet: *Accessing Voluntary Assisted Dying in Western Australia – Review of certain decisions.*

<https://ww2.health.wa.gov.au/-/media/Corp/Documents/Health-for/Voluntary-assisted-dying/Review-of-Certain-Decisions.pdf>

#### **14. Can someone help me prepare and take the Voluntary Assisted Dying substance?**

No. You cannot have help to prepare or take the Voluntary Assisted Dying substance.

There are only two options for taking the Voluntary Assisted Dying substance.

- A. You prepare and take the substance yourself (without any assistance).
- B. You have the substance prepared and administered by a medical practitioner or nurse practitioner (in the role of Administering Practitioner).

If the first option isn't possible, or you are concerned about being able to prepare and take the substance, you may, on the advice of your Coordinating Practitioner, decide on the second option.

#### **15. Can I choose where and when to take the Voluntary Assisted Dying substance?**

In most circumstances, yes. Many patients may decide to take the Voluntary Assisted Dying substance in their home as this is a comfortable, familiar, and supported environment.

If you want to take it somewhere other than your home (e.g. hospital, hospice, or residential care facility etc.) you will need to check if the facility is able to support you. Some hospitals, hospices and residential care facilities may not agree with Voluntary Assisted Dying or may not have the staff or privacy needed to safely support you when you take the substance.

You should start talking to your Coordinating Practitioner as early as possible about where you would prefer to take the Voluntary Assisted Dying substance.

#### **16. Can I choose who is with me when I take the Voluntary Assisted Dying substance?**

Yes. You should think about who you want with you when you take the Voluntary Assisted Dying substance. You are encouraged to have at least one other person there, so you are not alone (but you do not have to if this is your choice).

If you have chosen to self-administer the Voluntary Assisted Dying substance you may wish to have a medical practitioner or other health professional, such as a nurse, with you. While

they cannot assist you in preparing or taking the substance, they can make sure you are comfortable during the dying process. This will need to be arranged beforehand.

If you are going to take the substance yourself and choose not to have someone present it is important you let your Contact Person know when and where you plan to take the Voluntary Assisted Dying substance as they have specified responsibilities under the Act.

### **17. What if no one can be with me when I take the Voluntary Assisted Dying substance?**

If (for whatever reason) there is no one available to be with you, talk with your Coordinating Practitioner (who must notify the Board of your death, and who would generally complete the death certificate), or the SWCNS about how someone can be there to support you.

### **18. I am having a practitioner administer the Voluntary Assisted Dying substance to me. Do I need a witness?**

Yes, you do. It is your choice as to who is with you at the time of administration but there must be someone there to act as a witness to the administration of the substance. The witness must be 18 years or older and must not be related to the Administering Practitioner or work for the Administering Practitioner.

### **19. Could something go wrong when I take the Voluntary Assisted Dying substance?**

Your Coordinating Practitioner will talk to you about the likely outcome and any risks of taking the Voluntary Assisted Dying substance. We know from places where Voluntary Assisted Dying has been available for a while that most people will lose consciousness shortly after taking the Voluntary Assisted Dying substance or having the substance administered. Most people will die very soon after this.

### **20. What can I do to make the Voluntary Assisted Dying process as straightforward as possible?**

Preparing for the assessment process in advance can be helpful. For example, you may need documentation in relation to your citizenship and/or residency status to show to your Coordinating Practitioner and Consulting Practitioner. Gathering the evidence for each of the eligibility criteria ahead of time can be very helpful for the medical practitioners involved in the process.

# More detailed summary of the essential ten steps of the VAD Process

NOTE: Even though this summary gives you a more detailed insight into the VAD process, you can find more information in the WA Department of Health's Voluntary Assisted Dying Guidelines at:

<https://ww2.health.wa.gov.au/-/media/Corp/Documents/Health-for/Voluntary-assisted-dying/VAD-guidelines.pdf>

It is also important that you know that you can stop the process at any time: **there is no obligation to continue**, regardless of the stage you have reached if, at any time, you have doubts about proceeding.

## 1. First Request

The First Request is a request for Voluntary Assisted Dying that is made to a medical practitioner during a medical consultation. You must clearly and unambiguously express to the medical practitioner that you want to access Voluntary Assisted Dying.

The medical practitioner will decide to accept or refuse the First Request. S/he might refuse because of disagreement with Voluntary Assisted Dying; (e.g. a conscientious objection to Voluntary Assisted Dying) or because s/he isn't eligible or able to accept the request. Whether the First Request is accepted or refused, the medical practitioner must provide you with information about Voluntary Assisted Dying in WA.

