Centre for Evidence and Implementation

UCA Synod of Victoria and Tasmania response to the introduction of voluntary assisted dying legislation in Victoria

A report and proposals based on the Synod's consultation and review process

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1. Glossary

Voluntary assisted dying	Assistance to die provided in a medical context to someone who makes a voluntary, fully informed choice to die. 'Physician assisted dying' or 'medical aid in dying' are commonly used interchangeably with 'voluntary assisted dying'.
Euthanasia	An umbrella term that covers a range of practices or interventions undertaken with the intention of ending a life to relieve suffering. Euthanasia can be passive (e.g. withdrawing treatment) or active (e.g. taking or administering a lethal substance); voluntary (at the patient's request) or involuntary (not at the patient's request).
Assisted suicide	The intentional act of killing oneself, aided by another person or persons. Note however that it is generally considered preferable not to use the term 'suicide' to refer to voluntary assisted dying or euthanasia, though 'voluntary assisted suicide' is the term most often used in the USA.
Palliative care	Care that aims to improve the quality of life of people with an active, progressive disease who have little or no chances of being cured, and their families.

2. Introduction

2.1. Project background

To date, the Uniting Church Synod of Victoria and Tasmania (Synod) has not made a definitive statement regarding voluntary assisted dying or euthanasia.

In 1995, the then Synod of Victoria considered euthanasia, decided at the Synod meeting that it was not yet ready to express an opinion about whether it would support or oppose active euthanasia legislation in Victoria.

In 2016, the Presbytery of Tasmania addressed the issue of euthanasia in their submission to the Tasmanian government's consultation on a Dying with Dignity bill, stating that the UCA was neither for nor against the introduction of the bill.

Then, the 2017 meeting of the Synod resolved (17.6.6.1):

a. In the event of the Parliament of Victoria passing legislation to allow assisted dying/suicide, to request the Synod Standing Committee to initiate a process including, but not necessarily limited to, consultation with Uniting AgeWell, Uniting Victoria-Tasmania, the faculty of Pilgrim Theological College and the Assembly Standing Committee, and taking into account the feedback from the wider Church through the current consultation process in relation to this matter being conducted by the Justice and International Mission Unit, to present a report with proposal(s) to the 2019 Synod meeting regarding the Uniting Church in Victoria and Tasmania's response to the assisted dying/suicide legislation, including a position on how the Synod and relevant UCA institutions and staff should be asked to respond to such legislation; and

b. To support the recommendation of the Victorian Government Ministerial Advisory Panel on Voluntary Assisted Dying that any voluntary assisted dying legislation include a broad provision to allow all health professionals and facilities the right of conscientious objection to participation in such legislation.

On 29 November 2017, the Victorian Parliament passed the Voluntary Assisted Dying Act 2017, which comes into effect on 19 June 2019. The Act gives provision for Victorians at the end of life who meet the extensive eligibility criteria to request access to voluntary assisted dying.

The Synod engaged the Centre for Evidence and Implementation (CEI) to undertake a process of consultation and review, guided by Synod resolution 17.6.6.1. The project was led by Dr Jessica Hateley-Browne, Senior Advisor at CEI, who is also a UCA member.

2.2. Project purpose and scope

The purpose of the review and consultation project was to resource the Synod with:

- information about the voluntary assisted dying legislation in Victoria;
- summaries of the diverse Christian responses to this issue; and
- reflections on the theological, pastoral, policy, and practice implications for the Synod and relevant UCA institutions.

This project included the development of proposals, presented to the Synod in the final section of this report, that recommend a position for decision at the 2019 Synod meeting.

Any resolution(s) by the Synod about responding to Victoria's Voluntary Assisted Dying legislation will inform policy and practice directions within the relevant UCA agencies (Uniting AgeWell and Uniting) and Epworth HealthCare (Epworth), which is a UCA-affiliated organisation (Epworth's roots are in the Methodist Church). Uniting AgeWell and Uniting are wholly owned subsidiaries of the Synod and as such, their organisational responses to Victoria's Voluntary Assisted Dying legislation need to be guided by the relevant Synod resolution(s). The establishing Act for Epworth specifies undertaking: *"treatment of each patient in a manner that accords the respect due a person before God, according to the beliefs of the Uniting Church"*.

Consequently, the Synod must give direction to Epworth on the beliefs of the UCA in Victoria regarding voluntary assisted dying.

Synod's resolution about how to respond to Victoria's Voluntary Assisted Dying legislation will naturally also inform pastoral responses and resourcing within the Church. This work is essential, as the issue will affect Church members, their families and loved ones, regardless of whether or not voluntary assisted dying will be permissible within/under the care of the relevant UCA agencies (Uniting AgeWell and Uniting) and Epworth Healthcare.

Thus, the key questions for consideration by the Synod are:

1. Will it be permissible for a patient, resident or client of the UCA agencies (Uniting AgeWell and Uniting) and the UCA-affiliated hospital (Epworth HealthCare) to access voluntary assisted dying (according to the law) while living in and/or receiving care and/or services from these organisations?
2. How will the Church in Victoria respond pastorally to individuals who are exploring or accessing voluntary assisted dying (in accordance with the legislation), and their family and loved ones?

The key considerations for the Synod in reflecting on these questions are:

1. Theological: What Christian theological convictions can inform a response to voluntary assisted dying?
2. Pastoral: What are the pastoral and spiritual care implications of allowing or disallowing voluntary assisted dying within the UCA agencies and affiliated hospital? How will the Synod resource the Church to offer a compassionate pastoral response to people who are exploring or accessing voluntary assisted dying (and their families and loved ones)?
3. Policy and practice: What are the policy and practice implications for UCA agencies and affiliated hospital if Synod resolves to permit voluntary assisted dying within their facilities and service contexts? What are the implications if voluntary assisted dying is resolved to not be permissible in UCA agencies and the affiliated hospital by the Synod?
4. Pragmatics: The legislation has already been passed and will be in force from 19 June 2019 in Victoria. Should the Synod restrict access to the legislation within the context the UCA agencies and affiliated hospital, and if so, how?

The Synod should note that there is no current UCA national position on voluntary assisted dying, and that is it permissible for a Synod to develop its their own response. This reflects the need to offer nuanced responses to the specifics of state-based legislation on issues of bioethics. A 'blanket' national UCA position is unlikely to be appropriate given that, if voluntary assisted dying legislation is developed and passed in other Australian states and territories in the future, we can predict, based on observations from the United States for example, that the specifics of the legislation may vary significantly on important details (e.g. eligibility criteria, safeguards), relative to the Victorian legislation. While any resolution(s) passed by the Synod would, by default, also apply to the Church's response to any potential future legislation in Tasmania, such legislation would need to be checked for comparability to the Victorian legislation to determine whether a separate response (and additional review and consultation work) would be necessary.

Note that while the development of pastoral resources relating to voluntary assisted dying is outside the scope of this project, a parallel project has been undertaken by the Synod Ethics Committee to commence the development of such resources. CEI and the Synod Ethics Committee have worked in close collaboration throughout the life of both projects to share resources and avoid duplication. Draft examples of the pastoral resources developed by the Synod Ethics Committee are provided in Appendix A. Relatedly, draft legal considerations and recommendations for ministers and pastoral care workers are provided in Appendix B.

2.3. This report

This report provides an overview of Victoria's Voluntary Assisted Dying legislation, followed by a summary of key theological reflections that are intended to support the Synod's decision-making.

Following this, the review and consultation approaches and findings are each described in turn.

Finally, this report presents proposals to the Synod that follow from the findings of the review and consultation activities.

Most sections in this report are supported by detailed appendices, which are named and referenced in the relevant places in the text.

3. Victoria's Voluntary Assisted Dying legislation

A detailed factsheet about Victoria's Voluntary Assisted Dying legislation has been developed by the Victorian Government, and we commend it to you as essential reading. It is provided in Appendix C. A summary of the key information is included in this section of the report.

3.1. Background to the legislation

In November 2017, Victoria became the first Australian state to pass voluntary assisted dying laws[1]. The Voluntary Assisted Dying Act 2017[2] provides a legal framework for people who are dying and suffering to take a medication prescribed by a doctor that will bring about their death at a time they choose. The law comes into effect in Victoria on 19 June 2019.

The legislation followed an extensive ministerial inquiry into end of life choices, which consisted of reviews of 1037 submissions, and a program of site visits, public hearings, and international visits to jurisdictions elsewhere in the world where voluntary assisted dying, in a range of different forms, is legal. Some key findings from the review were as follows:

- Death has become taboo in our society, which inhibits end of life care planning and may result in a person's wishes not being known, or not being followed.
- The Victorian palliative care system is overburdened and needs more government support.
- For most people, palliative care will give them the support needed at the end of life.
- A small minority of people who are dying experience suffering that is unacceptable and intolerable to them, even with the best palliative care. Prohibition of assisted dying for such people is resulting in significant pain and suffering and, in some instances, is resulting in them taking their own life prematurely and/or in distressing and traumatic ways.
- Assisted dying accounts for a very small proportion of deaths each year in jurisdictions where it is legal (see section 6 of this report).
- There were inconsistencies in end of life care legislation in Victoria (prior to the introduction of the Voluntary Assisted Dying Act 2017) which was leading to uncertainty amongst health practitioners.
- There was evidence that unlawful and unreported assisted dying was occurring, and because it was unregulated, this left vulnerable people without safeguards.
- In Victoria and across Australia, courts have not imposed heavy penalties on people who have assisted a loved one to die. People are not sent to prison because voluntary assisted dying is not seen to present a danger to society, and it seen as an act of compassion.
- Internationally, government funding for palliative care services has not declined following the introduction of assisted dying legislation.
- End of life care needs are different for everyone, and Victoria should have a system in place that caters to this wide variety of needs while upholding important safeguards to protect vulnerable people.

