

Voluntary Assisted Dying

FAQs for Registered Nurses

Voluntary assisted dying gives people who are suffering and dying, and who meet eligibility criteria, the option of requesting medical assistance to end their lives. It is available to eligible Queenslanders from 1 January 2023.

People who have questions about voluntary assisted dying and may be considering it as an end-of-life option may approach a registered nurse involved in their care to request information. It is important that registered nurses understand their roles, responsibilities and legal obligations with respect to the [Voluntary Assisted Dying Act 2021](#) ('the Act').

These FAQs provide registered nurses with essential information about voluntary assisted dying.

FAQs

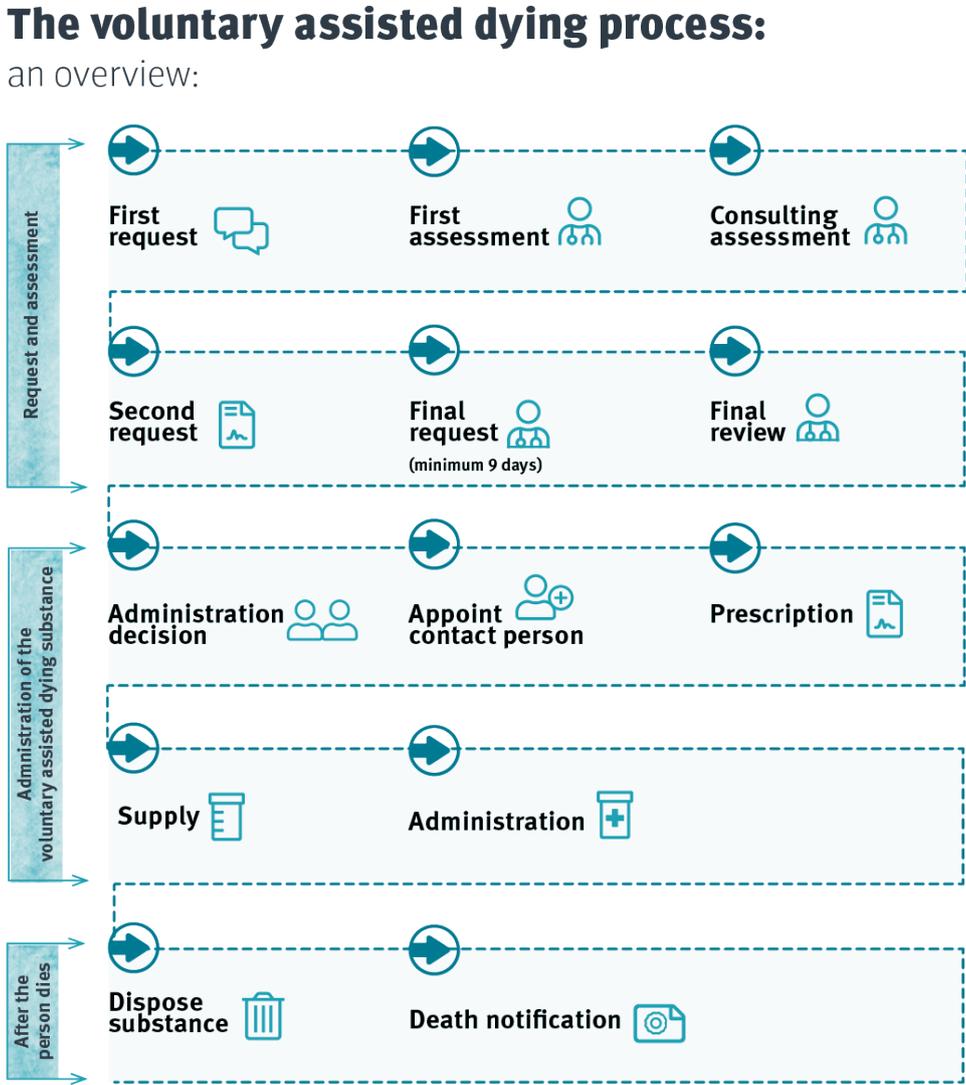
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What is the voluntary assisted dying process in Queensland?

