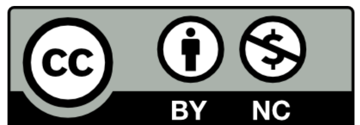
Voluntary assisted dying safety and quality guidance for Hospital and Health Services

July 2023

Version 1.1

Disclaimer The information within the *Safety and quality guidance for Hospital and Health Services* is intended as a guide to good clinical practice. The law and service delivery environment is constantly evolving, so while every attempt has been made to ensure the content is accurate, it cannot be guaranteed. The information within this document should not be relied upon as a substitute for other professional or legal advice.

© State of Queensland (Queensland Health) 2023



This work is licensed under a Creative Commons Attribution Non-Commercial V4.0 International licence. To view a copy of this licence, visit https://creativecommons.org/licenses/by-nc/4.0/deed.en

You are free to copy, communicate and adapt the work for non-commercial purposes, as long as you attribute the State of Queensland (Queensland Health) and comply with the licence terms.

This Creative Commons Attribution Non-Commercial V4.0 International license does not extend to copyright material owned by third parties, such as content marked "*Adapted from the voluntary assisted dying mandatory training produced by the Australian Centre for Health Law Research, QUT.*" Permission should be sought from the third party copyright owner directly.

For copyright permissions beyond the scope of this licence contact: Intellectual Property Officer, Queensland Health, email ip_officer@health.qld.gov.au, phone (07) 3708 5069.

Contents

Introduction 5

Application of the Australian Safety and Quality Framework for Health Care to voluntary assisted dying 9

1. Consumer centred 9
2. Driven by information 11
3. Organised for safety 12

Guidance for safety and quality matters relating to voluntary assisted dying 14

Stay informed about voluntary assisted dying 14
Clinical documentation 16
Clinical coding and data collection 21
Clinical handover 21
Consent 22
Incidents and complaints 24
Death certification and notification 25
Morbidity and mortality case reviews 27
Policies and procedures 27

Summary of changes

Version number	Date of version	Description of key changes
1.0	December 2022	Initial release
1.1	July 2023	Removed references to pre-2023 implementation resources and actions Included guidance around management of hard copies of approved forms 4, 8 and 11 Included link to VAD HHS Reporting User Guide

Introduction

The *Voluntary Assisted Dying Act 2021* (the Act) allows eligible people to access voluntary assisted dying as an additional end-of-life option in Queensland from 1 January 2023.

The Act sets out a legal process for people who are suffering and dying from an advanced and progressive life-limiting condition the right to choose the timing and circumstances of their death. There are strict eligibility criteria for accessing voluntary assisted dying.

More information about voluntary assisted dying is available on the Queensland Health website.

Acknowledgment of Country

Queensland Health acknowledges the Traditional and Cultural custodians of the lands, waters, and seas across Queensland, pays respect to Elders past and present, and recognises the role of current and emerging leaders in shaping a better health system. We recognise the First Nations peoples in Queensland are both Aboriginal peoples and Torres Strait Islander peoples, and support the cultural knowledge, determination, and commitment of Aboriginal and Torres Strait Islander communities in caring for the health and wellbeing of our peoples for millennia.

Acknowledgement statement

With permission, this guidance is adapted from resources created by the:

- End of Life Care Program, Western Australian Department of Health
- Victorian Department of Health and Human Services.

Purpose

This guidance supports Queensland Health Hospital and Health Services (HHSs) to implement safe, high-quality voluntary assisted dying services. It has been developed for executives, managers and staff who are responsible for ensuring systems and processes are in place.

Private entities, such as private hospitals, hospices, and residential aged care facilities, may wish to use this guidance to inform local processes relating to voluntary assisted dying.

Principles

Eight principles underpin the Act and inform this guidance.

- Value of human life – human life is of fundamental importance.
- Dignity – every person has inherent dignity and should be treated equally and with compassion and respect.
- Autonomy – a person's autonomy, including autonomy in relation to end-of-life choices, should be respected.
- High quality care and treatment – every person approaching the end of life should be provided with high quality care and treatment, including palliative care, to minimise the person's suffering and maximise the person's quality of life.

- Accessibility – access to voluntary assisted dying and other end-of-life choices should be available regardless of where a person lives in Queensland.
- Informed decision-making – a person should be supported in making informed decisions about end-of-life choices.
- Protecting those who are vulnerable – a person who is vulnerable should be protected from coercion and exploitation.
- Respect for diversity – a person's freedom of thought, conscience, religion and belief and enjoyment of their culture should be respected.

Framework

The safety and quality guidance aligns with the Australian Safety and Quality Framework for Health Care[1] (ASQFHC, the framework). In this document, the framework's areas for action are applied to voluntary assisted dying.

Additionally, specific guidance is provided in this document about safety and quality topics, including consent, management of incidents and complaints, and morbidity and mortality case reviews.

Other resources

The following resources have been developed for statewide use and will support HHS delivery of voluntary assisted dying services. This guidance is designed to be read alongside these statewide resources.

Table 1. Statewide resources to support HHS delivery of voluntary assisted dying services.