[1] The Rights of the Terminally Ill Act was passed in the Northern Territory in 1995 which gave provision for a medical practitioner to end the life of a person who was dying at their request, however this was repealed by the federal government in 1997.

[2] The Voluntary Assisted Dying Act (2017) can be accessed at http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/f932b66241ecf1b7ca256e92000e23be/B320E209775D253CCA2581ED00114C60/$FILE/17-061aa%20authorised.pdf

3.2. Understanding the legislation

3.2.1. What it is

According to the Victorian Voluntary Assisted Dying legislation, voluntary assisted dying means that a person in the late stages of advanced disease can take a medication prescribed by a doctor that will bring about their death at a time they choose. In most cases, the person will administer the medication themselves. A person's decision to access voluntary assisted dying must be:

- **Voluntary** – their own choice.
- **Continuing and enduring** – staying the same over a set period of time.
- **Fully informed** – the person must be well-informed of their illness, treatment and palliative care options.

Voluntary assisted dying will only be available to people who meet strict eligibility criteria as assessed by two independent doctors, which includes having an advanced disease that will cause their death and experiencing suffering that is unacceptable to them.

As such, voluntary assisted dying is **a choice between two ways of dying**, not a choice between life and death.

Voluntary assisted dying will only be accessible if the person and their doctors follow a set process as outlined by the law, which includes numerous safeguards to protect vulnerable people and the wider community. The Victorian Government has described Victoria's Voluntary Assisted Dying legislation as the safest and most conservative assisted dying legislation in the world.

3.2.2. What it is not

The Victorian Government has been clear that the Voluntary Assisted Dying legislation is **not an alternative to palliative care** for Victorians. It is a requirement of the legislation that a person who requests access to voluntary assisted dying is also informed about their treatment and palliative care options. The Palliative Care Funding Model Review Report[3] (published October 2018) has recommended enhancements to the existing funding model to position Victoria's palliative care service system to become an "exemplar of excellence" (p. 10), which further reflects a commitment to maintain and possibly boost investment into inpatient and community palliative care services. Internationally (in Belgium, The Netherlands), improvements to the quality of and access to palliative care has followed legalisation of assisted dying, because such services were seen as essential supports for assisted dying.

Voluntary assisted dying, as defined and permitted by the Victorian legislation, is **not permissive of passive euthanasia**. That is, it cannot be 'done to' someone. A person must explicitly request and choose to enact voluntary assisted dying themselves; it cannot be requested or decided for them by another person (i.e. family member, doctor). In most cases, the person will administer the lethal dose of medication themselves.

Voluntary assisted dying, as defined and permitted by the Victorian legislation, is **not only the withdrawal or withholding of medical treatment** at the request of the person who is dying. Rather, voluntary assisted dying is the choice of a person who is dying to request, access and take a lethal dose of medication according to the process outlined by the law.

3.2.3. What it is not likely to be

Based on data and information from other countries where assisted dying is legal, we can make the following predictions about Victoria's Voluntary Assisted Dying legislation:

[3] The Palliative Care Funding Model Review Report can be accessed here: https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/end-of-life-care/palliative-care/palliative-care-funding-review

- It is **not likely to be a "slippery slope"** to involuntary assisted dying that puts vulnerable people at risk. Studies in jurisdictions where assisted dying is legal have shown that vulnerable people are not more likely to access assisted dying than the general population.[4]
- The legislation is **not likely to be liberalised**. Changes in practice or to the law that would extend access to voluntary assisted dying to people beyond the initial scope of the legislation (e.g. to children) are not likely. The legislation was drafted following extensive consultation with the community, including experts, and the law as it stands reflects the values and preferences as expressed by those who took part in the consultation. The safeguards that are built in to the Victorian Voluntary Assisted Dying legislation are enforceable by law, and any changes would require a lengthy parliamentary process.

3.2.4. Eligibility criteria

To access voluntary assisted dying in Victoria, a person must meet **all** of the following criteria:

- be aged 18 years or more; and
- be an Australian citizen or permanent resident; and be ordinarily resident in Victoria for at least 12 months; and
- have decision-making capacity in relation to voluntary assisted dying; and
- be diagnosed with a disease, illness or medical condition that:
    - is incurable; and
    - is advanced, progressive and will cause death; and
    - is expected to cause death within weeks or months, not exceeding 6 months (12 months for people with a neurodegenerative condition); and
    - is causing suffering that cannot be relieved in a manner the person considers tolerable.

3.2.5. Process

The following is a brief summary of the process a person must go through in order to access voluntary assisted dying according to the law. More details are provided in Appendix C.

- A person must make three separate requests to a medical practitioner (combination of oral and written), at least 9 days apart.
    - Only the person wishing to access voluntary assisted dying can make the request. No-one else can make the request on their behalf.
    - A medical/health practitioner cannot initiate a conversation about voluntary assisted dying while providing a health service.
- Following the first request, the person must undertake two independent assessments by medical practitioners to determine whether the person:
    - meets the eligibility criteria;
    - understands the information provided;
    - is acting voluntarily and without coercion; and
    - has an enduring request.
- Permits are then obtained by a medical practitioner from the government (self-administered medication and practitioner-administered medication permits are available).

[4] EJ Emanuel, BD Onwuteaka-Philipsen, JW Urwin, and J Cohen. 'Attitudes and Practices of Euthanasia and Physician-Assisted Suicide in the United States, Canada, and Europe'. JAMA 316, no. 1 (2016), 79 – 90.

- A medical practitioner then prescribes the appropriate medication. A range of medications have been secured for use in Victoria, but the details of these will not be made available to the public.
- A single dispensing pharmacy service will be available at Alfred Hospital, with provision for transportation of the medication to rural and regional areas.
- This same pharmacy at the Alfred Hospital will be responsible for collecting and/or receiving and disposing of any unused voluntary assisted dying medications.

Note that a medical/health practitioner is not obliged to participate. Medical/health practitioners can conscientiously object by refusing to:

- Provide the requesting patient with information about voluntary assisted dying, and/or
- participate in the request, assessment and application process, and/or
- supply, prescribe, dispense or administer the lethal medication, and/or
- be present at the time of administration of the lethal medication.

4. Theological reflection on voluntary assisted dying

A summary of some key theological ideas is offered in this section, with a more detailed theological paper provided in Appendix D.[5]

The vast majority of us will not have the opportunity to choose or control our manner of dying. However, Victorian Voluntary Assisted Dying legislation offers the possibility for some people to make more active and legal choices about the manner of their death where death is already inevitable and, in most cases, imminent. This raises significant questions for people of faith.

The life of faith is inescapably messy. While the Bible affirms the value of human life and witnesses to the promise that death is not the ultimate end, it does not remove life's complexities or offer simple answers to the ethical challenges we face. Some of the most difficult of such challenges are those that relate to death.

There are many long-held theological convictions in the Christian tradition that can inform our thinking about the complex issue of voluntary assisted dying.[6]

There are two theological convictions that are particularly relevant here, which are distinct yet bound up together:

The sanctity of human life

For most Christians, the strongest theological argument against euthanasia is that it represents a direct affront to the sanctity of human life. All human life, it is argued, is a gift of the Creator and so is simply not 'ours' to end. The *Catechism of the Catholic Church* judges that 'intentional euthanasia, whatever its forms or motives, is murder. It is gravely contrary to the dignity of the human person and to the respect due to the living God, his [or her] Creator'.[7] By and large, Protestants share this view – that 'it is for God and God alone to make an end of human life'.[8]

But not all draw from this claim an absolute to be applied in all situations. Some argue that faith does not mean blindly following unassailable and predetermined laws but rather calls for listening for, discerning, and obeying God's voice in every new situation. Here, human freedom is inescapably bound up with real risk, and with the responsibility to assess every situation and to make a real choice. This opens the door to the possibility that one might – in faith – make a responsible decision to end one's life *as an act of obedience*. People of faith live, die, and make their judgements where no certainties abound and where they navigate concrete and immediate life with real limits, trusting that ultimately God alone takes responsibility for us.

Commitments to the sanctity of human life wrestle also with questions of life's quality: Is life to be equated with mere existence, or is life defined by other realities in which the quality of a life becomes a critical factor? Are people of faith morally required to avail themselves of every available technology in order to postpone or to hasten death?

Life is certainly to be respected, but we must not make an idol of it. When life is preserved as an end in itself, with disregard for the quality of that life, then the result may serve an idolatry which has nothing whatever to do with religious obedience. Discerning when in fact this may be the case, however, is difficult, especially in the kinds of situations envisaged by Victoria's Voluntary Assisted Dying legislation.

[5] Paper from the Synod Ethics Committee, written by Rev Dr Jason Goroncy with Rev Dr Robyn Whitaker.

[6] See Jason A. Goroncy, 'Euthanasia: Some Theological Considerations for Living Responsibly'. *Pacifica* 29, no. 3 (2016), 221–43.

