

NORTHERN TERRITORY OF AUSTRALIA

**RIGHTS OF THE TERMINALLY ILL
REGULATIONS**

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NORTHERN TERRITORY OF AUSTRALIA

Regulations 1996, No. *

Regulations under the *Rights of the Terminally Ill Act*

I, KEITH JOHN AUSTIN ASCHE, the Administrator of the Northern Territory of Australia, acting with the advice of the Executive Council, hereby make the following Regulations under the *Rights of the Terminally Ill Act*.

Dated _____ 1996.

Administrator

By His Honour's Command

RIGHTS OF THE TERMINALLY ILL REGULATIONS

1. CITATION

These Regulations may be cited as the Rights of the Terminally Ill Regulations.

2. COMMENCEMENT

These Regulations shall come into operation on the commencement of the *Rights of the Terminally Ill Act 1995*.

3. PRESCRIBED QUALIFICATIONS AND EXPERIENCE IN TREATING TERMINAL ILLNESS

For the purposes of section 7(1)(c)(i) of the Act, the medical practitioner shall hold one of the qualifications, or have the experience, described in Schedule 1.

4. GUIDELINES

For the purposes of section 7(2) of the Act, a medical practitioner assisting a patient shall be guided by the guidelines set out in Schedule 2.

5. SPECIAL QUALIFICATIONS IN PALLIATIVE CARE

(1) For the purposes of section 7(3) of the Act, "special qualification" is taken to include competence by reason of ability, knowledge and skills acquired through experience.

(2) The medical practitioner who, under section 7(3) of the Act, provides information to the patient on the availability of palliative care shall have one of the special qualifications described in Schedule 3.

6. QUALIFICATIONS FOR INTERPRETERS

For the purposes of section 7(4) of the Act, the interpreter shall hold one of the following professional qualifications in the first language of the patient:

(a) accreditation as a Conference Interpreter from the National Accreditation Authority for Translators and Interpreters;

(b) accreditation as an Interpreter from the National Accreditation Authority for Trans lators and Interpreters;

(c) accreditation as a Para-professional Interpreter from the National Accreditation Authority for Translators and Interpreters;

(d) a Recognition Certificate as an Interpreter from the National Accreditation Authority for Translators and Interpreters.

7. MEDICAL RECORDS

For the purpose of keeping the medical record of the patient referred to in section 12 of the Act, a medical practitioner may use the checklist set out in Schedule 4.

8. MEDICAL PRACTITIONER TO NOTIFY HEALTH CARE PROVIDER OF REQUEST FOR ASSISTANCE

For the purpose of enabling a health care provider to decide whether or not he, she or it is able or willing to carry out a direction of a medical practitioner for the purpose of the medical practitioner assisting a patient under the Act, the medical practitioner shall, as soon as practicable after agreeing to assist the patient, inform the health care provider of his or her intention to do so.

SCHEDULE 1

Section 7(1)(c)(i)
Regulation 3

QUALIFICATIONS OR EXPERIENCE IN TREATMENT OF TERMINAL ILLNESS

A. QUALIFICATIONS

1. A qualification in a medical specialty related to the terminal illness of the patient recognised by a medical specialist college in Australia and which entitles the medical practitioner to fellowship of that college.
2. Current registration (having been so registered for a period of not less than 5 years), but not including registration which is subject to conditions or limitations, on the Vocational Register established and maintained by the Royal Australian College of General Practitioners and the Health Insurance Commission.
3. Fellowship of the Royal Australian College of General Practitioners.

B. EXPERIENCE

Two years full time employment (whether or not for a continuous period) by the Commonwealth, a State or a Territory of the Commonwealth, or an Agency or authority (however described) of the Commonwealth, a State or a Territory of the Commonwealth, as a specialist or a consultant specialist in a medical specialty related to the terminal illness of the patient.