Resource	Description	Location
Best practice		
Health service directive: Patient access to voluntary assisted dying	Outlines the mandatory requirements for Queensland HHSs to safely and effectively manage and respond to patient requests for access to voluntary assisted dying.	Queensland Health health service directives repository
Queensland Health voluntary assisted dying website	Includes information about voluntary assisted dying in Queensland for people considering voluntary assisted dying and the people supporting them, healthcare workers, and the general public.	www.health.qld.gov.au/VAD

[1] Australian Commission on Safety and Quality in Health Care. 2010. *Australian Safety and Quality Framework for Health Care.* https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-safety-and-quality-framework-health-care

Queensland Voluntary Assisted Dying Handbook	Provides guidance on navigating the voluntary assisted dying process from the practitioner perspective. It covers topics including the regulatory framework for voluntary assisted dying in Queensland, restrictions on communication, conscientious objection, the role of HHSs and private entities, the stages of voluntary assisted dying, preparing for participation, receiving a request from a person, assessment processes, administration of a voluntary assisted dying substance, and after the person dies.	Queensland Health voluntary assisted dying website: Clinical tools, guidelines and resources
Managing, storing, and disposing voluntary assisted dying substances: Guidance for health services	Assists health service organisations develop policies and procedures for managing, storing, and disposing of voluntary assisted dying substances.	Queensland Health voluntary assisted dying website: Clinical tools, guidelines and resources
Private entity guidance	Supports private entities, including private hospitals, hospices and residential aged care facilities, to meet their obligations under the Act, while also ensuring that a person's legal right to access voluntary assisted dying is supported. It is particularly relevant for organisations who may have a faith-based or in-principle objection to participation in voluntary assisted dying.	Queensland Health voluntary assisted dying website: Clinical tools, guidelines and resources
Healthcare worker support and wellbeing framework	Includes strategies and resources for promoting and prioritising practitioner self-care, identification and establishment of appropriate and responsive support frameworks for individual healthcare workers, teams and organisations, and the development of a Community of Practice for authorised voluntary assisted dying practitioners.	Queensland Health voluntary assisted dying website: Clinical tools, guidelines and resources
Voluntary assisted dying process overview: Guidance for authorised practitioners	An overview of the voluntary assisted dying process for authorised practitioners. It outlines for each step in the process: • Approved forms • Information to be provided • Documentation in the medical record	Queensland Health voluntary assisted dying website: Clinical tools, guidelines and resources
Education and training		
Mandatory training package for	Eligible doctors, nurse practitioners and registered nurses who wish to become	Access to the mandatory training is only provided to

authorised voluntary assisted dying practitioners	authorised voluntary assisted dying practitioners are required to undertake mandatory training. This training is hosted on iLearn and was developed by Queensland University of Technology's Australian Centre for Health Law Research. An eligibility check is required before a practitioner can access the mandatory training. This process is managed by the Voluntary Assisted Dying Unit.	eligible voluntary assisted dying practitioners.
iLearn education package for healthcare workers	An education package for all healthcare workers across professions and facilities, including Queensland Health and external healthcare workers. The aim is to ensure healthcare workers, including those who opt in and those who conscientiously object, are appropriately informed, educated, competent and aware of their rights, responsibilities and can meet their legislative obligations in a clinical context. The education package will be hosted on iLearn and accessible by Queensland Health and private healthcare workers working across the system.	Queensland Health staff can complete the education module in iLearn by logging into their account, selecting "Course Catalogue" from the navigation bar and searching for "Voluntary Assisted Dying Education Module for Healthcare Workers."

Application of the Australian Safety and Quality Framework for Health Care to voluntary assisted dying

The ASQFHC comprises three core principles for safe, high-quality care:

1. Consumer centred
2. Driven by information
3. Organised for safety

These core principles are underpinned by 21 areas for action. These areas for action are applied to voluntary assisted dying, highlighting important considerations for HHSs.

HHSs are required to demonstrate that their systems and processes meet the Australian Commission on Safety and Health Care's National Safety and Quality Health Service (NSQHS) Standards (second edition).[2] Relevant NSQHS Standards are mapped against each area for action to support HHS accreditation activities.

Key: NSQHS Standards icons

1. Consumer centred

- Providing care that is easy for patients to get when they need it
- Making sure that healthcare staff respect and respond to patient choices, needs and values
- Forming partnerships between patients, their family, carers, and healthcare providers

Table 2. Consumer centred: Considerations for voluntary assisted dying.

ASQFHC Area for action	Considerations for voluntary assisted dying	NSQHS Standards
1.1 Develop methods and models to help patients get health	• How will requests for information about voluntary assisted dying be managed across the HHS? • How will requests for access to voluntary assisted dying be managed across the HHS?	

[2] Australian Commission on Safety and Quality in Health Care. 2017. The National Safety and Quality Health Service (NSQHS) Standards. https://www.safetyandquality.gov.au/standards/nsqhs-standards

services when they need them	• What processes are needed for the provision of information, referrals, and communication? • How will HHS staff be informed of the voluntary assisted dying model of care and pathways to ensure a consistent approach? • How will a person be supported if they are assessed as not meeting the eligibility criteria for voluntary assisted dying?	
1.2 Increase health literacy	• How will HHS staff know where to obtain accurate information about voluntary assisted dying for people who request it? • Does statewide consumer information need to be adapted to suit your local setting? Is additional material required?	
1.3 Partner with consumers, patients, families, and carers to share decision making about their care	• What existing supports are in place for the person (and their carers, family, and friends) that support conversations about what matters to them at the end of life? • Are there clear policies about how patients are included in decision-making?	
1.4 Provide care that respects and is sensitive to different cultures	• How will people from different cultural backgrounds be supported when accessing voluntary assisted dying? • How will Aboriginal and Torres Strait Islander liaison officers, health workers, and health practitioners be involved in supporting First Nations peoples who request information about or access to voluntary assisted dying? • How will interpreters be briefed before and after any discussions about voluntary assisted dying?	
1.5 Involve consumers, patients, and carers in planning for safety and quality	• How will consumers and carers be engaged to contribute to the safety and quality of the voluntary assisted dying experience?	
1.6 Improve continuity of care	• How will voluntary assisted dying be integrated into existing care? • How will people be supported throughout the assessment process, whether in the home or in a facility? • How will the HHS coordinate with other service providers (residential aged care, hospices, general practice, Aboriginal and Torres Strait Islander Community Controlled Clinics, QVAD-Support and Pharmacy Service) to accommodate a person's wishes? • How will families be supported during the process and following a voluntary assisted death?	
1.7 Minimise risks at handover	• How will consent be sought from a person requesting voluntary assisted dying to share relevant information about their care with relevant staff? • How will relevant staff know that a person is accessing voluntary assisted dying?	