[7] Catholic Church, *Catechism of the Catholic Church* (Homebush: Society of St Pauls, 1994), §2324.

[8] Karl Barth, *Church Dogmatics III.4,* trans. A. T. Mackay, et al. (Edinburgh: T&T Clark, 1961), 425.

Arguably, it is possible, even desirable, that theologians defend 'not only the sacredness of human life but also the sacredness of death. Sometimes death is the best that life has to offer, the moment when we return the gift of our life to God'.[9] It might be argued that this represents the kind of decision that religious believers are free to make and to hasten as they face their own end.

Autonomy and Community Responsibility

Those who have welcomed Victoria's Voluntary Assisted Dying legislation uniformly argue that at issue here is a person's 'moral right' to choose how they will die: 'It is, after all, the patient's life, and as long as the patient is capable of reaching an informed decision, then who better to decide whether life is worth living? Doesn't the patient have a right to ask for this help and, if a doctor is willing to give it, why should the law stand in the way?'[10] Here, individual agency is prized above all other concerns. This argument is theologically relevant because of the weight that religious traditions place on human persons being responsible for their own decisions.

Critics of this rationale warn of that 'autonomy has become an imperative; that which we cannot control, our belief in autonomy teaches us to hate. Thus, we learn to hate our ageing bodies; and we learn to hate those others who are sick and dying. We even learn to hate those we would define as "permanently dependent", exactly because they will always need our care'.[11]

A theological defence of the moral right to choose argument underscores human responsibility for life before God. Indeed, at the very centre of the Christian story lies a voluntary act of giving up life for the other. Without such freedom, there would be no human life as we know it at all. It might be argued that assisted dying might not always be the ultimate form of individualism, but rather might be judged to be an act of responsible freedom and love for the other, a mode of glorifying God with one's body (1 Cor 6:20). Of course, the counter argument here is that such a decision robs the other of the opportunity to themselves love and to bear together the burden of life's uncertainties and ambiguities beyond the limits that one might choose to set for oneself.

Human responsibility for life is exercised not only before God. It is exercised also before and with others with whom one is called to 'bear one another's burdens' (Gal 6:2). *Assisted* dying, by its very definition, is not a private matter. It involves, requires, and has an impact upon a wider public and society. It ought not, therefore, be reduced to being about a patient's rights alone. In religious communities, for a person to claim the right to die as an individual right can be a form of individualism that contradicts the communal and relational nature of God and God's people.

But what if the decisions made around death were undertaken not by the individual alone but rather with a community that was committed to bear the burden of the decision together? This would mean that whether or not the path led towards or away from voluntary assisted dying, there remains the opportunity to die accompanied by the presence, prayers, and confessions of others. For Christians, it offers the opportunity to die accompanied by those sacraments we have been rehearsing – Baptism and Eucharist. Baptism, that symbol of death with which the Christian journey begins; and Eucharist, where Christians remember and anticipate that the tragedy of the grave is not territory of which God is unfamiliar.

[9] D. Dixon Sutherland, 'From Terri Schiavo Toward a Theology of Dying', in *Resurrection and Responsibility: Essays on Theology, Scripture, and Ethics in Honor of Thorwald Lorenzen*, ed. Keith D. Dyer and David J. Neville (Eugene: Pickwick Publications, 2009), 246.

[10] Peter Singer, *Rethinking Life and Death: The Collapse of Our Traditional Ethics* (Melbourne: The Text Publishing Company, 1994), 132.

[11] Carole Bailey Stoneking, 'Receiving Communion: Euthanasia, Suicide, and Letting Die', in *The Blackwell Companion to Christian Ethics*, ed. Stanley Hauerwas and Samuel Wells (Malden: Blackwell Publishing, 2004), 379.

5. Review and consultation process

5.1. Review scope and approach

Three separate desktop or literature reviews were conducted in order to identify and synthesise information and data to inform this report and the associated proposals. Each review process is briefly described in turn below.

1. **Scoping review of literature summarising the theology of voluntary assisted dying**. A review of popular and academic literature about the Christian theology of end of life issues, most particularly voluntary assisted dying, was conducted. This review informed the scope and nature of the theological reflections used as a basis for discussion during the consultations (see section 5.2).
2. **Rapid review of Christian people's beliefs and attitudes towards voluntary assisted dying** (and related concepts such as euthanasia). A 'rapid review' is a review of previous literature reviews. It is an efficient method for identifying and synthesising a wide range of studies on a specific topic that have been published in the academic literature. Three large journal databases (Scopus, Web of Science, PsycInfo) were systematically searched for relevant reviews, which identified four previously published reviews of studies that explored Christian beliefs and attitudes towards end of life issues such as voluntary assisted dying and euthanasia. None of these reviews focused substantively on Australian data, nor were any of these reviews conducted by Australian researchers. Thus, the findings from these four reviews were supplemented with Australian survey data about the support or otherwise for voluntary assisted dying amongst Christians from mainline denominations.
3. **Desktop review of the official responses of other Christian denominations in Australia to voluntary assisted dying**. A review of the public and/or official statements from other mainline Christian denominations on voluntary assisted dying (and related concepts such as euthanasia) was conducted. This was undertaken by visiting denominational websites, searching media articles, and approaching key stakeholders to request information and input. The scope of this review was focused on mainline Christian denominations in Australia.

5.2. Consultation scope and approach

The aim of the consultation process was to gauge and summarise the views of the members, staff, and leadership of the UCA, UCA agencies, and UCA-affiliated organisations about how the Synod should respond to the introduction of Victoria's Voluntary Assisted Dying legislation. Consultation with external experts and consumer groups[12] were out of scope of the current project on the basis of this being an internal consultation to inform Synod's decision-making.

The consultation plan was designed to take into account a wide variety of perspectives from across the UCA, including theological, pastoral, policy, and practice perspectives, as well as pragmatics. It was developed in collaboration with key leaders from the Synod of Victoria and Tasmania, various committees of the Uniting Church in Victoria, Uniting, Uniting AgeWell, Epworth Healthcare and the UCA Assembly. Table 1 outlines who was consulted, for what purpose, and by what method. The consultation scope and approach were reported to the Synod Standing Committee in the early phases of this project.

Note that while all presbyteries were invited to take part in the consultation, only four presbyteries accepted the invitation: Yarra Yarra, Loddon Mallee, North Eastern Victoria and Western Victoria. The Western Victoria

[12] It is strongly acknowledged that consumer groups will add enormous value to discussions about how voluntary assisted lying legislation should be implemented within UCA agency / UCA-affiliated organisation sites and services (if it is decided by the Synod that this would be permitted) and will also helpfully inform the development of any pastoral resources for the Church.

consultation event was ultimately cancelled on account of not receiving any affirmative RSVPs, and so the table below summarises the details of only three presbytery consultations.

It is also important to note that while consultation with the Uniting Aboriginal and Islander Christian Congress was highly desired, it was deemed not feasible on the basis that there are currently no Aboriginal people in leadership roles in the Victorian Congress. The articles and papers identified through reviews 1 and 2 (see section 5.1) were screened in an attempt to identify any research that related specifically to the views and perspectives of Aboriginal people, however none were identified.

Table 1. Summary of voluntary assisted dying consultation activities.

Organisation / Council / Committee	Who	Purpose	Method
Uniting AgeWell	Mission Committee Voluntary Assisted Dying Implementation Taskforce Board members Senior managers	To understand the needs and preferences of the UCA agencies and affiliated organisations regarding if/how to make access to voluntary assisted dying permissible within their facilities, services and programs.	Combined 90-minute workshop with Mission Committee, Implementation Taskforce, and Board members. Survey data from Uniting AgeWell's internal consultation with senior managers.
Uniting	Director of Mission Mission and Ethos Partner (Western VIC and TAS) Executive Officer (Eastern Melbourne) Aged Care Senior Manager Justice Campaign Manager Pastoral Care Worker		Two-hour workshop
Epworth HealthCare	Executive Director – Academic and Medical and UCA representative on the Board		One-on-one discussions
Presbyteries	Presbytery of North Eastern Victoria	To provide opportunities for the broader church to contribute to the discussion, so this can be fed back to the Synod to inform decision making	One-hour presentation and table group discussions during February presbytery meeting. Option of sending a written submission by email
	Presbytery of Loddon Mallee		1.5-hour presentation and table group discussions during February presbytery meeting. Option of sending a written submission by email
	Presbytery of Yarra Yarra		45-minute presentation and table group discussions during February presbytery meeting. Option of completing written submission on the spot by completing a structured,

Organisation / Council / Committee	Who	Purpose	Method
			open-ended questionnaire, or sending by email
Ministry & Mission Committee of the Synod Standing Committee		To ensure project processes and outputs were meeting the needs of the Synod	45-minute presentation and discussion
CALD community	Eleven CALD community ministers in the Uniting Church in Victoria	To ensure the paper and proposals are informed by perspectives that represent the diversity of the UCA	90-minute workshop with option of completing written submission on the spot by completing a structured, open-ended questionnaire, or sending by email
Hospital chaplains	Two (one current, one former) Uniting Church chaplains in Victoria	To understand the needs and desires of the chaplaincy staff response to VAD legislation, so this can be fed back to the Synod to inform decision-making	Structured, open-ended questionnaire
Pilgrim Theological College	Biblical scholars and theologians	To provide theological input into project activities and outputs, ensuring these issues have been given due consideration	Request input in the form of literature and papers
Synod Ethics Committee	All	To resource the project by providing literature and connections to relevant people To prepare a theological 'primer' for inclusion in Synod report To activate parallel pieces of work to resource the broader church (e.g. pastoral and liturgical resources)	Regular discussions with Chair to prepare and inform work plan, and stay abreast of developments
eLM Representatives	Social Justice Senior Advocate Disability Inclusion Officer Co-Director Relationships and Connections	To ensure project outputs are informed by previous and current work of the Synod (eLM)	One-on-one discussions to explore any current or planned activity in this space
UnitingCare Australia	National Director and Board Chair	To keep the national body abreast of the work and create opportunities for mutual learning.	Input and comment on draft version of this report
UCA Assembly	Assembly General Secretary	To keep the national Church abreast of the work and create opportunities for mutual learning	Input and comment on draft version of this report

In addition to the consultation activities outlined in Table 1, the current report also summarises and draws upon the findings of the 2017 Synod consultation on voluntary assisted dying (led by the then Justice and International Mission Unit).

