

# Palliative Care and Voluntary Assisted Dying



**PalliativeCare**  
AUSTRALIA

## Definitions

**Palliative care**<sup>1</sup> affirms life, and regards dying as a normal process that intends neither to hasten nor postpone death. It improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

## Voluntary assisted dying<sup>2</sup>

Medical practitioners may prescribe and potentially directly administer an approved substance for the purpose of causing death where the person meets the eligibility criteria outlined in the relevant legislation and has sought this outcome voluntarily.

Palliative Care Australia (PCA) recognises that the topic of voluntary assisted dying raises difficult and complex ethical issues, and that there is a broad spectrum of opinion and a level of support for reform within the Australian community which reflects diverse cultures, belief systems and populations. PCA recognises that this diversity of opinion is also reflected within the palliative care community.

A decision about whether or not to legalise voluntary assisted dying is one for governments. PCA neither advocates for, nor argues against the legalisation of voluntary assisted dying.

## Voluntary assisted dying is not part of palliative care practice

It is important to recognise the difference between palliative care and voluntary assisted dying.

Palliative Care Australia (PCA) believes that:

- » If palliative care health professionals or organisations choose to offer and provide voluntary assisted dying for their patients with life-limiting illness, this is a practice separate from palliative care.
- » In Australia, an individual's choice to explore voluntary assisted dying should never be a choice based on a lack of access to palliative care.
- » Palliative care is explicitly recognised under the human right to health.<sup>3</sup> Every Australian living with a life-limiting illness should always have equitable access to quality needs-based palliative care at any point in their illness journey, with timely referral to specialist palliative care<sup>4</sup> if required.
- » Palliative care is person and family-centred care with the primary goal to ensure patient safety and to optimise the quality of life, as palliative care helps people live their life as fully and as comfortably as possible when living with a life-limiting illness.<sup>5</sup>
- » When aligned with a person's preferences, withdrawing or refusing life sustaining treatment (including withholding artificial hydration) or providing strong medication(s) to relieve suffering, do not constitute voluntary assisted dying.

## Respecting the workforce which cares for people with life-limiting illness

PCA recognises that health professionals providing palliative care may be asked for information about voluntary assisted dying or receive direct requests from people with life-limiting illness to access voluntary assisted dying.

- » All people providing palliative care should be supported to ensure people with life-limiting illness in their care receive safe, compassionate, competent care regardless of whether they seek information about, or referral to, services that may provide voluntary assisted dying.
- » It is the right of health professionals providing palliative care to make appropriate judgements about whether they will be involved in voluntary assisted dying based on their personal ethics and beliefs and those of the organisation/s by which they are employed.

- » All people working in palliative care should be treated respectfully and demonstrate professional behaviour towards colleagues and co-workers regardless of their views on voluntary assisted dying and the decision to exercise their right to conscientiously object or conscientiously participate in any aspect of voluntary assisted dying.

PCA has developed *Voluntary Assisted Dying in Australia: Guiding principles for those providing care to people living with a life-limiting illness* to assist health professionals, care workers and volunteers who are providing care to people living with a life-limiting illness, or working in or engaging with organisations providing any level of palliative care. PCA recommends that the *Guiding Principles* be used alongside relevant legislation, organisation ethical frameworks and codes of conduct.

### Considerations for end of life and voluntary assisted dying legislation

Should governments contemplate reform of the law to permit voluntary assisted dying in limited circumstances, governments should consider the following:

- » People with a life-limiting illness should be able to make informed and autonomous decisions about their care, and be provided with the opportunity to discuss needs, hopes and care preferences consistent with their personal values, culture, beliefs and goals. Legislation should ensure patients are advised of the palliative care options available to them.
- » Health professionals should be provided with legislative protection to ensure they are not required to undertake any acts which conflict with their personal or professional values.
- » Any legislation should promote high-quality care and ensure patient safety. This includes ensuring patients will receive ongoing and safe continuity of care across settings and throughout the course of a person's illness.
- » Governments should invest in research including data collection related to voluntary assisted dying to enable review of any scheme, the monitoring of safe practice and assess the impacts of voluntary assisted dying including the impact on patients, their families, their carers and personal supporters. In addition, investment will also be necessary to research the impact (including the cultural impact) that the introduction of voluntary assisted dying has on the health workforce.

### Further investment is required to meet Australia's palliative care needs

Investment at national, state and territory levels will be required to ensure that the systems and people are available to provide quality palliative care where and when it is needed.<sup>6</sup> There is significant unmet need for high quality palliative care in Australia and forecasts indicate significant increases in need in the years ahead.<sup>7</sup>

PCA calls for:

- » Substantial coordinated investment by all jurisdictions to plan and prepare for the future where Australians will live longer, demand an improved quality of life, and access to high quality palliative care when living with a life-limiting illness.
- » An investment in growing the specialist palliative care workforce, and increased support for the acute, primary care and the aged care sectors to provide quality palliative care as part of their core business.

### References

1. World Health Organisation and Worldwide Palliative Care Alliance (2014) Global Atlas of Palliative Care at the End of Life [accessed online]
2. Per the Voluntary Assisted Dying Act 2017 (Victoria) which defines voluntary assisted dying as the administration of a voluntary assisted dying substance (a poison or controlled substance or a drug of dependence for the purpose of causing death) and includes steps reasonably related to such administration. It is intended to incorporate other descriptions including medical assistance in dying, physician assisted suicide, and voluntary euthanasia.
3. WHA, Resolution WHA67.19, Strengthening of palliative care as a component of comprehensive care throughout the life course, May 24, 2014.
4. Specialist palliative care comprises of multidisciplinary teams with specialised skills, competencies, experience and training in palliative care, and is one component of broader palliative care service delivery. Source: World Health Organisation (2018) Fact sheet: Palliative Care [accessed online], Palliative Care Australia 2018 Palliative Care Service Development Guidelines.
5. Palliative Care Australia (2018) Palliative Care 2030 – working towards the future of quality palliative care for all, PCA, Canberra.
6. Australian Government, National Palliative Care Strategy 2018, page 20.
7. Australian Government Productivity Commission, Introducing Competition and informed User Choice into Human Services: Reforms to Human Services, No.85, 27 October 2017. [accessed online]



- » Further investment to ensure an adequately resourced and appropriately trained health workforce who are familiar with the broader aspects of palliative care provision including clinical, legal, and ethical aspects. Particularly important is developing advanced communication skills to actively listen and engage in respectful dialogue with people about their end of life preferences. The palliative care workforce supports people with life-limiting illness by enabling exploration of the complex social, spiritual, cultural, psychological, emotional and physical aspects of their care preferences.
- » Compulsory palliative care education for all medical, nursing, allied health and pharmacy students as part of undergraduate curriculum to ensure a consistent baseline competency in palliative care pain and symptom management together with the communication skills required for caring for people with life-limiting illness, their families and carers.
- » Palliative care to be included as a component of all health and aged care quality standards.
- » The difference between palliative care and voluntary assisted dying to be made clear at all times, supported by a fully resourced and sustained national public awareness campaign about palliative care, what it offers and how and when it can be accessed.



**Palliative Care Australia** is the national peak body for palliative care in Australia. PCA provides leadership on palliative care policy and community engagement. Working closely with consumers, its Member Organisations and the palliative care and broader health workforce, PCA aims to improve the quality of life and death for people with a life-limiting illness, their families and carers.

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