Voluntary assisted dying: Key information for Australian general practitioners

Sara Townend, Penelope Burns

This article is part of a series of articles on voluntary assisted dying.

Background
Voluntary assisted dying (VAD) is now a legal option in all Australian states and the Australian Capital Territory (ACT) for patients with a life-limiting illness. As trusted providers of lifelong care, general practitioners (GPs) will be approached by patients and their families seeking information and guidance when considering end-of-life (EOL) options, including VAD.

Objective
This article aims to equip GPs with an understanding of VAD in the Australian context. It outlines key aspects including eligibility criteria, referral pathways and legal requirements. It encourages GPs to consider their own views about VAD prior to encountering a patient, and to support patients and families navigating their EOL journeys.

Discussion
Given the pivotal role GPs have in patient care across the lifespan, including at end of life, it is essential that GPs consider their approach to VAD, as it is likely they will encounter patients or family members interacting with VAD.

AUSTRALIA'S AGEING population and increasing rates of chronic disease mean that general practitioners (GPs) need to be well-versed in providing end-of-life (EOL) care and management, including voluntary assisted dying (VAD), which is now a legal choice.[1] GPs have a central role in palliative care,[2,3] demonstrated by their authorship of 90% of the 1.4 million palliative care–related prescriptions issued in 2023–24.[4] Evidence shows patient outcomes at the end of life improve when patients are identified early so discussion and planning can align with patient preferences and needs.[5] As the majority of Australians support VAD,[6] it is important that GPs consider their approach to and understanding of VAD as something their patients might choose to explore.[7]

This article provides an overview of VAD in Australia for GPs, drawing on the experiences of current VAD practitioners and early insights from each state. It outlines how the VAD process operates within the EOL context, including key eligibility criteria, and summarises legal requirements GPs must consider in shaping their approach to VAD while providing care within the EOL context.

Definition of voluntary assisted dying

VAD is the term used in Australia to describe when an adult with a life-limiting illness who meets the relevant legislated criteria 'requests and receives medication from a health practitioner which they take, or have administered, to end their life'.[8] To access VAD medication, the person must complete all mandated steps laid out in the relevant state/territory's law. Patients can choose self-administration or practitioner administration, where a VAD-trained practitioner (VAD-P) administers the VAD medication.

VAD in Australia

The Northern Territory (NT) was the first jurisdiction in Australia to legalise assisted dying, with four people accessing the law during the 2 years (1996–97) it was in effect. In 2017, Victoria (Vic) became the first state to pass legislation permitting VAD. Since then, all Australian states have enacted and implemented VAD laws. The Australian Capital Territory's (ACT's) legislation became operational in November 2025, and the NT has been permitted to reconsider VAD legislation.[6,9,10]

Since 1997, laws for assisted dying have been enacted in Switzerland, Austria, Germany, Portugal, Italy, Luxembourg, the Netherlands, Spain, Belgium, New Zealand, Canada, Colombia, Cuba, Ecuador and select US states.[11] Within the international context, Australian laws are described as conservative.[12]

Each Australian state or territory VAD legislation is distinct, but all require patients

to satisfy strict eligibility criteria. A review panel or board in each state must ensure compliance in each VAD application with VAD medication is highly regulated. The number of patients accessing VAD is increasing. Characteristics of VAD in Australia by state are shown in Table 1.

Eligibility criteria

Key features of state VAD laws are listed below.[12–14] To be considered eligible for VAD, a patient must:

- be aged 18 years or older
- meet relevant criteria for residency in Australia and the relevant state/territory
- have an advanced, progressive medical condition that will cause death within the following time frames:
  - South Australia (SA) – 'not exceeding 6 months', or 12 months for a neurodegenerative condition
  - Tasmania (Tas) – 'within 6 months' and includes injury, or 12 months for neurodegenerative conditions; can request an exemption for prognosis
  - New South Wales (NSW) and Western Australia (WA) – 'on the balance of probabilities cause death' within 6 months, or within 12 months for neurodegenerative conditions
  - Queensland (Qld) – 'within 12 months' for all conditions
  - Victoria – 'likely to cause death' within 6 months (12 months for neurodegenerative conditions), moving to 12 months from April 2027
  - ACT – 'approaching the end of their life' where 'functioning and quality of life have declined or are declining' and 'any treatments that are available and acceptable to the individual lose any beneficial impact'[15]
- have intolerable suffering related to the medical condition above
- retain decision-making capacity for VAD specifically throughout the application, up to and including at the time of administration
- request VAD without influence or coercion and make this as a voluntary choice.

