

POSITION STATEMENT

Palliative Care and Voluntary Assisted Dying



PalliativeCare
AUSTRALIA

Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-limiting illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.¹

Voluntary assisted dying (VAD) refers to the assistance provided to a person by a health practitioner to end their life. The term 'voluntary assisted dying' evolved in Australia in recent years following inquiries and parliamentary debates of laws enabling a terminally ill person to seek medical assistance to die. This term is now commonly used in Australia, rather than euthanasia or physician-assisted suicide or dying. It includes:

- 'self-administration', where the person takes the VAD medication themselves, and
- 'practitioner administration', where the person is given the medication by a doctor (or in some Australian States, a nurse practitioner or registered nurse).

'Voluntary' indicates that the practice is a voluntary choice of the person, and that they are competent (have capacity) to decide to access VAD.²

Voluntary assisted dying laws have been enacted in all Australian states and will be operational in all states by end of 2023. Palliative Care Australia (PCA) recognises that the topic of voluntary assisted dying raises difficult and complex ethical issues, and that there is a broad spectrum of opinion on, and support or opposition to, VAD within the Australian community. PCA represents health professionals, carers and consumers, and notes that this diversity of opinion is also reflected within the palliative care community. With an ageing population and rising chronic illness, Australia needs greater investment in palliative care and more support for the workforce that cares for people toward the end of their life.

¹ Australian Government Department of Health (2018) p. 42 [National Palliative Care Strategy 2018](#), Department of Health and Aged Care Website, accessed 1 July 2022.

² Australian Centre for Health Law Research Queensland University of Technology, [Voluntary Assisted Dying](#), QUT End of Life Law in Australia Website, accessed 1 July 2022.

The difference between palliative care and voluntary assisted dying

It is important to recognise the difference between palliative care and VAD.

PCA believes that:

- If palliative care health professionals or organisations choose to offer and provide VAD for their patients with life-limiting illness, this is a practice separate from palliative care. However, people may choose to receive palliative care throughout the VAD process.
- In Australia, an individual's choice to explore VAD should never be a choice based on a lack of access to palliative care.
- Palliative care is explicitly recognised under the human right to health.³ Every Australian living with a life limiting illness should always have equitable access to quality needs-based palliative care at any point in their illness journey, with timely referral to specialist palliative care⁴ if required.
- Palliative care is person and family-centred care with the goals of ensuring patient psychological safety and optimising quality of life. Palliative care helps people live their life as fully and comfortably as possible when living with a life-limiting illness.
- When aligned with a person's preferences, withdrawing or refusing life sustaining treatment (including withholding artificial hydration) or providing strong medication(s) to relieve suffering, does not constitute VAD.

Respecting the workforce which cares for people with life-limiting illness

PCA recognises that health professionals providing palliative care may be asked for information about VAD or receive direct requests from people with life-limiting illness to access VAD.

- All people providing palliative care should be supported to ensure people with life-limiting illness in their care receive safe, compassionate, competent care, regardless of whether they seek information about, or referral to, services that may provide VAD.
- It is the right of health professionals providing palliative care to make appropriate judgements about whether they will be involved in VAD based on their personal ethics and beliefs and the policies of their employer/s.
- All people working in palliative care should be treated respectfully and demonstrate professional behaviour towards colleagues and co-workers regardless of their views on VAD, and regardless of any decision to exercise their right to conscientiously object to or conscientiously participate in any aspect of VAD.

PCA has developed *Voluntary Assisted Dying in Australia: Guiding Principles for those providing care to people living with a life-limiting illness* to assist health professionals, care workers and volunteers

³ World Health Organization (2018) [Palliative care fact sheet](#), WHO Website, accessed 1 July 2022.

