



OUR POSITION

Voluntary Assisted Dying

Catholic Health Australia (CHA) is Australia's largest non-government, not-for-profit group of health, community, and aged care providers.

Our members operate over 80 hospitals in each Australian state and in the Australian Capital Territory, providing around 30 per cent of private hospital care and 5 per cent of public hospital care, in addition to extensive community and residential aged care.

CHA Members also provide approximately 12 per cent of all aged care facilities across Australia, in addition to around 20 per cent of home care services.

CHA not-for-profit health, community and aged care providers are a dedicated voice for the disadvantaged who advocate for an equitable, compassionate, best

practice and secure health system that is person-centred in its delivery of care. CHA champions reforms aligned with the healing ministry of Christ and the work of Catholic ministries around the country.

The aim of this position statement is to outline CHA's policy and advocacy priorities on key issues that are essential to the mission and values of our members.

A more in-depth analysis of our policy positions is available by reading our government submissions.

For more information on the Catholic commitment to end of life care, including our response to Voluntary Assisted Dying legislation, please refer to our **Enduring Commitment to End of Life Care** document.



What is CHA's position on Voluntary Assisted Dying legislation?

When it comes to end-of-life, our members choose to specialise in palliative care.

Our member hospitals, residential care facilities and healthcare services always follow legislation in the jurisdictions in which they operate. All Australian jurisdictions allow providers to choose whether or not to provide Voluntary Assisted Dying.

Our services always strive to ensure that those approaching end of life in our care may die in comfort and with dignity.

However, our clinicians do not provide interventions designed to bring about the death of their patients or residents. Nor do they assist patients or residents to take their own lives.

What is the approach of our members to those in our care?

Our long-standing commitment to care places special emphasis on serving those nearing the end of their lives. This includes commitments to heal and never to harm, to relieve pain and other physical and psychosocial symptoms of illness and frailty, to withdraw life-prolonging treatments when they are ineffective or overly burdensome, or when a person wants them withdrawn.

Our clinicians and carers are trained to provide effective pain management and to respect a patient's decision (or that of a substitute decision-maker if they are incompetent), and to forgo treatments that are considered too burdensome or ineffective.

We never abandon people in our care. We will honour our long-standing practice of having open and sensitive discussions about treatment and care, including when a patient or resident discloses that they are considering VAD.

What if a patient or resident wants to explore VAD as an option to end their life?

We recognise that some patients, residents and clients may wish to explore the option of VAD while under the care of one of our hospitals, residential care facilities, or health services.

Our services will never block or impede a person's access to VAD if that is their choice. Similarly, we never change the care we provide to a patient because they inquire about, or seek access to VAD.

If a patient, resident or their family initiates such a discussion, we will respond to it openly and sensitively while making clear we will not participate in, provide or make a referral for these interventions.

While we do not provide VAD, our commitment to patients or residents who are pursuing this intervention does not change – we will continue to offer our care to all who need it and will benefit from it.