

Voluntary Assisted Dying Bill 2019

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Defined terms

Western Australia

LEGISLATIVE ASSEMBLY

Voluntary Assisted Dying Bill 2019

A Bill for

An Act —

- **to provide for and regulate access to voluntary assisted dying; and**
- **to establish the Voluntary Assisted Dying Board; and**
- **to make consequential amendments to other Acts.**

The Parliament of Western Australia enacts as follows:

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Part 1 — Preliminary

Division 1 — Introductory provisions

1. Short title

This is the *Voluntary Assisted Dying Act 2019*.

2. Commencement

This Act comes into operation as follows —

- (a) Part 1 (other than Divisions 2 to 4) — on the day on which this Act receives the Royal Assent;
- (b) the rest of the Act — on a day fixed by proclamation.

3. Act binds Crown

This Act binds the Crown in right of Western Australia, and so far as the legislative power of the Parliament permits, the Crown in all its other capacities.

Division 2 — Principles

4. Principles

(1) 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 the person’s 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

- 1 care and treatment, to minimise the person’s suffering
 2 and maximise the person’s quality of life;
- 3 (e) a therapeutic relationship between a person and the
 4 person’s health practitioner should, wherever possible,
 5 be supported and maintained;
- 6 (f) a person should be encouraged to openly discuss death
 7 and dying, and the person’s preferences and values
 8 regarding their care, treatment and end of life should be
 9 encouraged and promoted;
- 10 (g) a person should be supported in conversations with the
 11 person’s health practitioners, family and carers and
 12 community about treatment and care preferences;
- 13 (h) a person is entitled to genuine choices about the
 14 person’s care, treatment and end of life, irrespective of
 15 where the person lives in Western Australia and having
 16 regard to the person’s culture and language;
- 17 (i) there is a need to protect persons who may be subject to
 18 abuse;
- 19 (j) all persons, including health practitioners, have the right
 20 to be shown respect for their culture, religion, beliefs,
 21 values and personal characteristics.
- 22 (2) In subsection (1), the reference to a person exercising a power
 23 or performing a function under this Act includes the Tribunal
 24 exercising its review jurisdiction in relation to a decision made
 25 under this Act.

26 **Division 3 — Interpretation**

27 **5. Terms used**

28 In this Act, unless the contrary intention appears —

29 *administering practitioner*, for a patient, means —

- 30 (a) the coordinating practitioner for the patient; or
 31 (b) a person to whom the role of administering practitioner
 32 is transferred under section 62(2);

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Part 1 Preliminary

Division 3 Interpretation

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- 1 **administration**, in relation to a voluntary assisted dying
2 substance, includes self-administration;
- 3 **administration decision** means a self-administration decision or
4 a practitioner administration decision;
- 5 **approved form** means a form approved by the CEO under
6 section 159 for the purposes of the provision in which the term
7 is used;
- 8 **approved training** means training approved by the CEO under
9 section 158;
- 10 **authorised disposal form** has the meaning given in
11 section 75(1);
- 12 **authorised disposer** has the meaning given in section 78(4);
- 13 **authorised supplier** has the meaning given in section 78(2);
- 14 **Board** means the Voluntary Assisted Dying Board established
15 by section 115;
- 16 **business day** means a day other than a Saturday, a Sunday or a
17 public holiday throughout Western Australia;
- 18 **CEO** means the chief executive officer of the Department;
- 19 **completed**, in relation to the request and assessment process, has
20 the meaning given in section 8;
- 21 **consulting assessment** means an assessment of a patient
22 conducted under section 34(1);
- 23 **consulting assessment report form** has the meaning given in
24 section 39(2);
- 25 **consulting practitioner**, for a patient, means a medical
26 practitioner who accepts a referral to conduct a consulting
27 assessment of the patient;
- 28 **contact details**, in relation to a person, includes the address,
29 telephone number and email address of the person;
- 30 **contact person**, for a patient, means the person appointed by the
31 patient under section 64(1);

1 **contact person appointment form** has the meaning given in
2 section 65(1);

3 **coordinating practitioner**, for a patient, means —

4 (a) a medical practitioner who accepts the patient’s first
5 request; or

6 (b) a consulting practitioner for the patient who accepts a
7 transfer of the role of coordinating practitioner under
8 section 155;

9 **decision-making capacity**, in relation to voluntary assisted
10 dying, has the meaning given in section 6(2);

11 **Department** means the department of the Public Service
12 principally assisting in the administration of this Act;

13 **disability** has the meaning given in the *Disability Services*
14 *Act 1993* section 3;

15 **eligibility criteria** means the criteria set out in section 15(1);

16 **family member**, of a person, means the person’s spouse,
17 de facto partner, parent, sibling, child or grandchild;

18 **final request** means a final request for access to voluntary
19 assisted dying made under section 46(1);

20 **final review** means a review conducted under section 50(1)(a)
21 by the coordinating practitioner for a patient;

22 **final review form** has the meaning given in section 50(1)(b);

23 **first assessment** means an assessment of a patient conducted
24 under section 23(1);

25 **first assessment report form** has the meaning given in
26 section 28(2);

27 **first request** means a request for access to voluntary assisted
28 dying made under section 17(1);

29 **health service** has the meaning given in the *Health Services*
30 *Act 2016* section 7;

- 1 **medical practitioner** means a person registered under the
2 *Health Practitioner Regulation National Law (Western*
3 *Australia)* in the medical profession (other than as a student);
- 4 **medicine** has the meaning given in the *Medicines and Poisons*
5 *Act 2014* section 3;
- 6 **member** means a member of the Board;
- 7 **nurse practitioner** means a person registered under the *Health*
8 *Practitioner Regulation National Law (Western Australia)* in
9 the nursing profession whose registration under that Law is
10 endorsed as nurse practitioner;
- 11 **patient** means a person who makes a request for access to
12 voluntary assisted dying under this Act;
- 13 **personal information** has the meaning given in the *Freedom of*
14 *Information Act 1992* Glossary clause 1;
- 15 **practitioner administration decision** has the meaning given in
16 section 55(1)(b);
- 17 **practitioner administration form** has the meaning given in
18 section 60(3);
- 19 **practitioner disposal form** has the meaning given in
20 section 77(1);
- 21 **prepare**, in relation to a prescribed substance —
- 22 (a) means to do anything necessary to ensure that the
23 substance is in a form suitable for administration; and
- 24 (b) includes to decant, dilute, dissolve, mix, reconstitute,
25 colour or flavour the substance;
- 26 **prescribe**, in relation to a voluntary assisted dying substance,
27 means to issue a prescription for the substance;
- 28 **prescribed substance** means —
- 29 (a) a voluntary assisted dying substance prescribed for a
30 patient by the coordinating practitioner for the patient;
31 and

- 1 (b) in relation to a patient, the voluntary assisted dying
 2 substance prescribed for the patient by the coordinating
 3 practitioner for the patient;
- 4 **prescription**, in relation to a voluntary assisted dying substance,
 5 has the same meaning as it has, in relation to a Schedule 4 or 8
 6 poison, in the *Medicines and Poisons Act 2014* section 7(1);
- 7 **professional care services** means any of the following provided
 8 to another person under a contract of employment or a contract
 9 for services —
- 10 (a) assistance or support, including the following —
- 11 (i) assistance with bathing, showering, personal
 12 hygiene, toileting, dressing, undressing or meals;
- 13 (ii) assistance for persons with mobility problems;
- 14 (iii) assistance for persons who are mobile but require
 15 some form of assistance or supervision;
- 16 (iv) assistance or supervision in administering
 17 medicine;
- 18 (v) the provision of substantial emotional support;
- 19 (b) a disability service as defined in the *Disability Services*
 20 *Act 1993* section 3;
- 21 **registered health practitioner** means a person registered under
 22 the *Health Practitioner Regulation National Law (Western*
 23 *Australia)* to practise a health profession (other than as a
 24 student);
- 25 **request and assessment process** means the process that consists
 26 of the following steps —
- 27 (a) a first request;
- 28 (b) a first assessment;
- 29 (c) a consulting assessment;
- 30 (d) a written declaration;
- 31 (e) a final request;
- 32 (f) a final review;

- 1 *self-administration decision* has the meaning given in
2 section 55(1)(a);
- 3 *supply*, in relation to a voluntary assistance dying substance, has
4 the same meaning as it has, in relation to a poison, in the
5 *Medicines and Poisons Act 2014* section 8;
- 6 *Tribunal* means the State Administrative Tribunal;
- 7 *voluntary assisted dying* means the administration of a
8 voluntary assisted dying substance and includes steps
9 reasonably related to that administration;
- 10 *voluntary assisted dying substance* has the meaning given in
11 section 7(2);
- 12 *written declaration* means a written declaration made under
13 section 41(1).
- 14 **6. Decision-making capacity**
- 15 (1) In this section —
- 16 *voluntary assisted dying decision* means —
- 17 (a) a request for access to voluntary assisted dying; or
- 18 (b) a decision to access voluntary assisted dying.
- 19 (2) For the purposes of this Act, a patient has *decision-making*
20 *capacity* in relation to voluntary assisted dying if the patient has
21 the capacity to —
- 22 (a) understand any information or advice about a voluntary
23 assisted dying decision that is required under this Act to
24 be provided to the patient; and
- 25 (b) understand the matters involved in a voluntary assisted
26 dying decision; and
- 27 (c) understand the effect of a voluntary assisted dying
28 decision; and
- 29 (d) weigh up the factors referred to in paragraphs (a), (b)
30 and (c) for the purposes of making a voluntary assisted
31 dying decision; and

1 (e) communicate a voluntary assisted dying decision in
 2 some way.

3 (3) For the purposes of this Act, a patient is presumed to have
 4 decision-making capacity in relation to voluntary assisted dying
 5 unless the patient is shown not to have that capacity.

6 **7. Voluntary assisted dying substance**

7 (1) The CEO may, in writing, approve a Schedule 4 poison or
 8 Schedule 8 poison (as those terms are defined in the *Medicines*
 9 *and Poisons Act 2014* section 3) for use under this Act for the
 10 purpose of causing a patient’s death.

11 (2) A poison approved under subsection (1) is a *voluntary assisted*
 12 *dying substance*.

13 **8. When request and assessment process completed**

14 For the purposes of this Act, the request and assessment process
 15 has been *completed* in respect of a patient if the coordinating
 16 practitioner for the patient —

17 (a) has completed the final review form in respect of the
 18 patient; and

19 (b) has certified in the final review form that the request and
 20 assessment process has been completed in accordance
 21 with this Act.

22 **Division 4 — Other provisions**

23 **9. Registered health practitioner may refuse to participate in**
 24 **voluntary assisted dying**

25 (1) A registered health practitioner who has a conscientious
 26 objection to voluntary assisted dying has the right to refuse to
 27 do any of the following —

28 (a) participate in the request and assessment process;

29 (b) prescribe, supply or administer a voluntary assisted
 30 dying substance;

1 (c) be present at the time of the administration of a
2 voluntary assisted dying substance.

3 (2) Subsection (1) is not intended to limit the circumstances in
4 which a registered health practitioner may refuse to do any of
5 the things referred to in that subsection.

6 **10. Contravention of Act by registered health practitioner**

7 (1) A contravention of a provision of this Act by a registered health
8 practitioner is capable of constituting professional misconduct
9 or unprofessional conduct for the purposes of the *Health
10 Practitioner Regulation National Law (Western Australia)*.

11 (2) Subsection (1) applies whether or not the contravention
12 constitutes an offence under this Act.

13 **11. Voluntary assisted dying not suicide**

14 For the purposes of the law of the State, a person who dies as
15 the result of the administration of a prescribed substance in
16 accordance with this Act does not commit suicide.

17 **12. Inherent jurisdiction of Supreme Court not affected**

18 Nothing in this Act affects the inherent jurisdiction of the
19 Supreme Court.

20 **13. Relationship with *Medicines and Poisons Act 2014* and
21 *Misuse of Drugs Act 1981***

22 If there is a conflict or inconsistency between a provision of this
23 Act and a provision of the *Medicines and Poisons Act 2014* or
24 the *Misuse of Drugs Act 1981*, the provision of this Act prevails
25 to the extent of the conflict or inconsistency.

1 **Part 2 — Requirements for access to voluntary**
2 **assisted dying**

3 **14. When person can access voluntary assisted dying**

4 A person may access voluntary assisted dying if —

- 5 (a) the person has made a first request; and
- 6 (b) the person has been assessed as eligible for access to
- 7 voluntary assisted dying by —
- 8 (i) the coordinating practitioner for the person; and
- 9 (ii) the consulting practitioner for the person;
- 10 and
- 11 (c) the person has made a written declaration; and
- 12 (d) the person has made a final request to the coordinating
- 13 practitioner for the person; and
- 14 (e) the coordinating practitioner for the person has certified
- 15 in a final review form that —
- 16 (i) the request and assessment process has been
- 17 completed in accordance with this Act; and
- 18 (ii) the practitioner is satisfied of each of the matters
- 19 referred to in section 50(3)(e);
- 20 and
- 21 (f) the person has made an administration decision; and
- 22 (g) if the person has made a self-administration decision,
- 23 the person has appointed a contact person.

24 **15. Eligibility criteria**

- 25 (1) The following criteria must be met for a person to be eligible for
- 26 access to voluntary assisted dying —
- 27 (a) the person has reached 18 years of age;

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- 1 (b) the person —
- 2 (i) is an Australian citizen or permanent resident;
- 3 and
- 4 (ii) at the time of making a first request, has been
- 5 ordinarily resident in Western Australia for a
- 6 period of at least 12 months;
- 7 (c) the person is diagnosed with at least 1 disease, illness or
- 8 medical condition that —
- 9 (i) is advanced, progressive and will cause death;
- 10 and
- 11 (ii) will, on the balance of probabilities, cause death
- 12 within a period of 6 months or, in the case of a
- 13 disease, illness or medical condition that is
- 14 neurodegenerative, within a period of 12 months;
- 15 and
- 16 (iii) is causing suffering to the person that cannot be
- 17 relieved in a manner that the person considers
- 18 tolerable;
- 19 (d) the person has decision-making capacity in relation to
- 20 voluntary assisted dying;
- 21 (e) the person is acting voluntarily and without coercion;
- 22 (f) the person's request for access to voluntary assisted
- 23 dying is enduring.
- 24 (2) A person is not eligible for access to voluntary assisted dying
- 25 only because the person has a disability or is diagnosed with a
- 26 mental illness (as defined in the *Mental Health Act 2014*
- 27 section 4).

1 **Part 3 — Requesting access to voluntary assisted dying**
2 **and assessment of eligibility**

3 **Division 1 — Eligibility requirements for medical practitioners**

4 **16. Eligibility to act as coordinating practitioner or consulting**
5 **practitioner**

6 (1) In this section —

7 *general registration* means general registration under the
8 *Health Practitioner Regulation National Law (Western*
9 *Australia)* in the medical profession;

10 *limited registration* means limited registration under the *Health*
11 *Practitioner Regulation National Law (Western Australia)* in
12 the medical profession;

13 *provisional registration* means provisional registration under
14 the *Health Practitioner Regulation National Law (Western*
15 *Australia)* in the medical profession;

16 *specialist registration* means specialist registration under the
17 *Health Practitioner Regulation National Law (Western*
18 *Australia)* in the medical profession in a recognised specialty.

19 (2) A medical practitioner is eligible to act as a coordinating
20 practitioner or consulting practitioner for a patient if the medical
21 practitioner —

22 (a) holds specialist registration, has practised the medical
23 profession for at least 1 year as the holder of specialist
24 registration and meets the requirements approved by the
25 CEO for the purposes of this paragraph; or

26 (b) holds general registration, has practised the medical
27 profession for at least 10 years as the holder of general
28 registration and meets the requirements approved by the
29 CEO for the purposes of this paragraph; or

30 (c) is an overseas-trained specialist who holds limited
31 registration or provisional registration and meets the

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Part 3 Requesting access to voluntary assisted dying and assessment of eligibility

Division 2 First request

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1 requirements approved by the CEO for the purposes of
2 this paragraph.

