



**LEGISLATIVE ASSEMBLY**  
**FOR THE AUSTRALIAN CAPITAL TERRITORY**

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**SELECT COMMITTEE ON VOLUNTARY ASSISTED DYING BILL**

Ms Suzanne Orr MLA (Chair), Ms Leanne Castley (Deputy Chair),

Mr Andrew Braddock MLA, Mr Ed Cocks MLA, Dr Marisa Paterson MLA

## Submission Cover Sheet

**Inquiry into the Voluntary Assisted Dying Bill 2023**

**Submission Number: 058**

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Voluntary Assisted Dying Committee  
ACT Legislative Assembly  
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### **Submission to the ACT Legislative Assembly inquiry into the Voluntary Assisted Dying Bill 2023**

Palliative Care ACT welcomes the opportunity to make a submission to the ACT Legislative Assembly inquiry into the Voluntary Assisted Dying Bill 2023.

#### **Background**

Palliative Care ACT (PACT) is a representative voice for palliative care in the ACT. Formed in 1985, it is a not-for-profit community-based organisation, a registered charity and a founding member of the national peak body Palliative Care Australia. PACT's mission is to influence, foster and promote the delivery of quality care at end of life for all and to offer compassion and support to people living with a life-limiting illness, and those who care for them. PACT's support services are delivered in a range of locations, such as people's homes, the hospice, PACT nonclinical respite accommodation and aged care facilities. These services are delivered by a multidisciplinary team of professional staff and volunteers.

PACT aligns with the position statement and guiding principles on VAD developed by Palliative Care Australia.

PACT also holds the position that VAD should never be viewed as an alternative to palliative care, conversely, an individual's wish to access VAD should never preclude them from accessing palliative care services.

Palliative care is person-centred care focused on ensuring patient psychological safety and optimising quality of life. When aligned with a person's preferences, withdrawing life sustaining treatment or providing medication(s) to relieve suffering, does not constitute VAD. Palliative care helps people to live their life as fully and comfortably as possible when living with a life-limiting illness and is recognised under the human right to health.

#### **The Draft Bill**

With regard to the draft Bill specifically, our comment relates to S 152 (1) (c) which states:

(c) the doctor or nurse practitioner ***takes reasonable steps to ensure*** the individual knows of—

- (i) the treatment options available for the condition or conditions; and
- (ii) the likely outcome of the treatment options; and

- (iii) the palliative care options available to the individual; and
- (iv) the likely outcome of the palliative care options

We suggest that this wording be strengthened to state ‘the doctor or nurse practitioner **ensures** the individual knows...’

In addition, S 152 (2) (b) states:

- (b) the relevant health professional **takes reasonable steps to ensure** the individual knows that—
- (i) treatment and palliative care options are available to the individual; and
  - (ii) the individual should discuss the options with their treating doctor.

We suggest that this wording be strengthened to state ‘the doctor or nurse practitioner **ensures** the individual knows...’

In addition, Palliative Care ACT seeks assurances that alongside the implementation of VAD in the ACT, that:

- Measures be implemented to ensure that people are provided with the appropriate access to palliative care prior to considering VAD.
- Continuity of palliative care be maintained for individuals who choose to pursue VAD.
- Data is collected and shared about access to palliative care in the ACT as part of VAD reporting.
- Strategies be developed to address any potential for incorrect assumptions that VAD will be implemented by palliative care practitioners.
- Support is offered to the palliative care workforce during VAD implementation (who are often assumed to be the providers of VAD).
- As implementation of VAD highlights the role of palliative care, increasing the palliative care workforce, building professional capacity, and supporting the provision of associated resources should continue to be a priority.
- The public is provided with transparency about what health or care facilities might preclude an individual from accessing VAD so that individuals are able to make informed decisions about their health care.
- A palliative care professional is included on any VAD advisory body (or care navigator service), given the palliative care sector’s interest in VAD being implemented in a way that supports both quality end of life care and ongoing access to palliative care.
- Resources are committed to awareness raising in the general community and among health professionals on the benefits and role of palliative care;
- Access to earlier and more systematic palliative care for those with advanced illness, particularly in the acute hospital setting where most deaths still occur is available;
- Resources are allocated to boosting access to palliative care for vulnerable populations;
- Resources are committed to the development and support for the workforce in acute care, primary care and aged care to provide quality palliative care as part of their core business; and
- Resources are committed to ACT-based paediatric palliative care.

Linda Hansen  
Chief Executive Officer  
8n December 2023