6. Review findings

6.1. Voluntary assisted dying around the world

Medical assistance in bringing upon a person's death is legal and practiced in numerous jurisdictions across the world. Regulations and legislation vary markedly across jurisdictions, which themselves may be at a National or State/Provincial level, as is the case for Victoria.

The previously mentioned Victorian Government ministerial inquiry into end of life choices included committee visits to the following international jurisdictions for the purpose of providing detailed summaries of assisted dying legislation in these jurisdictions:

- The Netherlands (law commenced 2002)
- Canada (2016)[13]
- Québec Province, Canada (2015)[13]
- Oregon State, USA (1997)
- Switzerland (1942)[14]

The Victorian Government ministerial inquiry also provided an overview of the legislations in Belgium (2002), Luxembourg (2009) and Washington State, USA (2009), as additional jurisdictions where assisted dying is legal[15].

A summary table outlining the particulars of the legislation in each of these jurisdictions is provided in Appendix E and demonstrates that there is substantial variation in the laws.

Of all of these, the laws in Oregon and Washington in the USA are most comparable to Victoria's Voluntary Assisted Dying legislation. That is, the laws have similar (though not exactly the same) eligibility criteria and safeguards. In the following section, data that relates to the observed impact of assisted dying legislation over time in these North American jurisdictions is compared with data from The Netherlands and Belgium which have much more liberal legislation (less restrictive eligibility criteria and fewer safeguards) but have had the legislation in force for comparable lengths of time with data available to portray trends over a minimum of 10 years.

6.1.1. Trends in voluntary assisted dying

One of the key concerns raised in opposition of voluntary assisted dying is the 'slippery slope'. That is, there is concern that the introduction of voluntary assisted dying legislation will lead to an expansion of intentionally ending people's lives, often with a particular focus on doing so without their request, and the consequent risks to vulnerable groups.

While the slippery slope debate continues, the data from international jurisdictions suggest that this concern has not been fully realised. This is especially true for jurisdictions where the original legislation was explicitly written to emphasise the voluntary and consensual nature of assisted dying for those in the late stages of disease.

[13] Québec initially had a provincial level legislation. Following a high-profile court ruling, this was since expanded to the Federal level, but still in preliminary stages at the time of the report. For our purposes, the Federal legislation can be considered inclusive of Québécois law.
[14] Swiss legislation is unique in nature, as it prohibits assisted suicide "*unless it is provided 'without selfish motives'".* Eligibility criteria and safeguarding are uncertain and not clearly articulated, making it challenging to compare with other legislation.
[15] Since the ministerial inquiry report was published in 2016, other jurisdictions (Colombia and the states of California, Colorado and Vermont in the United States), also have also passed and approved laws permitting voluntary euthanasia and voluntary assisted dying respectively.

6.1.1.1 Diagnosed illness

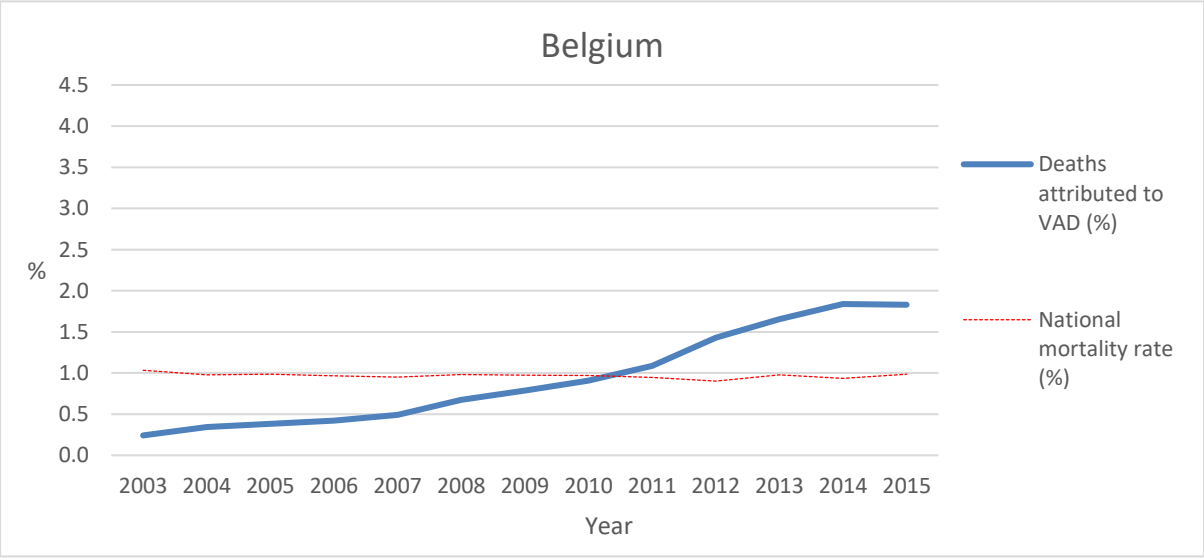
Across the world, data from the past 20 years consistently indicate that most people accessing assisted dying (in its various legislative forms) have cancer. However, the proportion of people accessing assisted dying who have cancer is decreasing over time. This indicates that more people with conditions other than cancer are dying in an assisted manner.

6.1.1.2 Proportion of deaths

Data from Belgium, The Netherlands, Oregon and Washington all indicate an upward trend in assisted deaths over time following the introduction of relevant laws. Figures 1-4 present the trends over time in assisted deaths and mortality rates in these four jurisdictions. The following observations can be made:

- In Belgium and The Netherlands, increases in the proportion of assisted deaths have been in the order of 1.6% and 2.4% respectively over more than a decade, which predominantly reflects changes in the legislation over time which have broadened the eligibility criteria[16].
- Oregon and Washington (with legislation similar to Victoria's) have both seen only very small increases over extended periods of time: 0.3% in both jurisdictions, over a period of 18 years and 7 years respectively.
- In all four jurisdictions, the death rates have remained constant (between 0.7-1.0%). This suggests one or both of the following:
    - 1) the introduction of assisted dying laws does not lead to substantially more deaths per year, but rather the laws offer a different mode of death;
    - 2) the number of assisted deaths each year is so small that it does not impact the mortality rate.

Figure 1. Assisted dying and mortality rate trends in Belgium (2003-2015)



[16] For example, the Dutch legislation was adapted in 2005 to broaden eligibility to children and infants who are "gravely ill, suffer birth defects or have a hopeless prognosis". This criterion was also introduced in Belgium in 2014.

Figure 2. Assisted dying and mortality rate trends in The Netherlands (2002-2015)

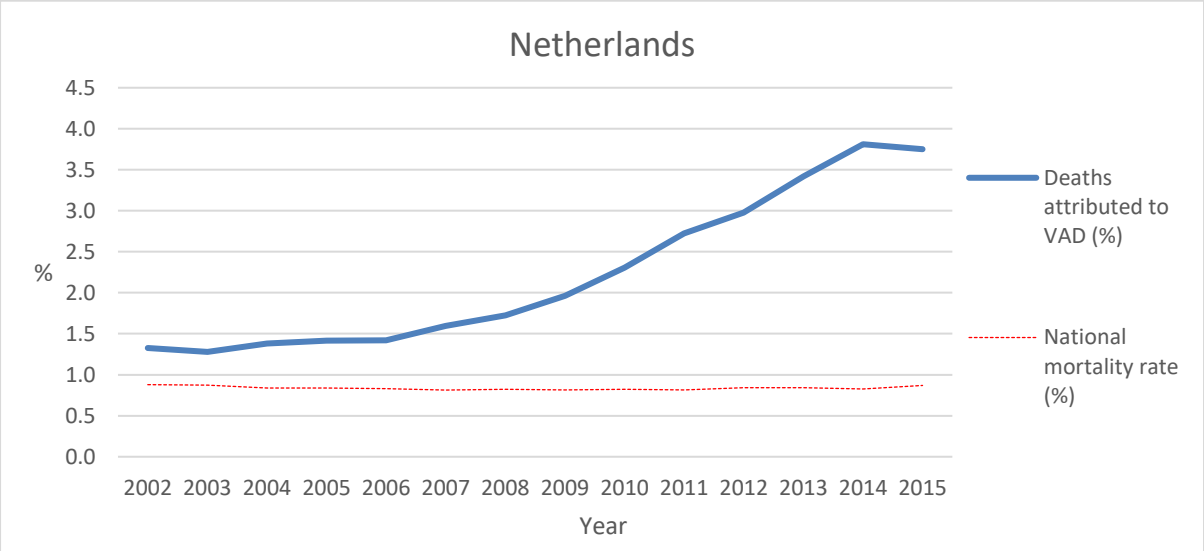


Figure 3. Assisted dying and mortality rate trends in Oregon USA (1998-2016)

