



AUSTRALIA:

A blueprint for choice at the end of life

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FOREWORD BY ALEX GREENWICH MP

In Australia, we have now legislated for compassionate and safe end-of-life choice in every state.

I am proud to have been part of introducing assisted dying in New South Wales. Having led on decriminalising abortion and securing equal marriage, I saw improving the way we die as our state's next liberal reform.

The bill had co-sponsors from across all political divides. In fact, no bill in Australian history has ever had more co-sponsors than this one. Members of every party worked together alongside grassroots organisations to ensure it passed: **it was parliament at its best.**

As this report details, how we changed the law in Australia was a thorough, robust and at times emotional process. I hope that parliamentarians in Westminster and Holyrood read this report and learn from our approach. End-of-life care in Australia is now safer and fairer than ever before. We have brought behind-closed-doors practices into the open and given dying people meaningful, transparent choices. Crucially, none of the fears that were put forward as reasons not to change the law have been realised. **The status quo was broken. Assisted dying works.**

Debating assisted dying in New South Wales was also a catalyst for improving palliative care. We increased funding

to services by \$700 million - the most significant investment in palliative care services in New South Wales history. Other states have done the same. This has ensured Australians get the best possible care at the end of their lives, including the option of an assisted death should they want it.

Legislating for assisted dying is an opportunity for Westminster and Holyrood to reflect the settled will of people in the UK as well as improving end-of-life care more broadly. Introducing assisted dying is a compassionate, safe reform, based on a wealth of evidence, and it's one that would make a huge difference to dying people and their loved ones.

It's vital for our parliaments to have conversations about death - it's part of life.



Alex Greenwich
MP for Sydney



“I’ve come to the conclusion that assisted dying has very little to do with death and a lot to do with life.”

"I had 19 rounds of chemo. I handed my treatment and body over to medical professionals for over a year and in many ways lost autonomy over my body. I feel empowered and now as it is getting towards the end of things I know that I have control back. I can show myself compassion and choose not to die of cancer. It is a small thing but the peace of mind it has created is immeasurable."

ALEX BLAIN, 28, WHO HAD AN ASSISTED DEATH IN VICTORIA AFTER BEING DIAGNOSED WITH A RARE AND AGGRESSIVE CANCER

"Assisted dying eradicated his biggest fear - dying of cancer. And to Alex, that was the same as saving his life. It helped him to reframe his situation as 'lucky' because he knew there was a way out from his living nightmare. I've come to the conclusion that assisted dying has very little to do with death and a lot to do with life. Assisted dying allowed Alex to live while he could and it allowed him to take control of his life."¹

JULIE, ALEX'S SISTER

INTRODUCTION

In November 2017, Victoria became the first Australian state to pass assisted dying legislation, after nearly three years of research and consultation.

Victoria set the wheels in motion for progress across the country, with the remaining five Australian states passing assisted dying laws in subsequent years. The assisted dying laws in the states of Victoria and Western Australia are in operation and dying people who meet the eligibility criteria can now access an assisted death. The laws in Tasmania, South Australia, Queensland and New South Wales will come into effect over the next two years.

This report details why and how Australian states changed their laws. It gives an overview of how assisted dying laws work in practice for terminally ill Australians and healthcare professionals, and examines what the UK can learn from Australia. It also highlights what people in the UK think about the stark contrast between their own end-of-life choices and those of their Australian counterparts. Australian assisted dying laws are based on the law in Oregon, where assisted dying has been legal for almost 25 years. Ten US states followed suit and have produced a wealth of evidence showing that the laws work well.

The UK has close cultural links with Australia and similar healthcare systems, and the bills proposed in England and Wales and in Scotland are similar to those which have been passed across Australia.

The UK can learn a lot from Australia, from the processes that led to law change to the compassionate and carefully thought out legislation that balances protection and autonomy. It is up to lawmakers in the UK to make sure we are not left behind as jurisdictions around the world update their laws on end-of-life choices.

VICTORIA'S ASSISTED DYING LAW

Victoria was the first Australian state to pass an assisted dying law.

