# 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.

CHI will meet its obligations under the Voluntary Assisted Dying (VAD) Act 2019 (WA) and Aged Care Act (2024) and Aged Care Rules (2025) by recognising and respecting the rights of older people while delivering person-centred care. This includes the following legislative and regulatory requirements:

- The Aged Care Act 2024 includes a Statement of Rights, which outlines the rights of older people accessing aged care services and ensures they remain at the centre of the aged care system.
- The Strengthened Aged Care Quality Standards which set out requirements for providers to deliver safe, high-quality and person-centred care.

## Purpose

Our Catholic tradition inspires us to "promote life in all its fullness" through the provision of Residential Aged Care, Support at Home, and Retirement 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, Support at Home, and Retirement Living.

## Definitions

| Term | Definition |
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| 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). |
| 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. |
| 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. |
| Holistic care | Care that addresses the physical, psychological, social, emotional and spiritual needs of a person. |
| 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. |
| 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. |
| Security of tenure | The right of a Resident to remain living in a residential aged care home unless one of the limited circumstances permitted under the Aged Care Rules 2025 applies. CHI will not ask a Resident to leave because they choose to seek information about, or independently access, VAD. |

| Term | Definition |
|---|---|
| Supporter | A registered, trusted person/s of a resident's/client's choosing. They help older people to make and communicate their own decisions in aged care. Some registered supporters are also substitute/appointed decision makers.<br><br>A supporter, especially in aged care, is a person outside the aged-care service who supports the older person. This could be a family member, friend, or trusted person, community member, advocate or a legal representative/guardian. |
| Support Network | The formal and informal connections with family, friends, and community members, service providers and organisations, that offer a range of emotional, practical, and social support to help an older person maintain independence and a good quality of life. This can include chosen supporters and/or their substitute decision maker and are sometimes referred to as representatives. |
| Tier 1 Employee | An employee trained to have sensitive discussions about end-of-life concerns and provide advice on end-of-life care options including VAD. This employee will be the Facility Manager (FM), Clinical Nurse Manager (CNM), Clinical Care Coordinator (CCC), Nurse Practitioner, and Pastoral Practitioner. |
| Tier 2 Employee | This employee is responsible for referrals to the Statewide Navigator service, management of risks, informing relevant stakeholders and seeking expert advice where required.<br><br>This employee will be the Facility Manager, Head of Residential Care (HoRC) or the Chief Operating Officer (COO).<br><br>Note: All Tier 2 Employees assume Tier 1 capabilities. |
| 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. |
| Voluntary Assisted Dying (VAD) | 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). |

## Policy Principles

- CHI honours the dignity and uniqueness of each person across the continuum of life.
- Establishing compassionate relationships with Clients and Residents, their supporters and supporting network, is crucial for facilitating open and effective communication.
- The provision of care is conducted in a spirit of service and solidarity.
- CHI employees 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 physical, psychological, social, emotional and spiritual needs (Catholic Health Australia, 2001).
- CHI does not engage in deliberate actions intended to cause death.
- CHI employees will not initiate discussions about VAD in accordance with legislation and CHI's mission, vision and values.

- CHI provides psychosocial support to all CHI employees who directly support Clients and Residents.
- CHI employees respond compassionately and respectfully to requests for information about, or access to, 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. Records will only be provided to external parties at the written consent of the Resident.
- 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 and 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 and Resident's physical, psychological, social, emotional and spiritual needs. Support and accompany supporters through the death and dying process in a way that provides them with opportunity to find meaning, healing and hope.
3. Assist Clients and Residents to cease or withdraw from burdensome medical treatment at any time.
4. Continue to provide holistic care if a Client or Resident is involved in the VAD process.
5. In accordance with our Catholic values and to mitigate psychosocial harm to CHI employees, they shall not be present during the self-administration, or external practitioner administration, of the VAD substance.
6. Provide comprehensive bereavement care to all who have a relationship with the Client or Resident.
7. Provide training to CHI employees in the areas of end-of-life care, End of Life Direction in Aged Care (ELDAC), Tier 1 and Tier 2 VAD training.
8. Support will be made available to employees who have provided direct care to the Client or Resident.
9. This will be facilitated by the Pastoral Care team and/or the Employee Assistance Program (EAP). The EAP provider can attend 'in person' to debrief employees who wish to participate.
10. CHI will comply with its Privacy and Confidentiality Policy and the Resident and Client Information Sharing Procedure while meeting all applicable legislative requirements.
    - If an external VAD practitioner requests access to a resident's or client's personal information or file, CHI will only disclose information where there is appropriate consent from the resident or their authorised substitute decision-maker (where applicable), or where disclosure is otherwise authorised or required by law. CHI is not obliged to provide access to personal information or medical records where these requirements have not been met.

