
Surgeons' role defined within Voluntary Assisted Dying Act

Thursday 11 October 2018

An explanation of a surgeon's role in regards to the *Victorian Voluntary Assisted Dying Act 2017* (VAD), as well as ethical dilemmas around choice or chance are outlined in the latest issue of the *Australia and New Zealand Journal of Surgery* (ANZJS), the peer-review publication of the Royal Australasian College of Surgeons (RACS).

As Beardsley *et al* describes, the Act clearly defines the parametres of self-administered and practitioner-administered VAD. It also defines the role of the patient and the critical time frames that must be adhered to between the patient's first request to the physician and the final review and submission to the VAD Review Board. Under the new legislation, an application for a self-administered or practitioner-administered permit can only be made nine days after the first request.

Given that surgeons often deal with patients in the terminal phases of their illnesses, Beardsley *et al* suggests that it is highly likely that the surgeon will receive requests from general practitioners to act as consulting medical practitioners when a patient request is received, provided that the surgeon has at least five years post-fellowship experience and relevant expertise in the patient's condition.

The patient themselves may approach their surgeon, independent of a general practitioner, for advice, counselling and access to VAD.

It is therefore imperative, according to Beardsley, that surgeons receiving referrals to assess patients seeking access to VAD are familiar with the legislation and assessment process. Equally as important, the surgeon must be prepared to play a special role in the management of a patient's terminal illness, regardless of whether they conscientiously object or accept, they must be ready to discuss processes as defined in the Act and alternative treatment options.

As Truskett points out in *Time to die: choice or chance*, there is nothing more confronting to a surgeon than death and dying, and that the mission has always been to rectify the pathology and return the patient to normal existence. But the introduction of the *Victorian Voluntary Assisted Dying Act 2017* (VAD) has now presented an ethical dilemma for many. Surgeons, whether prepared or not, are now thrust into a position of authority to advise on self-administered or practitioner-administered VAD if need be.

Truskett reiterates Beardsley's suggestion that the likelihood that similar legislation will be passed in other states is a reality and that the time is now to assess personal positions on this topic and plan to opt out if confronted with an issue of conscience.

[Read the full article here](#)

The ANZ Journal of Surgery, published by Wiley-Blackwell, is the pre-eminent surgical journal published in Australia, New Zealand and the South-East Asian region for the Royal Australasian College of Surgeons. The Journal is dedicated to the promotion of outstanding surgical practice, and research of contemporary and international interest.



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