Voluntary assisted dying gives eligible people diagnosed with a life-limiting condition, who are suffering intolerably and dying, an additional end-of-life choice by allowing them to choose the timing and circumstances of their death. It involves the administration of a substance prescribed by a medical practitioner, with the purpose of bringing about the person’s death. It is instigated by the person’s voluntary request and follows a process of requests and assessments. The person must be independently assessed as eligible by two medical practitioners to access voluntary assisted dying.

Figure 1 provides an overview of the voluntary assisted dying process.

Figure 1: Overview of the voluntary assisted dying process



More information about the voluntary assisted process is available:

- on the [Queensland Health website](#)
- in the [Queensland Voluntary Assisted Dying Handbook](#) (QVAD Handbook)
- Queensland Voluntary Assisted Dying Support Service (QVAD-Support) – QVADSupport@health.qld.gov.au

QVAD-Support is the statewide support service for anyone who requires information about voluntary assisted dying and can be contacted at QVADSupport@health.qld.gov.au and on 1800 431 371 (Mon-Fri, 08.30-16.00, excluding public holidays - available from 1 January 2023).

How will registered nurses be involved in voluntary assisted dying?

Registered nurses may become involved in voluntary assisted dying in a number of ways, including but not limited to:

- providing information about voluntary assisted dying to a person who has requested it
- acting as an authorised voluntary assisted dying practitioner (administering practitioner) if eligible, trained and authorised
- providing clinical information to the person's coordinating practitioner and consulting practitioner to inform the first and consulting assessments
- accepting a referral from the person's coordinating and/or consulting practitioner to determine whether the person meets certain eligibility requirements for voluntary assisted dying
- continuing to provide care to a person and their family, carers and friends knowing they are accessing voluntary assisted dying.

What are the eligibility criteria for people accessing voluntary assisted dying?

There are strict eligibility criteria to access voluntary assisted dying. The Act requires that a person must meet all of the following criteria to be eligible for voluntary assisted dying.

A person must:

- be diagnosed with a disease, illness or medical condition that:
 - is advanced, progressive and will cause death
 - is expected to cause death within 12 months
 - is causing suffering that the person considers to be intolerable
- have decision-making capacity in relation to voluntary assisted dying
- be acting voluntarily and without coercion

- be at least 18 years of age
- be an Australian citizen, permanent resident, or have been ordinarily resident in Australia for at least three years immediately before making their first request (or granted an Australian residency exemption by Queensland Health)
- have been ordinarily resident in Queensland for at least 12 months immediately before the person makes the first request (or granted an Australian residency exemption by Queensland Health).

More information regarding the eligibility criteria for voluntary assisted is available:

- on the [Queensland Health website](#)
- in the [QVAD Handbook](#).

Can I conscientiously object to participation?

Yes. Any healthcare worker, including a registered nurse, can choose whether or not to participate in voluntary assisted dying. Deciding whether to participate in voluntary assisted dying, and if so, the extent of participation, can be ethically and emotionally complex. The position of a healthcare worker's employer or workplace may also impact the healthcare worker's decision. For example, some organisations may have faith-based or in-principle objections to participation in voluntary assisted dying.

Healthcare workers are expected to:

- demonstrate a willingness to listen carefully, empathise with, and support people to make an informed decision about their end-of-life care and treatment
- respect their patient's autonomy, beliefs, values, and the choices they make about end-of-life care, including voluntary assisted dying, even if it conflicts with their own values or religious beliefs
- provide routine and other care unrelated to a request for voluntary assisted dying.

All registered health practitioners who refuse to participate in any part of the process due to a conscientious objection must:

- inform the person that other healthcare workers, health service providers or services may be able to assist the person
- provide information about where the person can get further information or support, such as a colleague or the details of QVAD Support (QVADSupport@health.qld.gov.au)
- continue to support a person and be involved in their care in other ways, including as part of a treating team for underlying conditions—a person's access to care and treatment must not change or be compromised due to their decision to ask questions about or access voluntary assisted dying.

More information regarding conscientious objection is available:

- on the [Queensland Health website](#)
- in the [QVAD Handbook](#).

How do I respond to questions about voluntary assisted dying?

