Voluntary Assisted Dying Board
Western Australia

Annual Report
2023–24

Statement of Compliance

The Hon Amber-Jade Sanderson MLA
Minister for Health; Mental Health

Dear Minister

Pursuant to section 155 of the *Voluntary Assisted Dying Act 2019*, I have pleasure in submitting to you, for presentation to each House of Parliament, the Annual Report of the Voluntary Assisted Dying Board for the year ended 30 June 2024.

Dr Scott Blackwell
Chairperson, Voluntary Assisted Dying Board

30 October 2024

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Overview

About this report

This annual report fulfils the requirement of section 155 of the *Voluntary Assisted Dying Act 2019* by reporting on the operations of the *Voluntary Assisted Dying Act 2019* for the 12 months to 30 June 2024.

Data in this report

The data in this report has been extracted from the Voluntary Assisted Dying Information Management System (VAD-IMS), unless specified otherwise. VAD-IMS is a bespoke, web-based application developed to manage voluntary assisted dying in Western Australia. Health practitioners upload forms at each stage of the process and can use the platform to register for access to the Western Australia Voluntary Assisted Dying Approved Training. VAD-IMS is monitored by the Voluntary Assisted Dying Board Secretariat Unit.

Data was extracted from VAD-IMS on 15 July 2024 to account for activity that occurred up to 30 June 2024. Footnotes are included throughout the report to assist with interpretation of the data. Figures have been rounded to one decimal place and, due to rounding, totals may exceed 100 per cent. Patients may undertake the same process step in different time periods, so the sum of the number of patients undertaking an activity each year may exceed the all-time count. This report also contains minor revisions to the 2021–22 and 2022–23 data where new information was received or updated. Unless specified otherwise, data in the annual report reflects information collected from valid forms only. VAD-IMS also holds data on forms with other status types including void, revoked or invalid. Unless specified, data for region is based on the postcode of the patient's home address, with the Perth metropolitan region including the Peel region and patients with no fixed address.

Foreword

On behalf of the Board, I express our condolences to all the family and friends of those who made the choice of voluntary assisted dying and have died in 2023–24. We recognise your loss and wish you well as you grieve.

Functions of the Board

Monitoring compliance with the *Voluntary Assisted Dying Act 2019* (the Act) is the primary responsibility of the Board. In carrying out its functions the Board is mindful of the principles outlined at the beginning of the Act and their importance in setting the intent of the Act:

A person exercising a power or performing a function under this Act must have regard to the following principles —

(a) every human life has equal value;

(b) a person's autonomy, including autonomy in respect of end-of-life choices, should be respected;

(c) a person has the right to be supported in making informed decisions about their medical treatment, and should be given, in a manner the person understands, information about medical treatment options including comfort and palliative care and treatment;

(d) a person approaching the end of life should be provided with high quality care and treatment, including palliative care and treatment, to minimise their suffering and maximise quality of life;

(e) a therapeutic relationship between a person and their health practitioner should, wherever possible, be supported and maintained;

(f) a person should be encouraged to openly discuss death and dying, and their preferences and values regarding their care, treatment and end of life should be encouraged and promoted;

(g) a person should be supported in conversations with their health practitioners, family and carers and community about treatment and care preferences;

(g) a person is entitled to genuine choices about their care, treatment and end of life, irrespective of where they live in Western Australia and having regard to their culture and language;

(i) a person who is a regional resident is entitled to the same level of access to voluntary assisted dying as a person who lives in the metropolitan region;

(j) there is a need to protect people who may be subject to abuse or coercion;

(k) all people, including health practitioners, have the right to be shown respect for their culture, religion, beliefs, values and personal characteristics.

With these principles in mind the Board has continued its regional outreach program in 2023–24. Through visits to the regions, we are gaining a better understanding of the challenges in providing voluntary assisted dying on an equitable basis in a state as large as Western Australia.

With 3 years of data and experience available the Board has implemented its research function in 2023–24. In addition to the external research we have been part of since implementation of the Act, a research advisory group has now been formed to assist the Board in undertaking research in relation to information given to the Board under the Act.

The third Annual Report

I am pleased to present the third annual report of the Voluntary Assisted Dying Board (the Board). The Board is now able to reflect on 3 years of activity of voluntary assisted dying in Western Australia since the implementation of the Act on 1 July 2021. The Board's core function is to monitor the operation of this Act. In fulfilling this function, the Board has, from implementation, recognised that in each case the operation of the Act refers specifically to a person. This person we know to be a Western Australian, who we know will die soon, we know they are suffering in a manner that they find unacceptable and we know that they have requested voluntary assisted dying according to the Act. The Board is concerned when our monitoring activities reveal barriers to the passage of this person through the process of voluntary assisted dying as provided under the Act.

This report gives us the opportunity to reflect on data from 2023–24 as well as the 3 years since implementation. The data reveals that there continues to be an increase in requests for voluntary assisted dying year on year. Over the past 3 years, 1,851 people have made a request for voluntary assisted dying and 738 people have died by exercising their choice for voluntary assisted dying. People assessed as eligible for voluntary assisted dying have come from every area of our vast state and includes patients with no fixed address. People have accessed voluntary assisted dying in their homes, nursing homes, hospices, hospitals, caravan parks and supported accommodation. The data confirms again that voluntary assisted dying is an established and enduring end of life choice for Western Australians at the end of their lives.

The Board is always grateful to those who share their experience with us through our personal reflections program. Your reflections give us a personal insight into voluntary assisted dying in Western Australia, what is working well and what we need to pay attention to. From your reflections we are better able to understand the quality of end-of-life care provided by the voluntary assisted dying program and make recommendations that will improve the practice of voluntary assisted dying here in Western Australia. These personal reflections are also important to the Board as they reveal circumstances where a person's progress through the voluntary assisted dying process has been impeded in some way.

The Board is disappointed by feedback received this year that requests for voluntary assisted dying have been brushed aside or ignored when made to a medical practitioner in a consultation. We are aware that some people have experienced a delay in access, and some have been prevented from accessing their lawful choice for voluntary assisted dying under the Act as a result.

The Act outlines specific requirements that all medical practitioners, even those who have not completed the Western Australian Voluntary Assisted Dying Approved Training, must fulfil if they receive a First Request for voluntary assisted dying from a patient. The Board is continuing to pursue the goal of better informing the medical profession about their responsibilities to their patients as outlined under the Act.

Improving the information about voluntary assisted dying available to the community and to health professionals is an ongoing focus of the Board. Practical steps are being pursued to achieve this goal.

Health practitioner availability is vital to the provision of voluntary assisted dying services to Western Australians. While the number of medical practitioners and nurse practitioners that have completed the training requirements has increased over time, the Board is aware that many of the services are provided by a smaller dedicated group of clinicians. The Board is pleased to see nurse practitioner involvement in the voluntary assisted dying process is steadily increasing. We are also pleased that a remuneration model for clinicians providing services under the Act has been approved and funded by the Department of Health and implemented from 1 July 2024. We hope that this will provide better support for clinicians making themselves available to do this sensitive and often time-consuming work.

Now that all states in Australia have implemented voluntary assisted dying, Board Chairs, along with our New Zealand counterpart, have formed a Trans-Tasman Voluntary Assisted Dying Board Chair Forum, to share our experiences and knowledge gained about the issues we all encounter in the provision of voluntary assisted dying services. Two issues involving Commonwealth laws and responsibilities remain a priority for the agenda for the Trans-Tasman Voluntary

Assisted Dying Board Chair Forum, the barriers to provision of voluntary assisted dying services that arise from the *Commonwealth Criminal Code Act 1995*, and the provision of Medicare funding for voluntary assisted dying services.

Thank you

Good end of life care has several very important characteristics. The first of these is truth, without which we cannot make informed decisions and express our choice of the care we desire. Truth, being honest about a person's situation, is not always easy. Truth is best delivered with kindness and respect, and often easier with good teamwork. It is that kindness and respect that the Board has seen expressed in the work of the voluntary assisted dying team of care navigators, pharmacists, doctors, nurse practitioners, voluntary assisted dying coordinators and others that has moved us so much. We express our gratitude to all of you for the sensitive work that you do and the kind way in which you do it. Thank you.

The Board made a regional outreach visit to Geraldton in 2023–24 to listen and learn about access and provision of voluntary assisted dying services in the Midwest. The Board is grateful to the patients, community members, doctors, health workers and local health executive for your hospitality and assistance during our visit to Geraldton. There were many lessons learned which have given us better insight into the voluntary assisted dying work in the Midwest.

The Board is thankful for the support of the Dr DJ Russell-Weisz in his former role as Director General of WA Health and wish him well in his retirement. The Board looks forward to the continuation of this positive and productive relationship with Dr Shirley Bowen, Director General WA Health. We also recognise and thank the End of Life Care Program team in the Department of Health for the good work they do.

During 2023–24 the Board has been expertly supported by a dedicated Secretariat Unit. We thank you for the very high quality of the work that you do and for the professionalism you demonstrate as you navigate the Board through often complex and demanding issues. Thank you.

Front (left to right): Ms Maria Osman, Ms Linda Savage. Back (left to right): Dr Robert Edis, Dr Scott Blackwell, Mr Colin Holt.

We remain committed to maintaining the integrity and reputation of voluntary assisted dying in Western Australia and express our gratitude to the Minister for Health, the Hon Amber-Jade Sanderson, for her enduring support of voluntary assisted dying throughout 2023–24.

Dr Scott Blackwell
Chairperson
Voluntary Assisted Dying Board

Year in review

Voluntary assisted dying in 2023–24 (including change from 2022–23)

First Requests	First Assessments	Consulting Assessments	Substance supplies	Voluntary assisted dying deaths
970 ▲ 28.1%	593 ▲ 24.8%	496 ▲ 24.9%	342 ▲ 20.8%	292 ▲ 14.5%

Patients found eligible to access voluntary assisted dying

Age	Male	Resided in metro area	Cancer related diagnosis
32 – 102	57.3%	74.7%	71.4%
Median age	Female	Resided in regional area	Receiving palliative care
75	42.7%	25.3%	83.8%

Voluntary assisted dying deaths

Self-administration	Practitioner administration		
15 (5.1%)	277 (94.9%)	49.5% of practitioner administration occurred at the patients home 83% of practitioner administration via intravenous administration	1.6% of total deaths in Western Australia in 2023–24

Practitioners

Trained practitioners	Training completed in 2023–24	Location of practice	Participated since 1 July 2021
114	13 Medical practitioners 4 Nurse practitioners	71.1% Perth metro 28.9% Regional	79 Medical practitioners 3 Nurse practitioner

Personal reflections

The Voluntary Assisted Dying Board (the Board) receives feedback via personal reflections from those involved in the voluntary assisted dying process, including the patient, their family or practitioners who are part of their care. The Board is very appreciative for the contribution of personal reflections in 2023–24, which assisted the Board's understanding of voluntary assisted dying in Western Australia. The Board has been pleased that most of the feedback it has received regarding patient and family experiences in accessing voluntary assisted dying has been positive. However, in 2023–24 the Board observed growth in the number of reflections received which outlined barriers to access to voluntary assisted dying as an end of life choice. The consideration of personal reflections throughout the year enabled the Board to share a number of recommendations with the Minister for Health, Director General of WA Health, and with statewide services to improve the safety and quality of voluntary assisted dying.

Key themes expressed in personal reflections include:

- the important role of care navigators, voluntary assisted dying coordinators within Health Service Providers (HSP Coordinators) and practitioners who provide expert and person-centred support throughout the voluntary assisted dying process
- gratitude for the autonomy of voluntary assisted dying as an end of life choice
- failures in responding to requests for information or access to voluntary assisted dying
- time taken to move through the voluntary assisted dying process and delays that impact access to voluntary assisted dying as an end of life choice
- eligibility to access voluntary assisted dying.

To protect the privacy of individuals, personal reflections have been deidentified. We acknowledge the following personal reflections may be distressing to some readers.

The important role of Care Navigators, Voluntary Assisted Dying HSP Coordinators, and practitioners who provide expert and person centred support throughout the voluntary assisted dying process

'...I have nothing but praise for the way it was all managed. There were no inexplicable delays, and all the steps were clearly explained so that [Patient] felt entirely comfortable throughout. He appreciated the directness and the tact with which [Care Navigator], [Coordinating Practitioner] and [Consulting Practitioner] dealt with all the steps of the process...'

Family member

'...My husband and I found the voluntary assisted dying process supportive, organised, and dignified. We had [HSP Coordinator] guide us through the whole process, she answered our questions and stayed on top of the next steps we needed to take, guiding the very difficult days toward my husband's final day. She was there with us at the end too. The doctors and nurse that we had were just amazing and answered all our questions thoroughly and were patient and non-judgemental. [Administering Practitioner], from [hospital] was there at the beginning of my husband's cancer treatment and was the nurse that was with us in the end...'

Family member

'...First and foremost, I want to acknowledge our care navigator. She was absolutely amazing-empathetic, kind, and caring. To this day, she continues to check in on my mother and our family. [HSP Coordinator] from [hospital] was also compassionate and supportive during this challenging time. Additionally, the two pharmacists who delivered the medication to our house were knowledgeable, informative, understanding, and warm...'

Family member

'...While I did not take part in the process directly, [HSP Coordinator] reached out to me to explain the process and offer me support. [HSP Coordinator] was always highly professional but with an empathetic approach that made me feel included and understood. I felt I became close to [HSP Coordinator] and she always brought a smile to my face when she reached out to discuss [Patient]'s wishes and to see how I was coping.... I provide this feedback because I wanted to share how in awe I was of the care provided by [HSP Coordinator]. Not only did she make [Patient]'s dying wish happen, she understood the complicated position I was in and provided me with exactly the support I needed...'

Family member

'[Care Navigator] was fantastic through the process when my wife was applying for VAD - quick to respond and compassionate in the lead up and on the day of death. [Coordinating Practitioner] was also amazing...I don't know how to put it into words without sounding strange, but it was beautiful how [Coordinating Practitioner] wasn't a robot, and the family could feel her warmth and empathy...'

Family member

'...We are extremely grateful to [Care Navigator] at the WA Statewide Care Navigator Service who assisted us throughout the process. Her professionalism and care at a stressful time was extraordinary and our family will be forever grateful...'

Family member

Gratitude for the autonomy of voluntary assisted dying as an end-of-life choice

'...In the beginning I selfishly wanted him to stay but I soon realised this was not my decision and no one can know the pain, the fear, or the loneliness of someone who is slowly dying. Our [Patient] embraced it, chose his date and went out on his own terms. It was a tragic and at the same time somehow beautiful process. On reflection I realised how wonderful it would have been for my mom to have had that choice. I feel [Patient] left this earth bravely and with dignity, feeling truly loved and with no regrets. He was surrounded by his family, and was fully trusting of [HSP Coordinator] and the VAD team.'

Family member

'...Offering this service is an absolute gift to people. It took away the fear of dying and suffering because we knew there was a kind way out if we needed...'

Family member

'I am grateful for the choice and control that VAD offers me. Being diagnosed with terminal illness is a tough weight to bear, at least I can minimise the pain and suffering. Being able to address death differently has been empowering. It is an honour to make it a celebration rather than a devastation...'

Patient

'...Straight away on having the VAD finalised I felt a sense of relief because with motor neurone disease as soon as you get control of one thing another thing pops up and having a limited amount of energy a day makes it very difficult to tackle more than one thing at a time ... when I received my VAD membership there was a sense of relief, I could now try things without fear of making a mistake and being a physical wreck...'

Patient

'...Now that I have had time to reflect, I am truly grateful that Western Australians have the option of VAD and the ability to choose to die with dignity. At the end of the day, it was the only thing that [Patient] had full control over.'

Family member

'...We had as beautiful an ending as we could possibly have had because of voluntary assisted dying. We were together saying goodbye, he was not alone, of course. There were moments that he was scared but there was no way he would not have gone through with it. He died peacefully, just like going to sleep, in my arms. He'd pray almost every night that he wanted to go to sleep and not wake up. He got his wish. I honestly hope that my ending is as peaceful as his was...'

Family member

Failures in responding to requests for information or access to voluntary assisted dying

'...From the patient initially requesting more information about how VAD worked at [hospital] to completing his journey, was 72 hours. This is a remarkable achievement for a patient in a rural setting and I would like to commend the 2 doctors, and the Statewide Pharmacy Service team for the care and attention that this patient received. What is disappointing to have learnt, after chatting with the patient's family, is that the patient had made a request for VAD weeks earlier with his GP. The request was apparently declined. There also seems to be other missed opportunities in this patient's health care journey to access VAD in a less rushed manner than it ended up being. It is clear that there still needs to be more education within the medical community about the medical legal obligations when a patient requests VAD...'

