

Information for Aboriginal peoples and Torres Strait Islander peoples

Voluntary assisted dying

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.

The terms 'First Nations peoples' and 'Aboriginal and Torres Strait Islander peoples' are used interchangeably. Acknowledging First Nations peoples' right to self-determination, Queensland Health respects the choice of Aboriginal and Torres Strait Islander peoples to describe their own cultural identities which may include these or other terms, including particular sovereign peoples or traditional place names.

Aboriginal peoples and Torres Strait Islander peoples should be warned that this document refers to the sensitive issue of death and dying.

This fact sheet provides an overview of voluntary assisted dying for Aboriginal peoples and Torres Strait Islander peoples.

The final stages of life

The lead up to an expected passing is a very sensitive time for individuals, their mob and their community.

If you become very sick, there are a number of healthcare options you can choose from.

You should talk to your doctor about what options are available and best for you.

Advance care planning

Advance care planning is where you think about, have a yarn and plan for what you would want to happen if you got so sick you couldn't make your own decisions. It involves:

- thinking about what is important to you and your family
- thinking about your healthcare, how you would like to be cared for and who you would like to care for you
- talking to your family, mob or healthcare team about what you want to happen
- writing down what you want to happen in an official document.

Palliative Care Australia has guides and cards available to help you work out what's right for you:

<https://palliativecare.org.au/campaign/aboriginal-torres-strait-islander-discussion-starter/>

Find out more information:

www.mycaremychoices.com.au



Palliative care

Palliative care is for people who are really sick and are not going to get better.

It includes:

- help with physical, social, emotional, cultural, spiritual concerns
- helping your family members, carers and mob learn how to support you

Palliative care does not slow down or speed up your passing. It aims to help you live the best possible life until your passing.

Find out more information:

<https://www.qld.gov.au/health/support/end-of-life/care/palliative>

- Palliative Care Queensland (<https://palliativecareqld.org.au/palliative-care-is/>)—this website provides information about palliative care in Queensland, and links to support and services.
- Queensland Health website (<https://www.qld.gov.au/health/support/end-of-life/care/palliative>)—this website provides information about palliative care in Queensland.

Voluntary assisted dying

Voluntary assisted dying is about choice. It gives people who meet eligibility criteria and who are suffering and very sick the option to ask for medical help to end their life.

Voluntary assisted dying is not suicide.

Voluntary assisted dying is voluntary. Only you can ask for voluntary assisted dying. No one can ask for voluntary assisted dying for you and no one can make you ask for voluntary assisted dying.

No healthcare worker will ever force or try to convince you that you should access voluntary assisted dying.

If you are thinking about accessing voluntary assisted dying, or choose to access voluntary assisted dying, you will continue to receive end-of-life and palliative care. You do not need to stop your end-of-life care if you choose to access voluntary assisted dying—you do not have to choose one or the other.

You can stop the voluntary assisted dying process at any point and for any reason.

The role of family and community

If you are considering accessing voluntary assisted dying your family, mob and community will be able to provide you with support as you work your way through the process. You can talk to your family, mob and community about what you are thinking, but it is important that choosing to access voluntary assisted dying is your decision.

Some of your mob may not be supportive of your choice to access voluntary assisted dying, due to their beliefs. This means that you may not have the usual level of support you would normally have. If this happens it is important you talk to your doctor about this so they can help you get the support you need.

Asking about voluntary assisted dying

Only a doctor or nurse practitioner can start a conversation about voluntary assisted dying with you. If they do this, they must also talk to you about:

- other treatment options and likely outcomes
- palliative care treatment and support options and likely outcomes of this care.

Other healthcare workers can only talk to you about voluntary assisted dying if you ask them for information. If you want to talk to a healthcare worker you trust, for example, an Aboriginal and Torres Strait Islander Health Worker and/or Health Practitioner you must ask them very clearly for this information. You could ask them:

- “I feel like I can’t go on like this. Would voluntary assisted dying be an option for me?”

Asking for information does not mean you have started the voluntary assisted dying process. You can have lots of yarns with your healthcare team about voluntary assisted dying, to make sure you have the information you need to decide if you want to or don’t want to access voluntary assisted dying.

Not all healthcare workers provide voluntary assisted dying

Voluntary assisted dying is complex, with many holding personal views for reasons that are important to them.