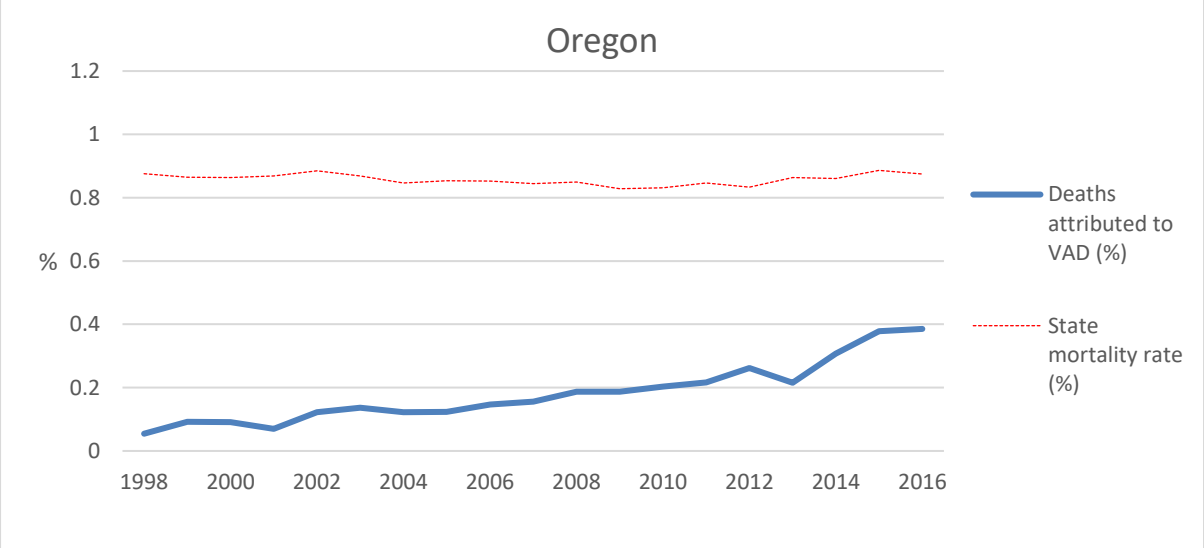
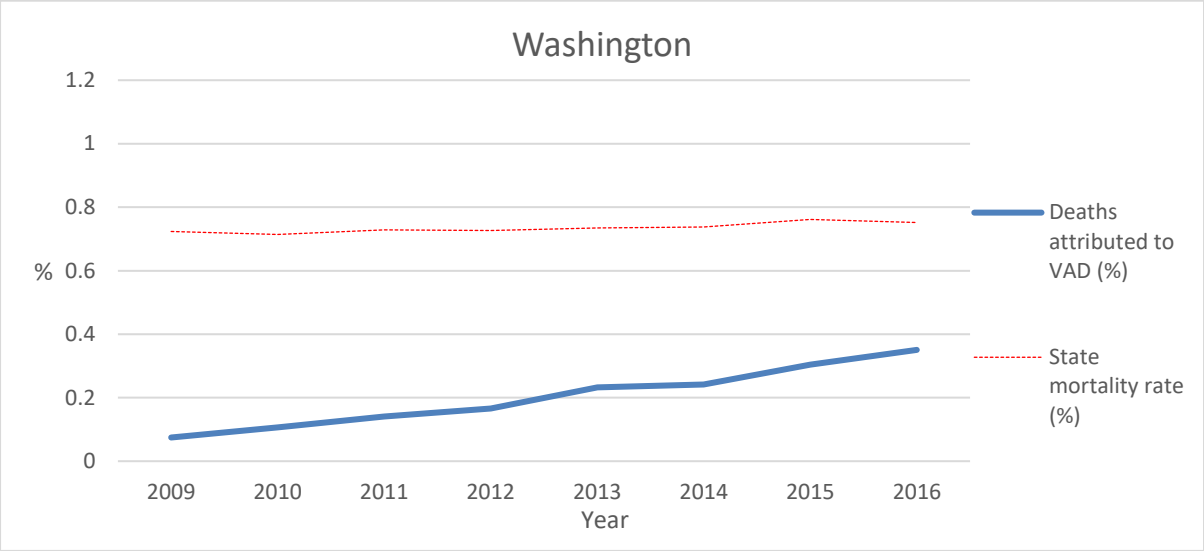


Figure 4. Assisted dying and mortality rate trends in Washington USA (2009-2016)



6.2. Views and values of people of Christian faith regarding assisted dying

1. Opposition to assisted dying

Many studies and reviews exist around end of life care and situations encompassing voluntary assisted dying and euthanasia. Generally, when assessing attitudes, these are conducted as opinion polls and surveys, to which the major Christian opposition to both voluntary assisted dying and other related concepts such as euthanasia can generally be attributed to Catholicism.

A qualitative study conducted with clergy in the United States and found that Catholic clergy held less favourable attitudes towards voluntary assisted dying than those from other Christian denominations[17]. Less recent information is available in Australia; one study from 1997 described the Catholic position in their research as *"opposition to such a legislation",* relative to other denominations as *"voices in disagreement"*[18].

These views have also been expressed by Christian (specifically Catholic) healthcare professionals. A systematic review of research investigating attitudes towards assisted dying among healthcare professionals found that Catholic nurses and doctors had lower rates of acceptance of, agreement with, and willingness to participate than those who did not identify as Catholic.[19] This has also been reflected in the Australian context, albeit historically, with a 1995 survey of 1238 Australian doctors finding that Catholic practitioners were opposed to voluntary assisted dying at a rate significantly greater than others.[20]

2. Support for assisted dying

Findings from the literature have also indicated support for assisted dying amongst those of Christian faith, both locally and abroad. A 1997 opinion poll[15] not only portrayed a diversity of opinions among Australian Christians, but anonymously, the majority were supportive of assisted dying (74-83% of responses). Support has also come from Christian medical professionals; 92% thought that the use of drugs in lethal doses on the

[17] Karen Mason, Kim Esther, W. Blake Martin, and Rashad J. Gober. 'The Moral Deliberations of 15 Clergy on Suicide and Assisted Death: A Qualitative Study.' *Pastoral Psychology* 66, no. 3 (2017), 335 - 351.

[18] Andrew Dutney. 'Christian Support for Voluntary Euthanasia'. *Monash Bioethics Review* 16, no. 2 (1997), 15 – 22.
[19] R Chakraborty et al. 'A Systematic Review of Religious Beliefs about Major End-of-life Issues in the Five Major World Religions.' *Palliative and Supportive Care* 15, no. 5 (2017), 609 – 622.
[20] P Baume, E O'Malley, and A Bauman. 'Professed Religious Affiliation and the Practice of Euthanasia.' *Journal of Medical Ethics* 21, no. 1 (1995), 49 – 54.

explicit request of the patient is acceptable in the case of terminal illness with extreme uncontrollable pain/other distress.[21]

There is also evidence of support for assisted dying amongst clergy. A survey of 1,665 Christian clergy (representing at least 5 denominations) in the United States found that mainline/Liberal Christian clergy were more likely to approve of the morality (56%) and legality (47%) of assisted dying, while approval rates amongst clergy from other denominational groups were substantially lower (6 and 17% for morality and legality respectively).[22]

3. Impact of religiosity

Implicated in the literature is a relationship between individuals' attitudes towards assisted dying and the degree to which they are devoted to a religious faith. This was summarised in a review of 31 papers which found that the "self-reported importance of religion in life" correlated negatively with supportive attitudes towards assisted dying. In other words, the more important religion is to a person, the more likely they are to hold attitudes that are unsupportive of assisted dying in any form.[23]

6.3. Responses to voluntary assisted dying from other Christian denominations in Australia

6.3.1. Catholic Church in Australia

The Catholic response locally (in Victoria) has been consistent with the international stance; the Catholic Church is against Voluntary Assisted Dying and euthanasia in all its forms. The then Archbishop of Melbourne, Denis Hart, summarised the stance in their response to the passing of the legislation in November 2017[24]:

- Euthanasia and assisted suicide represent the abandonment of older and dying persons[25].
- Voluntary assisted dying is not part of the practice of Catholic healthcare workers and incompatible with the provision of quality palliative care. Therefore, Catholic health and aged care providers will not provide assisted suicide.
- No one should be forced to act against their conscience. It is believed that a burden will be imposed on medical professionals, conflicting with their medical commitment to "do no harm" to patients.

The Catholic Church believes the introduction of voluntary assisted dying will create a lower threshold of care and civil protection afforded to the sick, suffering and vulnerable. They believe that such a law would not only normalise suicide, but would serve to exploit vulnerable people, exposing them to further risk[26]. There is also a concern that eligibility criteria will expand to include individuals without a terminal illness, which is possible in Belgium and the Netherlands.