Conversations about death and dying can be complex. If a person raises voluntary assisted dying, it is important to respond appropriately and in a person-centred manner. Registered nurses may be the first point of contact for people who raise questions and request information about voluntary assisted dying. All registered nurses can provide information about voluntary assisted dying to a person who requests it if they feel comfortable and informed to do so.

A person raising voluntary assisted dying presents an opportunity to explore their care needs, symptom management, palliative care options, support for their family, carers and friends and their priorities as they approach the end-of-life.

Sources of information which may assist in informing conversations about voluntary assisted dying include:

- the [Queensland Health website](#)
- the [QVAD Handbook](#)
- [Voluntary Assisted Dying Education Module for Healthcare Workers](#), which is provided via iLearn and is accessible online to all healthcare workers internal and external to Queensland Health
- mandatory training for authorised voluntary assisted dying practitioners, which is provided via iLearn and is only accessible to medical practitioners, nurse practitioners and registered nurses who are eligible and apply to become authorised voluntary assisted dying practitioners
- QVAD-Support (QVADSupport@health.qld.gov.au).

Am I permitted to initiate a discussion with a patient about voluntary assisted dying?

No. Under the Act, only medical practitioners and nurse practitioners are permitted to initiate a discussion about voluntary assisted dying and only if, at the same time, the practitioner also informs the person about:

- treatment options available to the person and the likely outcomes of that treatment; and
- palliative care treatment and support options available to the person and the likely outcomes of that care.

As a registered nurse, you are not permitted to raise the issue of voluntary assisted dying with a patient but you can provide information about voluntary assisted dying to a person who requests it if you feel comfortable and informed to do so. If a person brings up the issue of voluntary assisted dying with, you are permitted to start conversations about voluntary assisted dying on subsequent occasions.

Can a registered nurse accept a first request for voluntary assisted dying?

No. A first request for voluntary assisted dying must be made to a medical practitioner. If a person indicates to you during a conversation about voluntary assisted dying that they wish to make a first request, you may:

- give the contact details for, or refer the person to, a medical practitioner who you think is likely to be able to assist
- give the person the contact details for QVAD-Support (QVADSupport@health.qld.gov.au), who can assist with linking the person with an authorised voluntary dying practitioner.

How will access to voluntary assisted dying be enabled for all people across Queensland?

QVAD-Support is responsible for QVAD-Access, a travel subsidiary arrangement which enables equitable access to voluntary assisted dying for people living in regional, rural and remote areas of Queensland. QVAD-Access may support the travel costs of a voluntary assisted dying practitioner (and interpreter if required) or a person accessing voluntary assisted dying if there is no suitable local practitioner and telehealth is not appropriate.

What are the roles and responsibilities of authorised voluntary assisted dying practitioners?

Table 1: Authorised voluntary assisted dying practitioner roles

Role	Functions	Who can act in this role
Coordinating practitioner	<ul style="list-style-type: none">• Coordinates the voluntary assisted dying process• Primary voluntary assisted dying clinician contact for the person• Conducts eligibility assessment (first assessment)• Prescribes the voluntary assisted dying substance• As a default, acts as administering practitioner (if practitioner administration)	Eligible medical practitioner who has successfully completed mandatory training and has been approved as an authorised voluntary assisted dying practitioner
Consulting practitioner	<ul style="list-style-type: none">• Conducts eligibility assessment (consulting assessment)	Eligible medical practitioner who has successfully completed mandatory training and has been approved as an

		authorised voluntary assisted dying practitioner
Administering practitioner	<ul style="list-style-type: none"> • Only involved in practitioner administration (not self-administration) • Administers the voluntary assisted dying substance • Disposes of any unused or remaining voluntary assisted dying substance 	<p>As a default, this will be the coordinating practitioner.</p> <p>The role can be transferred to another eligible medical practitioner, nurse practitioner, or registered nurse who has successfully completed mandatory training and has been approved as an authorised voluntary assisted dying practitioner.</p>

More information regarding the roles and responsibilities of authorised voluntary assisted dying practitioners is available:

- on the [Queensland Health website](#)
- in the [QVAD Handbook](#)
- via the mandatory training for authorised voluntary assisted dying practitioners.

How do I become an authorised voluntary assisted dying practitioner?

Registered nurses who are eligible and decide to become authorised voluntary assisted dying practitioners can act as the person's administering practitioner, if this role is transferred to them by the coordinating practitioner.