Not all doctors or healthcare workers may want to talk about or provide voluntary assisted dying. All healthcare workers can choose to conscientiously object to participating in any stage of the voluntary assisted dying process. This is the right to refuse to talk about or provide voluntary assisted dying services due to personal reasons or beliefs.

If your healthcare team is not able to respond to your questions about voluntary

assisted dying, they should give you the details of another healthcare worker who can or the Queensland Voluntary Assisted Dying Support Service (QVAD-Support). QVAD-Support will be able to answer some of your questions and connect you to a doctor who will be able to help you access voluntary assisted dying.

Phone: 1800 431 371

Email: QVADsupport@health.qld.gov.au

The eligibility criteria

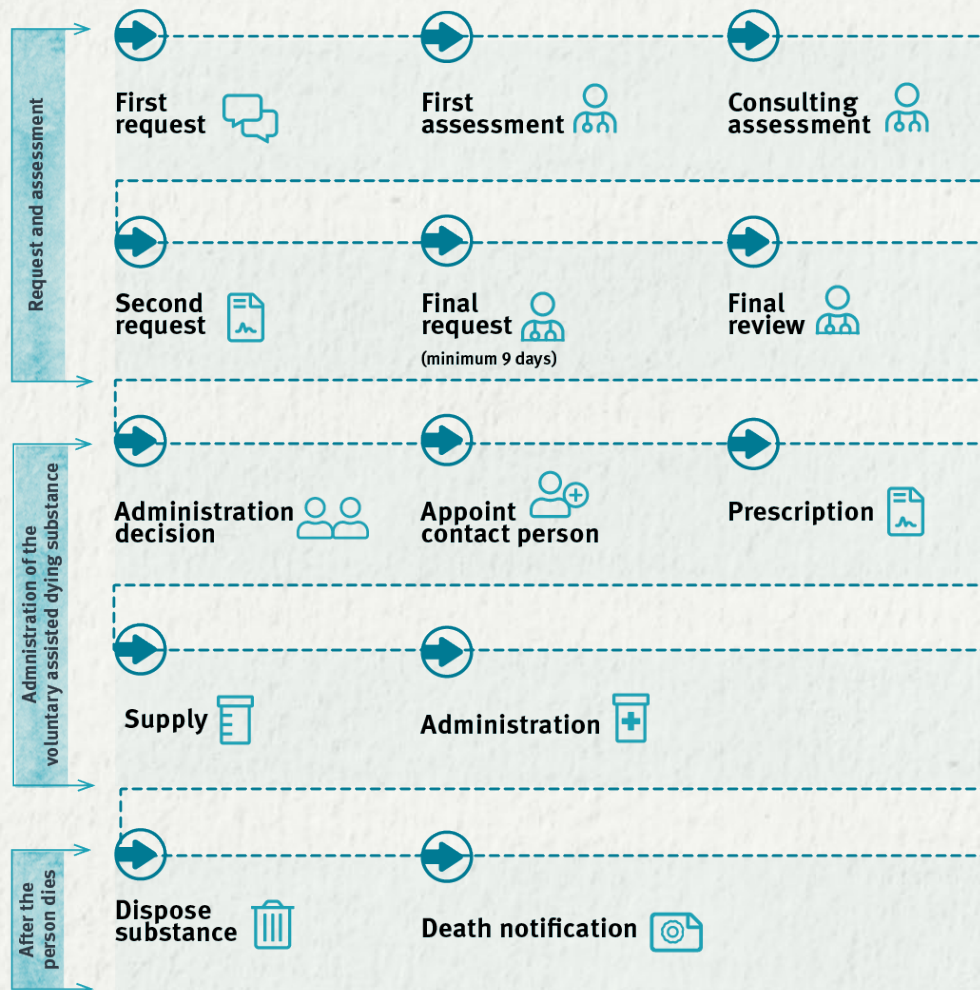
You must meet **all** the eligibility criteria to access voluntary assisted dying.

1. Have an eligible condition.
 - An eligible disease, illness or medical condition is one that is:
 - advanced, progressive and will lead to your passing
 - expected to lead to your passing within 12 months
 - causing suffering that you consider to be intolerable.
2. Have decision-making capacity.
 - This is your ability to your own decisions about voluntary assisted dying.
3. Be acting voluntarily and without coercion.
4. Be at least 18 years of age.
5. Fulfil residency requirements.

