

Authorised Version
Voluntary Assisted Dying Regulations 2018
S.R. No. 142/2018

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Authorised Version

STATUTORY RULES 2018

S.R. No. 142/2018

Voluntary Assisted Dying Act 2017

Voluntary Assisted Dying Regulations 2018

The Lieutenant-Governor as the Governor's deputy, with the advice of the Executive Council, makes the following Regulations:

Dated: 25 September 2018

Responsible Minister:

JILL HENNESSY
Minister for Health

ANDREW ROBINSON
Clerk of the Executive Council

1 Objective

The objective of these Regulations is to prescribe forms and other matters for the purposes of the **Voluntary Assisted Dying Act 2017**.

2 Authorising provision

These Regulations are made under section 118 of the **Voluntary Assisted Dying Act 2017**.

3 Commencement

These Regulations come into operation on 19 June 2019.

4 Definitions

In these Regulations—

AHPRA means the Australian Health Practitioner Regulation Agency established by section 23 of the Health Practitioner Regulation National Law;

business day means a day other than a Saturday, a Sunday or a public holiday within the meaning of the **Public Holidays Act 1993**;

the Act means the **Voluntary Assisted Dying Act 2017**.

5 Application for self-administration permit

For the purposes of section 47(2)(a) of the Act, the prescribed form is Form 1 in Schedule 1.

6 Application for practitioner administration permit

For the purposes of section 48(2)(a) of the Act, the prescribed form is Form 2 in Schedule 1.

7 Period for Secretary to determine application for voluntary assisted dying permit

For the purposes of section 49(1) of the Act, the prescribed period is 3 business days.

8 Voluntary assisted dying permit

For the purposes of section 49(5) of the Act, the prescribed form is—

- (a) in the case of a self-administration permit—
Form 3 in Schedule 1; and
- (b) in the case of a practitioner administration permit—Form 4 in Schedule 1.

9 Labelling statement requirements for voluntary assisted dying substance

For the purposes of section 59(2) of the Act, the prescribed form is—

- (a) in the case of a voluntary assisted dying substance dispensed in accordance with a self-administration permit—Form 5 in Schedule 1; and
- (b) in the case of a voluntary assisted dying substance dispensed in accordance with a practitioner administration permit—Form 6 in Schedule 1.

10 Secure storage requirements for voluntary assisted dying substance

For the purposes of section 61 of the Act, the prescribed specifications are that the lock box is—

- (a) constructed of steel; and
- (b) not easily penetrable; and
- (c) lockable with a lock of sturdy construction.

11 Accreditation requirements for interpreters

For the purposes of section 115(a) of the Act, the following bodies are prescribed—

- (a) National Accreditation Authority for Translators and Interpreters Limited, ABN 42 008 596 996;
- (b) Speech Pathology Australia, ABN 17 008 393 440.

Schedule 1—Forms

FORM 1

Regulation 5

Voluntary Assisted Dying Act 2017

APPLICATION FOR SELF-ADMINISTRATION PERMIT

1 Co-ordinating medical practitioner's details

Full name:

Practice address:

Practice telephone number:

Email address:

Qualifications:

AHPRA registration number:

2 Person in respect of whom the permit is sought

Full name:

Address:

Date of birth:

3 Poison or controlled substance or drug of dependence to be prescribed or supplied

4 Contact person's details

Full name:

Address:

Date of birth:

Contact details:

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Schedule 1—Forms

I, [*co-ordinating medical practitioner's name*], am satisfied that [*name of person*] has decision-making capacity in relation to voluntary assisted dying and that their request for access to voluntary assisted dying is enduring. [*Name of person*] is able to self-administer and digest the poison or controlled substance or drug of dependence.

I have attached a copy of the completed final review form and all of the completed forms referred to in section 41(1)(a) of the **Voluntary Assisted Dying Act 2017**.

I understand that under section 87 of the **Voluntary Assisted Dying Act 2017** it is a criminal offence to falsify a form or record required to be made under that Act. It is also a criminal offence under section 88 of that Act to knowingly make a false statement in a report or form that the person knows is false or misleading in a material particular. Both of these offences carry a maximum penalty of 5 years imprisonment or 600 penalty units, or both in respect of a natural person.