The practitioner eligibility requirements for registered nurses are available on the [Queensland Health website](#).

Registered nurses can become an authorised voluntary assisted dying practitioner by:

- applying to Queensland Health, and submitting evidence to demonstrate that they meet the eligibility requirements
- having their application verified by Queensland Health as meeting the eligibility requirements
- successfully completing mandatory online training
- acknowledging receipt and understanding of the *Queensland Voluntary Assisted Dying Prescription and Administration Protocols*
- completing a declaration agreeing to act in accordance with policies and procedures for voluntary assisted dying in Queensland, including any specific organisational requirements
- receiving authorisation approved by the Chief Medical Officer of Queensland Health.

Further information regarding eligibility and mandatory training to become an authorised voluntary assisted dying practitioner is available via the [Queensland Voluntary Assisted Dying Review Board Information Management System \(QVAD-IMS\)](#) and the [Queensland Health website](#).

What are my obligations regarding sharing information about a patient who is participating in voluntary assisted dying?

A registered nurse may be asked to share information for use by a coordinating or consulting practitioner when determining a person's eligibility for voluntary assisted dying. For example, a coordinating practitioner may need background clinical information to inform their assessment of diagnosis and prognosis. Registered nurses should ensure that there are appropriate policies and procedures in their workplace to facilitate the sharing of clinical information for purposes relating to voluntary assisted dying.

Privacy and confidentiality under the Act

The Act protects the privacy of people accessing voluntary assisted dying, as well as the healthcare workers involved in providing these services.

Registered nurses may be aware that a person is accessing or has accessed voluntary assisted dying due to:

- their role in the process - a registered nurse may be the person's administering practitioner
- a request from the person's coordinating and/or consulting practitioner for background clinical information about the person to inform a first and/or consulting assessment
- providing treatment and care to the person for their underlying condition
- supporting the person's family, carers and friends after their death.

If you obtain personal information while exercising a function or a power under the Act, it is an offence to record that information, or to disclose it to anyone (unless one of the below exceptions applies). **'Personal information'** means information that is not publicly available, that is about an individual who is identified (or whose identity can reasonably be ascertained) from the information. It is not an offence to make a record or disclose personal information:

- for a purpose under the Act, for example, where information is recorded in an approved form or in the person's medical record in accordance with requirements under the Act
- if the person to whom the personal information relates gives consent
- if a court or tribunal requires a person to produce documents or give evidence
- if a person is authorised or required by law to record or disclose the information.

These offences under the Act are in addition to the obligations of non-disclosure of personal information imposed on health practitioners under other laws, such as the *Information Privacy Act 2009* (QLD), the *Privacy Act 1988* (Cth), and the *Hospital and Health Boards Act 2011* (QLD) (for

services provided in the public health system). The [Nursing and Midwifery Board of Australia Code of Conduct for Nurses](#) also contains provisions regarding confidentiality of personal information.

Permitted recording and disclosure

The Act requires that particular steps in the voluntary assisted dying process be documented in the person's medical record or in an approved form, such as completion of the practitioner administration form and submission to the Voluntary Assisted Dying Review Board. Where a particular step is required to be recorded in the medical record or an approved form, this is required 'for a purpose under the Act' and is therefore permitted. Making a record in a public or private health facility is also permitted by the Act, as this is authorised under other laws (the *Hospital and Health Boards Act 2011*, if making such a record is for the person's care and treatment and the Information Management Standard made under the *Private Health Facilities Act 1999*, which requires the keeping of medical records in private health facilities).

Complying with your obligations under the Act

The safeguards in the Act which restrict the recording and disclosure of the personal information of people who are accessing voluntary assisted dying may impact on how you receive and share information about a patient's access to voluntary assisted dying. For example, your patient may be accessing voluntary assisted dying services from another practitioner and have requested that information about these services is not disclosed to other members of their healthcare team, including you. In terms of sharing information, if you are acting as a patient's administering practitioner or you are otherwise involved in their care and treatment, you may become aware of information related to voluntary assisted dying that you consider could be helpful to the rest of the person's treating healthcare team.