Considering VAD in planning for a patient's end of life

A key challenge is identifying when patients are approaching end of life, defined as 'that part of life where a person is living with, and impaired by, an eventually fatal (or terminal) condition, even if the prognosis is ambiguous or uncertain'.[16] Evidence suggests that identifying end of life improves planning and coordination, ensuring outcomes align more closely with patient preferences, including where a patient wishes to explore VAD.[5]

Tools to guide GPs include: the Supportive and Palliative Care Indicators Tool (SPICT),[17] UK Gold Standards Framework Prognostic Indicator Guidance[5] and the 'surprise' question:

> *Would you be surprised if this person were to die within the next year?*[18]

Refer to Box 1 for more tools for GPs. For patients considering VAD, early discussion and referral is preferable. The average time frame for a completed

Table 1. Summary of VAD characteristics by state across available time frames

State and time frame reported from most recent data report	Date VAD implemented	Latest period reported	No. deaths in period	Total deaths since implementation to end of current report	% total deaths in period	Practitioner admin	Self-admin	Relative change in total numbers death by VAD since last reporting period	No. VAD-Ps who are GPs (% total VAD-Ps)
Vic 12 months[22]	Jun 2019	2023–24	371	1282	0.84	70	301	25% increase	233 (59)
WA 12 months[23,24]	Jul 2021	2023–24	292	738	1.6	635 (86%)	103 (14%)	14.5% increase	45 (44.6)
Tas 12 months[25]	Oct 2022	2023–24	60	87	1.2	31	9	n/a	12 (60)
SA 12 months[26]	Jan 2023	2023–24	156	195	1.0	15	141	n/a	78 (60)
Qld 12 months[27]	Jan 2023	2023–24	793	938	n/a	532	261	n/a	n/a (n/a)
NSW 7 months[19]	Nov 2023	Nov 2023–Jun 2024	398	398	n/a	315	83	n/a	n/a (n/a)

Note: VAD data not available from ACT. No VAD law in NT. Variations in data reported by each state.[22–28]

GP, general practitioner; n/a, not available; VAD, voluntary assisted dying; VAD-P, VAD-trained practitioners.

Box 1. End-of-life tools and resources for general practitioners (GPs)

Tools for GPs:

The Royal Australian College of Practitioners' aged care clinical guide (Silver Book) – Provides guidance and recommendations for GPs on the care of older people.[29]

Prompts for End of Life Planning (PELP) Framework – Prompts to assist GPs delivering care for patients at end of life, www.caringathomeproject.com.au/for-health-professionals/pelp-framework

The GSF Prognostic Indicator Guidance – Clear, succinct clinical guidance for clinicians to assist earlier recognition of patients nearing the end of life.[12]

Supportive and Palliative Care Indicators Tool – 'a widely used tool for health and care staff in the UK and around the world. SPICT™ helps us identify people with general indicators of deteriorating health, and signs that one or more life shortening conditions are getting worse', www.spict.org.uk/?smd_process_download=1&download_id=4159

National Cancer Institute Surveillance, Epidemiology and End Results Program (SEER) – Provides statistics on cancer including prognosis, https://seer.cancer.gov/statistics

CancerSurvivalRates – Statistical models created by healthcare professionals, data scientists and technologists using the SEER database to assist in estimating survival rates for some cancers, https://cancersurvivalrates.com/calculator.html?sex=M&age=65&stage=2&grade=moderately&diagnosed=0&histology=adenocarcinoma&type=colon&years=5&role=patient

BODE Index for COPD Survival – A tool developed to assist in prognostication in chronic obstructive pulmonary disease, www.mdcalc.com/calc/3916/bode-index-copd-survival

MAGGIC Risk Calculator for Heart Failure – A tool developed to assist in prognostication in heart failure, www.mdcalc.com/calc/3803/maggic-risk-calculator-heart-failure

Functional assessment (eg The Australia-modified Karnofsky Performance Scale (AKPS)) – An overall measure of a patient's functional ability in preforming their activities of daily living, and can be used to monitor a trajectory of decline in function, www.uow.edu.au/australasian-health-outcomes-consortium/pcoc/healthcare-professionals/clinical-tools-and-assessments

End of life Essentials (EOLE) – Provides free online learning modules, videos and resources for doctors, nurses and allied health professionals on quality and safety of end-of-life care in hospitals, www.endoflifeessentials.com.au

Organisations for GPs:

Palliative Care Australia – The national peak body for palliative care organisations was founded in 1998. It aims to lead 'a unified voice to strengthen … collective impact towards excellence in palliative care', https://palliativecare.org.au

End of Life Directions for Aged Care (ELDAC) – 'provides information, guidance, and resources for all aged care staff to support palliative care and advance care planning'. It provides resources on managing dying, responding to deterioration, recognising end of life, providing palliative care, advanced care planning and bereavement, www.eldac.com.au/Our-Toolkits/End-of-Life-Law/Voluntary-Assisted-Dying/Overview

National Association for Loss and Grief (NALAG) – Was founded in 1977 following the Granville Train Disaster. NALAG offers 'grief support training, counselling, community outreach, and volunteer programs. Its mission remains rooted in providing hope, resilience, and understanding to people coping with various forms of loss, from bereavement to life transitions', https://nalag.org.au

Voluntary Assisted Dying Australia and New Zealand (VADANZ) – The peak body representing multidisciplinary healthcare professionals providing voluntary assisted dying services in Australia and New Zealand, www.vadanz.org.au

Go Gentle Australia – A national non-government organisation founded in 2016 by Andrew Denton that supports the choice at end of life, including the option of voluntary assisted dying, www.gogentleaustralia.org.au

Dying with Dignity – State- and territory-based non-government organisations in Australia, focusing on providing information, support and advocacy for voluntary assisted dying.

