

Setting the scene: voluntary assisted dying in Queensland



Presentation overview

- The Synod's engagement with voluntary assisted dying
- Overview of voluntary assisted dying in Queensland
- Legal obligations for chaplains, visiting clergy and ministry agents

Note: Guidelines will be developed for Synod chaplains and ministry agents to support you in your ministry context.

Holding the space

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Conversations around voluntary assisted dying can be challenging, highly emotional, confronting and complex.



Framing our engagement

What is the framework for thinking about our response to voluntary assisted dying?

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Legal reality 

Framing our engagement

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Legal reality  Ecclesiology

Framing our engagement

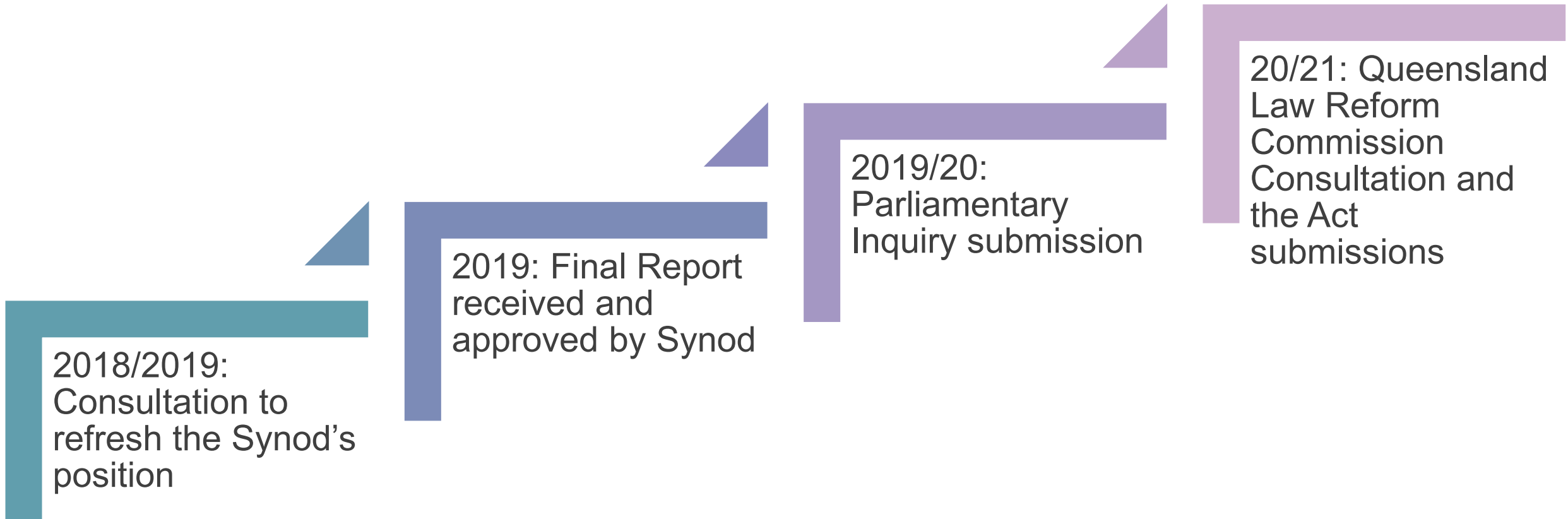
What is the framework for thinking about our response to voluntary assisted dying?



Witness: What are we seeking to proclaim in our response to VAD?

We seek to witness to God's good gift of creation and the intrinsic worth and dignity of all people in every circumstance that is grounded in a reality that is untouched by the circumstances of our lives or death. In our compassionate care we seek to remain with people, in both lament and hope, bearing witness to God being with us in every circumstance of life.

The Synod's journey



Voluntary assisted dying in Queensland

The Voluntary Assisted Dying Act 2021 comes into effect on the 1st of January 2023 in Queensland.

There are important obligations under the Act for chaplains, pastoral and spiritual care practitioners, visiting clergy and pastoral care volunteers.