Health practitioner

'...My dad was interviewed by the [medical practitioner] finally after several requests, many days before, to start the VAD process. He provided consent to many members of the teams including the [medical practitioner], palliative team with the request to involve the VAD team. We were left waiting and waiting for the process to be approved. My dad had decided to stop eating and drinking after being in immense pain when swallowing, the failed stent caused him immense pain and suffering. He was actively dying in front of my eyes, crying and asking why the VAD team are not helping him. As his pain increased and the morphine doses were slowly lifted, the [palliative care] team came in to tell him that he was now in a state of delirium and did not have capacity to do the final sign off...'

Family member

'My mother was a long-time advocate of voluntary euthanasia and was very pleased that the VAD Act offered some assistance. Mum, at 92, was diagnosed with her second case of breast cancer, with secondaries. We immediately broached the subject of VAD with the Drs at [hospital]– felt we were fobbed off...'

Family member

'...Our GP said Dad would die before the VAD process could be completed. If a patient enquires about VAD, the process should start immediately, regardless of personal opinions or time constraints. Finding a Prescribing Doctor, this was incredibly difficult. It was challenging to find a hospital accepting VAD patients. At [hospital], a nurse told my parents, "We are not a VAD hospital," making them feel unworthy of their care...VAD is legal in Western Australia, yet many medical professionals had their own obvious opinions about it, complicating the process...'

Family member

'...In [date removed] I made the first enquiry to the nurse at the [aged care facility] for VAD process and was advised the doctor would reach out to us. Later that day, the [medical practitioner] stopped past dad's room to advise my mum and sister that dad would not qualify for VAD as he was not in enough pain, then left...'

'To say that we are disappointed in the way our case was handled by the doctor, and the lack of information provided is an understatement as dad asking the family at each visit has caused us excess stress...'

Family member

Time taken to move through the voluntary assisted dying process and delays that impact access to voluntary assisted dying as an end of life choice

'We could not have the procedure carried out at home. Our local hospital agreed to provide a room for the procedure but there was a considerable delay (8+ weeks) from approval being granted to this room becoming available. The waiting was so stressful for my mum and the entire family. This part, the waiting was the most difficult part for me, whilst trying to stay strong for my Mum and the rest of our family, it broke me, my health declined. When the date was finally provided, I could see the stress drain from my mum and she was finally able to be at peace with her decision and enjoy, as best she could, the precious time remaining with her loved ones...'

Family member

'Unfortunately, we never got to use Voluntary Assisted Dying. I don't quite know how to explain our situation. We had everything in place but unfortunately my husband ended up in [hospital] on the Thursday night and it was put forward to us not to proceed with further medication etc to extend my husband's life because of his condition at that time... We had spoken to the VAD team and made a time for Monday afternoon for the injection at our home. However, the palliative care team, reminded us that my husband would not be fit enough to travel home and more than likely unable to ask for the help to end his life. So, it was suggested they would just make him comfortable till he passed...'

Family member

'...My dad had previously discussed with his GP, palliative care nurse, aged care provider, my mum and my brother but unfortunately, he did not understand the lengthy and complicated process ... Throughout the entire process my dad was certain of his wishes, if anything he was impatient. His thoughts had turned to suicide due to the delay, which I was concerned about, and I wish to express these concerns to the VAD Board. When I asked him if he was sure he wanted to go ahead with VAD on the [date removed] he commented that he had a "grinding month of surety".'

Family member

'I was given hope – I was failed! My husband died in a hospital on a morphine pump when he could have died at home surrounded by family! Simply because [hospital] would not allow the VAD doctor in to do the final interview. Why are hospitals allowed to decide their own laws, even when a law is brought in nationally...'

Family member

'My only suggestion for improvement in the VAD process would be that once a patient made the decision for VAD, for that process to commence much quicker...We realise that there has to be checks in the system. Maybe the extra time was helpful for the family to come to terms with what was about to happen, towards the end, mum was complaining about how long it took as she was growing in pain and discomfort. Minimising this period would have reduced her suffering.'

Family Member

Eligibility to access voluntary assisted dying

'I am struggling with the knowledge that my father does not fit the appalling narrow parameters for VAD…He wants to die. Just because he is not terminal, does not take away from the fact that he feels he has no quality of life and nothing to live for and does not want to be alive any longer…My reflection is that this is not life, this is just an incredibly sad, lonely death. As a society, we should do better.'

Family member

'…On Monday, when Mum's coordinating practitioner came to see and assess her for VAD, her mental capacity had declined over the weekend, and she was seen as too confused to proceed… Could it be added to the VAD Law that the person requesting/approved for VAD can nominate a next of kin or similar to advocate for them in times such as my mum's… '

Family Member

'…To qualify for VAD, one must be sound of mind. This has forced me to choose my dying date sooner rather than later…For now, I qualify for VAD, but that could all change in a blink of an eye due to the effects of my terminal illness on my existing neurological condition…'

Patient

'…We were never eligible for Medicare. Paid our taxes in Australia. I'm in aged care now. Still paying my way but was diagnosed with grade 3 breast cancer over a year ago. Prognosis 6 months to live. With that knowledge I applied to VAD. Sadly you have to be a "permanent resident" to apply. I applied to the courts here in Perth, presented my "case" - but "they were the rules!". Someone wrote this: When all usefulness is over, when one is assured of an unavoidable and imminent death, it is the simplest of human rights to choose a quick and easy death in place of a slow and horrible one. I beg the authorities to change these rules. Don't punish decent, honest people more.'

Patient

Health practitioners

Health practitioner participation in voluntary assisted dying

Medical and nurse practitioners participating in the voluntary assisted dying process must meet eligibility criteria as defined in the *Voluntary Assisted Dying Act 2019* (the Act), including registration type, practice duration and completion of the Western Australian Voluntary Assisted Dying Approved Training (WA VAD Approved Training). Once training is completed, medical practitioners may complete patient assessments as a Coordinating or Consulting Practitioner. Trained medical and nurse practitioners may administer the voluntary assisted dying substance as an Administering Practitioner.

A total of 114 medical and nurse practitioners have completed the WA VAD Approved Training (103 medical practitioners, 11 nurse practitioners), with 13 medical practitioners and 4 nurse practitioners completing the training in 2023–24.

Since 1 July 2021, 79 medical practitioners (69.3% of participating practitioners[1]) acted as a Coordinating, Consulting or Administering Practitioner[2], with 11 medical practitioners acting in a role for the first time in 2023–24. Seven medical practitioners who acted as a Coordinating, Consulting or Administering practitioner in 2022–23 did not act in a role in 2023–24. In 2023–24, 69 participating practitioners acted as a Coordinating, Consulting or Administering Practitioner, including 3 nurse practitioners acting as an Administering Practitioner. Medical practitioners and nurse practitioners participating in the voluntary assisted dying process are required to have completed the WA VAD Approved Training within the last 3 years. In supporting commencement of the Act, 16 practitioners had completed the training prior to 1 July 2021, with their training to expire prior to 30 June 2024. Of this group, 4 medical practitioners (25%) have not renewed their WA VAD Approved Training and no longer meet the eligibility requirement to act as a Coordinating, Consulting or Administering Practitioner.

1 Participating Practitioner includes any medical or nurse practitioner who has completed WA VAD Approved Training to enable them to participate in the voluntary assisted dying process as a Coordinating, Consulting or Administering Practitioner.

2 A participating practitioner is considered to have acted in the role of a Coordinating, Consulting or Administering Practitioner through the submission of a First Assessment, Consulting Assessment or Practitioner Administration Form.

Practitioner participation

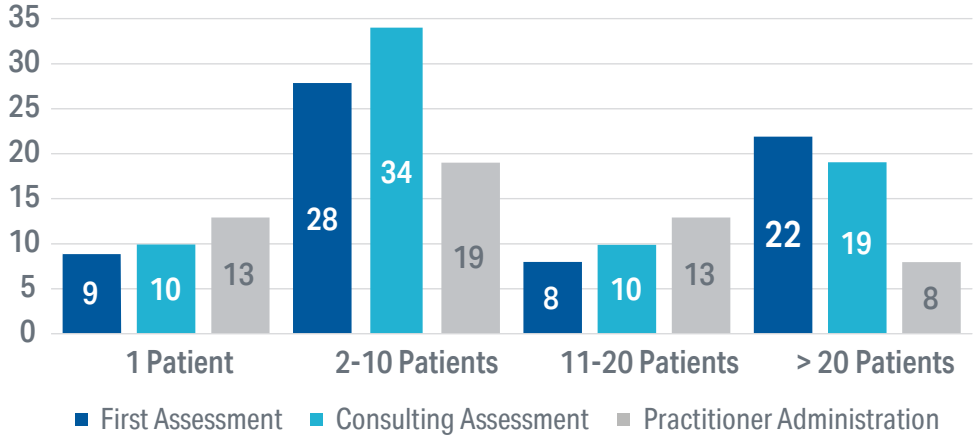
Since 1 July 2021, participating practitioners are most likely to have acted as a Coordinating, Consulting or Administering Practitioner for between 2 to 10 patients.

More than half of participating medical practitioners have completed at least one First Assessment as a Coordinating Practitioner (n=67, 65.0%). Of these, 86.6 per cent (n=58) completed more than one First Assessment and 44.8 per cent (n=30) completed First Assessments for 11 or more patients. Nearly all patients who underwent a First Assessment did not have a previous relationship with their Coordinating Practitioner (n=1,310, 90.2%).

Participating medical practitioners were most likely to have completed a Consulting Assessment with 70.9 per cent (n=73) completing at least one Consulting Assessment since 1 July 2021.

Close to half of participating medical and nurse practitioners have acted as an Administering Practitioner since 1 July 2021 (n=53, 46.5%).

Figure 1: Number of practitioners who completed a First Assessment, Consulting Assessment and Practitioner Administration 2021 to 2024



In 2023–24, 72 practitioners accepted a First Request:

- this includes 16 practitioners that were not trained at the time of accepting the request and did not go onto complete the WA VAD Approved Training during the period
- 8 practitioners accepted 52.1 per cent of all First Requests.

In 2023–24, 54 medical practitioners completed a First Assessment:

- 5 practitioners completed 42.8 per cent of all First Assessments
- the number of practitioners completing First Assessments each month ranged between 18 and 32 practitioners with an average of 22 practitioners per month.

Location of practice

Participating practitioners nominated a practice address[3] across all regions except the Wheatbelt. More than two thirds of participating practitioners were based in the Perth metropolitan region (n=81, 71.1%).

3 Medical practitioners nominate their work address when registering to use VAD-IMS.

Table 1: Number of participating practitioners by health region

	2021 to 2024 number of participating practitioners		2023–24 number acted as a Coordinating, Consulting or Administering practitioner
Region of practice	Total	% of total	Total
Perth metropolitan	81	71.1%	45
Goldfields	1	0.9%	1
Great Southern	8	7.0%	5
Kimberley	5	4.4%	3
Midwest	2	1.8%	2
Pilbara	2	1.8%	1
South West	15	13.2%	12
Wheatbelt	0	0.0%	0
Total	**114**	**100.0%**	**69**

Practitioner specialty

Participating medical practitioners hold registration with a range of specialties[4]. In Western Australia participating medical practitioners are not required to have specialty expertise in the disease, illness or medical condition expected to cause the patient's death. General practice was the specialty of 44.6 per cent (n=45) of participating practitioners.

Table 2: Number of participating practitioners by specialty type 2021 to 2024

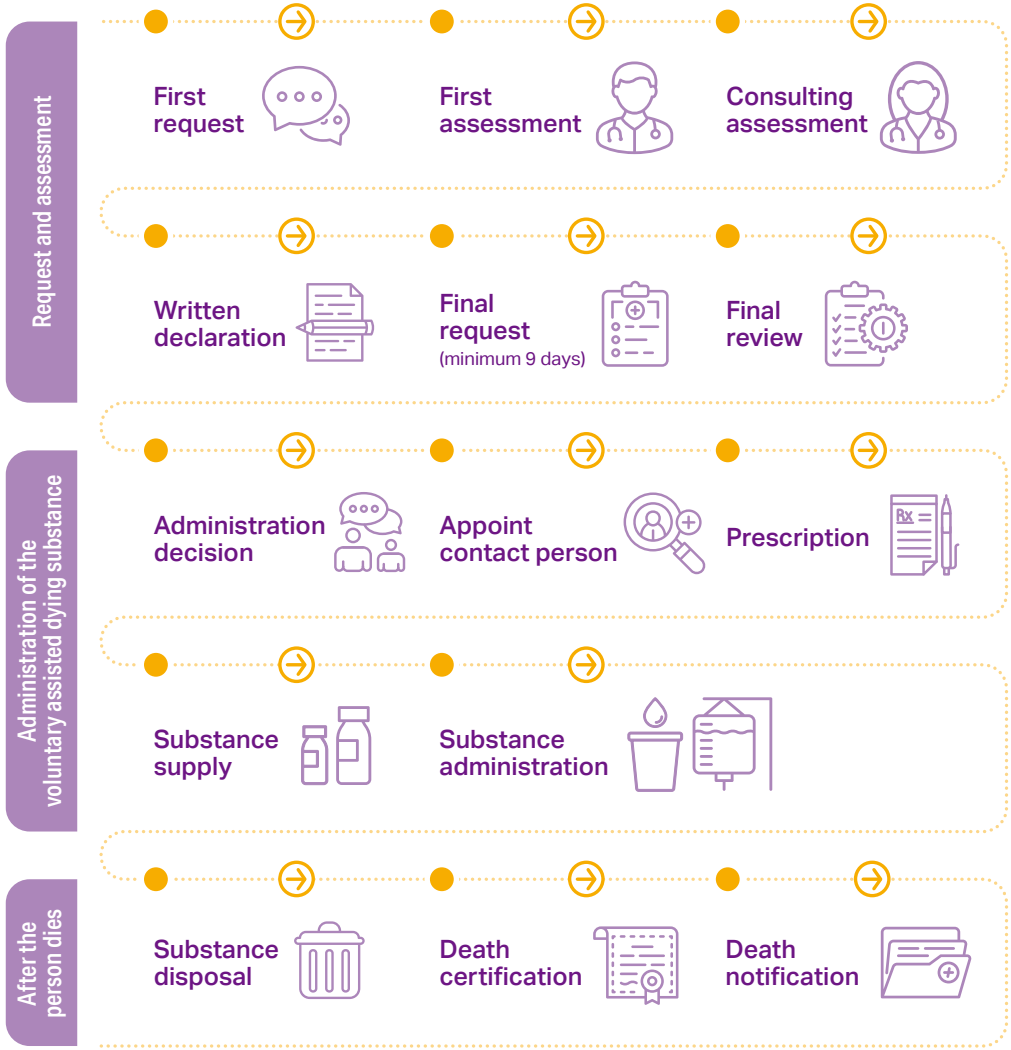
Participating practitioner specialty	Total	% of total
General practice	52	43.0%
Psychiatry	8	6.6%
Nurse practitioner	11	9.1%
Anaesthesia	10	8.3%
Emergency medicine	8	6.6%
Haematology	5	4.1%
Medical oncology	4	3.3%
Neurology	4	3.3%
Geriatrics	3	2.5%
General medicine	2	1.7%
General registration only	2	1.7%
Palliative medicine	2	1.7%
Paediatrics and child health	2	1.7%
Clinical pharmacology	1	0.8%
Intensive care medicine	1	0.8%
Medical Administration	1	0.8%
Nephrology	1	0.8%
Obstetrics and gynaecology	1	0.8%
Pain medicine	1	0.8%
Physician	1	0.8%
Rheumatology	1	0.8%
Total	**121**	**100.0%**

4 Specialty is sourced from the practitioner's registration with the Australian Health Practitioner Regulation Agency and is recorded in VAD-IMS. The number exceeds the total number of participating practitioners as some practitioners hold more than one registration type.

Voluntary assisted dying process

Access to voluntary assisted dying

The voluntary assisted dying process involves several steps from First Request to death certification. Each step is recorded, and a person can choose to stop the process at any point. If a person withdraws, or if they are not considered eligible, they may recommence the request and assessment process by making a new First Request.



First Request

A person starts the voluntary assisted dying process by making a clear and unambiguous request for voluntary assisted dying to a medical practitioner during a medical consultation, known as a First Request. Medical practitioners must notify the Board when they receive a First Request and advise if the First Request is accepted or refused.

Acceptance or refusal of a First Request relates to whether the practitioner is willing, able and eligible to take on the role of Coordinating Practitioner in the voluntary assisted dying process. Once a medical practitioner accepts a First Request, they become the person's Coordinating Practitioner.

Once the First Request has been accepted or refused, the medical practitioner must provide the person making a First Request with a copy of the Approved Information for a person making a First Request for voluntary assisted dying booklet (Approved Information) and notify the Voluntary Assisted Dying Board by submission of the First Request Form. The Approved Information contains the contact details of the Statewide Care Navigator Service who can provide information, support and assistance to the person throughout the voluntary assisted dying process. This includes assistance with finding another participating medical practitioner when a First Request has been refused.