	More information: Clinical handover	
1.8 Promote healthcare rights	• How will people know their healthcare rights in relation to accessing voluntary assisted dying?	
1.9 If something goes wrong, openly inform and support the patient	• How will a clinical incident/adverse event be communicated to a person accessing voluntary assisted dying and/or their carers, family, and friends? • How will a clinical incident/adverse event be communicated to the person's treating team? • How will a clinical incident/adverse event be reviewed and documented? *More information: Clinical incident management*	

2. Driven by information

- Using up-to-date knowledge and evidence to guide decisions about care
- Safety and quality data are collected, analysed, and fed back for improvement
- Taking action to improve patients' experiences

Table 3. Driven by information: Considerations for voluntary assisted dying.

ASQFHC Area for action	Considerations for voluntary assisted dying	NSQHS Standards
2.1 Use agreed guidelines to reduce inappropriate variation in the delivery of care	• How will the HHS ensure healthcare workers participating in voluntary assisted dying follow the requirements of the Act, guidance for best practice set out in the QVAD Handbook, and local policies and procedures? • How will the HHS ensure people requesting information about voluntary assisted dying receive accurate consumer information?	
2.2 Collect and analyse safety and quality data to improve care	• Which role/position in the HHS will be responsible for measuring, reporting, and monitoring voluntary assisted dying activity? • How will safety and quality of voluntary assisted dying services be measured? *More information: Data collection and reporting*	

2.3 Learn from patients' and carers' experiences.	• How will the HHS seek feedback from people accessing voluntary assisted dying, and their family/carers, in a sensitive and timely way? • Will voluntary assisted dying be incorporated into the HHS's patient/carer experience surveys? *More information: Complaints management*	
2.4 Encourage and apply research that will improve safety and quality.	• What review mechanisms will be in place to ensure ongoing improvement and best practice? • What principles will need to be developed by the HHS to guide research into voluntary assisted dying? • How will the HHS stay abreast of any research and quality improvement recommendations made by the Voluntary Assisted Dying Review Board? *More information: Stay informed about voluntary assisted dying*	

3. Organised for safety

- Making safety a central feature of how healthcare facilities are run, how staff work, and how funding is organised

Table 4. Organised for safety: considerations for voluntary assisted dying.

ASQFHC Area for action	Considerations for voluntary assisted dying	NSQHS Standards
3.1 Health staff take action for safety **3.2 Health professionals take action for safety** **3.3 Managers and clinical leaders take action for safety**	• How will healthcare workers caring for a person accessing voluntary assisted dying be supported throughout the process? • How will the HHS incorporate voluntary assisted dying into the education schedule? • How will the involvement of multidisciplinary care teams be supported? • What supports and processes will be put in place if a person wants to self-administer the voluntary assisted dying substance at home or in a residential aged care facility? • What physical environment changes may be required (for example, place of care (including for administration), and storage of drugs)?	
3.4 Governments take action for safety	• How will the HHS ensure it has accurate up-to-date information from the Voluntary Assisted Dying Unit about voluntary assisted dying? *More information: Stay informed about voluntary assisted dying*	
3.5 Ensure funding models are designed to support safety and quality	• How will voluntary assisted dying be incorporated into existing services, care, and support? • How will the HHS collect information to support planning for workforce requirements?	

	More information: [Data collection and reporting]	
3.6 Support, implement and evaluate e-health	• How will voluntary assisted dying be incorporated into the HHS's e-health processes?	
3.7 Design and operate facilities, equipment and work processes for safety	• What needs to be incorporated into the HHS's operational systems and organisational policies and procedures in relation to voluntary assisted dying? • How will information relating to voluntary assisted dying be recorded in a person's medical record? *More information: [Clinical documentation; Policies and procedures]*	
3.8 Take action to prevent or minimise harm from healthcare errors	• How will the HHS consider findings, and implement any recommendations, from the Voluntary Assisted Dying Review Board, Voluntary Assisted Dying Program Unit, and Queensland Voluntary Assisted Dying Support and Pharmacy Service? *More information: [Stay informed about voluntary assisted dying]*	

Guidance for safety and quality matters relating to voluntary assisted dying

Stay informed about voluntary assisted dying

Operational structure: Voluntary assisted dying in Queensland

The operational structure for delivery of voluntary assisted dying in Queensland includes:

- **Voluntary Assisted Dying Review Board (Review Board):** The independent oversight body established to monitor the operation of and ensure compliance with the Act.
- **Office of the Voluntary Assisted Dying Review Board**: Located within the Department of Health, the Office assists the Review Board in performing its functions and provides secretariat and administrative support to the Review Board.
- **Voluntary Assisted Dying Program Unit:** Located within the Department of Health, the functions of the Voluntary Assisted Dying Program Unit include managing the voluntary assisted dying practitioner authorisation process and liaising with HHSs about policy and program matters.
- **Queensland voluntary assisted dying pharmacy service (QVAD-Pharmacy):** The statewide pharmacy service hosted by Metro South Health. Staff within QVAD-Pharmacy are the authorised suppliers of the voluntary assisted dying substance in Queensland.
- **Queensland voluntary assisted dying support service (QVAD-Support):** The statewide support service hosted by Metro South Health. QVAD-Support care coordinators provide support to anyone involved with voluntary assisted dying in Queensland.
- **Authorised voluntary assisted dying practitioners:** Eligible medical practitioners, nurse practitioners, and registered nurses who have completed mandatory training and been authorised by the Chief Medical Officer Queensland Health can act as coordinating, consulting, and administering practitioners and provide voluntary assisted services in Queensland.

