

First conversations about voluntary assisted dying in general practice

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

Background

Voluntary assisted dying (VAD) is now an available end-of-life choice everywhere in Australia, except the Northern Territory. Many patients will wish to have conversations about VAD with their general practitioner (GP), as a known and trusted first point of contact for health concerns. However, to date, VAD provision in the general practice setting has been limited.

Objective

This article outlines GPs' legal and professional requirements for engaging in first conversations about VAD with patients. It identifies current barriers to these conversations and offers guidance and advice to support GPs when navigating them.

Discussion

GPs coordinate patient care across the lifespan, including end of life. Early conversations with patients about all end-of-life options, including VAD where legally permitted, can enable more timely access to optimal end-of-life care. VAD is a relatively new form of healthcare, and there can be legal, ethical, professional and therapeutic barriers to conversations about it.

VOLUNTARY ASSISTED DYING (VAD) is now a lawful end-of-life choice in all Australian states and, from 3 November 2025, the Australian Capital Territory (ACT).¹ The extent to which VAD provision occurs in general practice is unknown, but it appears to vary across states. For example, in Queensland, approximately 90% of VAD applications are managed through the state public health system.² Each Queensland health service area has a government directive to provide VAD,² which might contribute to less general practitioner (GP) participation.³ Challenges for GPs in private practice providing VAD include lack of time and remuneration to undertake significant administrative duties in VAD assessments, lack of awareness and knowledge about VAD, and personal beliefs about VAD.⁴⁻⁸

Regardless of participation rates in the formal VAD process, GPs are a likely first point of contact for discussions about VAD.⁹ It is therefore important that GPs are prepared for these 'first conversations', even if they do not have a formal role in the VAD process. This includes:

- knowing legal requirements about discussing VAD
- being ready to navigate conversations about VAD (and wider end-of-life choices) that support the patient and preserve the patient-GP relationship.

In this article, we define 'first conversations' as the first time VAD is raised and discussed in a medical consultation. This could include the GP raising VAD, where permitted

(Table 1), or the patient asking about VAD. It could also include a patient making a formal 'first request' to start the VAD process.

Potential barriers to such conversations can be legal, ethical, professional and therapeutic, and knowledge based. This article examines these issues and proposes steps GPs can take to prepare themselves for first conversations about VAD.

Legal obligations in relation to first conversations about VAD

Is it legal to raise VAD with patients?

A first conversation about VAD might be initiated by a patient. If this occurs, a GP may discuss VAD with them. In most states/territories, but not Victoria or South Australia, a GP can also raise the topic of VAD with the patient as part of a wider end-of-life discussion (Table 1).

Given this national variation, some GPs might be uncertain about when a conversation about VAD can be initiated.⁶ They might be aware of the Victorian position (as VAD laws were enacted there first) and incorrectly assume their jurisdiction is the same. This might mean they avoid raising VAD, even if legally permitted, to avoid legal risk.

Victoria and South Australia

In Victoria and South Australia, only patients are allowed to raise VAD; a GP is not legally allowed to do this. Only once a patient has raised the topic of VAD in sufficiently clear terms can a GP discuss VAD with the patient in these states. Box 1 provides some guidance

Table 1. Permissibility of general practitioners (GPs) raising the topic of voluntary assisted dying (VAD) in Australia

| | ACT | NSW | NT ^A | Qld | SA | Tas | Vic | WA |
|--------------------------|------------------|------------------|-----------------|------------------|----|------------------|-----|------------------|
| Permissible to raise VAD | Yes ^B | Yes ^B | No | Yes ^B | No | Yes ^B | No | Yes ^B |

^AVAD is not lawful in the Northern Territory.

^BWhen raising VAD, the GP must also discuss palliative care and other treatment options and the likely outcomes of such options.

to assist GPs to determine if their patient has raised VAD.¹⁰

Australian Capital Territory, New South Wales, Queensland, Tasmania and Western Australia

In these jurisdictions, a GP can raise the topic of VAD with a patient. However, if the GP does this, they must, at the same time, discuss the patient's palliative care and other treatment options and their likely outcomes. The goal of this requirement is to ensure VAD is considered as part of a wider end-of-life discussion and the patient is properly informed.