3 (3) The CEO must publish the requirements approved for the
4 purposes of subsection (2)(a), (b) and (c) on the Department's
5 website.

6 **Division 2 — First request**

7 **17. Person may make first request to medical practitioner**

8 (1) A person may make a request to a medical practitioner for
9 access to voluntary assisted dying.

10 (2) The request must be —

11 (a) clear and unambiguous; and

12 (b) made in person or, if that is not practicable, in
13 accordance with section 156(2)(a).

14 (3) The person may make the request verbally or in another way
15 (for example, by gestures).

16 **18. No obligation to continue after making first request**

17 (1) A person who makes a first request may decide at any time not
18 to continue the request and assessment process.

19 (2) The request and assessment process ends if the person decides
20 not to continue the process.

21 (3) If the request and assessment process ends under subsection (2),
22 the person may begin a new request and assessment process by
23 making a new first request.

24 **19. Medical practitioner to accept or refuse first request**

25 (1) If a first request is made to a medical practitioner, the
26 practitioner must accept or refuse the request.

- 1 (2) The reasons for which the medical practitioner can refuse the
2 first request are as follows —
- 3 (a) the practitioner has a conscientious objection to
4 voluntary assisted dying or is otherwise unwilling to
5 perform the duties of a coordinating practitioner;
- 6 (b) the practitioner is unable to perform the duties of a
7 coordinating practitioner because of unavailability or
8 some other reason;
- 9 (c) the practitioner is required to refuse the request under
10 subsection (3).
- 11 (3) The medical practitioner must refuse the first request if the
12 practitioner is not eligible to act as a coordinating practitioner.
- 13 (4) Unless subsection (5) applies, the medical practitioner must,
14 within 2 business days after the first request is made —
- 15 (a) inform the patient that the practitioner accepts or refuses
16 the request; and
- 17 (b) give the patient the information approved by the CEO
18 for the purposes of this section.
- 19 (5) If the medical practitioner refuses the first request because the
20 practitioner has a conscientious objection to voluntary assisted
21 dying, the practitioner must, immediately after the first request
22 is made —
- 23 (a) inform the patient that the practitioner refuses the
24 request; and
- 25 (b) give the patient the information referred to in
26 subsection (4)(b).
- 27 **20. Medical practitioner to record first request and acceptance**
28 **or refusal**
- 29 The medical practitioner must record the following in the
30 patient's medical record —
- 31 (a) the first request;

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Division 2 First request

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- 1 (b) the practitioner’s decision to accept or refuse the first
2 request;
- 3 (c) if the practitioner’s decision is to refuse the first request,
4 the reason for the refusal;
- 5 (d) whether the practitioner has given the patient the
6 information referred to in section 19(4)(b).

7 **21. Medical practitioner to notify Board of first request**

- 8 (1) Within 2 business days after deciding to accept or refuse the
9 first request, the medical practitioner must complete the
10 approved form (the *first request form*) and give a copy of it to
11 the Board.
- 12 (2) The first request form must include the following —
- 13 (a) the name, date of birth and contact details of the patient;
- 14 (b) the name and contact details of the medical practitioner;
- 15 (c) the date when the first request was made;
- 16 (d) whether the first request was made in person or using
17 audiovisual communication and whether it was made
18 verbally or in another way (for example, by gestures);
- 19 (e) the medical practitioner’s decision to accept or refuse
20 the first request;
- 21 (f) if the medical practitioner’s decision is to refuse the first
22 request, the reason for the refusal;
- 23 (g) the date when the medical practitioner informed the
24 patient of the practitioner’s decision and gave the patient
25 the information referred to in section 19(4)(b);
- 26 (h) the signature of the medical practitioner and the date
27 when the form was signed.

1 **22. Medical practitioner becomes coordinating practitioner if**
2 **first request accepted**

3 If the medical practitioner accepts the first request, the
4 practitioner becomes the coordinating practitioner for the
5 patient.

6 **Division 3 — First assessment**

7 **23. First assessment**

8 (1) The coordinating practitioner for a patient must assess whether
9 the patient is eligible for access to voluntary assisted dying.

10 (2) For the purposes of subsection (1), the coordinating practitioner
11 must make a decision in respect of each of the eligibility
12 criteria.

13 **24. Coordinating practitioner to have completed approved**
14 **training**

15 The coordinating practitioner must not begin the first
16 assessment unless the practitioner has completed approved
17 training.

18 **25. Referral for determination**

19 (1) Subsection (2) applies if the coordinating practitioner is unable
20 to determine whether —

21 (a) the patient has a disease, illness or medical condition
22 that meets the requirements of section 15(1)(c); or

23 (b) the patient has decision-making capacity in relation to
24 voluntary assisted dying as required by section 15(1)(d).

25 (2) The coordinating practitioner must refer the patient to a
26 registered health practitioner who has appropriate skills and
27 training to make a determination in relation to the matter.

28 (3) If the coordinating practitioner is unable to determine whether
29 the patient is acting voluntarily and without coercion as required

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1 by section 15(1)(e), the coordinating practitioner must refer the
2 patient to another person who has appropriate skills and training
3 to make a determination in relation to the matter.

4 (4) If the coordinating practitioner makes a referral under
5 subsection (2) or (3), the coordinating practitioner may adopt
6 the determination of the registered health practitioner or other
7 person, as the case requires, in relation to the matter in respect
8 of which the referral was made.

9 **26. Information to be provided if patient assessed as meeting**
10 **eligibility criteria**

11 (1) If the coordinating practitioner is satisfied that the patient meets
12 all of the eligibility criteria, the coordinating practitioner must
13 inform the patient about the following matters —

14 (a) the patient’s diagnosis and prognosis;

15 (b) the treatment options available to the patient and the
16 likely outcomes of that treatment;

17 (c) the palliative care and treatment options available to the
18 patient and the likely outcomes of that care and
19 treatment;

20 (d) the potential risks of self-administering or being
21 administered a voluntary assisted dying substance likely
22 to be prescribed under this Act for the purposes of
23 causing the patient’s death;

24 (e) that the expected outcome of self-administering or being
25 administered a substance referred to in paragraph (d) is
26 death;

27 (f) the method by which a substance referred to in
28 paragraph (d) is likely to be self-administered or
29 administered;

30 (g) the request and assessment process, including the
31 requirement for a written declaration signed in the
32 presence of 2 witnesses;

- 1 (h) that if the patient makes a self-administration decision,
2 the patient must appoint a contact person;
- 3 (i) that the patient may decide at any time not to continue
4 the request and assessment process or not to access
5 voluntary assisted dying;
- 6 (j) that if the patient is receiving ongoing health services
7 from a medical practitioner other than the coordinating
8 practitioner, the patient is encouraged to inform the
9 medical practitioner of the patient's request for access to
10 voluntary assisted dying.
- 11 (2) In addition to informing the patient about the matters referred to
12 in subsection (1), the coordinating practitioner must take all
13 reasonable steps to fully explain to the patient or, if the patient
14 consents, another person nominated by the patient —
- 15 (a) all relevant clinical guidelines; and
16 (b) a plan in respect of the administration of a voluntary
17 assisted dying substance.
- 18 (3) Nothing in this section affects any duty a medical practitioner
19 has at common law or under any other enactment.
- 20 **27. Outcome of first assessment**
- 21 (1) The coordinating practitioner must assess the patient as eligible
22 for access to voluntary assisted dying if the coordinating
23 practitioner is satisfied that —
- 24 (a) the patient meets all of the eligibility criteria; and
25 (b) the patient understands the information required to be
26 provided under section 26(1).
- 27 (2) If the coordinating practitioner is not satisfied as to any matter
28 in subsection (1) —
- 29 (a) the coordinating practitioner must assess the patient as
30 ineligible for access to voluntary assisted dying; and
31 (b) the request and assessment process ends.

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Division 3 First assessment

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1 **28. Recording and notification of outcome of first assessment**

2 (1) The coordinating practitioner must inform the patient of the
3 outcome of the first assessment as soon as practicable after its
4 completion.

5 (2) Within 2 business days after completing the first assessment, the
6 coordinating practitioner must complete the approved form (the
7 *first assessment report form*) and give a copy of it to the Board.

8 (3) The first assessment report form must include the following —
9 (a) the name, date of birth and contact details of the patient;
10 (b) the following information in respect of the patient —
11 (i) gender;
12 (ii) nationality;
13 (iii) ethnicity;
14 (iv) whether the patient has a disability;
15 (c) the name and contact details of the coordinating
16 practitioner;
17 (d) a statement confirming that the coordinating practitioner
18 meets the requirements of section 16(2);
19 (e) the date when the first request was made;
20 (f) the date when the first assessment was completed;
21 (g) the outcome of the first assessment, including the
22 coordinating practitioner's decision in respect of each of
23 the eligibility criteria;
24 (h) the date when the patient was informed of the outcome
25 of the first assessment;
26 (i) if the patient was referred under section 25(2) or (3), the
27 outcome of the referral;
28 (j) the signature of the coordinating practitioner and the
29 date when the form was signed.

1 **29. Referral for consulting assessment if patient assessed as**
2 **eligible**

3 If the coordinating practitioner assesses the patient as eligible
4 for access to voluntary assisted dying, the practitioner must
5 refer the patient to another medical practitioner for a consulting
6 assessment.

7 **Division 4 — Consulting assessment**

8 **30. Medical practitioner to accept or refuse referral for**
9 **consulting assessment**

- 10 (1) If a patient is referred to a medical practitioner for a consulting
11 assessment under section 29, 40 or 155(6)(a), the practitioner
12 must accept or refuse the referral.
- 13 (2) The reasons for which the medical practitioner can refuse the
14 referral are as follows —
- 15 (a) the practitioner has a conscientious objection to
16 voluntary assisted dying or is otherwise unwilling to
17 perform the duties of a consulting practitioner;
- 18 (b) the practitioner is unable to perform the duties of a
19 consulting practitioner because of unavailability or some
20 other reason;
- 21 (c) the practitioner is required to refuse the referral under
22 subsection (3).
- 23 (3) The medical practitioner must refuse the referral if the
24 practitioner is not eligible to act as a consulting practitioner.
- 25 (4) Unless subsection (5) applies, the medical practitioner must,
26 within 2 business days after receiving the referral, inform the
27 patient and the coordinating practitioner for the patient that the
28 practitioner accepts or refuses the referral.
- 29 (5) If the medical practitioner refuses the referral because the
30 practitioner has a conscientious objection to voluntary assisted
31 dying, the practitioner must, immediately after receiving the

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1 referral, inform the patient and the coordinating practitioner for
2 the patient that the practitioner refuses the referral.

3 **31. Medical practitioner to record referral and acceptance or**
4 **refusal**

5 The medical practitioner must record the following in the
6 patient's medical record —

- 7 (a) the referral;
8 (b) the practitioner's decision to accept or refuse the
9 referral;
10 (c) if the practitioner's decision is to refuse the referral, the
11 reason for the refusal.

12 **32. Medical practitioner to notify Board of referral**

13 (1) Within 2 business days after deciding to accept or refuse the
14 referral, the medical practitioner must complete the approved
15 form (the *consultation referral form*) and give a copy of it to
16 the Board.

- 17 (2) The consultation referral form must include the following —
18 (a) the name, date of birth and contact details of the patient;
19 (b) the name and contact details of the medical practitioner;
20 (c) the date when the referral was received;
21 (d) the medical practitioner's decision to accept or refuse
22 the referral;
23 (e) if the medical practitioner's decision is to refuse the
24 referral, the reason for the refusal;
25 (f) the date when the medical practitioner informed the
26 patient and the coordinating practitioner for the patient
27 of the practitioner's decision;
28 (g) the signature of the medical practitioner and the date
29 when the form was signed.

- 1 **33. Medical practitioner becomes consulting practitioner if**
2 **referral accepted**
- 3 If the medical practitioner accepts the referral, the practitioner
4 becomes the consulting practitioner for the patient.
- 5 **34. Consulting assessment**
- 6 (1) The consulting practitioner for a patient must assess whether the
7 patient is eligible for access to voluntary assisted dying.
- 8 (2) For the purposes of subsection (1), the consulting practitioner
9 must make a decision in respect of each of the eligibility
10 criteria.
- 11 **35. Consulting practitioner to have completed approved**
12 **training**
- 13 The consulting practitioner must not begin the consulting
14 assessment unless the practitioner has completed approved
15 training.
- 16 **36. Referral for determination**
- 17 (1) Subsection (2) applies if the consulting practitioner is unable to
18 determine whether —
- 19 (a) the patient has a disease, illness or medical condition
20 that meets the requirements of section 15(1)(c); or
- 21 (b) the patient has decision-making capacity in relation to
22 voluntary assisted dying as required by section 15(1)(d).
- 23 (2) The consulting practitioner must refer the patient to a registered
24 health practitioner who has appropriate skills and training to
25 make a determination in relation to the matter.
- 26 (3) If the consulting practitioner is unable to determine whether the
27 patient is acting voluntarily and without coercion as required by
28 section 15(1)(e), the consulting practitioner must refer the
29 patient to another person who has appropriate skills and training
30 to make a determination in relation to the matter.

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1 (4) If the consulting practitioner makes a referral under
2 subsection (2) or (3), the consulting practitioner may adopt the
3 determination of the registered health practitioner or other
4 person, as the case requires, in relation to the matter in respect
5 of which the referral was made.

6 **37. Information to be provided if patient assessed as meeting**
7 **eligibility criteria**

8 (1) If the consulting practitioner is satisfied that the patient meets
9 all of the eligibility criteria, the consulting practitioner must
10 inform the patient about the matters referred to in section 26(1).

11 (2) Nothing in this section affects any duty a medical practitioner
12 has at common law or under any other enactment.

13 **38. Outcome of consulting assessment**

14 (1) The consulting practitioner must assess the patient as eligible
15 for access to voluntary assisted dying if the consulting
16 practitioner is satisfied that —

- 17 (a) the patient meets all of the eligibility criteria; and
18 (b) the patient understands the information required to be
19 provided under section 37(1).

20 (2) If the consulting practitioner is not satisfied as to any matter in
21 subsection (1), the consulting practitioner must assess the
22 patient as ineligible for access to voluntary assisted dying.

23 **39. Recording and notification of outcome of consulting**
24 **assessment**

25 (1) The consulting practitioner must inform the patient and the
26 coordinating practitioner for the patient of the outcome of the
27 consulting assessment as soon as practicable after its
28 completion.

29 (2) Within 2 business days after completing the consulting
30 assessment, the consulting practitioner must complete the

- 1 approved form (the *consulting assessment report form*) and
2 give a copy of it to the Board.
- 3 (3) The consulting assessment report form must include the
4 following —
- 5 (a) the name, date of birth and contact details of the patient;
 - 6 (b) the name and contact details of the consulting
7 practitioner;
 - 8 (c) a statement confirming that the consulting practitioner
9 meets the requirements of section 16(2);
 - 10 (d) the date when the first request was made;
 - 11 (e) the date when the referral for the consulting assessment
12 was made;
 - 13 (f) the date when the referral for the consulting assessment
14 was received;
 - 15 (g) the date when the consulting assessment was completed;
 - 16 (h) the outcome of the consulting assessment, including the
17 consulting practitioner's decision in respect of each of
18 the eligibility criteria;
 - 19 (i) the date when the patient was informed of the outcome
20 of the consulting assessment;
 - 21 (j) the date when the coordinating practitioner for the
22 patient was informed of the outcome of the consulting
23 assessment;
 - 24 (k) if the patient was referred under section 36(2) or (3), the
25 outcome of the referral;
 - 26 (l) the signature of the consulting practitioner and the date
27 when the form was signed.
- 28 (4) The consulting practitioner must give a copy of the consulting
29 assessment report form to the coordinating practitioner for the
30 patient as soon as practicable after completing the consulting
31 assessment.