Since the commencement of the *Voluntary Assisted Dying Act 2019* on 1 July 2021, 1,851 people have made a First Request to access voluntary assisted dying. In 2023–24:

- 759 people made a First Request to access voluntary assisted dying, an increase of 24.8 per cent over the number of people who made a First Request in 2022–23 (n=608). Of these:
  - 530 people (69.8%) made only one First Request, of which 390 (73.6%) were accepted and 140 (26.4%) were refused
  - 229 people (30.2%) made more than one First Request
- 970 First Requests were made as some people made more than one First Request[5] . Of these:
  - 65.1 per cent of First Requests were accepted (n=631), a decrease from 66.6 per cent in 2022–23 (n=504)
  - 34.9 per cent of First Requests were refused (n=339), an increase from 33.4 per cent in 2022–23 (n=253).

5 Information is provided based on a First Request being made and a First Request Form being submitted to the Voluntary Assisted Dying Board.

A practitioner being ineligible to participate in the voluntary assisted dying process was the most common reason a First Request was refused in 2023–24 (n=151, 44.9%). Conscientious objection to voluntary assisted dying was recorded as the reason in 13.7 per cent (n=46) of First Requests that were refused.

In 2023–24, First Requests were made by persons residing in each region of Western Australia, with 75.2 per cent (n=729) of First Requests made by persons in the Perth metropolitan region. The number of reported First Requests from persons residing in regional areas increased by 23.6 per cent from the previous year, with increased requests from the Goldfields, Midwest and South West regions.

Table 3: Number of First Requests made by health region in 2021–22, 2022–23 and 2023–24

Health Region	2021–22	2022–23	2023–24	Total	% of total
Perth metropolitan	555	562	729	1,846	75.3%
Goldfields	14	11	14	39	1.6%
Great Southern	63	58	56	177	7.2%
Kimberley	7	10	9	26	1.1%
Midwest	16	20	33	69	2.8%
Pilbara	6	7	4	17	0.7%
South West	47	63	102	212	8.6%
Wheatbelt	18	26	23	67	2.7%
Total	**726**	**757**	**970**	**2,453**	**100.0%**

First Assessment

Once a medical practitioner accepts the First Request, they become the Coordinating Practitioner for the patient. The Coordinating Practitioner assesses the patient's eligibility to proceed with voluntary assisted dying through the First Assessment process.

Since 1 July 2021, 1,415 patients have completed a First Assessment to assess eligibility for voluntary assisted dying, with 580 patients assessed in 2023–24. This represents an increase of 23.7 per cent over the number of patients who completed a First Assessment in 2022–23 (n=469).

In 2023–24, 593 First Assessments were completed as some patients had more than one First Assessment[6] . Of the First Assessments completed in 2023–24:

- 88.5 per cent of assessments (n=525) had an eligible outcome, a decrease from 89.1 per cent (n=423) in 2022–23
- 11.5 per cent of assessments (n=68) had an ineligible outcome, an increase from 10.9 per cent (n=52) in 2022–23.

Eligibility

The Voluntary Assisted Dying Act 2019 requires that a patient must meet all the following criteria to be eligible for voluntary assisted dying:

- The person has reached 18 years of age.
- The person is an Australian citizen or permanent resident.
- At the time of making a First Request (for voluntary assisted dying), the person has been ordinarily resident in Western Australia for a period of at least 12 months.
- The person is diagnosed with at least one disease, illness or medical condition that:
  - is advanced, progressive and will cause death
  - will, on the balance of probabilities, cause death within a period of 6 months or, in the case of a disease, illness or medical condition that is neurodegenerative, within a period of 12 months and
  - is causing suffering to the person that cannot be relieved in a manner the person considers tolerable.
- The person has decision-making capacity in relation to voluntary assisted dying.
- The person is acting voluntarily and without coercion.
- The person's request for access to voluntary assisted dying is enduring.

If a patient does not meet the eligibility criteria, they are assessed as ineligible, and the voluntary assisted dying process stops.

6 A patient may have completed more than one First Assessment. Scenarios include:
- if a patient was assessed as not eligible on an initial assessment and was reassessed and their eligibility changed e.g., their disease progression advanced
- if a patient withdrew from the request and assessment process and then at a subsequent date made a new First Request.

In 2023–24, the most common reason patients were found to be ineligible was because they had not been diagnosed with at least one disease, illness or medical condition that would, on the balance of probabilities, cause death within a period of 6 months or, in the case of a neurodegenerative disease, illness or medical condition, within a period of 12 months (n=58).

Figure 2: Eligibility of patients undertaking First Assessment in 2023–24

During the First Assessment, a Coordinating Practitioner may make a referral to another medical practitioner for determination that the patient:

- meets eligibility criteria related to disease, illness or medical condition;
- has decision-making capacity in relation to voluntary assisted dying; or
- is acting voluntarily and without coercion.

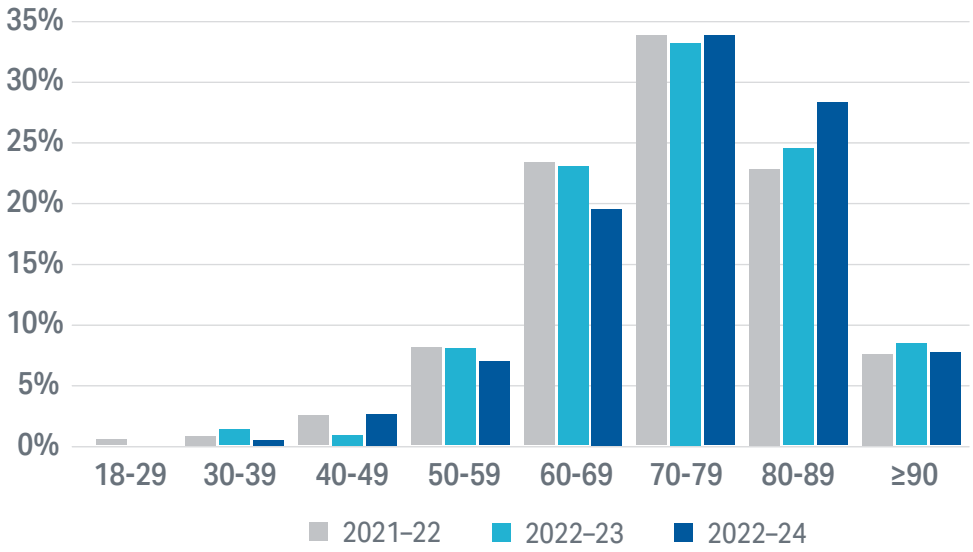
A referral for determination was completed as part of 12 First Assessments in 2023–24, with 13 referrals made as one patient was referred for more than one eligibility criteria. This represents 2 per cent of all First Assessments, a decrease from 5.3 per cent in 2022–23 (n=25). The majority of referrals (n=12) were made regarding the patient's disease, illness or medical condition.

Profile of eligible patients requesting access to voluntary assisted dying

There were 525 patients assessed as eligible to access voluntary assisted dying after the completion of a First Assessment in 2023–24, bringing the total number of eligible patients to 1,302 since 1 July 2021.

In 2023–24, eligible patients were aged 32 to 102 years, with a median age of 75.

Figure 3: Distribution of patient age at First Assessment in 2021–22, 2022–23 and 2023–24



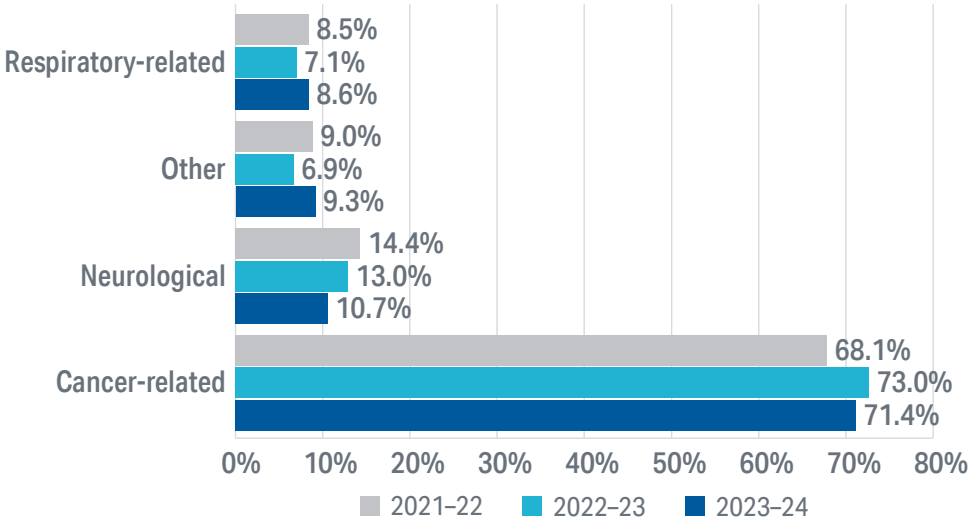
In 2023–24:

- a greater proportion of eligible patients were male (57.3%) than female (42.7%)
- approximately three quarters of patients assessed as eligible resided in the Perth metropolitan region (n=392, 74.7%), a decrease from 75.6 per cent in 2022–23
- 0.8 per cent of patients assessed as eligible were of Aboriginal origin (n=4), a decrease from 1.4 per cent in 2022–23
- approximately 2 out of 5 of patients assessed as eligible were born overseas (n=211, 40.2%), an increase from 38.2 per cent in 2022–23
- 7.4 per cent of eligible patients did not identify English to be their first language (n=39), an increase from 7.1 per cent in 2022–23
- patients assessed as eligible were most likely to report being in a married or de-facto relationship at the time of First Assessment (n=260, 49.5%)
- two thirds of patients assessed as eligible reported living with family or others at the time of First Assessment (n=353, 67.2%)
- patients assessed as eligible most commonly reported high school as their highest level of education (n=220, 41.9%).

Primary diagnosis

The majority of patients found eligible at First Assessment had a cancer-related primary diagnosis (n=375, 71.4%), a decrease from 73 per cent in 2022–23 (n=309). 'Other' diagnoses included congestive heart failure and end stage renal failure.

Figure 4: Patients by primary diagnosis group in 2021–22, 2022–23 and 2023–24



In 2023–24:

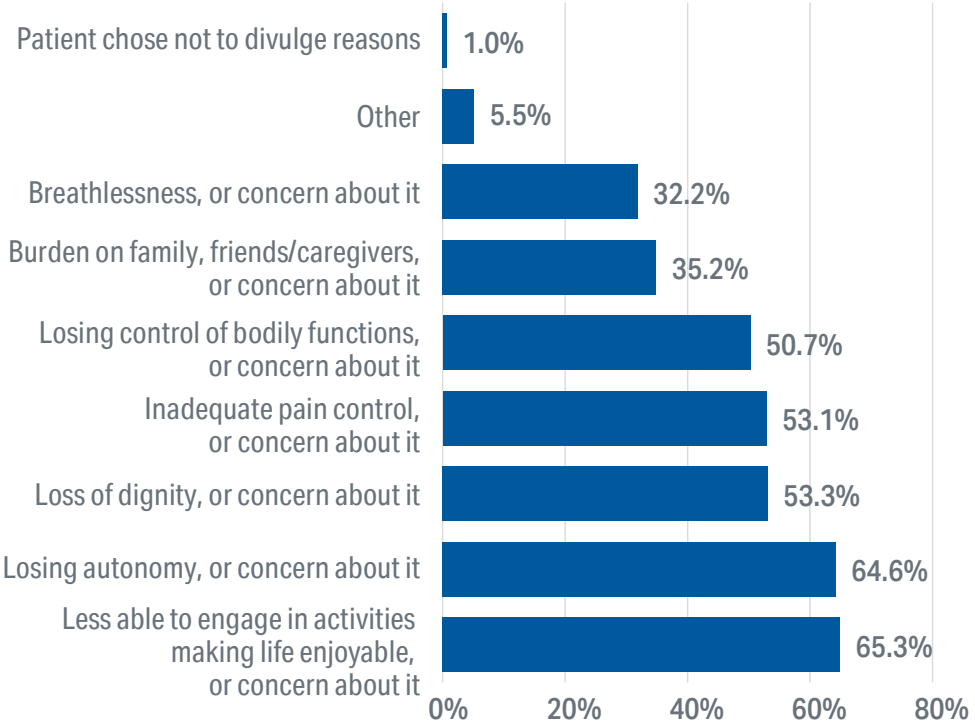
- the most common primary diagnosis in men and women was lung cancer
- the most common cancers were cancers of the lung (n=68), pancreas (n=36), colorectal (n=35), and brain (n= 22)
- the most common neurological diagnoses were motor neurone disease (n=33), Parkinson's disease (n=7) and progressive supranuclear palsy (n=5)
- the most common respiratory related diagnoses were interstitial lung disease (n=10), pulmonary fibrosis (n=10) and chronic obstructive pulmonary disease (n=9).

Reasons for accessing voluntary assisted dying

Patients are eligible to access voluntary assisted dying if they meet all eligibility criteria including having at least one disease, illness or medical condition that will, on the balance of probabilities, cause death within a period of 6 months, or 12 months for neurodegenerative conditions, and is causing suffering to the person that cannot be relieved in a manner that the person considers tolerable. During the First Assessment, while not part of the assessment of eligibility, patients are asked to nominate their reasons for requesting voluntary assisted dying from a list of options given.

In 2023–24, the most common reasons given by patients assessed as eligible during the First Assessment were being less able to engage in activities making life enjoyable, or concern about it (65.3%) followed by losing autonomy, or concern about it (64.6%). These results are similar to 2022–23 and 2021–22.

Figure 5: Patient reason for accessing voluntary assisted dying 2023–24



Palliative care

Palliative care aims to improve the quality of life of anyone with a life-limiting condition, their family and carers, and plays an important role in how a person approaches the end of their life. During the First Assessment process, patients are asked if they are currently receiving, or have previously received, palliative care.

In 2023–24, most patients assessed as eligible were receiving palliative care at the time of the First Assessment (83.8%), a decrease from 2022–23 (86.1%). Patients were most commonly receiving community or home-based palliative care at the time of the First Assessment (48%).

Table 4: Palliative care information collected during First Assessment in 2021–22, 2022–23 and 2023–24[7]

Patients receiving palliative care at time of First Assessment		2021–22	2022–23	2023–24	Total	% of total
No		**52**	**59**	**85**	**196**	**15.1%**
If no, have they received within last 12 months?	No	43	50	73	166	84.7%
	Yes	9	9	12	30	15.3%
Yes		**302**	**364**	**440**	**1,106**	**84.9%**
If yes, from where?	Community or home-based palliative care	171	174	211	556	50.3%
	Specialist palliative care unit	63	66	76	205	18.5%
	General practitioner	58	72	88	218	19.7%
	Consultation in a hospital	55	99	135	289	26.1%
	Outpatient clinic	23	44	31	98	8.9%
	Consultation in a facility	12	13	19	44	4.0%
Total		**354**	**423**	**525**	**1,302**	**100.0%**

7 For patients currently receiving palliative care, more than one care type can be recorded.

Table 5: Demographic characteristics of patients assessed as eligible for voluntary assisted dying in 2021–22, 2022–23 and 2023–24

Characteristic	2021–22	2022–23	2023–24	Total	% of total
Patient age					
18-29	2	0	0	2	0.2%
30-39	3	6	3	12	0.9%
40-49	9	4	14	27	2.1%
50-59	29	34	37	100	7.7%
60-69	83	98	103	284	21.8%
70-79	120	141	178	439	33.7%
80-89	81	104	149	334	25.7%
≥90	27	36	41	104	8.0%
Patient region					
Metropolitan	278	320	392	990	76.0%
Goldfields	8	3	7	18	1.4%
Great Southern	22	31	28	81	6.2%
Kimberley	4	5	4	13	1.0%
Midwest	8	13	20	41	3.1%
Pilbara	3	3	4	10	0.8%
South West	19	33	56	108	8.3%
Wheatbelt	12	15	14	41	3.1%

Characteristic	2021–22	2022–23	2023–24	Total	% of total
Gender					
Male	205	249	301	755	58.0%
Female	149	174	224	547	42.0%
Other	0	0	0	0	0.0%
Aboriginal or Torres Strait Islander origin					
No	347	417	521	1,285	98.7%
Aboriginal	7	6	4	17	1.3%
Torres Strait Islander	0	0	0	0	0.0%
Aboriginal and Torres Strait Islander	0	0	0	0	0.0%
Born overseas					
No	207	261	314	782	60.1%
Yes	147	162	211	520	39.9%
English first language					
No	35	30	39	104	8.0%
Yes	319	393	486	1,198	92.0%
How well does the patient speak English					
Not at all	2	2	1	5	0.4%
Not well	1	5	5	11	0.8%
Well	16	17	6	39	3.0%
Very well	335	399	513	1,247	95.8%

Characteristic	2021–22	2022–23	2023–24	Total	% of total
Patient ancestry					
Australian	151	177	226	554	42.5%
Chinese	3	5	3	11	0.8%
Dutch	13	9	12	34	2.6%
English	107	133	154	394	30.3%
German	8	14	13	35	2.7%
Indian	7	4	4	15	1.2%
Irish	11	15	10	36	2.8%
Italian	11	7	13	31	2.4%
New Zealand	5	5	6	16	1.2%
Scottish	11	22	33	66	5.1%
Other	27	32	51	110	8.4%
Assisted by interpreter during First Assessment					
No	352	418	520	1290	99.1%
Yes	2	5	5	12	0.9%
Usual living circumstances					
Lives with family	215	251	304	770	59.1%
Lives alone	115	143	172	430	33.0%
Lives with others	24	29	49	102	7.8%

Characteristic	2021–22	2022–23	2023–24	Total	% of total
Relationship status					
Divorced	60	79	75	214	16.4%
Married/De facto	176	191	260	627	48.2%
Never married	29	44	44	117	9.0%
Separated	17	13	26	56	4.3%
Widowed	71	96	120	287	22.0%
Not reported	1	0	0	1	0.1%
Highest level of education					
Primary school	10	14	9	33	2.5%
High school	138	191	220	549	42.2%
Year 12 graduation	51	37	73	161	12.4%
Trade certificate	42	73	79	194	14.9%
Advanced diploma and diploma	38	31	58	127	9.8%
Bachelor degree	49	46	58	153	11.8%
Postgraduate degree	26	30	27	83	6.4%
Not reported	0	1	1	2	0.2%
Diagnostic group					
Cancer-related	241	309	375	925	71.0%
Neurological	51	55	56	162	12.4%
Other	32	29	49	110	8.4%
Respiratory-related	30	30	45	105	8.1%

Consultation Assessment

Once a patient has been assessed as eligible for voluntary assisted dying during the First Assessment, the Coordinating Practitioner must refer the patient to another medical practitioner for a Consulting Assessment. The Consulting Practitioner conducts an independent assessment of the patient's eligibility for voluntary assisted dying.