Importantly, paralleling the response from the Catholic Church has been their advocacy for increasing support for palliative care to provide the best possible care for those in the last stages of their life. This commitment by extension includes all Catholic-affiliated residential aged care facilities.

[21] E Inghelbrecht, J Bilsen, F Mortier, and L Deliens. 'Nurses' Attitudes Towards End-of-life Decisions in Medical Practice: A Nationwide Study in Flanders, Belgium.' *Palliative Medicine* 23, no. 7 (2009), 649 – 658.
[22] Michael J Balboni, Adam Sullivan, Patrick T Smith, Danish Zaidi, Christine Mitchell, James A Tulsky, Daniel P Sulmasy, Tyler J VanderWeele, and Tracy A Balboni. 'The Views of Clergy Regarding Ethical Controversies in Care at the End of Life.' *Journal of Pain and Symptom Management* 55, no. 1 (2018), 65 – 74.
[23] J Gielen, S van den Branden, and B Broeckaert. 'Religion and Nurses' Attitudes to Euthanasia and Physician Assisted Suicide.' *Nursing Ethics* 16, no. 3 (2009), 303 – 74318.
[24] http://cathnews.com/media-releases/media-releases-2017/1126-171129-melb-arch-statement-from-the-archbishop-of-melbourne-denis-hart-on-euthanasia-and-assisted-suicide-in-victoria/file
[25] http://shgc.vic.edu.au/_uploads/_cknw/files/CAM_Archbishop_euthanasia.pdf
[26] http://melbournecatholic.org.au/Portals/0/Victorian%20Bishops%20-Pastoral%20Letter%20on%20euthanasia.pdf

6.3.2. The Anglican Church in Australia

Melbourne Anglican Archbishop Philip Freier has previously expressed his objections towards voluntary assisted dying, with the Church submitting a plea for the Victorian Parliament to reject voluntary assisted dying and euthanasia, and for it to remain illegal[27]. As part of their submissions, the Church expressed a concern for the potential "change in attitude" that the legislation could instigate, at a time when the government is also trying to reduce youth suicide[28]. There has also been apprehension from the medical professionals that identify with the Anglican Church that the legislation may harm the reputation of their profession and their duty to preserve life[29]. To this end, the potential for the current legislation to expand to include individuals without a terminal illness, as witnessed overseas is a concern, one that in the views of the Anglican Church is not adequately safeguarded by the current bill.

Concordant with the Catholic statements and stance, the Anglican Church has also used their response to the Voluntary Assisted Dying legislation as a call for greater emphasis on palliative care and improved funding in this space, which would make "palliative care a safer and more compassionate way to address *'bad deaths'*" that may currently fit into the eligibility criteria of the legislation.

6.3.3. The Salvation Army in Australia

The Salvation Army Australia follows that Church's international leadership from the United Kingdom, which is opposed to euthanasia and assisted suicide in all its forms. This position has been official locally since 2016 and was based on The Salvation Army International's *Positional Statement: Euthanasia and Assisted Suicide, 2013*[30]. These are:

- All people deserve to have their suffering minimised in every possible way consistent with respect for the sanctity of life.
- It is not suicide for people to choose to refuse or terminate medical treatment.
- It is not euthanasia for healthcare professionals to withhold or withdraw medical treatment that only prolongs the dying process.
- To provide supportive care for the alleviation of intolerable pain and suffering (e.g., by way of analgesics) may be appropriate even if the dying process is shortened as a side effect.

Their theological belief in the sanctity of life underpins the view that society cannot use anyone's suffering as a justification in causing their death, or in judging a person's life as not worth living. They also state that whilst they prize human autonomy, they believe that "*human beings do not have the right to death by their act or by the commissioning of another person to secure it".*

The Salvation Army believes that issues which cause people to consider euthanasia can instead be addressed by increasing the role of the Church in providing support to dying people, as well as through increased support provided by palliative care services.

6.3.4. The Baptist Church in Australia

The Australian Baptist Ministries is the national cooperative network of over 1,000 churches, which is the representative body of the Baptist Church in Australia. Each individual church is an autonomous entity, however all policy, organisational, and administrative functions for the Baptist Church are undertaken at the state and territory union level (e.g. The Baptist Union of Victoria).

The topic of assisted suicide and euthanasia was a topic that was addressed by the Australian Baptist Ministries at their national council meeting in 2010. A national level resolution was outlined, which detailed their opposition to euthanasia and assisted suicide, which included:

[27] http://www.anglicanprimate.org.au/press/assisted-dying-law-cause-for-lament/
[28] http://acl.asn.au/please-reject-euthanasia-church-to-victorian-parliament/
[29] http://www.anglicanprimate.org.au/press/assisted-dying-law-cause-for-lament/
[30] https://www.salvationarmy.org/ihq/ipseuthanasia

- To accept the Biblical teaching that all human persons are precious and of intrinsic worth since they are made in the image of God, and that death is a normal and natural part of every human life;
- Whilst opposing euthanasia, their belief is that it is morally acceptable to not prolong life with futile or burdensome treatments;
- They called on the Prime Minister and other political leaders to oppose all initiatives to legalise euthanasia and assisted suicide; and,
- They called upon federal, state, and territory governments to encourage alternatives to euthanasia and to increase funding for pain management and palliative care.

At a state level, the Baptist Union of Victoria has not expressed an explicit position on euthanasia or voluntary assisted dying. However, Baptcare, a Baptist-affiliated organisation operating residential and community facilities for older and other disadvantaged community members, has stated in its social policy paper[31] that it is *"committed to reviewing the practices currently in place within its service provision to assist a person to exercise their preferences and to be respectful of individuals' end of life choices. This includes encouraging advance care planning, the role of active palliative care, and, where appropriate, assisted dying".*
Currently, Baptcare operates 14 residential aged care facilities across Victoria, which would be impacted by the Voluntary Assisted Dying legislation, which according to the statement, appears likely to make accessing voluntary assisted dying permissible at these sites.

[31] http://www.baptcare.org.au/__data/assets/pdf_file/0016/20059/BC0794-RESEARCH-ASSISTED-DYING-SocialPolicy-A4-4pp-INFOSHEET-WEB-2.pdf

7. Consultation findings

7.1. Consultation with UCA members in Victoria

7.1.1. Presbyteries

As outlined in section 5 of this report, while all presbyteries were invited to take part in this consultation, only three did: Yarra Yarra, North Eastern Victoria, and Loddon Mallee. As there were no notable differences in the findings from each of these three consultations, they have been summarised together here. Key insights from the presbytery consultations were as follows:

A wide range of views were expressed by Church members about death and dying, and how to improve the experience of people at the end of their lives. Consultation participants generously shared their own professional and personal experiences with death and dying, and explored together how these experiences, alongside their theology and ethics, shaped their personal views. The sanctity of life, free will and autonomy, and non-judgemental and non-discriminatory pastoral and health care were raised as issues for discussion and reflection by consultation participants at each presbytery.

It is possible to differentiate between support for voluntary assisted dying, and support for an individual's legal right to access voluntary assisted dying. Meaning, most consultation participants considered it possible to support a person's legal right to access voluntary assisted dying within UCA agencies (Uniting AgeWell and Uniting) and the UCA-affiliated hospital (Epworth Healthcare), even if one's theological, moral and/or ethical beliefs lead them to a personal position of being against voluntary assisted dying.

There is a responsibility on the Synod to make a clear and timely decision at its July 2019 meeting about whether or not voluntary assisted dying will be permissible within the UCA agencies and affiliated hospital. There was consensus within all of the presbytery consultations that Synod must take a position on this issue at its July 2019 meeting, and that is was not fair on the staff, residents, patients and clients of UCA agencies (Uniting AgeWell and Uniting) and affiliated hospital (Epworth Healthcare) to delay decision-making and/or avoid giving clear direction.

There was strong, though not unanimous, support for voluntary assisted dying being permissible within UCA agencies and UCA-affiliated hospital. Most, though not all, consultation participants supported the notion that it be permissible to access legal voluntary assisted dying within UCA agencies (Uniting AgeWell and Uniting) and affiliated hospital (Epworth Healthcare) in Victoria. That is, most were in favour of not restricting access to voluntary assisted dying for patients, clients and residents of these organisations. Many held the view that denying access to voluntary assisted dying was neither pragmatic nor pastorally responsible: voluntary assisted dying is already legal in Victoria and denying a person's right to access it would be a likely cause of considerable distress at an already extremely difficult time. Many expressed concerns about the implication of an aged care resident needing to move out of their home, or a palliative care patient needing to move hospitals, in order to enact voluntary assisted dying if it was not permissible within the context of UCA agencies and affiliated organisations.

A small minority expressed the view that voluntary assisted dying should not be accessible within UCA agencies and affiliated organisations. A small proportion of consultation participants believed it would be against the teaching of the Bible for voluntary assisted dying to be permissible within the context of UCA agency (Uniting AgeWell and Uniting) and affiliated hospital (Epworth Healthcare) facilities and services, and they were therefore not supportive of voluntary assisted dying being permissible in these contexts.

There was a consistent emphasis on wanting to ensure that all people, and their families, would receive a compassionate pastoral response from the Church regardless of how or where they choose to die. Pastoral and spiritual care at the end of life was seen to be of great importance. There was no support for the notion of withdrawal of pastoral and spiritual support for those accessing voluntary assisted dying, and their families.