Overview of the process

There are three key phases in the voluntary assisted dying process and each phase has a number of steps. You can stop the process at any time.

The below is a high-level overview of the process. You can view a detailed overview of the process on the Queensland Health website (health.qld.gov.au/vad).



The request and assessment stage

These are the steps you must take to request access to voluntary assisted dying. It includes what you, your coordinating doctor and your consulting doctor must do to decide if you are eligible for voluntary assisted dying.

Administration of the voluntary assisted dying substance

These are the steps you must take to decide how the voluntary assisted dying substance

will be administered. Your doctor will talk to you about the different options. It also covers the prescription, supply and administration steps.

After you pass

These are the steps that your contact person and doctor must take after you pass, regardless of whether you die from taking the voluntary assisted dying substance or another cause.

Help with communicating

It is important that you understand what is happening at each stage of the voluntary assisted dying process. It is also important that you are able to communicate your needs and decisions at each stage of the process. If you need an interpreter, you should ask your doctor for one.

Your interpreter can be:

- an interpreter accredited by the National Accreditation Authority for Translators and Interpreters (NAATI)
- someone who has been granted an exemption from the accreditation requirements by Queensland Health.

Your interpreter cannot be:

- a family member, including your:
 - spouse
 - parent
 - grandparent
 - sibling
 - child
 - grandchild.

This includes a person who under Aboriginal tradition or Torres Strait Islander custom is regarded as one of the above people.

- someone who knows or believes that they are a beneficiary under your will
- someone who will otherwise benefit (financially or otherwise) from your passing
- the owner of a health facility where you are being treated or live

- someone who is responsible for the day-to-day management and operation of a health facility where you are being treated or live
- someone who is directly involved in providing health or personal care services to you.

Interpreters can refuse to be involved in the voluntary assisted dying process.

Your coordinating, consulting or administering doctor or nurse will work with the QVAD-Support to find you an interpreter. This will usually be at no extra cost for you.

Returning to country

If you are accessing voluntary assisted dying and you want to return to country to pass there may be support available. QVAD-Access is a travel subsidiary arrangement that helps people living in regional, rural, and remote parts of the state access voluntary assisted dying if it is not available locally.

QVAD-Access can:

- help you to travel to a doctor or nurse or for a doctor or nurse to travel to you, to access voluntary assisted dying
- help an interpreter to travel to you if needed.

QVAD-Access is managed by QVAD-Support.

QVAD-Support

QVAD-Support provides advice to all Queenslanders about voluntary assisted dying.

QVAD-Support is run by care coordinators who are medical, nursing, and allied healthcare workers. You can talk to a care coordinator Monday to Friday, 8.30am-4pm.

Phone: 1800 431 371

Email: QVADSupport@health.qld.gov.au

Support

Some people may find reading or hearing information relating to voluntary assisted dying upsetting. If reading this content has raised distressing issues for you or someone you know, the helplines below provide support and counselling:

24/7 crisis support

- Mental Health Access Line call 1300 64 22 55 (24/7)
- Lifeline call 13 11 14 (24/7 – phone, text, online)
- Suicide Call Back Service call 1300 659 467 (24/7 – phone and online)

Support services

- Gallang Place Indigenous Counselling Service call 3899 5041
- 13YARN call 13 92 76 (24/7)
- Beyond Blue call 1300 22 4636 (24/7 – phone, online)
- Griefline call 1300 845 745 (6am to midnight AEST, 7 days a week)
- Queensland Transcultural Mental Health Centre call 3317 1234 or 1800 188 189 (outside Brisbane) or 1300 64 22 55 (24/7)
- World Wellness Group (multicultural support) call 1300 079 020

For more information and support visit <https://www.qld.gov.au/health/mental-health/help-lines>.

For more information and support visit <https://www.qld.gov.au/health/mental-health/help-lines> .

Acknowledgment of codesign

Queensland Health acknowledges the significant contributions of all stakeholders who have supported the implementation of voluntary assisted dying as part of the Implementation Taskforce, committees, working groups, and forums.

This includes doctors, nurses, pharmacists, allied health professionals, Aboriginal peoples and Torres Strait Islander peoples, consumers, and content experts from across Queensland.

The authors extend their sincere thanks to these contributors for generously providing their advice and feedback.