

Voluntary Assisted Dying Policy

Policy Statement

This policy articulates Catholic Homes Incorporated (CHI) stance on the Voluntary Assisted Dying (VAD) Act 2019, affirming our conscientious objection to VAD and continue our commitment to high quality end-of-life care.

As a Catholic organisation, CHI will not facilitate or provide VAD services in Home Care, Residential Aged Care, and Independent Living. Clients and Residents retain their legal rights to access VAD independently through external providers.

Catholic Homes will meet its obligations under the Aged Care Act:

- Upholding the **User Rights Principles (Section 9A)** by respecting Clients/Residents legal and consumer rights.
- Adhering to the **Strengthened Quality Aged Care Standards**, ensuring Clients/Residents choice, independence, and dignity in end-of-life care planning (**Standard 1**). Complying with **Quality-of-Care Principles (Schedule 1, Part 2, Item 2.7)** by assisting Clients and Residents in accessing health practitioners for discussions about needs/goals/preferences regarding their care, including the palliative care offered by CHI.
- Following the **Charter of Aged Care Rights**, supporting Clients/Residents to have control over their care, make choices about their care, exercise their rights, be independent and be treated with dignity and respect.
- CHI and its personnel abide by the **Aged Care Statement of Rights**, ensuring safe, competent, and respectful care.

Purpose

Our Catholic tradition inspires us to “promote life in all its fullness” through the provision of Residential Aged Care, Home Care, and Independent Living. We advocate for a palliative care approach that neither unnecessarily prolongs nor hastens death, accepting death as part of the overall mystery of life.

Target Audience/Scope

This policy applies to all CHI personnel, contractors and volunteers across Residential Aged Care, Home Care, and Independent Living.

Definitions

Term	Definition
Client / Resident	An individual receiving services from CHI, encompassing Home Care, Residential Aged Care, and Independent Living.
Employees	All individuals engaged in work within CHI, including volunteers.
Palliative	Guided by the treating doctor, to address the needs of individuals in the final stages of life. This plan encompasses aspects such as pain management, dietary requirements, and physical support. Additionally, it may outline directives regarding life-sustaining interventions.
Advance Care Planning	“...is a voluntary process that allows people to explore what they value most in life, to guide their current and future health and personal care” (Government of WA Department of Health).
Advance Health Directive	“...is a voluntary, person-led legal document completed by an adult with full legal capacity that focuses on an individual’s values and preferences for future care decisions, including their preferred outcomes and care” (Government of WA Department of Health).
End-of life care	Is comprehensive support and holistic care provided to persons in the final phase of their life. CHI does not recognise VAD as end-of-life care.
Provide or facilitate	At CHI this means we do not provide assessments for VAD, participate in the steps of the process or administer the VAD substance.
Tier 1 and 2 Training	The training provides awareness about the VAD legislation, CHI’s position on VAD, management of end-of-life options and management of complex ethical cases.

Term	Definition
Tier 1 Employee	<p>An employee trained to have sensitive discussions about end-of-life concerns and provide advice on end-of-life care options including VAD.</p> <p>This employee will be the Facility Manager, Clinical Nurse Manager, Registered Nurse, Occupational Therapist and Pastoral Practitioner.</p>
Tier 2 Employee	<p>An employee with decision making capability.</p> <p>This employee is responsible for referrals to the Statewide Navigator service, management of risks, informing relevant stakeholders and seeking expert advice where required.</p> <p>This employee will be the Facility Manager, Head of Residential Care or the Chief Operating Officer (COO).</p> <p>Note: A Facility Manager can assume the Tier 1 capabilities.</p>
Voluntary Assisted Dying	<p>The term as defined by the act "...involves a process to access medication to enable a person to legally choose the manner and timing of their death" (Voluntary Assisted Dying Act, 2019).</p>

Policy Principles

- CHI honours the dignity and uniqueness of each person across the continuum of life.
- Establishing compassionate relationships with Clients and Residents, and their families, is crucial for facilitating open and effective communication.
- The provision of care is conducted in a spirit of service and solidarity.
- CHI personnel empower Clients and Residents with life-limiting illnesses to live the life they choose.
- CHI acknowledges a capable adult's right to cease or withdraw from burdensome medical treatment (Catholic Health Australia, 2001).
- We provide comprehensive holistic care addressing medical, physical, spiritual, psychological, and social needs (Catholic Health Australia, 2001).
- CHI does not engage in deliberate actions intended to cause death.
- CHI does not provide or facilitate Voluntary Assisted Dying.
- CHI provides psychosocial support to all CHI personnel who directly support Clients/ Residents.
- CHI personnel respond compassionately and respectfully to requests for information about, or access to, VAD.
- CHI adheres to legislative requirements by never initiating discussions about VAD.
- While respecting an individual's legal rights, we commit to providing a continuum of care before and after death. We do not abandon anyone (Australian Catholic Bishops Conference, 2024).
- CHI acknowledges that Clients and Residents are entitled to private consultations with their preferred medical practitioners in what is legally their home.
- A Clients and Residents personal information and medical records are private and confidential to meet legislative requirements.
- CHI is committed to maintaining transparent and effective communication with the Board, the Mission and Catholic Identity Committee, and the Quality and Clinical Governance Committee regarding all matters related to VAD.

