**Key issues**

Voluntary assisted dying in Western Australia would be an option only available to Western Australian adults that meet all requirements in a set of specific eligibility criteria. A specific and defined assessment and access process would ensure that voluntary assisted dying is implemented in a safe and compassionate way.

There is a broad range of issues and topics to be considered in relation to voluntary assisted dying. The key issues in this discussion paper reflect the findings of the Joint Select Committee, points of difference between Victoria and Western Australia and the questions that the Panel has identified for consideration.

**The person**

There are age and residency requirements when considering who would be eligible for voluntary assisted dying in Western Australia. As per the principles of non-discrimination, a person with a mental illness or a disability who meets the eligibility criteria would be able to access voluntary assisted dying (though these conditions alone would not make someone eligible).

**The decision**

The decision to choose voluntary assisted dying is significant and must be voluntary and enduring. There are many considerations to take into account and appropriate safeguards are necessary.

**Eligible conditions**

There are many aspects that relate specifically to the conditions and circumstances under which a person would be eligible to choose voluntary assisted dying. Refer to the page opposite for a flow chart summarising the Joint Select Committee proposal for eligibility criteria.

**The process**

Understanding key components of how voluntary assisted dying would be administered is critical to ensuring the right balance between the person’s autonomy and important safeguards. A range of cultural and geographical factors will have an impact on how the right to choose and access voluntary assisted dying would work. The flow chart on page 18 is provided for reference to outline the steps in the process for access to voluntary assisted dying in Victoria. The flow chart on page 19 illustrates the proposed process for Western Australia as per the Joint Select Committee recommendations and links to the key issues raised in this discussion paper. Underpinning these requirements is the Joint Select Committee’s recommendation to ensure integrity in the process without unnecessary delay.

**Death certification**

The way in which a voluntary assisted death is recorded needs consideration.

**Oversight**

The means by which oversight of voluntary assisted dying can provide safeguards as well as impact the process is explored.

**Page 17 flowchart: Eligibility criteria for voluntary assisted dying as proposed by the Joint Select Committee**

This will be described as a sequential list of the eligibility criteria. A person would need to be eligible for each of the eligibility criteria components.

The eligibility criteria components are:

* Is the person aged 18 years or over? The answer must be yes.
* Is the person an Australian citizen or permanent resident? The answer must be yes.
* Is the person ordinarily resident in WA? The answer must be yes.
* Does the person have decision-making capacity in relation to voluntary assisted dying? The answer must be yes.
* Is the person making an informed decision? The answer must be yes.
* Is the person making a voluntary decison (that is, without coercion)? The answer must be yes.
* Has the person been diagnosed with an illness or disease that is terminal, chronic or neurodegenerative? The answer must be yes.
* Is this illness or disease advanced and progressive? The answer must be yes.
* Will this illness or disease cause death (that is reasonably foreseeable)? The answer must be yes.
* Is this person suffering (from their point of view? The answer must be yes.
* Is the person’s suffering related to an eligible condition? The answer must be yes.
* Is the person’s suffering grievous? The answer must be yes.
* Is the person’s suffering ongoing (that is, not temporary)? The answer must be yes.
* Is the person’s suffering irremediable or not able to be alleviated in a manner acceptable to them? The answer must be yes.

So the person would be considered eligible for voluntary assisted dying.

**The flowchart on page 18** is an overview of voluntary assisted dying process in Victoria. It is reproduced from the *Ministerial Advisory Panel on Voluntary Assisted Dying Final Report* produced by the State of Victoria in July 2017.

It is a complicated flow chart that can only be best described fair simply for this audio recording.

* The request for voluntary assisted dying can only be initiated by the person.
* The person can withdraw from the process at any time.
* And the person must meet all of the eligibility criteria and complete each step of the process.
* A health practitioner may conscientiously object to participating.
* The process commences with a first request to a medical practitioner.
* The medical practitioner then undertakes the first assessment.
* They must properly inform the person.
* They must assess whether the person meets the eligibility criteria and whether their request is voluntary and enduring.
* They can refer for specialist assessment if they’re in doubt about decision-making capacity.
* There is then a second independent assessment by the consulting medical practitioner.
* Again, they must properly inform the person and assess whether the person meets the eligibility criteria and whether their request is voluntary and enduring.
* They can also refer for specialist assessment if they are in doubt about the person’s decision-making capacity.
* Once the assessments have been undertaken the person would then need to complete a written declaration of their enduring request.
* This must be signed by the person and witnessed in the presence of the coordinating medical practitioner.
* There must be two witnesses; they must be independent; and one must not be a family member.
* There is then a final request to the coordinating medical practitioner.
* The coordinating medical practitioner certifies that they are satisfied that all of the requirements have been met.
* This final verbal request may only be made at least 10 days after the first verbal request and cannot be made on the same day that the second assessment is completed.
* Once this final request has been made, the medical practitioner can prescribe the voluntary assisted dying medication.
* A contact person is appointed who will take responsibility for the return of any unused medication after the person has died and also to be a point of contact for the Board.
* The prescription of the medication requires an authorisation permit process which is overseen by Department of Health.
* There are requirements for dispensing and labelling of the voluntary assisted dying medication.
* The person would self-administer the voluntary assisted dying medication, or the coordinating medical practitioner may administer the medication with a witness present and additional certification if the person is unable to do it themselves.
* After a person has died a certification of death occurs.
* There is notification of death to the Registrar of Births, Deaths and Marriages
* If the person did not use the medication, the contact person returns it to the dispensing pharmacist.

**The flow chart on page 19** outlines the process as proposed by the Joint Select Committee. Again, this is represented simply in this audio version.

* The process commences with the first request.
* The person must make a formal request to a medical practitioner.
* The medical practitioner needs to properly inform the person.
* The second request is a written request by the person.
* The person would then commence the assessment process.
* The first assessment is undertaken by an initial medical practitioner.
* A second assessment would be undertaken by an independent medical practitioner.
* The person would then be advised of the outcome of the assessments.
* If eligible, the person would then make a third request to access voluntary assisted dying.
* There would then be the prescription of the voluntary assisted dying medication.

**Dispensing and safe storage of the voluntary assisted dying medication.**

* If the person is able to self-administer then they would do so.
* If they are not able to self-administer then the medical practitioner may do so.
* For either administration method, it would occur at a time of the person’s choosing.
* After death there is also then the certification of death required.