



Government of **Western Australia**
South Metropolitan Health Service
Fiona Stanley Fremantle Hospitals Group

Voluntary Assisted Dying (VAD) within South Metropolitan Health Service (SMHS)

Dr Margherita Nicoletti | Clinical Lead
End of Life Choices and Voluntary Assisted Dying
South Metropolitan Health Service



South Metropolitan Health Service respectfully acknowledges the past and present traditional owners of this land on which we are meeting, the Noongar people. It is a privilege to be standing on Noongar country.

We also acknowledge that the Aboriginal population in the South Metropolitan Health Service is diverse and includes Aboriginal people from many communities across Australia.

We also acknowledge the contributions of Aboriginal and non-Aboriginal Australians to the health and wellbeing of all people in this country we all live on and share together.



Not a “VAD for Dummies Session”

A little bit about me and why I do this work

Some myths about VAD

The SMHS VAD Service

What you can do if you are comfortable doing so



Myth 1

You can't raise the subject of VAD with your patients.



VADPOLICY@health.wa.gov.au

Who is eligible?

To access voluntary assisted dying, you must:

- be over 18 years old
- be an Australian citizen or permanent resident
- have lived in WA for at least 12 months
- have an illness that:
 - is advanced, getting worse and won't get better
 - will cause death within 6 months, or within 12 months for neurodegenerative conditions
 - is causing suffering that can't be relieved in a way that is tolerable for you.
- be acting voluntarily and without coercion (that is, without force, influence or persuasion by another person)
- have capacity to understand and make decisions about voluntary assisted dying
- make a request for access that is enduring (this simply means that your choice to access voluntary assisted dying must be shown clearly throughout the process).

You do not have to stop any other medical treatment while going through the voluntary assisted dying process. You can choose to keep having active treatment like chemotherapy, radiotherapy or surgery or make other care choices, such as palliative care, that you feel are right for you.

Confidentiality

You don't have to tell anyone about your choice to use voluntary assisted dying if you don't want to. Information will not be shared with your family, carers or health practitioners without your consent.

WA Statewide Care Navigator Service

The WA Statewide Care Navigator Service can:

- answer general questions and provide information
- provide informed and compassionate support to you and your loved ones
- locate a specially trained doctor to help you, regardless of where you live.

Email: WACareNavigator@health.wa.gov.au

Phone: 9 451 2755

8:30am to 5:00pm Monday to Friday

The WA Statewide Care Navigator Service is a free service.

Department of Health

More information is available on the Department of Health WA website:

<http://health.wa.gov.au/articles/a-kind-of-life-care>

If reading this has made you upset and you want help, please call:

Lifeline WA

13 11 14 (available 24/7)

lifeline.org.au



Department of Health

Voluntary assisted dying

Information for patients, family and the community

This brochure is for information purposes only. This brochure has information about death and dying which some people may find distressing.

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HEALTH WA

health.wa.gov.au



Myth 2

Doctors can ignore a patient's VAD request.



As per the Act

You must:

Accept or refuse with 2 business days – should be immediate if conscientious objector.

Provide the patient with the Approved information booklet.

Complete the VAD-IMS form.

You must document all:

First requests – ideally in their own words.

Decision to accept or refuse and reason if refused.

That information has been provided.



Myth 3

Patients who seek access to VAD do not need palliative care.



Myth 4

VAD is a form of suicide.



“I love life. I don’t want to die. But I can’t live like this.”

“If there was any chance that I could get better, I wouldn’t be doing this.”

“It’s not a choice between life and death, but a choice between 2 different types of death.”



Myth 5

*Families can sign off
oldies to get rid of
them.*



Myth 6

I am a conscientious objector, so I don't have to do anything.



Conscientious Objection

The right to refuse to



Participate in the request and assessment process



Prescribe, supply or administer a voluntary assisted dying substance



Be present at the time of the administration of a voluntary assisted dying substance



Legal & Ethical Obligations for non-VAD Practitioners

	Legal	Ethical
Provide Information	Could be considered professional misconduct or unprofessional conduct Offence to provide false/misleading information	Pub(lic) test Peer test*
First request	Specific procedure Up to 10k fine + 3 years jail term	As above
Death confirmation		
Death certification & Notification	No mention of VAD	Confidentiality



Myth 7

Seeking eligibility about VAD means they don't want any further treatment.



Myth 8

It takes a long time to get approved, and it is very complicated.



Myth 9

I don't think that they are eligible, so I am not going to refer.



Myth 10

Patients shouldn't be referred if they have depression or other mental health condition.