If English is not your first language or you have communication difficulties, an interpreter or communication aid can be used to make the First Request. If the medical consultation is happening over telehealth, it must occur using a videoconferencing application so that the medical practitioner can both see and hear you and discuss your request.

## 2. First Assessment

Once the medical practitioner accepts the First Request, s/he becomes your Coordinating Practitioner and will coordinate the Voluntary Assisted Dying process. The first step for the Coordinating Practitioner is to formally assess your eligibility for Voluntary Assisted Dying to make sure you meet all the criteria required by the Act. This assessment is called the First Assessment.

If you disagree with the outcome of the First Assessment, you can request a review of some of the assessment decisions by the State Administrative Tribunal (SAT). This also applies to the outcomes of the Consulting Assessment and the Final Review.

### **3. Consulting Assessment**

If the outcome of the First Assessment is that you are eligible for Voluntary Assisted Dying, the Coordinating Practitioner will refer you to another medical practitioner for assessment. This medical practitioner becomes your Consulting Practitioner and will independently assess your eligibility for Voluntary Assisted Dying. This assessment is called the Consulting Assessment.

### **4. Written Declaration**

If you have been assessed as eligible for Voluntary Assisted Dying by both the Coordinating Practitioner and the Consulting Practitioner, you may then make a Written Declaration, in the presence of two witnesses, requesting access to Voluntary Assisted Dying. This declaration must be given to the Co-ordinating Practitioner.

### **5. Final Request**

When the written declaration is completed, you may then make a Final Request to the Coordinating Practitioner for access to Voluntary Assisted Dying. In general, the Final Request cannot be made before the end of the designated period of nine days, which begins on the day of the First Request.

If, however, both the Coordinating Practitioner and the Consulting Practitioner believe you will die or lose capacity to make decisions about Voluntary Assisted Dying before the end of the designated period, you may be allowed to access the Voluntary Assisted Dying substance sooner.

The Final Request helps to ensure that your decision to access Voluntary Assisted Dying is enduring and hasn't changed. When the Final Request is validated, the Coordinating Practitioner will then start the Final Review process.

### **6. Final Review**

The Final Review requires the Coordinating Practitioner to check that the request and assessment process has been completed in accordance with the Act. This means that the Coordinating Practitioner must make sure that you still have decision-making capacity in relation to Voluntary Assisted Dying, are acting voluntarily and without coercion, and still want to access Voluntary Assisted Dying.

It is important to remember that you can stop the Voluntary Assisted Dying process at any point. There is no obligation for you to continue even after completing the request and assessment process.

## **7. Administration Decision**

You will need to decide, with the help of your Coordinating Practitioner, if you will self-administer the Voluntary Assisted Dying substance (take it yourself) or if appropriate, have an Administering Practitioner administer it to you. The Administering Practitioner will usually be the Coordinating Practitioner. In some cases, another eligible medical practitioner or nurse practitioner may step in to be the Administering Practitioner for you.

If you decide to self-administer the Voluntary Assisted Dying substance, you must appoint a Contact Person before the Coordinating Practitioner can prescribe the Voluntary Assisted Dying substance.

## **8. Prescription**

The Coordinating Practitioner is required to give you certain information about the substance before prescribing it.

Unlike most medicines, the prescription won't be given to you. Instead, the Coordinating Practitioner will give it directly to the Authorised Supplier at the Western Australian Voluntary Assisted Dying State-wide Pharmacy Service (SWPS).

## **9. Supply and use of the Voluntary Assisted Dying substance**

The Voluntary Assisted Dying substance must not be supplied by the Authorised Supplier at SWPS unless they have received and authenticated the prescription from the Coordinating Practitioner.

If you have decided to self-administer, the Authorised Supplier can supply the Voluntary Assisted Dying substance directly to you, to your Contact Person or to someone else who can collect the substance on your behalf. Written information about the Voluntary Assisted Dying substance (including instructions for storage and use) will be provided by the Authorised Supplier and given to the person who collects the substance.

If you have decided to have the Voluntary Assisted Dying substance administered to you by a medical practitioner or nurse practitioner (known as the Administering Practitioner), the Authorised Supplier will supply the substance directly to the Administering Practitioner, who will take responsibility for the substance until it is used.

## **10. Death Certification**

The Act requires there be no reference to Voluntary Assisted Dying on your death certificate. This is to respect and protect you and your family's privacy.



# VAD Care Navigator Service

## Further information and support.

The **Western Australian Voluntary Assisted Dying State-wide Care Navigator Service (SWCNS)** is available to support you, provide you with information and answer questions you might have. The service is nurse-led and staffed by Care Navigators who are experienced health professionals familiar with the legal and practical aspects of Voluntary Assisted Dying in WA.