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Division 5 Written declaration

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1 **40. Referral for further consulting assessment if patient**
2 **assessed as ineligible**

3 If the consulting practitioner assesses the patient as ineligible
4 for access to voluntary assisted dying, the coordinating
5 practitioner for the patient may refer the patient to another
6 medical practitioner for a further consulting assessment.

7 **Division 5 — Written declaration**

8 **41. Patient assessed as eligible may make written declaration**

- 9 (1) A patient may make a written declaration requesting access to
10 voluntary assisted dying if the patient has been assessed as
11 eligible for access to voluntary assisted dying by —
12 (a) the coordinating practitioner for the patient; and
13 (b) the consulting practitioner for the patient.
- 14 (2) The written declaration must be in the approved form and given
15 to the coordinating practitioner for the patient.
- 16 (3) The written declaration must —
17 (a) specify that the patient —
18 (i) makes it voluntarily and without coercion; and
19 (ii) understands its nature and effect;
20 and
21 (b) be signed by the patient, or a person referred to in
22 subsection (4), in the presence of 2 witnesses; and
23 (c) include the following —
24 (i) the name, date of birth and contact details of the
25 patient;
26 (ii) the name and contact details of the coordinating
27 practitioner for the patient.

- 1 (4) A person may sign the written declaration on behalf of the
2 patient if —
- 3 (a) the patient is unable to sign the declaration; and
4 (b) the patient directs the person to sign the declaration; and
5 (c) the person —
- 6 (i) has reached 18 years of age; and
7 (ii) is not a witness to the signing of the declaration.
- 8 (5) A person who signs the written declaration on behalf of the
9 patient must do so in the patient’s presence.
- 10 (6) If the patient makes the written declaration with the assistance
11 of an interpreter, the interpreter must certify on the declaration
12 that the interpreter provided a true and correct translation of any
13 material translated.

14 **42. Witness to signing of written declaration**

- 15 (1) For the purposes of section 41(3)(b), a person is eligible to
16 witness the signing of a written declaration if the person —
- 17 (a) has reached 18 years of age; and
18 (b) is not an ineligible witness.
- 19 (2) For the purposes of subsection (1)(b), a person is an ineligible
20 witness if the person —
- 21 (a) knows or believes that the person —
- 22 (i) is a beneficiary under a will of the patient
23 making the declaration; or
- 24 (ii) may otherwise benefit financially or in any other
25 material way from the death of the patient
26 making the declaration;
- 27 or
- 28 (b) is a family member of the patient making the
29 declaration; or

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1 (c) is the coordinating practitioner or consulting practitioner
2 for the patient making the declaration.

3 **43. Certification of witness to signing of written declaration**

4 (1) In this section —

5 *ineligible witness* means a person who is an ineligible witness
6 under section 42(2).

7 (2) A witness who witnesses the signing of a written declaration by
8 the patient making the declaration must —

9 (a) certify in writing in the declaration that, in the presence
10 of the witness, the patient appeared to freely and
11 voluntarily sign the declaration; and

12 (b) state that the witness is not knowingly an ineligible
13 witness.

14 (3) A witness who witnesses the signing of a written declaration by
15 another person on behalf of the patient making the declaration
16 must —

17 (a) certify in writing in the declaration that —

18 (i) in the presence of the witness, the patient
19 appeared to freely and voluntarily direct the
20 other person to sign the declaration; and

21 (ii) the other person signed the declaration in the
22 presence of the patient and the witness;

23 and

24 (b) state that the witness is not knowingly an ineligible
25 witness.

26 **44. Coordinating practitioner to record written declaration**

27 If a patient gives a written declaration to the coordinating
28 practitioner for the patient, the coordinating practitioner must
29 record the following in the patient's medical record —

30 (a) the date when the written declaration was made;

- 1 (b) the date when the written declaration was received by
2 the coordinating practitioner.

3 **45. Coordinating practitioner to notify Board of written**
4 **declaration**

5 Within 2 business days after receiving a written declaration
6 made by a patient, the coordinating practitioner for the patient
7 must give a copy of it to the Board.

8 **Division 6 — Final request and final review**

9 **46. Patient may make final request to coordinating practitioner**

- 10 (1) A patient who has made a written declaration may make a final
11 request to the coordinating practitioner for the patient for access
12 to voluntary assisted dying.
- 13 (2) The final request must be —
14 (a) clear and unambiguous; and
15 (b) made in person or, if that is not practicable, in
16 accordance with section 156(2)(a).
- 17 (3) The patient may make the final request verbally or in another
18 way (for example, by gestures).

19 **47. When final request can be made**

- 20 (1) In this section —
21 *designated period* means the period of 9 days beginning on the
22 day on which the patient made the first request.
- 23 (2) The final request cannot be made —
24 (a) before the end of the designated period, except as
25 provided in subsection (3); and
26 (b) in any case, until after the day on which the consulting
27 assessment that assessed the patient as eligible for
28 access to voluntary assisted dying was completed.

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Division 6 Final request and final review

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- 1 (3) The final request can be made before the end of the designated
2 period if —
- 3 (a) in the opinion of the coordinating practitioner for the
4 patient, the patient is likely to die, or to lose
5 decision-making capacity in relation to voluntary
6 assisted dying, before the end of the designated period;
7 and
- 8 (b) the opinion of the coordinating practitioner is consistent
9 with the opinion of the consulting practitioner for the
10 patient.

11 **48. Coordinating practitioner to record final request**

12 The coordinating practitioner for the patient must record the
13 following in the patient’s medical record —

- 14 (a) the date when the final request was made;
- 15 (b) if the final request was made before the end of the
16 designated period as defined in section 47(1), the reason
17 for it being made before the end of that period.

18 **49. Coordinating practitioner to notify Board of final request**

19 (1) Within 2 business days after receiving a final request made by a
20 patient, the coordinating practitioner for the patient must
21 complete the approved form (the *final request form*) and give a
22 copy of it to the Board.

- 23 (2) The final request form must include the following —
- 24 (a) the name, date of birth and contact details of the patient;
- 25 (b) the name and contact details of the coordinating
26 practitioner;
- 27 (c) the date when the first request was made;
- 28 (d) the date when the final request was made;
- 29 (e) whether the final request was made in person or using
30 audiovisual communication and whether it was made
31 verbally or in another way;

- 1 (f) if the final request was made before the end of the
2 designated period as defined in section 47(1), the reason
3 for it being made before the end of that period;
4 (g) the signature of the coordinating practitioner and the
5 date when the form was signed.

6 **50. Final review by coordinating practitioner on receiving final**
7 **request**

- 8 (1) On receiving a final request made by a patient, the coordinating
9 practitioner for the patient must —
10 (a) review the following in respect of the patient —
11 (i) the first assessment report form;
12 (ii) all consulting assessment report forms;
13 (iii) the written declaration;
14 and
15 (b) complete the approved form (the *final review form*) in
16 respect of the patient.
17 (2) When conducting the final review, the coordinating practitioner
18 must have regard to any decision made by the Tribunal under
19 Part 5 in respect of a decision made in the request and
20 assessment process.
21 (3) The final review form must include the following —
22 (a) the name, date of birth and contact details of the patient;
23 (b) the name and contact details of the coordinating
24 practitioner;
25 (c) a statement that the coordinating practitioner has
26 reviewed the forms referred to in subsection (1)(a);
27 (d) a statement certifying whether or not the request and
28 assessment process has been completed in accordance
29 with this Act;

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- 1 (e) a statement certifying whether or not the coordinating
2 practitioner is satisfied of each of the following —
- 3 (i) that the patient has decision-making capacity in
4 relation to voluntary assisted dying;
- 5 (ii) that the patient in requesting access to voluntary
6 assisted dying is acting voluntarily and without
7 coercion;
- 8 (iii) that the patient’s request to access voluntary
9 assisted dying is enduring;
- 10 (f) the signature of the coordinating practitioner and the
11 date when the form was signed.
- 12 (4) Within 2 business days after completing the final review form,
13 the coordinating practitioner must give a copy of it to the Board.

14 **51. Technical error not to invalidate request and assessment**
15 **process**

16 The validity of the request and assessment process is not
17 affected by any minor or technical error in a final review form
18 or a form referred to in section 50(1)(a).

19 **52. No obligation for patient to continue after completion of**
20 **request and assessment process**

21 A patient in respect of whom the request and assessment
22 process has been completed may decide at any time not to take
23 any further step in relation to access to voluntary assisted dying.

1 **Part 4 — Accessing voluntary assisted dying and death**

2 **Division 1 — Eligibility requirements for administering**
3 **practitioners**

4 **53. Eligibility to act as administering practitioner**

5 (1) A person is eligible to act as an administering practitioner for a
6 patient if —

7 (a) the person is —

8 (i) a medical practitioner who is eligible to act as a
9 coordinating practitioner for the patient under
10 section 16(2); or

11 (ii) a nurse practitioner who has practised the
12 nursing profession for at least 2 years as a nurse
13 practitioner and meets the requirements approved
14 by the CEO for the purposes of this
15 subparagraph;

16 and

17 (b) the person has completed approved training.

18 (2) The CEO must publish the requirements approved for the
19 purposes of subsection (1)(a)(ii) on the Department's website.

20 **Division 2 — Administration of voluntary assisted**
21 **dying substance**

22 **54. Application of Division**

23 This Division applies if —

24 (a) the request and assessment process has been completed
25 in respect of a patient; and

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- 1 (b) the final review form in respect of the patient certifies
2 that the coordinating practitioner for the patient is
3 satisfied of each of the following —
- 4 (i) that the patient has decision-making capacity in
5 relation to voluntary assisted dying;
- 6 (ii) that the patient in requesting access to voluntary
7 assisted dying is acting voluntarily and without
8 coercion;
- 9 (iii) that the patient’s request to access voluntary
10 assisted dying is enduring.

11 **55. Administration decision**

- 12 (1) The patient may, in consultation with and on the advice of the
13 coordinating practitioner for the patient —
- 14 (a) decide to self-administer a voluntary assisted dying
15 substance (a *self-administration decision*); or
- 16 (b) decide that a voluntary assisted dying substance is to be
17 administered to the patient by the administering
18 practitioner for the patient (a *practitioner*
19 *administration decision*).
- 20 (2) A practitioner administration decision can only be made if the
21 coordinating practitioner for the patient advises the patient that
22 self-administration of a voluntary assisted substance is
23 inappropriate having regard to 1 or more of the following —
- 24 (a) the ability of the patient to self-administer the substance;
- 25 (b) the patient’s concerns about self-administering the
26 substance;
- 27 (c) the method for administering the substance that is
28 suitable for the patient.
- 29 (3) An administration decision must be —
- 30 (a) clear and unambiguous; and

- 1 (b) made in person before the coordinating practitioner for
2 the patient or, if that is not practicable, in accordance
3 with section 156(2)(a).
- 4 (4) The patient may make an administration decision verbally or in
5 another way (for example, by gestures).
- 6 (5) If the patient makes an administration decision, the coordinating
7 practitioner for the patient must record the decision in the
8 patient's medical record.

9 **56. Revocation of administration decision**

- 10 (1) The patient may at any time —
- 11 (a) revoke a self-administration decision by informing the
12 coordinating practitioner for the patient that the patient
13 has decided not to self-administer a voluntary assisted
14 dying substance; or
- 15 (b) revoke a practitioner administration decision by
16 informing the administering practitioner for the patient
17 that the patient has decided not to proceed with the
18 administration of a voluntary assisted dying substance.
- 19 (2) For the purposes of subsection (1), the patient may inform the
20 coordinating practitioner or administering practitioner of the
21 patient's decision in writing, verbally or in another way (for
22 example, by gestures).
- 23 (3) If the patient revokes an administration decision under
24 subsection (1), the coordinating practitioner or administering
25 practitioner who is informed of the patient's decision must —
- 26 (a) record the revocation in the patient's medical record;
27 and
- 28 (b) if the practitioner is not the coordinating practitioner for
29 the patient, inform the coordinating practitioner of the
30 revocation; and

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- 1 (c) within 2 business days after the revocation, complete the
2 approved form (the *revocation form*) and give a copy of
3 it to the Board.
- 4 (4) The revocation form must include the following —
- 5 (a) the name, date of birth and contact details of the patient;
- 6 (b) the name and contact details of the person completing
7 the form;
- 8 (c) if the person completing the form is not the coordinating
9 practitioner for the patient, the name and contact details
10 of the coordinating practitioner;
- 11 (d) the date when the administration decision was made;
- 12 (e) the date when the administration decision was revoked;
- 13 (f) the signature of the person completing the form and the
14 date when the form was signed.
- 15 (5) The revocation of an administration decision does not prevent
16 the patient from making another administration decision under
17 section 55(1).

18 **57. Self-administration**

- 19 (1) This section applies if the patient has made a self-administration
20 decision and has not revoked it.
- 21 (2) The coordinating practitioner for the patient is authorised to
22 prescribe a voluntary assisted dying substance for the patient
23 that is of a sufficient dose to cause death.
- 24 (3) Subsection (2) is subject to section 65(6).
- 25 (4) The authorised supplier who is given the prescription for the
26 patient is authorised to —
- 27 (a) possess the prescribed substance for the purpose of
28 preparing it and supplying it to a person referred to in
29 paragraph (c); and
- 30 (b) prepare the prescribed substance; and

- 1 (c) supply the prescribed substance to the patient, the
2 contact person for the patient or an agent of the patient.
- 3 (5) The patient is authorised to —
- 4 (a) receive the prescribed substance from an authorised
5 supplier, the contact person for the patient or an agent of
6 the patient; and
- 7 (b) possess the prescribed substance for the purpose of
8 preparing and self-administering it; and
- 9 (c) prepare the prescribed substance; and
- 10 (d) self-administer the prescribed substance.
- 11 (6) The contact person for the patient is authorised as set out in
12 section 66(1).
- 13 (7) An agent of the patient is authorised to —
- 14 (a) receive the prescribed substance from an authorised
15 supplier; and
- 16 (b) possess the prescribed substance for the purpose of
17 supplying it to the patient; and
- 18 (c) supply the prescribed substance to the patient.

19 **58. Practitioner administration**

- 20 (1) This section applies if the patient has made a practitioner
21 administration decision and has not revoked it.
- 22 (2) The coordinating practitioner for the patient is authorised to
23 prescribe a voluntary assisted dying substance for the patient
24 that is of a sufficient dose to cause death.
- 25 (3) The authorised supplier who is given the prescription for the
26 patient is authorised to —
- 27 (a) possess the prescribed substance for the purpose of
28 preparing it and supplying it to the administering
29 practitioner for the patient; and
- 30 (b) prepare the prescribed substance; and

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- 1 (c) supply the prescribed substance to the administering
2 practitioner for the patient.
- 3 (4) The administering practitioner for the patient is authorised to —
4 (a) receive the prescribed substance from an authorised
5 supplier; and
6 (b) possess the prescribed substance for the purpose of
7 preparing it and administering it to the patient; and
8 (c) prepare the prescribed substance.
- 9 (5) The administering practitioner for the patient is authorised, in
10 the presence of a witness, to administer the prescribed substance
11 to the patient if the administering practitioner is satisfied at the
12 time of administration that —
13 (a) the patient has decision-making capacity in relation to
14 voluntary assisted dying; and
15 (b) the patient is acting voluntarily and without coercion;
16 and
17 (c) the patient’s request for access to voluntary assisted
18 dying is enduring.