    Refer to:
    - Resident and Client Information Sharing Procedure – Operations
    - Release of Resident and Client Information Application

11. Ensure employees inform the Facility Manager if they are made aware a Resident is accessing VAD independently.
    - The Facility Manager is to inform the HoRC.
    - The HoRC is to inform the COO who will advise the Executive General Manager Mission (EGMM) and Chief Executive Officer (CEO).
12. The CEO will provide updates and further information as requested to the Chair of the Mission and Catholic Identity Committee, Quality and Clinical Governance Committee and Chairman of the Board.

At CHI, we value our relationships with our Clients, Residents, their support network. When our Clients and 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 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.

## Roles and Responsibilities

| Role | Responsibility |
|---|---|
| Board | • Ensure CHI complies with the Voluntary Assisted Dying Act 2019 (WA), Aged Care Act 2024 (Cth), Strengthened Aged Care Quality Standards and Privacy legislation.<br>• Ensure appropriate governance, policies and resources are in place to support compliance while maintaining CHI's Catholic identity and organisational values.<br>• Monitor VAD-related matters, risks and compliance through appropriate governance reporting. |
| CEO | • Provide oversight of VAD-related matters.<br>• Communicate relevant VAD matters to the appropriate Board members and, where required, the local Bishop's Office.<br>• Ensure information shared is appropriately de-identified to protect residents' privacy and confidentiality. |
| COO | • Provide policy, governance and procedural support to the Head of Residential Care.<br>• Ensure VAD-related matters are appropriately communicated to the Executive Team, particularly the EGMM and CEO.<br>• Support consistent implementation of CHI's VAD policy and procedures. |
| EGMM | • Support the COO and ensures CHI maintains its Catholic identity through the process while pastorally accompanying the Clients, Resident and employees. |
| HoRC | • Support Tier 1 and Tier 2 employees through VAD assessment process.<br>• Communicate VAD assessment process to the EGMM, COO and CEO. |
| Residential Care Manager | • Ensure VAD-related matters are managed in accordance with legislation, CHI policy and the resident's rights.<br>• Support employees in responding appropriately to residents and families.<br>• Maintain confidentiality and ensure concerns or requests are escalated appropriately. |
| Tier 1 Employee | • Respond to the Residents queries about end-of-life. Maintain knowledge and understanding of CHI VAD policy and procedure.<br>• This will be the FM, CNM, CCC, Nurse Practitioner and Pastoral Practitioner. |
| Tier 2 Employee | • Referral to Statewide Navigator Service for information.<br>• Ensure appropriate communication of VAD assessment process to Tier 1 employees and HoRC.<br>• Seek consultation for complex matters.<br>• Provide appropriate support for residence employees where required.<br>• This will be the FM, HoRC, and COO. |
| Resident | • Communicate openly and honestly with CHI about their end of life wishes, including VAD. |

| Role | Responsibility |
|---|---|
| CHI Employees | • Promptly escalate VAD-related requests, concerns or disclosures to the Tier 1 employees.<br>• Continues to provide individualised, holistic care as documented within the Resident's Care Plan.<br>• Maintain knowledge and understanding of CHI VAD policy and procedure.<br>• Respect the rights, dignity, privacy and choices of residents.<br>• Maintain confidentiality. |

## Internal Supporting Documents

| Internal Related Documents |
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| Position Statement on Voluntary Assisted Dying |
| Voluntary Assisted Dying Procedure |
| Privacy and Confidentiality Policy |
| Resident and Client Information Sharing Procedure – Operations |
| Release of Resident and Client Information Application |
| Statement of Rights and Principles Policy |
| Person-centred Care Policy - Operations |
| Person Centred Care Procedure |

## External Resources, Standards and Legislation

| External resources, standards and legislation |
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| 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. |
| Aged Care Act (2024) |
| Aged Care Rules (2025) |
| Strengthened Aged Care Quality Standards (2025) |
| Code of Conduct for Aged Care, 2025 |
| 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). |
| Retirement Villages Act, 1992. |
| Security of Tenure (User Rights Principles 2014, Aged Care Act 1997). |
| Voluntary Assisted Dying Act, 2019 (WA) |
| Voluntary Assisted Dying Safety and Quality Guidance for WA Health Services. |
| Voluntary Assisted Dying Statewide Navigator Service. |
| Work Health and Safety Act, 2020 (WA) |