More than 60 safeguards are built into the Voluntary Assisted Dying Act 2017, which has led to it being described as **“the most cautious, the safest, scheme for assisted dying anywhere in the world”**.²

To be eligible for an assisted death in Victoria, a person must:

- Be aged 18+
- Have been a resident of Victoria for at least 12 months
- Have decision-making capacity
- Have been diagnosed with a terminal illness and be expected to die within 6 months (or within 12 months if the person has a neurodegenerative disease like motor neurone disease (MND))
- Make three separate requests for assisted dying
- Self-administer the life-ending medication themselves, unless they are physically unable to, in which case their doctor must apply for a permit to administer the medication for them

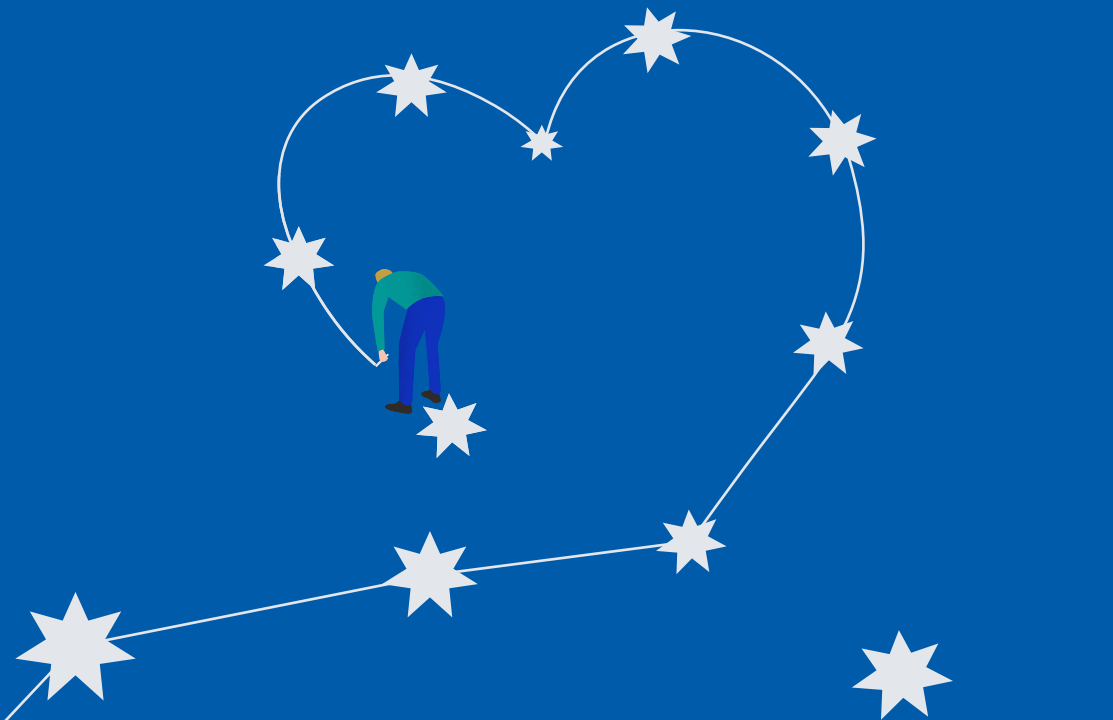
A person's eligibility is independently assessed by two doctors. One of these doctors must have expertise in the person's terminal illness.

Other elements of the law include that:

- The life-ending medication must be stored in a locked box
- The person having an assisted death must appoint a 'contact person' who

will return unused medication to the pharmacy

- Healthcare professionals can conscientiously object from being involved in assisted dying
- Healthcare professionals are not permitted to initiate discussions about assisted dying unless the dying person raises it themselves
- Only doctors who have completed specialist medical training and have a permit for assisted dying may provide the service
- The person requesting assisted dying can apply to a tribunal if their request was denied on the basis of capacity or residency
- The Voluntary Assisted Dying Board reviews and monitors assisted dying in Victoria, including ensuring compliance with the law and collecting data about assisted dying



“The evidence is clear that assisted dying can be provided in a way that guards against abuse and protects the vulnerable in our community in a way that unlawful and unregulated assisted dying does not.”³

“The Committee is of the view that the existing end of life legal framework is untenable.”⁴

While there is an ‘Australian model’ of assisted dying based on Victoria’s legislation, each Australian state has carefully considered the views of its citizens, organisations and healthcare professionals, as well as the Victorian experience, to carefully craft their own safeguarded assisted dying legislation.