19 **59. Coordinating practitioner to notify Board of administration**
20 **decision and prescription of substance**

- 21 (1) Within 2 business days after prescribing a voluntary assisted
22 dying substance for the patient, the coordinating practitioner for
23 the patient must —
24 (a) complete the approved form (the *administration*
25 *decision and prescription form*); and
26 (b) give the Board —
27 (i) a copy of the administration decision and
28 prescription form; and
29 (ii) if the patient has made a self-administration
30 decision, a copy of the contact person
31 appointment form given to the coordinating
32 practitioner under section 65(3).

- 1 (2) The administration decision and prescription form must include
2 the following —
- 3 (a) the name, date of birth and contact details of the patient;
- 4 (b) the name and contact details of the coordinating
5 practitioner;
- 6 (c) the administration decision made by the patient;
- 7 (d) the date when the administration decision was made;
- 8 (e) a statement confirming that the coordinating practitioner
9 has complied with section 68(1) or (2), as the case
10 requires;
- 11 (f) the date when the prescription for the voluntary assisted
12 dying substance was issued;
- 13 (g) the signature of the coordinating practitioner and the
14 date when the form was signed.

15 **60. Certification by administering practitioner following**
16 **administration of prescribed substance**

- 17 (1) This section applies if the administering practitioner for the
18 patient administers the prescribed substance to the patient.
- 19 (2) The administering practitioner must certify in writing that —
- 20 (a) the patient made a practitioner administration decision
21 and did not revoke the decision; and
- 22 (b) the administering practitioner was satisfied at the time of
23 administering the prescribed substance to the patient —
- 24 (i) that the patient had decision-making capacity in
25 relation to voluntary assisted dying; and
- 26 (ii) that the patient was acting voluntarily and
27 without coercion; and
- 28 (iii) that the patient’s request for access to voluntary
29 assisted dying was enduring.

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- 1 (3) The certificate must be in the approved form (the *practitioner*
2 *administration form*) and must include the following —
- 3 (a) the name and date of birth of the patient;
- 4 (b) the name and contact details of the administering
5 practitioner;
- 6 (c) the name, date of birth and contact details of the witness
7 to the administration of the prescribed substance (the
8 *witness*);
- 9 (d) the date when the prescribed substance was
10 administered;
- 11 (e) the certificate of the witness required under
12 section 61(3);
- 13 (f) the signature of the administering practitioner and the
14 date when the form was signed;
- 15 (g) the signature of the witness and the date when the form
16 was signed.
- 17 (4) Within 2 business days after administering the prescribed
18 substance, the administering practitioner must give a copy of the
19 practitioner administration form to the Board.

20 **61. Witness to administration of prescribed substance**

- 21 (1) For the purposes of section 58(5), a person is eligible to witness
22 the administration of a prescribed substance to a patient if the
23 person —
- 24 (a) has reached 18 years of age; and
25 (b) is not an ineligible witness.
- 26 (2) For the purposes of subsection (1)(b), a person is an ineligible
27 witness if the person —
- 28 (a) is a family member of the administering practitioner for
29 the patient; or
30 (b) is employed, or engaged under a contract for services,
31 by the administering practitioner for the patient.

- 1 (3) The witness to the administration of a prescribed substance to a
2 patient must certify in the practitioner administration form for
3 the patient that —
4 (a) the patient’s request for access to voluntary assisted
5 dying appeared to be enduring; and
6 (b) the administering practitioner for the patient
7 administered the prescribed substance to the patient in
8 the presence of the witness.

9 **62. Transfer of administering practitioner’s role**

- 10 (1) This section applies if —
11 (a) a patient has made a practitioner administration
12 decision; and
13 (b) the coordinating practitioner for the patient has
14 prescribed a voluntary assisted dying substance for the
15 patient; and
16 (c) the administering practitioner for the patient (the
17 *original practitioner*) is unable for any reason to
18 administer the prescribed substance to the patient,
19 whether the original practitioner is the coordinating
20 practitioner for the patient or a person to whom the role
21 of administering practitioner has been transferred under
22 subsection (2).
23 (2) The original practitioner must transfer the role of administering
24 practitioner to another person who is eligible to act as an
25 administering practitioner for the patient and accepts the
26 transfer of the role.
27 (3) If a person (the *new practitioner*) accepts the transfer of the
28 role, the original practitioner must —
29 (a) inform the patient of the transfer and of the name and
30 contact details of the new practitioner; and
31 (b) record the transfer in the patient’s medical record; and

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- 1 (c) within 2 business days after the acceptance of the
2 transfer, complete the approved form (the *administering*
3 *practitioner transfer form*) and give a copy of it to the
4 Board.
- 5 (4) The administering practitioner transfer form must include the
6 following —
- 7 (a) the name, date of birth and contact details of the patient;
8 (b) the name and contact details of the original practitioner;
9 (c) the name and contact details of the new practitioner;
10 (d) the date when the new practitioner accepted the transfer;
11 (e) the date when the patient was informed of the transfer;
12 (f) the signature of the original practitioner and the date
13 when the form was signed.
- 14 (5) If the original practitioner has possession of the prescribed
15 substance when the role is transferred —
- 16 (a) the original practitioner is authorised to supply the
17 prescribed substance to the new practitioner; and
18 (b) the new practitioner is authorised to receive the
19 prescribed substance from the original practitioner.
- 20 (6) The coordinating practitioner for the patient remains the
21 coordinating practitioner despite any transfer of the role of
22 administering practitioner under subsection (2), but subject to
23 section 155.

24 **Division 3 — Contact person**

25 **63. Application of Division**

26 This Division applies if a patient has made a self-administration
27 decision.

1 **64. Patient to appoint contact person**

- 2 (1) The patient must appoint a person as the contact person for the
3 patient.
- 4 (2) A person is eligible for appointment if the person has reached
5 18 years of age.
- 6 (3) Without limiting who can be appointed as the contact person,
7 the patient may appoint their coordinating practitioner, their
8 consulting practitioner or another registered health practitioner.
- 9 (4) A person cannot be appointed as the contact person unless the
10 person consents to the appointment.
- 11 (5) The patient may revoke the appointment of the contact person.
- 12 (6) If the patient revokes the appointment of the contact person —
- 13 (a) the patient must inform the person of the revocation; and
- 14 (b) the person ceases to be the contact person for the patient
15 on being informed under paragraph (a); and
- 16 (c) the patient must make another appointment under
17 subsection (1).

18 **65. Contact person appointment form**

- 19 (1) An appointment under section 64(1) must be made in the
20 approved form (the *contact person appointment form*) and
21 include the following —
- 22 (a) the name, date of birth and contact details of the patient;
- 23 (b) the name and contact details of the coordinating
24 practitioner for the patient;
- 25 (c) the name, date of birth and contact details of the contact
26 person;
- 27 (d) a statement that the contact person consents to the
28 appointment;
- 29 (e) a statement that the contact person understands their role
30 under this Act (including the requirements under

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- 1 section 104 to give the prescribed substance, or any
2 unused or remaining prescribed substance, to an
3 authorised disposer);
- 4 (f) the signature of the contact person and the date when the
5 form was signed;
- 6 (g) the signature of the patient, or other person who
7 completes the form on behalf of the patient, and the date
8 when the form was signed.
- 9 (2) If the patient is unable to complete the contact person
10 appointment form, another person can complete the form on
11 behalf of the patient.
- 12 (3) The patient or the contact person for the patient must give the
13 contact person appointment form to the coordinating
14 practitioner for the patient.
- 15 (4) Within 2 business days after receiving the contact person
16 appointment form, the coordinating practitioner for the patient
17 must give a copy of it to the Board.
- 18 (5) Subsection (4) does not apply if a copy of the form is given to
19 the Board under section 59(1)(b)(ii).
- 20 (6) The coordinating practitioner for the patient cannot prescribe a
21 voluntary assisted dying substance for the patient before the
22 contact person appointment form is given to the coordinating
23 practitioner.
- 24 **66. Role of contact person**
- 25 (1) The contact person for the patient is authorised to —
- 26 (a) receive the prescribed substance from an authorised
27 supplier; and
- 28 (b) possess the prescribed substance for the purpose of
29 paragraph (c) or (d); and
- 30 (c) supply the prescribed substance to the patient; and

- 1 (d) give the prescribed substance, or any unused or
2 remaining prescribed substance, to an authorised
3 disposer as required by section 104.
- 4 (2) The contact person for the patient must inform the coordinating
5 practitioner for the patient if the patient dies (whether as a result
6 of self-administering the prescribed substance or from some
7 other cause).

8 **67. Contact person may refuse to continue in role**

- 9 (1) The contact person for a patient may refuse to continue to
10 perform the role of contact person.
- 11 (2) If the contact person for a patient refuses to continue to perform
12 the role —
- 13 (a) the person must inform the patient of the refusal; and
14 (b) the person ceases to be the contact person for the patient
15 on informing the patient under paragraph (a); and
16 (c) the patient must make another appointment under
17 section 64(1).

18 **Division 4 — Prescribing, supplying and disposing of voluntary**
19 **assisted dying substance**

20 **68. Information to be given before prescribing substance**

- 21 (1) The coordinating practitioner for a patient who has made a
22 self-administration decision must, before prescribing a
23 voluntary assisted dying substance for the patient, inform the
24 patient, in writing, of the following —
- 25 (a) that the patient is not under any obligation to obtain the
26 substance;
- 27 (b) that the patient is not under any obligation to
28 self-administer the substance;

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- 1 (c) that the substance must be stored in accordance with the
2 information provided by the authorised supplier who
3 supplies the substance;
- 4 (d) how to prepare and self-administer the substance;
- 5 (e) that, if the patient decides not to self-administer the
6 substance, their contact person must give the substance
7 to an authorised disposer for disposal;
- 8 (f) that, if the patient dies, their contact person must give
9 any unused or remaining substance to an authorised
10 disposer for disposal.

11 (2) The coordinating practitioner for a patient who has made a
12 practitioner administration decision must, before prescribing a
13 voluntary assisted dying substance for the patient, inform the
14 patient, in writing, of the following —

- 15 (a) that the patient is not under any obligation to have the
16 substance administered;
- 17 (b) that, if the practitioner administration decision is made
18 after the revocation of a self-administration decision, the
19 contact person for the patient must give any prescribed
20 substance received by the patient, the contact person or
21 an agent of the patient to an authorised disposer for
22 disposal.

23 **69. Prescription for substance**

24 (1) In this section —

25 *medication chart* means a chart (however described) that
26 records medicines used, or to be used, for the treatment of the
27 patient.

28 (2) This section applies if the coordinating practitioner for a patient
29 prescribes a voluntary assisted dying substance for the patient.

- 1 (3) The prescription issued by the coordinating practitioner (the
2 *prescription*) must include —
- 3 (a) a statement that clearly indicates it is for a voluntary
4 assisted dying substance; and
- 5 (b) a statement —
- 6 (i) certifying that the request and assessment
7 process has been completed in respect of the
8 patient in accordance with this Act; and
- 9 (ii) certifying that the patient has made an
10 administration decision and specifying whether
11 the decision is a self-administration decision or a
12 practitioner administration decision;
- 13 and
- 14 (c) the telephone number of the patient.
- 15 (4) The prescription cannot be in the form of a medication chart.
- 16 (5) The prescription cannot provide for the prescribed substance to
17 be supplied on more than 1 occasion.
- 18 (6) The coordinating practitioner must give the prescription directly
19 to an authorised supplier.

20 **70. Authorised supplier to authenticate prescription**

21 An authorised supplier who is given a prescription for a
22 voluntary assisted dying substance must not supply the
23 substance in accordance with the prescription unless the
24 authorised supplier has confirmed —

- 25 (a) the authenticity of the prescription; and
- 26 (b) the identity of the person who issued the prescription;
27 and
- 28 (c) the identity of the person to whom the substance is to be
29 supplied.

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Part 4 Accessing voluntary assisted dying and death

Division 4 Prescribing, supplying and disposing of voluntary assisted dying substance

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- 1 **71. Information to be given when supplying prescribed**
2 **substance**
- 3 (1) Subsection (2) applies if an authorised supplier supplies a
4 prescribed substance to a patient, the contact person for a patient
5 or an agent of a patient (the *recipient*).
- 6 (2) The authorised supplier must, when supplying the prescribed
7 substance, inform the recipient, in writing, of the following —
- 8 (a) that the patient is not under any obligation to
9 self-administer the substance;
- 10 (b) how to store the substance in a safe and secure way;
- 11 (c) how to prepare and self-administer the substance;
- 12 (d) that, if the patient decides not to self-administer the
13 substance, their contact person must give the substance
14 to an authorised disposer for disposal;
- 15 (e) that, if the patient dies, their contact person must give
16 any unused or remaining substance to an authorised
17 disposer for disposal.
- 18 (3) If the recipient is not the patient, the authorised supplier must,
19 when supplying the prescribed substance, advise the recipient to
20 give the information provided under subsection (2) to the
21 patient.

22 **72. Labelling requirements for prescribed substance**

- 23 (1) In addition to any labelling requirements under the *Medicines*
24 *and Poisons Act 2014*, an authorised supplier who supplies a
25 prescribed substance must attach a statement in writing to the
26 relevant package or container that —
- 27 (a) warns of the purpose of the dose of the substance; and
28 (b) states the dangers of administration of the substance;
29 and

- 1 (c) states that, if the substance is supplied for
2 self-administration —
- 3 (i) the substance must be stored in accordance with
4 the advice given by the authorised supplier; and
- 5 (ii) any unused or remaining substance must be
6 given to an authorised disposer by the patient to
7 whom it is supplied or their contact person.
- 8 (2) The statement must be in the approved form.
- 9 **73. Authorised supplier to record and notify of supply**
- 10 (1) An authorised supplier who supplies a prescribed substance
11 must immediately complete the approved form (the *authorised*
12 *supply form*).
- 13 (2) The authorised supply form must include the following —
- 14 (a) the name, date of birth and contact details of the patient;
- 15 (b) the name and contact details of the authorised supplier;
- 16 (c) a statement certifying that the prescribed substance was
17 supplied;
- 18 (d) the name and contact details of the person to whom the
19 prescribed substance was supplied;
- 20 (e) the date when the prescribed substance was supplied;
- 21 (f) a statement certifying that the requirements under
22 sections 71 and 72 were complied with;
- 23 (g) the signature of the authorised supplier and the date
24 when the form was signed.
- 25 (3) Within 2 business days after supplying the prescribed substance,
26 the authorised supplier must give a copy of the completed
27 authorised supply form to the Board.

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- 1 **74. Disposal of prescribed substance by authorised disposer**
- 2 (1) This section applies if a prescribed substance, or any unused or
- 3 remaining prescribed substance, is given to an authorised
- 4 disposer by the contact person for a patient.
- 5 (2) The authorised disposer is authorised to —
- 6 (a) possess the prescribed substance for the purpose of
- 7 disposing of it; and
- 8 (b) dispose of the prescribed substance.
- 9 (3) The authorised disposer must dispose of the prescribed
- 10 substance as soon as practicable after receiving it.
- 11 (4) In disposing of the prescribed substance, the authorised disposer
- 12 must comply with any requirements of the *Medicines and*
- 13 *Poisons Act 2014* that apply to the disposal.
- 14 **75. Authorised disposer to record and notify of disposal**
- 15 (1) An authorised disposer who disposes of a prescribed substance
- 16 must immediately complete the approved form (the ***authorised***
- 17 ***disposal form***).
- 18 (2) The authorised disposal form must include the following —
- 19 (a) the name, date of birth and contact details of the patient;
- 20 (b) the name and contact details of the authorised disposer;
- 21 (c) the name and contact details of the person who gave the
- 22 prescribed substance to the authorised disposer;
- 23 (d) the date when the prescribed substance was given to the
- 24 authorised disposer;
- 25 (e) the date when the prescribed substance was disposed of
- 26 by the authorised disposer;
- 27 (f) the signature of the authorised disposer and the date
- 28 when the form was signed.

- 1 (3) Within 2 business days after disposing of the prescribed
2 substance, the authorised disposer must give a copy of the
3 completed authorised disposal form to the Board.