Obligations vary according to your ministry context and the entity status.

What is voluntary assisted dying?

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.

- ❑ **Voluntary:** Consent, without coercion, decision making capacity
- ❑ **Assisted:** Medically assisted access to substance and practitioner administration
- ❑ **Dying:** Intention is to end the life of the person

Other forms of end of life care

VAD is different from other end of life processes such as the ***withdrawal of treatment*** from a person because there is no longer any benefit of this treatment.

Palliative care interventions to relieve suffering, that may ***unintentionally hasten a person's death***.

Principle of Double Effect (Aquinas): A harm as a side effect (or “double effect”) of bringing about a good result, but the harm is not the intention.

The eligibility criteria in Qld

The eligibility criteria in Qld

To be eligible to access VAD in Queensland, a person must meet the following criteria:

1. have a disease, illness or medical condition that is:
 - advanced, progressive and will cause death
 - expected to cause death within 12 months and
 - causing suffering that the person considers to be intolerable

2. Have decision-making capacity
3. Be acting voluntarily and without coercion
4. Be at least 18 years of age
5. Fulfil residency requirements

Synod position

- **Opposition:** In principle opposition to the legalisation of VAD.
- **Compassionate Support:** We are committed to offering ongoing compassionate support to people who choose to access VAD, and will respect their decision.
- **Conscientious Objection:** We will uphold the rights of staff in our agencies who do not want to take part in any process that supports the assessment or the administration of VAD.

- **Non-participating entity:** Synod agencies will not provide the specialist practitioner roles involved in the assessment and provision of VAD.
- **Legal Rights:** People have certain rights to access information, undertake assessments and in some circumstances to end their life in our facilities through the administration of a VAD substance.