Since 1 July 2021, 1,200 patients have completed a Consulting Assessment, with 492 patients assessed in 2023–24. This represents an increase of 24.9 per cent over the number of patients who completed a Consulting Assessment in 2022–23 (n=394).

In 2023–24, 496 Consulting Assessments were completed as some patients had more than one Consulting Assessment[8] . Of the Consulting Assessments completed in 2023–24:

- 98.2 per cent of assessments (n=487) had an eligible outcome, this is similar to 2022–23 (98.7%, n=392)
- 1.8 per cent of assessments (n=9) had an ineligible outcome, this is similar to 2022–23 (1.3%, n=5).

A referral for determination was completed as part of 3 Consulting Assessments in 2023–24.

8 The data includes forms with a status of valid and void

Final Request and Final Review

Final Request

Patients found eligible after a Consulting Assessment then complete a Written Declaration, before making a Final Request to the Coordinating Practitioner for access to voluntary assisted dying.

The *Voluntary Assisted Dying Act 2019* (the Act) specifies a designated period of 9 days between the First Request and Final Request. An exception to the 9-day designated period can be made if both the Coordinating Practitioner and Consulting Practitioner believe the patient is likely to die or to lose decision-making capacity in relation to voluntary assisted dying before the end of the 9-day designated period.

Since 1 July 2021, 1,065 patients made a Final Request to access voluntary assisted dying and 23.6 per cent of these patients (n=251) made the Final Request within the 9-day designated period. The median number of days between First Request to Final Request was 14 days.

Of the patients who made a Final Request, 76.7 per cent resided in the Perth metropolitan region (n=817) and 23.3 per cent resided in regional areas (n=248). Patients residing in the Perth metropolitan area were more likely to make a Final Request within the 9-day designated period (23.9%) than regional patients (22.6%).

In 2023–24:

- 434 patients submitted a Final Request, an increase of 25.1 per cent from 2022–23 (n=347)
- 27.4 per cent of patients (n=119) made the Final Request within the 9-day designated period, an increase from 23.9 per cent in 2022–23 (n=83). Of these:
  - 54.6 per cent (n=65) were made because it was the opinion of the Coordinating Practitioner that the patient was likely to die before the end of the 9-day designated period, representing an increase from 45.8 per cent in 2022–23 (n=38)
  - 45.4 per cent (n=54) were made because it was the opinion of the Coordinating Practitioner that the patient would lose decision making capacity in relation to voluntary assisted dying before the end of the 9-day designated period, representing a decrease from 54.2 per cent in 2022–23 (n=45).

Whilst a patient can make the Final Request in the designated period this data does not represent patients who went on to administer the voluntary assisted dying substance within the designated period.

Final Review

The request and assessment process concludes with the Final Review. The Coordinating Practitioner completes a Final Review to ensure that the voluntary assisted dying request and assessment process has been completed in accordance with the Act. As part of the Final Review, the Coordinating Practitioner must make sure that the patient has decision making capacity in relation to voluntary assisted dying, is acting voluntarily and without coercion, and still wants to access voluntary assisted dying. Since 1 July 2021, 1,063 patients have completed the Final Review, with 433 patients reviewed in 2023–24. In 2023–24, one patient was found to be ineligible and access to voluntary assisted dying was unable to proceed as the practitioner was unable to certify that the patient had decision making capacity.

Patients who withdrew

Since July 2021, 18 patients who commenced the request and assessment process have withdrawn, including 4 patients in 2023–24. All patients who withdrew did so prior to an Administration Decision being made.

Administration Decision

If the patient has been confirmed as eligible at the Final Review, they may make an Administration Decision. This decision is made in consultation with, and on the advice of, the Coordinating Practitioner. Administration of the voluntary assisted dying substance may be through one of 2 options:

1. self-administration
2. practitioner administration.

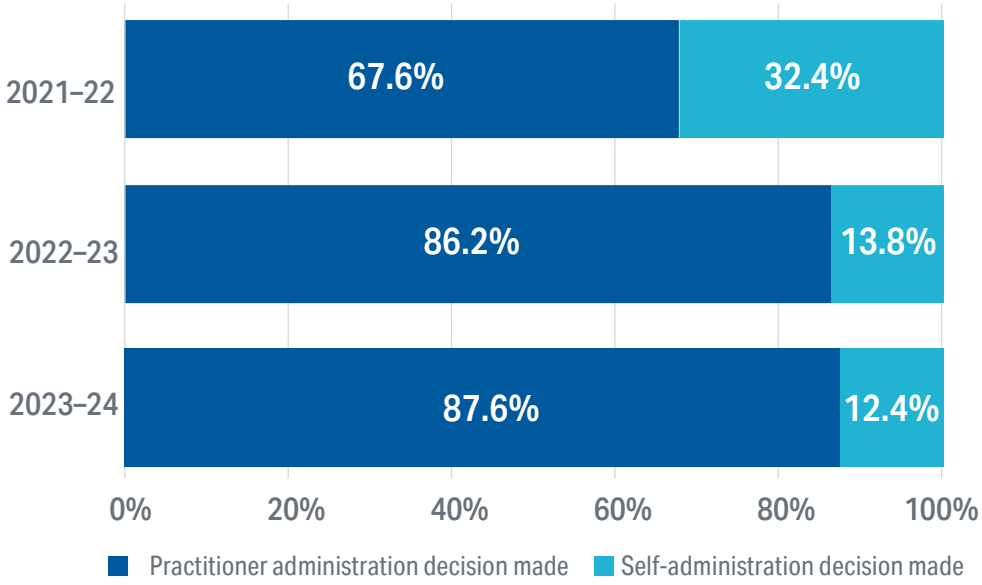
Self-administration of a voluntary assisted dying substance requires the patient to prepare and ingest the substance by swallowing or via a percutaneous endoscopic gastrostomy (PEG) or nasogastric (NG) tube. The patient must be able to complete these actions entirely by themselves. If a patient is unable to independently undertake these actions or is concerned about their ability to undertake these actions, self-administration is not a suitable option and a practitioner administration decision is made. Practitioner administration of a voluntary assisted dying substance may be assisted oral ingestion, assisted ingestion via PEG or NG tube, or intravenous (IV) administration. More than one Administration Decision may be made if a patient changes their administration option (e.g., from self-administration to practitioner administration or vice versa).

Since 1 July 2021, 1,040 patients have made an Administration Decision, including 430 patients in 2023–24. This represents an increase of 25 per cent over the number of patients who made an Administration Decision in 2022–23 (n=344).

In 2023–24, 452 Administration Decisions were made[9]. Of these:

- 87.6 per cent (n=396) were practitioner administration decisions, an increase from 86.2 per cent (n=306) in 2022–23
- 12.4 per cent (n=56) were self-administration decisions, a decrease from 13.8 per cent (n=49) in 2022–23

Figure 6: Administration Decisions made 2021–22, 2022–23 and 2023–24



The data shows an increased preference amongst patients for the voluntary assisted dying substance to be administered by an Administering Practitioner due to the patient's concerns about self-administering the substance themselves (62.1%, n=246).

The prescription process commences after an Administration Decision has been made and, in the case of self-administration, after the appointment of a Contact Person who will have obligations under the *Voluntary Assisted Dying Act 2019*, including notifying the Coordinating Practitioner if the patient dies and giving any unused voluntary assisted dying substance to an Authorised Disposer.

9 The data includes forms with a status of valid, void and revoked

Supply of the voluntary assisted dying substance

Supply of the voluntary assisted dying substance is a tightly controlled process initiated at the request of the patient. An Authorised Supplier at the Statewide Pharmacy Service can supply the voluntary assisted dying substance after receipt and authentication of a prescription from the Coordinating Practitioner.

If the patient has decided to self-administer, the Authorised Supplier can supply the voluntary assisted dying substance directly to the patient, their Contact Person or to someone else collecting the substance on the patient's behalf. If the patient has decided to have the voluntary assisted dying substance administered by a medical practitioner or nurse practitioner (known as the Administering Practitioner), the Authorised Supplier will supply the substance directly to the Administering Practitioner, who will take responsibility for the substance until it is used. The Statewide Pharmacy Service travel to regional locations to ensure access to the voluntary assisted dying substance and to provide supporting information for patients and participating practitioners across Western Australia.

Since 1 July 2021, 837 patients, Contact Persons or Administering Practitioners have been supplied a voluntary assisted dying substance.

In 2023–24:

- 335 patients, Contact Persons or Administering Practitioners were supplied a voluntary assisted dying substance
- 6 patients had more than one supply, due to changing from self-administration to practitioner administration, changing from oral to intravenous practitioner administration, changing from intravenous to oral practitioner administration or substance expiry
- 342 supplies occurred, a 20.8 per cent increase from 2022–23 (n=283). This included:
  - 89.2 per cent (n=305) supplies of the substance for practitioner administration, an increase from 83.7 per cent (n=237) in 2022–23
  - 10.8 per cent (n=37) supplies of the substance for self-administration, a decrease from 16.3 per cent (n=46) in 2022–23.

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Deaths

Voluntary assisted dying deaths

Since 1 July 2021, 738 patients have died following administration of a voluntary assisted dying substance:

- 86 per cent of patients died after practitioner administration (n=635)
- 14 per cent of patients died after self-administration (n=103).

In 2023–24:

- there were 292 deaths recorded following administration of a voluntary assisted dying substance. This represents an increase of 14.5 per cent over the number of voluntary assisted dying deaths in 2023–24 (n=255)
- voluntary assisted dying deaths represented 1.6 per cent of the 17,875 total deaths in Western Australia[10] , an increase from 1.4 per cent in in 2022–23[11]
- the age range of patients when they died following administration of a voluntary assisted dying substance was between 32 and 102 years and the median age was 76 years. This compares similarly to 2022–23 (age range: 30–99, median age: 76).

The number of voluntary assisted dying deaths per month has increased over time. In 2023–24, the number of deaths per month ranged from 20 to 31. The average number of deaths per month in 2023–24 was 24, an increase from 21 deaths per month in 2022–23. This is also similarly reflected in the increase in number of voluntary assisted dying deaths per quarter with an average of 73 deaths per quarter during 2023–24 with 80 recorded as the highest number of deaths in quarter 2.

10 Total deaths sourced from The Registry of Births, Deaths and Marriages, Department of Justice (2024).

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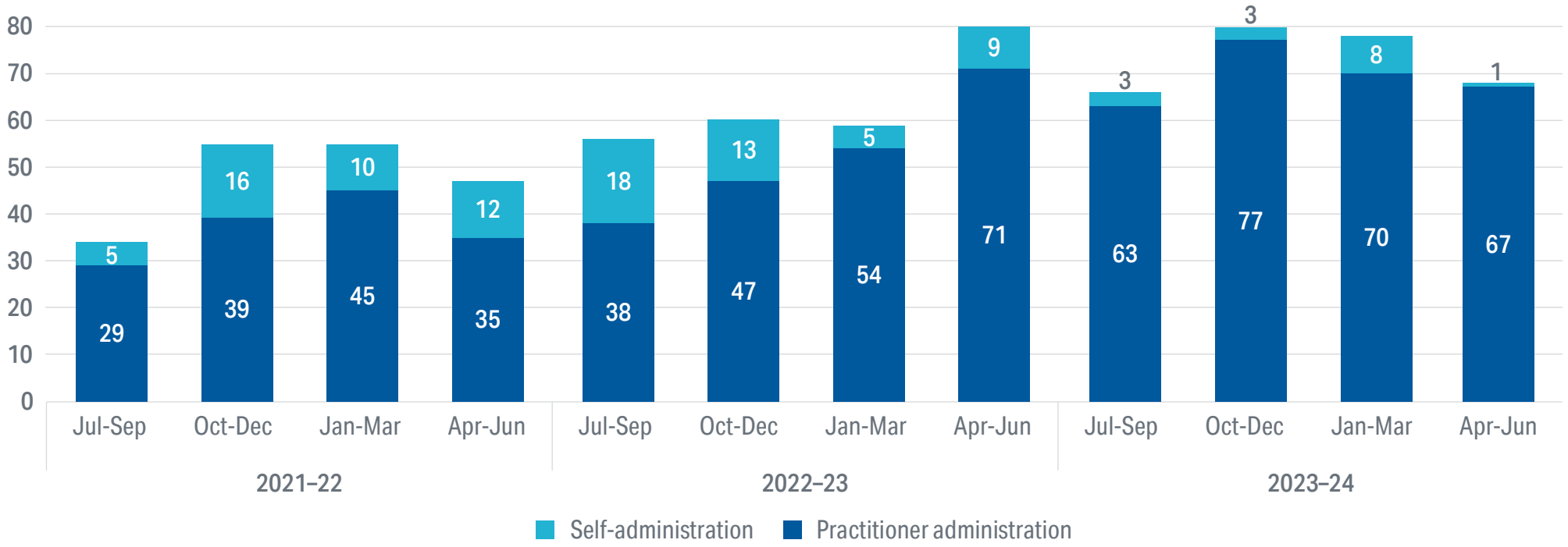
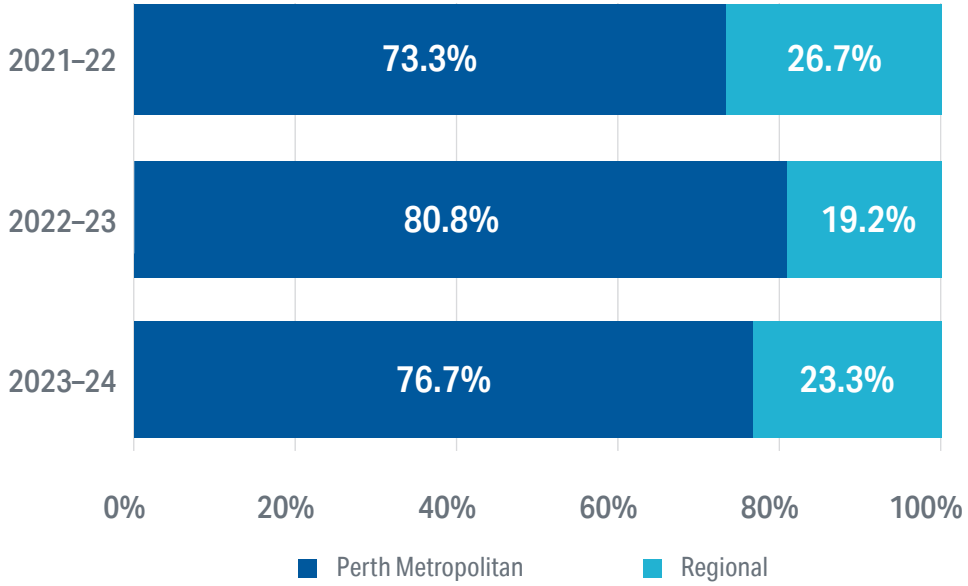
Figure 7: Voluntary assisted dying deaths by quarter and administration type in 2021–22, 2022–23 and 2023–24



Location of residence

In 2023–24, the majority of patients who died following administration of a voluntary assisted dying substance resided in the Perth metropolitan region (76.7%, n=224). This has decreased from 80.8 per cent in 2022–23 (n=206). Regional residents accounted for 23.3 per cent of deaths (n=68), an increase from 19.2 per cent in 2022–23 (n=49).