While Victoria’s law has been described as the most conservative assisted dying law in the world, other states had the opportunity to look at how the law was operating in Victoria, examine the evidence, and learn from it. Some concluded that aspects of the law in Victoria could act as barriers to access rather than safeguards. For example, in Victoria, healthcare professionals are prohibited from initiating a conversation about assisted dying with their patients. However, some doctors have felt “morally compromised” or “intellectually

dishonest” withholding information about assisted dying.⁵ Other states reflected on this element of the Victorian law in their own consultation phases, and decided to adapt the Victorian model so that healthcare professionals may initiate a discussion about assisted dying providing that, at the same time, they inform the person about other options.

A comparison of the legislation across Australia can be found at the end of this report on page 24.

THE PROCESSES THAT INFORMED LAW CHANGE

In 2015, the Victorian Government requested that the Legal and Social Issues Committee (the Committee) inquire into the key issues in end-of-life care in Victoria.

Over the course of a year, the Committee conducted an extensive consultation process to examine research from Australia and abroad, called for submissions from the public and expert witnesses, met with stakeholders in places where assisted dying was legal, held public hearings around Victoria and visited jurisdictions where assisted dying had been legalised such as Oregon, Canada, the Netherlands and Switzerland.

The majority of submissions from the general public highlighted personal experiences of the deaths of their loved ones and how having the choice of assisted dying would have benefitted them. The Committee also acknowledged the contributions made by terminally ill people, who wrote about the irreversible conditions they were facing.

In 2017, the Victorian Health Minister established a Ministerial Advisory Panel to provide advice to the government about

how a compassionate and safe legislative framework for assisted dying could be implemented. This included considering the eligibility criteria, safeguards, any risks to individuals or the community and how these might be managed, the protection of healthcare professionals and oversight mechanisms.

PROCESS OF REFORM PER STATE

Each Australian state has had its unique process of reform but all were rigorous and evidence-based, as can be seen in the map below.

2017 - Parliament established a Joint Select Committee on End of Life Choices and launched inquiry

August 2018 - The Committee handed its report 'My Life, My Choice' to Parliament

December 2019

July 2021

WESTERN AUSTRALIA

April 2019 - The Joint Committee on End of Life Choices was established by both Houses of the South Australian Parliament

October 2020 - The Joint Committee on End of Life Choices report was tabled in Parliament

June 2021

Early 2023

SOUTH AUSTRALIA

QUEENSLAND

November 2018 - Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee to undertake inquiry into the delivery of aged care, end-of-life care and palliative care, and community and health practitioners' views on assisted dying.

March 2020 - Committee publishes report

May 2021 - Queensland Law Reform Commission publishes its Report, A legal framework for voluntary assisted dying.

September 2021

January 2023

NEW SOUTH WALES

October 2021 - The Standing Committee on Law and Justice launches inquiry into the provisions of the Voluntary Assisted Dying Bill 2021.

February 2022 - the Committee releases their report

May 2022

November 2023

VICTORIA

States that offer assisted dying access

States that will soon offer assisted dying access

*Blocked from passing assisted dying laws

Key milestones

Law passed

Law implemented

*A federal law from the 1990s prevents the Australian Capital Territory and Northern Territory from passing their own assisted dying laws. However, a Bill has been introduced in the Australian parliament seeking to lift a ban on assisted dying in the two territories

May 2015 - Legal and Social Issues Committee launch Inquiry into End of Life Choices

June 2016 - Inquiry into End of Life Choices Report is published

July 2017 - Ministerial Advisory Panel on Voluntary Assisted Dying final report

November 2017

June 2019

February 2021 - The University of Tasmania's Independent Review of the End-of-Life Choices (Voluntary Assisted Dying) Bill 2020 publishes report

March 2021

October 2022

TASMANIA

THE EVIDENCE

“The Committee rejects [maintaining the status quo] as an inadequate, head-in-the-sand approach to policy making and to the plight of the Victorians described in this Report. To maintain the status quo risks ignoring the evidence of the harm that occurs within it. In light of the evidence submitted, the Committee has determined that this is not an acceptable outcome. **The status quo is, if not causing, then facilitating or allowing great pain. The Committee does not wish this to continue.**”⁶

The inquiries and committees set up in the Australian states to look at assisted dying and related issues found a wealth of evidence that their blanket bans on assisted dying were unsafe and denied dying people choice, and that palliative care was not able to relieve all the suffering experienced by dying people.

