



Position Statement on Voluntary Assisted Dying

OLC Care cannot, and will not, support or provide for the administration of a substance that will objectively, directly and intentionally bring about a person's death.

Accordingly, OLC Care is not involved in the implementation of any voluntary assisted dying legislation nor does OLC Care provide services permitted under voluntary assisted dying legislation.

OLC Care will NOT:

- Directly and intentionally end a person's life, or assist a person to directly and intentionally bring about their own death, for the purpose of relieving suffering.
- Hasten or prolong death.
- Facilitate or participate in assessments undertaken for the purpose of a person accessing, or making use of, the interventions allowed under voluntary assisted dying legislation or provide (or facilitate the provision of) a voluntary assisted dying substance for the same purpose.
- Abandon any person in our care.

OLC Care will:

- Adhere to the voluntary assisted dying laws while we also continue to advocate for every person to have access to good quality palliative care.
- Empower residents to actively participate in decision-making regarding their treatment and care, honour their self-determination through the use of advance care planning, and recognise the role of substitute decision makers/medical treatment decision makers and any other agents acting on behalf of the residents.
- Provide holistic, comprehensive end of life care; will address the physical, spiritual, psychological and social needs of residents and their families, including existential distress, with the goal of alleviating suffering.
- Respond openly, respectfully, without discrimination and sensitively to anyone with our care who expresses a wish to explore or consider voluntary assisted dying.
- Actively listen to and accompany any person who is nearing end of life.

Definitions

End of Life Care	Includes physical, spiritual and psychosocial assessment, and care and treatment delivered by health professionals and ancillary staff. It also includes support of families and carers, and care of the person's body after their death. People are 'approaching the end-of-life' when they are likely
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	<p>to die within the next 12 months. This includes people whose death is imminent (expected within a few hours or days) and those with:</p> <ul style="list-style-type: none"> • Advanced, progressive, incurable conditions; • General frailty and co-existing conditions that mean that they are expected to die within 12 months; • Existing conditions, if they are at risk of dying from a sudden acute crisis in their condition; • Life-threatening acute conditions caused by sudden catastrophic events.
<p>Palliative Care</p>	<p>An approach that improves the quality of life of patients and their families facing problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. Palliative care:</p> <ul style="list-style-type: none"> • Aims to enhance quality of life, and may also positively influence the course of illness; is applicable as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications; • Provides relief from pain and other distressing symptoms; • Affirms life and regards dying as a normal process; • Neither hastens nor postpones death; • Integrates the psychological and spiritual aspects of patient care; • Offers a support system to help patients live as actively as possible until death; • Offers a support system to help the family cope during the patients' illness and in their own bereavement; • Uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated.
<p>Voluntary Assisted Dying</p>	<p>The term used in Australia to describe the process of administering a substance, which will directly and intentionally cause death, in order to end a person's suffering. This includes all administrative steps of the process, including the formal request and assessment process prior to administration.</p>