There was a recognised need to give provision for conscientious objection. Noting that the Voluntary Assisted Dying legislation provides for healthcare professionals to conscientiously object, consultation participants

urged the UCA agencies (Uniting AgeWell and Uniting) and affiliated hospital (Epworth Healthcare) to develop clear policies and procedures for staff and volunteers to opt-out of any form of participation in voluntary assisted dying, including being present while a person takes a lethal dose of medication. Some also expressed the importance of UCA ministers, deacons, chaplains, and other relevant workers opting-out of providing pastoral care and/or a funeral liturgy if they felt they were unable to do so in 'good conscience'. In this instance, the suggestion was that a referral should be made to another worker who is willing to provide such support.

7.1.2. UCA ministers from Culturally and Linguistically Diverse Backgrounds

Key insights from the consultation with UCA ministers from Culturally and Linguistically Diverse Backgrounds were as follows:

People from collectivist cultures are likely to respond to the issue of voluntary assisted dying in different ways to those from individualistic cultures. People from collectivist cultures that emphasise family or community goals, needs and desires above those of the individual are likely to be challenged by Victoria's Voluntary Assisted Dying legislation which gives primacy to individual autonomy.

The dominant, though not the only, view was that voluntary assisted dying should not be permissible within UCA agencies (Uniting AgeWell and Uniting) and UCA-affiliated hospital (Epworth Healthcare). The sanctity of life, the distinction (or possible lack thereof) between voluntary assisted dying and suicide, and the meaning and purpose of suffering were all key theological reflections that informed this perspective.

A minority of CALD ministers expressed support for allowing voluntary assisted dying within UCA agencies (Uniting AgeWell and Uniting) and UCA-affiliated hospital (Epworth Healthcare). While a small number of consultation participants believed it should be permissible for voluntary assisted dying to be accessed and enacted within the UCA agency and affiliated hospital facilities and services, the level of support varied. For example, while some fully endorsed facilitating access to voluntary assisted dying, others believed that while access should not be denied, it should not be permissible for medical or healthcare professionals employed by the UCA agencies or affiliated organisations for participate in voluntary assisted dying.

There was a strong desire for tailored, culturally-responsive educational and pastoral resources about voluntary assisted dying, in community languages. Consultation participants were directed to a Victorian Government website that provides information sheets about the voluntary assisted dying legislation in a range of languages, and in Easy English[32]. However, it was apparent that more was needed, including educational resources in additional languages that reflect the cultural and linguistic backgrounds of UCA members in Victoria, and tailored pastoral resources that are responsive to the needs, values and customs of different cultural groups within the UCA.

7.1.3. 2017 open consultation with UCA members

In September 2017, the then Justice and International Mission (JIM) Unit produced a consultation paper on voluntary assisted dying for presbyteries, congregations and individual members of the UCA in Victoria and Tasmania. The purpose of the paper was to resource a Synod-wide consultation process to gauge whether the Synod should take a position on voluntary assisted dying, given new legislation was proposed in Victoria (though not yet passed as law at the time). The paper outlined the recommendations arising from the Victorian government's ministerial inquiry, reviewed the relevant resolutions that had previously been passed by the then Synod of Victoria, offered detailed theological reflections on voluntary assisted dying from a range of perspectives, summarised the views of other churches, provided case studies, and described the nature and impact of assisted dying and euthanasia laws elsewhere in the world. The full paper is available as Appendix F. The JIM Unit invited submissions in response to the issues raised in the consultation paper from individuals, congregations, or other groups. In particular, submissions were invited (though not obliged) to address the following questions:

[32] http://healthtranslations.vic.gov.au/bhcv2/bhcht.nsf/PresentDetail?Open&s=Voluntary_assisted_dying

1. Should the Synod take a position on the proposed laws the Victorian Government plans to introduce on voluntary assisted dying/suicide? If so, what should that position be?
2. If the laws are passed through the Parliament, should the Synod allow people to end their lives in Synod facilities, such as aged care facilities, if such action by the person complies with the requirements of the laws?
3. If the laws are passed through the Parliament, should people ultimately employed by a Synod body be permitted to assist or facilitate people using the laws to end their lives while they are employed by the Synod?

Fifteen submissions were received in total: 10 from individuals, couples or pairs; four from congregations; one from Uniting AgeWell. Of the ten submissions that addressed question 1 above, eight recommended the Synod take a position on the (then proposed) voluntary assisted dying laws while two recommended the Synod not take a definitive position. Two submissions recommended the Synod take a position of supporting the legislation, four recommended a position of opposing the legislation, and the remaining two offered mixed views or made no specific recommendation to the Synod about what stance to take.

Of the six submissions that addressed questions 2 and 3 above, all indicated support for allowing voluntary assisted dying within 'Synod facilities' (e.g. Uniting AgeWell aged care facilities), and all indicated support for allowing Synod employees to facilitate access to, or support a person as they accessed, voluntary assisted dying.

7.2. Consultation with Uniting AgeWell

Key insights from the consultation with Uniting AgeWell Board members, Mission Committee members, and executive were as follows:

There was unanimous support for allowing voluntary assisted dying within Uniting AgeWell facilities. The Uniting AgeWell Board members, Mission Committee members, and executives that participated in the consultation reached unanimous agreement in support for facilitating a resident's / client's end-of-life choices within Uniting AgeWell facilities, including voluntary assisted dying (in accordance with the law). This was seen to be consistent with Uniting AgeWell's identity statement, which names in particular "support for each person in their uniqueness" as a key Christian belief-in-action that drives how the organisation undertakes it work. This was seen to include respecting a resident's / client's autonomy and choice at all stages of their life to the greatest extent possible, facilitating access to the full range of end-of-life choices legally available to a person according to their preferences, and reducing suffering with compassion. Note that while this view was expressed and/or supported by all consultation participants, Uniting AgeWell has not formulated an official, public position on the issue.

Palliative care needs to be recognised as critical to alleviating suffering at the end of life and should be resourced accordingly by both the government and by Synod. For most people who are dying, palliative care will meet their needs and alleviate their suffering at the end of their life. Palliative care needs to continue to be a real option and choice, especially within the context of legalised voluntary assisted dying. The government and the Synod should be prioritising more funding, staff and support services and maintain, expand and strengthen palliative care in Victoria.

There was concern about the care, quality of life, and risk implications for Uniting AgeWell residents / clients if the Synod decided that voluntary assisted dying would not be permissible. Consultation participants explained that once a person moves in to a residential facility, it becomes their legal home. Therefore, there was concern about the implication that a resident would need to move out of their own legal home at the residential facility to access voluntary assisted dying if the Synod decided it was not permissible within Uniting AgeWell facilities. This would threaten security of tenure and cause significant distress and upheaval. There was also concern that 'banning' voluntary assisted dying from taking place within Uniting AgeWell facilities might lead to residents taking their own life in traumatic ways, non-disclosure of medication on behalf of residents (i.e. residents do not make the required declaration that the lethal medication is in their possession) and / or risk of actual or perceived discrimination against potential future residents who already have the lethal medication in their possession. It was believed that clear and transparent policies and procedures to

facilitate safe and legal access to voluntary assisted dying within Uniting AgeWell facilities would be preferable to these implications and risks.

The Synod needs to give clear direction to the UCA agencies and affiliated organisations on whether or not voluntary assisted dying will be permissible following the July 2019 meeting. Uniting AgeWell consultation participants are looking to Synod for a clear and timely decision on whether or not it would be permissible for people to access voluntary assisted dying within the UCA agencies and affiliated organisations. While Uniting AgeWell has undertaken significant preparatory work in order to be ready for the introduction of the legislation, much remains to be finalised (e.g. policies, procedures, staff and resident communications) in light of the Synod's decision. The implementation of any decision will be complex, and a clear and timely Synod decision will enable Uniting AgeWell to progress with essential next steps.

There was a recognised need to give provision for conscientious objection. Uniting AgeWell has previously undertaken its own internal consultation, in the form of an online survey, to explore the extent to which its service managers support voluntary assisted dying. The results indicated that almost two-thirds of survey respondents were in favour of voluntary assisted dying being accessible within Uniting AgeWell facilities, and the same proportion indicated they would be comfortable supporting a client who has decided to access voluntary assisted dying. While this indicates likely willing participation and support from the majority of staff, it also indicates that some staff will likely conscientiously object to participation (there is provision for this in the law). This points to a clear need to develop processes and procedures to address the needs of Uniting AgeWell staff (and volunteers) who do not feel comfortable providing support for, or facilitating access to, voluntary assisted dying.

7.3. Consultation with Uniting (Vic&Tas)

Key insights from the consultation with Uniting (Vic&Tas) staff were as follows:

There was unanimous support for allowing voluntary assisted dying within the context of Uniting services. Consultation participants were unanimously of the view that it would not be consistent with Uniting's client-centred approach to deny a client's legal right to access voluntary assisted dying or withdraw care or support upon their decision to enact voluntary assisted dying. There was a strong preference amongst participants that it be permissible (not mandatory) to care for, support and refer any Uniting clients who request or are considering requesting voluntary assisted dying and to care, support and participate with any clients who have decided to legally access voluntary assisted dying. Participants believed that respecting a client's end-of-life care choices offers dignity, non-judgemental compassion and a sense of control, and that this approach is consistent with Uniting's values (Compassionate, Respectful, Imaginative, Bold). Note that, at the time of writing, Uniting (Vic&Tas) were undertaking their own internal consultation activities and had not yet formulated an official, public position.