VAD application through assessments, review and access to medication ranges between 2 and 6 weeks.[19]

First conversations about VAD

In NSW, Tas, WA, Qld, Vic (from April 2027) and the ACT, a medical practitioner (including a GP) can raise the topic of VAD within a broader conversation about EOL care and treatment options. In SA (and Vic until April 2027), although legislation prohibits initiating discussions about VAD, once raised by a patient, GPs may discuss VAD in subsequent consultations.

Family members and substitute decision makers can ask about VAD but cannot request it on a patient's behalf. To commence an application, a patient must clearly request VAD. This is called making a first request. Good medical practice (and in some states law) means the doctor should then:

- document that the patient has requested VAD
- provide the patient with approved written information relevant to their state/territory
- tell the patient whether they can manage their VAD request as a registered VAD-P or refer them on for further support to the local VAD service (Table 2).

Referring a patient to a VAD service

To commence a VAD application, a patient must be connected to a VAD-P. This does not occur when a first request is lodged. Each state/territory has a central coordination intake centre, or navigator service, that can speak to GPs, patients, families and the

public and help to coordinate and manage connections and referrals (Table 2).

The VAD pathway

A generalised flowchart of the VAD process is outlined in Figure 1.

Key steps in the formal VAD pathway include the following:

- **First request.** A clear and unambiguous first request for VAD is made by a patient to a VAD-P, who accepts the role to coordinate their application. This is the first of three requests to ensure a patient's intent to proceed.
- **Assessment.** Two clinical consultations, usually called the First and Consulting Assessments, are conducted independently by two VAD-Ps. They review the patient's physical, psychosocial, spiritual and cultural needs; priorities; and goals of care at end of life. The VAD-Ps determine whether the patient meets the eligibility criteria outlined in the state/territory's law. If found not eligible, the patient cannot proceed with VAD. If there is any uncertainty, the VAD-P must refer for relevant non-GP specialist review. The specialist does not have to be a VAD-P. When a patient is determined to be not eligible, this may be because they do not have a life-limiting illness or capacity, or they are not yet prognostically eligible. Follow-up requirements will vary depending on the reason for their ineligibility and their response to this.
- **Choosing a method of administration.** In Vic (until April 2027) and SA, patients must choose oral self-administration unless they are physically incapable of self-administering or digesting it for themselves. In WA, Qld, Tas and NSW, the patient and practitioner share the decision, with 80–95% of patients opting for practitioner administration. For patients proceeding to self-administration, a contact person must be appointed. They are legally responsible for returning the VAD medications if the person dies without using them. Qld requires a contact person for practitioner administration as well.
- **Authorisation.** State/territory laws vary in mechanism of approval and/or permit for the VAD medication. A VAD Board in each provides oversight to ensure safe and compliant practice.
- **Prescription.** Each state has a central pharmacy service ensuring compliance in VAD medication management, including procurement, dispensing and delivery. VAD-Ps are authorised to write a prescription for the VAD medication.
- **Administration.** This is when the patient takes or is given the VAD medication. Approximately a third of people who have a permit for VAD medication approved do not use it.

The patient can determine whether they wish to proceed, withdraw or pause at any stage. Patients commonly report that just having the option of VAD brings comfort, enabling better engagement with life and palliative care.

Administration can occur in inpatient and community settings, including at home, apart from in institutions holding a position of conscientious objection.

Detailed planning with communication as consented by the patient between the patient/family, GP, palliative care and VAD team prior to administrations aims to safeguard all involved and to ensure appropriate coordination and safe management, including disposal, of the VAD medication(s).

For self-administration, the VAD medications are delivered to the patient. Trained pharmacists provide detailed education about the VAD medication to the patient and the contact person. This includes information about storage, disposal if not used by the patient and clear communication channels to provide adequate support. Appropriate arrangements are made for post-death care and support. The patient's GP may be asked (in advance) to support by completing the death certificate. This may be many months after the VAD-P completes the application.

Practitioner administration requires the VAD-P to administer the VAD medications to the patient. The most common route is intravenous, but administration can also be oral or via percutaneous endoscopic gastrostomy. The VAD-P is responsible for the VAD medications. The VAD-P usually completes the relevant death certification including confirming the patient is deceased (in NSW called 'verification of death'), Cremation Risk Assessment, Coronial Checklist (inpatients) and death certificate (Medical Certificate of Cause of Death [MCCD]).

Post-death care and support should occur as usual. VAD providers should, with consent, inform others providing care (especially GPs) in a timely fashion of a patient's death.

