

## **Summary of Substantial Amendments to the Voluntary Assisted Dying Bill 2021 Consultation Draft**

Following consultation with health and legal stakeholders, the NSW Ombudsman, aged care providers and parliamentary colleagues the following amendments have now been incorporated into the Voluntary Assisted Dying Bill 2021:

### **1. Notification of residential aged care provider**

When a patient who lives in a residential facility is assessed as meeting the eligibility criteria, the coordinating practitioner will be required to tell the patient that they should inform their residential accommodation provider that they are seeking voluntary assisted dying.

This amendment responds to concerns raised by some residential care providers that they would like to know if a resident in their facility is going to access voluntary assisted dying.

### **2. Review process now moved to Supreme Court**

Following feedback from a number of colleagues, reviews will be heard in the Supreme Court not the NSW Civil and Administrative Tribunal.

### **3. Oversight of the Voluntary Assisted Dying Board**

The bill will empower the Ombudsman to investigate complaints about the Voluntary Assisted Dying Board. This amendment follows discussions with the NSW Ombudsman

### **4. Review of the Act**

The first review of the act will commence two years after the laws come into effect instead of one year after. This will ensure the review can draw from meaningful information including the Voluntary Assisted Dying Board's first annual report. This amendment follows discussions with the NSW Ombudsman.

### **5. Role of Paramedics and Health care workers**

Health care workers will be limited to initiating discussions about voluntary assisted dying only when the health care worker also tells the patient that they have treatment and palliative care options and that these treatment and palliative care options should be discussed with their doctor.

The change comes from consultation with the Australian Paramedics Association (NSW). Health care workers including paramedics often come into contact with people in significant distress because they have a terminal illness that is causing severe suffering and they understand that their situation will deteriorate. In many circumstances, the person has attempted or is considering attempting to take their life.

If health care workers are able to tell people in these situations that if their suffering becomes intolerable, they have options to get assistance to die peacefully and surrounded by loved ones, it could provide much-needed comfort and prevent them from taking their life before things get unbearable.

The bill will also now clarify that voluntary assisted dying is not self-harm within the meaning of Section 22 of the *Mental Health Act 2007*. This section creates obligations for paramedics when they attend a call-out and identify self-harm. Someone accessing voluntary assisted dying should not fall under the *Mental Health Act 2007* in the event of an ambulance call-out. The change comes from consultation with the Australian Paramedics Association (NSW)

## **6. Locked box provisions**

Instead of leaving the requirements for the locked box in which the substance must be stored to the regulations, the bill now sets out that the locked box must be constructed of steel, not easily penetrable and lockable with a lock of sturdy construction. These provisions reflect the requirements in Victoria.

## **7. Death certificate provisions**

The notification of death certificate that the doctor prepares for the Registry will now include voluntary assisted dying as a cause of death, following feedback from doctors. This certificate is not public but it is used for statistical purposes by the Australian Bureau of Statistics and the World Health Organization. The bill will make it clear that the death certificate issued by the Registry is not permitted to include any reference to voluntary assisted dying.