

Voluntary assisted dying in Queensland: congregation and lay person training



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.

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***.

The eligibility criteria in Qld

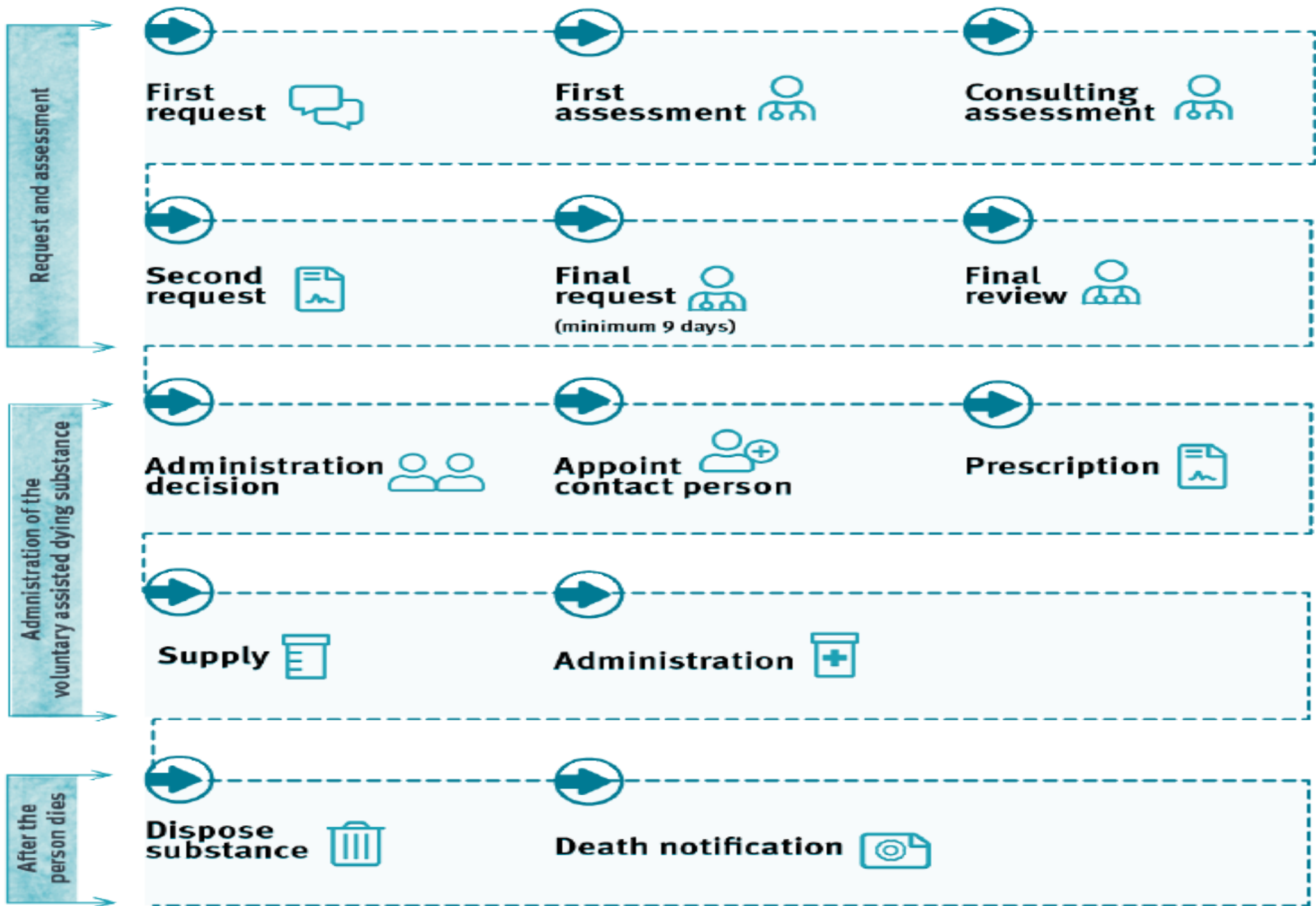
To be eligible to access VAD in Queensland, a person must meet the following criteria:

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

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 has different obligations for a health care context and other contexts, and for permanent and non-permanent residents.
- ❑ People have legal rights to access parts of the VAD process in facilities.