In alignment with the policy principles, CHI will:

1. Assist Clients/Residents in developing an Advance Health Directive as part of their admission into our services. Additionally, create Advance Care Plans that reflect their preferences regarding treatment and end-of-life care. Please note that Advance Care Plans cannot include requests or directives about VAD. This process will facilitate conversations around CHI's position on VAD.
2. Provide holistic care that is attentive to a Client's/Resident's medical, physical, spiritual, psychological and social needs.
3. Support and accompany families through the death and dying process in a way that provides them with opportunity to find meaning, healing and hope.
4. Assist Client/Resident to cease or withdraw from burdensome medical treatment at any time.
5. Continue to provide holistic care if a Client/Resident is involved in the VAD process.
6. In accordance with our Catholic values and to mitigate psychosocial harm to CHI personnel, they shall not be present during the self-administration, or external practitioner administration, of the VAD substance.
7. Provide comprehensive bereavement care to all who have a relationship with the Client/Resident.
8. Provide training to CHI personnel in the areas of end-of-life care, End of Life Direction in Aged Care (ELDAC), Tier 1 and Tier 2 VAD training. Additionally, there will be the provision of support to personnel who have provided direct care to the Client/Resident. This will be facilitated by the Employee Assistance Program (EAP). The EAP provider can attend 'in person' to debrief personnel who wish to participate.
9. Comply with Catholic Homes' Privacy Policy while meeting all legislative requirements, if external VAD practitioners ask for a Client's/Resident's personal information, and medical records, we are not obliged to provide access.
10. Ensure employees inform the Facility Manager if they are made aware a Resident is accessing VAD independently through an external provider.
 - The Facility Manager is to inform the Head of Residential Care
 - The Head of Residential Care is to inform the COO who will advise the CEO
11. Communicate matters related to VAD in the Executive reports to the Board, the Mission and Catholic Identity Committee, and the Quality and Clinical Governance Committee. In addition to the reports, the Chief Executive Officer will provide updates to the Chairman of the Board.

At Catholic Homes, we value our relationships with Clients/Residents and their families. When our Clients/Residents approach end-of life, we support them to die in comfort and with dignity in accordance with our ethic of care. Our ethic of care does not include directly and intentionally ending the lives of our Clients and Residents. If a Resident chooses to access VAD this will not impact on their security of tenure, and we will not abandon them. Our goal is to address all aspects of their well-being, respecting their choices and maintaining their dignity throughout their journey.

Internal Supporting Documents

Internal Related Documents
Position Statement on Voluntary Assisted Dying
Voluntary Assisted Dying Procedure

External Resources, Standards and Legislation

External resources, standards and legislation
Australian Catholic Bishops Conference- To Witness and to Accompany with Christian Hope, 2023.
Australian Catholic Bishops Conference-Companion Guide: To Witness and to Accompany with Christian Hope, 2024.
Catholic Health Australia - Code of Ethical Standards for Catholic Health and Aged Care in Australia, 2001.
Catholic Health Australia - Our Enduring Commitment to End-of-Life Care, 2023.
Code of Conduct for Aged Care, 2022.
Coroners Act 1996, (WA).
Criminal Code Act ,1995 (Cth).
Diocese of Broken Bay-An Interim Pastoral Guideline on Voluntary Assisted Dying: In Light of the Implementation of the NSW Voluntary Assisted Dying Act, 2022.
Government of Western Australia Department of Health https://www.health.wa.gov.au/Home
Health and Disability Services (Complaints) Act, WA, 1995.
Medicines and Poisons Act, 2014 (WA).
Quality of Care Principles, 2014.
Retirement Villages Act, 1992.
Security of Tenure (User Rights Principles 2014, Aged Care Act 1997).
Single Charter of Aged Care Rights (User Rights Principles 2014, Aged Care Act 1997).
Strengthened Quality Aged Care Standards, 2025.
Voluntary Assisted Dying Act, 2019.
Voluntary Assisted Dying Safety and Quality Guidance for WA Health Services.
Voluntary Assisted Dying Statewide Navigator Service.
Work Health and Safety Act, 2020 (WA)