VOLUNTARY ASSISTED DYING REVIEW BOARD	VOLUNTARY ASSISTED DYING PROGRAM UNIT	QVAD-SUPPORT (SUPPORT SERVICE)	QVAD-PHARMACY (PHARMACY SERVICE)	AUTHORISED VOLUNTARY ASSISTED DYING PRACTITIONERS
Independent Review Board established under the Act **Monitoring compliance** with the Act Annual and other **reports** **Liaising** with stakeholders, the community and referral agencies as required Identify opportunities and develop **quality improvement initiatives and research** **Work with the Office of the Review Board**	**Statewide strategic direction** and program management **Coordinate practitioner authorisation** process for Chief Medical Officer approval **Residency** and **interpreter** exemptions Develop and implement **quality improvement initiatives and research** with the Review Board and other agencies Statewide **clinical policy** and resources Develop and distribute statewide **consumer resources**	**Inform, educate and support** patients, families and clinicians **Work collaboratively** with Hospital and Health Services to enable best patient outcomes **Aid coordination of care** across public and private hospitals, residential aged care, hospices and primary care as required **Manage communities of practice** to enable a sustainable workforce Develop and implement **quality improvement initiatives and research**	**Authorised supplier** of voluntary assisted dying substances Central hub for information about **prescribing, storage, administration and disposal** of voluntary assisted dying substances **Provide support and education** to patients, families, administering and coordinating practitioners	Eligibility **verified, mandatory training** completed, **authorised** by Chief Medical Officer Act as **coordinating, consulting, administering** practitioners **Provide voluntary assisted dying services in settings** including Hospital and Health Service facilities, private hospitals, residential aged care, hospices, primary care and community
Independent oversight	**Department of Health**	**QVAD Support and Pharmacy Service**		**Health services**

As an independent oversight body, the Review Board does not have a direct relationship with HHSs. The functions of the Review Board include to:

- review completed requests for voluntary assisted dying and monitor compliance with the Act
- provide advice to the Minister for Health or the Director-General, Queensland Health, about the operation of the Act or improvement of processes and safeguards for voluntary assisted dying, and
- promote continuous improvement in the compassionate, safe and practical operation of the Act.

The Review Board may include recommendations in its annual report, or through reports provided to the Minister for Health or Director-General, Queensland Health, outside of the annual reports. All reports provided to the Minister for Health must be tabled in the Legislative Assembly.

The Voluntary Assisted Dying Unit within Queensland Health will work with HHSs to consider relevant recommendations.

Additionally, QVAD Support and Pharmacy Service may make patient safety and quality improvement recommendations relevant to HHSs.

HHSs should establish a local process for recording, considering, and actioning recommendations made by the Voluntary Assisted Dying Review Board, the Voluntary Assisted Dying Unit, QVAD Support and Pharmacy Service.

Clinical documentation

Approved forms

Authorised voluntary assisted dying practitioners are required to submit approved forms to the Review Board at specified points in the process. QVAD Review Board IMS is the online platform for completing and submitting forms to the Review Board as required by the Act. QVAD Review Board IMS is not a case management system or medical record and is not integrated with other systems.

Documentation in the medical record

The Act sets out requirements for mandatory documentation in the medical record at specific points in the voluntary assisted dying process. These mandatory documentation requirements are outlined in Table 5.

Table 5. Mandatory documentation in the medical record required under the Voluntary Assisted Dying Act.

Step in process	Completed by	Mandatory documentation in the medical record
First request	Medical practitioner who receives a first request	• First request received. • Decision to accept or refuse the first request. • If the decision is to refuse, the reason for refusal and steps taken to comply with obligations under the Act (for example, giving the person the details of QVAD-Support or another registered health practitioner or service who the medical practitioner believes is likely to help the person with the request). • If the decision is to accept, the day on which the person is given the approved information (*Acceptance of first request: Queensland Health approved information).*
Referral for consulting assessment	Medical practitioner who receives a referral for a consulting assessment	• The referral for a consulting assessment is received. • The decision to accept or refuse the referral. • If the decision is to refuse the referral, the reason for the refusal.

Second request	Coordinating practitioner	• The date when the second request was made. • The date when the second request was received by the coordinating practitioner.
Final request	Coordinating practitioner	• The date when the final request was made. • If the final request was made before the end of the designated period[3], the reason for it being made before the end of that period.
Administration decision	Coordinating practitioner	• The administration decision (self-administration or practitioner administration).
Revocation of administration decision	Coordinating practitioner or administering practitioner who is informed of the revocation	• The revocation decision.
Transfer of coordinating practitioner's role to consulting practitioner	Original coordinating practitioner	• If the consulting practitioner accepts the transfer of the role, the transfer is recorded in the medical record.
Transfer of administering practitioner's role	Original administering practitioner	• If the new administering practitioner accepts the transfer of the role, the transfer is recorded in the medical record.

Other care relating to voluntary assisted dying—in addition to what is required by the Act—may also be documented in the medical record as part of good clinical practice. Making such a record for the person's care and treatment is permitted under section 145 of the *Hospital and Health Boards Act 2011*.

The HHS should clearly outline in organisational policies and procedures how voluntary assisted dying activity should be documented in the medical record.

Limits on clinical documentation

To protect the right of individuals to their privacy, the Act prohibits recording or disclosing personal information obtained while exercising a function under the Act, unless the record is made or the personal information is disclosed in the following circumstances:

- for a purpose under this Act,
- with the consent of the person to whom the information relates,

[3] The designated period means the period of 9 days from and including the day on which the person made the first request.