Northern Territory

VAD is not lawful in the Northern Territory (NT). While GPs can discuss a patient's desire for death if raised with them, patients should be informed that VAD is not lawful there.

Legal obligations when receiving a first request for VAD

GPs have legal obligations when a patient makes a formal first request for VAD, which might include:

- notifying the patient whether they accept or refuse the first request within a specific time frame
- notifying the VAD review body about the request
- giving the patient specific information/details
- recording the decision to accept or refuse the first request in the patient's medical records.

A GP's decision to accept or refuse a first request can be based on a range of factors, including availability, eligibility to participate (eg having required experience) or having a conscientious objection to VAD. Regardless, GPs have obligations in relation to a patient's first request for VAD, which vary across jurisdictions (Table 2).

Box 1. Examples of words that are and are not sufficiently clear to permit a discussion about voluntary assisted dying (VAD)^A

Sufficiently clear to permit a discussion about VAD (so the GP can continue the conversation)

Patient explicitly mentions the words 'voluntary assisted dying', 'assisted dying', 'euthanasia' or 'medication to hasten my death'.

Not sufficiently clear to permit a discussion about VAD (and the GP should clarify with open-ended questions before providing any information, for example 'can you tell me more about what you want/are asking?')

'Can you give me all the options?'

'I am tired of life and just want to die.'

'If animals can be put down when they are suffering, why can't I?'

^AInformation adapted from Victorian Department of Health. Voluntary Assisted Dying Quick Reference Guide for Health Practitioners. Victoria State Government; 2019. Available at www.health.vic.gov.au/publications/voluntary-assisted-dying-quick-reference-guide-for-health-practitioners; Discussing voluntary assisted dying with patients. South Australia. Updated 25 November 2023. Available at www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Services/Community+and+specialised+services/Voluntary+Assisted+Dying/Medical+practitioner/Discussing+voluntary+assisted+dying+with+patients.

Ethical, professional and therapeutic considerations when having first conversations about VAD

GPs hold a range of views about VAD.

Some may have a conscientious objection. According to the AMA Position Statement on Conscientious Objection 2019 (para 1.2), this is 'when a doctor, as a result of a conflict with his or her own personal beliefs or values, refuses to provide, or participate in, a legal, legitimate treatment or procedure which would be deemed medically appropriate in the circumstances under professional standards'.¹¹

All Australian VAD laws protect conscientious objection. However, a GP who wishes to refuse a VAD request still has legal obligations (Table 2). The Medical Code of Conduct also imposes professional obligations on doctors to inform patients (and colleagues) of their conscientious objection and not impede access to lawful healthcare.¹²

Conscientious objection is not binary, and GPs may have different comfort levels with

various aspects of VAD.¹³ For example, some may avoid VAD assessments but be willing to talk about VAD with patients. GPs with a conscientious objection can still support their patients. This could include providing contact details of the appropriate VAD service (Box 2). GPs can also continue to assist the patient with other aspects of their care and provide clinical information to inform a VAD assessment.

Navigating conscientious objection can be difficult for patients and GPs alike.¹³ Even if unintentional, declining to have a VAD discussion with a patient may leave them feeling abandoned. The GP themselves may also feel as though they have let the patient down, particularly when there is a long-standing relationship. Being prepared to navigate these conversations sensitively is therefore important (Box 3).

Another professional issue is whether and when a GP should raise VAD as an option for patients to consider, where legally permitted (Table 1).^{14,15} For us, this

