

ACTION

1. Any act or omission under this Act must have regard to the person-centred guiding principles outlined in the Act

ACCESS

2. Request for access is voluntary and without coercion
3. Restricted to those who have reached 18 years of age
4. Restricted to those who meet specific residency requirements
5. Restricted to those who have decision-making capacity in relation to voluntary assisted dying
6. Restricted to those who are diagnosed with a disease, illness or medical condition that meets a specific and limited set of criteria
7. Restricted to those who will, on the balance of probabilities, die within 6 months (or 12 months for neurodegenerative conditions)
8. Restricted to those who are experiencing suffering that cannot be relieved in a manner tolerable to them
9. Restricted to those who have an enduring request for access
10. All eligibility criteria must be met
11. All process requirements must be met
12. Disability alone does not satisfy the eligibility criteria
13. Mental illness alone does not satisfy the eligibility criteria

REQUEST PROCESS

14. Person must make three separate requests
15. Requests must be initiated by the person themselves
16. Requests must be clear and unambiguous
17. Requests cannot be made by a substitute decision maker
18. Requests cannot be included in an advance health directive
19. If the medical practitioner refuses the first request the person must be advised within a short, specified time period
20. If the medical practitioner refuses the first request the person must be provided with specified further information
21. Person must make a written declaration of request with two witnesses present
22. Witnesses must not be beneficiaries, must not be family members and must not be either the coordinating or consulting practitioner for the person
23. Specified time period of 9 days must elapse from first to final request
24. Where an interpreter is required for any part of any process under the Act they must be accredited and must not be a family member, beneficiary, health care

provider, professional care provider or be the owner or manager of a relevant health or residential facility

25. The person has no obligation to continue and can withdraw at any point in the process

ASSESSMENT PROCESS

26. Eligibility assessed by medical practitioners
27. Person must have two assessments of eligibility undertaken by separate and independent medical practitioners
28. Assessing medical practitioners restricted to those that meet specific registration and experience requirements
29. Coordinating, consulting and administering practitioners must have completed approved training
30. Requirement to provide specific and detailed information to the person
31. Must refer the person for further assessment if they are unable to determine if the person has an eligible disease, illness or medical condition
32. Must refer the person for further assessment if they are unable to determine if the person has decision-making capacity in relation to voluntary assisted dying
33. Must refer the person for further assessment if they are unable to determine if the person is acting voluntarily and without coercion
34. Coordinating medical practitioner must complete a final review that confirms that all of the eligibility criteria and process requirements have been met
35. State Administrative Tribunal can review certain decisions
36. Supreme Court's inherent *parens patriae* jurisdiction preserved (protection for vulnerable people)

MEDICATION ADMINISTRATION

37. Medication administration method decision made following consultation between coordinating medical practitioner and the person
38. Medication administration method decision must be clear and unambiguous
39. Medication methods include both self-administration and practitioner-administration
40. Medication to be self-administered unless certain circumstances are met
41. Person may revoke medication administration decision at any time
42. For practitioner-administration the administering practitioner must be the coordinating practitioner for the person or be a medical or nurse practitioner that meets specific registration, experience and mandatory training requirements
43. For practitioner-administration, at the time of administration the administering practitioner must be satisfied that the person has decision-making capacity, that they are acting voluntarily without coercion and that their request is enduring
44. For practitioner-administration a witness must also be present

MEDICATION MANAGEMENT

45. *Medicines and Poisons Act 2014* (WA) remains applicable (in conjunction with the Voluntary Assisted Dying Act)
46. CEO to approve medications for use as a voluntary assisted dying substance

47. CEO to authorise suppliers and disposers of voluntary assisted dying substances
48. If medication method is self-administration the person must appoint a contact person for return of any unused medication
49. The Voluntary Assisted Dying Board is to send information to the contact person informing them of their responsibilities and support services available
50. Coordinating practitioner to inform the patient of specified information prior to prescription
51. Prescription to include a certifying statement in relation to voluntary assisted dying process and administration decision
52. Medication may only be supplied by an authorised supplier
53. Prescription must be provided directly to an authorised supplier
54. Non-compliant prescription must be cancelled by authorised supplier
55. Authorised supplier must verify the authenticity of the prescription, the identity of the prescriber and the identity of the person it is being supplied to
56. Authorised supplier must provide specific information to the person (or their agent) in relation to use, safety, storage and obligations under the Act (in the case of an agent they must then give this information to the person)
57. For practitioner-administration medication to be supplied directly to the Administering practitioner
58. Authorised supplier to apply additional safety labelling requirements to the voluntary assisted dying substance
59. Medication must be stored according to authorised supplier requirements
60. Unused medication (such as if a person revokes an administration decision or dies by natural circumstances after being supplied medication) must be appropriately returned to and disposed of by an authorised disposer

