

FAQ

FREQUENTLY ASKED QUESTIONS



PODCAST



WEBINAR

Voluntary Assisted Dying in Victoria

While talking about death can be confronting for many people, it is an inevitable role of a GP supervisor and their registrars when providing end-of-life care.

With Victoria enacting voluntary assisted dying laws in 2019, GPs now need to be prepared for the possibility of terminally ill patients asking for assistance in hastening their death.

This resource provides guidance for Victorian GP supervisors and their registrars on how to navigate the new territory of voluntary assisted dying.

What overview can I provide my GP registrar about voluntary assisted dying in Victoria?

Victoria was the first state in Australia to pass voluntary assisted dying laws. The Voluntary Assisted Dying Act 2017 was passed by the Victorian Parliament on November 29, 2017. The Act came into effect on June 19, 2019 after two years of consultation and development, and reflects a balance between giving people choices at the end of their life and ensuring community safety. The policy of the Act is now settled and the focus has shifted to implementation of the Act.

Read **Victoria's Voluntary Assisted Dying Act 2017** at <https://www.legislation.vic.gov.au/in-force/acts/voluntary-assisted-dying-act-2017/004>

Is a Victorian GP registrar entitled to agree to a patient's voluntary assisted dying request?

No. A GP registrar cannot agree to a patient's voluntary assisted dying request. The Victorian legislation states **only medical practitioners who hold a fellowship with a specialist medical college or a vocationally registered GP may be a co-ordinating or consulting medical practitioner** for voluntary assisted dying.

While a GP registrar cannot participate in a patient's voluntary assisted dying, they may still need to be prepared on how to respond to the possibility of a patient request while they are a registrar – and for the future when as a fellowed/vocationally registered GP they do qualify to act on a patient request. Therefore, GP supervisors should discuss the law with their registrar and mentor them in legal responses appropriate for each career stage.

Equally, whether you and your registrar agree or disagree with the introduction of voluntary assisted dying legislation, the Victorian law is a reality which family doctors need to know how to deal with.

As a Victorian GP supervisor, how can I summarise for my registrar the Voluntary Assisted Dying Act 2017?

Victoria's Voluntary Assisted Dying Act 2017 does the following:

- Sets out the **legal requirements** of voluntary assisted dying. Like any other clinical intervention, there are other considerations that needed to be addressed to ensure the workable implementation of the law. The Voluntary Assisted Dying Implementation Taskforce has addressed these issues, and will continue to do so as the working practicalities of the law evolves.
- Provides for and **regulates access** to voluntary assisted dying in Victoria.
- Establishes clear **eligibility criteria**.
- Steps through a **detailed request and assessment process**, including requirements for medical practitioners.
- Sets up a **voluntary assisted dying permit** process which authorises the prescribing and dispensing of a voluntary assisted dying substance.
- Establishes the **Voluntary Assisted Dying Review Board**.
- Provides for a range of **additional safeguards** including substance monitoring, practitioner protections, offences, and a five-year review.

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What are the eligibility criteria for access to voluntary assisted dying in Victoria?

To be eligible to access voluntary assisted dying, a person must meet all of the following criteria:

- aged **18 years or older**; and
- **Australian citizen or permanent resident**; and
- be ordinarily a **resident in Victoria for at least 12 months** at time of making first request; and
- have **decision-making capacity** in relation to voluntary assisted dying; and
- is causing suffering that cannot be relieved in a manner the person considers tolerable.

Must be diagnosed with a disease, illness or medical condition that:

- is **incurable**; and
- is **advanced, progressive** and will **cause death**; and
- is expected to cause death within weeks or months, **not exceeding six months (12 months for people with a neurodegenerative condition)**; and
- is causing **suffering that cannot be relieved in a manner the person considers tolerable**.

What important points do fellowed and vocationally registered doctors practising in Victoria need to know about voluntary assisted dying?

While the table (on the following page) outlines what fellowed and vocationally registered GPs need to know about voluntary assisted dying, it is also valuable to outline these points to your GP registrar, for the time in their future career when they are legally qualified to act on requests for access to voluntary assisted dying.