- in compliance with a lawful process requiring production of documents to, or giving evidence before, a court or tribunal, or
- as authorised or required by law.

As outlined above, the Act requires particular steps in the voluntary assisted dying process to be documented in the person's medical record. Where a particular step is required to be recorded in the medical record, this is required 'for a purpose under the Act' and is therefore permitted. Making a record in a public health facility is also permitted by the Act as this is authorised under the *Hospital and Health Boards Act 2011*, if making such a record is for the person's care and treatment.

Noting that bilateral communication between healthcare workers is considered good clinical practice to ensure continuity of care, the prohibition in the Act may impact how authorised voluntary assisted dying practitioners keep medical records or communicate with other members of the person's healthcare team. It is recommended practitioners seek the person's consent whenever there is uncertainty about whether communication or correspondence with a third party (including other healthcare workers) may constitute unauthorised or unlawful making of a record or disclosure under the Act.

The collation of information related to voluntary assisted dying in a HHS facility to The Viewer, My Health Record or similar systems is not permitted without the informed consent of the person to whom the information relates. This is because making such a record in The Viewer or other similar system is not required by the Act and is not authorised or required by any other law.

HHSs should consider how and where information related to voluntary assisted dying is documented. If a record relating to access to voluntary assisted dying will not be accessible via The Viewer or similar systems, there is no need to seek additional consent from the person. However, the person's consent should be sought if records related to their access to voluntary assisted dying will be accessible via The Viewer or similar systems. For the person's consent to be informed consent, they should be informed of the consequences of making a record of their personal information, including if that information will be added to The Viewer or similar systems and will be available to people who have access to such systems.

Where a person does not consent to their personal information being accessible in this way, the HHS should ensure there are systems in place for keeping medical records related to voluntary assisted dying in a manner that would prevent them being entered on to systems such as The Viewer. Local policies and procedures regarding consent to information sharing and existing processes for ensuring that confidential personal information is only shared in accordance with a person's wishes and consent should be followed.

Approved Forms 4, 8 and 11: management of original versions of signed forms

Most of the approved forms are completed by direct entry into the QVAD Review Board IMS. However, three of the forms require physical signatures:

- *Form 4: Second Request Form* (signed by the person accessing VAD or another person on their behalf, interpreter if used, witnesses)
- *Form 8: Contact Person Appointment Form* (signed by the person accessing VAD or another person on their behalf, the contact person)
- *Form 11: Practitioner Administration Form* (signed by witness)

A practitioner does not need to provide the Review Board with original hard copies of Approved Forms 4, 8 and 11 if they have been scanned and uploaded to the QVAD Review Board IMS.

If the coordinating practitioner returns an original hard copy Form 4 or 8 to the patient, it does not become a public record and the coordinating practitioner has no obligations to retain or dispose.

An original hard copy Form 11 remains in possession of the administering practitioner. If an original hard copy Form 4, 8 or 11 is retained by a practitioner who is:

- A HHS employee: it will become a public record under the *Public Records Act 2002* and must be retained in accordance with the relevant obligations under that Act. The HHS medical records team should develop appropriate guidance and procedures.
- Working within a private health facility: it is not a public record, but will be subject to the *Information Management Standard* under the Private Health Facilities (Standards) Notice 2016 (Qld). This should be managed by the private health facility.
- In private practice not associated with a private hospital: will be required to be determined on a case-by-case basis. A practitioner in private practice may choose to retain for their own recordkeeping purposes.

Optional clinical forms

In addition to the approved forms required by the Act, additional forms have been developed to support the delivery of voluntary assisted dying in Queensland. Use of these forms is optional. Their use helps to ensure the requirements of the Act are met by practitioners, and clinical care is delivered efficiently. These clinical forms have been made available to health information/clinical records management teams in all HHSs. They are also available to download and print from the Queensland Health website. These forms should be used in accordance with local policies and procedures in relation to voluntary assisted dying and clinical documentation.

Table 6. Optional clinical forms to support the delivery of voluntary assisted dying.

Form name	WINC Code / SW#	Form completed by	Purpose
Progress Note	1NY41933 / 1192	Any authorised voluntary assisted dying practitioner providing voluntary assisted dying services.	Used when a practitioner provides voluntary assisted dying services at an HHS facility to document the reason for and note of the consultation for inclusion in the facility's medical record for the relevant person.
Voluntary Assisted Dying Referral Form	1NY41934 / 1193	Medical practitioner who refuses a first request	This form can be used by a medical practitioner who receives and refuses a valid first request from a person. Use of this form will assist the person to be connected with a medical practitioner who may accept their first request.

Referral for Determination Form	1NY41932 / 1190	Coordinating or consulting practitioner	The coordinating practitioner or consulting practitioner may be unable to determine whether or not the person: • has an eligible disease, illness, or medical condition • has decision-making capacity in relation to voluntary assisted dying • is acting voluntarily and without coercion. In these circumstances, they must refer the person to a registered health practitioner or a person with appropriate skills and training for a determination in relation to the matter (depending on the referral matter). This form is received by a registered health practitioner or other person with relevant skills and training who may provide a determination on the matter.
Determination Assessment Report	1NY41936 / 1191	Registered health practitioner or person who accepts referral for determination	The registered health practitioner or person who completes the assessment provides their determination assessment report.
Consulting Assessment Referral Form	1NY41935 / 1194	Coordinating practitioner	Used when a person has been assessed as eligible to access voluntary assisted dying in the first assessment.

