

Personal Reflections

The Voluntary Assisted Dying Board (the Board) welcomes feedback from anyone who has been touched by the voluntary assisted dying process. This includes patients, families, carers, friends, and healthcare staff. Sharing your story helps us to understand what is working well and what could be done better. All feedback, including compliments, concerns, and suggestions, is appreciated, and valued.

This Personal Reflection form is provided so you can tell us about your experience. You can:

- complete this form at any time during the process
- provide your feedback anonymously or include your name and contact details
- give us as much or as little detail as you like
- submit more than one personal reflection.

Anything shared with the Board will be treated confidentially. However, if you agree, the Board may use your feedback in reports, research or publications. No personal details that identify you or others will be included.

Please return your completed form to the Board via:

1. Email: VADBoard@health.wa.gov.au
2. Post addressed to:
Voluntary Assisted Dying Board
PO Box 8172
Perth Business Centre
Perth WA 6849
3. Fax to 08 9222 0399

Complaint Information

This form is not intended for complaints. If you are unhappy with the care provided or your experience during the voluntary assisted dying process, you are encouraged to talk to the healthcare worker or staff member involved and tell them your concerns. This is usually the quickest way to fix the problem. If you do not feel comfortable doing this or aren't satisfied with their response, you can make a complaint with the health service or hospital directly. Many hospitals, health services or agencies have a Consumer Liaison Office, who should be able to give you information about the complaints process.

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 *Voluntary Assisted Dying Act 2019* with the Board. Further information can be found on the Board website (www.health.wa.gov.au/voluntaryassisteddyingboard).

Personal Reflections

Name: _____

Age: _____

Phone number: _____

Email address: _____

Address: _____

Role in voluntary assisted dying process/relationship to patient:

I permit / **do not permit** (select one) the Voluntary Assisted Dying Board to use non-identifying extracts from this form in reports, research and publications.

Signature _____ Date _____

I have / **have not** (select 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):