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WHAT VICTORIAN GPS NEED TO KNOW ABOUT VOLUNTARY ASSISTED DYING LEGISLATION

There is no **inalienable right** to voluntary assisted dying – but a patient has **a right to be asked to be assessed** for eligibility.

Health professionals are **unable to initiate discussion about or suggest voluntary assisted dying** as an option “in the course of providing health or professional care services” – this is deemed unprofessional conduct under the Act.

Carers, family members, friends can request information but **cannot make a request on another person’s behalf**.

Voluntary assisted dying **cannot be requested in an advance care plan/directive**.

Appointed medical treatment decision makers (previously called Medical Power of Attorneys) are **not relevant in voluntary assisted dying** legislation as a patient must have **full decision-making capacity** (with respect to voluntary assisted dying) right up to time of administration of the voluntary assisted dying medications.

A person with **mental illness or a disability alone is not eligible** for voluntary assisted dying.

A patient must be encouraged to **discuss their decision** with people close to them, including other health professionals involved in their care.

Involvement/role/importance of **specialist palliative care** services must be discussed with the patient.

If communication is difficult (due to medical condition or language) then use special resources. E.g. Certified speech pathologist, Auslan interpreter, accredited language interpreter (use of family member as interpreter is **prohibited** in formal assessment stages).

Patient can withdraw from the process of voluntary assisted dying at any time.

Can GPs or GP registrars initiate discussion about voluntary assisted dying with patients?

No. Health professionals cannot initiate discussion about or suggest voluntary assisted dying as an option “in the course of providing health or professional care services”. This is deemed unprofessional conduct under the Act and is reportable. You and your registrar must clearly understand, that even when discussing end-of-life care with your patient, it is illegal for doctors to initiate any discussion about voluntary assisted dying as an option.

How can registrars raise advance care plans, death and dying with their palliative care patients and keep within the law?

Registrars can still encourage patients who are confronting an advanced illness to consider an advance care plan without initiating discussion about voluntary assisted dying. GP supervisors can advise registrars to raise advance care plans with patients with advanced illnesses via open discussion, without mentioning voluntary assisted dying. For example:

- “How are things going?”
- “How do you see your treatment going?”

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- *What would happen if things don't go as well as we'd expect?*
- *"Let's get some ideas about an advanced care plan."*
- *"What are your wishes should things deteriorate?"*
- *"Let's hope for the best, but plan for the worst."*
- *"Let's make some advanced care planning. There's a lot of information on advanced care planning on the Department of Health and Human Services end-of-life website".*

While the DHHS end-of-life website provides information on advanced care planning, palliative care and voluntary assisted dying – the registrar will abide by the law by not mentioning voluntary assisted dying. This way, an end-of-life discussion can occur openly about the patient's wishes without the registrar illegally initiating discussion about voluntary assisted dying, unless the patient initiates the discussion about the topic.

How can a registrar respond to a patient's request of voluntary assisted dying?

A registrar cannot participate in a patient's request for information or assistance with voluntary assisted dying.

The registrar can respond to a patient request by saying, "I will discuss your request with my supervisor", or if they are confident enough the registrar, could say, "I am unable to assist you with this request, but I can direct you towards information about that", and provide details to the end-of-life care information on the DHHS website at

<https://www.health.vic.gov.au/patient-care/end-of-life-care>

What are the possible roles for a GP in voluntary assisted dying requests?

A GP's possible roles in voluntary assisted dying will vary according to the following:

- Level of comfort discussing the issue.
- Skills in end-of-life discussions/palliative care.
- Level of working knowledge of the Act and its implications for practice.

- Moral/ethical stance on assisted dying (a conscientious objector, neutral, or conscientious provider).
- Preparedness to work with the patient in exploring end-of-life options, including voluntary assisted dying.
- Understanding of the patient's medical condition, including prognosis.
- Willingness to be the patient's co-ordinating medical practitioner.

