The Pharmacy Guild of Australia

POLICY

Voluntary Assisted Dying

Position

The Pharmacy Guild of Australia (the Guild) acknowledges and respects the rights of pharmacy owners and individual pharmacists in exercising their professional judgement and personal values within the parameters of the Pharmacy Board of Australia's Code of Conduct.

As an organisation, the Guild accepts the decision of the elected members of the respective State and Territory Governments who have voted to make this law.

However, the Guild also acknowledges that this matter is a contentious issue and some pharmacists will see this as incompatible with their personal beliefs and conscience. The Guild recognises that some pharmacists will have a moral, religious or conscientious objection to the supply of medicines that may be used in the assisted dying of terminally ill patients. The Guild respects the decision of some pharmacists not to be involved in a professional capacity in dispensing these medicines for this purpose. This right is enshrined in the Victorian legislation, and ensures that the pharmacist has no obligation to provide a referral to another practitioner.

Nevertheless, pharmacists and community pharmacy should be considered an integral part of the successful implementation and delivery of any legislated pathways that provide consumers with access to medications for the purpose of assisting a person to voluntarily end their life.

The Australian Health Practitioner Regulatory Agency and the Pharmacy Board of Australia must be consulted and provide input into the development of any proposed legislation in any jurisdiction considering such laws to ensure that any pharmacist involvement in the voluntary assisted dying process will not inadvertently lead to pharmacists facing disciplinary action which may affect their registration. This also applies to proprietor pharmacists who live and/or practise in another jurisdiction but own a pharmacy in a jurisdiction where the pharmacists they employ may be involved in the voluntary assisted dying process.

Any proposed legislation must also contain protections for health professionals who conscientiously object to voluntary assisted dying. The Guild does not believe pharmacists should be sanctioned if they choose not to dispense medications for the purpose of voluntary assisted dying if it is against their religious or moral views.

Any voluntary assisted dying legislation, or regulations designed to facilitate the operation of this legislation also include provisions that forbid any activities that would publicly identify pharmacies that are/are not dispensing such medications, acknowledging that there may be a need for a government department to have a secure and confidential database.

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Pharmacists who are providing this service will need to be aware of the changes to the regulations and the particular requirements in their State or Territory. This is particularly important with regards to the new Offences set out in legislation. For example, the Victorian Act makes it an offence punishable by life imprisonment for any health practitioner to raise the option of voluntary assisted death before the patient raises it themselves.

Palliative Care

The Guild believes that irrespective of any law changes enabling voluntary assisted dying, palliative care must remain a critical component of end-of-life care. The Guild supports continued investment in palliative care services to give patients choices on how they wish to approach their end-of-life care. Quality of care is enhanced when patients are able to be treated by a team that comprises a variety of health professionals, each with their own knowledge, skills and experience.

There needs to be a recognition of the potential role of the community pharmacist within a multidisciplinary team to assist patients requiring palliative care to remain in the home and receive the best care possible. Consideration should be given to funding a community pharmacist's involvement in structured Care Plan arrangements for palliative care patients, for example, during case conferencing.

It is a significant challenge for Governments to provide adequate, efficient and quality palliative care services. Polypharmacy and the disturbing rates of medicine related problems are crucial factors resulting in poor health outcomes, admission to hospital and reliance on hospices and other facilities, rather than remaining in the home.

Therefore, the Guild supports and recommends policies and systems that:

- sustain independence and quality of life;
- support people requiring palliative care to live independently in the community for as long as possible before needing to move to specialised facilities; and
- have the potential to reduce admissions to hospital and poor health outcomes due to medicine management issues.

Background

Several jurisdictions are implementing or actively considering laws to allow voluntary assisted dying for terminally ill patients. Pharmacists as medication experts will be involved in this process through the dispensing the necessary medicines or authorised substance in community pharmacies.

With increasing media interest on this issue, health professional organisations are likely to be contacted for their views and position.

This policy has been developed for all pharmacists and owners who practise and/or own pharmacies in jurisdictions that permit voluntary assisted dying for terminally ill patients under defined circumstances and parameters.

Pharmacist Code of Conduct[1]

The Pharmacy Board of Australia Code of Conduct for pharmacists seeks to assist and support registered health practitioners to deliver effective regulated health services within an ethical framework.

Section 3.12 of the code outlines expectations and requirements related to end-of-life care. The code outlines that good practice involves:

> *a) Taking steps to manage a person's symptoms and concerns in a manner consistent with their values and wishes*
>
> *b) When relevant, providing or arranging appropriate palliative care*
>
> *c) Understanding the limits of services in prolonging life and recognising when efforts to prolong life may not benefit the person*
>
> *d) For those practitioners involved in care that may prolong life, understanding that practitioners do not have a duty to try to prolong life at all cost but do have a duty to know when not to initiate and when to cease attempts at prolonging life, while ensuring that patients or clients receive appropriate relief from distress*
>
> *e) Accepting that patients or clients have the right to refuse treatment or to request the withdrawal of treatment already started*
>
> *f) Respecting different cultural practices related to death and dying*
>
> *g) Striving to communicate effectively with patients or clients and their families so they are able to understand the outcomes that can and cannot be achieved*
>
> *h) When relevant, facilitating advanced care planning*
>
> *i) Taking reasonable steps to ensure that support is provided to patients or clients and their families, even when it is not possible to deliver the outcome they desire*
>
> *j) Communicating with patients or clients and their families about bad news or unexpected outcomes in the most appropriate way and providing support for them while they deal with this information, and*
>
> *k) When a patient or client dies, being willing to explain, to the best of the practitioner's knowledge, the circumstances of the death to appropriate members of their family and carers, unless it is known the patient or client would have objected.*[2]

Palliative Care

Palliative care is predominantly home based care and is often multi-disciplinary[3], requiring input from GPs, specialists, allied health workers and palliative care workers. It can also involve multiple sites of care, including hospital inpatient and outpatient facilities as well as hospice care.