MANDATORY REPORTING

61. Provision of forms and notifications specified in the Act
62. Mandatory reporting at a minimum of 10 points along a complete voluntary assisted dying pathway
63. First request reported
64. First assessment reported
65. Consulting practitioner referral reported
66. Second/consulting assessment reported
67. Written declaration reported
68. Final request reported
69. Final review reported
70. Administration decision and prescription reported
71. Revocation of administration decision reported
72. Contact person appointment reported
73. Substance supply reported
74. Practitioner administration reported
75. Substance return/disposal reported
76. Transfer of roles reported (coordinating practitioner, administering and/or contact person)

77. Board to be notified of death of person who has died (either in accordance with the Act or prior to accessing voluntary assisted dying)
78. A death in accordance with the Act is not suicide (at law)

PERSON OR PRACTITIONER PROTECTIONS

79. Health practitioners may refuse to participate in voluntary assisted dying
80. Protection for persons acting in good faith in accordance with the Act (or believing on reasonable grounds it is in accordance with the Act)
81. Protection for persons present at the time of administration of a voluntary assisted dying substance
82. Protection for not-administering life-saving treatment to someone who has not requested it and who is believed to have appropriately accessed voluntary assisted dying
83. The Voluntary Assisted Dying Board to notify the submitter of receipt of mandatory forms so that they can be confident they have discharged their statutory duty

OFFENCES

84. New offence for unauthorised administration of prescribed substance
Penalty: imprisonment for life
85. New offence for inducing another person to request or access voluntary assisted dying
Penalty: imprisonment for 7 years
86. New offence for inducing another person to self-administer a prescribed substance
Penalty: imprisonment for life
87. New offence for false or misleading information in relation to purposes under the Act
Penalty: imprisonment for 7 years
88. New offence for contact person to fail to return unused medication to an authorised disposer after administration decision revocation or the death of the person (by any cause)
Penalty: imprisonment for 12 months
89. New offence for unauthorised recording, use or disclosure of information
Penalty: imprisonment for 12 months
90. New offence for publication of personal information concerning a relevant proceeding before the State Administrative Tribunal
Penalty: imprisonment for 12 months
91. New offence for failure to give form or notice under the Act
Penalty: fine of \$10,000
92. New offence for advertising a medication as a voluntary assisted dying substance
Penalty: imprisonment for 3 years and a fine of \$36,000
- *Counted in medication management section*
New offence for non-cancellation of a non-compliant prescription must be cancelled by authorised supplier (also noted in medication management section)
Penalty: imprisonment for 12 months
93. Existing criminal offences for the crimes of murder and of procuring, counselling

or aiding another person to commit suicide continue to apply to those who act outside of the legislation

94. A breach of a provision in the Act by a registered health practitioner may constitute professional misconduct or unprofessional conduct (regardless of whether or not it is also an offence)

OVERSIGHT

95. Investigative powers are set out in the Act (based on those in the *Medicines and Poisons Act 2014*)
96. Establishment of The Voluntary Assisted Dying Board as an independent statutory body
97. The functions of The Voluntary Assisted Dying Board are described in the Act
98. The Voluntary Assisted Dying Board is to monitor voluntary assisted dying in Western Australia under the Act
99. The Voluntary Assisted Dying Board has quality assurance and improvement functions
100. The Voluntary Assisted Dying Board is to refer breaches or matters requiring review to the appropriate authority (e.g. Commissioner of Police, Coroner, Registrar Births Deaths & Marriages, Department CEOs, AHPRA, HaDSCO)
101. The Voluntary Assisted Dying Board is to provide an annual report to Parliament
102. Act to be reviewed initially at two years and then at least every five years