Regardless of a GP's views on voluntary assisted dying, they need to be able to respond to a patient or family's inquiry about the topic. Therefore, the possible roles of a GP in voluntary assisted dying include:

- Advance care planning discussion - This may already have occurred if the patient has a progressive, advanced illness, and therefore the GP may already have an indication about the patient's attitudes to end-of life care.
- Respond to a patient's specific request to hasten or bring about their death (however vague or specific).
- Fully explore the issues with the patient - explore/discuss full range of end-of-life care options available.
- GPs who are a conscientious objector to voluntary assisted dying should give a clear indication to the patient early on.
- GPs with a neutral stance on voluntary assisted dying can support the patient's decision, provide all the usual care, including palliative care but excluding voluntary assisted dying.
- Direct patient to information sources, including DHHS website and voluntary assisted dying care navigators at <https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/end-of-life-care/voluntary-assisted-dying>
- Refer patient to another doctor for co-ordination of voluntary assisted dying assessments, etc.
- GPs who agree to be co-ordinating medical practitioner (conscientious provider) must be vocationally registered; and must complete mandatory online training via the DHHS website.

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How can a GP be sure if a patient is asking about voluntary assisted dying, and whether it is lawful for a discussion on the topic to occur?

It is unlawful for doctors to initiate a discussion about voluntary assisted dying; only the patient can initiate this discussion. The patient's request needs to be specific, or require little clarification (if any), for a GP to legally proceed with a discussion on this topic.

A GP cannot discuss voluntary assisted dying if a patient's questions or statements about a hastened death are vague, or simply hinting or alluding to the topic. The GP needs clarification on what the patient actually means before a voluntary assisted dying discussion can legally proceed.

The GP needs to be cautious in how they seek clarification from the patient, with carefully worded questioning. That is, the GP needs to carefully explore if the patient is simply asking for further support in their end-of-life care, or deliberately initiating a discussion about voluntary assisted dying.

For example, a doctor cannot progress into a voluntary assisted dying discussion if the patient request or statement is vague, such as "I just want it all to be over." However, the doctor can discuss voluntary assisted dying if the patient explicitly asks to do so. For example, "I would like you to help me die." See more examples in the table (below).

WHEN CAN/CAN'T A GP DISCUSS VOLUNTARY ASSISTED DYING (VAD) WITH A PATIENT?

Legal to discuss	Explicit request from patient	Possible GP response
VAD discussion may legally occur when a patient makes an explicit request for information or assessment, and the request needs only little clarification, if any.	<p>The request is specific, however the patient does not have to explicitly use the term "voluntary assisted dying". E.g.</p> <p><i>"I would like you to help me die."</i></p> <p><i>"I've heard about the new euthanasia law. How do I go about getting assistance to die?"</i></p> <p><i>"How do I get that pill they say you can get to end it all if it gets too much?"</i></p> <p><i>"I'm not sure if I will want it but can you tell me about the euthanasia law that's come in?"</i></p> <p><i>"Do you think I would qualify to get assisted dying under the law?"</i></p>	<ul style="list-style-type: none"> Start by letting the patient know information is available but you would really like to understand what has led to the request. This can lead to further discussion about their suffering and options available to address it. Inform the patient if you have a conscientious objection to VAD whilst not dismissing their concerns concerns/plight/level of suffering. Direct the patient (and yourself) to the DHHS VAD website for detailed information - agree to meet again for further discussion. Visit the DHHS website at https://www.health.vic.gov.au/patient-care/voluntary-assisted-dying If the patient is adamant they want to proceed with VAD, assist with or suggest contact with the VAD care navigator for more information/ support at vadcarenavigator@petermac.org Inform the patient of the 'nuts and bolts' of the Act: <ul style="list-style-type: none"> - eligibility criteria - steps involved - likely timelines involved (minimum 10 days, more likely 2-3 weeks) - outcome of VAD (death) Be honest if you are uncertain. E.g. <p><i>"I'm not too sure about all the laws about that but we can find out and discuss it again."</i></p> <p><i>"Actually, I don't think that you would qualify under the law."</i></p> <p><i>"We would need to get further advice from your specialist about your prognosis."</i></p>