The limits of palliative care

Evidence across the states showed that palliative care is not enough to relieve all suffering for everyone. The government-funded Palliative Care Outcome Collaboration (PCOC), which collects data from over 100 palliative care services across Australia found that 4.9% of patients experienced severe physical pain in the last few days of life.⁷

The Committee in Western Australia reported that “The percentage of patients for whom palliative care was ineffective in relieving their symptoms varied; however, somewhere in the range of 2–5 per cent is consistent with the evidence. The committee also received evidence from some health professionals that the figure

may be even higher, perhaps as high as 30 per cent.”⁸

The Motor Neurone Disease Association of Western Australia estimated that ‘between 10–15 per cent of people with MND would experience symptoms – typically pain and breathlessness – at end of life that cannot be adequately controlled’.⁹

In Queensland, the Parliamentary Committee noted that ‘the final stages of life can involve a range of pain and other symptoms and, for around five per cent of people, this suffering can be severely distressing’. It also noted that ‘even with access to the best quality palliative care ... sometimes not all suffering can be palliated’.¹⁰

Dying people taking matters into their own hands

The Victorian State Coroner reported that between 2009 and 2012 there were 2,879 suicide deaths in Victoria, of which around 240 were by people experiencing an irreversible deterioration in physical health due to illness. This equated to one dying Victorian taking their own life every week. In Western Australia, coroners reported that in 13.9% of suicides recorded between 2012 and 2017 the person who died had been diagnosed with a terminal or debilitating physical condition prior to their death.¹¹ In Queensland, coroners identified 168 cases a year where the person died as a result of intentional self-harm and suffered from a terminal or debilitating physical condition between 2016 and 2017, representing 11.4% of suicides recorded in those years.¹²

Coroner Caitlin English described in evidence to the Victorian Committee: “These are people who are suffering from irreversible physical terminal decline or disease, and they are taking their lives in desperate, determined and violent ways.”¹³

The circumstances in which these people die is often starkly contrasted with the way in which they lived their lives, Coroner John Olle observed: “People who have invariably lived a long, loving life surrounded by family die in circumstances of fear and isolation”.¹⁴

Family members, the Coroners Court of Victoria and the police gave evidence about how dying people were taking their own lives in desperate but determined circumstances. There was also a comment from the Acting Commander of Victoria Police, Rod Wilson, who described the impact of these suicides on first responders, and described taking statements from ‘family members who are clearly desperate and frustrated with the system’.¹⁵

In Queensland, an advance care paramedic spoke of his experience of “attending horrifically violent suicides (e.g. by firearms) of Queenslanders who were terminally ill and experiencing grievous suffering.”¹⁶

In response to a question about whether palliative care or other support services could prevent such suicides, Coroner John Olle said: “...the people we are talking about in this small cohort have made an absolute clear decision. They are determined. The only assistance that could be offered is to meet their wishes, not to prolong their life.”¹⁷

The Victoria Committee wrote that they were “concerned that if our law enforcement agencies, those investigating deaths and those presiding over cases, do not believe that a just outcome would be achieved by enforcing the law, then it is time to question the law”.¹⁸

The need for assisted dying alongside end-of-life care

In 2016, the Committee in Victoria recommended a change in the law on assisted dying but also made comprehensive recommendations on how to improve advance care planning and how to move towards a community-based approach to palliative care. These recommendations included:¹⁹

- That the Victorian Government develop a holistic, evidence-based funding framework for the palliative care workforce
- That the Victorian Government increase access in rural and regional communities to community palliative care services
- That the Victorian Government undertake a community awareness campaign to improve understanding of end-of-life choices, particularly advance care planning

The inquiries and committees investigating assisted dying in all states made recommendations on wider end-of-life care provision and person-centred care.