There was a recognised need to give provision for conscientious objection. Consultation participants recognised that it was essential that Uniting staff and volunteers were resourced and supported to make their own decisions about whether or not to participate in, or facilitate access to, voluntary assisted dying. An environment that supported not only the choices of clients, but also the choices of staff, was seen to be the ideal. It was apparent that significant work would be required to develop clear policies, procedures and communications about how to conscientiously object (amongst a myriad of other implementation issues). Clear systems and procedures were seen to offer protection (legal, spiritual, moral) to staff and volunteers. It was noted that developing and establishing these policies and procedures would require time and resourcing, but that it needed to be prioritised.

There was a sense of urgency for the Synod to make a clear decision about the permissibility or otherwise of voluntary assisted dying. Consultation participants wanted to urge the Synod to make a clear decision on this issue during the July 2019 meeting to enable Uniting to undertake implementation preparations in a timely manner.

Note that Uniting (Vic&Tas) is finalising an official position statement, which is likely to reflect support for the Voluntary Assisted Dying legislation (on the basis that it provides people at the end of their life with the option

to self-determine when and how they will die) and an intention to support clients' rights to exercise choice and control within the bounds of the legislation.

7.4. Consultation with Epworth Healthcare

It became evident through consultations with two key individuals (Executive Director – Academic and Medical and UCA representative on the Epworth Healthcare Board) that Epworth Healthcare had already undergone extensive internal consultation, exploration and planning by the time the Synod's review and consultation project was initiated. Thus, consultation workshops to explore views and preferences for response to the Voluntary Assisted Dying were not undertaken with Epworth Healthcare staff and Board members for the purposes of this project and instead, the official position of Epworth Healthcare is summarised here.

Throughout 2018, the Epworth Board reviewed and considered the requirements and implications of the Victorian Voluntary Assisted Dying legislation. At a special meeting in December 2018, the Epworth Board decided, in principle, to support Epworth patients requesting information and assistance with understanding and accessing voluntary assisted dying, and the degree of those services Epworth would provide was dependent on the capacity of each organisation to provide them (NB: Epworth HealthCare constitutes numerous hospitals and specialist centres).

The Epworth Board considered that this position was consistent with its values, and supported the goal of offering holistic, empowering patient-centred care, recognising the importance of patient choice and autonomy.

The Board also stated its commitment to the provision and facilitation of palliative care services as an integral component of end-of-life care.

The Board recognises that there are Epworth HealthCare doctors and other staff who do not support voluntary assisted dying, and thus there will be clear provision for conscientious objection, and those who do so will not be asked to participate or assist in any way.

The Board notes that the Epworth HealthCare position statement will be updated periodically, including being informed by the Synod's decision following its meeting in July 2019.

7.5. Consultation with Uniting Church chaplains

Two experienced UCA chaplains (one current, one former) provided detailed input into the consultation process through written submissions, the content of which are summarised here.

Chaplains will likely play an important role when the topic of voluntary assisted dying is raised by a resident, client or patient. Chaplains working in the UCA agencies (Uniting AgeWell and Uniting) and UCA-affiliated hospital (Epworth Healthcare) practice person-centred care, grounded in the UCA's workplace ethos and values and, ultimately, in the love of God. They seek to listen respectfully and act to maintain the dignity and value of each person. Chaplains offer a compassionate and non-judgemental[33] presence to residents, clients, patients (and their families), as well as staff. As such, chaplains are likely to be a key 'touch point' for discussions about voluntary assisted dying within UCA agencies and the UCA-affiliated hospital.

It is important that UCA agencies (Uniting AgeWell and Uniting) and the UCA-affiliated hospital (Epworth Healthcare) develop clear policies and procedures around voluntary assisted dying, and that they are resourced to do so. These policies and procedures need to go beyond the context of healthcare provision and include guidance for chaplains as well. Ideally, such polices would be developed with the input of chaplains.

Chaplains should be able to refer on, but not refuse spiritual care. Provision needs to be made for chaplains to refer to another support person within the organisation if they consider themselves unable to provide spiritual and pastoral care to those wanting to explore or access voluntary assisted dying (and their families/loved ones). However, it is not advisable that spiritual and pastoral be outright refused or withdrawn

[33] Spiritual Health Victoria, *Spiritual Care in Victorian Health Services: Towards Best Practice Framework*, 2016, 12, accessed Dec 29, 2018, http://www.spiritualhealthvictoria.org.au/standards-and-frameworks.

from those wanting to explore or access voluntary assisted dying as this would not be consistent with provision of compassion, non-judgemental care.

The two consultation participants differed in opinion as to how the Synod should ultimately respond to the legislation. One recommended that Synod disallow voluntary assisted dying within UCA agencies (Uniting AgeWell and Uniting) and UCA-affiliated hospital (Epworth Healthcare), while allowing for and resourcing staff to provide spiritual and pastoral support, information, and referral to options beyond the organisations for those exploring or seeking to access voluntary assisted dying. Conversely, the other recommended that the Synod allow voluntary assisted dying within UCA agencies and the UCA-affiliated hospital, on the basis of wanting to provide compassionate, non-judgemental care, and out of concern about the implications of disallowing it, including: the possibility of an aged care resident needing to move out of their home in order to enact voluntary assisted dying, instigating a religious dilemma (where it may otherwise have been a matter of individual conscience), and sending the message that the Church insists life continue when suffering is all that remains.

7.6. Additional consultations

The following additional consultations were undertaken for the purposes of resourcing the project with key documentation or ideas, and/or for the purposes of reporting project progress and seeking feedback on its direction:

- Theologians and biblical scholars from Pilgrim Theological College provided key readings, reflections and insights that were used to inform the development of consultation materials for use with presbyteries, and one Pilgrim Theological College staff member was a co-author on the theological reflections paper provided in Appendix A.
- Consultations included discussions with key equipping for Learning and Ministry (eLM) staff to resource this project with the findings from the previous consultation process led by the JIM team, to seek feedback on the consultation strategy, and to explore whether any other consultation activity was planned or underway (none was) to avoid any duplication.
- A presentation and project progress report were made to the Ministry and Mission Committee (sub-committee of the Synod Standing Committee) that gave input into the theological considerations that need to be addressed and who reflected on and responded to the key ideas being reflected in the presbytery consultations.
- UCA Assembly and UnitingCare Australia have been given the opportunity to review a draft version of this report.

8. Proposals

It is proposed that the Synod resolves:

1. to affirm that:
    a) all human life, regardless of circumstance, is precious to and has dignity before God;
    b) life is both a gift of God, and a responsibility that requires active decision-making, balancing individual needs and desires with those of the community;
    c) 'loving the other' means reducing their pain and suffering as far as possible, recognising that a Christian vision of a good and purposeful life is more than just the absence of pain and suffering;
    d) in the context of the hope the Christian faith offers, death does not equate with defeat, and suffering and sickness do not equate with meaninglessness.
2. to acknowledge that:
    a) there is a wide range of views and beliefs about voluntary assisted dying within the Synod, and within the wider community.
    b) as of 19 June 2019, it is a legal right for all Victorians who meet the eligibility criteria and follow the set process as outlined in the relevant legislation to access voluntary assisted dying.
3. that it is in accordance with beliefs of the Church (including those affirmed in clause 1 above) to support the permissibility of voluntary assisted dying under the conditions described in the Victorian Voluntary Assisted Dying Act 2017.
4. to give permission within Victoria to UCA institutions (Uniting Vic&Tas and Uniting AgeWell) and the UCA-affiliated hospital (Epworth HealthCare) to make voluntary assisted dying allowable within the context of their facilities and services for their patients, clients and residents.
5. to request that the relevant UCA institutions (Uniting Vic&Tas and Uniting AgeWell) and the UCA-affiliated hospital (Epworth HealthCare) in Victoria ensure they develop and adopt clear policies and procedures that allow staff and volunteers to conscientiously object to participating in voluntary assisted dying, in accordance with the provisions outlined in the relevant legislation.
6. to commit to the provision of a compassionate pastoral response to all people associated with the councils of the Church, and UCA institutions (Uniting Vic&Tas and Uniting AgeWell) and the UCA-affiliated hospital (Epworth HealthCare), and their families, who choose to explore or access voluntary assisted dying within Victoria.
7. to request the Synod Ethics Committee:
    a) to continue to develop and disseminate resources related to voluntary assisted dying to support UCA ministers, lay leaders, chaplains, pastoral care workers and others who wish to offer spiritual and pastoral support to people who are exploring, accessing, or who have accessed voluntary assisted dying, and their families;
    b) to consult with the Assembly's Transforming Worship Panel regarding the development of suitable funeral liturgies that address pastoral responses to death resulting from the practice of voluntary assisted dying; and
    c) to work with relevant equipping Leadership for Mission Unit (eLM) staff to pursue translation of these resources into languages other than English.
8. to write to the Victorian Premier, Leader of the Opposition, relevant government ministers, and shadow spokespeople:

a) to call on them to continue to invest in active palliative care as the primary means through which end of life care is offered and delivered; and

b) to encourage them to engage with culturally and linguistically diverse communities using educational resources / activities about voluntary assisted dying in community languages.