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Legal to discuss	Explicit request from patient	Possible GP response
VAD discussion cannot occur if the patient's request for information or assistance is vague.	<p>Further clarification is needed if a patient makes vague request or statement. E.g.</p> <p><i>"It's time I was out of here doctor."</i></p> <p><i>"I've had enough and I just want to die."</i></p> <p><i>"Can't you do something to hurry this up?"</i></p> <p><i>"Might be time for the green dream, doc!"</i></p> <p><i>"If I was a dog, they'd put me down."</i></p> <p><i>"This has got to stop. Can't you do something."</i></p> <p><i>"Just give me the magic pill, doctor."</i></p>	<ul style="list-style-type: none"> Clarify what exactly the patient is asking for. Careful questioning will explore if the patient is asking for further support in end-of-life care options or actually initiating a VAD discussion. Initially, A GP should always ask a question with a question. E.g. <p><i>"Why are you asking me this now?"</i></p> <p><i>"Can you tell me more about what you mean/how you are feeling?"</i></p> <p><i>"What exactly are you asking me about?"</i></p> <p><i>"It sounds like things are pretty bad for you now so why don't we talk about it a bit more."</i></p>

If a patient asks for voluntary assisted dying, how can a GP counsel the patient or family on whether the individual has made the "correct" decision?

If a patient asks about voluntary assisted dying, a medical practitioner needs to respect the request but also explore with the patient and their family other options which they may not have considered.

Discuss whether there are realistic options which may help improve the patient's quality of life. This discussion will help the patient determine if they are adamant about applying for voluntary assisted dying; or if they are simply floating the idea to test the doctor and family's views on the topic; or if it is an ill-considered or ingenuine request.

A detailed discussion with the patient and their family gives them the opportunity to consider other options, or seriously progress with their request for voluntary assisted dying.

What must a GP do if they want to refuse a request for voluntary assisted dying?

If you refuse a request to a voluntary assisted dying, you must inform the patient within seven days and provide reasons for your decision. The Act states three reasons doctors may refuse a voluntary assisted dying request. These reasons are:

- Having a conscientious objection to voluntary assisted dying (conscientious, ethical, moral or religious objection).
- The doctor will not be available to perform the duties.
- The doctor is not qualified under the Act (including decision not to undertake mandatory training).

Whichever of these three reasons a GP may provide, the discussion needs to be managed sensitively and with respect for the patient's choice.

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How many practitioners must be involved in the assessment and approval process of a voluntary assisted dying, and what is required of them?

The Act states two medical practitioners must be involved in a voluntary assisted dying assessment and approval process. These are a **co-ordinating medical practitioner** and a **consulting medical practitioner**.

- Each must:
 - Hold **fellowship** of a specialist medical college; or
 - Be a **vocationally registered** GP.
- Each must have completed **approved assessment training**.
- Either the co-ordinating medical practitioner or the consulting medical practitioner must have practised **for at least five years post fellowship or vocational registration**.
- Either the co-ordinating medical practitioner or consulting medical practitioner must **have relevant expertise/experience in the disease, illness or medical condition** expected to cause death of the person.

Where can doctors access information about voluntary assisted dying in Victoria?

Victorian doctors have access to information about voluntary assisted dying at <https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/end-of-life-care/voluntary-assisted-dying/health-practitioner-information>

This website provides the information on the following:

- Guidance for health practitioners (including a quick reference guide).
- Medical practitioners wanting to participate in voluntary assisted dying.
- Supporting patients who are not eligible to access voluntary assisted dying.
- Training videos.
- Access to the voluntary assisted dying portal for voluntary assisted dying training.
- Voluntary assisted dying care navigators (state-wide service) can be contacted during business hours on (03) 8559 5823 or 0436 848 344 or email vadcaenavigator@petermac.org



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Where can a GP complete the approved training for Victoria's voluntary assisted dying scheme?