The Care Navigators can:

- Provide general information about Voluntary Assisted Dying
- Provide specific information about the Voluntary Assisted Dying process in WA
- Help to locate a medical practitioner or nurse practitioner who is willing and eligible to participate
- Determine if you are eligible to access regional support packages
- Link you to other helpful resources
- SWCNS can be contacted by email and telephone during standard business hours:  
**8:30am to 5:00pm**

Email: [VADcarenavigator@health.wa.gov.au](mailto:VADcarenavigator@health.wa.gov.au)

Telephone: 08 9431 2755

Website:

[https://ww2.health.wa.gov.au/Articles/U\\_Z/Voluntary-assisted-dying/Statewide-Care-Navigator-Service](https://ww2.health.wa.gov.au/Articles/U_Z/Voluntary-assisted-dying/Statewide-Care-Navigator-Service)

There is further information on Voluntary Assisted Dying available online from the WA Department of Health. Website: [www.health.wa.gov.au/voluntaryassisteddying](http://www.health.wa.gov.au/voluntaryassisteddying)

**Depending on your situation there are other services that may be helpful to you.**

**Palliative Care WA** can provide you with information and support on end-of-life planning, palliative care, grief and loss and help you to find palliative care service providers near you. Search their online directory or call their Palliative Care Information and Support Line.

Website: <https://palliativecarewa.asn.au/>

Telephone: 1800 573 299 from 9:00am to 5:00pm, 7 days a week

**Some other services include**

**Beyond Blue**

Website: [www.beyondblue.org.au](http://www.beyondblue.org.au)

Telephone: 1300 224 636 (at any time day or night)

**Lifeline**

Telephone: 13 11 14

Website: <https://wa.lifeline.org.au/services/counselling-services/crisis-support/>



# Key Terms and Definitions

## Key Terms and Definitions

This table is derived from the WA Department of Health document Accessing Voluntary Assisted Dying in Western Australia: Glossary of Terms. It can be found at:

<https://ww2.health.wa.gov.au/-/media/Corp/Documents/Health-for/Voluntary-assisted-dying/Glossary-of-Terms.pdf>

Term	Definition
<b>Decision-making Capacity</b>	<p>The assessment of whether a person has decision-making capacity is specific to the decision that needs to be made. This distinction is important: the capacity to make one type of decision does not mean that person has the capacity to make all types of decisions.</p> <ul style="list-style-type: none"><li>▪ Understand any information or advice</li><li>▪ Understand the matters involved</li><li>▪ Understand the effect of a VAD decision</li><li>▪ Weigh up the factors referred to at previous steps</li><li>▪ Communicate a VAD decision in some way</li></ul>
<b>Suffering</b>	<p>Suffering can be defined as a state of distress associated with events that threaten the intactness of the individual. While it often occurs in the presence of pain, shortness of breath or other bodily symptoms, suffering extends beyond the physical. As the Ministerial Expert Panel on Voluntary Assisted Dying observed: ‘suffering is an intensely personal experience and can take a variety of forms (physical, mental, emotional, social, spiritual or existential)’.</p>
<b>Accredited Interpreter</b>	<p>For the purposes of Voluntary Assisted Dying, this is an interpreter who holds a credential issued under the National Accreditation Authority for Translators and Interpreters (NAATI) certification scheme.</p>

<b>Administering Practitioner</b>	The medical practitioner or nurse practitioner who administers the Voluntary Assisted Dying substance to a patient. If the patient chooses practitioner administration, the Coordinating Practitioner can be the Administering Practitioner.
<b>Administration Decision</b>	The decision a patient makes in consultation with their Coordinating Practitioner to either self-administer the Voluntary Assisted Dying substance or have it administered by a medical practitioner or nurse practitioner.
<b>Advance Health Directive</b>	A legal document which can be made by an adult with decision-making capacity to record their decisions about future healthcare treatments. Treatment decisions recorded in a valid Advance Health Directive must be followed when the maker can no longer make or communicate their decisions.
<b>Allied Health Professional</b>	A qualified person who practices any of a wide range of health and related professions other than medicine and nursing (e.g. physiotherapist, speech pathologist, social worker, pharmacist etc.). Allied health professionals are often part of a multidisciplinary healthcare team.
<b>Authorised Disposer</b>	A registered health practitioner (pharmacist) who is authorised to dispose of the Voluntary Assisted Dying substance.
<b>Authorised Supplier</b>	A registered health practitioner (pharmacist) who is authorised to supply the Voluntary Assisted Dying substance. In WA, Authorised Suppliers are part of the Western Australian Voluntary Assisted Dying State-wide Pharmacy Service (abbreviated to SWPS).
<b>Care Navigator</b>	A health professional working for the Western Australian Voluntary Assisted Dying State-wide Care Navigator Service (abbreviated to SWCNS) who can provide information and assistance regarding Voluntary Assisted Dying.
<b>Carer</b>	A person who provides personal care, support and assistance to another person who needs it because that other person has a disability or, has a medical condition (terminal or chronic illness) or, has a mental illness or is frail and aged.