Engagement by external practitioners with HHS facilities

In some circumstances external practitioners who are not employed by or do not normally provide contracted services to a HHS may need to enter a HHS facility for the purpose of providing voluntary assisted dying services. This includes:

- authorised voluntary assisted dying practitioners: medical practitioners, nurse practitioners, and registered nurses who are acting as the coordinating, consulting, or administering practitioner
- pharmacists from QVAD-Pharmacy
- care coordinators from QVAD-Support
- other support persons, such as interpreters.

External practitioners should provide the facility with a progress note documenting their visit. The optional Progress Note form described in the table above can be used for this purpose. This will help to support continuity of care and communication with other healthcare workers.

The HHS should ensure any avenue and mechanism for external practitioners to document in the facility's medical record are documented in relevant policies and procedures, and clearly communicated to external practitioners.

Pharmacists employed by QVAD-Pharmacy as the authorised supplier use their existing pharmacy software to manage prescription processing and management of the voluntary assisted dying substance.

Clinical coding and data collection

Clinical coding

Currently, voluntary assisted dying is not covered under any classifications or standards for clinical coding. Coding is to continue to reflect the underlying disease, illness, or medical condition for which the person is accessing voluntary assisted dying.

Data collection and reporting

HHSs are required to report voluntary assisted dying activity monthly using the supplied data collection template. The completed template must be submitted to the Voluntary Assisted Dying Unit on or before the tenth business day of the month, covering data from the previous calendar month.

Each HHS has been provided with a password protected data collection template. The VAD HHS Reporting User Guide defines the data items in the template and outlines the process for monthly submission of data to the Voluntary Assisted Dying Program Unit.

HHSs may choose to develop their own local reporting mechanisms to monitor activity in their facilities.

Clinical handover

There are a number of people involved in the care of a person who is accessing voluntary assisted dying. This may include the treating team, authorised voluntary assisted dying practitioners, QVAD Support and Pharmacy Service. Effective communication and good clinical handover are important to ensure continuity of care and avoid disruptions to the person's care.

A person's treating team may be asked to share information which is used by a coordinating or consulting practitioner to determine eligibility for voluntary assisted dying. For example, a coordinating practitioner may need information from the treating medical practitioner to inform assessment of diagnosis and prognosis. The HHS should consider how these requests are managed and reflect this in local policies and procedures.

Questions to consider as part of clinical handover may include:

- At what point in the voluntary assisted dying process is the person?
- Is the person in possession of the voluntary assisted dying substance?
- Who is the contact person?
- Where does the person want death to occur?

- What psychological, emotional, social, cultural, spiritual, and practical factors need to be considered as part of the person's care?
- Which carers, family members, or friends know about the person's voluntary assisted dying request?
- Has the person specified a date for planned administration?
- What are the priorities for the person's care in the lead-up to administration?
- Is there any risk of the person's physical condition or cognition deteriorating to the point where it may impact their eligibility to access voluntary assisted dying?
- What discussions have been had with the patient (and their family, with consent) to prepare them for administration of the voluntary assisted dying substance?
- Who does the person want present during administration?
- Does the person have any specific requirements following administration of the voluntary assisted dying substance and for after-death care?
- What support for family/carers, such as bereavement support, may be required?

Engagement by external practitioners with HHS facilities

External practitioners should contact a facility before visiting to provide voluntary assisted dying services. HHSs are asked to consider and document their requirements so that the right people in the facility are aware of the upcoming visit and appropriate arrangements can be made.

Clinical handover–HHS requirements for external practitioners

Consider the following:

- **method:** face-to-face, telephone, email, clinical correspondence, medical records
- **place where the clinical handover takes place:** for example, person's bedside, consultation room, office. Consider how privacy and confidentiality for the person and practitioners can be maintained
- **who is involved in the clinical handover:** facility contact person/coordinator for voluntary assisted dying, treating clinician/team.

Consent

Informed consent is a person's decision, given voluntarily, to agree to a healthcare treatment, procedure or other intervention that is made:

- following the provision of accurate and relevant information about the healthcare intervention and alternative options available; and
- with adequate knowledge and understanding of the benefits and material risks of the proposed intervention relevant to the person who would be having the treatment, procedure or other intervention.

Key principles of informed consent in the voluntary assisted dying process

One of the fundamental principles underpinning the Act is informed decision-making. Gaining the person's informed consent is built into every step of the voluntary assisted dying process, as outlined in the below table.

Table 7. Principles of informed consent and considerations for voluntary assisted dying.

Principles of informed consent	Considerations for voluntary assisted dying
The person consenting must have the legal capacity to consent.	• At each key stage of the voluntary assisted dying process, authorised voluntary assisted dying practitioners must confirm the person has decision-making capacity in relation to voluntary assisted dying. This may involve referring the person to another registered health practitioner with the appropriate skills and training to determine whether the person has decision-making capacity in relation to voluntary assisted dying. • A request for voluntary assisted dying must be made by the person themselves and cannot be made via an advance health directive or by someone else acting on the person's behalf.
The person consenting must give their consent voluntarily.	• At each key stage of the voluntary assisted dying process, authorised voluntary assisted dying practitioners must confirm the person is acting voluntarily and without coercion. This may involve referring the person to another person with appropriate skills and training to determine whether the person is acting voluntarily and without coercion. • Only a medical practitioner or a nurse practitioner may initiate a discussion about voluntary assisted dying and only if, at the same time, the practitioner also informs the person about other treatment and care options and their likely outcomes. Other healthcare workers can provide information about voluntary assisted dying to a person who requests it but are not permitted under the Act to initiate conversations about voluntary assisted dying.
The person consenting must consent to the specific treatment, procedure or other intervention being discussed.	• The person's first request to a medical practitioner must be a clear, unambiguous request for assistance to die through access to voluntary assisted dying. Only an explicit request to access voluntary assisted dying will start the formal process. • At each key stage of the process, the person must expressly consent before they move to the next stage. The person is free to change their preferences regarding specific aspects of voluntary assisted dying or withdraw from the process entirely at any time.
The person consenting must have enough information about their condition, treatment options, the benefits and risks relevant to them, and alternative options for them to make an informed decision to consent, including the opportunity to ask questions and discuss concerns.	• Emphasis is placed throughout the voluntary assisted dying process on the importance of providing information about voluntary assisted dying and other end-of-life treatment and care options in a form that is easily understood and accessible to the person and providing opportunities for the person to ask questions and discuss concerns about any aspect of their care and treatment. • The Act mandates that at certain points in the process, the person must be provided with specific information regarding voluntary assisted dying and authorised practitioners must be satisfied that the person understands this specific information in order to confirm the person's eligibility for voluntary assisted dying. • The Act mandates that any interpreter for a person requesting access to voluntary assisted dying must be accredited by an approved body and meet certain eligibility criteria.

