

Follow up information from Julian Gardner AM after giving evidence on 5 November on the Assisted Dying for Terminally Ill Adults (Scotland) Bill, received 8 November.

Thank you for giving me the opportunity to provide evidence to the Committee.

In response to your request for further information, I advise as follows.

1. The issue of institutional objection

I have read Prof White's response of 7 November and endorse that. I would only add a few comments.

The Victorian Review Board is aware of several cases in which a person receiving care who is seeking access to voluntary assisted dying has experienced distressing delays or has been required to relocate in order to access the programme. Having to relocate is particularly egregious in the case of residential care facilities given that it means being removed from that place which is their home. The risk of this occurring could be reduced by ensuring that individuals can readily understand the policy of the health service or residential care facility before entering it.

The Victorian legislation does not impose any obligations on institutions. To overcome the instances in which the goal of patient-centred compassionate care has not been met, I would favour adopting the models in other Australian jurisdictions.

Residential facilities

In Queensland, SA, NSW and the ACT the following applies:

Access to information about VAD

Not hinder access to information.

Access to the facility by a practitioner to enable a first request or a final request

Allow reasonable access or transfer the person to make the request if the practitioner is unable to attend.

Access to the facility for co-ordinating and consulting assessments

Permanent residents – allow reasonable access or transfer for assessment if practitioner is unable to attend

Non-permanent residents – transfer the person for the assessments or, if a transfer would be unreasonable, allow access.

Access to the facility by a practitioner and witnesses for a second request and written declaration.

Permanent residents -allow reasonable access or transfer the person for the request if the practitioner is unable to attend (SA and NSW)

Non-permanent residents – transfer the person or if a transfer is unreasonable allow access (SA and NSW)

All residents in Queensland – allow access or transfer the person if the practitioner is unable to attend.

Access to the facility to deliver the VAD substance or for a practitioner to administer the substance.

Permanent residents – allow access

Non-permanent residents – transfer the person or if a transfer would be unreasonable allow access.

Similar provisions apply in the ACT with no distinction between permanent and non-permanent residents. Failure to comply is an offence.

Non-residential healthcare facilities

SA, NSW and Queensland also have provisions relating to non-residential healthcare facilities.

In SA a non-participating facility must arrange the transfer of the person to somewhere at which they can access VAD.

In NSW they must allow reasonable access for the provision of information; transfer the person to and from the facility for the making of a request and assessments; and transfer the person for administration.

In Queensland the obligations are the same as those for non-permanent residents set out above.

2. Challenges of rurality

There are particular challenges in Victorian law because of the requirement that one of the two assessing doctors must be a specialist in the medical condition of the person. This raises problems with some specialities, especially neurology, given the lack of specialists in rural areas.

Counter-intuitively, the proportion of residents who access voluntary assisted dying is higher in rural and regional areas in Victoria than it is in metropolitan areas. This, however, is thought to reflect the disproportionate number of residents in rural areas who are aged over 65.

Access in rural areas is facilitated by the centralised State-wide (government funded) Pharmacy Service which delivers the medication free of charge any where in Victoria. The pharmacists when delivering the medication provide instructions on safe storage, use and answer any concerns.

The other Service that facilitates rural access is the Statewide Care Navigator Service. This is a team of allied health professionals who link patients with doctors, provide information and referrals and generally smooth the path to access.

Please let me know if I can provide any further assistance.

Julian

Julian Gardner AM
Chairperson
Voluntary Assisted Dying Review Board