

Voluntary Assisted Dying Policy Statement

1 Background

- 1.1 The purpose of this statement is to provide information about voluntary assisted dying (**VAD**) in New South Wales and the availability and provision of VAD services in residential aged care facilities and home care services operated by Ashfield Baptist Homes (**ABH**).
- 1.2 VAD is regulated by the *Voluntary Assisted Dying Act 2021* (NSW) (**VAD Act**). The VAD Act will commence on 28 November 2023. Any capitalised terms used but not otherwise defined in this document are defined terms under the VAD Act.
- 1.3 The purpose of the VAD Act is to allow eligible persons who are suffering and dying to choose the timing and circumstances of their death. A person may access VAD services in their home or in a residential aged care facility within the limits prescribed by the VAD Act.
- 1.4 The VAD Act applies to aged care providers.
- 1.5 ABH is a ministry of Ashfield Baptist Church. We follow the healing ministry of Jesus and his parable about the Good Samaritan, and we are guided by our values: respect, compassion, integrity, excellence, and stewardship.
- 1.6 ABH believes that all people have intrinsic worth that does not diminish with age or infirmity. We aim to maintain and enhance each person's quality of life and individuality, treating them in accordance with our values.
- 1.7 The Charter of Aged Care Rights states that residents and clients have the right to make decisions about their care, including decisions about their end-of-life care. This includes the right to access VAD provided the resident or client meets the legislated eligibility criteria.
- 1.8 Current and prospective residents, clients and their families are advised, that after careful consideration, ABH has decided not to participate in the VAD process and, in particular:
 - (a) will not provide VAD services as part of the provision of home care services to its aged care recipients; and
 - (b) any reference to VAD services in its residential aged care facilities will be limited to the extent that is required of aged care providers under the VAD Act and as set out in this statement.
- 1.9 ABH however respects and supports the right of an aged care recipient to make informed end-of-life choices when they have capacity to do so and provided it is in line with the VAD Act (and only when strict eligibility requirements are met).

2 Our Policy

2.1 *Requests to access VAD or requests for information about VAD*

- (a) Open, respectful discussions about end-of-life choices are part of normal interactions with aged care recipients in both residential aged care and home care.
- (b) Requests for access to VAD may be raised by an aged care recipient at any time, with any person in the care team. However, only a residential aged care recipient may initiate a discussion about VAD.
- (c) If a family member of an aged care recipient asks directly about VAD, they will be referred to ABH's nominated VAD officer for a confidential discussion, and to determine the next steps. Aged care recipients wishing to participate in the VAD process, may also request a confidential discussion with ABH's nominated VAD officer. Aged care recipients or their family members will then be referred to their General Practitioner (GP) (or another VAD qualified GP) or to the NSW VAD Care Navigator Service to determine the care pathway.
- (d) The NSW VAD Care Navigator Service is the support navigation service for VAD in NSW. The Care Navigator Service provides advice, information and support to the community and clinicians.

2.2 *VAD and home care*

- (a) ABH supports the right of an aged care recipient to make informed end-of-life choices and will not hinder the care recipient's rights to access VAD services in their home.
- (b) However, ABH does not deliver VAD services as a part of the provision of home care services to its home care clients or employ or engage medical practitioners who deliver VAD services during provision of home care.
- (c) If a home care client or their family seek information about VAD, they will be required to make a request in accordance with the process set out above.
- (d) Any home care worker employed by ABH will, in accordance with the requirements of the VAD Act, ensure that they do not:
 - (i) hinder a home care client from accessing information about VAD.
 - (ii) initiate a discussion with a home care client that is in substance about VAD; or
 - (iii) suggest VAD to a home care client.

2.3 **VAD and residential aged care**

- (a) ABH does not provide VAD services in its residential aged care facilities, but it will comply with the requirements of the VAD Act to facilitate access to VAD services to residents.
- (b) At its residential aged care facilities, ABH will, in accordance with the requirements of the VAD Act:
 - (i) not hinder a resident from accessing information about VAD.
 - (ii) not initiate a discussion with a resident about VAD.
 - (iii) not suggest VAD to a resident in substance.
 - (iv) allow reasonable access to a resident at an ABH residential aged care facility by a relevant medical relevant practitioner (or other person including a member of the NSW VAD Care Navigator Service), to personally provide support, assistance and information to persons related to VAD and to enable the resident to:
 - (A) *access to information about VAD; and*
 - (B) *make requests and undergo consultations or assessments as required; and*
 - (v) respect each person's right to:
 - (A) *privacy regarding any decisions concerning VAD; and*
 - (B) *have their spiritual, cultural and psychological needs respected and fulfilled.*
- (c) If the resident has made an administration decision, we do not store or provide access to VAD substances at our residential aged care facilities, but we will take reasonable steps to facilitate the transfer of the resident to a place where the resident may receive or may self-administer the substance. A transfer should not occur if, in the opinion of the deciding practitioner it would be unreasonable to transfer the resident taking into account matters including whether the transfer would be likely to cause serious harm to the person or adversely affect their access to VAD.

3 **Our Commitment**

- 3.1 ABH is committed to support and care for our residents and clients who have a life limiting illness in a way that encourages the demonstration of our values and actively encourages and supports the use of advanced care plans and palliative care pathways.
- 3.2 ABH will:
 - (a) provide end of life care and support which meets the physical, spiritual, psychological and social needs of the resident or client.
 - (b) provide access to Palliative Care specialists.

- (c) support the resident or client to be actively involved in end-of-life care and advanced care planning.
- (d) support the right of the resident or client to refuse or discontinue treatment that is burdensome and that will not improve the prognosis of illness or quality of life; and
- (e) ensure that residents and clients have their spiritual, cultural and psychological needs respected and fulfilled, even if it conflicts with ABH's own values and beliefs.

3.3 Further information in relation to VAD can be found at:

<https://www.health.nsw.gov.au/voluntary-assisted-dying/Pages/default.aspx>

3.4 **Nominated Officer**

(a.) The VAD Officer at ABH is Leigh Kildey who can be contacted at: Phone 02 9797 3600 | Email: lkildey@abh.org.au

Related forms and Templates	• NSW Health Information
Consultations	• Voluntary Assisted Dying Act 2022 (NSW) (VAD) Act • Code of Conduct for Aged Care - Element A - Dec 2022 • ACQSC Standard 1.3(c) i • ACQSC Standard 2.3(b) • Ashfield Baptist Homes Board • Ashfield Baptist Church
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