Table 2. Initial contact for VAD support services per state for patients, relatives, the public and healthcare practitioners

State	Service	Contact details	
NSW	NSW Voluntary Assisted Dying Care Navigator Service	1300 802 133	VADCareNavigator@health.nsw.gov.au
Qld	Qld Voluntary Assisted Dying Support and Pharmacy Service	1800 431 371	QVADsupport@health.qld.gov.au
WA	WA Voluntary Assisted Dying Care Navigators	(08) 9431 2755	VADCareNavigator@health.wa.gov.au
SA	VAD Care Navigator Service	0403 087 390	Health.VADCareNavigators@sa.gov.au
Tas	Voluntary Assisted Dying Navigation Service	1800 568 956	VADNavigation@ths.tas.gov.au
Vic	Victorian VAD Care Navigator Service	(03) 8559 5823	VADCareNavigator@petermac.org
ACT	ACT Voluntary Assisted Dying Care Navigator Service	(02) 5124 1888	VAD.carenavigators@act.gov.au

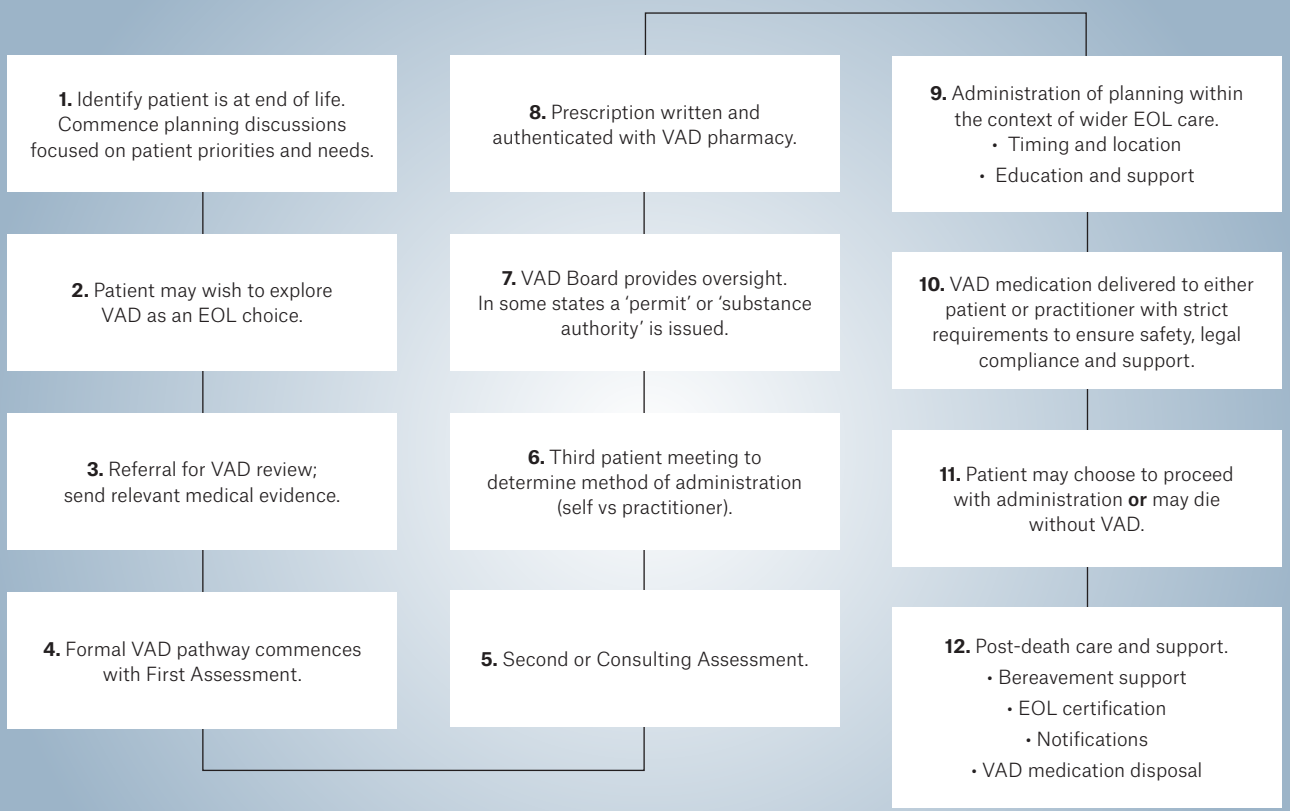

Figure 1. VAD patient assessment process flowchart.[22,30–34]
EOL, end-of-life; VAD, voluntary assisted dying.

Ways GPs can support their patients considering VAD

Personal considerations

Whole-person care is the foundation of general practice, and pivotal to that is the strong, trusted GP–patient relationship established over time and multiple encounters.[20] In this context, it is important for each GP to proactively consider their approach to VAD prior to a conversation with a patient or family member, acknowledging that this may be deeply challenging for a GP who may be uncertain or hold a position of conscientious objection. At a minimum, GPs must examine their state/territory's law to ensure that they provide accurate information for a patient and comply with their legal and professional obligations. Patients exploring VAD can be sensitive to potential stigma and a feeling of abandonment when raising it with their doctors. In the authors' experience, it is possible to continue to manage patient care in parallel with a VAD application to preserve the unique therapeutic relationship GPs hold.