The training is completed online through the Victorian DHHS voluntary assisted dying training portal, and takes about six hours. The training ensures the medical practitioner understands the legislation.

Medical practitioners can register for the voluntary assisted dying training at <https://www.health.vic.gov.au/patient-care/voluntary-assisted-dying-training-for-medical-practitioners>

Can a GP agree to become a patient's co-ordinating medical practitioner before doing the approved assessment training?

A GP can agree to become the co-ordinating practitioner prior to doing the training, however they must complete the training before the patient returns for their first assessment.

Once the medical practitioner has completed the voluntary assisted dying training, they may register for the voluntary assisted dying portal. Co-ordinating and consulting medical practitioners report through the portal and apply for permits to prescribe the voluntary assisted dying medication through the portal. Medical practitioners who have completed the online training can register for the portal at <https://www.bettersafercare.vic.gov.au/about-us/about-scv/councils/voluntary-assisted-dying-review-board/voluntary-assisted-dying-portal>

Are GPs funded for participating in training and service provision of voluntary assisted dying?

There is no compensation for voluntary assisted dying training, nor Medicare Benefits Schedule (MBS) items for VAD activities.

How can GPs afford to become a co-ordinator when voluntary assisted dying consultation time is not MBS funded?

If you provide a long consult, you can charge accordingly for a long consult. Likewise, if you provide a home visit, you can charge for a home visit. However, there are no item numbers to charge for a long home consult, so in this circumstance you could inform the patient they may be charged privately for a long consultation.

What is the process a person must follow when asking for voluntary assisted dying?

The person must make three separate requests.

The formal process for requesting voluntary assisted dying is as follows:

- The person makes their **first request** to a medical practitioner (who becomes the **co-ordinating medical practitioner** if they accept).
- The person undergoes a **first assessment** by the co-ordinating medical practitioner.
- The person undergoes a consulting assessment by **a consulting medical practitioner**.
- The person makes a **written declaration**, which is signed by two independent witnesses.
- The person makes a **final request** to the co-ordinating medical practitioner.
- The person's final request must be made **at least nine days after the day on which they made their first request**, unless they are likely to die within that time.

For more information about the process of voluntary assisted dying after a person is deemed eligible by a qualified co-ordinating medical practitioner and consulting medical practitioner, visit <https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/end-of-life-care/voluntary-assisted-dying/community-consumer-information/voluntary-assisted-dying-process/process-to-follow>

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What process must a GP undertake if accepting a 'first request' for voluntary assisted dying?

Agree to become the patient's co-ordinating medical practitioner. If the GP has not already done the mandatory voluntary assisted dying online training, it can be completed after the first request but before beginning eligibility assessment.

Record first request in the patient's medical record, including:

- Words patient used in making request.
- How request was communicated.
- Context in which request was made.
- Anyone else present at time of request.
- Record your acceptance of role as co-ordinating medical practitioner.

What type of permit does a person need for voluntary assisted dying?

A patient who is found eligible by the co-ordinating and consulting practitioners can apply for one of two permits: a self-administration permit; or a practitioner-administration permit.

The patient cannot choose between the two types of permits. They can only apply for the permit which is applicable to their medical situation.

Once the permit is used there is no expiry date. The medication can be prescribed when and if the patient chooses.

VOLUNTARY ASSISTED DYING PERMITS IN VICTORIA

1. Self-administration permit

- Expected to be the majority of voluntary assisted dying permits issued.
- Patient needs to be able to swallow, ingest and absorb 100mls of fluid.
- Patient can have assistance in preparing the liquid but must take it themselves unassisted.
- Co-ordinating medical practitioner prescribes voluntary assisted dying medication.
- State-wide pharmacy service delivers medications to patient (in locked box).
- Voluntary assisted dying medication "kit" will include:
 - Premedications i.e. anti-emetics, anxiolytics.
 - Liquid for dissolving voluntary assisted dying medication and disguising taste.
- Leftover or unused medications need not be returned to the pharmacy after death.

