



Voluntary assisted dying in NSW – Information for interpreters

This factsheet is to help interpreters understand their role in supporting patients to access voluntary assisted dying in NSW.

Key points

Voluntary assisted dying means an eligible person can ask for medical help to end their life. A person must meet the eligibility criteria and follow all the legal steps to access voluntary assisted dying. This will allow them to take or be given a medication to bring about their death at a time and place that they choose.

Interpreters play an important role in supporting access to voluntary assisted dying to people from culturally and linguistically diverse (CALD) backgrounds or those who are Deaf, hard of hearing and deafblind or others who use Auslan. Interpreters assist by ensuring the patient's wishes are clearly communicated to the healthcare worker, and that the patient is fully informed.

To facilitate effective communication between all people involved in the voluntary assisted dying process, an interpreter may work with:

- The patient's voluntary assisted dying coordinating, consulting or administering practitioner (authorised practitioner)
- Other healthcare workers supporting the patient and their family members or friends
- The voluntary assisted dying pharmacy service
- The voluntary assisted dying care navigator service.

Who can interpret during the voluntary assisted dying process?

Only professional interpreters can be engaged to assist a person with the formal steps of the voluntary assisted dying process. Engaging family members to assist with interpreting is **not allowed** under the NSW Voluntary Assisted Dying Act 2022 for any formal steps involved in the voluntary assisted dying process.

An interpreter for the voluntary assisted dying process must be:

- credentialled by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI), or
- accredited by the NSW Health Care Interpreter Service (HCIS) to interpret for voluntary assisted dying.

In addition to the above, an interpreter for voluntary assisted dying must not:

- be a family member of the patient, meaning:
 - the person's spouse or de facto partner
 - the person's parent or step parent, or a sibling of the person's parent or step parent
 - the person's grandparent or step grandparent
 - the person's sibling or step sibling, or a child of the person's sibling or step sibling
 - the person's child or step child
 - the person's grandchild or step grandchild
- know or believe that they are a beneficiary in the patient's will
- know or believe that they may benefit financially or in any other material way from the patient's death (other than receiving reasonable fees for their interpreting services)
- be an owner or responsible for the day-to-day management and operation of a health facility where the patient resides or receives health care
- be a person who is directly involved in providing the patient with health services or professional care services.

Interpreting and the voluntary assisted dying process

Interpreters can facilitate communication during all steps in the voluntary assisted dying process for patients with low proficiency in English or who are Deaf, hard of hearing, deafblind or who otherwise use Auslan.

It is essential for a patient accessing voluntary assisted dying to clearly understand what is happening throughout the process, from their first request for voluntary assisted dying to the administration of the voluntary assisted dying substance. An outline of the steps for a patient during the voluntary assisted dying process is on the next page.



STEP 11.



Voluntary assisted dying in NSW

There are **11 steps** in the voluntary assisted dying process in NSW. You can pause or stop the process at any time.

STEP 1.	You make a first request for voluntary assisted dying to a doctor	r
STEP 2.	A coordinating doctor completes a first assessment	•
STEP 3.	Another doctor does a consulting assessment	
STEP 4.	You complete a written declaration	•
STEP 5.	You make a final request for voluntary assisted dying	•
STEP 6.	Your coordinating doctor completes a final review	•
STEP 7.	You decide how to take the medication, with support from your doctor	•
STEP 8.	Your doctor applies for a medication authorisation. The Voluntary Assisted Dying Board grants approval	
STEP 9.	Your doctor prescribes the medication	
STEP 10.	You take or are given the medication if and when you choose	

A death certificate is issued

The NSW Voluntary Assisted Dying Care Navigator Service

is a phone line to answer questions about voluntary assisted dying.

The Service will support everyone including patients and families.

Call **1300 802 133** Monday to Friday 8:30am to 4:30pm.

What services will I need to provide?

An interpreter can assist a person accessing voluntary assisted dying in many ways, including by:

- facilitating communication between the patient and practitioners during the request and assessment process
- sight translating the Written Declaration (if a translated version in the relevant language is not available)
- facilitating communication between the patient and practitioners during the process relating to the administration decision, prescription and administration itself.

Interpreters may be asked to support communication during preparations for the administration of the voluntary assisted dying substance, or during a debrief between the administering practitioner and the patient's family after the patient has died. However, interpreters do not need to be present during the administration of the voluntary assisted dying substance.

Voluntary assisted dying documentation and recording of interpreter's details

The patient's authorised practitioner will document formal steps of the process in forms to be provided to the Voluntary Assisted Dying Board through the NSW Voluntary Assisted Dying Portal (the interpreter will not be required to use the Voluntary Assisted Dying Portal).

An interpreter's name, contact details and credentials (NAATI practitioner number), or Stafflink number (for NSW Health Care Interpreters who are not NAATI credentialled) will be recorded in these forms as part of the voluntary assisted dying process.

Supporting patients with the written forms

All patients will need to complete a Written Declaration (see step 4 of the flow chart above) to declare their request for access to voluntary assisted dying in writing.

Some patients will need to complete a Contact Person Appointment Form (as part of step 7 of the flow chart). This form is only used where the patient chooses to self-administer the voluntary assisted dying substance, and is signed by the patient and their nominated contact person.

Both the Written Declaration and the Contact Person Appointment Form have been translated into a number of languages to be used as guides, and these translation guides and the official Written Declaration and Contact Person Appointment Form will be provided by the patient's authorised practitioner.

If the Written Declaration or the Contact Person Appointment Form is not available in the patient's language, or if the patient otherwise requires assistance understanding those forms, an interpreter will be asked to sight translate it for the patient. If the interpreter agrees to provide sight translation of the Written Declaration, they will need to certify on the document that they have provided a true and correct translation.

Providing interpreter services over the telephone or via telehealth

There are various steps within the voluntary assisted dying process some of which may need to be carried out face-to-face. This is because the Commonwealth Criminal Code Act 1995 contains offences related to using a carriage service to disseminate or access suicide related material. A carriage service is an electronic means of communication (including telehealth, telephone, fax, email, internet webpage or a videoconference).

Where steps of the voluntary assisted dying process need to occur in person, any interpreter used should also attend the consultation in person.

The first assessment, the consulting assessment and the administration decision appointments should occur in person. Interpreting for these parts of the process should occur in person, along with any parts of the process which involves discussion about planning for or risks associated with administration of the voluntary assisted dying substance.

An interpreter will be informed that the appointment relates to voluntary assisted dying and whether it must occur in person at the time they are offered the assignment.

What if I have concerns about interpreting during the voluntary assisted dying process?

Interpreters may have personal feelings and beliefs about certain medical procedures or ethical matters, but they often find themselves in challenging and sensitive situations when providing interpreter support in complex healthcare settings; this includes but is not limited to emergency departments, ICUs, and when working with terminally ill patients.

If you have any concerns about interpreting for voluntary assisted dying, you are encouraged to seek support and guidance from your employer.

Support services for interpreters working with patients who have chosen to access voluntary assisted dying are essential to help interpreters navigate challenging situations and ensure they can provide the best possible assistance, while also taking care of their own well-being. Interpreters are encouraged to seek support or counselling services within their organisation.

Useful resources

The following resources contain further information about the voluntary assisted dying process:

- First Request Patient Information Guide
- Clinical Practice Handbook
- General awareness training
- NSW Health website (including in-language factsheet and information about the Care Navigator Service and other resources for patients and healthcare workers)

Acknowledgements

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