<b>Coercion</b>	Persuading someone to do something by using dishonesty, force or threats. The term abuse is intended to include coercion. Under the Act, a person’s choice to access Voluntary Assisted Dying must be free from coercion.
<b>Conscientious Objection</b>	When a registered health practitioner declines to participate in a treatment or procedure due to sincerely held religious, moral, or ethical beliefs.
<b>Consulting Assessment</b>	The independent assessment conducted by the Consulting Practitioner to determine if a patient meets the eligibility criteria for Voluntary Assisted Dying. This occurs after a patient has been assessed as eligible by the Coordinating Practitioner during the First Assessment.
<b>Consulting Practitioner</b>	A medical practitioner who independently completes a Consulting Assessment for the patient.
<b>Contact Person</b>	The person appointed by a patient, who has made a self-administration decision, to carry out specific activities under the Act.
<b>Coordinating Practitioner</b>	The medical practitioner who accepts a patient’s First Request or a Consulting Practitioner for the patient who accepts a transfer of the role of Coordinating Practitioner.
<b>Decision-Making Capacity</b>	A person’s ability to make decisions about their life. For the purposes of the Act, the decision for which the person must have decision-making capacity is the request for access to, or a decision to access, Voluntary Assisted Dying.
<b>Eligibility Criteria</b>	The set of requirements that a patient must meet to access Voluntary Assisted Dying.
<b>End of Life</b>	The time leading up to a person’s death, when it is expected that they are likely to die soon from an illness, disease or medical condition. A person at end of life will likely die within the next 12 months.

<b>Enduring Guardian</b>	A person appointed to make important personal, lifestyle and treatment decisions for someone else, in the event they become incapable of making these decisions themselves. An Enduring Guardian is not permitted to make Voluntary Assisted Dying decisions on behalf of a patient.
<b>Enduring Request</b>	Lasting over a period of time. The Act requires the request for Voluntary Assisted Dying to be made at three different points in time (First Request, Written Declaration and Final Request) to ensure the request is enduring.
<b>Final Request</b>	The final request for access to Voluntary Assisted Dying that a patient makes to the Coordinating Practitioner after completing the Written Declaration. This is the last of three requests a patient must make to access Voluntary Assisted Dying.
<b>Final Review</b>	The review of the request and assessment process that the Coordinating Practitioner must complete after receiving the Final Request.
<b>First Assessment</b>	The assessment completed by the Coordinating Practitioner to determine if a patient meets the eligibility criteria for access to Voluntary Assisted Dying. If assessed as eligible, this would be followed by the Consulting Assessment.
<b>First Request</b>	The clear and unambiguous request a patient makes to a medical practitioner during a medical consultation for access to Voluntary Assisted Dying. This is the first of three requests a patient must make to access Voluntary Assisted Dying.
<b>First Responder</b>	A person whose job means that they are likely to be called to attend to an emergency (e.g. ambulance officers, police, firefighters etc.).
<b>Health Professional</b>	A qualified person who practices one of a range of medical, nursing or allied health professions.
<b>Healthcare Worker</b>	A person who works in a healthcare setting such as a hospital, general practice or residential care facility. This includes health professionals and any other person who provides health services or professional care services.