Figure 8: Number of patient deaths by health region in 2021–22, 2022–23 and 2023–24



Administration type

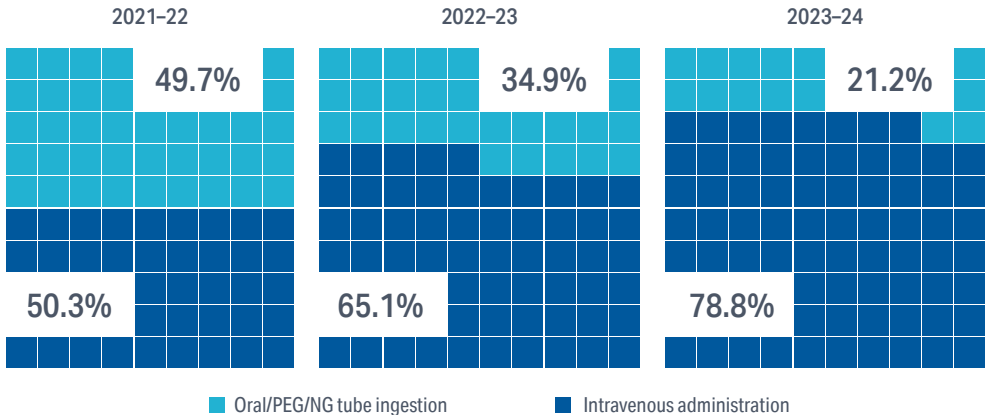
In 2023–24, there was an increased preference for practitioner administration of the voluntary assisted dying substance:

- 94.9 per cent of patients died after practitioner administration (n=277), an increase from 82.4 per cent in 2022–23 (n=210)
- 5.1 per cent of patients died after self-administration (n=15), a decrease from 17.6 per cent in 2022–23 (n=45).

In 2023–24, there was also an increased preference for intravenous administration of the voluntary assisted dying substance:

- 78.8 per cent of patients (n=230) died after intravenous administration of the voluntary assisted dying substance, an increase from 65.1 per cent in 2022–23 (n=166)
- 21.2 per cent of patients (n=62) died after Oral/PEG/NG tube administration of the voluntary assisted dying substance, a decrease from 34.9 per cent in 2022–23 (n=89).

Figure 9: Oral/PEG/NG tube ingestion vs intravenous administration in 2021–22, 2022–23 and 2023–24



Process timeframes

The Board monitors the length of time between the different stages of the voluntary assisted dying process to understand the operation of voluntary assisted dying, identify barriers to access and monitor voluntary assisted dying substance in the community.

First request to death

In 2023–24:

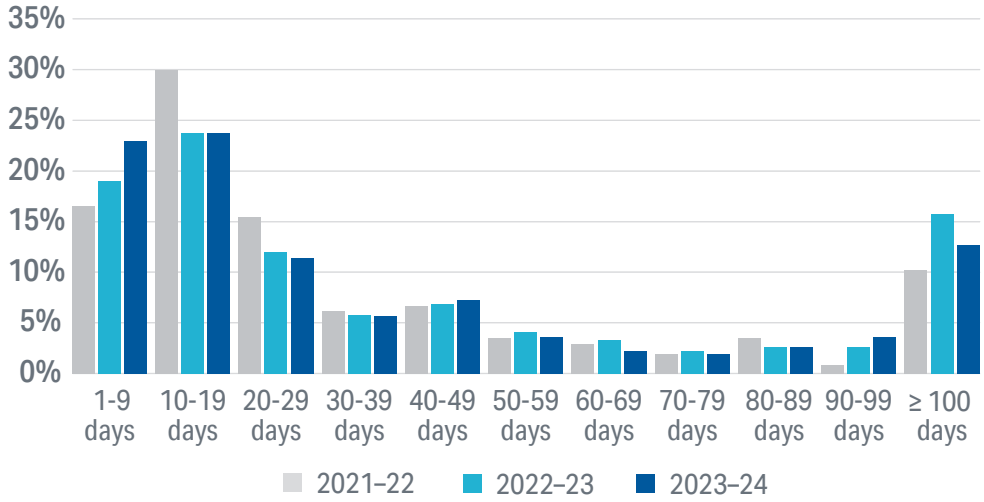
- the median number of days between First Request and death, following administration of a voluntary assisted dying substance, was 21 days, a decrease from 24 days in 2022–23
- the median number of days for patients residing in the Perth metropolitan region and from regional areas were 19 and 29 days respectively
- the range of days between First Request and death was 2 days to 984 days.

The data demonstrates that the voluntary assisted dying process supports patients who make a First Request when they are close to death and those preparing for death.

Table 6: Day range between First Request and death in 2021–22, 2022–23 and 2023–24

	2021–22		2022–23		2023–24	
	Perth metropolitan	**Regional**	**Perth metropolitan**	**Regional**	**Perth metropolitan**	**Regional**
Shortest number of days	3	4	2	2	2	2
Longest number of days	213	224	503	282	778	984
Median number of days	20	22	26	22	19	29

Figure 10: Number of days between First Request and death in 2021–22, 2022–23 and 2023–24



Supply to death

In 2023–24:

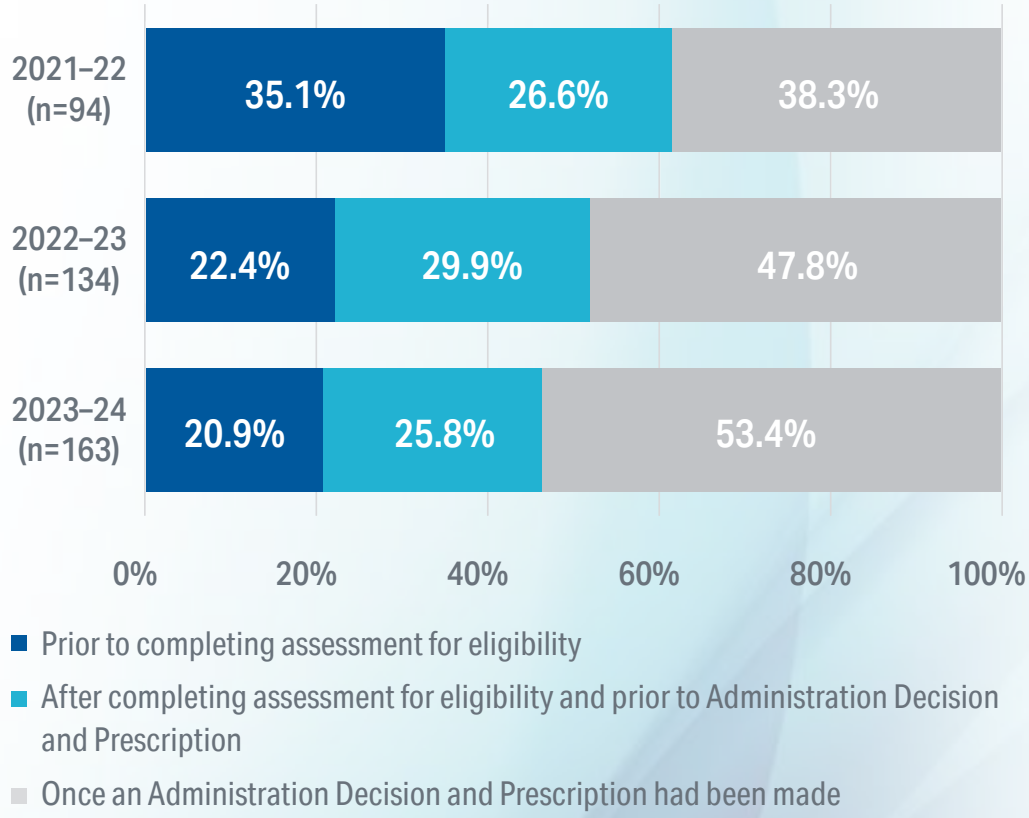
- the median number of days between supply and death, following administration of a voluntary assisted dying substance, was one day for practitioner administration and 9 days for self-administration
- the majority of patients died within 5 days of supply of the voluntary assisted dying substance (n=251, 86%)
- the longest number of days between supply and death for practitioner assisted Oral/PEG/NG tube administration was 627 days and self-administration was 191 days.

Since 1 July 2021, 9.0 per cent of patients who were supplied a voluntary assisted dying substance died prior to substance administration (n=78). On each occasion where this occurred the Board has received notification of substance disposal.

Death prior to administration of a voluntary assisted dying substance

Since 1 July 2021, 391 patients who commenced the request and assessment process died prior to administration of a voluntary assisted dying substance, including 163 patients in 2023–24. The majority (n=129, 79.1%) died after the completion of the Request and Assessment process.

Figure 11: Voluntary assisted dying process stage of patients who died prior to administration of a voluntary assisted dying substance 2021–22, 2022–23 and 2023–24



Practitioner administration

When a patient dies via practitioner administration, the Administering Practitioner is required to record the circumstances in which the administration took place, including the time that elapsed between administration of the substance and death, the location of administration, and complications relating to the administration of the substance[12].

Time to death after practitioner administration

In 2023–24, after practitioner intravenous administration:

- the median time to death was 7 minutes, an increase from 5 minutes in 2022–23
- 96.5 per cent of patients died within 15 minutes
- time elapsed between substance administration and death ranged from 1 minute to 52 minutes.

In 2023–24, after practitioner assisted oral ingestion or assisted ingestion via PEG or NG tube:

- the median time to death was 19 minutes, representing no change from 2022–23
- 95.7 per cent of patients died within 60 minutes
- time elapsed between substance administration and death ranged from 5 minutes to 1 hour 25 minutes.

Table 7: Length of time to death of patient via intravenous administration in 2021–22, 2022–23 and 2023–24

P5 Length of time to death	2021–22	2022–23	2023–24	Total	% of total
≤ 15 minutes	90	155	222	467	94.9%
≥ 16 minutes	6	11	8	25	5.1%
Total	**96**	**166**	**230**	**492**	**100.0%**

Table 8: Length of time to death of patient via assisted oral ingestion, assisted ingestion via PEG or NG tube in 2021–22, 2022–23 and 2023–24

P3/P4 Length of time to death	2021–22	2022–23	2023–24	Total	% of total
≤ 29 minutes	42	30	40	112	78.3%
30 to 60 minutes	6	9	5	20	14.0%
≥ 61 minutes	4	5	2	11	7.7%
Total	**52**	**44**	**47**	**143**	**100.0%**

12 No data on length of time to death, administration location or complications is collected by the Voluntary Assisted Dying Board regarding deaths occurring via self-administration of the voluntary assisted dying substance.

Administration location

As in 2022–23, the primary location for practitioner administration of the voluntary assisted dying substance in 2023–24 was the patient's home (n=137, 49.5%). In 2023–24, there was a decrease in the percentage of administrations occurring in a public hospital ward, from 33.3 per cent in 2022–23 to 28.5 per cent in 2023–24. There were also decreases in the percentage of administrations occurring in residential aged care and private residences. There was an increase in the percentage of administrations occurring in hospice or palliative care unit, private hospital ward and other/supported accommodation.

Figure 12: Number of patient deaths by practitioner administration location in 2021–22, 2022–23 and 2023–24

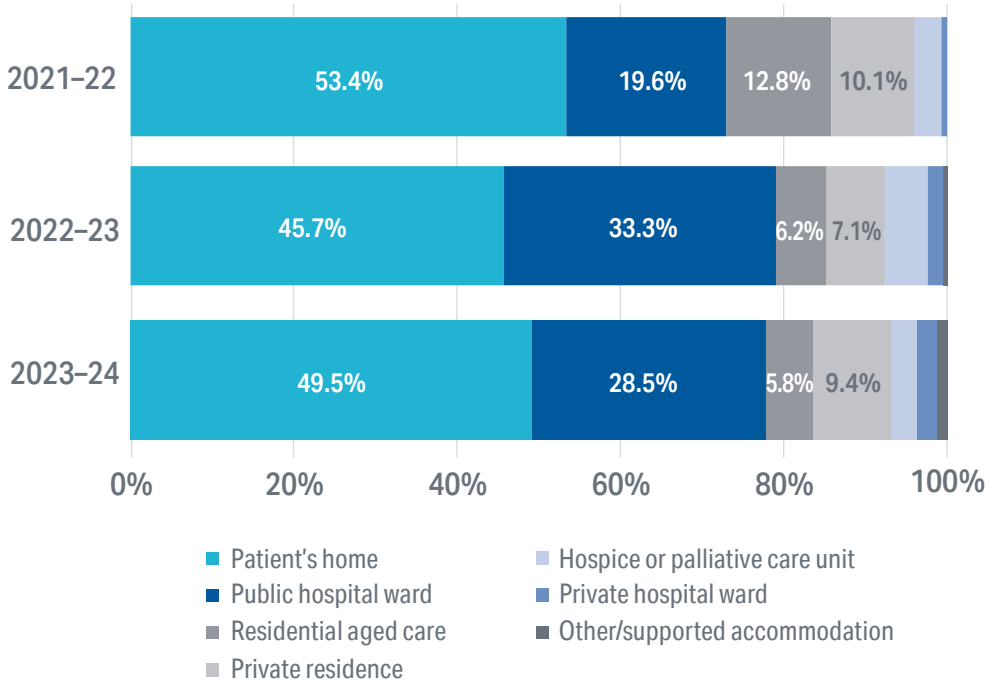


Table 9: Number of patient deaths by practitioner administration location in 2021–22, 2022–23 and 2023–24

Practitioner administration location	2021–22	2022–23	2023–24	Total	% of total
Patient's home	79	96	137	312	49.1%
Public hospital ward	29	70	79	178	28.0%
Residential aged care	19	13	16	48	7.6%
Hospice or palliative care unit	15	15	26	56	8.8%
Private residence	5	11	9	25	3.9%
Private hospital ward	1	4	7	12	1.9%
Other/supported accommodation	0	1	3	4	0.6%
Total	**148**	**210**	**277**	**635**	**100.0%**

Complications

At the time of administration, practitioners are required to notify the Board of any complications that occur during the administration. In 2023–24, 95.7 per cent of deaths following practitioner administration (n=265) were reported without complication, which has increased from 94.3 per cent in 2022–23 (n=198). There were 12 complications reported in 2023–24 (4.3% of deaths).

Intravenous line complications (n=5) and other complications (n=5) were equally recorded in 2023–24 followed by worsening of pain or discomfort (n=1) and regurgitation/vomiting (n=1). Complications reported as other included coughing and/or burning of the throat following assisted oral ingestion, hiccups with gastric reflux, involuntary muscular contractions, and delayed loss of consciousness. All patients with reported complications died after administration of the voluntary assisted dying substance. The Board completed case reviews of all reported complications.

Implementation

Notifications to the Voluntary Assisted Dying Board

The Voluntary Assisted Dying Board (the Board) receives notifications, via submission of approved forms, at each stage of the voluntary assisted dying process as required by the *Voluntary Assisted Dying Act 2019* (the Act). Submission of forms ensure that the Board is notified progressively of the patient's participation in the voluntary assisted dying process, including the outcome of each assessment, and to confirm compliance with the Act.

In 2023–24, 5,558 forms[13] [14] were received by the Board, representing a 26.1 per cent increase in activity from 2022–23. While fluctuating slightly each month, overall form submission increased steadily month to month, peaking in May 2024 (n=597). An average of 463 forms were received each month, an increase from 367 forms per month in 2022–23.

Significant increases were observed in the number of submitted Practitioner Administration Forms (increase of 31.3%), Administering Practitioner Disposal Forms (increase of 37.2%) and Revocation Forms (increase of 70.6%).

It is a requirement of the Act that approved forms be given to the Board within 2 business days of a specified event taking place. This aims to ensure that key tasks in the voluntary assisted dying process are completed and documented in a timely manner and that the process can continue to progress for a patient seeking access to voluntary assisted dying. In 2023–24, 95.9 per cent of forms were submitted to the Board within 2 business days, which is consistent with 2022–23. Where failure to give a form to the Board within the required timeframe is an offence under the Act, a referral has been made to the Director General of WA Health (as Chief Executive Officer).

13 The number of forms submitted does not necessarily equate to individual persons requesting access to voluntary assisted dying, nor the activity at each stage of the process.