4 **76. Disposal of prescribed substance by administering**
5 **practitioner**

- 6 (1) Subsections (2) and (3) apply if —
- 7 (a) a patient who has made a practitioner administration
8 decision revokes the decision; and
- 9 (b) the administering practitioner for the patient has
10 possession of the prescribed substance when the
11 decision is revoked.
- 12 (2) The administering practitioner is authorised to —
- 13 (a) possess the prescribed substance for the purpose of
14 disposing of it; and
- 15 (b) dispose of the prescribed substance.
- 16 (3) The prescribed substance must be disposed of by the
17 administering practitioner as soon as practicable after the
18 practitioner administration decision is revoked.
- 19 (4) Subsections (5) and (6) apply if —
- 20 (a) a patient who has made a practitioner administration
21 decision dies (whether or not after being administered
22 the prescribed substance); and
- 23 (b) the administering practitioner for the patient has
24 possession of any prescribed substance that is unused or
25 remaining after the patient's death (the *unused or*
26 *remaining substance*).
- 27 (5) The administering practitioner is authorised to —
- 28 (a) possess the unused or remaining substance for the
29 purpose of disposing of it; and
- 30 (b) dispose of the unused or remaining substance.

1 (6) The unused or remaining substance must be disposed of by the
2 administering practitioner as soon as practicable after the
3 patient's death.

4 (7) In disposing of the prescribed substance or the unused or
5 remaining substance, as the case requires, the administering
6 practitioner must comply with any requirements of the
7 *Medicines and Poisons Act 2014* that apply to the disposal.

8 **77. Administering practitioner to record and notify of disposal**

9 (1) An administering practitioner for a patient who disposes of a
10 prescribed substance must immediately complete the approved
11 form (the *practitioner disposal form*).

12 (2) The practitioner disposal form must include the following —
13 (a) the name, date of birth and contact details of the patient;
14 (b) the name and contact details of the administering
15 practitioner;
16 (c) the date when the prescribed substance was supplied to
17 the administering practitioner;
18 (d) the date when the patient revoked the practitioner
19 administration decision or died;
20 (e) the date when the prescribed substance was disposed of
21 by the administering practitioner;
22 (f) the signature of the administering practitioner and the
23 date when the form was signed.

24 (3) Within 2 business days after disposing of the prescribed
25 substance, the administering practitioner must give a copy of the
26 completed practitioner disposal form to the Board.

27 **Division 5 — Other matters**

28 **78. Authorised suppliers and authorised disposers**

29 (1) The CEO may, in writing, authorise a registered health
30 practitioner, or persons in a class of registered health

- 1 practitioners, to supply prescribed substances for the purposes
2 of this Part.
- 3 (2) A person who is authorised under subsection (1) is an
4 ***authorised supplier***.
- 5 (3) The CEO may, in writing, authorise a registered health
6 practitioner, or persons in a class of registered health
7 practitioners, to dispose of prescribed substances for the
8 purposes of this Part.
- 9 (4) A person who is authorised under subsection (3) is an
10 ***authorised disposer***.
- 11 (5) The CEO may, in writing, revoke an authorisation given under
12 subsection (1) or (3).
- 13 (6) The CEO must publish an up-to-date list of authorised suppliers
14 and authorised disposers on the Department’s website.
- 15 **79. Certain directions as to supply or administration prohibited**
- 16 (1) In this section —
17 ***authorised health professional*** has the meaning given in the
18 ***Medicines and Poisons Act 2014*** section 3.
- 19 (2) The coordinating practitioner for a patient cannot direct an
20 authorised health professional to supply a prescribed substance
21 to the patient, the contact person for the patient or an agent of
22 the patient, unless —
- 23 (a) the authorised health professional is an authorised
24 supplier; and
- 25 (b) the direction is in the form of a prescription for the
26 prescribed substance given directly to the authorised
27 supplier.
- 28 (3) The coordinating practitioner or administering practitioner for a
29 patient cannot direct an authorised health professional to
30 administer a prescribed substance to the patient.

1 **80. Structured administration and supply arrangement not to**
2 **be issued for substance**

3 (1) In this section —

4 *structured administration and supply arrangement* means a
5 document that sets out the circumstances in which a health
6 professional (as defined in the *Medicines and Poisons Act 2014*
7 section 3) specified, or of a class specified, in the document may
8 administer or supply a medicine specified in the document.

9 (2) A person cannot issue a structured administration and supply
10 arrangement in relation to the administration or supply of a
11 medicine for the purpose of voluntary assisted dying.

12 **81. Notification of death**

13 (1) In this section —

14 *cause of death certificate* means a certificate of the cause of a
15 person's death under the *Births, Deaths and Marriages*
16 *Registration Act 1998* section 44(1).

17 (2) The coordinating practitioner or administering practitioner for a
18 patient must, within 2 business days after becoming aware that
19 the patient has died (whether or not after self-administering, or
20 being administered, a voluntary assisted dying substance in
21 accordance with this Act), notify the Board, in the approved
22 form, of the patient's death.

23 (3) Subsection (2) does not apply if the administering practitioner
24 for a patient gives the Board a copy of a practitioner
25 administration form in respect of the patient under
26 section 60(4).

27 (4) Subsections (5) and (6) apply if a medical practitioner who is
28 required to give a cause of death certificate for a person knows
29 or reasonably believes that the person was a patient who
30 self-administered, or was administered, a voluntary assisted
31 dying substance in accordance with this Act.

- 1 (5) The medical practitioner must, within 2 business days after
2 becoming aware that the person has died, notify the Board, in
3 the approved form, of the person's death, unless the medical
4 practitioner is the coordinating practitioner or administering
5 practitioner for the person.
- 6 (6) The medical practitioner must not include any reference to
7 voluntary assisted dying in the cause of death certificate for the
8 person.

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Part 5 — Review by Tribunal

82. Terms used

eligible applicant means —

- (a) a patient who is the subject of a decision referred to in section 83(1); or
- (b) an agent of a patient referred to in paragraph (a); or
- (c) any other person who the Tribunal is satisfied has a special interest in the medical care and treatment of a patient referred to in paragraph (a);

party to the proceeding, in relation to a review application, means a party to the proceeding before the Tribunal relating to the application;

review application, in relation to a patient, means an application under section 83(1) for a review of a decision made in relation to the patient;

reviewed decision, in relation to a review application, means the decision the subject of the application.

83. Application for review of certain decisions by Tribunal

(1) An eligible applicant may apply to the Tribunal for a review of any of the following decisions —

- (a) a decision of the coordinating practitioner for a patient in a first assessment that the patient —
 - (i) at the time of making the first request, has or has not been ordinarily resident in Western Australia for a period of at least 12 months; or
 - (ii) has or does not have decision-making capacity in relation to voluntary assisted dying; or
 - (iii) is or is not acting voluntarily and without coercion;

- 1 (b) a decision of the consulting practitioner for a patient in a
2 consulting assessment that the patient —
- 3 (i) at the time of making the first request, has or has
4 not been ordinarily resident in Western Australia
5 for a period of at least 12 months; or
- 6 (ii) has or does not have decision-making capacity in
7 relation to voluntary assisted dying; or
- 8 (iii) is or is not acting voluntarily and without
9 coercion;
- 10 (c) a decision of the coordinating practitioner for a patient
11 to make a statement in a final review form certifying
12 that the coordinating practitioner is satisfied that the
13 patient —
- 14 (i) has or does not have decision-making capacity in
15 relation to voluntary assisted dying; or
- 16 (ii) in requesting access to voluntary assisted dying
17 is or is not acting voluntarily and without
18 coercion.
- 19 (2) If a review application is made in relation to a patient, the
20 patient is a party to the proceeding whether or not the patient is
21 the applicant for the review.

22 **84. Notice of decision and right to have it reviewed**

23 Despite the *State Administrative Tribunal Act 2004*
24 section 20(1), the only person who has to be given notice under
25 that section in relation to a decision referred to in section 83(1)
26 is the patient who is the subject of the decision.

27 **85. Consequences of review application**

- 28 (1) This section applies if a review application is made in relation to
29 a patient.
- 30 (2) If the request and assessment process in respect of the patient
31 has not been completed, the request and assessment process is

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1 suspended and no further step in the process is to be taken until
2 the review application is determined or otherwise disposed of.

3 (3) If the request and assessment process in respect of the patient
4 has been completed, the process for accessing voluntary assisted
5 dying under Part 4 is suspended and no step under that Part
6 (including the prescription, supply or administration of a
7 voluntary assisted dying substance) is to be taken in relation to
8 the patient until the review application is determined or
9 otherwise disposed of.

10 **86. Review application taken to be withdrawn if patient dies**

11 A review application made in relation to a patient is taken to be
12 withdrawn if the patient dies.

13 **87. Decision of Tribunal**

14 In determining a review application made in relation to a patient
15 the Tribunal may decide that —

- 16 (a) at the time of making the first request, the patient had
17 been ordinarily resident in Western Australia for a
18 period of at least 12 months; or
- 19 (b) at the time of making the first request, the patient had
20 not been ordinarily resident in Western Australia for a
21 period of at least 12 months; or
- 22 (c) the patient has decision-making capacity in relation to
23 voluntary assisted dying; or
- 24 (d) the patient does not have decision-making capacity in
25 relation to voluntary assisted dying; or
- 26 (e) the patient is acting voluntarily and without coercion; or
- 27 (f) the patient is not acting voluntarily and without
28 coercion.

- 1 **88. Effect of decision under s. 87(a), (c) or (e)**
- 2 (1) If the Tribunal makes a decision referred to in section 87(a), (c)
- 3 or (e) on a review application made in relation to a patient —
- 4 (a) section 85 ceases to apply; and
- 5 (b) if the request and assessment process in respect of the
- 6 patient had not been completed when the review
- 7 application was made — the request and assessment
- 8 process can be resumed; and
- 9 (c) if the request and assessment process in respect of the
- 10 patient had been completed when the review application
- 11 was made — the process under Part 4 can be resumed,
- 12 and any step that is authorised under that Part can be
- 13 taken, in relation to the patient; and
- 14 (d) if the Tribunal sets aside the reviewed decision —
- 15 subsection (2), (3) or (4) applies, as the case requires.
- 16 (2) If the reviewed decision set aside by the Tribunal is a decision
- 17 of a coordinating practitioner in a first assessment —
- 18 (a) the Tribunal’s decision is substituted for the reviewed
- 19 decision; and
- 20 (b) if the outcome of the first assessment would, but for the
- 21 reviewed decision, have been that the patient was
- 22 assessed as eligible for access to voluntary assisted
- 23 dying — the coordinating practitioner is taken to have
- 24 made a first assessment assessing the patient as eligible
- 25 for access to voluntary assisted dying.
- 26 (3) If the reviewed decision set aside by the Tribunal is a decision
- 27 of a consulting practitioner in a consulting assessment —
- 28 (a) the Tribunal’s decision is substituted for the reviewed
- 29 decision; and
- 30 (b) if the outcome of the consulting assessment would, but
- 31 for the reviewed decision, have been that the patient was
- 32 assessed as eligible for access to voluntary assisted
- 33 dying — the consulting practitioner is taken to have

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- 1 made a consulting assessment assessing the patient as
2 eligible for access to voluntary assisted dying.
- 3 (4) If the reviewed decision set aside by the Tribunal is a decision
4 of a coordinating practitioner in a final review —
- 5 (a) the Tribunal’s decision is substituted for the reviewed
6 decision; and
- 7 (b) the final review form is taken to include —
- 8 (i) if the reviewed decision is a decision referred to
9 in section 83(1)(c)(i) — a statement certifying
10 that the coordinating practitioner is satisfied that
11 the patient has decision-making capacity in
12 relation to voluntary assisted dying; or
- 13 (ii) if the reviewed decision is a decision referred to
14 in section 83(1)(c)(ii) — a statement certifying
15 that the coordinating practitioner is satisfied that
16 the patient in requesting access to voluntary
17 assisted dying is acting voluntarily and without
18 coercion.

19 **89. Effect of decision under s. 87(b), (d) or (f)**

- 20 If the Tribunal makes a decision referred to in section 87(b), (d)
21 or (f) on a review application made in relation to a patient —
- 22 (a) the patient is taken to be ineligible for access to
23 voluntary assisted dying for the purposes of the request
24 and assessment process in respect of the patient; and
- 25 (b) if the request and assessment process in respect of the
26 patient had not been completed when the review
27 application was made — the request and assessment
28 process ends; and
- 29 (c) if the request and assessment process in respect of the
30 patient had been completed when the review application
31 was made — the process for accessing voluntary
32 assisted dying under Part 4 ends and no step under that
33 Part (including the prescription, supply or administration

1 of a voluntary assisted dying substance) is to be taken in
2 relation to the patient.

3 **90. Coordinating practitioner may refuse to continue in role**

4 (1) If a decision of the Tribunal is substituted for a decision of the
5 coordinating practitioner for a patient under section 88(2)(a)
6 or (4)(a), the coordinating practitioner may refuse to continue to
7 perform the role of coordinating practitioner.

8 (2) A coordinating practitioner who refuses under subsection (1) to
9 continue to perform the role of coordinating practitioner must
10 transfer the role of coordinating practitioner in accordance with
11 section 155.

12 **91. Constitution and membership of Tribunal**

13 (1) In this section —
14 *judicial member, non-judicial member* and *public sector*
15 *employee* have the meanings given in the *State Administrative*
16 *Tribunal Act 2004* section 3(1).

17 (2) For the purposes of this Part —
18 (a) the Tribunal, when exercising its review jurisdiction,
19 must be constituted by, or so as to include, a judicial
20 member; and
21 (b) a person who is a public sector employee may be
22 appointed to be a non-judicial member in respect of
23 matters in the Tribunal's review jurisdiction.

24 **92. Hearings of Tribunal to be held in private**

25 (1) Hearings of the Tribunal in respect of a review application must
26 be held in private.

27 (2) The Tribunal may give directions as to persons who may be
28 present at a hearing in respect of a review application.

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- 1 **93. Notice requirements**
- 2 (1) If a review application is made in relation to a patient, the
- 3 Tribunal must give notice of the application and any decision or
- 4 order (however described) of the Tribunal in respect of the
- 5 application to —
- 6 (a) the coordinating practitioner for the patient if the
- 7 coordinating practitioner is not a party to the
- 8 proceeding; and
- 9 (b) the consulting practitioner for the patient if the
- 10 consulting practitioner is not a party to the proceeding;
- 11 and
- 12 (c) if the role of administering practitioner for the patient
- 13 has been transferred under section 62(2), the
- 14 administering practitioner for the patient; and
- 15 (d) the CEO; and
- 16 (e) the Board.
- 17 (2) Subsection (1) does not limit the operation of the *State*
- 18 *Administrative Tribunal Act 2004* section 75 and is in addition
- 19 to any requirements for notice under that Act.
- 20 (3) The Board must, as soon as practicable after receiving notice of
- 21 a review application under subsection (1), give written notice of
- 22 the effect of section 85(2) and (3) to —
- 23 (a) each party to the proceeding; and
- 24 (b) the coordinating practitioner for the patient if the
- 25 coordinating practitioner is not a party to the
- 26 proceeding; and
- 27 (c) if the role of administering practitioner for the patient
- 28 has been transferred under section 62(2), the
- 29 administering practitioner for the patient.

1 **94. Coordinating practitioner to give Tribunal relevant material**

2 Within 7 business days after receiving notice of a review
3 application under section 93(1) or any shorter period ordered by
4 the Tribunal, the coordinating practitioner for a patient must —

5 (a) if the coordinating practitioner is the decision-maker for
6 the purposes of the *State Administrative Tribunal*
7 *Act 2004*, provide the following to the Tribunal —

8 (i) a statement of the reasons for the reviewed
9 decision;

10 (ii) other documents and material in the
11 practitioner’s possession or under the
12 practitioner’s control and relevant to the
13 Tribunal’s review of the reviewed decision;

14 or

15 (b) if the coordinating practitioner is not the decision-maker
16 for the purposes of the *State Administrative Tribunal*
17 *Act 2004*, provide to the Tribunal documents and
18 material in the practitioner’s possession or under the
19 practitioner’s control and relevant to the Tribunal’s
20 review of the reviewed decision.