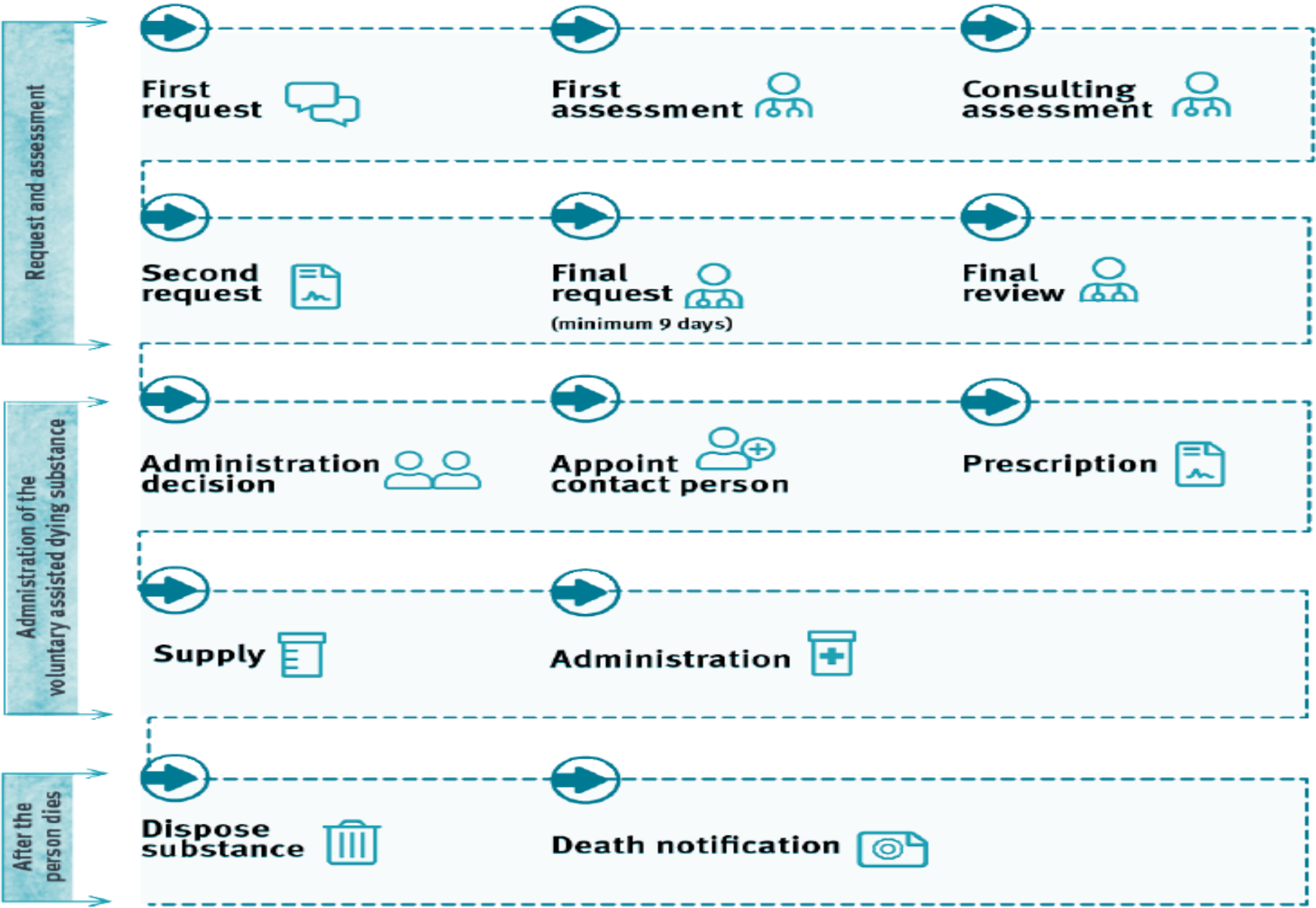
VAD is a process

Each stage of the process has different legal obligations.

A person may choose not to continue in the process at any stage.

The Act differentiates between permanent and non-permanent residents.

People have legal rights to access VAD in facilities regardless of an entity's conscientious objections.



Small Group Discussion



Legal obligations

Initiating a conversation and requests for information

- You **MUST NOT initiate a discussion or suggest** voluntary assisted dying with any person, in a care context.
- If a person in a facility **asks you** about voluntary assisted dying, then **best practice** is to advise them that they can find information through the QVAD Support Service or your facility may have an information sheet.
- Only health practitioners, medical practitioners and speech pathologists have obligations for providing information.

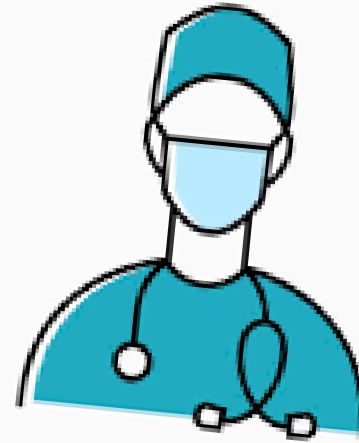
Hindering requests

- If you are a chaplain in a service or a visiting clergy, find out who you need to inform if you receive a request for information about VAD or have a VAD related conversation.
- You must not ***hinder*** a person's access to information about VAD or ***dismiss requests*** for information because you believe that a person is not eligible. Eligibility is not your decision.
- You must not state or imply a person who wishes to access VAD must leave a facility in order to access this service.

QVAD Support Service

QVAD-Support provides support to people seeking information about or access to voluntary assisted dying, their family and carers, members of the community, healthcare workers, and service providers. QVAD-Support does not directly provide voluntary assisted dying services but can connect people with practitioners who do.

Framing as medical procedure



How to respond to an enquiry about VAD: Entity

Colson is admitted to The Wesley Hospital that does not participate in VAD. He says to a chaplain “I want to know about voluntary assisted dying. Can you help me?”

The chaplain responds “There is a service you can call to find out more information about this. I will ask a staff member to give you the details. I am here to listen to you and to offer pastoral support.”

The chaplain refers to relevant staff and then follow your service policy and procedures.

Visiting Clergy: ‘I can find a staff member to assist you.’