Table 2. Main obligations in relation to first request for VAD

| | ACT | NSW | Qld | SA | Tas | Vic | WA |
|--|---|---|--|-----------------|---|-----------------|---|
| 1. Time frame to notify patient of acceptance or refusal after first request is made | 4 business days | 2 business days, but immediately if refusing due to conscientious objection | 2 business days, but immediately if refusing due to conscientious objection | 7 days | Decide to accept or refuse within 48 hours, and communicate within 7 days | 7 days | 2 business days, but immediately if refusing due to conscientious objection |
| 2. Time frame to notify VAD review body after accepting or refusing the request | N/A | 5 business days | N/A | N/A | 7 days | N/A | 2 business days |
| 3. Requirement to provide prescribed information when patient makes a first request | Yes, when accepting the first request | Yes, after the first request is made | Yes, when accepting the first request | No | Yes, before determining a first request | No | Yes, after the first request is made |
| 4. Specific contact details to provide if refusing | Practitioner must inform the person that other health practitioners may be able to assist and give them details of: 1. Another health practitioner likely able to assist them OR 2. Care Navigator Service | No, but must provide the prescribed information (row 3) | Practitioner must inform the person that other health practitioners, health service providers or services may be able to assist and give them details of: 1. Another health practitioner or health service provider or service likely able to assist them OR 2. Queensland VAD Support Service (refer to Box 2) | No ^A | VAD Commission (refer to Box 2) | No ^A | No, but must provide the prescribed information (row 3) |

Table continued on the next page

is straightforward: if VAD is a relevant and clinically appropriate option, then usual ethical principles relevant to informed decision-making supports patients to know all their options. GPs have the necessary skills to raise VAD, when clinically appropriate, in a sensitive way to ensure patients are aware of the choice (along with other choices). If a GP does not raise VAD, access might depend on whether a patient knows VAD is a legal option⁹ where evidence suggests community awareness is low.¹⁶

Being informed about VAD

Some health practitioners, including GPs, are not aware that VAD is now available.^{6,9,16} This issue is highlighted in VAD Board Annual Reports, with Queensland, Western Australia and South Australia explicitly identifying enhancing health practitioner awareness as a priority area.¹⁷⁻¹⁹ A recent Queensland study found 38% of health practitioner respondents were not aware that VAD was legal, 17 months after the law began.¹⁶ While VAD is still relatively new in Australia,

it is important that GPs are informed about VAD and their legal obligations (Table 2), even if they do not wish to actively participate.

Supporting GPs with first conversations about VAD

To assist GPs and address the barriers identified above, we offer examples of first conversations with patients about VAD (Box 3) and recommendations. While these recommendations aim to support access to VAD for patients who want this choice,

Table 2. Main obligations in relation to first request for VAD (cont'd)

| | ACT | NSW | Qld | SA | Tas | Vic | WA |
|---|---|--|---|--|---|--|---|
| 5. Information to be recorded in the individual's health record (eg a GP's own electronic health record system) | First request was made AND Decision to accept or refuse first request AND If refusing the first request: Steps taken to ensure obligations set out in row 4 were complied with | First request was made AND Decision to accept or refuse first request AND If refusing the first request: The reason for refusal AND Whether the prescribed information (row 3) was provided If accepting the first request: Whether the prescribed information (row 3) was provided | First request was made AND Decision to accept or refuse first request AND If refusing the first request: The reason for refusal and the steps taken to ensure obligations in row 4 were complied with If accepting the first request: The day in which prescribed information was provided (row 3) | If accepting the first request: First request was made AND Decision to accept the first request | First request was made AND Decision to accept or refuse the first request | If accepting the first request: First request was made AND Decision to accept the first request | First request was made AND Decision to accept or refuse first request If refusing the first request: The reason for refusal AND Whether the prescribed information (row 3) was provided If accepting the first request: Whether the prescribed information (row 3) was provided |

^aWhile there is no legal requirement on GPs to refer or provide information to the patient making a first request in South Australia and Victoria, SA Health and the Victorian Department of Health recommend that the medical practitioner refers the person to the care navigator service or a health service to assist the person to access VAD.^{22,23}

ACT, Australian Capital Territory; GP, general practitioner; Qld, Queensland; N/A, not applicable; NSW, New South Wales; SA, South Australia; VAD, voluntary assisted dying; Vic, Victoria; WA, Western Australia.

we have also tried to be sensitive to diverse views. We also offer some suggestions for the difficult situation when a patient wanting VAD may not be eligible.

Recommendations for GPs

- Familiarise yourself with VAD eligibility criteria and the general process.²⁰
- Be aware of your legal and professional obligations in relation to VAD, even if you do not wish to be involved.²⁰
- Reflect on your position on VAD and what you are willing to do or discuss in a first conversation. Consider how you might be able to support the patient moving forward. This may vary depending on the patient and your relationship with them.
- Be ready to discuss VAD. Even if you do not want to discuss VAD, patients will raise it with you, so preparation is important.²¹
- If a patient raises VAD with you, engage in a conversation with them. If you

are not willing to have a conversation about VAD, support your patient by providing them with contact details of the appropriate VAD service (Box 2). (This may be legally required in some jurisdictions.)

