

Information about supporting 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 some considerations to promote culturally appropriate care when discussing voluntary assisted dying with Aboriginal peoples and Torres Strait Islander peoples.

End-of-life care

The end stage of life is a very significant time for Aboriginal peoples and Torres Strait Islander peoples, their families, their mob and their communities.

Voluntary assisted dying is one of a range of choices Aboriginal peoples and Torres Strait Islander peoples can make as they approach the end of their life.

End-of-life care includes physical, psychosocial, social, cultural and spiritual assessment, care and treatment.

This care is provided by a range of healthcare workers, including Aboriginal and Torres Strait Islander Health Workers and/or Health Practitioners. It includes support for families and carers. People are 'approaching the end of life' when they are likely to die within the next 12 months.

People can choose to receive end-of-life and palliative care while considering or accessing voluntary assisted dying. A person does not need to stop palliative care if they choose to access voluntary assisted dying-they do not have to choose one or the other.

All healthcare workers should continue providing palliative and end-of-life care to people who are considering or accessing voluntary assisted dying.

MORE INFORMATION

health.qld.gov.au/vad



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Voluntary assisted dying

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

Voluntary assisted dying may be an unfamiliar concept for some Aboriginal peoples and Torres Strait Islander peoples. In some languages there is no equivalent translation for the concept of voluntary assisted dying.

Voluntary assisted dying is voluntary. Only the person wishing to access voluntary assisted dying can ask for it. No one can ask for voluntary assisted dying on behalf of someone else. No one will ever be coerced into accessing voluntary assisted dying.

For Aboriginal peoples and Torres Strait Islander peoples, the time before and following death are subject to a number of customary practices.¹ These customary practices vary between, and within, Aboriginal communities and Torres Strait Islander communities.

Caring for self, kin, community, and country is core to Aboriginal peoples and Torres Strait Islander peoples knowing, being, and belonging. Good health and wellbeing are built upon deep and enduring social, emotional, and cultural connections between self and the whole community.²

Aboriginal peoples and Torres Strait Islander peoples' concepts of individual and community wellbeing are strongly linked to culture and spirit. This holistic view of

wellbeing incorporates cyclical concepts of life and death. Discussions around end-of-life care and voluntary assisted dying with Aboriginal peoples and Torres Strait Islander peoples should recognise and respect these key components of wellbeing.

Acknowledge assumptions³

Some Aboriginal peoples and Torres Strait Islander peoples may have had negative experiences accessing healthcare. This could be due to:

- personal negative experiences
- racism
- the historical context of experiences of Aboriginal peoples and Torres Strait Islander peoples in Australia
- inter-generational trauma.

This historical context, and how it might affect individuals, should be acknowledged in providing care to Aboriginal peoples and Torres Strait Islander peoples.

Voluntary assisted dying is not suicide

Suicide is a very sensitive matter within Aboriginal communities and Torres Strait Islander communities and passing by suicide can have a significant impact on these communities and their families.

It is important to make the distinction that voluntary assisted dying is not suicide. Voluntary assisted dying is about choice. It isn't a choice between living and passing, it is an additional end-of-life choice for people

¹ Queensland Health. 2015. Sad News Sorry Business https://www.health.qld.gov.au/__data/assets/pdf_file/0/023/151736/sorry_business.pdf

² Queensland Health. 2022. Health Equity Framework.

³ Indigenous Program of Experience in the Palliative Approach (IPEPA). 2020. *Cultural Considerations: Providing end-of-life care for Aboriginal peoples and Torres Strait Islander peoples; Queensland Health, 2022, Voluntary Assisted Dying Mandatory Training*

who meet the eligibility criteria and who are suffering and nearing the end of their life. It provides eligible people with the option of asking for medical assistance to end their lives. There are strict criteria for who is eligible to access voluntary assisted dying.

Someone who dies as a result of voluntary assisted dying does not pass by suicide. The person will be taken to have passed from the disease, illness or medical condition from which they suffered and this will be reflected on their death certificate. This approach:

- ensures the privacy of individuals and their family
- is consistent with approaches in other states.

Culturally and clinically responsive care

The role of family and community

For many Aboriginal peoples and Torres Strait Islander peoples, decisions about treatment and care are often made together with other family or community members.

While family and community will be important support networks for the person, only the person wanting to access voluntary assisted dying can make the request. No one can ask for voluntary assisted dying on behalf of someone else.

When supporting Aboriginal peoples and Torres Strait Islander peoples through the voluntary assisted dying process, it is important to achieve the right balance between understanding and appreciating the importance of family, community, cultural roles and responsibilities, and the requirements of the *Voluntary Assisted Dying Act 2021* (the Act).

It is also important to consider and acknowledge the role of informal caregivers,

spiritual leaders, and traditional healers when helping someone through the voluntary assisted dying process.

Given the sensitive nature of voluntary assisted dying for many Aboriginal peoples and Torres Strait Islander peoples' communities, some people wishing to access it may not have the usual level of support they would normally have. It is important to talk to the person about who is helping them through the process to determine if they need additional support, including culturally appropriate care.

