



Assisted dying

Assisted dying is a complex social issue which continues to be debated by the community. Those contributing to the debate include: providers of medical, nursing and midwifery care; those seeking to end their lives due to pain and illness; advocates for assisted dying; ethicists; religious organisations; and the broader community.

It has become an issue for a range of reasons including: the advent of modern medical technology which makes it possible to artificially prolong life; cases which have arisen where existing laws have been challenged, such as the Northern Territory '*Rights of the Terminally Ill Act of 1996*', which was overturned by the Australian Government; and the growing population of older people and those with terminal illnesses.

For the purposes of this position statement assisted dying is defined as intervention by one person to end or to assist to end the life of another person with that person's informed consent and with the primary intent of relieving pain and suffering.

It is the position of the Australian Nursing and Midwifery Federation that:

1. Society's approach to assisted dying should be informed by the moral and ethical dimensions of:
 - a) respect for self-determination;
 - b) concern for quality of life; and
 - c) compassion for those who suffer.
2. Currently assisted dying is illegal in Australia. Registered nurses, enrolled nurses and registered midwives are obliged by both the law and their professional codes of practice and ethics, to practice within the law.
3. Adult patients with decision-making capacity have a common law right to consent to or refuse medical treatment which is offered to them. Refusal of medical treatment is not assisted dying and is legal.
4. We support advance care planning whereby individuals consider end-of-life decisions while they have the capacity to do so, and to provide instructions about their wishes for future treatment as direction for their family and health professionals. This is legal and does not necessarily restrict itself to decisions that would end life.
5. Our membership comes from diverse cultural, religious, and ethnic backgrounds, and our members hold a range of ethical views on the subject of assisted dying. Nurses, midwives and assistants in nursing have the right to hold their own opinion and for their opinion to be respected.
6. Registered nurses, enrolled nurses and midwives have a professional responsibility to stay reliably informed about the ethical, legal, professional, cultural and clinical implications of assisted dying.
7. Where a person expresses a wish for assistance to die, nurses should be educationally prepared to discuss the legal and medical parameters of this request as well as other options available to the person or seek the assistance of knowledgeable health care professionals.
8. We have a role in providing nurses, midwives and assistants in nursing with information about issues related to assisted dying and providing a forum for members to debate those issues. Our role is also to participate in the broader public debate as an appropriate organisation to ensure that the nursing and midwifery voice is heard.



9. We will continue to participate in the debate and will ensure a critical nursing and midwifery voice is represented in the public and political domains.
10. In the event that assisted dying becomes legalised, nurses, midwives and assistants in nursing:
 - a) have the right to conscientiously object on moral, ethical or religious grounds, to participation or involvement in assistance with dying;
 - b) are protected from litigation where they are requested to assist with the process.
11. Irrespective of whether assisted dying is legalised, the ANMF will continue to lobby for adequate resourcing of palliative care (including suitably qualified and adequate numbers of nurses and midwives) for those requesting and/or requiring palliation.
12. We support legislative reform so that persons who have an incurable physical illness that creates unrelieved, unbearable and profound suffering shall have the right to choose to die with dignity in a manner acceptable to them and shall not be compelled to suffer beyond their wishes.
13. Legislative reform must ensure that no individual, group or organisation shall be compelled against their will to either participate or not participate in an assisted or supported death of a sufferer.
14. Legislative reform must ensure that it shall not be an offence to confidentially advise a sufferer regarding a voluntarily chosen death, assist or support such a death, or to be present at the time of that death.
15. Should legislative reform be introduced, specific criteria would provide safeguards for both the individual and those nurses and midwives involved in their care.

For people who have an incurable physical illness that creates unrelieved, unbearable and profound suffering to obtain and use prescriptions from their treating doctor for the self-administration of lethal medication ending one's life in accordance with any state or territory law which does not constitute suicide, the following criteria must be met:

The person must:

- a) be a resident of the state or territory where the request is made;
- b) be 18 years or older;
- c) be deemed 'capable' of making decisions:-
 - have the ability to make and communicate healthcare decisions.
 - have the appreciation of the relevant facts including medical diagnosis and prognosis.
 - be aware of the risks involved in taking the lethal medication.
 - be aware of any feasible treatment alternatives; and
- d) have made a voluntary, well considered request.

The process must include a reporting regime (pharmacist and doctor).

endorsed December 2007
endorsed February 2009
reviewed and re-endorsed May 2012
reviewed and re-endorsed August 2015
reviewed and re-endorsed November 2016