SCHEDULE 2

Section 7(2)
Regulation 4

GUIDELINES

1. The medical practitioner is to assist the patient to end his or her life by administering to the patient, or giving to the patient for self-administration, a drug or a combination of drugs which the medical practitioner determines is the most appropriate to assist the patient.
 2. The medical practitioner should advise the members of the patient's family and the patient's friends who wish to be present at the time of the death of the patient -
 - (a) of the effects of the drug or drugs to be administered to the patient; and
 - (b) when the drug is, or drugs are, to be administered to the patient so that those members of the family or friends who do not wish to be in attendance for the administration of the drug or drugs may be absent at that time.
 3. The medical practitioner should remain for a reasonable time after the death of the patient with the family and friends of the patient who are in attendance to answer any questions they may have relating to the death of the patient.
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SCHEDULE 3

Section 7(3)
Regulation 5

SPECIAL QUALIFICATIONS IN PALLIATIVE CARE

1. A qualification which is recognised by the National Specialist Qualification Advisory Committee as a specialist qualification together with 1 year full time employment (whether or not for a continuous period) by a palliative care service as a consultant in the field of palliative care.
2. Two years full time practice (whether or not for a continuous period) in palliative medicine together with employment (whether or not for a continuous period) by a palliative care service.
3. A graduate certificate in palliative care together with 1 year full time employment (whether or not for a continuous period) by a palliative care service.
4. Successful completion of a course in palliative care recognised by a tertiary institution or a medical professional body together with 1 year full time employment (whether or not for a continuous period) by a palliative care service as a consultant, a specialist or a health care provider.
5. Current registration (having been so registered for a period of not less than 5 years), but not including

registration which is subject to conditions or limitations, on the Vocational Register established and maintained by the Royal Australian College of General Practitioners and the Health Insurance Commission.

6. Fellowship of the Royal Australian College of General Practitioners.

SCHEDULE 4

CHECKLIST FOR MEDICAL PRACTITIONER ASSISTING PATIENT

Name and address of medical practitioner:

Name and address of patient:

The following conditions enabling a medical practitioner to assist a patient to end his or her life under the Rights of the Terminally Ill Act have been met:

1. The patient has requested that I assist him/her to end his/her life and I have agreed to do so.
2. The patient has attained the age of 18 years.
3. I am satisfied, on reasonable grounds, that -
 - the patient is suffering from an illness that will, in the normal course and without the application of extraordinary measures, result in his/her death; and
 - in reasonable medical judgement, there is no medical measure acceptable to the patient that can reasonably be undertaken in the hope of effecting a cure; and
 - any medical treatment reasonably available to the patient is confined to the relief of pain, suffering and/or distress with the object of allowing the patient to die a comfortable death.
4. A second medical practitioner who -
 - (a) is neither a relative or employee, nor a member of the same medical practice, of mine or the qualified psychiatrist referred to in clause 5; and
 - (b) is qualified or experienced in the treatment of the terminal illness from which the patient is suffering as prescribed by the Rights of the Terminally Ill Regulations,has examined the patient and confirms my opinion as to the existence and seriousness of the illness, that the patient is likely to die as a result of the illness and my prognosis.

(Attach report of second medical practitioner)

5. A qualified psychiatrist (within the meaning of the *Rights of the Terminally Ill Act*), who is neither a relative or employee, nor a member of the same medical practice, of mine or the medical practitioner referred to in clause 4, has examined the patient and confirms that the patient is not suffering from a treatable clinical depression in respect of the illness.

(Attach report of qualified psychiatrist)

6. In my opinion the illness is causing the patient severe pain or suffering.

7. I have special qualifications in the field of palliative care and therefore provided the information on the availability of palliative care to the patient.

OR I do not have special qualifications in the field of palliative care and therefore the information on the availability of palliative care was provided to the patient by -

(Insert name of medical practitioner holding special qualifications in the field of palliative care as prescribed)

8. The patient has been informed of the nature of the illness and its likely course, and the medical treatment, including palliative care, counselling and psychiatric support and extraordinary measures for keeping the patient alive, that might be available to the patient.