<b>Medical Certificate of Cause of Death (MCCD)</b>	A legal document that is required to notify the Registrar of Births, Deaths and Marriages that a death has occurred and the cause of the death.
<b>Medical Consultation</b>	An appointment or meeting with a medical practitioner to seek medical advice or treatment.
<b>Medical Practitioner</b>	A person registered in the medical profession (other than as a student). Also known as a doctor.
<b>National Accreditation Authority for Translators and Interpreters (NAATI)</b>	The <b>National Standards And Accreditation Body For Translators And Interpreters</b> in Australia. Interpreters must be accredited (by NAATI) to provide services to patients seeking Voluntary Assisted Dying.
<b>Neurodegenerative Condition</b>	A condition characterised by degeneration of the nervous system, especially the neurons in the brain (e.g. motor neurone disease, Parkinson’s disease, Huntington’s disease, etc.).
<b>Nurse Practitioner</b>	A person registered in the nursing profession (other than as a student) whose registration is endorsed as nurse practitioner. A nurse practitioner has an additional master’s degree and is licensed to work at an advanced practice level.
<b>Palliative Care</b>	The care provided to a patient who has a life-limiting illness, disease or medical condition and their family to support their quality of life, often provided by a specialised health service.
<b>Practitioner Administration</b>	The process whereby a patient is administered the Voluntary Assisted Dying substance by the Administering Practitioner for the patient.
<b>Practitioner/Participating Practitioner</b>	A medical practitioner or nurse practitioner participating in, or considering participating in, the Voluntary Assisted Dying process.
<b>Registered Health Practitioner</b>	A person registered under the Health Practitioner Regulation National Law (Western Australia) Act 2010 to practice a health profession (other than as a student).
<b>Request and Assessment Process</b>	The part of the Voluntary Assisted Dying process that involves the First Request, First Assessment, Consulting Assessment, Written Declaration, Final Request and Final Review.

<b>Self-Administer/Self-Administration</b>	The process whereby a patient prepares and ingests the Voluntary Assisted Dying substance themselves.
<b>State Administrative Tribunal (SAT)</b>	An independent body that makes and reviews a range of decisions related to administrative, commercial and personal matters in Western Australia. SAT can review certain decisions related to the Voluntary Assisted Dying assessment process.
<b>Telehealth</b>	The use of communication technology (e.g. phone call, videoconference etc.) to provide healthcare over a distance.
<b>Voluntary</b>	When a person acts of their own free will. Under the Act, a patient is not obliged at any stage of the process, even after completion of the request and assessment process, to take any further action in relation to Voluntary Assisted Dying.
<b>Voluntary Assisted Dying (VAD)</b>	The legal process that enables an eligible person to access, administer or be administered the Voluntary Assisted Dying substance for the purpose of causing their death.
<b>Voluntary Assisted Dying Act 2019 (the Act)</b>	The legislation that regulates Voluntary Assisted Dying in Western Australia.
<b>Voluntary Assisted Dying Board</b>	The statutory Board established to ensure compliance with the Act and to recommend safety and quality improvements relating to Voluntary Assisted Dying.
<b>Voluntary Assisted Dying 'Information Management System (VAD-IMS)'</b>	The online system that enables completion and submission of the required forms to the Voluntary Assisted Dying Board.
<b>Voluntary Assisted Dying Substance</b>	The approved medication that will cause death.
<b>Western Australian Voluntary Assisted Dying State-wide Care Navigator Service (SWCNS)</b>	The specific nurse-led service established to provide a state-wide point of contact for information and assistance relating to Voluntary Assisted Dying.



<b>Western Australian Voluntary Assisted Dying State-wide Pharmacy Service (SWPS)</b>	The specific pharmacy service established to supply the Voluntary Assisted Dying substance in Western Australia.
<b>Written Declaration</b>	The formal written request for access to Voluntary Assisted Dying that a patient makes after being assessed as eligible by the Coordinating Practitioner and the Consulting Practitioner. This is the second of three requests a patient must make to access Voluntary Assisted Dying.



## About Council on the Ageing Western Australia

Council on the Ageing (WA) Inc. [COTA (WA)] was established in 1959 as the peak body representing the interests of people aged over 50 in Western Australia.

As a member of the COTA Federation, COTA (WA) collaborates with the other state COTAs as well as COTA Australia to advocate and influence (on a state and national level) on matters that are important to older Australians.

COTA (WA) was formally appointed as the first ever Vulnerable Seniors Peak in Western Australia.

COTA (WA) represents the interests of Western Australia's seniors on many advisory committees and reference groups. Our advocacy work includes collaboration with sector partners on issues such as health, elder abuse, affordable housing, mature age employment and vulnerable cohorts including First Nations people, CaLD and LGBTQI+.

COTA (WA) delivers the following programs:

- Strength for Life™

Publications currently in circulation are:

- The At Home Guide
- The Goodbye Guide available in: English, Simplified Chinese, Polish, Italian and Greek
- Interruptions to Daily Living Guide available in: English, Simplified Chinese, Polish, Italian and Greek
- Understanding the Mistreatment of Older People available in: English, Simplified Chinese, Vietnamese, Polish and Italian
- Let's Make It Legal Guide

## Acknowledgment of Country

COTA (WA) acknowledges the Traditional Owners of Country. We pay our respects to their Elders both past and present and acknowledge that the land on which we live and work, is and always will be, Aboriginal land.

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