21 **95. Tribunal to give written reasons for decision**

22 (1) The Tribunal must give written reasons for a decision made in
23 respect of a review application.

24 (2) The Tribunal must give a copy of the written reasons to —

25 (a) each party to the proceeding; and

26 (b) the coordinating practitioner for the patient if the
27 coordinating practitioner is not a party to the
28 proceeding; and

29 (c) the consulting practitioner for the patient if the
30 consulting practitioner is not a party to the proceeding;
31 and

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- 1 (d) if the role of administering practitioner for the patient
2 has been transferred under section 62(2), the
3 administering practitioner for the patient; and
4 (e) the CEO; and
5 (f) the Board.
- 6 (3) A written transcript of the part of the proceeding in which the
7 Tribunal's reasons for the decision are given orally is sufficient
8 to constitute written reasons for the purposes of this section.
- 9 **96. Published decisions or reasons to exclude personal**
10 **information**
- 11 (1) If the Tribunal publishes a decision, or its reasons for a decision,
12 made in respect of a review application, the Tribunal must
13 ensure that the decision or reasons are published in a form that
14 does not disclose personal information about any of the
15 following —
16 (a) a party to the proceeding;
17 (b) a person who has appeared before the Tribunal in the
18 proceeding;
19 (c) the coordinating practitioner for the patient if the
20 coordinating practitioner is not a party to the
21 proceeding;
22 (d) the consulting practitioner for the patient if the
23 consulting practitioner is not a party to the proceeding;
24 (e) if the role of administering practitioner for the patient
25 has been transferred under section 62(2), the
26 administering practitioner for the patient.
- 27 (2) Subsection (1) does not prevent the Tribunal from disclosing
28 personal information about a person referred to in that
29 subsection in written reasons given under section 95(1) or in a
30 copy of written reasons given under section 95(2).

1 **97. Interim orders**

2 On a review application, the Tribunal may make any interim
3 order that it considers necessary.

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Part 6 — Offences

98. Unauthorised administration of prescribed substance

A person commits a crime if —

- (a) the person administers a prescribed substance to another person; and
- (b) the person is not authorised by section 58(5) to administer the prescribed substance to the other person.

Penalty: imprisonment for life.

99. Inducing another person to request or access voluntary assisted dying

(1) In this section —

request for access to voluntary assisted dying means —

- (a) a first request; or
- (b) a written declaration; or
- (c) a final request; or
- (d) an administration decision.

(2) A person commits a crime if the person, by dishonesty, undue influence or coercion, induces another person —

- (a) to make a request for access to voluntary assisted dying; or
- (b) to access voluntary assisted dying.

Penalty for this subsection: imprisonment for 7 years.

Summary conviction penalty for this subsection: imprisonment for 3 years and a fine of \$36 000.

100. Inducing self-administration of prescribed substance

A person commits a crime if the person, by dishonesty, undue influence or coercion, induces another person to self-administer a prescribed substance.

Penalty: imprisonment for life.

1 **101. False or misleading information**

2 (1) A person commits a crime if the person does anything set out in
3 subsection (2) —

4 (a) in, or in connection with, a form, declaration or other
5 document required under this Act; or

6 (b) in compliance, or purported compliance, with a
7 requirement under this Act; or

8 (c) for any other purpose under this Act.

9 Penalty for this subsection: imprisonment for 7 years.

10 Summary conviction penalty for this subsection: imprisonment
11 for 3 years and a fine of \$36 000.

12 (2) The things to which subsection (1) applies are making a
13 statement or giving information that —

14 (a) the person knows is false or misleading in a material
15 particular; or

16 (b) omits anything without which the statement or
17 information is, to the person's knowledge, misleading in
18 a material particular.

19 **102. Advertising Schedule 4 or 8 poison as voluntary assisted**
20 **dying substance**

21 A person commits a crime if the person advertises a Schedule 4
22 poison or Schedule 8 poison as a voluntary assisted dying
23 substance.

24 Penalty: imprisonment for 3 years and a fine of \$36 000.

25 **103. Cancellation of document presented as prescription**

26 (1) This section applies if —

27 (a) an authorised supplier is given a document that is
28 presented as a prescription for a voluntary assisted dying
29 substance; and

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- 1 (b) the authorised supplier is satisfied that the document —
2 (i) does not comply with section 69; or
3 (ii) is not issued by the coordinating practitioner for
4 the patient to whom it relates; or
5 (iii) is false in a material particular.

- 6 (2) The authorised supplier must —
7 (a) cancel the document by marking the word “cancelled”
8 across it; and
9 (b) inform the CEO that the document has been cancelled
10 and of the reasons for cancelling it.

11 Penalty for this subsection: imprisonment for 12 months.

12 **104. Contact person to give unused or remaining substance to**
13 **authorised disposer**

- 14 (1) If a patient revokes a self-administration decision after an
15 authorised supplier has supplied a prescribed substance for the
16 patient, the contact person for the patient must, as soon as
17 practicable and in any event within 14 days after the day on
18 which the decision is revoked, give the prescribed substance to
19 an authorised disposer.

20 Penalty for this subsection: imprisonment for 12 months.

- 21 (2) If a patient who has made a self-administration decision dies
22 and the patient’s death occurs after an authorised supplier has
23 supplied a prescribed substance for the patient, the contact
24 person for the patient must, as soon as practicable and in any
25 event within 14 days after the day on which the patient dies,
26 give any unused or remaining substance to an authorised
27 disposer.

28 Penalty for this subsection: imprisonment for 12 months.

- 29 (3) In subsection (2) the reference to any unused or remaining
30 substance is a reference to any prescribed substance that the
31 contact person knows is unused or remaining after the patient’s
32 death.

1 **105. Recording, use or disclosure of information**

2 (1) A person must not, directly or indirectly, record, use or disclose
3 information obtained by the person because of a function that
4 the person has, or at any time had, under this Act.

5 Penalty for this subsection: imprisonment for 12 months.

6 (2) Subsection (1) does not apply to the recording, use or disclosure
7 of information —

8 (a) for the purpose of performing a function under this Act;
9 or

10 (b) as required or allowed under this Act or another written
11 law; or

12 (c) under an order of a court or other person or body acting
13 judicially; or

14 (d) for the purpose of a proceeding under Part 5 or another
15 proceeding before a court or other person or body acting
16 judicially; or

17 (e) for the purpose of the investigation of a suspected
18 offence or the conduct of proceedings against a person
19 for an offence; or

20 (f) with the written consent of —

21 (i) the person to whom the information relates; or

22 (ii) an executor or administrator of the estate of that
23 person.

24 (3) Subsection (1) does not apply to the recording, use or disclosure
25 of statistical or other information that is not personal
26 information.

27 **106. Publication of personal information concerning proceeding**
28 **before Tribunal**

29 (1) In this section —

30 *information about a proceeding* means information about —

31 (a) a proceeding before the Tribunal under Part 5; or

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- 1 (b) a decision or order (however described) of the Tribunal
2 in a proceeding under that Part;
- 3 ***publish*** means to disseminate to the public or a section of the
4 public by any means, including the following —
- 5 (a) in a newspaper or periodical publication;
- 6 (b) by radio broadcast, television, a website, an online
7 facility or other electronic means.
- 8 (2) A person must not publish information about a proceeding in a
9 form that discloses personal information about any of the
10 following —
- 11 (a) a party to the proceeding;
- 12 (b) a person who has appeared before the Tribunal in the
13 proceeding;
- 14 (c) the coordinating practitioner for the patient if the
15 coordinating practitioner is not a party to the
16 proceeding;
- 17 (d) the consulting practitioner for the patient if the
18 consulting practitioner is not a party to the proceeding;
- 19 (e) if the role of administering practitioner for the patient
20 has been transferred under section 62(2), the
21 administering practitioner for the patient.
- 22 Penalty for this subsection: imprisonment for 12 months.

23 **107. Failure to give form to Board**

24 A person who contravenes a provision of this Act listed in the
25 Table commits an offence.

26 Penalty: a fine of \$10 000.

27

Table

s. 21(1)	s. 28(2)
s. 32(1)	s. 39(2)

s. 45	s. 49(1)
s. 50(4)	s. 56(3)(c)
s. 59(1)(b)	s. 60(4)
s. 62(3)(c)	s. 65(4)
s. 73(3)	s. 75(3)
s. 77(3)	s. 81(2)
s. 81(5)	s. 155(4)(c)

Part 7 — Enforcement

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108. Application of *Medicines and Poisons Act 2014* Part 7

- (1) The provisions of the *Medicines and Poisons Act 2014* Part 7 Divisions 1 to 5 (the ***applied provisions***) apply, for the purposes of the enforcement of this Act, with the modifications set out in subsections (2) to (7) and any other necessary modifications.
- (2) References in the applied provisions to “this Act” are to be read as references to this Act.
- (3) References in the applied provisions to “the CEO” are to be read as references to the CEO as defined in section 5 of this Act.
- (4) Section 94 is to be read as if “or the *Medicines and Poisons Act 2014*” were inserted after “the *Misuse of Drugs Act 1981*”.
- (5) Section 95(1) is to be read as if section 95(1)(c) were deleted.
- (6) Section 101 is to be read as if section 101(1)(a) and (2) were deleted.
- (7) Section 103 is to be read as if section 103(2) and (3) were replaced by the following provision —
 - (2) An investigator who enters a place under section 102(1) is entitled under this section to seize any patient records or data relating to a patient.
- (8) Any definition in the *Medicines and Poisons Act 2014* of a term used in the applied provisions also applies for the purposes of the application of those provisions under subsection (1).

109. Court to notify CEO of conviction of offence under Act

If a court convicts a person of an offence under this Act, the registrar of the court must notify the CEO of the conviction and the penalty imposed.

1 **110. Who may commence proceedings for simple offence**

2 A prosecution for a simple offence under this Act can only be
3 commenced by the CEO or by a person authorised by the CEO
4 to do so.

5 **111. Time limit for prosecution of simple offence**

6 (1) A prosecution for a simple offence under this Act must be
7 commenced within 2 years after the day on which the offence is
8 alleged to have been committed.

9 (2) However, if a prosecution notice alleging an offence specifies
10 the day on which evidence of the alleged offence first came to
11 the attention of a person authorised under section 110 to
12 commence the prosecution —

13 (a) the prosecution may be commenced within 2 years after
14 that day; and

15 (b) the prosecution notice need not contain particulars of the
16 day on which the offence is alleged to have been
17 committed.

18 (3) The day on which evidence first came to the attention of a
19 person authorised under section 110 to commence a prosecution
20 is, in the absence of evidence to the contrary, the day specified
21 in the prosecution notice.

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Part 8 — Protection from liability

112. Protection for persons assisting access to voluntary assisted dying or present when substance administered

A person does not incur any criminal liability if the person —

- (a) in good faith, assists another person to request access to, or access, voluntary assisted dying in accordance with this Act; or
- (b) is present when another person self-administers or is administered a prescribed substance in accordance with this Act.

113. Protection for persons acting in accordance with Act

- (1) This section applies if a person, in good faith, does a thing —
 - (a) in accordance with this Act; or
 - (b) believing on reasonable grounds that the thing is done in accordance with this Act.
- (2) The person does not incur any civil liability, or any criminal liability under this Act, for doing the thing.
- (3) The doing of the thing is not to be regarded as —
 - (a) a breach of professional ethics or standards or any principles of conduct applicable to the person’s employment; or
 - (b) professional misconduct or unprofessional conduct.
- (4) In this section, a reference to the doing of a thing includes a reference to an omission to do a thing.

114. Protection for certain persons who do not administer lifesaving treatment

- (1) In this section —
ambulance officer means a person employed or engaged (including on a voluntary basis) by the provider of an

- 1 ambulance service to provide medical or other assistance to
2 persons in an emergency;
- 3 ***lifesaving treatment*** means lifesaving or life-preserving medical
4 treatment;
- 5 ***protected person*** means —
- 6 (a) a registered health practitioner; or
7 (b) an ambulance officer; or
8 (c) a person (other than a person referred to in paragraph (a)
9 or (b)) who has a duty to administer lifesaving treatment
10 to another person.
- 11 (2) This section applies if a protected person, in good faith, does not
12 administer lifesaving treatment to another person in
13 circumstances where —
- 14 (a) the other person has not requested the administration of
15 lifesaving treatment; and
16 (b) the protected person believes on reasonable grounds that
17 the other person is dying after self-administering or
18 being administered a prescribed substance in accordance
19 with this Act.
- 20 (3) The protected person does not incur any civil liability or
21 criminal liability for not administering the lifesaving treatment.
- 22 (4) The non-administration of the lifesaving treatment is not to be
23 regarded as —
- 24 (a) a breach of professional ethics or standards or any
25 principles of conduct applicable to the protected
26 person's employment; or
27 (b) professional misconduct or unprofessional conduct.

1 **Part 9 — Voluntary Assisted Dying Board**

2 **Division 1 — Establishment**

3 **115. Board established**

4 A body called the Voluntary Assisted Dying Board is
5 established.

6 **116. Status**

7 The Board is an agent of the Crown and has the status,
8 immunities and privileges of the Crown.

9 **Division 2 — Functions and powers**

10 **117. Functions of Board**

11 The Board has the following functions —

- 12 (a) to monitor the operation of this Act;
- 13 (b) to provide to the Minister or the CEO, on its own
14 initiative or on request, advice, information and reports
15 on matters relating to the operation of this Act, including
16 any recommendations for the improvement of voluntary
17 assisted dying;
- 18 (c) to refer to any of the following persons or bodies any
19 matter identified by the Board in relation to voluntary
20 assisted dying that is relevant to the functions of the
21 person or body —
- 22 (i) the person holding or acting in the office of
23 Commissioner of Police under the *Police*
24 *Act 1892*;
- 25 (ii) the Registrar of Births, Deaths and Marriages
26 referred to in the *Births, Deaths and Marriages*
27 *Registration Act 1998* section 5;
- 28 (iii) the State Coroner appointed under the *Coroners*
29 *Act 1996* section 6;

- 1 (iv) the CEO;
- 2 (v) the chief executive officer of the department of
3 the Public Service principally assisting in the
4 administration of the *Prisons Act 1981*;
- 5 (vi) the Australian Health Practitioner Regulation
6 Agency established by the *Health Practitioner*
7 *Regulation National Law (Western Australia)*
8 section 23;
- 9 (vii) the Director of the Health and Disability Services
10 Complaints Office appointed under the *Health*
11 *and Disability Services (Complaints) Act 1995*
12 section 7(1);
- 13 (d) to conduct analysis of, and research in relation to,
14 information given to the Board under this Act;
- 15 (e) to collect, use and disclose information given to the
16 Board under this Act for the purposes of performing its
17 functions;
- 18 (f) any other function given to the Board under this Act.

19 **118. Powers of Board**

20 The Board has all the powers it needs to perform its functions.

21 **119. Delegation by Board**

- 22 (1) The Board may delegate any power or duty of the Board under
23 another provision of this Act to a member or to a committee
24 established under section 144.
- 25 (2) The delegation must be in writing executed by the Board.
- 26 (3) A person or committee to whom or which a power or duty is
27 delegated under this section cannot delegate the power or duty.
- 28 (4) A person or committee exercising or performing a power or
29 duty that has been delegated to the person or committee under
30 this section is taken to do so in accordance with the terms of the
31 delegation unless the contrary is shown.

- 1 (5) Nothing in this section limits the ability of the Board to perform
2 a function through a member of staff provided to the Board
3 under section 120 or an agent of the Board.