Many medicines used in palliative care are available through the Pharmaceutical Benefits Scheme (PBS) and poly-pharmacy is commonly required. Palliative Care listings may provide for the prescribing of larger maximum quantities of the medicine and more repeats than listings for the same medicine in the general schedule. The quantities and repeats are intended to be appropriate for palliative care use.[4]

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[1] http://www.pharmacyboard.gov.au/Codes-Guidelines/Code-of-conduct.aspx

[2] Pharmacy Board of Australia – Code of Conduct for pharmacists (March 2014)

[3] Therapeutic Guidelines: Palliative Care (version 3) (2010)

[4] http://www.pbs.gov.au/info/publication/factsheets/palliative-care

Approximately 70 to 80% of patients receive palliative care in the home.[5] Community pharmacists are aware of the special needs of those receiving palliative care and the need to provide and facilitate support services and longer-term strategies, to assist in providing such care within the home for as long as possible before needing to move to specialised facilities.

Community pharmacy offers a highly accessible network of primary health care professionals providing quality advice and service. Community pharmacies exist in accessible locations and often operate over extended hours seven days a week in urban, rural and remote areas. There are over 5665 community pharmacies in Australia and on average, there are more than 14 visits to a community pharmacy per year for every person in Australia, across metropolitan, rural and remote areas.

Legislation

Victoria

In November 2017, the Victorian Parliament passed legislation to provide for and regulate access to voluntary assisted dying for individuals suffering a terminal illness. Voluntary assisted dying will only be available to Victorians (resident for at least 12 months) who are over the age of 18 and are capable of making decisions. Patients must be experiencing intolerable suffering, and expected to die within 6 months or 12 months in the instance of a neurodegenerative condition. A patient requesting a medically assisted death will have to make two formal requests as well as a written statement.

The legislation is expected to come into effect in June 2019.[6]

NSW

In November 2017, a bill to legalise voluntary assisted dying failed to pass the New South Wales Upper House by a single vote. The legislation would have allowed terminally ill patients over the age of 25 to end their own lives with the help of doctors.[7] It is expected the bill to be reintroduced in the next term of Parliament.

South Australia

A euthanasia bill introduced in November 2016 was tied at 23 votes for and against. The speaker used his casting vote to decide against the bill and end the debate. It is expected with Victoria legalising voluntary assisted dying, another vote will be considered in the next Parliament.[8]

Western Australia

A Western Australia parliamentary committee is investigating end of life choices and a final report is due in August 2018. Parliament will then vote on whether to introduce voluntary euthanasia.[9]

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[5] Hussainy SY et al (2011) 'Piloting the role of a pharmacist in a community palliative care multidisciplinary team: an Australian experience' BMC Palliative Care 10:16

[6] http://www.legislation.vic.gov.au/domino/Web_Notes/LDMS/PubPDocs.nsf/ee665e366dcb6cb0ca256da400837f6b/d162e1f2fcc3f7c3ca2581a1007a8903!OpenDocument

[7] 17 November 2017- Euthanasia debate: NSW Parliament rejects bill on voluntary assisted dying http://www.abc.net.au/news/2017-11-16/nsw-parliament-votes-on-euthanasia-bill/9158384

[8] 17 November 2017 - Voluntary euthanasia: South Australian Parliament knocks back Death With Dignity euthanasia bill http://www.abc.net.au/news/2016-11-16/voluntary-euthanasia-debate-in-south-australia-goes-to-committee/8031776

[9] 10 Aug 2017, http://www.abc.net.au/news/2017-08-10/wa-parliamentary-committee-on-euthanasia-explainer/8790896

Queensland

In October 2017, the Queensland Government announced it has no intention of reviewing the state's euthanasia laws.[10]

Tasmania

In May 2017, the Tasmanian legislative assembly voted against a voluntary assisted dying bill.[11]

Northern Territory and ACT

Under the Federal Government's *Euthanasia Laws Act*, the territories are currently prevented from making laws relating to assisted dying. The Restoring Territory Rights (Dying with Dignity) Bill 2016 put forward in March 2016 was 'Restored to Notice Paper' on 1 September 2016 and is likely to be debated in 2018. If this Bill is passed, the ACT and NT are able to reintroduce voluntary assisted dying legislation[12] In the ACT an 'Inquiry into End of Life Choices in the ACT' commenced on 30 November 2017 and is due to be reported on or before 29 November 2018.

Related Policies

N/A

Authority

Endorsed

National Council – March 2018

Reviewed

Policy and Regulation Sub-Committee – March 2018

[10] 20 October 2017 - Queensland won't revisit euthanasia debate: Trad. https://www.brisbanetimes.com.au/politics/queensland/queensland-won-t-revisit-euthanasia-debate-trad-20171020-p4ywka.html

[11] 25 May 2017 - Tasmania votes down voluntary euthanasia bill for third time in 10 years. http://www.abc.net.au/news/2017-05-24/tasmania-votes-down-euthanasia-bill/8555882

[12] 26 November 2017 - Greens push to overturn state and territory bans on assisted dying. https://www.theguardian.com/australia-news/2017/nov/26/greens-push-to-overturn-state-and-territory-bans-on-assisted-dying