Myth 11

Dying naturally.

- I suggest this is a myth in 2025



Meet the Team

Dr Susie Hewitt, General & Acute Care
Physician/Nephrologist

Dr Margherita Nicoletti, Palliative Care
Physician, End of Life Care Program Lead DoH

Heather Martindale, CNC

Karen Proctor, CNC

Dee Ossey, CNC

Additional practitioners; 19 credentialed



Clinical Governance

VAD Board

SMHS Board

Area Directors

SMHS VAD Team



SMHS VAD & End of Life Choices

- Covers inpatients and outpatients of
 - Fiona Stanley Hospital (FSH)
 - Fremantle Hospital (FH)
 - Rockingham General Hospital (RGH)
 - Peel Health Campus (PHC)
 - Mandurah (MDH)
- Staffing
 - 2.0 FTE CNC
 - 0.4 FTE Medical Consultant
- Collaboration with Statewide Care Navigator Service



A VAD Death = Gratitude

Empowerment

- Choice of when, and who to have about them

Evolving social rituals

- Living wakes, parties and celebrations

Respect for a person

A great deal of love, some tears and laughter

Families overwhelmingly express gratitude

- *"Thank you, this is perfect."*



Principles of OUR Service Delivery

Person
centered

Equity of
access

Quality service
provision

Comply with
Legislation

Sustain our
workforce



Numbers in last Financial Year

228 referrals

- 67% increase from the previous year

69 Inpatient VAD administrations

- 8 Direct admissions to hospital
- 61 Existing inpatients

14 Expedited pathway

- >20%
- Why?

Numbers continue to grow week on week in line with what is happening across the state



Key Takeaways

Have conversations about assisted dying

- These need to be normalised (& destigmatised) in the context of End-of-Life Care (EOLC)

Early requests for VAD create the best outcomes

- Connecting your patient to ourselves or the navigator service allows your patient to access the right information

Open communication

- If your patients have access to all their health-related information, they are best placed to make an informed decision for themselves

VAD works best when it is an option for end of life, but not the focus

Consider
becoming a
VAD
Practitioner

Rewarding and
meaningful work

Proactive, empathetic
patient centered care



How to Refer?



Telephone:
9431 2755

Email:
VAD.carenavigator@health.wa.gov.au



Useful websites

Dept of Health – Healthy WA

https://www.healthywa.wa.gov.au/Articles/U_Z/Voluntary-assisted-dying



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[Home](#) > [Healthy living](#) > [Voluntary assisted dying \(VAD\)](#)

Voluntary assisted dying (VAD)

Voluntary assisted dying (VAD) refers to asking for medical help to end your life if you have a disease or illness that is so severe it is going to cause your death and your suffering cannot be relieved in a manner tolerable to you. VAD has been a legal end-of-life choice for eligible Western Australians since July 2021.

VAD is a personal choice and should be treated as an integrated component of end-of-life care for those who choose to access it, alongside advance care planning and palliative care services.

Who to contact to discuss VAD

The VAD process and eligibility

Making a first request for voluntary assisted dying

Resources

Guides for completing forms and making requests

Sharing and providing feedback on your VAD experience

Grief and bereavement support list

Where to find more information

Speak to your doctor about your options and preferences for end-of-life care

Contact the WA VAD Statewide Care Navigator Service on (08) 9431 2755 or VADcarenavigator@health.wa.gov.au

WA VAD Statewide
Care Navigator Service
(08) 9431 2755
VADcarenavigator@health.wa.gov.au



Government of Western Australia
Department of Health

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Voluntary assisted dying first request

Voluntary assisted dying first request

The information below is intended to assist medical practitioners to understand what their obligations are in relation to receiving a first request for voluntary assisted dying (VAD) from a patient.

It is recommended that practitioners refer to the [WA VAD Guidelines](#) and the [Voluntary Assisted Dying Act 2019](#) where required.

Practitioners can also seek information and support from the WA VAD Statewide Care Navigator Service on (08) 9431 2755 or VADcarenavigator@health.wa.gov.au

What is a first request for VAD?

Any registered medical practitioner who receives a request for VAD from a patient has obligations under the *Voluntary Assisted Dying Act 2019* (Act) if the request for VAD from the patient is:

- Clear and unambiguous
- Made during a medical consultation or appointment
- Made in person (or, if this is not practical, via audiovisual communication where the patient can be seen and heard)

A request that meets these conditions is known as a first request.

What are my legal obligations if I receive a first request?