ENSURING SAFE AND EFFECTIVE IMPLEMENTATION

The first person have an assisted death in Victoria was Kerry Robertson, 61, who had metastatic breast cancer. She was diagnosed with breast cancer in 2010 and over time, it metastasised into her bones, lungs and brain. Her daughters, Nicole and Jacqui, said she was given the empowered death she wanted:

“Mum has always been brave - a real ‘feel the fear then do it anyway’ mentality to life - it’s the legacy she leaves with us. That was the greatest part, knowing we did everything we could to make her happy in life and comfortable in death.

Her body was failing her and she was in incredible pain. She’d been in pain for a long time.

Palliative care did their job as well as they could. But it had been a long battle. She was tired, the pain was intolerable and there was no quality of life left for her.

We were there with her; her favourite music was playing in the background and she was surrounded by love. She left this world with courage and grace, knowing how much she is loved.”²⁰

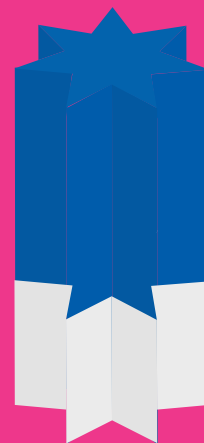


FROM JUNE 2019 UNTIL JUNE 2022 IN VICTORIA*

Number of people who have been assessed for eligibility to access assisted dying:

Applicants ages:

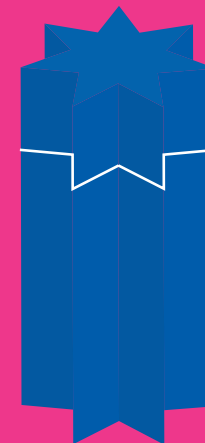
1425



604

people who have died from taking the prescribed medications

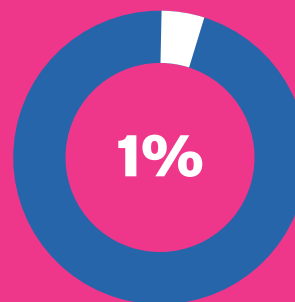
101 Yrs old



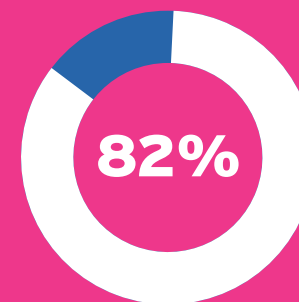
73

average age

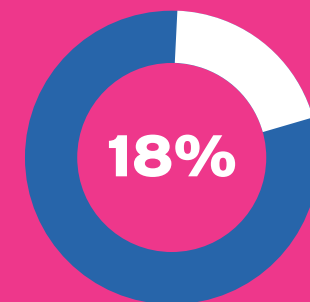
18 Yrs old



1%
assisted deaths account for under 1% of all deaths in Victoria



82%
had a malignancy diagnosis such as lung, breast or gastrointestinal cancer



18%
had a non-malignant diagnosis, most commonly a neurodegenerative disease such as MND

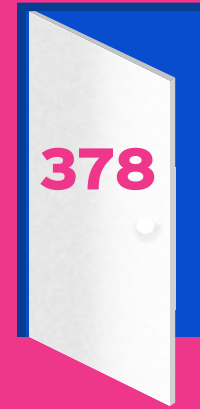
*Voluntary Assisted Dying report of operations (July 2021 - June 2022)
Voluntary Assisted Dying Review Board

There has been no evidence of abuse of the law or people being coerced to use it. Dr Charlie Corke, Acting Chair of the Victorian Voluntary Assisted Dying Review Board, said coercion had not emerged as an issue in Victoria and that in fact "we do observe coercion for patients not to engage with it, from their family members and from medical staff they come into contact with".²¹

A key factor in ensuring safe and effective implementation was that groups that support older and disabled people contributed to the various parliamentary inquiries. Prominent members of the disability community were appointed to the Advisory Panels by the responsible Ministers to ensure that the voices of people with disabilities were included in the consultations and in the drafting of legislation.