Responding to questions about voluntary assisted dying

Only a medical practitioner or nurse practitioner can initiate a conversation about voluntary assisted dying.

If any other healthcare worker, including Aboriginal and Torres Strait Islander Health Workers and/or Health Practitioners initiate a conversation about voluntary assisted dying, they could be found in breach of the Act. A healthcare worker can provide general information at the person's request, which must be a clear and unambiguous question about voluntary assisted dying.

Learn more about responding to a person asking about voluntary assisted dying on the Queensland Health website (health.qld.gov.au/vad).

In some situations, it may be culturally appropriate for Aboriginal peoples and Torres Strait Islander peoples to receive information about voluntary assisted dying by yarning with a trusted healthcare worker. In some of these instances, you may want to involve an Aboriginal and Torres Strait Islander Hospital Liaison Service or an Aboriginal and Torres Strait Islander Health Worker/Health Practitioner who is familiar

with the community in these discussions. These healthcare workers can choose to not be involved in these conversations because they:

- have a conscientious objection to voluntary assisted dying
- do not having the appropriate skills or training to be involved in the process
- are not available to assist the person through the process (for example, the healthcare worker is on leave).

Note: Consent should be sought from both the person and healthcare worker before involving interpreters in discussions.

Help with communicating

There are more than 150 languages spoken by Aboriginal peoples and Torres Strait Islander peoples in their homes. English may be a second or third language.⁴

It is important that anyone accessing voluntary assisted dying understands what is happening at each stage of the process and can communicate their needs and decisions.

While family members, carers, friends or health service employees can usually assist with interpreting, this is not allowed for voluntary assisted dying. This includes people who under Aboriginal traditions or Torres Strait Island customs are regarded as a family member.

For voluntary assisted dying, interpreters can only be:

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

Be mindful of language

It is important to be thoughtful with your language when discussing matters of death and dying when communicating with Aboriginal peoples and Torres Strait Islander peoples. For example, using the words 'death' and 'dying' may not be appropriate, and alternative phrases to use could include:

- 'not going to get better'
- 'unwell'
- 'sick' or 'sick person'
- 'sad news'
- 'bad news'
- 'finishing up'
- 'passing on'
- 'sorry business'.⁵

Returning to country

Aboriginal peoples and Torres Strait Islander peoples may ask to return to their homelands to be close to their family and country for the final stage of their life.

Aboriginal peoples and Torres Strait Islander peoples who are accessing voluntary assisted dying may be supported to return to country to pass. QVAD-Access is a travel subsidiary scheme that can help eligible people have an administering doctor or nurse travel to them if one isn't locally available. QVAD-Access is managed

⁴ [Australian Healthcare Associates for the Australian Government Department of Health, 2019 "Exploratory Analysis of Barriers to Palliative Care: Issues Report on](#)

⁵ PEPA. 2020. *Cultural Considerations Providing end-of-life care for Aboriginal peoples and Torres Strait Islander peoples*

by the Queensland Voluntary Assisted Dying Support Service (QVAD-Support): **Phone:** 1800 431 371

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Additional resources

- Voluntary assisted dying education module for healthcare workers
health.qld.gov.au/vad
- Sad News Sorry Business- Guidelines for caring for Aboriginal and Torres Strait Islander people through death and dying
https://www.health.qld.gov.au/_data/assets/pdf_file/0023/151736/sorry_business.pdf
- Aboriginal and Torres Strait Islander Patient Care Guidelines
https://www.health.qld.gov.au/_data/assets/pdf_file/0022/157333/patient_care_guidelines.pdf
- First Nations Health Equity
<https://www.health.qld.gov.au/public-health/groups/atsihealth/making-tracks-together-queenslands-atsi-health-equity-framework>
- End of Life Directions for Aged Care (ELDAC). 2021. *Aboriginal and Torres Strait Islander Peoples*.
<https://www.eldac.com.au/tabid/5776/Default.aspx>.
- Indigenous Program of Experience in the Palliative Approach (IPEPA). 2020. *Cultural Considerations: Providing end-of-life care for Aboriginal peoples and Torres Strait Islander peoples*.
https://pepaeducation.com/wp-content/uploads/2020/12/PEPA_Cultural_ConsiderationsFlipbook_Web.pdf.
- Palliative Care Australia and CATSINaM, Dying to Talk- Aboriginal and Torres Strait Islander discussion Starter, working out what's right for you

<https://palliativecare.org.au/campaign/discussion-starters/>

- Palliative Care Australia and CATSINaM, Dying to Talk – Aboriginal and Torres Strait Islander Discussion Cards
<https://palliativecare.org.au/campaign/discussion-starters/>
- Queensland University of Technology training module about Aboriginal and Torres Strait Islander peoples and end of life law:
<https://palliativecareeducation.com.au/login/index.php>

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 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>.