Under the Act, all medical practitioners (including those who are not eligible, able or willing to provide VAD) must do 4 things in response to a first request. You must:

- 1 Decide if you are going to accept or refuse the first request and inform the patient of your decision
- 2 Give the patient the approved information booklet

If you hold conscientious objection to VAD you must complete Steps 1 and 2 immediately upon receiving the first request. In all other circumstances, you can take up to 2 business days to complete these steps.

- 3 Document the following in the patient's medical record:

The first request

The decision to accept or refuse the first request

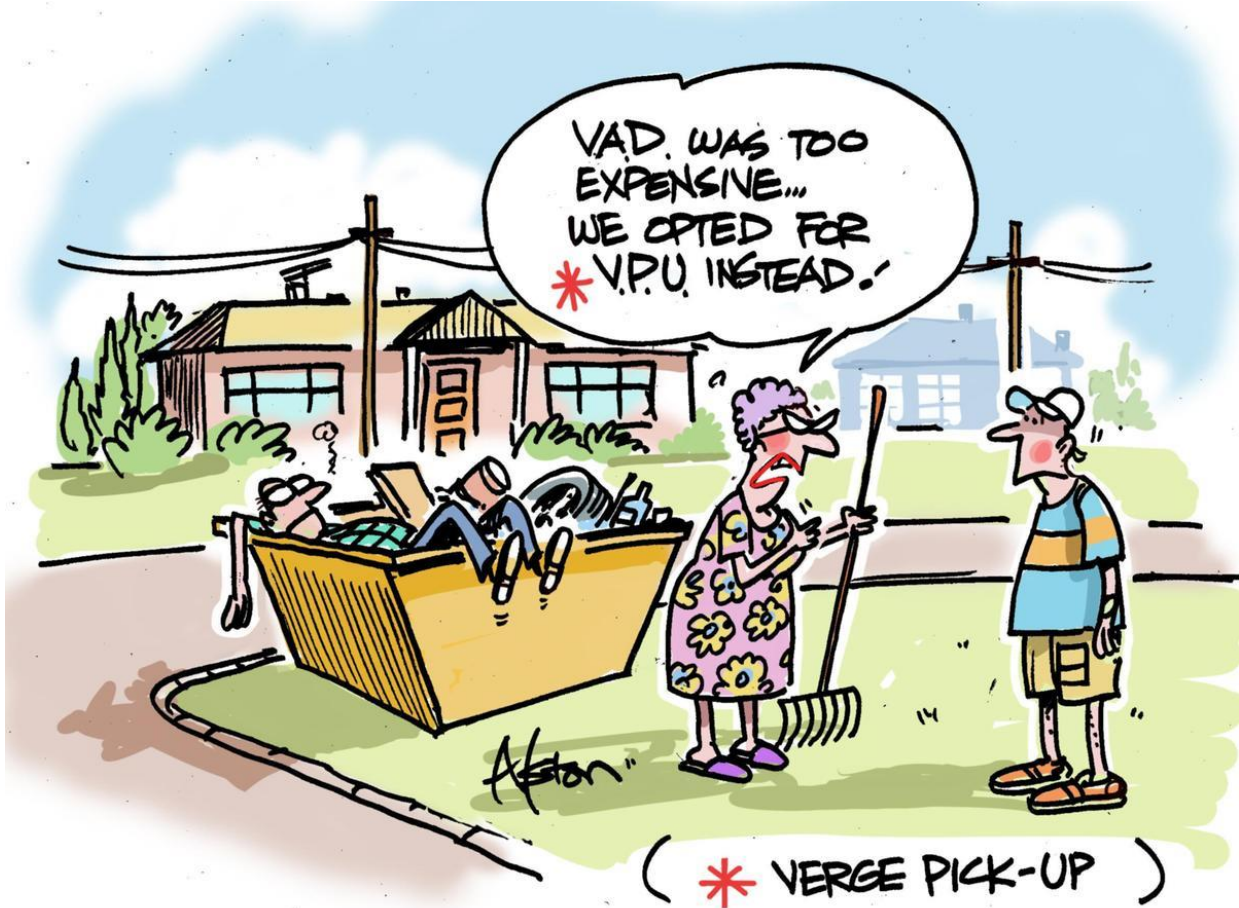
If refused, the reason for refusal

Whether the patient has been given the approved information booklet

Related links

- [Voluntary Assisted Dying](#)
- [Voluntary Assisted Dying Board](#)
- [Voluntary Assisted Dying Statewide Care Navigator Service](#)





VAD WAS TOO EXPENSIVE... WE OPTED FOR *V.P.U. INSTEAD.

Astor

(* VERGE PICK-UP)



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