

## Navigating the topic of Voluntary Assisted Dying in Advance Care Planning Conversations

### GUIDING PRINCIPLES FOR HEALTH PROFESSIONALS



Voluntary assisted dying (VAD) as an end-of-life treatment option is now lawful in all Australian states and appears likely to become lawful in the territories. The passing of these laws means that the topic of VAD may arise during Advance Care Planning (ACP) conversations. Health professionals have a responsibility to **be open and ready to support the person to be heard**, regardless of their personal views.

**The Australian Centre for Health Law Research and Advance Care Planning Australia offer guiding principles for health professionals to help them navigate conversations about VAD, where these arise in ACP discussions.**

Having difficult conversations about end-of-life care can be uncomfortable, but it is important to address all options, including VAD. VAD is a sensitive yet critical aspect of end-of-life care that requires careful consideration and thought, similar to when palliative care and other treatment options are raised during ACP conversations.

**Advance care planning (ACP)** is a process of planning for future health and personal care whereby the person's values, beliefs and preferences are made known to guide decision-making at a future time when that person cannot make or communicate their wishes. It is a voluntary process where discussions may lead to formally documenting wishes and preferences in an ACP document.

**Voluntary assisted dying (VAD)** is one end-of-life treatment option available to terminally ill people with decision-making capacity who satisfy the legal eligibility criteria. A person assessed as eligible for VAD may access

a medication at a time of their choosing that will end their life. The medication can either be taken by the person themselves or be administered by a qualified health professional.

### **ACP and VAD are conceptually distinct**

While ACP relies on a person's previously specified wishes and preferences to guide their care at a point in time when the person lacks decision-making capacity, VAD as a treatment option can only be accessed by a person when they have decision-making capacity.

This means:

- VAD cannot be requested through an ACP document (such as an advance care directive)
- A person's substitute decision-maker cannot request VAD on a person's behalf.

### **VAD can arise during ACP**

While VAD cannot be requested via an ACP document or a substitute decision-maker, the topic of VAD may arise during ACP discussions. Indeed, when the law permits this, health professionals should inform people about VAD if this could be an option for them. Health professionals need to be prepared for discussions about VAD and know how to respond appropriately, regardless of their views about VAD.

## Health professionals have a responsibility to:

### Be open to the conversation.

- Acknowledge and respect the person's wish to discuss (or not discuss) VAD.
- Listen to the person.

### Be ready for the conversation.

- Be aware of their role and responsibilities with respect to VAD, as applicable in their state or territory. This includes when and how it is lawful to raise VAD.
- Be aware of their duties to not hinder a person's access to VAD, including any obligations that apply when the health professional has a conscientious objection to VAD, as applicable in their state or territory.

### Have an approach to the conversation that supports the person to be heard.

- Clearly explain what ACP and VAD are and clarify how they are different, if necessary.
- Discuss, when lawful and within the health professional's scope of practice, VAD as a potential end-of-life treatment option with the person while at the same time discussing other end-of-life treatment options available to the person, including palliative care.
- Provide the person details of a VAD navigator service (or equivalent) if they wish to discuss VAD further; this is especially important when a health professional is a conscientious objector or not comfortable discussing VAD.
- Acknowledge that while a person cannot request VAD in an ACP document, they may still want to communicate or write down their wish to access VAD, as part of documenting and sharing what is important to them in their end-of-life care. This can help substitute decision-makers, family and health professionals understand what is important to the person if they lose the ability to make their own decisions.

If comfortable to do so, and within the health professional's scope of practice and the law:

- Provide the person with information about VAD, including eligibility criteria, and how long it can take to go through the VAD process so that the person wishing to consider VAD can plan accordingly.
- Encourage a person to discuss their wishes and preferences early with their loved ones, along with their end-of-life care options, including palliative care and VAD.

## Further information

For more information about ACP and VAD (including information about legal duties and guidance resources), see Ben P White, Madeleine Archer, Casey M Haining & Lindy Willmott. Implications of voluntary assisted dying for advance care planning. *Medical Journal of Australia* 2024 220(3): 129-133. <https://doi.org/10.5694/mja2.52183>

For more information about VAD in your state and territory, see: <https://end-of-life.qut.edu.au/assisteddying>

For more information about advance care planning, see: <https://www.advancecareplanning.org.au/>

The **Australian Centre for Health Law Research** is part of the Faculty of Business and Law, Queensland University of Technology. The Centre undertakes innovative, transdisciplinary research which aims to improve health law, policy and practice. End-of-life decision-making is a priority area of the Centre's research and training.

**Advance Care Planning Australia™ (ACPA)** is a national project funded by the Australian Government Department of Health and Aged Care, enabling Australians to make the best choices for their future health and care.