Documentation of informed consent

A fundamental principle of informed consent is the importance of contemporaneously documenting consent discussions and including evidence of consent in the person's medical record. Consent can be given expressly (in writing or verbally) or it can be implied. The Act mandates that certain steps in the voluntary assisted dying process, including the person's explicit requests to access voluntary assisted dying, the provision of specific information, confirmation that the person understands this information and confirmation that the person consents to administration of the substance, must be documented in the person's medical record and on approved forms, which are submitted to the Review Board. Although formal written consent forms are not mandated by the Act, the documentation and forms required to be completed under the Act provide evidence of the person's express consent throughout the voluntary assisted dying process.

A person may choose to self-administer the voluntary assisted dying substance or undergo practitioner administration in a HHS facility. Regardless of where the person chooses to undergo administration of the voluntary assisted dying substance, the documentation required by the Act will reflect the fact that the person has expressly consented to participation in voluntary assisted dying. Whilst not mandatory, HHSs may wish to specifically record the person's consent to administration of the substance in their local medical record. A consent form has been developed for HHSs to use for this purpose and are available on the Queensland Health voluntary assisted dying website.

Incidents and complaints

Clinical incident management

Clinical incidents and adverse events may arise at any stage during the voluntary assisted dying process.

- An incident is an event or circumstance which could have resulted, or did result, in unintended harm to a patient.
- An adverse event is a clinical incident which resulted in unintended or unnecessary harm to a patient.

Feedback from other jurisdictions in which voluntary assisted dying is available indicates clinical incidents are very uncommon; however, HHSs should consider how these would be managed and reported.

Clinical incidents and adverse events should be managed internally as per the HHS's clinical incident management process. Recommendations for best practice clinical incident management are set out in Queensland Health's Clinical incident management guideline and the Best practice guide to clinical incident management. The Best practice guide to clinical incident management sets out severity assessment codes and provides guidance around appropriate response, reporting, analysis, and action. Early engagement with the Department of Health Voluntary Assisted Dying Unit and/or QVAD Support and Pharmacy Service is encouraged if review outcome recommendations pertain to those areas.

As outlined in *Data collection and reporting*, HHSs are required to report on voluntary assisted dying activity each month. This reporting includes clinical incidents relating to voluntary assisted dying.

If a sentinel event, reportable event, or other SAC 1 event occurs, the HHS must notify the Voluntary Assisted Dying Unit within 1 business day.

Administering practitioners are encouraged to submit a *Feedback Form: Experience of Practitioner Administration* to QVAD-Pharmacy after each administration event. QVAD-Pharmacy will review any medication-related adverse events and may make recommendations to a health service organisation as appropriate. QVAD-Pharmacy will also consider whether amendments are required to internal processes or the *Prescription and Administration Protocols*.

HHSs should update local policies and procedures for management of clinical incidents relating to voluntary assisted dying. Additionally, HHSs should have an established local process for recording, considering, and actioning recommendations made by QVAD-Pharmacy, the Review Board, and the Voluntary Assisted Dying Unit. See Stay informed about voluntary assisted dying.

More information about clinical incident management is available on the Queensland Health Patient Safety and Quality Improvement Service webpage.

Complaints management

Complaints relating to voluntary assisted dying should be managed internally as per the HHS's complaints management process. Complaints management guidance is available on the Queensland Health Patient Safety and Quality Improvement Service webpage. The HHS should review their existing consumer feedback and complaints management policy and procedures to ensure voluntary assisted dying is integrated as appropriate.

HHSs are required to report all complaints relating to voluntary assisted dying via the monthly reporting process outlined in *Data collection and reporting*.

Complaints relating to QVAD-Support and QVAD-Pharmacy

Complaints about the two statewide services can be made to Metro South Health. The feedback process is outlined on the Metro South Health website.

Complaints relating to statewide resources

Complaints relating to statewide resources, or the voluntary assisted dying scheme more broadly, should be made to the Voluntary Assisted Dying Unit in the Department of Health. More information about the Department of Health complaints process is available on the Queensland Health website.

Death certification and notification

The cause of death certificate is an important legal document that notifies the Registry of Births, Deaths and Marriages of a person's death. In Queensland, a cause of death certificate needs to be issued within two business days of a person's death, or when the person's body is found, whichever is the later.

A cause of death certificate must be completed by a medical practitioner after the death of a person who has accessed voluntary assisted dying.

Completing the cause of death certificate is in addition to completion of the:

- *Form 11 - Practitioner Administration Form* for practitioner administration
- *Form 16 - Notification of Death Form* (coordinating/administering practitioner) for:

- self-administration
- death where the voluntary assisted dying substance has not been used.

