

Bethesda Health Care Position Statement on Voluntary Assisted Dying

1. Bethesda Health Care (Bethesda) acknowledges the WA State Government's legislation (Voluntary Assisted Dying Act 2019) passed in the Parliament of WA to allow assisted dying, commencing 1 July 2021.
2. Bethesda is committed to providing excellent palliative care to the community of Western Australia,[1] to enhancing the quality of palliative and end-of-life care available to all Western Australians, and to improving access to specialist palliative care for those who need it.
3. Bethesda's clinicians are committed to not intentionally end the life of any person in our care, under the legislated voluntary assisted dying (VAD) framework, nor will Bethesda clinicians facilitate the administration of VAD interventions/services[2] on our premises. [3]
4. Bethesda's clinicians will offer to have open and sensitive discussions with those in our care who consider voluntary assisted dying (VAD), helping ensure they understand their care and treatment options, advising that we will not provide VAD services, and providing information about Western Australia's VAD Care Navigator Service.[4]
5. Bethesda believes all people should receive optimal symptom management at the end of life, and we commit to providing the very best specialised multi-disciplinary palliative care to all our patients, including those who may opt to access voluntary assisted dying (VAD).

Background

There is a time to be born, and a time to die. (Eccl 3.2)

At Bethesda, we seek God's healing through Christian ministry and prayer, clinical excellence, and professional counselling, aiming to care for every aspect of a person's wellbeing, spiritual, medical and emotional. As a Christian organisation, Bethesda does not support voluntary assisted dying (VAD).

We believe that every life has intrinsic value, and that the value of life is not reduced by the circumstances of that life. In this context, we believe people cannot morally cause, or hasten, the death of any person, including themselves, even when this is motivated by a desire to relieve suffering, and even when this is a legal right enshrined in legislation.

Standing with Palliative Care Australia, we believe:[5]

- *The practice of palliative care does not include euthanasia or physician-assisted suicide.*
- *Palliative care does not intend to hasten or postpone death.*
- *Every Australian living with a life-limiting illness should have timely and equitable access to quality, evidence-based palliative and end-of-life care based on their needs.*
- *There is clear evidence of the benefits of timely access to palliative care and end-of-life care for people with life-limiting illness, family carers, and the healthcare system.*
- *The main goals of palliative and end-of-life care are symptom relief, the prevention of suffering and improvement of quality of life. Palliative and end-of-life care are person-centred and focused on individual and family needs.*
- *Compassion, dignity, respect, and participation in decision-making are important to all and integral to delivery of high-quality palliative care and end-of-life care. A request for euthanasia or physician assisted suicide requires a respectful and compassionate response.*
- *When aligned with a person's wishes, withdrawing, or refusing life sustaining treatment (including withholding artificial hydration), or providing medication to relieve suffering, do not constitute euthanasia.*
- *All patients wishing to access VAD should receive optimal symptom management and achieving this should involve specialised palliative care input when required.*

Palliative Care

The World Health Organisation defines palliative care as:

An approach that improves the quality of life of patients and their families facing problems associated with life-limiting illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. Palliative care:

- *Provides relief from pain and other distressing symptoms.*
- *Affirms life and regards dying as a normal process.*
- *Intends neither to hasten or postpone death.*
- *Integrates the psychological and spiritual aspects of patient care.*
- *Offers a support system to help patients live as actively as possible until death.*
- *Offers a support system to help the family cope during the patient's illness and in their own bereavement.*
- *Uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated.*
- *Will enhance quality of life, and may also positively influence the course of illness.*

- *Is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.*

Voluntary Assisted Dying

The Western Australian Voluntary Assisted Dying Act 2019 defines VAD as:[6]

Voluntary assisted dying means the administration of a voluntary assisted dying substance and includes steps reasonably related to that administration.

The WA Department of Health website says:[7]

Put simply, voluntary assisted dying means that some adults could ask for medical help to end their life if they have a disease that is so severe it is going to cause their death and they are suffering badly. The term 'voluntary assisted dying' emphasises the voluntary nature of the choice of the person and their enduring capacity to make this decision.

References

- [1] This includes in all settings such a residential aged care, corrections, disability and inpatient mental health facilities, hospitals, palliative care units, and the homes of individuals with life-limiting conditions.
- [2] This may include (but is not limited to):
- conducting clinical assessments of a person who was requested or is considering accessing VAD to determine whether that person meets the criteria for VAD.
 - providing medications or or equipment to a person who has met (or asserts they have met) criteria for VAD that may be legislated
 - administering medications or providing any medical procedure to a person with the intention of ending that person's life, etc.
- [3] Bethesda will make this information clear (in appropriate formats) to the patient/the patient's substitute decision-maker when the patient is admitted. This information will also be available to those who refer patients to Bethesda for palliative care.
- [4] This information will be provided by the Western Australia Department of Health.
- [5] Palliative Care Australia (2016) Euthanasia and Physician-Assisted Suicide: Position Statement @ https://palliativecare.org.au/wp-content/uploads/dlm_uploads/2015/08/20160823-Euthanasia-and-Physician-Assisted-Suicide-Final.pdf accessed 08 Feb 21.
- [6] Parliament of Western Australia (2019) Voluntary Assisted Dying Act - No 27 of 2019 - Part 1, Division 3, Section 5.
- [7] Department of Health, Government of Western Australia (2021) Voluntary Assisted Dying @ https://ww2.health.wa.gov.au/Articles/U_Z/Voluntary-assisted-dying accessed 08 Feb 21.