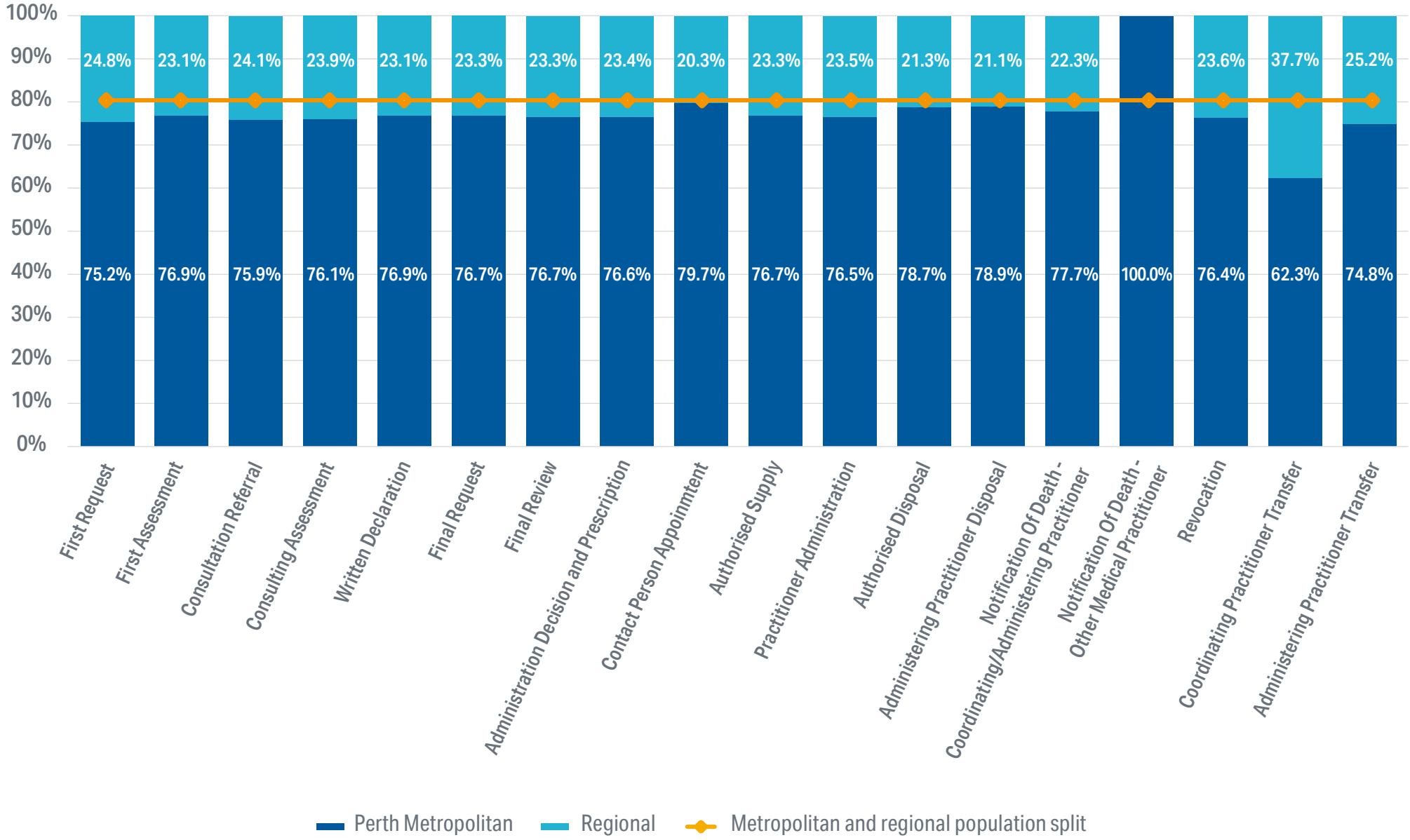
14 The data includes forms with a status of valid, void and revoked. A valid form is considered complete and correct at the time of submission to the Voluntary Assisted Dying Board. Forms that are assigned a status of void or revoked were previously valid forms:

- A form is assigned a status of 'void' when a subsequent Consulting Assessment Form is submitted, or a form has been superseded by another valid submission.
- An Administration Decision and Prescription Form or Contact Person Appointment Form is assigned a status of 'revoked' when a patient has revoked their administration decision or appointment of a Contact Person.

Table 10: Number of forms with a status of valid, void and revoked submitted in 2021–22, 2022–23 and 2023–24

				All time		
Form title	2021–22	2022–23	2023-24	Total	Perth metropolitan	Regional
First Request	726	753	969	2,448	1,842	606
First Assessment	383	472	596	1,451	1,116	335
Consultation Referral	337	406	505	1,248	947	301
Consulting Assessment	324	397	496	1,217	926	291
Written Declaration	293	363	450	1,106	850	256
Final Request	284	347	434	1,065	817	248
Final Review	284	346	433	1,063	815	248
Administration Decision and Prescription	284	354	450	1,088	833	255
Contact Person Appointment	93	50	54	197	157	40
Authorised Supply	237	283	342	862	661	201
Practitioner Administration	147	211	277	635	486	149
Authorised Disposal	13	22	12	47	37	10
Administering Practitioner Disposal	90	148	203	441	348	93
Notification Of Death – Coordinating/Administering Practitioner	114	175	199	488	379	109
Notification Of Death – Other Medical Practitioner	2	0	0	2	2	0
Revocation	9	17	29	55	42	13
Coordinating Practitioner Transfer	17	25	27	69	43	26
Administering Practitioner Transfer	16	37	82	135	101	34
Total	**3,653**	**4,406**	**5,558**	**13,617**	**10,402**	**3,215**

Figure 13: Number of forms with a status of valid, void and revoked by health region submitted in 2021–22, 2022–23 and 2023–24[15]



15 Metropolitan and regional population data sourced from Epidemiology Directorate, Public & Aboriginal Health Division, Department of Health (2024). Data is based on the Australian Bureau of Statistics (ABS) population data for the 2023 calendar year for persons aged 18 years and older.

Statewide services to support voluntary assisted dying

The Department of Heath facilitates access to voluntary assisted dying for eligible Western Australians by providing:

- information, training and support through the End of Life Care Program
- information, coordination and support through the Statewide Care Navigator Service
- services for the supply of the voluntary assisted dying substance through the Statewide Pharmacy Service.

End of Life Care Program

The End of Life Care Program support the implementation of voluntary assisted dying through management of the WA VAD Approved Training, provision of resources and educational materials, policy administration and contract management of the statewide services. The Board notes the priority areas for the End of Life Care Program in 2023–24 included:

- review of the WA VAD Approved Training and development of the WA VAD Approved Training renewal module in partnership with the Queensland University of Technology
- provision of information resources and educational materials through the Department of Health website and reviewing resources to ensure they are fit for purpose
- publication of an update to the Approved Information booklet required to be provided to persons making a First Request, including improved guidance on how to locate a practitioner who can accept a First Request
- review of the *Voluntary Assisted Dying Act 2019* (the Act), including online consultation survey with subsequent focus groups conducted by the Queensland University of Technology
- receiving endorsement from the Health Executive Committe for a fee-for-service practitioner remuneration model to commence in 2024–25.

Statewide Care Navigator Service

The Statewide Care Navigator Service (SWCNS) was established to provide information, support and assistance to anyone involved with voluntary assisted dying, including patients, patient families and carers, members of the community, practitioners and other service providers.

The SWCNS is pivotal to the success of voluntary assisted dying in Western Australia. The care navigators provide information about voluntary assisted dying in Western Australia, help make the connection with a practitioner who is willing and eligible to participate in voluntary assisted dying, assist people to access available support services and coordinate care for patients throughout the voluntary assisted dying process.

Since the inception of the SWCNS, a total of 38,307 interactions have been recorded including contact from 1,950 patients, 70 others and 262 healthcare workers. The SWCNS has responded to over 95 training requests[16].

During 2023–24, the SWCNS provided:

- 16,586 interactions (an increase of 43 per cent from 2022–23) with patients, families and carers, healthcare workers and practitioners, including 957 new requests for support.
- initial conversations with an average of 200 new patients per quarter, an increase from 150 per patients per quarter in 2022–23
- support for an average caseload of 354 patients per quarter (combined new referrals and ongoing follow ups), an increase from an average caseload of 266 patients in 2022–23, with 91 per cent of individual patients requiring more than one interaction.

16 Data supplied by the Statewide Care Navigator Service.

The SWCNS provided a range of support services during 2023–24 with the distribution of services remaining consistent with support services provided in 2022–23. Care coordination (n=4,516, 35.6%) was the most common type of interaction, followed by ongoing care (n=4,322, 34.1%). Twelve per cent of interactions (n=1,467) related to assistance in finding a participating practitioner, with most care being provided by a small cohort of practitioners. SWCNS has identified access to participating practitioners as presenting a risk to the sustainability of voluntary assisted dying as an end of life choice. In 2023–24 practitioners have reported to SWCNS that they are:

- no longer accepting referrals for care
- significantly reducing their capacity to accept new referrals
- choosing not to renew their WA VAD Approved Training.

The Board acknowledges the continued dedicated work of the SWCNS in providing a responsive, person-centred care navigation service with equitable access across metropolitan and regional areas in 2023–24, with achievements including:

- providing statewide care delivery in the context of increased activity, person driven care requirements and cumulative case load
- management of the Regional Access Support Scheme in a climate of increasing demand and complexity
- delivering opportunistic and formal training opportunities, information and support for health practitioners, including the first voluntary assisted dying practitioner forum 'The real life of VAD'
- production of new episodes of the 'This is my stop' story sharing podcast, to support increased awareness and understanding of the voluntary assisted dying journey for families and support networks
- delivering training to 60 grief and bereavement support providers to develop knowledge and understanding in voluntary assisted dying, and associated unique grief and bereavement considerations and to develop and grow a referral network in partnership with Grief Australia

Table 11: Statewide Care Navigator Service interactions in 2021–22, 2022–23 and 2023–24[17] [18]

Primary interaction type	2021–22	2022–23	2023–24	Total	% of total
Care coordination	1,796	2,892	4,516	9,204	35.1%
Ongoing care	2,036	2,494	4,322	8,852	33.8%
Enquiry/information request	1,058	1,158	1,697	3,913	14.9%
Seeking practitioner	634	802	1,467	2,903	11.1%
Other	228	68	57	353	1.3%
Bereavement support	2	207	343	552	2.1%
Administration support	1	104	214	319	1.2%
Support request - individual	7	10	38	55	0.2%
Support request - family/carer	3	13	13	29	0.1%
Regional Access Support Scheme	8	3	9	20	0.1%
Total	**5,773**	**7,751**	**12,676**	**26,200**	**100.0%**

17 Bereavement support, administration support, support request – family/carer and support request – individual were initially captured in 'Other' and have been reported separately since 2022–23.

18 This table contains minor revisions to the 2021–22 and 2022–23 data where new information was received or updated.

- ongoing service review and refinement to support efficient and effective function, including workflow and data capture review
- supporting interstate jurisdictions planning for implementation of voluntary assisted dying legislation and through early periods of service delivery, alongside participating in a national care navigator community of practice to provide peer-to-peer mentoring and bi-monthly online meetings to share learnings, information, education and support
- successful delivery of the annual Service of Reflection.

The Board understands the continued challenges raised by the SWCNS impacting successful linkage with a practitioner to undertake a Coordinating or Consulting Assessment, including:

- insufficient numbers of trained practitioners to support patient demand with the majority of care provided by a small number of practitioners, and new practitioners not replacing those stepping back or reducing workload. The Board understands that the SWCNS will routinely contact between 3 and 5 practitioners before successful linkage, with practitioners reporting concerns regarding capacity, workload, fatigue and financial penalty of loss of opportunity for paid work
- a limited pool of practitioners who will undertake regional travel to support voluntary assisted dying patients in regions with limited or no practitioners available, or to address periods of practitioner leave, capacity and availability
- increasing numbers of practitioners electing to charge private fees for voluntary assisted dying care, which is unaffordable for many patients cared for by the SWCNS. It is hoped the fee for service remuneration strategy administered by the Department of Health from 2024–25 will aid in reducing this increasing inequity
- the impact of the *Commonwealth Criminal Code Act 1995* on the use of carriage services to facilitate timely and efficient care provision.

In 2023–24 the Board understands that the SWCNS has observed the impact of senior clinicians at health service facilities who are unwilling to support patient choice to access voluntary assisted dying. This has included barriers to access for assessment and care provision, and refusal to consider direct admissions for the purposes of voluntary assisted dying.

In response to increasing requests for access from patients and practitioners the SWCNS has continued advocacy and liaison with the Department of Health, Chief Medical Officer and DonateLife to explore organ and tissue donation as an option for people accessing voluntary assisted dying.

Regional Access Support Scheme

The Regional Access Support Scheme (RASS) was developed under the Access Standard required by the Act and is managed by the SWCNS. The RASS provides financial support to ensure that regional residents are not disadvantaged in their ability to access voluntary assisted dying including travel for practitioners, patients, support persons and interpreters involved in the voluntary assisted dying process. The RASS can also be utilised for completion of the WA VAD Approved Training by a medical practitioner or nurse practitioner who cares for regional patients.

In 2023–24, there were a total of 130 requests that met the defined RASS criteria in support of 77 patients, a decrease from 145 requests in support of 78 patients in 2022–2023. Almost all requests (n=125, 96.2%) were made for travel of a practitioner to a patient for face-to-face care, which is consistent with 2022–23 (n=139, 94.6%)[19] .

RASS requests were received from all regions. The RASS allows funding to be used to support patients living in outer metropolitan suburbs where challenges have been experienced in sourcing and engaging practitioners due to the time and travel required. This change has been acknowledged by the SWCNS as a contributing factor to the increase in requests and equity of access for patients in outer metropolitan areas. In 2023–24, requests were most likely to be received for patients residing in the Perth metropolitan (n=45, 34.6%) and Peel (n=21, 16.2%) regions. Despite the RASS, SWCNS have reported increasing challenges in locating practitioners willing to accept patient referrals where regional travel requires flights and overnight accommodation, highlighting the need for more regional practitioner uptake.

19 One RASS request may involve several types of support, such as travel and accommodation, such that overall RASS request numbers may not be equal to the total number of RASS requests.

Table 12: Regional Access Support Scheme Requests by health region in 2021–22, 2022–23 and 2023–24

Region	2021–22	2022–23	2023–24	Total	% of total
Goldfields	13	2	6	21	5.5%
Kimberley	2	4	5	11	2.9%
Midwest	0	4	11	15	3.9%
Great Southern	20	19	13	52	13.6%
Peel	29	31	21	81	21.1%
Perth Metropolitan	2	52	45	99	25.8%
Pilbara	2	3	1	6	1.6%
South West	22	20	20	62	16.2%
Wheatbelt	18	10	8	36	9.4%
Total	**108**	**145**	**130**	**383**	**100.0%**

Statewide Pharmacy Service

The Statewide Pharmacy Service (SWPS) was established to ensure that the voluntary assisted dying substance is provided in a manner that is safe, equitable, patient-centred and meets regulatory requirements for the handling of such medicines. The SWPS offer expert guidance on the prescribing, storage, administration and disposal of the voluntary assisted dying substance. Additionally, SWPS provides comprehensive education and support to patients, families, practitioners and other key stakeholders. The role of SWPS pharmacists as Authorised Suppliers ensures the substances are provided directly to the patient or their representative, or to the Administering Practitioner anywhere in Western Australia.

During 2023–24[20] :

- the SWPS experienced an increase in voluntary assisted dying substance supplies, supplying the prescribed voluntary assisted dying substance on 342 occasions, an increase from 283 in 2022–23
- the number of visits per month for supply ranged from 21 to 37.

In 2023–24, the SWPS travelled within the Perth metropolitan region (n=287, 83.9%), South West (n=28, 8.2%), Great Southern (n=14, 4.1%), Midwest (n=9, 2.6%), Goldfields (n=2, 0.6%), Kimberley (n=1, 0.3%) and Wheatbelt (n=1, 0.3%) to supply the voluntary assisted dying substance to patients, Contact Persons or Administering Practitioners[21]. No travel occurred to the Pilbara. The distribution of travel between metropolitan and regional areas remains consistent with 2022–23 (Perth metropolitan n=244, 86.2%; regional n=39, 13.8%).

In 2023–24 all supplies to the Perth metropolitan area (n=287) occurred within 2 business days and all supplies to a regional area (n=39) within 5 business days of the patients or Administering Practitioner's requested timeframe. This is similar to 2022–23.

The Board acknowledges the maintenance of high quality and safety standards and the achievements of the SWPS in 2023–24 including:

- adapting the service to meet the ever changing service needs, including recruitment, improved communication about patients with SWCNS and provided additional aids to support administration
- responding to 162 urgent requests for supply. The primary reasons for urgent requests included clinical deterioration of patients, practitioner availability and patient factors including emotional distress, expediated pathway and risk of losing capacity
- credentialing 4 new pharmacists and 1 new technician in the service

20 Data supplied by the Statewide Pharmacy Service.

21 Region where supply of the voluntary assisted dying substance occurs may not align with the patient's home address. e.g., supply of a voluntary assisted dying substance for regional residents may occur in the Perth metropolitan region.

