

POLICY

Voluntary Assisted Dying Policy	
Policy Level	Uniting Church in Australia or Synod
Application	UCQ wide
Contact Officer	Director of Mission

1 Policy Statement

- 1.1 UnitingCare Queensland (UCQ) upholds the rights and dignity of Queenslanders who choose to access voluntary assisted dying under the Voluntary Assisted Dying Act 2021 (Qld) (the Act). Voluntary assisted dying (VAD) gives people who are suffering and dying, and who meet the eligibility criteria, the option of requesting medical assistance to end their lives.
- 1.2 This is different from other end of life processes such as the withdrawal of treatment by withholding or withdrawing overly burdensome medical treatment from a person because of medical futility or non-beneficial care; or relieving suffering through palliative care interventions that may unintentionally hasten a person's death.
- 1.3 The UCQ policy and practice response to VAD is guided by the Uniting Church in Australia Queensland Synod and will comply with UCQ's legal obligations under the Act as a non-participating entity.
- 1.4 When a person chooses to explore and access VAD, UCQ will continue to provide all regular services alongside a compassionate and pastoral response. This includes:
 - a) continuing people's care in our hospitals, aged care facilities and community services provided by UCQ; and
 - b) offering emotional, psychological, social, spiritual and pastoral care support, consistent with UnitingCare values, service philosophies and end of life framework.
- 1.5 UCQ Staff can conscientiously object to involvement in any part of a person's choice to access VAD. In these cases, UCQ will ensure alternative support is arranged to ensure continuity of care. Obligations under the Act that relate to conscientious objection are outlined in this Policy.

2 Purpose

- 2.1 The purpose of this Policy is to outline UCQ approach in relation to VAD. The Policy aims to ensure people exploring the option of VAD receive compassionate holistic care and support. It outlines the expectations of UCQ Staff in relation to the Act, in particular the continuation of high quality person-centred care for people who may choose to access a VAD related process.

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3 Scope

- 3.1 This Policy applies to all staff, including board and committee members, employees, volunteers, students, trainees, apprentices, interns, secondees, persons doing work experience, registered health practitioners including Visiting Medical Practitioners and allied health professionals while practising at UCQ premises, visiting clergy, chaplains, spiritual and pastoral carers, ministry agents, and other service contractors, subcontractors, and their employees (Staff).

4 Background

- 4.1 The Queensland Parliament passed the Voluntary Assisted Dying Act 2021 (Qld) on 16 September 2021, with access to VAD being available from 1 January 2023, when the law comes into operation. Queensland Health will manage implementation, including the development of supporting guidelines and policies.

5 Principles

- 5.1 The following is a summary of the key principles for this Policy.
- a) Policy and practice responses to VAD are to be compassionate and pastoral to a person who chooses to access VAD.
 - b) UCQ Staff will not be mandated to participate in any process that supports the administration of a VAD substance.
 - c) Registered health practitioners and all other Staff will not be directly involved in medical acts, including the administration of a VAD substance, intended to end the life of a person through a VAD scheme, while performing duties at UCQ. This includes acting as a Coordinating Practitioner, Consulting Practitioner or Administering Practitioner as defined in the Act. All processes associated with the request for, and assessment of, a person wishing to access VAD, can take place in any UCQ Facility.
 - d) The ending of a life through the administration of a VAD substance, in circumstances where it is unreasonable to occur in another location or on compassionate grounds, can take place in UCQ Facilities where people are staying temporarily, such as a hospital.
 - e) The ending of a life through the administration of a VAD substance, in a place where the person usually lives, such as residential aged care, can take place in UCQ Facilities.

6 Responsibilities and Requirements

- 6.1 Responding in a professional and compassionate manner, according to UCQ's values and our legal obligations as a non-participating entity, this Policy and associated procedures, is the responsibility of all Staff.
- a) **Queensland Synod:** Responsible for approving the Policy and material amendments.
 - b) **Board:** Responsible for approving consequential and minor amendments, in accordance with the position set by the Uniting Church Queensland Synod and oversight of the Synod Standing Committee, and the legal requirements of the Act; and monitoring compliance with the Policy at a Governance level.
 - c) **CEO:** Responsible for reporting to the Board on the implementation and application of the Policy and issues arising for the organisation.

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- d) **UCQ Executive Leadership Team:** Responsible for facilitating understanding of the Policy across the organisation by ensuring service delivery managers and Staff are provided with resources, and key Staff are trained in the processes, roles and behaviours expected of them. Responsible also for facilitating implementation and taking note of learnings that require changes to be made to the Policy and/or procedures.
- e) **Director of Mission:** Responsible for ensuring a compassionate, holistic and ethical response to all VAD related processes in UCQ consistent with the Uniting Church Queensland Synod position and this Policy. Responsible also to ensure that de-identified data is maintained, and to report bi-annually to the Board.
- f) **Service Delivery Managers:** Responsible for providing coordination and guidance in response to individual requests regarding information about or facilitating access to VAD, and complying with this Policy and supporting procedures.
- g) **Staff:** Responsible for complying with the Policy and its supporting procedures. Required to complete relevant training as directed by line managers.