⁴ Specialist palliative care is delivered by multidisciplinary teams including medical practitioners, nurse practitioners, nurses and allied health and other professionals, most of whom will have specialist qualifications, extensive experience and skills in palliative care (and for whom this is their substantive role and area of practice) to support people with more complex and persistent needs. Source: Palliative Care Australia (2018) [Palliative Care Service Development Guidelines](#), Palliative Care Australia Website, accessed 1 July 2022.

who are providing care to people living with a life-limiting illness, or working in or engaging with organisations providing any level of palliative care. PCA recommends that the *Guiding Principles* be referred to alongside relevant legislation, organisational policies and codes of conduct.

Considerations for end of life and VAD legislation, guidelines and review processes

Where voluntary assisted dying is legally available to people, governments should consider the following:

- People with a life-limiting illness should be able to make informed and autonomous decisions about their care, and be provided with the opportunity to discuss their needs, hopes and care preferences consistent with their personal values, culture, beliefs and goals. Patients should be advised of the palliative care options available to them.
- Health professionals have the right to conscientiously object, and should be protected from participating in the VAD process if they so choose.
- Any legislation, guidelines or review process should promote high-quality care and ensure patient safety. This includes ensuring patients will receive continuity of care across settings and throughout the course of their illness.
- Governments should invest in research including data collection related to VAD to enable its ongoing review, to monitor safe practice, and to assess the impacts of VAD on patients, their families, their carers and personal supporters. In addition, research is needed on the impact (including the cultural impact) of VAD on the health workforce.

Further investment is required to meet Australia's palliative care needs

Greater investment is required at national, state and territory levels to ensure that the systems and people are available to provide quality palliative care where and when it is needed.⁵ There is significant unmet need for palliative care in Australia and forecasts indicate further increases in need in the years ahead.⁶

PCA calls for:

- Substantial coordinated investment by all jurisdictions to plan and prepare for a future where Australians will live longer, demand an improved quality of life, and require access to high quality palliative care when living with a life-limiting illness.
- Investment in growing the specialist palliative care workforce, and increased support for the acute, primary care and the aged care sectors to provide quality palliative care as part of their core business.

⁵ Australian Government Department of Health, p. 20 [National Palliative Care Strategy 2018](#), accessed 1 July 2022.

⁶ Australian Government Productivity Commission, [Introducing Competition and informed User Choice into Human Services: Reforms to Human Services](#), No.85, 27 October 2017, accessed 1 July 2022.

- Palliative care to be included as a core component of all health and aged care quality standards.
- The difference between palliative care and voluntary assisted dying to be made clear wherever possible, supported by a fully resourced and sustained national public awareness campaign about palliative care, what it offers and how and when it can be accessed.
- Allowance for healthcare professionals to have time to access clinical and/or professional supervision and self-care support, noting that healthcare professionals can experience high levels of distress when involved with the process of VAD .
- Integration of palliative care programs into public health care policies, with ongoing evaluation of coverage, equity and accessibility while developing comprehensive programs.
- Further investment in training and education:
 - Training in advanced communication skills that promote respectful dialogue in end-of-life and advance care planning discussions with people. The palliative care workforce supports people with life-limiting illness by enabling exploration of the complex social, spiritual, cultural, psychological, emotional and physical aspects of their care preferences.
 - Compulsory and consistent palliative care education and training for all medical, nursing, allied health and pharmacy students as part of undergraduate curricula including clinical, legal, and ethical considerations. This will ensure a consistent baseline competency in palliative care pain and symptom management, together with the communication skills required for caring for people with life limiting illness, their families and carers.
 - Ongoing, consistent education, training and refresher courses to health clinicians currently employed in the health sector.
 - Periodic review of cultural competency training curricula for care staff working at Residential Aged Care Facilities (RACFs), to ensure the cultural and religious needs of people from diverse cultural backgrounds at the end of life are adequately included.
 - Review of current vocational education and training courses such as the Certificate III and IV in Aged Care, Ageing Support, Diploma of Nursing and other occupations sets or courses that are considered as a minimum qualification to provide direct and indirect services to older residents at RACFs. This is to ensure that the staff involved in providing direct and indirect care to older adults at the end of life are current in their knowledge of palliative care.