- continuing to actively participate in practitioner training and education including new practitioner education, health service facility education sessions and 1:1 Authorised Disposer education for pharmacists in community pharmacies
- participating in interjurisdictional engagement to ensure the development of best practice and to support to interstate jurisdictions planning for implementation
- risk minimisation activities for voluntary assisted dying substance in the community including:
  - follow up with patients 3 months after self-administration supply if the substance has not been administered to address any patient concerns and identifying requirements for further support
  - contacting nominated community pharmacies of patients provided with a self-administration kit to provide education on the requirements of Authorised Disposers and to ensure they are well equipped to act in this role
- development of a translational research role in collaboration with the University of Western Australia, to address gaps in clinical practice through research and collaboration, aiming to improve clinical care associated with end of life
- commencing a gap analysis to explore the requirements of electronic prescribing pending changes to the *Commonwealth Criminal Code Act 1995*
- commencing a project to utilise electronic records to improve the accuracy and efficiency of data collected by the service.
- continuing to receive positive feedback from patients, families and participating practitioners.

The Board understands the challenges experienced by SWPS including:

- the impact of the *Commonwealth Criminal Code Act 1995* in preventing:
  - prescriptions via virtual means in responding to urgent requests for supply
  - telehealth or telephone support and counselling to patients or practitioners
- cannulation access options at the point of parenteral administration in patients who are often dehydrated and cachectic coupled with practitioners who may not be cannulating routinely to develop skills for these administrations
- lack of awareness of role and education of Authorised Disposers.

The Board noted the feedback received by SWPS about the voluntary assisted dying self-administration substance, including feedback on the reported taste, burning and numbness at the back of the throat. The Board notes the SWPS intent to consider formulation options to improve taste as part of its research work.

Community of Practice

The Community of Practice is an informal collegial group of health practitioners who have completed the WA VAD Approved Training and staff from the SWCNS, SWPS and Voluntary Assisted Dying coordinators within Health Service Providers. In 2023–24, membership of the Community of Practice continued to grow, now comprising 108 members including 81 practitioners who have completed the WA VAD Approved Training. The Community of Practice meets monthly so that practitioners and others involved in the voluntary assisted dying process in Western Australia can share learnings in a confidential and collegiate space. Meetings alternate between online and in-person hybrid online formats to encourage the engagement of practitioners based in regional Western Australia. Support for the Community of Practice is provided by the SWCNS.

In recognising the need for connection, mentoring, support and professional practice development, SWCNS delivered the first full day dedicated professional development forum for participating practitioners and healthcare workers supporting access to voluntary assisted dying. In 2023–24 additional strategies were implemented to support the Community of Practice, including the commencement of relevant professional development sessions as part of virtual meetings to continue to grow professional practice, resulting in increased attendance.

Participating practitioners wishing to join the Community of Practice can contact VADcarenavigator@health.wa.gov.au

Voluntary Assisted Dying Board

Voluntary Assisted Dying Board

On 1 July 2021, voluntary assisted dying became a choice for eligible Western Australians under the *Voluntary Assisted Dying Act 2019* (the Act). The development of the Act was preceded by the Parliamentary Joint Select Committee on End-of-Life Choices report My Life, My Choice and the Ministerial Expert Panel on Voluntary Assisted Dying Final Report.

The Act provides for the establishment of the Voluntary Assisted Dying Board (the Board) to ensure proper adherence to the Act and to recommend safety and quality imporvements.

Functions

The Act sets out the following functions for the Board:

- to monitor the operation of the Act
- to provide to the Minister for Health or the Chief Executive Officer of the Department of Health, on its own initiative or on request, advice, information and reports on matters relating to the operation of the Act, including any recommendations for the improvements of voluntary assisted dying
- to refer to any of the following persons or bodies any matter identified by the Board in relation to voluntary assisted dying that is relevant to the functions of the Commissioner of Police, the Registrar of Births, Deaths and Marriages, the State Coroner, the Chief Executive Officer of the Department of Health, Chief Executive Officer of the department of the Public Service principally assisting in the administration of the Prisons Act 1981, the Australian Health Practitioner Regulation Agency and the Director of the Health and Disability Services Complaints Office
- to conduct analysis of, and research in relation to, information given to the Board under the Act
- to collect, use and disclose information given to the Board under the Act for the purposes of performing its functions
- any other function given to the Board under the Act.

Membership and meetings

The Board consists of 5 members appointed by the Minister for Health for a period of up to 3 years with possible reappointment for subsequent terms.

Dr Scott Blackwell (Chairperson)
Dr Blackwell is a General Practitioner and former Australian Medical Association Western Australia Branch President. Dr Blackwell has expertise in palliative and aged care and was the Chairperson of the Implementation Leadership Team on voluntary assisted dying.

Hon Colin Holt (Deputy Chairperson)
Mr Holt was a Member of the Legislative Council of Western Australia, representing the South West region, from 2009 to 2021. Mr Holt was the Deputy Chairperson of the Joint Select Committee on End-of-Life Choices. Mr Holt is a board member of the WA Country Health Service and Racing and Wagering Western Australia.

Dr Robert Edis
Dr Edis is a Consultant Neurologist with a with a long-time interest in progressive neurological diseases including special experience in multidisciplinary team motor neurone disease care. Dr Edis strongly supports voluntary assisted dying to be available as an end-of-life choice for eligible people with these diseases.

Ms Maria Osman
Ms Osman is a senior consultant and advisor specialising in human rights, diversity and gender matters and is a former Executive Director of the Office of Multicultural Interests and Office of Women's Policy. Ms Osman is a board member of the University of Western Australia International Public Policy Institute, and the Gnaala Karla Booja Aboriginal Corporation. Ms Osman was a member of the Ministerial Expert Panel on voluntary assisted dying.

Ms Linda Savage
Ms Savage is a lawyer and former Director of the Social Security Appeals Tribunal, legal member of the Administrative Appeals Tribunal and Member of the Legislative Council representing the East Metropolitan Region. Ms Savage is a past board member of Dying with Dignity Western Australia. Ms Savage is a board member of the University of Western Australia International Public Policy Institute, the Gaming Community Trust and Upswell Publishing. In 2018, she was appointed an Ambassador for Children and Young People in Western Australia.

The Board met monthly throughout 2023–24. All meetings were held in accordance with the requirements of the Act. Additional workshops were held as part of the Board's performance review and preparation of the 2022–23 Annual Report.

Table 13: Board Member term and meeting attendance 2023–24

Board member	Term	Meetings attended 2023–24
Dr Scott Blackwell	1 July 2021 to 30 June 2024 (Reappointed for a further 3 years, commencing 1 July 2024)	11 of 12
Colin Holt	1 July 2021 to 30 June 2025	11 of 12
Dr Robert Edis	1 July 2021 to 30 June 2025	12 of 12
Maria Osman	1 July 2021 to 30 June 2024 (Reappointed for a further 2 years, commencing 1 July 2024)	10 of 12
Linda Savage	1 July 2021 to 30 June 2026	11 of 12

Board Performance

In line with its performance review policy, in 2023–24 the Board undertook an annual performance review. The Board Performance Review 2024 included:

- Board member self-assessment and interviews with Board Chairperson
- Board member performance evaluation survey
- Stakeholder survey
- Performance review workshop.

The Board was pleased to receive feedback from 24 external stakeholders as part of the review process and to note the positive assessment of Board performance. Respondents to the stakeholder survey indicated that they understood the Board's functions, were satisfied with the performance of the Board, and agreed that the Board makes a positive contribution to the operation of voluntary assisted dying in Western Australia.

In consideration of the feedback received throughout the performance review process, the following areas for action have been identified to build on the Board's strengths and increase the Board's contribution to the successful operation of voluntary assisted dying in Western Australia:

- Maximise the benefit of meetings and member contribution
- Increase community education and awareness
- Improve information sharing
- Support for voluntary assisted dying practitioners and service providers
- Voluntary assisted dying monitoring and operations.

Following the completion of the performance review process the Board has reviewed key strategic activities and operational plans to ensure the areas of action are adequately captured and implemented.

Board Support

The Voluntary Assisted Dying Board Secretariat Unit (Secretariat Unit) supports the day-to-day operations of the Board, including the management of the Voluntary Assisted Dying Information Management System (VAD-IMS), facilitating Board meetings, and implementing Board decisions.

Through the Secretariat Unit, the Department of Health provides corporate services, human resource support, records management, information and communications technology and other services to support the Board to deliver its functions and legislated obligations.

Directions and disclosures

In 2023–24, no directions were given by the Minister pursuant to section 123(1) or 152(2) of the Act. No disclosures of material or personal interest made by Board members under section 140(1) related to matters dealt with in this annual report.

Compliance with public sector standards and ethical codes

The Voluntary Assisted Dying Board Code of Conduct sets out the responsibilities and obligations of members of the Board and is the foundation on which the Board can provide good governance in its role. It was developed in line with the Public Sector Commission's Conduct Guide for Public Sector Boards and Committees. For 2023–24, there were no issues in relation to the Voluntary Assisted Dying Board Code of Conduct.

Monitoring the operation of the Act

The Voluntary Assisted Dying Board Monitoring Function Policy details the principles and processes that guide the Board's monitoring functions, including real time and routine monitoring.

The Secretariat Unit supports the Board by monitoring VAD-IMS and engaging with participating practitioners to ensure the accurate completion of forms throughout the voluntary assisted dying process through daily monitoring, weekly compliance reviews and quarterly auditing and reporting.

Case reviews

In accordance with the Voluntary Assisted Dying Board Monitoring Function Policy, the Board undertakes monthly case reviews of a minimum of 20 per cent of closed individual patient episodes to monitor compliance with the Act. Patient episodes are identified for case review from a range of criteria including actual or suspected non-compliance, long standing patients and complications reported after practitioner administration. A patient episode may be closed at various points during the voluntary assisted dying process, including if the patient is assessed as not eligible, has withdrawn from the process or has died.

The Board completed 133 case reviews during 2023–24. Key actions arising from the case review process included:

- referral to the Director General of WA Health (as Chief Executive Officer) regarding:
  - timeliness of disposal of a voluntary assisted dying substance
  - review of an episode to establish and analyse the course of events following a patient's admission to hospital and identify opportunities for improvement in the delivery of quality end-of-life care, including communication between treating teams
- correspondence to the Director General of WA Health to recommend:
  - the creation of voluntary assisted dying Medical Lead positions to undertake practitioner roles under the Act and provide education, stakeholder engagement and strategic leadership regarding voluntary assisted dying
  - amendments to the approved forms required to be submitted as part of the voluntary assisted dying process
- education for practitioners and authorised suppliers
- modifying Secretariat Unit procedures for data entry and follow up of voluntary assisted dying substance in the community.

Referrals

Section 118(c) of the Act details the function of the Board to make referrals of matters to other relevant regulatory and investigative bodies:

- Commissioner of Police
- Registrar of Births, Deaths and Marriages
- State Coroner
- Chief Executive Officer of the Department of Health
- Chief Executive Officer of the department of the Public Service principally assisting in the administration of the *Prisons Act 1981*
- the Australian Health Practitioner Regulation Agency
- the Director of the Health and Disability Service Complaints Office.

In 2023–24, the Board made referrals to the Director General of WA Health (as Chief Executive Officer) relating to the timeliness of an authorised disposal of a voluntary assisted dying substance (n=1), the timeliness of forms submitted to the Board (n=234) and operation of voluntary assisted dying within the WA health system (n=1).

Education, data and research

Education

In 2023–24, the Board published 3 editions of the Quality Practice Series. The Quality Practice Series is intended to be a series of tips, reminders and practice points for participating practitioners that focus on different areas of the voluntary assisted dying process. The Board surveyed practitioners on the effectiveness of the Quality Practice Series and subsequently developed an online newsletter format to better engage and inform participating practitioners and Statewide services. In 2023–24 in editions of the Quality Practice Series[22] topics included:

- Citizenship and residency requirements
- transferring Coordinating Practitioner and Administering Practitioner roles, and transfer of the voluntary assisted dying substance
- *Commonwealth Criminal Code Act 1995*
- assessment of eligibility of persons under Guardianship Orders and Administration Orders
- dates of signing and witnessing forms
- completion of the medical certificate cause of death
- Department of Health fee-for-service practitioner remuneration model
- requirement to renew the WA VAD Approved Training
- requirements for form submission including timeliness and accuracy
- submission of personal reflections
- general reminders for VAD-IMS.

In 2023–24, the Board Chair engaged with the Community of Practice to share information and receive feedback from those participating in the voluntary assisted dying process. Topics discussed with the Community of Practice included:

- the importance of appointing an appropriate Contact Person
- patient handover from the Coordinating Practitioner to the Administering practitioner when an Administering Practitioner transfer occurs
- assessments of decision-making capacity
- participating practitioner wellbeing including fatigue, remuneration, mentoring, induction of new practitioners and the role of Community of Practice.

Data and research

One of the functions of the Board is to conduct analysis and research in relation to information received throughout the voluntary assisted dying process. The Board's Research Policy sets the intended approach to research, aligned to strategic objectives. The policy includes research focus areas to support the Board's understanding of:

- awareness and understanding of voluntary assisted dying
- barriers to access and patient experience
- practitioner involvement in voluntary assisted dying and current workforce issues.

In 2023–24 the Board developed and endorsed a 2024–2025 Research Plan and established the Voluntary Assisted Dying Board Research Advisory Group to provide multidisciplinary advice to the Board on all aspects of the research process. The Board looks forward to working with the Voluntary Assisted Dying Board Research Advisory Group and progressing identified research projects in 2024–25.

In 2023–24 the Board continued implementation of governance mechanisms to respond to requests for information in compliance with the provisions of the Act. This included endorsing the Board's Information Governance Policy and implementation of an information disclosure model, information request and release processes.

22 Current and previous editions of the Quality Practice Series can be accessed from the Voluntary Assisted Dying Board website at https://www.health.wa.gov.au/Articles/U_Z/Voluntary-assisted-dying-board

The Board, with support from the Department of Health, commenced data matching between open voluntary assisted dying patient episodes and death data from the register of Births, Deaths and Marriages to support risk management and quality improvement of voluntary assisted dying data collected by the Board.

In accordance with the provisions of section 151 of the Act, the Board disclosed information in response to 6 requests for information during 2023–24. Aggregated activity data was released to support health service planning, quality improvement and education.

Stakeholder engagement

The Board Stakeholder Engagement Policy outlines a planned approach to engagement in support of the successful performance of the Board's functions under the Act. A strong culture of engagement and collaboration supports the Board to:

- develop sustainable partnerships
- build trust through open and transparent communication
- reduce risk by identifying and managing emerging issues
- provide stakeholders the opportunity to articulate concerns at an early stage.

In continuing its approach to stakeholder engagement, in 2023–24 the Board engaged with a number of stakeholders. The Board met with the Minister for Health and Director General of WA Health to discuss the operation and recommendations for improvement of the Act, including themes raised in recommendations made by the Board.

Board meetings include a regular program of invited stakeholders throughout the year to discuss the operation of voluntary assisted dying and specific issues of interest of the Board. In 2023–24, invited stakeholders included the Statewide Care Navigator Service; Statewide Pharmacy Service; Director General of WA Health, Assistant Director General Clinical Excellence Division and the Chief Medical Officer; End-of-Life Care Program and Clinical Lead, voluntary assisted dying practitioners and representatives from Palliative Care WA, Dying with Dignity WA, Interpreters WA and Queensland Voluntary Assisted Dying Support Service.

In March 2024 the Board conducted a regional meeting and engagement activities in Geraldton. The visit enabled the Board to monitor the operation of the Act and gain a better understanding of how voluntary assisted dying is operating by hearing from practitioners and patients about the successes and challenges of voluntary assisted dying in the Midwest region. The Board met with voluntary assisted dying practitioners, held information sessions for health practitioners and the community, visited with voluntary assisted dying patients residing in the region and toured the Geraldton Regional Hospital. In 2024–25 the Board looks forward to further regional meetings and engaging with practitioners and the community in the regions.

The Statewide Care Navigator Service hosted an inaugural professional development forum for voluntary assisted dying practitioners in June 2024, attended by 50 participating practitioners, care navigators and authorised suppliers from metropolitan and regional areas. The Board Chair presented on the operations of the Board, Board Members participated in a panel discussion and were pleased to have the opportunity to engage informally with attendees.

Interjurisdictional engagement remained a priority in 2023–24. The Board Chairperson participated in the Trans-Tasman Voluntary Assisted Dying Board Chair Forum and met quarterly with other Board Chairs from around Australia and New Zealand to discuss shared issues. Board Member Linda Savage participated in a panel discussion at the Voluntary Assisted Dying Conference 2023 to provide an update on the operation of voluntary assisted dying in Western Australia.