Key points

- You don't discuss the medical eligibility or VAD related processes/details.
- You don't hinder access to information.
- Respectful of the person's rights.
- You refer on for information to be given to the person.
- You focus on pastoral issues for the person.

Inducing a person to request or revoke a request

Every step in the voluntary assisted dying process must be a person's own voluntary decision, free from coercion.

It is an offence under the Act to ***dishonestly*** or with ***coercion*** ***induce*** another person to request voluntary assisted dying, or ***revoke***, a request for voluntary assisted dying.

Section 141

(1) **A person** must not, dishonestly or by coercion, induce another person to make, or revoke, a request for access to voluntary assisted dying.

Maximum penalty—7 years imprisonment.

Access means:

- (a) a first request; or
- (b) a second request; or
- (c) a final request; or
- (d) an administration decision.

The meaning of coercion and dishonestly

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‘Coercion’ is defined as “intimidation or a threat or promise, including by an *improper use of a position of trust or influence*.”

‘Dishonestly’ is not defined and the ordinary meaning would apply: “in an untrustworthy, deceitful, or insincere way” or “not honestly, intending to trick people”.

The explanatory notes says “a request for and access to assisted dying is voluntary only if the person is exercising their own free choice”

This has relevance when a person has entered into the VAD process such as after making a first request.

This section does not specify a distinction between a facility or outside of a facility.

The maximum penalty reflects the seriousness of the conduct in undermining the autonomy and voluntary choice of the person.

As a misdemeanour, this is an indictable offence and falls within the jurisdiction of the District Court.

As a criminal offence, the criminal standard of proof applies and the offence needs to be established beyond reasonable doubt.

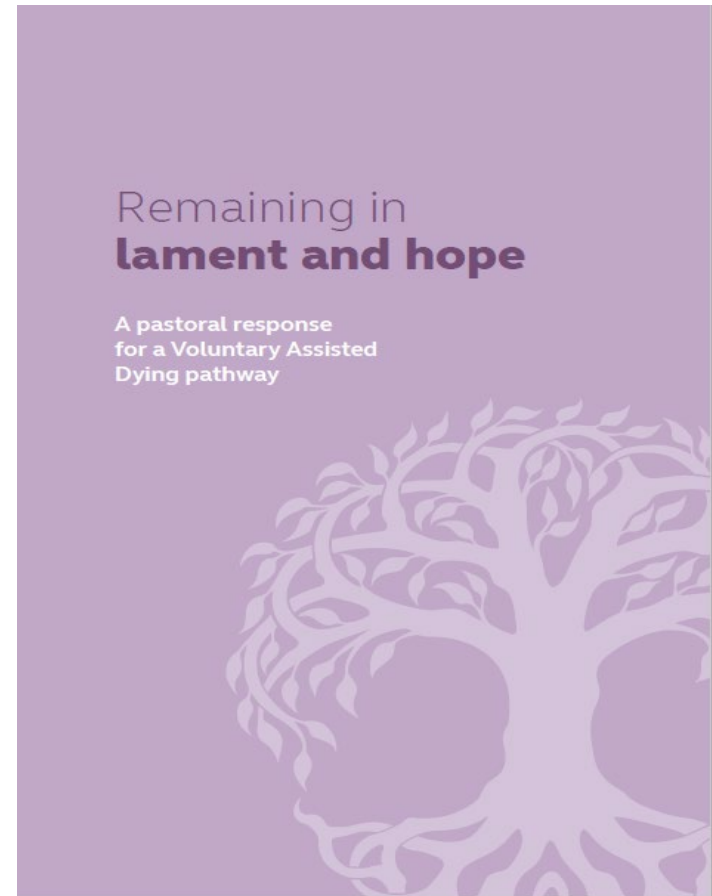
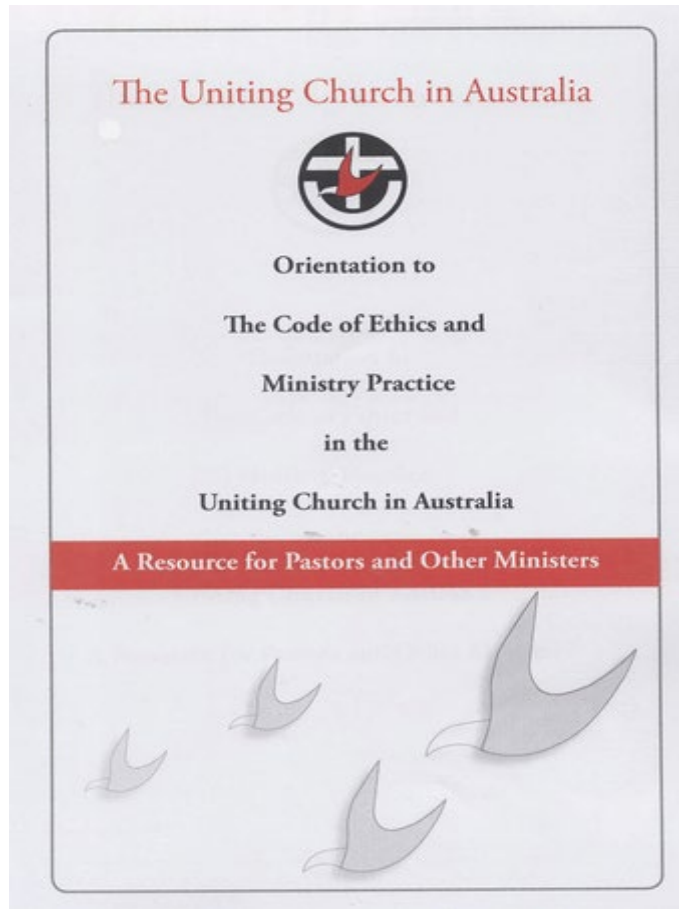