- If a patient might be eligible for VAD, consider raising VAD as an option, if legally permitted (Table 1) and clinically appropriate. Legally, this must include a discussion of palliative care and other treatment options and their likely outcomes.
- In a first conversation about VAD:
 - If the patient raised VAD, recognise that this may have been difficult for them, and they may need support to continue this conversation.
 - Be transparent about your position on VAD and your willingness to participate.
 - Ensure the patient has all the information they want at this point,

including the contact details of the appropriate VAD service and appropriate VAD website (Box 2).

- Ensure that the patient understands that you will continue to be their GP, regardless of the discussion about VAD.
- Recognise that sometimes the patient may wish to raise the topic and, following that initial discussion, not want to discuss it further.
- Identify whether this conversation constitutes a first request for VAD. If it does, then specific legal duties arise (Table 2).
- After a first conversation about VAD:
 - Document in the patient's medical record the VAD discussion that occurred. Be prepared for the issue to be discussed again.
 - Consider any legal obligations you may have in relation to a first request (Table 2).

Box 2. Voluntary assisted dying (VAD) resources

National resources

| | |
|--|--|
| End of Life Law Australia (overview of VAD laws) | https://end-of-life.qut.edu.au/assisteddying#547411 |
| Guiding principles for navigating VAD and advance care planning | www.advancecareplanning.org.au/?a=399326 |
| End of Life Directions for Aged Care | www.eldac.com.au/Our-Toolkits/End-of-Life-Law/Voluntary-Assisted-Dying/Overview |
| End of Life Law for Clinicians (online modules to support clinical practice) | https://palliativecareeducation.com.au/course/index.php?categoryid=5 |

Jurisdiction-based guidance

| | |
|------------------------------|---|
| Australian Capital Territory | www.act.gov.au/health/topics/end-of-life-and-palliative-care/voluntary-assisted-dying-in-the-act |
| New South Wales | www.health.nsw.gov.au/voluntary-assisted-dying/Pages/practitioners.aspx |
| Queensland | www.health.qld.gov.au/clinical-practice/guidelines-procedures/voluntary-assisted-dying/information-for-healthcare-workers For general practitioner-specific guidance refer to: www.health.qld.gov.au/clinical-practice/guidelines-procedures/voluntary-assisted-dying/information-for-healthcare-workers/gps |
| South Australia | www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/services/community+and+specialised+services/voluntary+assisted+dying/medical+practitioner/medical+practitioner+information+for+voluntary+assisted+dying |
| Victoria | www.health.vic.gov.au/voluntary-assisted-dying/health-practitioners-information |
| Tasmania | www.health.tas.gov.au/health-topics/voluntary-assisted-dying/resources-health-professionals-about-voluntary-assisted-dying |
| Western Australia | www.health.wa.gov.au/Articles/U_Z/Voluntary-assisted-dying/Resources-for-health-professionals |

Official jurisdiction-based information and support services

| | |
|------------------------------|---|
| Australian Capital Territory | www.act.gov.au/health/topics/end-of-life-and-palliative-care/voluntary-assisted-dying-in-the-act The ACT is establishing a Care Navigator Service; more resources are anticipated once the VAD law starts on 3 November 2025. |
| New South Wales | NSW Voluntary Assisted Dying Care Navigator Service Website: www.health.nsw.gov.au/voluntary-assisted-dying/Pages/navigator.aspx Phone: 1300 802 133 Opening hours: Monday to Friday, 8:30 am to 4:30 pm Email: NSLHD-VADCareNavigator@health.nsw.gov.au |
| Queensland | Voluntary Assisted Dying Support Service (QVAD-Support) Website: www.health.qld.gov.au/clinical-practice/guidelines-procedures/voluntary-assisted-dying/support/qvad-support Phone: 1800 431 371 Opening hours: Monday to Friday, 8:30 am to 4:00 pm Email: qvadsupport@health.qld.gov.au |