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.

Conversations and requests for information

- ❑ You **MUST NOT initiate a discussion or suggest** voluntary assisted dying with any person, in a care context and in a congregation context.
- ❑ If a person in a health care setting **asks you** about voluntary assisted dying, refer to a clinical staff member.
- ❑ If you are asked in a community or congregation context, refer to the QVAD support for more information.

How to respond to an enquiry about VAD: Entity

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

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

The elder then refers to relevant staff and pastoral support as requested.

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.

The meaning of coercion and dishonestly

‘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”.

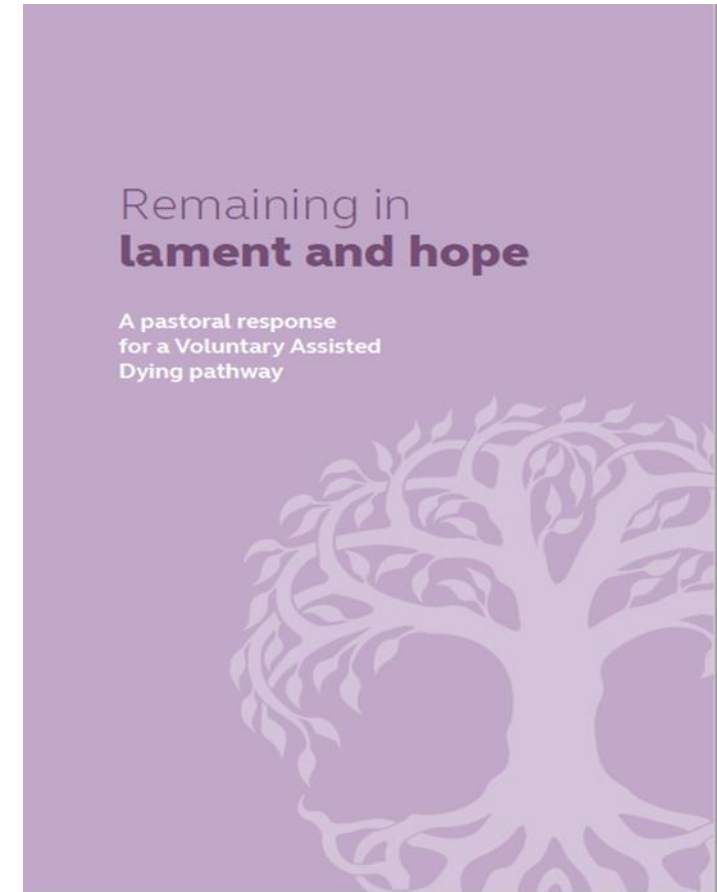
This has relevance when a person has entered into the VAD process such as after making a first request.

This section does not specify a distinction between a facility or outside of a facility. This means there is the potential application for the pastoral relationship outside a facility such as through congregation ministry.

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

- ❑ 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.



Privacy and consent

As with other sensitive information, you must only share the person's personal information as necessary or with their permission. No other person has a right to know about whether an individual is exploring VAD.

You need to ask permission to share the information to the ministry agent or other pastoral support in the congregation.

Recap of Key Points for lay leaders

- ❑ Don't initiate discussions about VAD in or outside a health care context or discuss the medical eligibility or VAD related processes/details.
- ❑ If you are visiting in a facility, you refer on to staff for information to be given to the person. Remember to find out what the facility processes are regarding VAD.
- ❑ If in the community, refer to QVAD Support that has all the relevant information that the person requires.
- ❑ Request consent for any pastoral referral or sharing of information in a congregation context. Remember privacy and confidentiality.
- ❑ Be aware of the nature of the pastoral relationship in nurturing the other person's power over their own life as they relate to others and to God.