Appendix 1: Workshop Scenarios

It may help you to imagine a person for whom this could be relevant. Imagine Jacky: she is a 78-year-old farmer who has lived in Albany for the last 30 years and is now in Hospice for care due to pain from end stage cancer. She is interested in dying by voluntary assisted dying. She may have gone through the process of assessment at home already with her doctors, or she may ask her nurse about it when she is admitted. Let’s presume she will meet all the eligibility criteria.

**Scenario 1:** Hospice does not support voluntary assisted dying, but will provide information as required by the law**:** Jacky is told by her nurse and doctor that they cannot provide any support with voluntary assisted dying as Hospice has a position statement saying as much. They talk with her in a gentle way and continue to offer her the best palliative care they can. Jacky is provided with the telephone number of the Health Department’s voluntary assisted dying “navigator service” as it is required to do so as part of the law. Jacky and her family contact the service and she returns home to follow up the rest of the process at home, based on their advice.

**Scenario 2:** Hospice directly assists voluntary assisted dying, limited to self-administration**:** Jacky’s own GP is in charge of her care in Hospice. That GP is willing and able to assist her with all the assessment requirements. It will mean some paperwork, some conversations with Jacky’s family and arranging another doctor to visit who can provide the second opinion. All of this would usually take 9 days. The GP receives approval for Jacky from the Health Department and is able to prescribe the medication that Jacky will use to die by voluntary assisted dying. She has decided she will take it when she is ready. A few days later she takes the medication while in Hospice and dies. Her GP returns to write her death certificate and do more paperwork. The funeral director comes to collect Jacky’s body from Hospice and her family plan her funeral.

**Scenario 3:** Hospice directly assists voluntary assisted dying by supporting either GP administration or self-administration**:** Jacky and her GP follow the same path however she has requested that her GP give her the medication in Hospice by intravenous injection on a day of her choosing. The GP gets authority for this to occur and in the presence of the required witness, gives Jacky the medication and she dies. Her GP writes her death certificate and does more paperwork. The funeral director comes to collect Jacky’s body from Hospice and her family plan her funeral.

**Scenario 4:** Hospice directly assists voluntary assisted dying, but some staff and volunteers will not be involved. Hospice will support voluntary assisted dying through organising care that supports the decisions of staff and volunteers**:** Jacky’s GP is working with her to complete the voluntary assisted dying assessments and she plans to stay in Hospice for care. Jacky’s nurse and some of the volunteers says that they cannot give any support with voluntary assisted dying. The Hospice management arrange for a care plan and care team that considers both Jacky’s needs and the preferences of staff and volunteers. All the required assessments are completed and Jacky has access to voluntary assisted dying medication – perhaps oral or perhaps intravenous.

**Scenario 5:** Hospice directly assists voluntary assisted dying, but Jacky’s GP will not be involved. Hospice will support voluntary assisted dying through liaising with another GP**:** Jacky’s GP says that he cannot help with her requests for support with voluntary assisted dying. She is getting good palliative care in Hospice and feels much more comfortable, so doesn't want to go anywhere else. She asks if the Hospice can help her find a GP that can be her coordinating doctor. The Hospice staff know which of their doctors would have the required training and qualifications and asks another doctor to come and see Jacky. The new doctor and a colleague who gives the second opinion do all the required assessments and Jacky has access to voluntary assisted dying medication – perhaps oral or perhaps intravenous.

**Scenario 6:** Hospice directly assists voluntary assisted dying in all ways that are requested by the patient and also acts as a navigator service: The Hospice decides that for people like Jacky, they have the skills to be the local “navigator service” for any patients who would like to find out more about the requirements of the legislation and how they can be assessed and supported. Hospice sets up a telephone service for anyone in the community to call.