4 **Division 3 — Staff and assistance**

5 **120. Staff and services**

6 The CEO must ensure that the Board is provided with the staff,
7 services and facilities, and other resources and support, that are
8 reasonably necessary to enable it to perform its functions.

9 **121. Assistance**

- 10 (1) The Board, with the approval of the Minister, may co-opt any
11 person with special knowledge or skills to assist the Board in a
12 particular matter.
- 13 (2) A person who has been co-opted to assist the Board may attend
14 meetings of the Board and participate in its deliberations but
15 cannot vote at a meeting of the Board.

16 **Division 4 — Accountability**

17 **122. Minister may give directions**

- 18 (1) The Minister may give written directions to the Board with
19 respect to the performance of its functions, and the Board must
20 give effect to any such direction.
- 21 (2) However, a direction under subsection (1) cannot be about the
22 performance of a function in relation to a particular person or
23 matter.

24 **123. Minister to have access to information**

- 25 (1) In this section —
26 *document* includes any tape, disk or other device or medium on
27 which information is recorded or stored;

- 1 **information** means information specified, or of a description
2 specified, by the Minister that relates to the functions of the
3 Board.
- 4 (2) The Minister is entitled —
- 5 (a) to have information in the possession of the Board; and
6 (b) if the information is in or on a document, to have, and
7 make and retain copies of, that document.
- 8 (3) However, the Minister is not entitled to have personal
9 information about a person unless the person has consented to
10 the disclosure of the information.
- 11 (4) For the purposes of subsection (2), the Minister may —
- 12 (a) request the Board to give information to the Minister;
13 and
14 (b) request the Board to give the Minister access to
15 information; and
16 (c) for the purposes of paragraph (b), make use of staff
17 provided to the Board under section 120 to obtain the
18 information and give it to the Minister.
- 19 (5) The Board must comply with a request under subsection (4) and
20 make staff and facilities available to the Minister for the
21 purposes of subsection (4)(c).

Division 5 — Membership

124. Membership of Board

24 The Board consists of 5 members appointed by the Minister.

125. Chairperson and deputy chairperson

- 26 (1) The Minister must designate one member to be the chairperson
27 of the Board and another member to be the deputy chairperson
28 of the Board.

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1 (2) If the chairperson is unable to act because of illness, absence or
2 other cause or if there is no chairperson, the deputy chairperson
3 must act in the chairperson's place.

4 (3) An act or omission of the deputy chairperson acting in the
5 chairperson's place cannot be questioned on the ground that the
6 occasion to act in the chairperson's place had not arisen or had
7 ceased.

8 **126. Term of office**

9 (1) A member holds office for the term, not exceeding 3 years, that
10 is specified in the member's instrument of appointment.

11 (2) A member is eligible for reappointment.

12 **127. Casual vacancies**

13 (1) In this section —
14 *misconduct* includes conduct that renders the member unfit to
15 hold office as a member even though the conduct does not relate
16 to a duty of the office.

17 (2) The office of a member becomes vacant if the member —
18 (a) dies, resigns or is removed from office under this
19 section; or
20 (b) is, according to the *Interpretation Act 1984* section 13D,
21 a bankrupt or a person whose affairs are under
22 insolvency laws; or
23 (c) is convicted of an offence punishable by imprisonment
24 for more than 12 months; or
25 (d) is convicted of an offence under section 139.

26 (3) A member may at any time resign from office by written notice
27 given to the Minister.

28 (4) The Minister may remove a member from office on the grounds
29 of —
30 (a) neglect of duty; or

- 1 (b) misconduct or incompetence; or
2 (c) mental or physical incapacity, other than temporary
3 illness, impairing the performance of the member's
4 duties; or
5 (d) absence, without leave, from 3 consecutive meetings of
6 the Board of which the member has had notice.

7 **128. Extension of term of office during vacancy**

- 8 (1) If the office of a member becomes vacant because the member's
9 term of office expires by effluxion of time, the member
10 continues to be a member during that vacancy until the day on
11 which the vacancy is filled (whether by reappointment of the
12 member or appointment of a successor to the member).
13 (2) Subsection (1) ceases to apply if the member resigns or is
14 removed from office under section 127.
15 (3) The maximum period for which a member continues to be a
16 member under this section after the member's term of office
17 expires is 3 months.

18 **129. Alternate members**

- 19 (1) If a member other than the chairperson is unable to act because
20 of illness, absence or other cause, the Minister may appoint
21 another person as an alternate member to act temporarily in the
22 member's place.
23 (2) If the deputy chairperson is acting in the chairperson's place, the
24 Minister may appoint another person as an alternate member to
25 act temporarily in the deputy chairperson's place.
26 (3) While acting in accordance with their appointment an alternate
27 member is taken to be, and to have any entitlement of, a
28 member.
29 (4) An act or omission of an alternate member cannot be questioned
30 on the ground that the occasion for the appointment or acting
31 had not arisen or had ceased.

1 **130. Remuneration of members**

2 A member is entitled to be paid any remuneration and
3 allowances that the Minister may from time to time determine
4 on the recommendation of the Public Sector Commissioner.

5 **Division 6 — Board meetings**

6 **131. Holding meetings**

7 (1) The first meeting of the Board must be convened by the
8 chairperson, and subsequent meetings must be held at times and
9 places determined by the Board.

10 (2) A special meeting of the Board may at any time be convened by
11 the chairperson.

12 **132. Quorum**

13 A quorum for a meeting of the Board is 3 members of the
14 Board.

15 **133. Presiding member**

16 (1) The chairperson, if present, must preside at a meeting of the
17 Board.

18 (2) If neither the chairperson, nor the deputy chairperson acting in
19 the chairperson's place, is presiding under subsection (1), the
20 members present at the meeting must elect one of their number
21 to preside.

22 **134. Procedure at meetings**

23 The Board must determine its own meeting procedures to the
24 extent that they are not fixed by this Act.

25 **135. Voting**

26 (1) At a meeting of the Board each member present has a
27 deliberative vote unless section 140 prevents the member from
28 voting.

1 **140. Voting by interested member**

- 2 (1) A member who has a material personal interest in a matter that
3 is being considered by the Board —
- 4 (a) must not vote, whether at a meeting or otherwise, on the
5 matter; and
- 6 (b) must not be present while the matter is being considered
7 at a meeting.
- 8 (2) A reference in subsection (1) to a matter includes a reference to
9 a proposed resolution under section 141 in respect of the matter,
10 whether relating to that member or a different member.

11 **141. Section 140 may be declared inapplicable**

12 Section 140 does not apply if —

- 13 (a) a member has disclosed under section 139 an interest in
14 a matter; and
- 15 (b) the Board has at any time passed a resolution that —
- 16 (i) specifies the member, the interest and the matter;
17 and
- 18 (ii) states that the members voting for the resolution
19 are satisfied that the interest is so trivial or
20 insignificant as to be unlikely to influence the
21 disclosing member's conduct and should not
22 disqualify the member from considering or
23 voting on the matter.

24 **142. Quorum where s. 140 applies**

- 25 (1) Despite section 132, if a member is disqualified under
26 section 140 in relation to a matter, a quorum is present during
27 the consideration of the matter if 2 members of the Board who
28 are entitled to vote on any motion that may be moved at the
29 meeting in relation to the matter are present.
- 30 (2) The Minister may deal with a matter to the extent that the Board
31 cannot deal with it because of subsection (1).

1 **143. Minister may declare s. 140 and 142 inapplicable**

- 2 (1) The Minister may in writing declare that section 140 or 142 or
3 both of them do not apply in relation to a specified matter either
4 generally or in voting on particular resolutions.
- 5 (2) The Minister must cause a copy of a declaration made under
6 subsection (1) to be laid before each House of Parliament within
7 14 sitting days of the House after the declaration is made.

8 **Division 8 — Committees**

9 **144. Establishment of committees**

- 10 (1) The Board may establish committees to assist it in the
11 performance of its functions.
- 12 (2) The Board may discharge, alter or reconstitute a committee.
- 13 (3) The Board may —
- 14 (a) determine the functions, membership and constitution of
15 a committee; and
- 16 (b) appoint any members of the Board or other persons as it
17 thinks fit to be members of a committee.

18 **145. Directions to committee**

- 19 (1) The Board may give directions to a committee with respect to
20 its functions and procedures.
- 21 (2) A committee must comply with a direction given to it by the
22 Board.

23 **146. Committee to determine own procedures**

24 Subject to any directions of the Board and the terms of any
25 delegation under section 119, a committee may determine its
26 own procedures.

1 **147. Remuneration of committee members**

2 A member of a committee is entitled to be paid any
3 remuneration and allowances that the Minister may from time to
4 time determine on the recommendation of the Public Sector
5 Commissioner.

6 **Division 9 — Information**

7 **148. Board to send information to contact person for patient**

8 The Board must, within 2 business days after receiving a copy
9 of a contact person appointment form for a patient under
10 section 59(1)(b)(ii) or 65(4), send information to the contact
11 person for the patient that —

- 12 (a) explains the requirements under section 104 to give the
13 prescribed substance, or any unused or remaining
14 prescribed substance, to an authorised disposer; and
15 (b) outlines the support services available to assist the
16 contact person to comply with the requirements referred
17 to in paragraph (a).

18 **149. Request for information**

19 (1) The Board may request any person (including the contact person
20 for a patient) to give information to the Board to assist it in
21 performing any of its functions.

22 (2) A person may comply with a request under subsection (1)
23 despite any enactment that prohibits or restricts the disclosure of
24 the information.

25 **150. Disclosure of information**

26 The Board may, on request, disclose information (other than
27 personal information) obtained in the performance of its
28 functions to —

- 29 (a) a public authority as defined in the *Health Services*
30 *Act 2016* section 6; or

1 **153. Execution of documents by Board**

2 (1) A document is duly executed by the Board if it is signed on
3 behalf of the Board by 2 members authorised to do so under
4 subsection (2).

5 (2) The Board may authorise any of its members to sign documents
6 on behalf of the Board, either generally or subject to the
7 conditions that are specified in the authorisation.

8 (3) A document purporting to be executed in accordance with this
9 section is to be presumed to be duly executed until the contrary
10 is shown.

11 **154. Annual report**

12 (1) The Board must, within 6 months after the end of each financial
13 year, prepare and give to the Minister a report on the operation
14 of this Act during that financial year.

15 (2) The report must include —

- 16 (a) any recommendations that the Board considers
17 appropriate in relation to voluntary assisted dying; and
18 (b) any information that the Board considers relevant to the
19 performance of its functions; and
20 (c) the text of any direction given to the Board under
21 section 122(1) or 151(2); and
22 (d) details of any disclosure under section 139(1) that
23 relates to a matter dealt with in the report and of any
24 resolution under section 141 in respect of the disclosure;
25 and
26 (e) statistical information that the Board is directed under
27 section 151(2) to include in the report.

28 (3) The report must not include —

- 29 (a) personal information about a patient, medical
30 practitioner or other person who has participated in the

- 1 request and assessment process or the process for
2 accessing voluntary assisted dying under Part 4; or
3 (b) information that would prejudice —
4 (i) any criminal investigation or criminal
5 proceeding; or
6 (ii) any civil proceeding; or
7 (iii) any proceeding in the Coroner’s Court of
8 Western Australia.
- 9 (4) The Minister must cause a copy of the report to be laid before
10 each House of Parliament within 6 sitting days of the House
11 after the day on which the Minister receives the report.

1 **Part 10 — General**

2 **155. Transfer of coordinating practitioner’s role**

3 (1) The coordinating practitioner for a patient (the *original*
4 *practitioner*) may transfer the role of coordinating practitioner
5 to the consulting practitioner for the patient if —

- 6 (a) the consulting practitioner has assessed the patient as
7 eligible for access to voluntary assisted dying; and
8 (b) the consulting practitioner accepts the transfer of the
9 role.

10 (2) The transfer of the role can be —

- 11 (a) at the request of the patient; or
12 (b) on the original practitioner’s own initiative.

13 (3) Within 2 business days after being requested by the original
14 practitioner to accept a transfer under subsection (1), the
15 consulting practitioner must inform the original practitioner
16 whether the consulting practitioner accepts or refuses the
17 transfer of the role.

18 (4) If the consulting practitioner accepts the transfer of the role, the
19 original practitioner must —

- 20 (a) inform the patient of the transfer; and
21 (b) record the transfer in the patient’s medical record; and
22 (c) within 2 business days after the acceptance of the
23 transfer, complete the approved form (the *coordinating*
24 *practitioner transfer form*) and give a copy of it to the
25 Board.

26 (5) The coordinating practitioner transfer form must include the
27 following —

- 28 (a) the name, date of birth and contact details of the patient;
29 (b) the name and contact details of the original practitioner;

- 1 (c) the name and contact details of the consulting
2 practitioner;
- 3 (d) the date when the consulting practitioner accepted the
4 transfer;
- 5 (e) the date when the patient was informed of the transfer;
- 6 (f) the signature of the original practitioner and the date
7 when the form was signed.
- 8 (6) If the consulting practitioner refuses the transfer of the role, the
9 original practitioner may —
- 10 (a) refer the patient to another medical practitioner for a
11 further consulting assessment; and
- 12 (b) transfer the role of coordinating practitioner to that
13 medical practitioner if the practitioner —
- 14 (i) accepts the referral for a further consulting
15 assessment; and
- 16 (ii) assesses the patient as eligible for access to
17 voluntary assisted dying; and
- 18 (iii) accepts the transfer of the role.
- 19 (7) On acceptance of the referral for a further consulting
20 assessment, the consulting assessment that previously assessed
21 the patient as eligible for access to voluntary assisted dying
22 becomes void.

23 **156. Communication between patient and practitioner**

- 24 (1) In this section —
- 25 *audiovisual communication* means a method of electronic
26 communication that is designed to allow people to see and hear
27 each other simultaneously.
- 28 (2) If it is not practicable for a patient to make a first request, final
29 request or administration decision in person —
- 30 (a) the patient may make the request or decision using
31 audiovisual communication; and

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- 1 (b) the medical practitioner who receives the request or is
2 being informed of the decision may give the patient
3 advice or information in relation to the request or
4 decision using audiovisual communication.
- 5 (3) Except as provided in subsection (2)(b), a medical practitioner
6 or other registered health practitioner may give advice or
7 information to, or otherwise communicate with, a person for the
8 purposes of this Act using any method of communication
9 (including electronic communication) that the practitioner
10 considers appropriate.
- 11 (4) However, subsections (2) and (3) do not authorise the use of a
12 method of communication if, or to the extent that, the use is
13 contrary to or inconsistent with a law of the Commonwealth.

14 **157. Information about voluntary assisted dying**

- 15 (1) In this section —
16 *authorised official* means —
17 (a) the CEO; or
18 (b) a public service officer employed in the Department; or
19 (c) a person designated as an authorised official under
20 subsection (2).
- 21 (2) The CEO may, in writing, designate persons, or persons in a
22 class, as authorised officials for the purposes of this section.
- 23 (3) An authorised official may make information about voluntary
24 assisted dying publicly available.
- 25 (4) Information may be made available under this section using any
26 method of communication (including electronic
27 communication) that the authorised official considers
28 appropriate.
- 29 (5) However, subsection (4) does not authorise the use of a method
30 of communication if, or to the extent that, the use is contrary to
31 or inconsistent with a law of the Commonwealth.

1 **158. CEO may approve training**

2 The CEO may approve training relating to the following
3 matters —

- 4 (a) the operation of this Act in relation to medical
5 practitioners and nurse practitioners, including the
6 functions of coordinating practitioners, consulting
7 practitioners and administering practitioners;
- 8 (b) assessing whether or not a patient meets the eligibility
9 criteria;
- 10 (c) identifying and assessing risk factors for abuse or
11 coercion;
- 12 (d) other matters relating to the operation of this Act.