GP can support their patients by:

- providing accurate information about VAD in the context of EOL discussions (noting restrictions in SA, and Vic until April 2027)
- being familiar with local referral pathways and contacts (refer to Table 2)
- providing medical information to assist VAD reviews, including relevant investigations and non-GP specialist correspondence confirming diagnoses
- monitoring the patient's health and communicating clinical deterioration, with consent, to palliative care and VAD providers
- receiving updates about a patient's VAD progress as part of EOL planning
- completing death certification where a patient chooses self-administration. The VAD team should request this well in advance. The death certificate (MCCD) should be completed within 48 hours of notification. VAD should not be listed as the cause nor an antecedent cause to protect patient privacy. The MCCD has been updated for use across Australian jurisdictions. Death certificates issued by the Registry of Births, Deaths and Marriages do not contain mention of VAD. The relevant navigator service should be contacted in advance regarding the correct processes if there are any concerns.
- considering becoming a registered VAD-P. Each state/territory has developed mandatory training. Models of care, including remuneration, vary between states. VAD-specific Medicare

item numbers are not yet available. Coordination and administrative load can be high, with VAD consults averaging between 1 and 2 hours, alongside mandatory documentation requirements. The state and district navigator services are an invaluable support. Refer to Table 2 for contacts.

Further information and guidance for GPs

Each state has a freely accessible VAD Clinical Practice Handbook available online that provides details of the VAD process in each state/territory (Table 3).

A note about the ACT

VAD is newly accessible within the ACT since 3 November 2025. Although every attempt has been made to include relevant information in this article, GPs wishing to know more are encouraged to contact the ACT Care Navigator Service directly to receive the most up-to-date information about referral pathways, legal obligations, eligibility criteria and information on how to become a registered VAD-P.

Case study: Bob has respiratory failure from advanced idiopathic pulmonary fibrosis

The case study outlined in Box 2 is based on the authors' experience of engaging with many patients through the VAD process.

Conclusion

VAD is now a legal EOL choice for patients in all states and the ACT. Familiarity with VAD is part of providing comprehensive care to patients with a life-limiting illnesses. With patients aged over 65 years accounting for one-third of visits to GPs,[21] and with the proportion of people aged over 65 years rising, GPs will have increasing interaction with patients wanting to explore VAD as an option.

Planning in advance on how to respond when a person asks about VAD will help ensure a continued clinical relationship with the patient regardless of the GP's personal beliefs to ensure continuity with trusted healthcare providers during this last phase of the patient's healthcare journey.

Key points

- VAD is now a legal option for patients with a life-limiting illness in all states of Australia and, most recently, ACT.
- Each state has a navigator service that can provide information to GPs, patients, families and the public. Patients should be provided with these contact details at a minimum.
- Early identification of patients at end of life allows for better planning and coordination of care, including those wishing to consider VAD.
- Not all those who want VAD are eligible. Not all those who start the VAD process will complete it in time to use it. Not all those who access VAD will choose to use it, but many express great comfort associated with having the option.
- GPs are encouraged to proactively consider their personal and professional values, within the legal framework of their jurisdiction, when deciding how to engage with VAD. In some cases, this means they will need to consider how they will maintain their doctor–patient bond.

Authors

Sara Townend BEd, MBBS, FRACGP, GP Clinical Director, NSW Voluntary Assisted Dying Support Services, Sydney, NSW; Clinical Director, Northern Sydney Local Health District VAD team, Sydney, NSW

Penelope Burns BMed, MPHTM, PhD, Associate Professor, Academic Department of General Practice, The Australian National University, Canberra, ACT; Conjoint Senior Lecturer, Department of General Practice, School of Medicine, Western Sydney University, Sydney, NSW; General Practitioner and Authorised VAD Practitioner, NSW Voluntary Assisted Dying Support Services, Royal North Shore Hospital, Sydney, NSW

Competing interests: None.

Funding: None.

Provenance and peer review: Commissioned, externally peer reviewed.

AI declaration: The authors confirm that there was no use of artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript.

