

SOME IMPORTANT INFORMATION REGARDING THE VOLUNTARY ASSISTED DYING ACT 2017

This Act is now law but does not commence operation until 19th June 2019. There are some appropriate reasons for the delay (the need to educate the medical profession and the public as to how it works, and to establish important administrative structures), but unfortunately it means that some people with intolerable suffering before then will not be able to access it.

The Act allows a person with intolerable suffering (that person is the primary judge as to whether the suffering is intolerable) to request, from *certain* doctors, assistance in dying by the provision of a prescription for medication which must be self-administered (essentially taken orally). There are important criteria which must be fulfilled.

These are as follows:-

- (1) you must be judged to be terminally ill, with less than 6 months to live. There is an exception for persons with a neuro-degenerative illness, where the prognosis is of less than 12 months to live (a neuro-degenerative disease could be motor neurone disease, MS, Parkinson's disease or severe stroke);
- (2) you must be judged to have mental capacity (competence, sound mind) – every person is assumed to have capacity unless proved otherwise, and there are clear criteria for such decisions – only if doctors have concern about your capacity must they refer you for specialist (usually psychiatric) assessment;
- (3) you must be making a persistent request and not under duress from anyone else; .
- (4) you must be fully informed about your disease, and further possible treatment, including palliative treatment (you can refuse any further treatment, including palliative care).

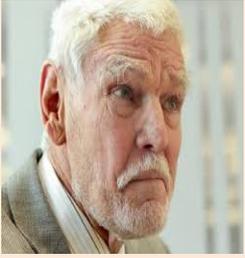
Perhaps the most critical part of the above assessment is that two doctors must agree that the criteria are met. It is important to note that any doctor may refuse an assessment (this will/may often be on moral/religious grounds) and that Catholic Health Australia has stated that VAD will not be available in its hospitals, hospices or nursing homes, or provided by doctors in its employ. In addition, assessing doctors must be Fellows of a medical college (GP, physician, surgeon, oncologist, radiotherapist, psychiatrist etc.). Thus they must be doctors of seniority and experience. Both of these facts essentially limit the range of doctors available for assessments, particularly in more remote areas.

For these reasons, it is highly advisable, for all members (and others), particularly if you have been diagnosed with a serious, potentially terminal, illness, to begin discussions with your GP or specialist regarding his or her attitudes to providing an assessment under the VAD Act . Note that there is a difference between having a discussion about end of life options, and making a formal request for assistance. This may need to be an ongoing discussion as the doctor's view may change over time.

If your doctor is adamantly opposed to assistance, you may wish to consider finding another doctor. If you determine your doctor's view, this will be of great benefit to you, and to DWDV to have this information regarding helpful or opposed doctors; we may then be able to advise other people as to whom could be worth consulting.

DWDV is developing a detailed workshop regarding the implementation of this Act, to be launched later in 2018. Meanwhile, let us have your views, observations and information about doctors in the lead up to the implementation of the Act.

-Dr Rodney Syme – Vice President



**DWDV Vice-President,
Rodney Syme:**

“Everyone should appoint a Medical Treatment Decision Maker, because mental incapacity can occur suddenly and at any age.

An Advance Care Directive where you can state your future medical treatment wishes and your values is an even better safeguard.”



**Acting Health Minister,
Martin Foley:**

“I encourage all Victorians to talk about end-of-life care with their loved ones. It is a difficult - but important - discussion to have, so everyone is aware of you and your family’s personal wishes.”

NEW END-OF-LIFE CHOICES FOR VICTORIANS

As discussed elsewhere in this *Update*, the *Voluntary Assisted Dying Act 2017* passed into law in late November 2017. It will come into effect on 19th June 2019.

However, already on 12 March 2018, another new law came into effect: the *Medical Treatment Planning and Decisions Act 2016*. According to a press release from the Acting Health Minister Martin Foley on 19 March 2018:

‘The *Medical Treatment Planning and Decisions Act 2016* has enshrined advance care directives in law for the first time in Victoria, delivering on a key election promise.