13 **159. CEO may approve forms**

14 The CEO may approve forms for use under this Act.

15 **160. Interpreters**

16 (1) In this section —

17 ***health facility*** means any of the following —

- 18 (a) a hospital as defined in the *Health Services Act 2016*
19 section 8;
- 20 (b) a private psychiatric hostel as defined in the *Private*
21 *Hospitals and Health Services Act 1927* section 2(1);
- 22 (c) premises where residential care, as defined in the *Aged*
23 *Care Act 1997* (Commonwealth) section 41-3, is
24 provided;
- 25 (d) premises, other than a private residence, where
26 accommodation and personal care or nursing care, or
27 both, are provided to a person with a disability;

28 ***interpreter***, for a patient, means an interpreter who assists a
29 patient in relation to —

- 30 (a) the request and assessment process; or

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- 1 (b) the process for accessing voluntary assisted dying under
2 Part 4; or
- 3 (c) a proceeding under Part 5.
- 4 (2) An interpreter for a patient —
- 5 (a) must be accredited by a body approved by the CEO; and
- 6 (b) must not —
- 7 (i) be a family member of the patient; or
- 8 (ii) know or believe that they are a beneficiary under
9 a will of the patient or that they may otherwise
10 benefit financially or in any other material way
11 from the death of the patient; or
- 12 (iii) be an owner of, or be responsible for the
13 day-to-day management and operation of, any
14 health facility at which the patient is being
15 treated or resides; or
- 16 (iv) be a person who is directly involved in providing
17 health services or professional care services to
18 the patient.

19 **161. Regulations**

20 The Governor may make regulations prescribing matters
21 necessary or convenient to be prescribed for giving effect to this
22 Act.

23 **162. Review of Act**

- 24 (1) The Minister must review the operation and effectiveness of this
25 Act, and prepare a report based on the review —
- 26 (a) as soon as practicable after the 2nd anniversary of the
27 day on which this section comes into operation; and
- 28 (b) after that, at intervals of not more than 5 years.

- 1 (2) The Minister must cause the report to be laid before each House
2 of Parliament as soon as practicable after it is prepared, but not
3 later than 12 months after the 2nd anniversary or the expiry of
4 the period of 5 years, as the case may be.

1 **Part 11 — Consequential amendments to other Acts**

2 **Division 1 — *Constitution Acts Amendment Act 1899* amended**

3 **163. Act amended**

4 This Division amends the *Constitution Acts Amendment*
5 *Act 1899*.

6 **164. Schedule V amended**

7 In Schedule V Part 3 before the item relating to the Waste
8 Authority insert:

9
10 The Voluntary Assisted Dying Board established by the *Voluntary*
11 *Assisted Dying Act 2019*.

12
13 **Division 2 — *Coroners Act 1996* amended**

14 **165. Act amended**

15 This Division amends the *Coroners Act 1996*.

16 **166. Section 3A inserted**

17 After section 3 insert:

18
19 **3A. Death under *Voluntary Assisted Dying Act 2019* not**
20 **reportable death**

21 (1) Despite the definition of *reportable death* in section 3,
22 a Western Australian death of a person who has
23 self-administered, or has been administered, a
24 voluntary assisted dying substance in accordance with
25 the *Voluntary Assisted Dying Act 2019* is not a
26 reportable death for the purposes of this Act.

- 1 (2) Subsection (1) does not apply to a Western Australian
2 death of a person who immediately before death was a
3 person held in care.
4

5 **Division 3 — *Guardianship and Administration***
6 ***Act 1990* amended**

7 **167. Act amended**

8 This Division amends the *Guardianship and Administration*
9 *Act 1990*.

10 **168. Section 3B inserted**

11 At the end of Part 1 insert:
12

13 **3B. Act does not authorise decisions about voluntary**
14 **assisted dying**

15 Nothing in this Act authorises the making of a
16 treatment decision, whether in an advance health
17 directive or otherwise, in relation to voluntary assisted
18 dying as defined in the *Voluntary Assisted Dying*
19 *Act 2019* section 5.
20

21 **Division 4 — *Health and Disability Services (Complaints)***
22 ***Act 1995* amended**

23 **169. Act amended**

24 This Division amends the *Health and Disability Services*
25 *(Complaints) Act 1995*.

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Part 11 Consequential amendments to other Acts

Division 5 Medicines and Poisons Act 2014 amended

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1 **170. Section 3 amended**

2 In section 3 in the definition of *health service* paragraph (b)
3 delete “including palliative health care; and” and insert:

4

5 including —

6 (i) palliative health care; and

7 (ii) voluntary assisted dying as defined in
8 the *Voluntary Assisted Dying Act 2019*
9 section 5;

10 and

11

12 **Division 5 — Medicines and Poisons Act 2014 amended**

13 **171. Act amended**

14 This Division amends the *Medicines and Poisons Act 2014*.

15 **172. Section 3 amended**

16 (1) In section 3 insert in alphabetical order:

17

18 *voluntary assisted dying substance* means a
19 Schedule 4 or 8 poison that is a voluntary assisted
20 dying substance as defined in the *Voluntary Assisted*
21 *Dying Act 2019* section 7(2).
22

23 (2) In section 3 in the definition of *veterinary surgeon* delete
24 “1960.” and insert:

25

26 *1960*;

27

1 **173. Section 7 amended**

2 (1) In section 7(1) delete the definition of *prescriber* and insert:

3

4 *prescriber* means —

5 (a) in relation to a Schedule 4 or 8 poison (other
6 than a voluntary assisted dying substance
7 prescribed for the purposes of the *Voluntary*
8 *Assisted Dying Act 2019*) — an authorised
9 health professional who has authority to
10 prescribe the poison; or

11 (b) in relation to a voluntary assisted dying
12 substance prescribed for the purposes of the
13 *Voluntary Assisted Dying Act 2019* — a person
14 who is authorised by that Act to prescribe the
15 substance;

16

17 (2) In section 7(1) in the definition of *prescription*:

18 (a) delete paragraph (a) and insert:

19

20 (a) sets out particulars of the poison, or a substance
21 that contains the poison, that is —

22 (i) to be used by, or administered to, a
23 person named in the document for
24 therapeutic purposes or for the purposes
25 of the *Voluntary Assisted Dying*
26 *Act 2019*; or

27 (ii) to be administered to an animal
28 described in the document for
29 therapeutic purposes;

30 and

31

Voluntary Assisted Dying Bill 2019

Part 11 Consequential amendments to other Acts

Division 5 Medicines and Poisons Act 2014 amended

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- 1 (b) delete paragraph (c) and insert:
2
- 3 (c) complies with —
4 (i) any requirements prescribed by the
5 regulations; or
6 (ii) if the poison is a voluntary assisted
7 dying substance that is to be used or
8 administered for the purposes of the
9 *Voluntary Assisted Dying Act 2019*, any
10 requirements under that Act or
11 prescribed by the regulations to the
12 extent they are consistent with that Act.
13
- 14 (3) In section 7(3):
15 (a) in paragraph (b)(i)(I) delete “a person — ” and insert:
16
17 a person or for the use of, or administration to, a person
18 under the *Voluntary Assisted Dying Act 2019* —
19
- 20 (b) in paragraph (b)(ii) after “obtain” insert:
21
22 or receive
23
- 24 **174. Section 14 amended**
- 25 (1) In section 14(1) delete the passage that begins with “unless” and
26 ends with “in accordance with the regulations.” and insert:
27
28 unless subsection (1A) is complied with.
29

- 1 (2) After section 14(1) insert:
2
- 3 (1A) This subsection is complied with —
- 4 (a) in the case of the manufacture of a Schedule 4
5 or 8 poison, if the person who manufactures the
6 poison does so —
- 7 (i) under and in accordance with an
8 appropriate licence or a professional
9 authority; and
- 10 (ii) in accordance with the regulations;
- 11 or
- 12 (b) in the case of the supply of a Schedule 4 or 8
13 poison (other than the supply of a voluntary
14 assisted dying substance for the purposes of the
15 *Voluntary Assisted Dying Act 2019*), if the
16 person who supplies the poison does so —
- 17 (i) under and in accordance with an
18 appropriate licence or a professional
19 authority; and
- 20 (ii) in accordance with the regulations;
- 21 or
- 22 (c) in the case of the supply of a voluntary assisted
23 dying substance for the purposes of the
24 *Voluntary Assisted Dying Act 2019*, if —
- 25 (i) the person who supplies the substance is
26 authorised by that Act to supply it; and
- 27 (ii) the supply is in accordance with that
28 Act.
29

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Part 11 Consequential amendments to other Acts

Division 5 Medicines and Poisons Act 2014 amended

s. 174

- 1 (3) In section 14(3) delete the passage that begins with “unless — ”
2 and ends with “in accordance with the regulations.” and insert:
3
4 unless subsection (3A) is complied with.
5
6 (4) After section 14(3) insert:
7
8 (3A) This subsection is complied with —
9 (a) in the case of the prescription of a Schedule 4
10 or 8 poison (other than the prescription of a
11 voluntary assisted dying substance for the
12 purposes of the *Voluntary Assisted Dying*
13 *Act 2019*), if —
14 (i) the person who prescribes the poison is
15 a health professional who is authorised
16 under section 25 to prescribe the poison;
17 and
18 (ii) the prescription is in accordance with
19 the regulations;
20 or
21 (b) in the case of the prescription of a voluntary
22 assisted dying substance for the purposes of the
23 *Voluntary Assisted Dying Act 2019*, if —
24 (i) the person who prescribes the substance
25 is authorised by that Act to prescribe the
26 substance; and
27 (ii) the prescription is in accordance with
28 that Act and the regulations to the extent
29 they are consistent with that Act.
30

1 (5) In section 14(4)(i) after “1981” insert:

2

3 or the *Voluntary Assisted Dying Act 2019*

4

5 **175. Section 28 amended**

6 After section 28(1)(a)(ii) insert:

7

8 (ia) the *Voluntary Assisted Dying Act 2019*;

9

10 **176. Section 83 amended**

11 After section 83(2) insert:

12

13 (3) Regulations referred to in subsection (1) cannot make
14 provision in relation to the supply or prescription, for
15 the purposes of the *Voluntary Assisted Dying Act 2019*,
16 of a drug of addiction that is a voluntary assisted dying
17 substance.

18

19 **177. Section 115 amended**

20 In section 115(1)(a):

21 (a) in subparagraph (iii) delete “substance,” and insert:

22

23 substance; or

24

25 (b) after subparagraph (iii) insert:

26

27 (iv) a voluntary assisted dying substance
28 prescribed, supplied, possessed or used
29 for the purposes of the *Voluntary*
30 *Assisted Dying Act 2019*,

31

1 **Division 6 — *Misuse of Drugs Act 1981* amended**

2 **178. Act amended**

3 This Division amends the *Misuse of Drugs Act 1981*.

4 **179. Section 5C inserted**

5 At the end of Part I insert:

6

7 **5C. Authorisation under *Voluntary Assisted Dying***
8 ***Act 2019***

- 9 (1) For the purposes of this Act, a person is authorised
10 under the *Voluntary Assisted Dying Act 2019* to
11 prepare, sell or supply a prohibited drug if —
- 12 (a) the person is authorised by section 57, 58, 62
13 or 66 of that Act to prepare or supply the drug;
14 and
- 15 (b) the preparation or supply is in accordance with
16 that Act.
- 17 (2) For the purposes of this Act, a person is authorised
18 under the *Voluntary Assisted Dying Act 2019* to
19 possess a prohibited drug if —
- 20 (a) the person is authorised by section 57, 58, 62,
21 66, 74 or 76 of that Act to receive or possess
22 the drug; and
- 23 (b) the receipt or possession is in accordance with
24 that Act.
- 25 (3) For the purposes of this Act, a person is authorised
26 under the *Voluntary Assisted Dying Act 2019* to use a
27 prohibited drug if —
- 28 (a) the person is authorised by section 57 or 58 of
29 that Act to prepare, self-administer or
30 administer the drug; and

1 (b) the preparation, self-administration or
2 administration is in accordance with that Act.
3

4 **180. Section 5 amended**

5 In section 5(3):

6 (a) after paragraph (a) insert:

7
8 (aa) that the preparation, sale or supply of the drug
9 was by a person authorised under the *Voluntary*
10 *Assisted Dying Act 2019* to prepare, sell or
11 supply the drug; or
12

13 (b) in paragraph (b) delete “Act or the *Medicines and*
14 *Poisons Act 2014*” and insert:

15
16 Act, the *Medicines and Poisons Act 2014* or the
17 *Voluntary Assisted Dying Act 2019*
18

19 **181. Section 6 amended**

20 (1) In section 6(3)(a) and (b) delete “Act or the *Medicines and*
21 *Poisons Act 2014*” and insert:

22
23 Act, the *Medicines and Poisons Act 2014* or the *Voluntary*
24 *Assisted Dying Act 2019*
25

26 (2) In section 6(4) and (5) delete “Act or the *Medicines and Poisons*
27 *Act 2014.*” and insert:

28
29 Act, the *Medicines and Poisons Act 2014* or the *Voluntary*
30 *Assisted Dying Act 2019.*
31

1 **182. Section 7 amended**

2 In section 7(3)(a) and (b) delete “Act or the *Medicines and*
3 *Poisons Act 2014*” and insert:

4
5 *Act, the Medicines and Poisons Act 2014 or the Voluntary*
6 *Assisted Dying Act 2019*
7

8 **183. Section 7B amended**

9 In section 7B(7)(a) and (b)(i) delete “Act or the *Medicines and*
10 *Poisons Act 2014*” and insert:

11
12 *Act, the Medicines and Poisons Act 2014 or the Voluntary*
13 *Assisted Dying Act 2019*
14

15 **184. Section 27 amended**

16 In section 27(1):

17 (a) in paragraph (a)(ii) delete “Act or under the *Medicines*
18 *and Poisons Act 2014*” and insert:

19
20 *Act, the Medicines and Poisons Act 2014 or the*
21 *Voluntary Assisted Dying Act 2019*
22

23 (b) in paragraph (b) delete “Act or by or under the
24 *Medicines and Poisons Act 2014*” and insert:

25
26 *Act, the Medicines and Poisons Act 2014 or the*
27 *Voluntary Assisted Dying Act 2019*
28

29

Defined terms

[This is a list of terms defined and the provisions where they are defined.

The list is not part of the law.]

Defined term	Provision(s)
administering practitioner	5
administering practitioner transfer form	62(3)
administration	5
administration decision	5
administration decision and prescription form	59(1)
ambulance officer	114(1)
applied provisions	108(1)
approved form	5
approved training	5
audiovisual communication	156(1)
authorised disposal form	5, 75(1)
authorised disposer	5, 78(4)
authorised health professional	79(1)
authorised official	157(1)
authorised supplier	5, 78(2)
authorised supply form	73(1)
Board	5
business day	5
cause of death certificate	81(1)
CEO	5
completed	5, 8
consultation referral form	32(1)
consulting assessment	5
consulting assessment report form	5, 39(2)
consulting practitioner	5
contact details	5
contact person	5
contact person appointment form	5, 65(1)
coordinating practitioner	5
coordinating practitioner transfer form	155(4)
decision-making capacity	5, 6(2)
Department	5
designated period	47(1)
disability	5
document	123(1)
eligibility criteria	5
eligible applicant	82
family member	5
final request	5
final request form	49(1)

Defined terms

final review	5
final review form	5, 50(1)
first assessment	5
first assessment report form	5, 28(2)
first request	5
first request form	21(1)
general registration	16(1)
health facility	160(1)
health service	5
ineligible witness	43(1)
information	123(1)
information about a proceeding	106(1)
interpreter	160(1)
judicial member	91(1)
lifesaving treatment	114(1)
limited registration	16(1)
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medication chart	69(1)
medicine	5
member	5
misconduct	127(1)
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prescribed substance	5
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public sector employee	91(1)
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written declaration	5