7 UCQ's Role under the Act as a Non-Participating Entity

- 7.1 The Act makes provision for relevant entities to choose not to provide VAD services as a Non-Participating Entity. UCQ is a Non-Participating Entity and does not provide the specialist practitioner roles (Coordinating Practitioner, Consulting Practitioner, Administering Practitioner as defined in the Act) for the purpose of VAD.
- 7.2 Specific obligations exist for Non-Participating Entities under the Act. In particular, the Act requires Non-Participating Entities and their staff to follow certain minimum steps at each stage of the VAD process to ensure that a person's access to VAD is not unreasonably hindered.
- 7.3 This Policy provides a greater level of access than the minimum Non-Participating Entity obligations in the Act for non-permanent residents in respect of the Request and Assessment Process.
- 7.4 UCQ's role and requirements at each stage of the VAD process is set out in the Role of Staff in the Voluntary Assisted Dying Process and Conscientious Objection Procedure.
- 7.5 Staff must be familiar with these requirements and must comply with them. Any queries are to be directed to the relevant VAD Advisor.

8 Conscientious Objection

- 8.1 UCQ Staff may conscientiously object to participation in any part of the VAD process including:
 - a) providing information about VAD;
 - b) assisting a health practitioner in the request and assessment process; and/or
 - c) being present at the time of the administration or self-administration of VAD substance.Note: registered health practitioners have obligations relating to the provision of information in their conscientious objection outlined in section 8.2 and 8.3.

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- 8.2 Registered health practitioners and speech pathologists who exercise conscientious objections to VAD have specific obligations under the Act, and are expected to understand and comply with these obligations. UCQ's requirements regarding conscientious objections by Staff are outlined in the Role of Staff in the Voluntary Assisted Dying Process and Conscientious Objection procedure.
- 8.3 Offering excellence in clinical care to a person, outside of any stage of the VAD process, is not considered part of conscientious objection. For instance, if a person has made an administration decision or request to access VAD, and continues under the care of a UCQ Facility, this is not a reason to conscientiously object to ongoing planned care and support of the person.

9 Privacy, Confidentiality and Autonomy

- 9.1 Deciding whether to access VAD is a sensitive, personal end of life choice for a person. Privacy and confidentiality of the person are paramount considerations and personal information must only be recorded, stored, used and disclosed in accordance with the *Privacy Act 1988*, the Act and the UCQ Privacy Policy and UCQ Privacy Policy Statement.
- 9.2 While UCQ is a non-participating entity some Staff members may exercise a function or power under the Act and may obtain personal information, as defined in the Act, in the course of doing so. In these circumstances, it is an offence under the Act to record or disclose this personal information, unless this is for a purpose under the Act or with consent of the person.
- 9.3 As with other sensitive information in a healthcare context, Staff involved in the care of a person considering or accessing VAD must only record or share the person's personal information as necessary with members of the care team or for a purpose under the Act.
- 9.4 De-identified information, such as numbers, is not personal information and the Director of Mission or their delegate will record certain de-identified data regarding VAD for reporting to the board on a bi-annual basis.
- 9.5 The Act also emphasises the importance of autonomy of a person in relation to all decisions relating to VAD.
- 9.6 Staff must not induce, or engage in any conduct which may be seen to induce a person to make, or revoke, a request for access to VAD. Doing so may constitute an offence under the Act, which is punishable by imprisonment.

10 Conversations about VAD in a Pastoral Relationship and Care Relationship

- 10.1 All spiritual and pastoral conversations with a person who is considering, or has decided to undertake VAD, are to be conducted in accordance with the professional standards of the Uniting Church in Australia Code of Ethics and Ministry Practice.
- 10.2 In the pastoral relationship a chaplain or spiritual and pastoral care practitioner seeks to express an ethic of care, which includes nurturing the other person's power over their own life as they relate to others and to God.
- 10.3 UnitingCare chaplains and spiritual and pastoral care practitioners shall recognise the power that is inherent in their role and shall not use this power in a manner which is coercive or unprofessional.

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- 10.4 When a chaplain or spiritual and pastoral care practitioner has a request for information about VAD or a pastoral conversation in which VAD is prominent, they are to notify the Director of Mission, or their delegate, without disclosing any personal information. This includes not providing information from which the person's identity can reasonably be ascertained unless the person consents to this.
- 10.5 All pastoral conversations about VAD are to be recorded in the person's Facility records with the prior consent of the person, in accordance with the process set out in the Pastoral Support for a Person Accessing Voluntary Assisted Dying Procedure.