An advance care directive is a legally binding document designed to make a person’s preferences for future medical treatment clear when that person loses the capacity to make decisions themselves – making it simple for health practitioners to know and respect end-of-life care choices. Directives can include instructions about treatments that a person consents to or refuses, and personal values that could guide the type of treatment they would prefer. The Act also allows a person to appoint a medical treatment decision maker and a support person to communicate on their behalf.

People of all ages with decision-making capacity will now be able to make a legally binding advance care directive. The directive will need to be witnessed by two people, one of whom is a medical practitioner.

Those under the age of 18 must have an advance care directive witnessed by a medical practitioner or psychologist with expertise in capacity development in children.

Anyone who is found to have coerced someone into making an advance care directive could face up to five years in prison, and health practitioners who fail to respect advance care directives will also face disciplinary procedures.

The laws deliver on recommendations from a Parliamentary Inquiry into end-of-life choices, and apply to all registered health practitioners.’

DWDV has long been advocating for advance care directives to become legally binding and has been providing workshops for many years to assist people in completing advance care directive forms.

The *Medical Treatment Planning and Decisions Act 2016* also brought in changes to **enduring powers of attorney**. While such powers of attorney completed earlier under pre-existing laws continue to be valid, the following will apply for new appointments.

For medical issues, you can appoint a **Medical Treatment Decision Maker**, in case you lose the capacity to make a medical treatment decision. Then your health practitioner will need the consent of your medical treatment decision maker before providing treatment to you, unless you have consented to, or refused, the particular treatment in an advance care directive.

For **personal matters** other than medical treatment, you can appoint an enduring power of attorney, in case you later become unable to act for yourself in financial matters or lifestyle matters, such as choosing where you live. According to the Office of the Public Advocate:

- Whoever you appoint will have the authority to make decisions for you after you are no longer able to oversee their actions, or change or cancel their appointment.
- It is very important you choose someone you trust, who understands what is important to you, and is willing and able to act on your wishes as far as it is possible to do so.
- If there is no one that you trust who is willing and able to act as attorney, you can appoint someone independent, such as a trustee company for financial matters.
- You can choose for your attorney(s) to have the power to make decisions about financial matters (such as paying bills), personal matters (such as where you live) or both. You can limit the power to cover only specific matters, and you can choose when the powers start.

John Hont – DWDV Board Member

Exit Action Aust & NZ Euthanasia Buyers Club

DWDV received a query about an email sent out on January 18 by Exit Action.

The email describes two apparently readily available inorganic salts (sodium nitrite and sodium azide) which are soluble and apparently if taken in sufficient dose are lethal. One affects oxygen transport in the blood, the other oxygen metabolism in cells, and are said to lead to rapid death. No information is provided as to the actual process and possible symptoms prior to death. There is no documentation that they provide a peaceful death without unpleasant symptoms.

This concept has been developed in The Netherlands and promoted by CLW (Cooperative Last Will), a group distinct from the principal Dutch assisted dying group NVVE (rather like the comparison between DWDV and Exit International).

My enquiries through NVVE and other trusted physicians in the Netherlands indicate that there are NO documented reports of anyone using these salts, the outcome, the nature of the dying process or indications of side-effects in the process. These drugs may have a place, but it is premature for anyone to be involved in acquiring them, or more specifically, taking them.