"The concerns of the disability community have been met, through the inclusion in the bill that merely having a disability will not meet the eligibility criteria, an acknowledgment that all lives have equal value and that we have the same rights and responsibilities as other Victorians." Tricia Malowney, a disability activist and advocate and a member of the Victorian Ministerial Advisory Panel on assisted dying.²²

PRELIMINARY DATA FROM WESTERN AUSTRALIA SUGGESTS THAT AS OF FEBRUARY 2022, 8 MONTHS INTO THE LAW BEING IN EFFECT*



378 people have requested access to assisted dying



260 first assessments have been conducted to determine eligibility



125 people completed the assisted dying process

Where assisted dying has been implemented, evidence demonstrates that palliative care and assisted dying work effectively together.

A clear pattern has emerged of investment in palliative care alongside assisted dying law change in Australia. When Victoria, Western Australia and Queensland passed their assisted dying laws, the governments also increased funding towards palliative care services by between \$17m and \$170 million (£9m - £96m), ensuring that every citizen could have the very best, holistic care at the end of life. Immediately after legalising assisted dying in New South Wales, it was announced that palliative care and specialist health services were to receive a record \$743 million (£423m) funding boost over the subsequent five years, on top of the \$300 million (£170m) the New South Wales Government invests each year in palliative care.

This trend is in line with what has happened in other countries that have changed the law. A report commissioned by Palliative Care Australia which examined assisted dying around the world reported in 2018 that it found “no evidence to suggest that palliative care sectors were adversely impacted by the introduction of legislation. If anything, in jurisdictions where assisted dying is available, the palliative care sector has further advanced.”

“The evidence is the vast majority of patients who engage with assisted dying come from palliative care, and are very impressed with the care they get, but they still want assisted dying because this argument that they must go down to the end is not to everyone’s liking” Dr Corke, acting chair of the Victorian Voluntary Assisted Dying Review Board ²³

“Mum received the most amazing care from the palliative care team. They had already had four people access assisted dying, so they knew everything about how to help us. The nurse said to us, the more she saw of assisted dying, the more convinced she was of everyone being able to access it.” – Feedback given to the Assisted Dying Review Board ²⁴



EXPERIENCE OF HEALTHCARE PROFESSIONALS

“I have provided assisted dying in Victoria since 2019 and I am proud to have been a part of it. I don’t see it clashing with our ethics – this is truly patient-centred care. “First do no harm” requires us to firstly define “harm” – to me, that would be turning my back on my patients when they request my help to avoid being forced to live at a quality of life that is below their acceptable standard.

This has given many people confidence to face their end of life knowing they have a trump card. I have used assisted dying to introduce patients to palliative care and improve their symptom control, and I have had several cases where traumatic suicides have been averted because of the availability of this process.” Dr Cam McLaren ²⁵

A large number of doctors, nurses and allied health professionals support patient choice at the end of life. For example the Queensland Nurses and Midwives Union asked their members if they supported ‘in principal’ the legalisation of assisted dying in Queensland. Almost 87% of the 3,495 respondents said ‘yes’. ²⁶

Constructive engagement in the process of reform

The Royal Australian College of General Practitioners, the Royal Australasian College of Physicians, the Australian and New Zealand College of Anaesthetists, the Australian Medical Students Association, and the Australian Nursing and Midwifery Federation, have all either backed an assisted dying law or adopted a neutral stance. These medical bodies have been

able to constructively engage with the process of law change in Australia and be involved in the implementation of the law and clinical guidance.

The Queensland Nurses and Midwives’ Union (QNMU) welcomed Queensland’s decision to legalise assisted dying. In a submission to the Queensland inquiry, they commented: ... that a person experiencing intolerable suffering caused by disease, illness or medical condition [has] the right to choose to die in a manner acceptable to them and shall not be compelled to suffer beyond their wishes. The draft law for assisted dying provides those with life limiting conditions the choice about how, when and where they die. ²⁷

The Australian Paramedics Association, the Police Association, the Health Services Union and the New South Wales Nurses and Midwives’ Association strongly supported the Voluntary Assisted Dying Bill in New South Wales when it was introduced. ²⁸

Clinical training and support

The Department of Health in Victoria provides comprehensive guidance for healthcare professionals about assisted dying to help them understand their roles and responsibilities. Before a healthcare professional can participate in assessing eligibility for assisted dying in Victoria, they are required to take part in an online training programme. After successfully completing this training they can register in an online portal where they submit all forms required for assisted

Healthcare professionals must also apply for a permit to prescribe assisted dying medication.