9. It is my opinion that, after considering the advice and opinion of the medical practitioner referred to in clause 4, there are no palliative care options reasonably available to the patient to alleviate the patient's pain and suffering to levels acceptable to the patient.

OR It is my opinion that, despite an earlier request from the patient for assistance to end his/her life, palliative care was provided to the patient that brought about the remission of the patient's pain and suffering, that palliative care now ceases to alleviate the patient's pain and suffering to levels acceptable to the patient.

10. After the patient had been informed of the matters specified in clause 8, the patient indicated to me that he/she has decided to end his/her life.

OR The patient requested assistance under the *Rights of the Terminally Ill Act* but was subsequently provided with palliative care and after the palliative care ceased to alleviate his/her pain and suffering the patient indicated to me that he/she has decided to proceed in pursuance of his/her earlier decision to end his/her life.

Date patient indicated his/her decision:

11. I am satisfied that the patient has considered the possible implications of the patient's decision to his/her family.

12. I am satisfied on reasonable grounds that the patient -

- at the time of indicating to me his/her decision to end his/her life and of signing the certificate of request, is of sound mind; and
- made the decision to end his/her life freely, voluntarily and after due consideration.

13. The patient or, if the patient is physically unable to do so, a person acting on the patient's behalf in accordance with section 9 of the *Rights of the Terminally Ill Act* signed the part of the certificate of request required to be completed by or on behalf of the patient not earlier than 7 days after the patient indicated his/her decision to end his/her life to me.

Name and address of person signing on behalf of patient:

Date signed the certificate:

14. I have witnessed the patient, or the person signing on behalf of the patient, signing the certificate of request and have completed and signed the relevant declaration on the certificate.

Date signed the certificate:

15. After I signed the certificate of request another medical practitioner signed the certificate. That medical practitioner had discussed the case with me and the patient before signing the certificate.

Name and address of that other medical practitioner:

Date signed the certificate:

(Attach certificate of request)

16. An interpreter was required to be present at the signing of the certificate of request in accordance with section 7(4) of the *Rights of The Terminally Ill Act*, and has signed the certificate confirming the patient's understanding of his/her request for assistance.

Name and address of interpreter:

Date signed the certificate:

17. I have read and been guided by appropriate medical standards and by the guidelines prescribed by the Rights of the Terminally Ill Regulations, and have considered the appropriate pharmaceutical information about any drug reasonably available for use in the patient's circumstances.

18. I share the same first language as the patient.

OR As I do not share the same first language as the patient, when assisting the patient under the *Rights of the Terminally Ill Act*, I communicated with the patient in the presence of an interpreter qualified as required by section 7(4) of that Act.

19. I have no reason to believe that I, the countersigning medical practitioner or a close relative or associate of either of us, will gain a financial or other advantage (other than a reasonable payment for medical services) directly or indirectly as a result of the death of the patient. I have not caused the patient to be influenced in his/her decision to end his/her life by way of any duress or undue influence.

20. I did not commence to assist the patient to end his/her life until after 48 hours had elapsed since the signing of the completed certificate of request.

21. At no time before assisting the patient to end his/her life had the patient -

- given to me an indication that it was no longer his/her wish to end his/her life; and/or
- rescinded his/her request for assistance

22. I provided the patient with the assistance to end his/her life by -

- administering the drug or drugs to end his/her life to the patient; and/or
- providing the drug or drugs and remaining present while the drug was or drugs were administered to the patient and until his/her death.

(Attach note indicating the drug or drugs administered to the patient, the steps taken to administer the

drug or drugs and generally carry out the request for assistance, and the date and time of death of the patient)

23. I am satisfied that the conditions of section 7, and the other requirements, of the *Rights of the Terminally Ill Act* have been met.

24. I confirm that -

- I have been entitled to practise as a medical practitioner in a State or a Territory of the Commonwealth of Australia for a continuous period of not less than 5 years; and
- I am entitled under the *Medical Act* to practise medicine in the Northern Territory; and
- I am resident in the Northern Territory.

Signed:

Dated:

(To be completed as applicable)

Last updated:

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