Correspondence to:
sara.townend@health.nsw.gov.au

Acknowledgements

We would particularly like to acknowledge the following authorised voluntary assisted dying (VAD) practitioners who reviewed the final draft

Table 3. Voluntary assisted dying clinical guidelines per state/territory[22,30–34]

State/territory	URL
WA	www.health.wa.gov.au/voluntaryassisteddyingfirstrequest
Tas	www.health.tas.gov.au/publications/voluntary-assisted-dying-clinical-practice-handbook
Qld	www.health.qld.gov.au/clinical-practice/guidelines-procedures/voluntary-assisted-dying/information-for-healthcare-workers/handbook
NSW	www.health.nsw.gov.au/voluntary-assisted-dying/Pages/practitioner-handbook.aspx
Vic	www.health.vic.gov.au/sites/default/files/migrated/files/collections/policies-and-guidelines/v/voluntary-assisted-dying-guidance-for-health-practitioners.pdf
SA	www.sahealth.sa.gov.au/wps/wcm/connect/e148edcb-134b-449d-8e57-9c3f7ad21eb2/Voluntary%2BAssisted%2BDying%2BClinical%2BGuideline%2Bfor%2BHealth%2BPractitioners%2Bv2.2.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-e148edcb-134b-449d-8e57-9c3f7ad21eb2-ph9fqD4
ACT	www.act.gov.au/__data/assets/pdf_file/0011/2911565/Voluntary-assisted-dying-clinical-guidelines.pdf

Box 2. Case study

Bob is the first patient booked in. He is in a wheelchair, oxygen attached, pursed-lipped breathing. 'How are you, Bob?' you ask.

He hands you a sheaf of paper. His discharge summary reads: 'Respiratory failure secondary to advanced idiopathic pulmonary fibrosis … Palliative care community referral on discharge.'

'The day I went in, I was suffocating. If the ambulance had been longer, that would have been it. They've told me I can't get better. I love my family, I've had a great life, but when you're too knocked up to be able to enjoy spending time, that's it.'

You look up from the discharge summary. 'What do you mean, Bob?'

He pauses again, trying to catch his breath.

'I'd like to apply for that new law. I'm dying and I'm not going to rush. The family and me all need as much time as we can get. You'll make sure I'm comfortable with palliative care's support. I'd like to have it as a back-up.'

Bob looks at you. 'It's okay, I know the law is new. I asked at the hospital too. They gave me a leaflet with a number to call. If you do voluntary assisted dying, I'd rather you review me. You know me best. If you can't, the Navigators I called said they'll allocate a doctor. It's very important to me that I'm honest with you. Even if you disagree? Will you still be my GP?'

You are not registered for VAD but reassure Bob that you will continue care as his GP. The rest of the consult passes, talking through supports, emergencies, tweaking medications.

Over the next few weeks, the VAD application progresses. You send in Bob's respiratory letters and latest chest CT scan. The VAD doctor phones and reviews Bob's status with you, confirming he meets the criteria, his wider end-of-life goals and thoughts about administration. Bob is thinking about taking oral VAD medication, with the VAD coordinator providing support to the family by phone.

The community team will attend and confirm his death on the day. The VAD doctor asks if you would consider writing Bob's death certificate. You agree, as you will have some warning and 48 hours.

A few days later, you run into Bob's daughter, Carly. 'Dad hasn't told everyone about VAD. It's not easy facing his death, but it's coming with or without voluntary assisted dying. We are treasuring every day. The community palliative care are helping us so much, but his breathing isn't great. He's in bed all the time.'

Next week, your receptionist tells you Carly phoned. 'Dad's decided it'll be tomorrow. The VAD medication is being delivered today. He's very weak, but clear as a bell that he wants it. He asked me to tell you.'

You go to Bob's home during lunch that day. He is dozing, propped on pillows in bed. His dog, Sophie, is tucked in beside him under a crocheted blanket. You can hear Bob's family chatting in the kitchen and talk-back radio in the background.

You do a few brief checks and then sit by his bed. Bob's time is short. You hold his hand. Saying goodbye to long-term patients is a costly privilege that GPs get.

Bob opens his eyes, smiles and speaks, a few words at a time. 'I've stayed as long as I can. You've been a wonderful doctor. Thank you.' He closes his eyes.

As you leave, Bob's family tell you that the VAD pharmacist will arrive and provide detailed instructions. They will not leave the medication if Bob is not well enough to say what he wants. Bob has asked family to be with him then and when he takes it. They are teary but resolved.

The next day, you get a phone call. The community nurse is at Bob's home and has just examined Bob. They confirmed time of death as 10:26 am. Carly comes on the phone. 'Dad was calm and happy today. He took it just after he'd made a little speech and said goodbye to everyone. He fell asleep and died in a few minutes. Nothing will change the sadness of our Dad dying, but I'm so glad he had us with him, and that he died peacefully.'

She pauses and then says:

'Thanks for being his GP, from all of us. We couldn't have managed these weeks without your expertise and compassion.'

CT, computed tomography; GP, general practitioner; VAD, voluntary assisted dying.

for accuracy for their state/territory in view of the difficulty capturing the nuances of the variations in regulations between jurisdictions, namely: Dr Keith McArthur, General Practitioner, Authorised VAD Practitioner, Tasmania; Dr Elizabeth Reymond, Palliative Care Physician, Authorised VAD Practitioner, Queensland; Dr Chloe Furst, Geriatrician and Palliative Care Physician, Authorised VAD Practitioner, South Australia; Ms Susan Jury, Registered Nurse, Director, Statewide VAD navigator service, Victoria; Dr Clare Fellingham, Anaesthetist, Authorised VAD Practitioner, Western Australia; and Fiona McDonald, Director, Voluntary Assisted Dying Taskforce, ACT. The authors of this article are VAD practitioners in NSW.