The requirement for mandatory training originated from the Victoria Ministerial Advisory Panel. It recommended that the training “comprise of obligations and requirements under the legislation,” to ensure that doctors “can undertake high-quality assessments of a person’s eligibility for assisted dying.” The training had to be “easily accessible” so patients’ access to assisted dying was not unduly delayed while doctors completed it.^{29 30}

The number of doctors completing the training, registering in the portal and involved in assisted dying continues to grow. Since assisted dying has been legal in Victoria, 618 doctors have successfully completed the online training, and 185 have actively been involved in at least one case as either the coordinating or consulting medical practitioner.³¹

In Victoria, each person requesting an assisted death must have a coordinating and a consulting medical practitioner, and one of these medical practitioners must have relevant expertise and experience in the illness the person has.

Conscientious provision and compassionate care

In a study of doctors who had participated in assisted dying in Victoria, some said that they believed assisted dying had sometimes improved the bereavement process for families, giving them “complete closure” because the person’s death was “planned, calm, controlled and painless”. Doctors also thought that the implementation of assisted dying had improved conversations about goals of care at the end of life because it

prioritises patient autonomy, which served as a catalyst to improve other processes like advance care planning. They also felt providing assisted dying was consistent with “being a good doctor” and found it gratifying because they felt that they played a pivotal role in supporting patients to take control of their lives, avoid suffering and maintain dignity during “really difficult times”.³²

“... just knowing that we did actually do what he wanted and he did it with a lot of dignity and his contact person in the tuxedo and champagne, that’s sort of a nice thing. If I wasn’t involved, it would have never happened and he would have died a miserable, long, prolonged death in hospital. So that’s a lot of reward.” Doctor³³

“The doctor was amazing. Mum had never been one to open up emotionally, but we couldn’t believe how open psychologically she was. They really built a special relationship, we all did.” Feedback given to the Assisted Dying Review Board³⁴

“I have been an assisted dying doctor in Victoria for two years now. From my experience, helping a patient with their request to access assisted dying to relieve their suffering is possibly the most useful thing I have done in my 30 year career as a physician!” Dr James Hurley³⁵

IMPLICATIONS FOR THE UK

“If push came to shove, I would consider going to Australia to use their assisted dying law. It’s good to know it’s there, where my son is. But why can’t I have that choice at home in Scotland?” Jackie Roberts, who has Stage IV breast cancer³⁶

The UK has a lot to learn from Australia. Its rigorous legislative processes have resulted in safe, effective assisted dying laws across the country, which are supported by the general public and take into account questions and concerns raised along the way. The process in Victoria set off a chain reaction. Other states were able to look to and learn from Victoria and replicate its detailed inquiry process, carefully considering of the needs of people in their own communities and the limitations of the status quo.

In recent polling of people in England and Wales, 81% said they supported assisted dying being legalised and 82% want to see the House of Commons debate legislation within the next 2 years. 72% supported political parties making manifesto commitments for a debate and free vote.³⁷ This reflects public opinion in Scotland, where 76% of responses to the public consultation on Liam McArthur MSP’s assisted dying proposals were supportive of a change in the law. In another poll of people across Great Britain, when told about Australia passing assisted dying legislation, the majority said they feel more positively about Australia because of this; only 7% said it made them feel less positive.³⁸

The message from the general public is clear: parliaments in Westminster and Holyrood must act now.

“Victoria was the first state in Australia to legalise assisted dying with every other state following suit. 200 million people around the world now have access to assisted dying.