You must seek the person's consent whenever there is uncertainty about whether communication or correspondence with a third party (including other healthcare workers) may constitute an unlawful disclosure under the Act. This includes where clinical documentation is shared to electronic information management systems such as The Viewer or My Health Record, which would constitute a disclosure. Importantly, if a person does not wish for healthcare workers who are not involved in the person's voluntary assisted dying case to be informed of their circumstances with respect to voluntary assisted dying, this must be upheld to comply with your obligations under the Act.

How is the voluntary assisted dying substance prescribed?

The coordinating practitioner is responsible for prescribing the voluntary assisted dying substance on a specific template and in accordance with the instructions and protocols in the *Queensland Voluntary Assisted Dying Prescription and Administration Protocols*. The prescription is given directly to QVAD-Pharmacy, which is the statewide pharmacy service that is the authorised supplier of voluntary assisted dying substances in Queensland. QVAD-Pharmacy can be contacted at QVADPharmacy@health.qld.gov.au.

What are my responsibilities following a person's death?

Life extinct form

As a registered nurse, you may be present when a person dies if you are acting as their administering practitioner, as a witness or support where another practitioner administers the substance, or a person may request that you be present when they self-administer the voluntary assisted dying substance. Registered nurses are not able to certify a death.

It is good practice, as a member of the healthcare team providing voluntary assisted dying services, to support the person and their family, carers and friends to consider ahead of time who will certify the death. This could be the person's coordinating practitioner, GP, palliative care specialist or treating specialist (for example, an oncologist or neurologist).

If you are present for the person's death and you are aware that there is likely to be a delay in a medical practitioner completing the cause of death certificate, you should complete a life extinct form. This allows for the person who has died to be removed and transported.

Legal obligations following a death

If you are the person's administering practitioner, you have specific obligations under the Act after a person dies. You must:

- submit the **Practitioner Administration Form** via the [QVAD Review Board IMS](#) within 2 business days after a death resulting from practitioner administration
- submit the **Notification of Death Form (Coordinating/Administering Practitioner)** via the [QVAD Review Board IMS](#) following death from another cause within 2 business days after becoming aware that the person has died
- **dispose of any unused or remaining voluntary assisted dying substance** following death as a result of practitioner administration or death from another cause, as soon as practicable following the death.

More information about the obligations of authorised voluntary assisted dying practitioners and other healthcare workers following a person's death is available in the [QVAD Handbook](#).

What are the criminal offences under the Act?

Registered nurses who are participating in voluntary assisted dying should be aware of the offences in the Act. Penalties include monetary fines and imprisonment. These offences cover:

- unauthorised administration of the voluntary assisted dying substance
- inducing another person to request, or revoke a request for, voluntary assisted dying
- inducing self-administration of the voluntary assisted dying substance
- giving the Review Board false or misleading information

- making a false or misleading statement
- falsifying documents
- recording or disclosing personal information if outside the functions of the Act.

More information regarding offences under the Act is available:

- on the [Queensland Health website](#)
- in the [QVAD Handbook](#).

What are the legal protections for practitioners under the Act?

Protections from liability are included in the Act to provide clarity and certainty for people who may act under, or interact with, the legislation. This ensures a person who assists another person to access voluntary assisted dying under the legislation will not be guilty of a criminal offence, including the offences of '**unlawful killing**' and '**aiding suicide**' under the *Criminal Code Act 1899 (Qld)*.

The Act contains protections for:

- assisting a person to access voluntary assisted dying
- being present when a person accesses voluntary assisted dying
- performing roles and functions under the Act without negligence
- not administering life-sustaining treatment to a person who has accessed voluntary assisted dying.

These protections generally apply when a person is acting '**in good faith**': that is, they are acting in a way which they honestly believe falls within the general purpose of the Act. They are designed to protect healthcare workers and others from criminal liability or civil actions (for example, for breach of the duty of care), which would otherwise arise if a person assisted someone to die.

These protections from liability do not prevent complaints or notifications being made about a registered nurse's performance and conduct or breaches of professional ethics or standards.

More information the legal protections under the Act is available:

- on the [Queensland Health website](#)
- in the [QVAD Handbook](#).

Are there any restrictions on communication with patients and other practitioners as part of the voluntary assisted dying process?

