

GOVERNMENT RESPONSE TO THE RECOMMENDATIONS OF THE VOLUNTARY ASSISTED DYING BOARD ANNUAL REPORT 2021-22

Recommendation 1: Develop additional strategies to increase the number of practitioners completing the WA VAD Approved Training

Response: Supported

Several strategies have been implemented since July 2022 aimed at supporting practitioners to complete the mandatory training:

- Workshops that allow attendees to come together to work through the training modules are regularly held by Health Service Providers and the Statewide Care Navigator Service.
- These workshops are open to GPs as well as hospital-based practitioners and are advertised through the networks of key stakeholders including the Royal Australian College of General Practitioners, the WA Primary Health Alliance and Rural Health West.
- The Regional Access Support Scheme has been amended to allow practitioners who support regional patients to be compensated upon completion of the training.

Opportunities are regularly sought to engage potential practitioners through established networks and events. For example, the Department of Health has organised a training workshop ahead of the WA Rural Health Conference 2023 to allow attendees travelling from regional locations to meet and complete the training together while also connecting with the Statewide Care Navigator Service, the Statewide Pharmacy Service, the Voluntary Assisted Dying Board and the community of practice.

The Government values the role that medical practitioners and nurse practitioners have in supporting Western Australians to access voluntary assisted dying as their end-of-life choice.

Recommendation 2: Amendments to the Commonwealth *Criminal Code Act 1995* to remove the limitations on providing voluntary assisted dying information via a carriage service.

Response: Supported in principle, noting that this recommendation requires action on behalf of the Commonwealth to implement.

The Government recognises the impact that the Criminal Code has on the provision of voluntary assisted dying services in Western Australia and elsewhere. Practitioners, pharmacists and others are concerned about the risk of breaching the Criminal Code and the limitations currently placed on the process are aimed at minimising the likelihood of this happening.

In practice, the Criminal Code limits the ability of patients to access key services through telehealth and instead requires in-person consultations when telehealth may be the more appropriate option. The Regional Access Support Scheme has been implemented to provide funds for practitioner or patient travel when in-person consultations are required. This aims to ensure that regional residents are not unfairly disadvantaged by their geographical location in addition to the barrier imposed by the Criminal Code. The Government acknowledges the additional burden that in-person consultations place on an already stretched workforce, irrespective of location.

The Government has raised the issue of the impact of the Criminal Code on voluntary assisted dying directly with the Commonwealth and looks forward to continued collaboration with the Commonwealth to resolve the issue.

Recommendation 3: The Medicare Benefit Schedule (MBS) is reviewed to include the addition of appropriate item numbers to address voluntary assisted dying practitioner remuneration inadequacies

Response: Supported in principle, noting that this recommendation requires action on behalf of the Commonwealth to implement.

The Government is supportive of a process being implemented to develop dedicated voluntary assisted dying items within the MBS, in consultation with key stakeholders. MBS items that cover all aspects of the voluntary assisted dying process and acknowledge the time commitment required by practitioners to meet their legislated obligations will allow all practitioners to be consistently remunerated for the compassionate support they provide to patients.

The Government has raised the issue of practitioner remuneration through dedicated MBS items directly with the Commonwealth and looks forward to continued collaboration with the Commonwealth to resolve the issue.

Recommendation 4: The Western Australian Government explore a funding model to support practitioners in performing the administrative processes required to comply with the *Voluntary Assisted Dying Act 2019*, until Australian Government funding mechanisms are amended.

Response: Supported in principle, noting that this recommendation poses several policy and implementation issues that would need to be considered further.

The *Voluntary Assisted Dying Act 2019* permits practitioners to receive reasonable fees for the services they provide. There is no standard practice regarding remuneration for voluntary assisted dying. Some practitioners choose to privately bill patients in recognition of the time taken for the required work while some elect to undertake this work for free for philosophical reasons. All practitioner choices are respected.

The Government has ensured that there are no costs incurred by patients or practitioners for accessing the services provided by the Statewide Care Navigator Service or the Statewide Pharmacy Service, including for the provision of the voluntary assisted dying substance. Practitioners can be remunerated for travel and time seeing patients in rural areas under the Regional Access Support Scheme. This remains an area of focus for the Department of Health.

Recommendation 5: Ensure adequate and ongoing funding for the WA health system is provided to support the operation of the *Voluntary Assisted Dying Act 2019*.

Response: Supported

The Government has provided additional funds in 2022-23 to support the increased activity for the Voluntary Assisted Dying Board Secretariat Unit, the Statewide Care Navigator Service and the Statewide Pharmacy Service. These funds aim to ensure that the services can continue to effectively support Western Australians who want to access voluntary assisted dying as their end-of-life choice.

Several Health Service Providers currently provide program manager/coordinator and clinical leadership roles to support the provision of voluntary assisted dying within the hospital setting. The Department of Health will continue to focus on quantifying voluntary assisted dying activity in collaboration with Health Service Providers to ensure funding allocation appropriately reflects need. Further funding submissions will follow standard State Budget processes.

Recommendation 6: The Voluntary Assisted Dying Board recommends the following sections are considered in the review of the operation and effectiveness of the *Voluntary Assisted Dying Act 2019*:

- **Section 77 and 78 Administering Practitioner Disposal Form**
- **Section 162 Interpreters**
- **Section 58 Self-administration and support to prepare the voluntary assisted dying substance**

Response: Supported

Planning for the statutory review required by section 164 of the Act has commenced in line with the Public Sector Commission guidelines for the review for legislation. Issues identified in the annual report have been previously flagged with the Government and will be addressed by the review process.