Date:

Signed: [*co-ordinating medical practitioner*]

FORM 2

Regulation 6

**Voluntary Assisted Dying Act 2017
APPLICATION FOR PRACTITIONER
ADMINISTRATION PERMIT**

1 Co-ordinating medical practitioner's details

Full name:

Practice address:

Practice telephone number:

Email address:

Qualifications:

AHPRA registration number:

2 Person in respect of whom the permit is sought

Full name:

Address:

Date of birth:

3 Poison or controlled substance or drug of dependence to be prescribed, supplied and administered

4 Contact person's details

Full name:

Address:

Date of birth:

Contact details:

Voluntary Assisted Dying Regulations 2018

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Schedule 1—Forms

I, [*co-ordinating medical practitioner's name*], am satisfied that [*name of person*] has decision-making capacity in relation to voluntary assisted dying and that their request for access to voluntary assisted dying is enduring. [*Name of person*] is physically incapable of the self-administration or digestion of an appropriate poison or a controlled substance or drug of dependence because [*insert reason*].

I have attached a copy of the completed final review form and of all of the completed forms referred to in section 41(1)(a) of the **Voluntary Assisted Dying Act 2017**.

I understand that under section 87 of the **Voluntary Assisted Dying Act 2017** it is a criminal offence to falsify a form or record required to be made under that Act. It is also a criminal offence under section 88 of that Act to knowingly make a false statement in a report or form that the person knows is false or misleading in a material particular. Both of these offences carry a maximum penalty of 5 years imprisonment or 600 penalty units, or both in respect of a natural person.

Date:

Signed: [*co-ordinating medical practitioner*]

FORM 3

Regulation 8(a)

Voluntary Assisted Dying Act 2017
SELF-ADMINISTRATION PERMIT

This self-administration permit is issued to *[full name and address of the co-ordinating medical practitioner]*.

In accordance with section 45 of the **Voluntary Assisted Dying Act 2017**, this self-administration permit in respect of *[name of person]* authorises—

- (a) *[name of co-ordinating medical practitioner]* for the purpose of causing *[name of person]* death, to prescribe and supply the voluntary assisted dying substance specified in this permit to *[name of person]* that—
 - (i) is able to be self-administered; and
 - (ii) is of a sufficient dose to cause death; and
- (b) *[name of person]* to obtain, possess, store, use and self-administer the voluntary assisted dying substance; and
- (c) in the case of the death of *[name of person]*, within 15 days after the date of *[name of person]* death, the contact person specified in this permit—
 - (i) to possess and store the unused or remaining voluntary assisted dying substance (if any) for the purpose of returning it to a pharmacist at the dispensing pharmacy; and
 - (ii) to carry and transport the unused or remaining voluntary assisted dying substance to a pharmacist at the dispensing pharmacy; and
- (d) in the case that *[name of person]* decides to make a request under section 53 of the **Voluntary Assisted Dying Act 2017**, or decides not to self-administer, or in the case of an order made by VCAT to return the voluntary assisted dying substance to the dispensing pharmacy—the contact person specified in this permit—
 - (i) to possess and store the voluntary assisted dying substance (if any) that has been dispensed to *[name of person]*; and
 - (ii) to carry and transport the voluntary assisted dying substance to a pharmacist at the dispensing pharmacy.

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Schedule 1—Forms

Co-ordinating medical practitioner's details

Name of medical practitioner:

Address of medical practitioner:

Person in respect of whom this self-administration permit is issued

Name of person:

Address of person:

Voluntary assisted dying substance

Name of poison/controlled substance/drug of dependence	Maximum dose

Contact person in relation to this self-administration permit

Name of person:

Address of person:

Date:

Signed: [*Secretary*]

In accordance with section 50 of the **Voluntary Assisted Dying Act 2017** this permit comes into force on [*specify date*].