References

References are available online only.

correspondence **ajgp@racgp.org.au**

References

1. Australian Institute of Health and Welfare (AIHW). Australian Burden of Disease Study 2023. AIHW, 2023. Available at www.aihw.gov.au/reports/burden-of-disease/australian-burden-of-disease-study-2023/contents/summary [Accessed 29 August 2025].
2. Maarsingh OR, Henry Y, van de Ven PM, Deeg DJ. Continuity of care in primary care and association with survival in older people: A 17-year prospective cohort study. Br J Gen Pract 2016;66(649):e531–39. doi: 10.3399/bjgp16X686101.
3. Macinko J, Starfield B, Shi L. Quantifying the health benefits of primary care physician supply in the United States. Int J Health Serv 2007;37(1):111–26. doi: 10.2190/3431-G6T7-37M8-P224.
4. Australian Institute of Health and Welfare (AIHW). Palliative care-related medications. AIHW, 2024. Available at www.aihw.gov.au/getmedia/c94f0f9f-a1d6-49d1-935c-190ac060e48f/palliative-care-related-medications_2021-22.pdf.aspx [Accessed 29 August 2025].
5. The Gold Standards Framework, Royal College of General Practitioners. The GSF Prognostic Indicator Guidance. The Gold Standards Framework Centre CIO, 2011. Available at https://connectability.ca/wp-content/uploads/2017/03/12.-GSF-Prognostic-Indicator-Guidance-October-2011-3.pdf [Accessed 24 June 2025].
6. The Australia Institute. Polling – Voluntary assisted dying and the territories. The Australia Institute, 2021. Available at https://australiainstitute.org.au/wp-content/uploads/2021/04/Polling-April-2021-Voluntary-assisted-dying-and-the-territories-Web.pdf [Accessed 29 August 2025].
7. van der Heide A, van Delden JJM, Onwuteaka-Philipsen BD. End-of-life decisions in the Netherlands over 25 years. N Engl J Med 2017;377(5):492–94. doi: 10.1056/NEJMc1705630.
8. Australian Centre for Health Law Research. End of Life Law in Australia. Queensland University of Technology, 2023. Contract No.: 8 Jun 2025. Available at https://end-of-life.qut.edu.au/legal-overview#547391 [Accessed 27 June 2025].
9. Go Gentle Australia. State of VAD. Go Gentle Australia, 2024. Available at https://assets.nationbuilder.com/gogentleaustralia/pages/3038/attachments/original/1723682650/GGA_StateOfVAD_Report_2024_DIGITAL_Aug24.pdf?1723682650 [Accessed 10 July 2025].
10. Northern Territory Government. Report into Voluntary Assisted Dying in the Northern Territory: Final Report 2024. Northern Territory Government, 2024. Available at https://cmc.nt.gov.au/media/docs/project-management-office/vad-report-2024.pdf [Accessed 18 August 2025].
11. Dignity in Dying. Assisted dying around the world. Dignity in Dying, 2025. Available at www.dignityindying.org.uk/assisted-dying/assisted-dying-around-the-world [Accessed 10 July 2025].
12. Waller K, Del Villar K, Willmott L, White BP. Voluntary assisted dying in Australia: A comparative and critical analysis of state laws. Univ N S W Law J 2023;46(4):1421–70.
13. End of Life Directions for Aged Care (ELDAC). Overview of voluntary assisted dying. ELDAC, 2025. Available at www.eldac.com.au/Our-Toolkits/End-of-Life-Law/Voluntary-Assisted-Dying/Overview [Accessed 23 June 2025].
14. Go Gentle Australia. Comparative table of VAD legislation in Australia. Go Gentle Australia, 2024. Available at www.gogentleaustralia.org.au/policy_library [Accessed 22 June 2025].
15. Voluntary Assisted Dying BIll 2023 (ACT).
16. Palliative Care Australia. Palliative and end of life care glossary of terms. Palliative Care Australia, 2008. Available at https://palliativecare.org.au/wp-content/uploads/2015/11/PCA-Glossary_2008.pdf [Accessed 28 June 2025].
17. Mahura M, Karle B, Sayers L, Dick-Smith F, Elliott R. Use of the supportive and palliative care indicators tool (SPICT™) for end-of-life discussions: A scoping review. BMC Palliat Care 2024;23(1):119. doi: 10.1186/s12904-024-01445-z.
18. Gupta A, Burgess R, Drozd M, Gierula J, Witte K, Straw S. The Surprise Question and clinician-predicted prognosis: Systematic review and meta-analysis. BMJ Support Palliat Care 2024;15(1):12–35. doi: 10.1136/spcare-2024-004879.
19. NSW Voluntary Assisted Dying Board. Annual Report: 2023–24. NSW Health, 2024. Available at www.health.nsw.gov.au/voluntary-assisted-dying/Pages/annual-report-2023-2024.aspx [Accessed 2 July 2025].