In Australia, we listen to our constituents. Ultimately, we changed the law because our community wanted it. MPs in the UK must do the same. It’s time to have this debate. It’s time to listen to your communities.” Fiona Patten, MP for Northern Metropolitan, Victoria and Leader of the Reason Party



OVERVIEW OF AUSTRALIAN LEGISLATION	VICTORIA	WESTERN AUSTRALIA	TASMANIA	SOUTH AUSTRALIA	QUEENSLAND	NEW SOUTH WALES
Age 18+	✓	✓	✓	✓	✓	✓
Australian citizen or permanent resident	✓	✓	✓	✓	✓	✓
Have decision-making capacity	✓	✓	✓	✓	✓	✓
Diagnosis of advanced, incurable medical condition that will cause death	✓	✓	✓	✓	✓	✓
Prognosis	6 months (Or 12 months in cases of neurodegenerative conditions like motor neurone disease)	6 months (Or 12 months in cases of neurodegenerative conditions like motor neurone disease)	6 months (Or 12 months in cases of neurodegenerative conditions like motor neurone disease)	6 months (Or 12 months in cases of neurodegenerative conditions like motor neurone disease)	12 months	6 months (Or 12 months in cases of neurodegenerative conditions like motor neurone disease)
Two independent doctors assess eligibility	✓	✓	✓	✓	✓	✓
Mandatory periods of reflection	✓	✓	✓	✓	✓	✓
Can healthcare professionals initiate discussion about assisted dying?	✗	No, unless they also inform patient of treatment and palliative care options available to them	No, unless they also inform patient of treatment and palliative care options available to them	✗	No, unless they also inform patient of treatment and palliative care options available to them	No, unless they also inform patient of treatment and palliative care options available to them
Participating doctors must complete training for assisted dying	✓	✓	✓	✓	✓	✓
Healthcare professionals can conscientiously object from taking part in assisted dying	✓	✓	✓	✓	✓	✓
Administration	Self-administration or doctor-administration if the person is physically incapable of self-administering or digesting the medication. Doctor-administration must be done in front of a witness.	Self-administration or doctor-administration if the person is not able to self-administer, they have concerns about doing this, or the method of administration Doctor-administration must be done in front of a witness.	Self-administration or doctor-administration if the person is not able to self-administer, they have concerns about doing this, or the method of administration.	Self-administration or doctor-administration if the person is physically incapable of self-administering or digesting the medication. Doctor-administration must be done in front of a witness.	Self-administration or doctor-administration if the person is physically incapable of self-administering or digesting the medication. Doctor-administration must be done in front of a witness.	Self-administration or doctor-administration. Doctor-administration must be done in front of a witness.
Mandatory reporting	✓	✓	✓	✓	✓	✓

FOOTNOTES

- 1 https://www.gogentleaustralia.org.au/vad_saved_my_brother_s_life
- 2 <https://www.theguardian.com/society/2017/sep/20/victorias-assisted-dying-bill-includes-severe-penalties-for-abuse-of-scheme>
- 3 Parliament of Victoria, Legal and Social Issues Committee, Inquiry into end of life choices
- 4 Parliament of Victoria, Legal and Social Issues Committee, Inquiry into end of life choices. Final Report, 2016
- 5 <https://www.mja.com.au/journal/2021/215/3/participating-doctors-perspectives-regulation-voluntary-assisted-dying-victoria>
- 6 Parliament of Victoria, Legal and Social Issues Committee, Inquiry into end of life choices
- 7 Patient outcomes in Palliative Care: National report January - June 2018, Palliative Care Outcomes. Collaboration, September 2018
- 8 Western Australia, Joint Select Committee on End of Life Choices, Report 1, 'My Life, My choice', 2018
- 9 Western Australia, Joint Select Committee on End of Life Choices, Report 1, 'My Life, My choice', 2018
- 10 Queensland Parliamentary Committee Report No 34 (2020)
- 11 Parliament of Victoria, Legal and Social Issues Committee, Inquiry into end of life choices. Final Report, 2016
- 12 Queensland Parliamentary Committee Report No 34 (2020)
- 13 Coroner's testimony transcript, Standing Committee on Legal and Social Issues, Inquiry into End-of-Life Choice, 7 October 2015
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Dignity in Dying

We believe everybody has the right to a good death. Including the option of assisted dying for terminally ill, mentally competent adults.

We are a national campaign and membership organisation campaigning for change across the UK.

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