Ethical principles for pastoral care

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These principles should guide your pastoral conversations:

- All pastoral conversations with a person are to be conducted in accordance with the professional standards of the Code of Ethics and Ministry Practice.
- The pastoral relationship 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.
- Recognise ***the power that is inherent*** in your role and do not use this power in a manner which is coercive or unprofessional.



Small Group Discussion



Privacy and consent

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Section 146: Personal information not to be recorded or disclosed.

As with other sensitive information in a healthcare context, chaplains must only share the person's personal information as necessary with members of the care team.

Guidelines will be developed for Synod chaplains and ministry agents.

Consent is to be obtained from the person prior to documenting a discussion regarding VAD. Chaplains in a service need to check your documentation requirements for conversations involving VAD

Example of request for consent

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Consent can be obtained verbally, with the fact of verbal consent noted in the records. No need to ask the person to sign a form.

Now that the topic of voluntary assisted dying has come up, this raises certain obligations under legislation. These include making sure that any choices you make are your own and not influenced by other people.

I am able to have a pastoral conversation about voluntary assisted dying with you but I will need to make some notes about that part of the discussion in your records afterwards.

These notes will form part of your confidential records and will be held securely along with your other health and personal information stored at this facility.

Are you happy for me to do that?

**Consent
Given**

- Continue with conversation and document in person's records

**Consent
Denied**

- Explore concerns regarding consent

**Still
Denied**

- Avoid direct discussion regarding VAD
- Continue to offer pastoral support

Conscientious objection

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As a chaplain or visiting clergy, you do not have any obligations to be involved in any part of the VAD processes. The Act does not give you conscientious objection rights because of this.

Best practice would include:

- Sensitively advising the person that you will not be involved.
- Not obstructing or hindering the person from accessing any VAD related processes.
- Referral to another person which also includes pastoral referral.
- Notify the relevant person in your service.

How to respond if you have a conscientious objection

Ji-yoo is 62 years old. She is receiving care for motor neurone disease at St Stephen's Private Hospital. Ji-yoo tells her chaplain, "I don't want to go on like this. How can I get that medicine to die?"

The chaplain responds: "I understand that this is important to you. I will find a staff member who can provide you with information. I can also arrange for pastoral support for you."

Notify the relevant person in your service.

Ensure your own self-care