Yes. Under both the Act and the [Criminal Code Act 1995 \(Cth\)](#) (Commonwealth Criminal Code), there are restrictions related to communicating about voluntary assisted dying. These include:

- who can initiate a discussion relating to voluntary assisted dying with a person (the Act)
- how certain components of the voluntary assisted dying process can be communicated (Commonwealth Criminal Code).

The restrictions on initiating a discussion regarding voluntary assisted dying were explained in the section above – [Am I permitted to initiate a discussion with a patient about voluntary assisted dying?](#)

The Commonwealth Criminal Code contains offences which limit the use of a carriage service to access and transmit suicide-related material. A carriage service is an electronic means of communication, including telehealth, telephone, fax, email, internet, videoconference or similar.

Prohibited discussions and activities

There is risk that an offence will be committed if activities related to voluntary assisted dying are conducted over a carriage service and are considered to:

- **advise** a person to access voluntary assisted dying; or
- **encourage** the administration or self-administration of a voluntary assisted dying substance; or
- **provide** instructions on administering the voluntary assisted dying substance.

As a general rule, information of this nature must not be discussed or shared by phone, fax, email, videoconference or internet.

Therefore, some discussions and activities cannot occur over a carriage service including:

- a person's administration decision
- informing a person about how to prepare or administer/self-administer the substance
- prescription of the substance.

Any written information related to these activities must be provided to the person in hard copy (by post or face-to-face). Using email, fax or other electronic means is prohibited.

Acceptable discussions and activities

Discussions and activities that can be undertaken via a carriage service to the extent that the information does not advocate, encourage, incite, promote, urge or teach about how to undertake the act of administration of a voluntary assisted dying substance include:

- responding to questions and informing people about the voluntary assisted dying legislation and associated processes in Queensland (either generally or in relation to a person's circumstances)
- a first request
- a first or consulting assessment
- submitting approved forms for any step in the process to the QVAD Review Board
- general communication about voluntary assisted dying with other health services or healthcare workers, for example, QVAD-Support.

More information regarding restrictions on communication about voluntary assisted dying and the Commonwealth Criminal Code is available:

- on the [Queensland Health website](#)
- in the [QVAD Handbook](#).

What support and wellbeing resources are available for registered nurses who provide services to people accessing voluntary assisted dying?

Voluntary assisted dying is a multidisciplinary model of service delivery. The Act identifies specific roles and responsibilities for registered nurses. It is widely recognised that healthcare workers provide the best care when they are experiencing their own optimal wellbeing. Caring for people at the end-of-life can be extremely rewarding, but it can also be emotionally challenging. Registered nurses must manage the needs expectations of people accessing voluntary assisted dying, carers and families, and their colleagues. Professional demands, workload pressures, and accumulated grief can cause stress and personal distress, which can escalate to burnout and compassion fatigue.

A Support and Wellbeing Framework for Healthcare Workers (see the [Queensland Health website](#)) has been developed to ensure that all healthcare workers involved in providing services to people who are accessing voluntary assisted dying are appropriately supported. This framework includes the following mechanisms to holistically support the wellbeing of all practitioners who are involved in voluntary assisted dying in Queensland:

- clear and easily accessible guidelines for practitioners to facilitate understanding of their roles and responsibilities and support compliance with the Act
- formal education and training about voluntary assisted dying
- supporting communities of practice for practitioners who are providing voluntary assisted dying services
- prioritising and supporting self-care for all healthcare practitioners involved in voluntary assisted dying.

More information regarding joining a community of practice and accessing support when working with people who are accessing voluntary assisted dying is available from QVAD-Support (QVADSupport@health.qld.gov.au).

Where can I find more information about voluntary assisted dying in Queensland?

Queensland Health: [*Voluntary assisted dying in Queensland*](#)

Queensland Health: [*QVAD Handbook*](#)

Queensland Health: [Queensland Voluntary Assisted Dying Review Board Information Management System](#) (QVAD Review Board IMS)

Queensland Health: [*Voluntary assisted dying education module for healthcare workers*](#) (available to Queensland Health staff via [iLearn](#) and to staff external to Queensland Health via the [Queensland Health website](#))

QVAD-Support: QVADSupport@health.qld.gov.au