2. Practitioner-administration permit

- Patient physically incapable of self-administering or ingesting voluntary assisted dying medication.
- Doctor prescribes and pharmacy delivers voluntary assisted dying medications to co-ordinating medical practitioner.

There are two options for the co-ordinating medical practitioner:

 - Oral voluntary assisted dying medication can be administered by co-ordinating medical practitioner via feeding tube (most likely PEG), if that is the patient's preference.
 - Different voluntary assisted dying medications administered by IV injection.
- There must be a witness to practitioner administration. The witness must certify in writing on the specified co-ordinating medical practitioner administration form.
- The patient must have decision-making capacity right up to the point of practitioner administration.

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What is the role of the state-wide pharmacy?

The state-wide pharmacy, located at the Alfred Hospital in Melbourne is responsible for the following:

- Acquisition, compounding and storage of voluntary assisted dying medication.
- Produce the voluntary assisted dying medication “kits” with detailed instructions as per the voluntary assisted dying medication protocols.
- Secure storage of voluntary assisted dying medications in locked box for dispensing.
- Accept prescriptions.
- Liaise with the co-ordinating medical practitioner.
- Liaise with the patient/family/contact person.
- Detailed information to patient when dispensing.
- Extra detailed labelling requirements.
- Notify (within seven days) the Voluntary Assisted Dying Review Board of dispensing.
- Disposal of any returned voluntary assisted dying medication.
- Notification of disposal to Voluntary Assisted Dying Review Board.
- Delivery of voluntary assisted dying medication to: the patient (self-administration); or co-ordinating medical practitioner (practitioner administration).

What are the requirements for death certification after a person has accessed the voluntary assisted dying scheme?

The death certification remains a normal procedure, however there is extra information required on the Medical Certificate Cause of Death (MCCD). The extra information is provided in drop-down tick boxes regarding:

- Do you reasonably believe the person was subject of a voluntary assisted dying permit?
- The patient died without taking medication/after self-administering medication/after practitioner administration?

The Coroner’s office also needs to be telephoned and given notification of a voluntary assisted dying death.

Is it the responsibility of the co-ordinating medical practitioner to complete the death certification?

GP supervisors and registrars should be aware that the death certificate does not have to be completed by the co-ordinating medical practitioner.

The death certification for person who accessed the voluntary assisted dying scheme needs to be completed within 48 hours of death by a registered medical practitioner who:

- Was responsible for the person’s medical care immediately before death; **or**
- Examined the body after death; **and**
- Reasonably believes or knows that the deceased was the subject of a voluntary assisted dying permit

Is there peer support for GPs who have participated in voluntary assisted dying?

Peer support is vital for GPs and other health professionals who have been involved with patients and their families before and after voluntary assisted dying.

Medical practitioners who have completed voluntary assisted dying online training can access the state-wide Voluntary Assisted Dying Community of Practice.

The Community of Practice is funded by the DHHS, and administered by Western Victoria Primary Health Network (PHN) on behalf of the Victoria Tasmania PHN Alliance.

For more information, contact
vadcommunity@westvicphn.com.au

Will a co-ordinating medical practitioner be held responsible if a contact person or loved one takes the patient’s unused or leftover medication?

No. The co-ordinating doctor will not be held responsible for a contact person or loved one using voluntary assisted medication which was legally accessed for the eligible patient.

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Can you give an example of how a voluntary assisted dying request may unfold in general practice?

THE CASE OF "JENNY"

Jenny is 67 years old (has always lived in Melbourne). She is married to John for 42 years and they have three adult children and two grandchildren. Jenny has worked as a senior legal secretary for many years and has always been fit, active and independent. She has no history of mental illness.