Dr Rodney Syme – Vice President

DEVELOPMENTS IN OTHER STATES

<p>Western Australia</p> <p>The Western Australian Parliamentary Inquiry Into End of Life Choices has held more than 59 public hearings since it was launched in August 2016.</p> <p>In early March evidence was provided to the inquiry by State Coroner Ros Fogliani revealing one West Australian suffering a terminal or debilitating illness take their own life every 9 days.</p> <p>In April the Committee heard evidence from a number of assisted dying advocates including Neil Francis (Dying for Choice), Andrew Denton (Go Gentle Australia) and Marshall Perron (Former Chief Minister for the Northern Territory).</p> <p>The Committee is expected to deliver its findings by 23rd August 2018.</p>	<p>Australian Capital Territory (ACT)</p> <p>In January 2018 the ACT Legislative Assembly called for submissions to a Select Committee on End of Life Choices, which will review and report on end of life choices in the ACT on or before 29th November 2018.</p> <p>The Chair of the Committee, Bec Cody MLA said “The Committee will be examining all issues around end of life care, including palliative care, the practices of physicians assisting at this stage, practices in other jurisdictions and the current framework of legislation.</p> <p>In support of DWD ACT and the ACT Parliament to have legislative ability to decriminalise assisted dying in the ACT, DWDV made a submission to the Select Committee.</p>
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DO WE HAVE YOUR EMAIL ADDRESS?

With the passing of the Voluntary Assisted Dying Act 2017, DWDV is moving into a new phase where the focus of the organization will be on education and support in end-of-life choices. To ensure our members receive information on end-of-life choices in a timely manner and in the most cost effective way, we need your current email address.

If you have a new email address or have recently changed your email address please send your details to office@dwdv.org.au and we will update your contact details.

WORKSHOPS AND EVENTS IN 2018

Event	Dates & Times	Venue
<p>Medical Treatment Planning and Decision Act 2016</p> <p>Find out about Victoria’s legislation and how you can document your future treatment wishes.</p>	<p>Monday 7th May Evening: 6.30pm – 9.00pm</p> <p>Monday 4th June Morning: 10.00am – 12.30pm</p>	<p>Kew Library (Phyllis Hore Room) Corner Cotham Road and Civic Drive Kew</p>
<p>Meet & Greet – Members Information Session</p>	<p>Saturday 18th August 2.00pm – 4.00pm</p>	<p>Balwyn Evergreen Centre 45 Talbot Avenue, Balwyn</p>
<p>2018 Annual General Meeting</p>	<p>Saturday 10th November 2.00pm onwards</p>	<p>Unitarian Church, 110 Grey Street, East Melbourne</p>

Thank you and Welcome – Board Member Changes



Dorothy Reading:

“My time on the Board has been challenging, exciting and finally immensely rewarding.

I would like to congratulate the Board and the staff for their vision, commitment and hard work and for their achievements.”

Thank You

Dorothy Reading, who has resigned from the DWDV Board, made a significant contribution to DWDV, especially during our most challenging period. Dorothy was the very able Chair of our Strategy Committee, which was recast as the Campaign Working Party in the intensely active months leading up to the successful passage of VAD legislation in the Victorian parliament. Her previous experience in campaigns for progressive legislative reform proved very beneficial in DWDV’s campaign. Dorothy also played a valuable role as a mentor in the DWDV office. We owe her a great deal and she will be missed.



Dr Nick Carr:

“I feel very privileged to have been invited onto the Board at DWDV, and hope that I can contribute by bringing a broad clinical experience combined with my continuing role in media.”

Welcome

The Board of DWDV is delighted to welcome Dr Nick Carr onto the Board.

Nick, who has been a GP for 30 years, became involved with VAD back in 2011 when a patient (a remarkable person called Beverley) asked him to promise to kill her if she became seriously impaired. Inability to agree to Beverley’s request prompted Nick to become an advocate for VAD by writing and speaking about VAD and by learning from the real experts, some of who he has interviewed on radio.

Nick, one of our Ambassadors for Law Reform, was actively involved in DWDV’s campaign last year that helped achieve the passing of the Voluntary Assisted Dying Act 2017.

DWDV BOARD MEMBERS FOR 2018

The members of the 2018 DWDV Board have all expressed a passion and excitement to continue the work of Dying With Dignity Victoria, as we enter the implementation phase of the Voluntary Assisted Dying law.



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