



## MEDIA STATEMENT

**19 June 2019**

### **Catholic Health and Aged Care Services Response to the 'Voluntary Assisted Dying Act'**

On the 19<sup>th</sup> of June the 'Voluntary Assisted Dying Act 2017' comes into effect in Victoria.

Since the Act's passing in 2017, Catholic health and aged care services in Victoria have been working together to ensure that we have a clear and consistent response to the Act.

Our services are committed to excellent end of life care and have been serving the Australian community in end of life care for nearly 130 years. Our approach is in accordance with the Hippocratic tradition of medicine: When our patients are dying, we assist them to die in comfort and with dignity. We do this through commitments to:

- heal and never to harm;
- relieve pain and other physical symptoms of illness and frailty;
- address psychological distress;
- withdraw life-prolonging treatments when they are medically futile or overly burdensome or when a person wants them withdrawn;
- never abandon patients.

We do not consider that the prescription of a lethal substance to a person to help them end their own life, nor the administration of a lethal substance to a person by a health practitioner to end their life, are part of end of life care. Our position is consistent with the [Australian Medical Association](#) and the [World Medical Association](#). It is these acts which will become legal under the name of 'Voluntary Assisted Dying' ('VAD').

As such, when 'VAD' comes into effect, our services will neither provide nor facilitate it.

Our staff have always had open discussions with patients, residents and families, including about their treatment and care at the end of life. That will not change. Each of our services has a system in place that will respond respectfully and compassionately to any questions about 'VAD'. This includes coordinating transfer of care to other providers if a patient/resident wishes to seek 'VAD'. We will not impede access to the provision of 'VAD' elsewhere.

In preparing for the implementation of the Act we have had an open line of communication with the Department of Health and Human Services and those responsible for the introduction of 'VAD' in Victoria. They are fully informed of our response to this legislation. We appreciate their recognition of the promises made by the parliamentarians, that hospitals and other healthcare institutions will not be pressured into facilitating nor providing 'VAD'. Our response aligns with relevant guidelines for non-participating services.

We remain concerned about the lack of adequate and timely access to excellent palliative care in Victoria. We continue to call for the Victorian Government to expand palliative care services so all Victorians – particularly those in rural and regional areas – can access its benefits.

**Quotes attributable to Mrs Suzanne Greenwood, CEO, Catholic Health Australia**

“Catholic health and aged care services have provided excellent end of life care in Australia for nearly 130 years, and are committed to continuing that legacy.

“While we will not be providing 'VAD', we know our facilities are operating in an environment where patients or residents may wish to explore this option. Our member organisations are committed to receiving all such enquiries in a compassionate and respectful manner.

“Our members will work with patients and residents as they have always done – as valued partners – and examine their options with them. If people in our care wish to access 'VAD' from other providers, our services will not impede them. We will provide release from care as well as transfer if they wish to access services elsewhere.”

**Quotes attributable to Dr Dan Fleming, Chair, CHA's 'Voluntary Assisted Dying' Response Taskforce**

“We have developed clear guidelines and information for patients, their families and our staff to provide clarity around the end of life care available at our facilities. We have worked to ensure our staff are informed about those aspects of the Act that are relevant to them.

“Catholic health and aged care staff have always had open discussions with patients, residents and families about their treatment and care at the end of life. This is not going to change.

“We will continue to offer high quality, excellent palliative care for people at the end of their life, and their families.”

This statement has been endorsed by the following CHA member organisations:



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*Catholic Health Australia (CHA) is Australia's largest non-government grouping of health, community, and aged care services accounting for around 10 percent of hospital-based healthcare in Australia. Our members also provide around 25 percent of private hospital care, 5 percent of public hospital care, 12 percent of aged care facilities, and 20 percent of home care and support for the elderly.*

