

Personal Reflections

Completion of this Personal Reflections form is optional. It may be completed by anyone involved in the voluntary assisted dying process, including the patient, their family or practitioners involved in their care.

This form is provided so that, if you wish, you can share your personal experiences or feedback relating to the voluntary assisted dying process with the Voluntary Assisted Dying Board to help improve the operation of voluntary assisted dying processes in Western Australia. This form is not intended for complaints: please see further detail below.

You may complete this form at any point during the voluntary assisted dying process. If circumstances change after you have completed the form and you wish to provide additional reflections or feedback, please complete additional forms.

Your reflections / feedback may be used by the Voluntary Assisted Dying Board to inform safety and quality improvements relating to voluntary assisted dying in Western Australia, however no information that personally identifies you or others involved in this voluntary assisted dying process will be released publicly by the Board (unless required by law).

With your permission, the Voluntary Assisted Dying Board may use extracts from your form, for example in publications such as reports or research. Any extracts used will not contain information that directly or indirectly identifies you or others involved in this voluntary assisted dying process. You may change your mind at any point about permission to use extracts (but if you do, please ensure you notify the Voluntary Assisted Dying Board immediately).

You can return your completed form to the Voluntary Assisted Dying Board via:

1. Email to VADBoard@health.wa.gov.au
2. Post addressed to:
Voluntary Assisted Dying Board Secretariat Unit
189 Royal Street
East Perth WA 6004
3. Fax to 08 9222 0399

Complaint Information

If you are concerned about your experience of the voluntary assisted dying process you should first raise this with the relevant person, service provider or agency (which should have a complaints process for you to follow).

You can make a complaint about individuals or organisations that provide health, disability or mental health services to the Health and Disability Services Complaint Office (HaDSCO). Further information can be found on the HaDSCO website (www.hadsco.wa.gov.au).

You can raise concerns about the conduct or performance of a registered health practitioner with the Australian Health Practitioner Regulation Agency (AHPRA). Further information can be found on the AHPRA website (www.ahpra.gov.au).

You can raise concerns about a health professional not meeting the requirements of the Act with the Voluntary Assisted Dying Board. Further information can be found on the Voluntary Assisted Dying Board website (www.health.wa.gov.au/voluntaryassisteddyingboard).

Name (please print): _____

Age: _____

Contact Details (phone / email): _____

Role in voluntary assisted dying process / Relationship to patient: _____

I **permit / do not permit** (*circle one*) the Voluntary Assisted Dying Board to use non-identifying extracts from this form as above.

Signature _____ Date _____

I **have / have not** (*circle one*) previously submitted a Personal Reflections form to the Voluntary Assisted Dying Board about this voluntary assisted dying process.

My personal reflections are as follows (attach additional pages if required):