

The Medical Journal of Australia • MJA

MEDIA RELEASE

VOLUNTARY ASSISTED DYING: TURNING LAW IN PRACTICE

EMBARGOED UNTIL 12:01am Monday, 25 February 2019

FOUR months before the Victorian Voluntary Assisted Dying (VAD) Act comes into effect on 19 June, experts have detailed the challenges involved in turning the laws into clinical practice in an ethics and law article published online today by the Medical Journal of Australia.

The VAD Act allows eligible Victorian resident adults with decision-making capacity to seek assistance to die under the following circumstances: they must have an incurable disease, illness or medical condition that is advanced, progressive and expected to cause death within 6 months (or 12 months for neurodegenerative conditions); that condition must also be causing suffering that cannot be relieved in a manner that the person considers tolerable; the person must be seeking VAD voluntarily and without coercion.

Eligible people can either be prescribed a VAD substance to administer themselves, or if they are physically incapable of doing so, a doctor can administer it.

Authors from the Australian Centre for Health Law Research at the Queensland University of Technology, led by Professor Ben White, wrote that implementation of the Act required a balance between “two important policy goals”.

“It must facilitate access to VAD, but restrict that access to only those who are eligible under the legislation,” White and colleagues wrote.

Other implementation challenges include:

- making sure the complexities of the Act do not unfairly prevent eligible people from accessing VAD;
- translating prescriptive legislative processes into appropriate clinical practice across the variety of settings and disease contexts where VAD could arise, involving the engagement of key health and medical stakeholders, as well as people likely to seek VAD, in designing how the regime operates;
- implementing the legal prohibition on doctors and other health professionals from initiating VAD discussions with patients, while maintaining meaningful end-of-life discussions;
- meeting legal requirements of how the substance is to be prescribed, handled, stored and returned (unused portions); and,
- supporting and managing conscientious objection by health professionals, while not impeding access for eligible persons.

The 18-month VAD implementation period in Victoria was a result of observing a contrasting situation in Canada where “political delays led to their medical assistance in dying law coming into effect without an extended opportunity to prepare”, wrote White and colleagues.

Continuing implementation monitoring, improvement and refinement was critical after the Act comes into force, they wrote, involving “real-time on-the-ground feedback about how the VAD law is working in practice; data generated within the VAD system; and empirical research undertaken from outside the system”.

“Translating this complex law into appropriate clinical practice will be challenging. Victoria has strategically designated both time and resources to a period of planned implementation,” they concluded.

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