11 Protections from Liability and Staff Present at VAD Administration

- 11.1 The Act provides protections from liability for people acting in good faith under, or for the purposes of, the VAD legislation. This includes people who assist a person to access VAD, or who are present when VAD is administered.
- 11.2 The Act also protects health practitioners from liability for failing to administer life sustaining treatment to a person they believe is dying after administration of a VAD substance, provided the person has not requested the life sustaining treatment
- 11.3 Where Staff are present at the time of, or following, the administration of a VAD substance, Staff must ensure adequate documentation is made in the person's Facility records in accordance with the Process for Reporting and Escalating Voluntary Assisted Dying Events.
- 11.4 In the case of self-administration, where Staff identify or suspect a person is experiencing distress following the administration of VAD the following actions may be taken:
- a) review by clinical Staff;
 - b) provision of supportive care under clinical direction. Supportive care should be directed at ensuring comfort. Medical interventions intended to sustain or prolong life which replace or maintain the operation of vital bodily functions should not be administered unless requested by the person. Such interventions may include but are not limited to, cardio-pulmonary resuscitation (CPR), assisted ventilation and the provision of artificial hydration and nutrition.
- 11.5 In the case of practitioner administration, any distress of the person is managed by the Administering Practitioner.

12 Staff Support

- 12.1 UCQ Staff involved with, or impacted by, VAD processes are offered support through the availability of EAP and pastoral support through the chaplaincy team.

13 Definitions

- 13.1 **Conscientious objection** means refusal by an individual Staff member to participate in any aspect of the voluntary assisted dying process due to personal beliefs, values or moral concerns.
- 13.2 **Facility** means a UCQ—
- a) private hospital; or
 - b) a hospice; or

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- c) nursing home, hostel or other facility at which accommodation, nursing or personal care is provided to persons who, because of infirmity, illness, disease, incapacity or disability, have a need for nursing or personal care; or
- d) a residential aged care facility.

13.3 **Permanent resident and not a permanent** resident means

- a) a person is a **permanent resident** at a facility if the facility is the person's settled and usual place of abode where the person regularly or customarily lives;
- b) also, a person is a **permanent resident** at a facility that is a residential aged care facility if the person has security of tenure at the facility under the *Aged Care Act 1997* (Cth) or on some other basis;
- c) a person is **not a permanent resident** at a facility if the person resides at the facility temporarily.

13.4 **Personal information** is defined under the *Privacy Act 1988* as information or an opinion about an identified individual, or an individual who is reasonably identifiable:

- a) whether the information or opinion is true or not; and
- b) whether the information or opinion is recorded in a material form or not.

13.5 **Practitioner administration** means the process under the Act whereby a voluntary assisted dying substance is administered to the person by the Administering Practitioner for the person.

13.6 **Self-administration** means the process under the Act where a person makes a self-administration decision, does not revoke that decision and self-administers a VAD substance.

13.7 **Service Delivery Manager**, in the context of this Policy, means the UCQ Manager responsible for the immediate delivery of care in the UCQ Facility and includes a Residential Service Manager, Nurse Unit Manager and Community Care Manager.

13.8 **UCQ** means:

- a) The Uniting Church in Australia Property Trust (Q.) represented by UnitingCare Queensland ABN 45 414 098 573;
- b) The Uniting Church in Australia Property Trust (Q.) represented by Blue Care ABN 96 010 643 909;
- c) The Uniting Church in Australia Property Trust (Q.) represented by UnitingCare Community ABN 28 728 322 186; and
- d) The Uniting Church in Australia Property Trust (Q.) represented by UnitingCare Health ABN 87 842 457 440.

13.9 **VAD Advisor** the individual/s or panel for each business unit (hospital site, Blue Care, Family and Disability Services, Pinangba) that provides internal information and guidance in relation to VAD. The VAD Advisor is also appointed to receive notifications from Service Delivery Managers and communicate with the Director of Mission and Group Executive Hospitals as required.

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14 Context and References

- 14.1 Voluntary Assisted Dying Act 2021 (Qld)
- 14.2 Aged Care Act 1997 (Cth)
- 14.3 Privacy Act 1988 (Cth)
- 14.4 Therapeutic Goods Act 1989 (Cth)
- 14.5 Health Practitioner Regulation National Law Act 2009 (Qld)
- 14.6 Guardianship and Administration Act 2000 (Qld)

15 Related Documents

- 15.1 Pastoral Support for a Person Accessing Voluntary Assisted Dying Procedure
- 15.2 Process for Reporting and Escalating and Documenting Voluntary Assisted Dying Events Procedure
- 15.3 Information about Voluntary Assisted Dying Resource
- 15.4 Role of Staff in the Voluntary Assisted Dying Process and Conscientious Objection Procedure
- 15.5 Managing and Storage of a Voluntary Assisted Dying Substance Procedure
- 15.6 UnitingCare Hospitals By-Laws for Accredited Practitioners 2022 (or as are in force from time to time)
- 15.7 UCQ Privacy Policy
- 15.8 UCQ Privacy Policy Statement

16 Review and Version Control

Version	Authorising Position	Approval Date	Effective Date	Change History	Review Date
1	Queensland Synod	04/10/2022	01/01/2023	Include superseded documents	04/10/2023