Voluntary assisted dying

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VOLUNTARY ASSISTED DYING (VAD) is a new end-of-life choice for patients with a terminal illness in Australia. Even in those states with laws operating for a few years, many patients comment that they are the first or second person within their community to consider VAD. This presents challenges for patients, as they are exploring a highly sensitive choice in a societal and healthcare context where family, friends, health professionals and organisations may be unfamiliar with VAD and hold a wide range of views, from wholehearted agreement to considering it antithetical to end-of-life care. This can lead to a range of outcomes for the patient, not least potentially disenfranchising them from their most important supports.

The VAD laws enacted in each state (and ACT from November 2025) seek to ensure protection for patient autonomy while also offering protections for circumstances where personal and institutional conscientious objection exists within the healthcare system providing care. Critique of the laws is beyond the scope of this introduction, suffice to say that the complexities of clinical practice, and of a society grappling with this new scenario, can never be truly addressed in legislation, and additional consideration is valuable.

VAD introduces new constructs, language, priorities, tensions and appointments into planning for end of life. Even where uncertainty is not associated with deeply held conscious objecting personal beliefs, unfamiliarity with VAD exists across many forums, including within healthcare spaces. After the law became operational in NSW, a family member of a patient applying for VAD reflected that there was little guidance in terms of how to think or talk about VAD, including how the application would be received by their community. After 2.5 years working in delivering VAD services in NSW, the authors' experience is that both VAD and death literacy remain low, and these can potentially be highly sensitive topics for society and patients to navigate, including with their general practitioners (GPs) and/or healthcare providers.

Patients that apply for access to VAD remain relatively uncommon among our patient cohorts, as VAD accounts for a tiny proportion of deaths each year in Australia. Although most GPs are aware that VAD is legal, many have not had a patient explore it, and they may not have considered how they would respond or discuss VAD. There is some risk that GPs will not be aware of how to ensure compliance with their legal responsibilities as defined by their state's VAD Act, nor consider what information might be important in a discussion about VAD when it is raised.

Although there are international models where VAD has already been established as part of the usual spectrum of patient care across the lifespan, in Australia this is still being negotiated, both in healthcare forums and in societal spaces where patients and families are journeying. Given the variability in VAD law and practice internationally, only some of the international experience can inform the way forward for Australia. Within our professional, personal and cultural communities, it is essential that we mature the conversations about death literacy, including about VAD, as patients will want to explore it as an option and risk being provided with information that is inadequate or comes too late in their journeys, or having other needs that remain unexplored.

Patients living with advanced illness and experiencing associated decline value clear, honest information about what lies ahead.[1] Despite this, research shows that patients tend not to bring up the topic, suggesting a need for GPs to proactively consider these conversations at the right moment if permitted by law.[2] The longitudinal nature of the relationships built in general practice provides an ideal context for ongoing conversations about end-of-life planning. GPs often have insight into how their regular patients think, what they prioritise and who supports them. Knowing patients over time also gives GPs a better chance to recognise when someone is declining, prompting the essential question: What matters to you at this time? We know that when these conversations happen at the end of life, care is better coordinated, and outcomes are more likely to be aligned with the patient's values.[3]

When engaging in these end-of-life conversations, it is not uncommon for a patient to express that they want to die. Gently exploring what this means, in the wider context of looking at priorities and values, will unearth a wide range of underlying needs, including fear, distress and a requirement for additional support. For many patients it will involve linking them with palliative care. For a growing number, it may be that they want to apply for VAD. Some may seek both options.

Over the next few issues of *Australian Journal of General Practice*, a series of articles on VAD will be presented to provide information and address issues relevant to GPs. Rather than being surprised by a patient enquiring about VAD, the upcoming articles encourage you to consider your approach to VAD and how you will respond in practice. The law provides frameworks for legal responsibilities but cannot give complete guidance on what is important in clinical practice. Maintaining an ongoing therapeutic relationship with patients at this time is highly valuable, and we would invite you to consider how you can manage this, including the language you use, to preserve the patient–doctor relationship. It is not uncommon for patients who want to explore VAD to feel thwarted or unheard if their request is perceived as ignored. Exploring VAD with the patient within the realms of what you feel is

comfortable, providing the phone number of the state or local intake service (often called a care navigator service) or referring to another local practitioner involved in VAD will provide the patient with essential referral and linkage for further information.

It is crucial for the trusted relationship between patient and GP to be preserved through this new face of end-of-life care. As GPs, we are in a unique position to support our patients through every stage of life, including the end. The relationships we build over time help us guide important conversations and provide care that reflects what matters most to each person. Whether or not we have patients requesting VAD at the end of life, our role remains the same: to listen, to support, to maintain trust and to assist in making the end of life the best it can be. A strong GP–patient connection can help ensure patients feel understood and cared for when it matters most.

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References

1. Steinhauser KE, Christakis NA, Clipp EC, McNeilly M, McIntyre L, Tulsky JA. Factors considered important at the end of life by patients, family, physicians, and other care providers. JAMA 2000;284(19):2476–82. doi: 10.1001/jama.284.19.2476.
2. Australian Government Department of Health and Aged Care. What do you want for your end-of-life care? Department of Health and Aged Care, [date unknown]. Available at www.health.gov.au/sites/default/files/what-do-you-want-for-your-end-of-life-care-what-do-you-want-for-your-end-of-life-care-english_0.pdf [Accessed 1 September 2025].
3. Palliative Care Australia. Guiding principles for palliative and end-of-life care in residential aged care. Palliative Care Australia, 2017. Available at https://palliativecare.org.au/wp-content/uploads/dlm_uploads/2017/05/PCA018_Guiding-Principles-for-PC-Aged-Care_W03-002.pdf [Accessed 1 September 2025].

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