More information about the *Form 11 – Practitioner Administration Form*, *Form 16 - Notification of Death Form*, and death certification and notification requirements is available in the QVAD Handbook and mandatory training for authorised voluntary assisted dying practitioners.

The person's cause of death

When completing the cause of death certificate, a medical practitioner who knows or reasonably believes that a person self-administered or was administered a voluntary assisted dying substance under the Act:

- must state the cause of death was the disease, illness, or medical condition that was the basis for the person being eligible for voluntary assisted dying
- must not refer to voluntary assisted dying (either as a main cause of death or antecedent).

These provisions are designed to protect a person's privacy and to reflect that the underlying disease, illness, or medical condition would have led to the person's death. The Australian Bureau of Statistics Quick Reference Guide provides further guidance for medical practitioners about how to record the specific cause of death.

Any medical practitioner can complete the cause of death certificate, provided they can satisfy the requirements in section 30 of the *Births, Deaths and Marriages Registration Act 2003*. This would most likely be the person's coordinating practitioner or administering practitioner (if they are a medical practitioner).

The HHS will need to consider and document the process for arranging completion of the cause of death certificate where:

- the administering practitioner is a registered nurse or nurse practitioner, or
- the person self-administers a voluntary assisted dying substance.

Voluntary assisted dying is not a reportable death

Under the *Coroners Act 2003* (Qld), a death brought about by voluntary assisted dying in accordance with the *Voluntary Assisted Dying Act 2021* is not reportable death. For example, a death brought about by voluntary assisted dying in a hospital, in care, or in custody would not be reportable to the coroner.

If a death occurs not in accordance with *Voluntary Assisted Dying Act 2021*, for example, any unusual or suspicious circumstances surrounding a death, this death would be reportable under the *Coroners Act 2003 (Qld)*. Death suspected of meeting this criterion can be reported to the coroner directly by a person or by the Review Board after considering whether the death complied with the Act.

Refer to the State Coroner's Guidelines 2013 Chapter 3: Reporting deaths for more information.

Notifying the Review Board of the person's death

If the person dies, the coordinating practitioner, administering practitioner or another medical practitioner must notify the Review Board that the death has occurred once they become aware of the death, regardless of whether the voluntary assisted dying substance was administered.

More information about Review Board notification requirements and processes is available in the QVAD Handbook and mandatory training for authorised voluntary assisted dying practitioners.

Morbidity and mortality case reviews

Whilst not mandatory, it may be helpful for voluntary assisted dying deaths to be included in Morbidity and Mortality Review meetings to identify opportunities to improve future care provision, Discussion should include evaluation of the processes of care surrounding the person's experience and identification of any unforeseen or undesirable outcomes.

Note: Privacy and confidentiality

The Act protects the privacy of people accessing voluntary assisted dying, as well as the healthcare workers involved in providing these services. It is an offence to unlawfully disclose information about a person accessing voluntary assisted dying, or a practitioner involved in voluntary assisted dying. Personal information should only be shared as necessary with members of the care team.

Accordingly, care should be taken to deidentify the case to protect the privacy of the person and practitioners involved.

Policies and procedures

HHSs need to ensure organisational policies and procedures reflect their obligations in relation to voluntary assisted dying. Guidance is available in the Queensland Voluntary Assisted Dying Handbook and materials listed in Other resources.

A list of suggested policies, procedures, and processes to review or develop is provided below. This list is not exhaustive.

- managing requests for information about voluntary assisted dying
- managing requests for access to voluntary assisted dying
- provision of voluntary assisted dying services
- how voluntary assisted dying is integrated into existing services, care, and support
- referral pathways to QVAD-Support or other external providers
- support for people who are ineligible for voluntary assisted dying
- access to a facility by external practitioners providing voluntary assisted dying services:
  - authorised voluntary assisted dying practitioners
  - care coordinators from QVAD-Support
  - pharmacists from QVAD-Pharmacy
  - other support persons, such as interpreters.
- physical environment, including place of care

- management of the voluntary assisted dying substance used within a facility, including disposal
- conscientious objector considerations and responsibilities
- support, including bereavement support, for families of people accessing voluntary assisted dying
- how voluntary assisted dying is integrated into existing services and systems, including:
  - consumer feedback, complaints management, clinical incident management
  - data management
  - education strategy
  - support frameworks, debriefing, counselling, pastoral and spiritual care, employee assistance programs
  - clinical deterioration, limitations of treatment, goals of care
  - medical treatment decision making, for example, consent, assessment of decision-making capacity, clinical ethical dilemmas, patient/resident rights and responsibilities
  - care of the deceased, for example, death certification and notification requirements

Policies and procedures must comply with the Act and Regulation, including:

- restrictions on healthcare workers (with the exception of medical practitioners and nurse practitioners) initiating a discussion about voluntary assisted dying
- obligations on medical practitioners and nurse practitioners who initiate a discussion about voluntary assisted dying
- obligations on medical practitioners receiving a first request for access to voluntary assisted dying
- obligations on registered health practitioners and medical practitioners who conscientiously object
- obligations on medical practitioners completing a cause of death certificate for a person who self-administered, or was administered, a voluntary assisted dying substance
- interpreter requirements
- obligations on entities in relation to providing access to voluntary assisted dying, including the requirement to allow reasonable access to an authorised voluntary assisted dying practitioner
- substance management requirements, including, but not limited to:
  - use of QVAD-Pharmacy pharmacists as authorised suppliers
  - the requirement for a substance intended for self-administration to be kept in a locked box (provided by QVAD-Pharmacy), and for the locked box to remain in the possession of the person
  - requirement for an administering practitioner and authorised disposers to destroy a voluntary assisted dying substance, or any unused or remaining substance.