20. Thomas H, Best M, Mitchell G. Whole-person care in general practice: The doctor-patient relationship. Aust J Gen Pract 2020;49(3):139–44. doi: 10.31128/AJGP-05-19-49502.
21. Woodley M. RACGP updates aged care clinical guidelines [press release]. NewsGP, 15 January 2020. Available at www1.racgp.org.au/newsgp/clinical/racgp-updates-aged-care-clinical-guidelines [Accessed 1 July 2025].
22. Victoria State Government Department of Health. Voluntary Assisted Dying Review Board Annual Report: July 2023 to June 2024. Victoria State Government Department of Health, 2024. Available at www.health.vic.gov.au/sites/default/files/2024-09/voluntary-assisted-dying-review-board-annual-report-2023-24.pdf [Accessed 26 June 2025].
23. Department of Health Government of Western Australia. Western Australian Voluntary Assisted Dying Guidelines. Government of Western Australia, 2021. Available at www.health.wa.gov.au/~/media/Corp/Documents/Health-for/Voluntary-assisted-dying/VAD-guidelines.pdf [Accessed 7 July 2025].
24. Voluntary Assisted Dying Board Western Australia. Voluntary Assisted Dying Board Western Australia Annual: Report 2023–24. Voluntary Assisted Dying Board Western Australia, 2024. Available at www.health.wa.gov.au/~/media/Corp/Documents/Health-for/Voluntary-assisted-dying/VAD-Board-Annual-Report-2023-24.pdf [Accessed 26 June 2025].
25. Tasmanian Government. Voluntary Assisted Dying Commission Annual Report 2023-24. Department of Health, 2024. Available at www.health.tas.gov.au/sites/default/files/2024-09/voluntary_assisted_dying_annual_report_2023-24.pdf [Accessed 7 July 2025].
26. SA Health. Voluntary Assisted Dying Review Board Annual Report 2023–24. Government of South Australia, 2024. Available at www.sahealth.sa.gov.au/wps/wcm/connect/73a3fd16-46c4-4ad4-bd82-7a03a924c1bc/VAD+Review+Board+Annual+Report+2023-2024+-+FINAL.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-73a3fd16-46c4-4ad4-bd82-7a03a924c1bc-pdMyZ1p [Accessed 7 July 2025].
27. Queensland Voluntary Assisted Dying Review Board. Queensland Voluntary Assisted Dying Review Board Annual Report 2023-2024. Queensland Government, 2024. Available at www.health.qld.gov.au/__data/assets/pdf_file/0019/1362124/vad-annual-report-2023-24.pdf [Accessed 2 July 2025].
28. Government of South Australia. Voluntary Assisted Dying Review Board: Annual Report 2022–23. Government of South Australia, 2023. Available at www.sahealth.sa.gov.au/wps/wcm/connect/c502e159-2307-4b27-9968-a06c41d219ad/23116.1+Voluntary+Assisted+Dying+Annual+Report_V9_WEB3.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-c502e159-2307-4b27-9968-a06c41d219ad-oLmvJkb [Accessed 26 June 2025].
29. The Royal Australian College of General Practitioners (RACGP). RACGP aged care clinical guide (Silver Book). RACGP, 2025. Available at www.racgp.org.au/silverbook [Accessed 26 June 2025].
30. NSW Health. NSW Voluntary Assisted Dying Clinical Practice Handbook. NSW Government, 2023. Available at www.health.nsw.gov.au/voluntary-assisted-dying/Publications/practitioner-handbook.pdf [Accessed 26 June 2025].
31. Queensland Government. Queensland Voluntary Assisted Dying Handbook: Version 2. Queensland Government, 2022. Available at www.health.qld.gov.au/__data/assets/pdf_file/0027/1166184/qvad-handbook.pdf [Accessed 26 June 2025].
32. Government of South Australia. Voluntary Assisted Dying Clinical Guideline for Health Practitioners. Government of South Australia, 2024. Available at www.sahealth.sa.gov.au/wps/wcm/connect/e148edcb-134b-449d-8e57-9c3f7ad21eb2/Voluntary+Assisted+Dying+Clinical+Guideline+for++Health+Practitioners+v2.3_Aug+2025.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-e148edcb-134b-449d-8e57-9c3f7ad21eb2-pz59ymd [Accessed 26 June 2025].
33. Tasmanian Government Department of Health. Voluntary Assisted Dying Clinical Practice Handbook. Tasmanian Government, 2024. Available at www.health.tas.gov.au/sites/default/files/2024-07/voluntary_assisted_dying_clinical_practice_handbook.pdf [Accessed 26 June 2025].
34. Victoria State Government. Voluntary assisted dying: Guidance for health practitioners. State of Victoria, Department of Health and Human Services, 2019. Available at www.health.vic.gov.au/publications/voluntary-assisted-dying-guidance-for-health-practitioners [Accessed 26 June 2025].

correspondence **ajgp@racgp.org.au**