FORM 4

Regulation 8(b)

Voluntary Assisted Dying Act 2017

PRACTITIONER ADMINISTRATION PERMIT

This practitioner administration permit is issued to *[full name and address of the co-ordinating medical practitioner]*.

In accordance with section 46 of the **Voluntary Assisted Dying Act 2017**, this practitioner administration permit in respect of *[name of person]*, for the purpose of causing *[name of person]* death, authorises *[name of co-ordinating medical practitioner]*—

- (a) to prescribe and supply to *[name of person]* a sufficient dose of the voluntary assisted dying substance specified in this permit; and
- (b) in the presence of a witness, to receive an administration request; and
- (c) to possess, use, and administer in the presence of a witness, the voluntary assisted dying substance to *[name of person]* if—
 - (i) *[name of person]* is physically incapable of the self-administration or digestion of the voluntary assisted dying substance; and
 - (ii) *[name of person]* at the time of making the administration request has decision-making capacity in relation to voluntary assisted dying; and
 - (iii) *[name of person]* in requesting access to voluntary assisted dying is acting voluntarily and without coercion; and
 - (iv) *[name of person]* request to access voluntary assisted dying is enduring; and
 - (v) *[name of person]* is administered the voluntary assisted dying substance immediately after making the administration request.

Voluntary Assisted Dying Regulations 2018
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Schedule 1—Forms

Co-ordinating medical practitioner details

Name of medical practitioner:

Address of medical practitioner:

Person in respect of whom the practitioner administration permit is issued

Name of person:

Address of person:

Voluntary assisted dying substance

Name of poison/controlled substance/drug of dependence	Maximum dose

Date:

Signed: [*Secretary*]

In accordance with section 50 of the **Voluntary Assisted Dying Act 2017** this permit comes into force on [*specify date*].

FORM 5

Regulation 9(a)

Voluntary Assisted Dying Act 2017

**LABELLING STATEMENT FOR VOLUNTARY ASSISTED
DYING SUBSTANCE—SELF-ADMINISTRATION PERMIT**

Warning: If ingested this substance will cause death.

This is a voluntary assisted dying substance and may only be self-administered by [*insert name of person who is the subject of the self-administration permit*]. It is a criminal offence under section 84 of the **Voluntary Assisted Dying Act 2017**, carrying a maximum penalty of life imprisonment, to knowingly administer this substance to another person.

This substance should only be self-administered in accordance with the instructions of the co-ordinating medical practitioner. Self-administration of this substance otherwise than in accordance with the instructions may result in complications or this substance being ineffective.

This voluntary assisted dying substance must be stored in a locked box that satisfies the specifications prescribed under regulation 10 of the Voluntary Assisted Dying Regulations 2018.

Dispensing pharmacy:

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If there is any unused or remaining voluntary assisted dying substance, the contact person must return the substance to a pharmacist at the dispensing pharmacy within 15 days after the date of the person's death.

If there is a request under section 53 of the **Voluntary Assisted Dying Act 2017**, or the person decides not to self-administer this voluntary assisted dying substance, or if there is an order made by VCAT for the return of this voluntary assisted dying substance, the contact person specified in the permit must carry and transport this voluntary assisted dying substance to the dispensing pharmacy.

FORM 6

Regulation 9(b)

Voluntary Assisted Dying Act 2017
LABELLING STATEMENT FOR VOLUNTARY
ASSISTED DYING SUBSTANCE—PRACTITIONER
ADMINISTRATION PERMIT

Warning: If administered this substance will cause death.

This is a voluntary assisted dying substance and may only be administered by [*insert name*] who is the co-ordinating medical practitioner for [*insert name of person who is the subject of the practitioner administration permit*]. It is a criminal offence under section 83 of the **Voluntary Assisted Dying Act 2017**, carrying a maximum penalty of life imprisonment, to intend to cause [*name of person*] death by administering this substance and knowingly administering this substance otherwise than in accordance with the practitioner administration permit.

This voluntary assisted dying substance must be stored in a locked box that satisfies the specifications prescribed under regulation 10 of the Voluntary Assisted Dying Regulations 2018.

Dispensing pharmacy:

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