- After undergoing surgery and aggressive chemotherapy for colon cancer, further tests reveal that the cancer has spread to her liver and right lung.
- Jenny's oncologist explains to her that it is likely she will die within the next few months and that further chemotherapy or immunotherapy is very unlikely to be effective.
- Jenny experiences unstable pain and nausea and everyday activities start to become increasingly difficult.
- While palliative care provides some relief, she is regularly experiencing breakthrough pain and "hates" the side effects that her medication causes.
- A range of medication regimes are tried by the palliative care team, but Jenny continues to experience symptoms. She does not wish for stronger medication which would increase drowsiness, as she wants to make the most of her time with her family and be as active as possible.
- She tells her GP that she is beginning to think seriously about voluntary assisted dying.
- After asking about voluntary assisted dying, Jenny and John make a follow-up appointment with her GP for a week later. At that appointment, Jenny says that she is in increasing pain and discomfort, is distressed by her poor mobility and dependence on others for her everyday care and formally requests voluntary assisted dying.

Assessment

- On receiving the request from Jenny, her GP agrees to be her co-ordinating medical practitioner and support her through the process. The GP registers for online voluntary assisted dying training, and completes the training a few days later before meeting with Jenny again.

- GP performs the first eligibility assessment.
- GP refers Jenny for a consulting assessment (consultant oncologist who has completed voluntary assisted dying training).
- Both the co-ordinating medical practitioner (GP) and the consulting medical practitioner are satisfied that Jenny's circumstances meet the eligibility criteria and that she has capacity to make the decision about proceeding with voluntary assisted dying.
- Each doctor submits results of their assessments to the Voluntary Assisted Dying Review Board via the voluntary assisted dying portal.

Application for permit

- Jenny is clear in her mind about her decision and signs a written declaration in the presence of her GP and two witnesses and at the same time makes her final request. She appoints John as her contact person.
- Her co-ordinating doctor (GP) sends all documentation to the VAD Review Board and applies to DHHS for a voluntary assisted dying patient-administration permit (all done online via the secure voluntary assisted dying portal).

Prescription and dispensing

- Once permit received, GP contacts the state-wide pharmacy service at The Alfred Hospital.
- Pharmacist(s) visits GP to discuss the medications and instructions for patient-administration. GP writes the prescription and gives to pharmacist.
- Jenny and John contact the state-wide pharmacy service to arrange for the voluntary assisted dying medication to be dispensed.
- Voluntary assisted dying medication is delivered to their home in the mandatory locked box and pharmacist gives detailed instructions about storing and taking the medication if and when Jenny chooses.

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Administration

- Her disease continues to progress over the next few weeks.
- She has thought a lot about who she wants to be with her when she dies and makes arrangements with her family.
- In their presence, Jenny takes a lethal dose of medication. She becomes sleepy and falls into a coma within 10 minutes.
- She dies 15 minutes later.

Follow-up

- John contacts the community palliative care service which has been involved in Jenny's care at home right up until her death, and informs the service of Jenny's death.

- The palliative care nurse attends the home soon after and provides immediate support and assistance to John and family.
- The palliative care nurse informs the co-ordinating medical practitioner (GP) of Jenny's death.
- As in all other expected deaths, there is no absolute requirement for the doctor to attend the home to verify the death (but the GP/co-ordinating doctor may wish to do so for confirmation of the circumstances and to offer support to family/carers).
- GP does death certificate within 48 hours of death (as usual).
- Bereavement follow-up for John and family occurs as per usual arrangements by community palliative care service.

Resources

Victoria's Voluntary Assisted Dying Act 2017 at <https://www.legislation.vic.gov.au/in-force/acts/voluntary-assisted-dying-act-2017/004>

Victorian Department of Health and Human Services information about end-of-life care at <https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/end-of-life-care>

Victorian Department of Health and Human Services information about voluntary assisted dying and contact details for voluntary assisted dying care navigator at <https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/end-of-life-care/voluntary-assisted-dying>

Victorian Department of Health and Human Services information for health practitioners at <https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/end-of-life-care/voluntary-assisted-dying/health-practitioner-information>

Voluntary Assisted Dying Medical Practitioner Training registration at <https://www.health.vic.gov.au/patient-care/voluntary-assisted-dying-training-for-medical-practitioners>

GPSA Voluntary Assisted Dying webinar at <https://youtu.be/eVjA6eFUm7E>