Other stakeholder engagement activities undertaken by Board Members during 2023–24 included presenting on a virtual panel at the Rural Health West Conference, meeting with Palliative Care WA, presenting to the Motor Neurone Disease Association of WA, Dying with Dignity WA, Community of Practice and Rotary Club of South Perth and participating in the Voluntary Assisted Dying Reflection Service following the second year of operation.

Recommendations

Voluntary Assisted Dying Act Review Submission

In 2023–24, the Voluntary Assisted Dying Board (the Board) made a written submission and participated in a focus group as part of the inaugural statutory review of the *Voluntary Assisted Dying Act 2019* (the Act). The Board reiterated recommendations made in the 2021–22 and 2022–23 Annual Reports and made additional recommendations on the operation and effectiveness of the Act, relating to:

- possession of the substance for the purpose of transferring to a patient if the patient is unable to access the substance after supply, such as when the patient has been admitted to hospital
- proactive disclosure of information by the Board to improve education and support research into voluntary assisted dying
- authority for healthcare workers to initiate discussions about voluntary assisted dying
- clarification of process when a practitioner becomes aware of a change in patient eligibility
- ongoing transfer of roles of Coordinating Practitioner between Coordinating Practitioner and Consulting Practitioners to provide continuity of care for the patient and a patient centred approach when practitioners take periods of leave.

Reform of Commonwealth legislation impacting the operation of voluntary assisted dying

Throughout 2023–24 the Board Chairperson, through participation in the Trans-Tasman Voluntary Assisted Dying Board Chair Forum, has continued advocacy in areas identified in recommendations to address the remuneration of participating practitioners and the impacts of the *Commonwealth Criminal Code Act 1995*.

At the conclusion of the third year, the Board provide the following additional observations and recommendations for the improvement of voluntary assisted dying.

Voluntary assisted dying in the WA health system

In 2023–24, more than 1 in 3 patients who died following practitioner administration of the voluntary assisted dying substance had the substance administered in a public hospital, hospice or palliative care unit, and many more requested information or made a First Request to staff of health service facilities. Public health service facilities play a significant role for patients accessing voluntary assisted dying. Robust policies, procedures, education, training, clinical leadership and a culture of acceptance and integration is required to improve equity of access to voluntary assisted dying as an end of life choice. The Board recognises the activities undertaken to date to operationalise voluntary assisted dying within the WA health system, and the critical roles played by Voluntary Assisted Dying Health Service Provider (HSP) Coordinators, Clinical Leads and participating practitioners working within the WA health system. However, the Board has observed that there is an uneven approach to implementing policies, training and clinical leadership across health service facilities within the WA health system that has impacted patient access to and experience during the voluntary assisted dying process.

In 2023–24, concerns were raised with the Board from patients, their families, participating practitioners and statewide service providers, regarding barriers to access to voluntary for patients receiving care within the WA health system including public and private hospitals providing public health services as contracted health entities. Concerns raised included:

- lack of appropriate response to First Requests and requests for information on voluntary assisted dying, including being ignored, refused or not recognised
- failure to refer and time delays in being connected with a service specific HSP Coordinator or care navigator
- poor communication with patients, families and between treating teams and the patient's Coordinating Practitioner, including when transferring wards or hospitals
- opinions of individual clinicians and conscientious objection complicating patient access to voluntary assisted dying

- restricted sharing of information, despite patient consent, impacting operations, review and improvement of voluntary assisted dying
- preventing access to Coordinating Practitioners to complete the request and assessment process
- barriers to accommodating patient wishes for chosen location for administration of a voluntary assisted dying substance
- lack of information about private hospitals providing public health services that have an institutional objection to voluntary assisted dying.

It is evident from the Personal Reflections received that where patients face barriers or are unable to access voluntary assisted dying as an end-of-life choice it is distressing for patient, family, care coordinators, participating practitioners and treating teams

Recommendation 1: Statewide and local health service provider voluntary assisted dying policies, procedures and guidance are updated to:

- include a requirement for annual training to be completed by medical staff on voluntary assisted dying
- incorporate voluntary assisted dying into established clinical governance processes, including Goals of Patient Care and morbidity and mortality reviews
- facilitate improved information sharing, within and between participating practitioners, statewide services and health service facilities, in compliance with the Act.

Recommendation 2: Clinical leadership models, including voluntary assisted dying coordinators and clinical leads, are established and consistently implemented across the WA health system, to undertake practitioner roles under the Act and provide education, stakeholder engagement and strategic leadership regarding voluntary assisted dying across each service.

Completion of medical certificate cause of death by nurse practitioners

The Board has been pleased by the increased participation of nurse practitioners in 2023–24, accounting for 12.3 per cent of practitioner administration of the voluntary assisted dying substance. The Board is aware that the Administering Practitioner role may be transferred to a nurse practitioner due to unavailability of the Coordinating Practitioner. Section 44 of the *Births, Deaths and Marriages Registration Act 1998* requires the doctor who was responsible for the medical care of a person before their death or who examines the deceased person after death to complete and sign a medical certificate cause of death. As a result, nurse practitioners, following administration of a voluntary assisted dying substance, are unable to complete a medical certificate cause of death. When the Coordinating or Consulting Practitioner is unavailable, the Board is aware that nurse practitioners have experienced barriers in locating a doctor who will complete the certificate. Where a nurse practitioner has administered the voluntary assisted dying substance in accordance with the Act, it is the view of the Board that nurse practitioners should be permitted to complete the medical certificate of cause of death.

Recommendation 3: Amendments are made to the *Births, Deaths and Marriages Registration Act 1998* to enable nurse practitioners to complete a medical certificate cause of death after practitioner administration of a voluntary assisted dying substance.

Workforce sustainability

The Board recognises that the ongoing successful implementation of voluntary assisted dying relies on the availability of trained medical and nurse practitioners to perform roles under the Act. In 2023–24 the Board is concerned that inadequate access to practitioners presents a risk to the sustainability and operation of voluntary assisted dying in Western Australia.

The number of requests for voluntary assisted dying continues to increase year on year, placing pressure on existing participating practitioners and statewide service providers to meet this demand. In 2023–24, 631 First Requests for voluntary assisted dying were accepted by 72 practitioners, however more than half of the accepted First Requests were accepted by 8 practitioners (n=329,

52.1%). During 2023–24, 13 new medical practitioners completed the WA VAD Approved Training, however this was offset by 4 practitioners who did not renew their training in the same period. Lack of an adequate pool of trained practitioners is impacting the ability of patients to find a practitioner that can accept a First Request, with the Statewide Care Navigator Service reporting that they routinely contact between 3 and 5 practitioners before successful linkage.

The Board notes the increase in the median time from First Request to death for regional patients accessing voluntary assisted dying in 2023–24 (29 days in 2023–24 compared with 22 days in 2022–23). Further research is required to understand the drivers for this change, however the Board is aware of the challenges raised by the SWCNS throughout 2023–24 in linking patients with a Coordinating or Consulting Practitioner who is willing to travel to perform in-person assessments where a local practitioner is not available. The Board is concerned that this will impact or extend timeframes for access to voluntary assisted dying for patients in regional areas and reiterates its previous recommendation that additional strategies are developed to increase the number of practitioners completing the WA VAD Approved Training[23] .

The Board expects that the implementation of a fee for service practitioner remuneration model by the Department of Health from 2024–25 will result in an increase in the number of practitioners who are willing and able to take on roles in the voluntary assisted dying process. However, the Board is concerned that in the current model there is disparity in remuneration between nurse practitioners and medical practitioners as an Administering Practitioner. All Administering Practitioners must meet the practitioner eligibility requirements approved by the Director General of WA Health, complete the WA Approved Training and perform their function in accordance with the Act. Therefore equitable remuneration is required for both medical and nurse practitioners acting as Administering Practitioners.

The Board recognises the importance of practitioner retention, support and sector capacity building to ensure the sustainable operation of voluntary assisted dying in the context of increasing patient demand.

Recommendation 4: The Department of Health and Health Service Providers implement strategies to build and sustain the voluntary assisted dying workforce through provision of clinical leadership, capacity building and activities to understand the support needs of participating practitioners.

Recommendation 5: The fee for service practitioner remuneration model for voluntary assisted dying practitioners is amended so that all Administering Practitioners are paid equally for the performance of the same function under the Act.

Public awareness

In 2023–24, 27.4 per cent of patients who made a Final Request for voluntary assisted dying (n=119) did so within the 9-day designated period, an increase from 23.9 per cent (n=83) in 2022–23 and 17.3 per cent (n=49) in 2021–22. Whilst further analysis and research is required to understand this trend, the Board is concerned that many patients are beginning the voluntary assisted dying process late in the course of their illness which may indicate a lack of awareness and understanding of voluntary assisted dying as an end-of-life choice. In 2023–24 the Board was disappointed to hear of cases where health practitioners provided inaccurate or delayed responses to requests for information on voluntary assisted dying to patients and family members. The Board also reviewed cases where patients and practitioners appeared to hold differing views on the language that would constitute an unambiguous First Request.

The Board reiterates the importance of its previous recommendation regarding the need for additional strategies to increase health practitioner awareness of the requirements of the Act and their obligations when a First Request is received from a patient[24] . The Board also recommends that action is required to raise community awareness and understanding of the voluntary assisted dying process.

Recommendation 6: The Department of Health develop and implement strategies to improve public awareness of voluntary assisted dying as an end of life choice for eligible Western Australians, including practical patient guidance on asking for information and making a First Request.

23 *Voluntary Assisted Dying Board Annual Report 2021–22*

24 *Voluntary Assisted Dying Board Annual Report 2022–23*

Future focus

In the year ahead, the Voluntary Assisted Dying Board (the Board) will continue to work closely with the Minister for Health, Director General of WA Health, statewide service providers, and medical and nurse practitioners to ensure successful implementation of the *Voluntary Assisted Dying Act 2019* (the Act).

Strategic Plan 2023 to 2026

The Voluntary Assisted Dying Board Strategic Plan 2023 to 2026 outlines how the Board will seek to fulfil its functions under the Act and make the most of its unique access to information, in support of the principles and intention of the Act, to ensure that voluntary assisted dying is available to all eligible Western Australians as a sustainable, person-centred, end-of-life choice. The Strategic Plan includes 6 strategic objectives:

- Contribute to community/health practitioner awareness and understanding of voluntary assisted dying, relevant to person, role, and stage of life.
- Identify conditions or obstacles that may act to:
  - prevent or impede lawful access to voluntary assisted dying in Western Australia
  - impact patient experience of voluntary assisted dying in Western Australia.
- Continue advocacy and oversight to ensure workforce is skilled, supported, and sustainable.
- Use a range of data sources to monitor the implementation and operation of voluntary assisted dying in Western Australia.
- Improve the utility and flow of information to support risk management, quality practice and planning.
- Build budget transparency, resources, and administrative structures to support responsive and accountable performance of Board functions.

Areas of focus in 2023–24 to support implementation of the strategic plan and successful performance of the Board's functions include:

- growing knowledge around the experience and support needs of participating practitioners to contribute to a sustainable voluntary assisted dying workforce
- progressing research projects as identified in the 2024–2025 Research Plan
- working collaboratively to review and improve educational resources, public information and support materials for practitioners, patients and community
- ongoing review of compliance and monitoring of cases
- advocacy in areas identified in recommendations and advice to the Minister of Health and Director General of WA Health on the improvement of voluntary assisted dying in Western Australia
- ongoing stakeholder engagement, including regional engagement, to support the performance of the Board's functions and understand patient and family member experiences
- interjurisdictional engagement and consultation on issues that are common to all states and territories.

Appendices

Appendix 1: Disclosures and legal compliance

Financial statements

In accordance with the *Financial Management Act 2006*, the Department of Health is the accountable authority for the financial management of the Voluntary Assisted Dying Board. The financial activity of the Voluntary Assisted Dying Board, including the remuneration of Board members, is provided within the Department of Health's 2023–24 Annual Report.

Section 175ZE of the Electoral Act 1907

Section 175ZE of the *Electoral Act 1907* requires bodies established by a minister to report details of marketing and communications expenditure in their annual reports. The Voluntary Assisted Dying Board did not incur expenditure of this nature in 2023–24.

Administrative processes

The Voluntary Assisted Dying Board Secretariat Unit has been established within the Department of Health under section 121 of the *Voluntary Assisted Dying Act 2019*. As the Department of Health is considered the accountable authority the following items from the Public Sector Commission Annual Report Guidelines for 2023–24 are included in the Department of Health's 2023–24 Annual Report: occupational safety, health and injury management, WA Multicultural Policy Framework, substantive equality, credit cards, Act of grace payments, advertising, market research, polling and direct mail, disability access and inclusion plan outcomes, recordkeeping plans, agency capability review requirements and workforce inclusiveness requirements.

Section 155(2) of the *Voluntary Assisted Dying Act 2019*

Table 14: Section 155(2) of the *Voluntary Assisted Dying Act 2019* requires the inclusion of the following in the Annual Report

Voluntary Assisted Dying Act 2019 section 155(2)		Page reference
(a)	any recommendations that the Board considers appropriate in relation to voluntary assisted dying; and	53 – 55
(b)	any information that the Board considers relevant to the performance of its functions; and	47 – 52
(c)	the number of any referrals made by the Board under section 118(c); and	50
(d)	the text of any direction given to the Board under section 123(1) or 152(2); and	49
(e)	details of any disclosure under section 140(1) that relates to a matter dealt with in the report and of any resolution under section 142 in respect of the disclosure; and	49
(g)	information about the extent to which regional residents had access to voluntary assisted dying, including statistical information recorded and retained under section 152(1)(c), and having regard to the access standard under section 156.	6, 14, 18, 21, 24, 27, 29, 33, 34, 40, 41, 43, 44, 45, 52, 53, 55

Appendix 2: Key contact list

Voluntary Assisted Dying Board Secretariat Unit

Email: VADBoard@health.wa.gov.au
Website: https://ww2.health.wa.gov.au/Articles/U_Z/Voluntary-assisted-dying-board

Statewide Care Navigator Service

Email: VADcarenavigator@health.wa.gov.au
Phone: (08) 9431 2755
Website: https://ww2.health.wa.gov.au/Articles/U_Z/Voluntary-assisted-dying/Statewide-Care-Navigator-Service

Statewide Pharmacy Service

Email: StatewidePharmacy@health.wa.gov.au
Phone: (08) 6383 3088
Website: https://ww2.health.wa.gov.au/Articles/U_Z/Voluntary-assisted-dying/Statewide-pharmacy-service

End of Life Care Program, Department of Health

Email: EOLCare@health.wa.gov.au
Website: https://ww2.health.wa.gov.au/Articles/A_E/End-of-Life-Care-Program or https://ww2.health.wa.gov.au/Articles/U_Z/Voluntary-assisted-dying

Join community of practice

Email: VADcarenavigator@health.wa.gov.au
Phone: (08) 9431 2755

Appendix 3: List of tables and figures

Appendix 4: Voluntary assisted dying proposed national minimum dataset 2023–24 Western Australia[25]

Data from First Assessment Forms

Number of First Assessments	593

Age group	18-39	40-49	50-59	60-69	70-79	80-89	≥90
	7	18	40	122	193	160	53

Gender	Female	Male	Other/self-described
	258	335	0

Residence	Major Cities of Australia	Inner Regional Australia	Outer Regional Australia	Remote Australia	Very Remote Australia
	450	71	57	11	4

Aboriginal and Torres Strait Islander origin	Aboriginal	Torres Strait Islander	Aboriginal and Torres Strait Islander	No
	4	0	0	589

Highest level of education completed	Did not complete secondary school	Completed secondary school	Completed post-secondary education	Not reported
	9	329	254	1

Use of interpreter	Yes	No
	5	588

Place of birth	Australia	Overseas
	350	243

25 Data in the appendix represents the number of valid, void and revoked forms submitted to the Voluntary Assisted Dying Board at each respective stage of the voluntary assisted dying process. As some patients may have completed a process step more than once in the period, this data does not represent the number of unique people completing each stage of the voluntary assisted dying process (excluding patient deaths).

Data from First Assessment Forms

Life limiting condition	Cancer	Neurological	Respiratory	Other
	404	70	70	49

Palliative care	Yes	No
	464	129

Practitioner type	General Practitioner	Specialist	Other
	31	23	0

Data from Administration Decision and Prescription Forms

Administration route	Self-Administration	Practitioner Administration
	56	396

Data from Authorised Supply Forms

Number of substance supplies	Self-Administration	Practitioner Administration
	37	305

Data from Notification of Death and Practitioner Administration Forms

Voluntary assisted dying deaths	292

Manner of death	Self-administration	Practitioner administration	Substance not administered
	15	277	163

This document can be made available in alternative formats.

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