Box continued on the next page

Box 2. Voluntary assisted dying (VAD) resources (cont'd)

| | |
|-------------------|---|
| South Australia | <p>South Australian Voluntary Assisted Dying Care Navigator Service (SAVAD-CNS)</p> <p>Website: www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/services/community+and+specialised+services/voluntary+assisted+dying/support+services/south+australian+voluntary+assisted+dying+care+navigator+service+savad-cns</p> <p>Phone: 0403 087 390</p> <p>Opening hours: Monday to Friday, 9:00 am to 5:00 pm</p> <p>Email: Health.VADCareNavigators@sa.gov.au</p> |
| Victoria | <p>Voluntary Assisted Dying Statewide Care Navigator Service</p> <p>Website: www.health.vic.gov.au/voluntary-assisted-dying/statewide-care-navigator-service</p> <p>Phone: (03) 8559 5823</p> <p>Opening hours: Monday to Friday, 9:00 am to 5:00 pm</p> <p>Email: vadcarenavigator@petermac.org</p> |
| Tasmania | <p>Voluntary Assisted Dying Navigation Service</p> <p>Website: www.health.tas.gov.au/health-topics/voluntary-assisted-dying/voluntary-assisted-dying-services/navigation-service-voluntary-assisted-dying</p> <p>Phone: 1800 568 956</p> <p>Opening hours: Monday to Friday, 9:00 am to 5:00 pm</p> <p>Email: vad@health.tas.gov.au</p> |
| Western Australia | <p>WA Voluntary Assisted Dying Statewide Care Navigator Service (SWCNS)</p> <p>Website: www.health.wa.gov.au/Articles/U_Z/Voluntary-assisted-dying/Statewide-Care-Navigator-Service</p> <p>Phone: (08) 9431 2755</p> <p>Opening hours: Monday to Friday, 8:30 am to 5:00 pm</p> <p>Email: VADcarenavigator@health.wa.gov.au</p> |

- Consider your own self-care needs if you find talking about VAD is challenging generally or for this patient.
- Consider how you can support the patient if they decide they want to proceed with VAD (whether or not you will be directly involved).

Key points

- Patients will present to GPs requesting VAD or asking about it. Often, this will be the patient's first conversation about VAD with a healthcare professional.
- Some GPs may wish to raise the option of VAD with eligible patients (where permitted).
- Discussions about VAD can be difficult and sensitive and it is important GPs are prepared for this issue.
- GPs are key trusted known supports for their patients on the VAD journey.
- GPs have legal and professional obligations with respect to VAD regardless of their level of participation in the process.

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Box 3. Examples of first conversations about VAD

Initiation of VAD discussion by the GP or healthcare practitioner^A

Note: It is not lawful to raise the topic of VAD with a patient in Victoria and South Australia.

'As you near the end of life, there are several healthcare options we can discuss...these include palliative care and VAD.'

'As we near the end of life, there are several healthcare options that can [be useful in supporting]/ [provide you with as much quality of life as possible] in the last months/weeks...these include palliative care and VAD.'

'Would you like some information with links to resources that you can look at?'

Ongoing discussion of VAD in relation to a patient's questions or request

Once VAD has been raised by a patient (Box 1), all jurisdictions allow GPs to then discuss VAD as an option (although VAD is not lawful in the Northern Territory).

If you are an authorised practitioner

'I work in the end-of-life space and am able to answer any questions you may have on VAD. I can support you through the process if you wish to consider it. If you do start the process of applying for VAD, you can stop at any time and then restart later if you wish. You can also apply for VAD and be approved, receive the medication and then never use it. It is all about whatever works best for you...'

If you are not an authorised practitioner

Adapting statements above but including:

'Would you like me to refer you to one of the local VAD team to answer your questions? If you wish, you can start on the process of applying for it, knowing that you can stop it at any time, and that even if you are approved, you don't ever have to use it...'

If you are a conscientious objector

'I am unable to help you with that, but I can direct you to someone else who can assist...in answering your questions...in helping you apply... In the meantime, here is the link to the state VAD website/phone contact where there is also a lot of information.'

'I am unable to answer those questions about VAD, but my colleague, Dr X, works in this field and will be able to assist...'

'Although I am unable to assist with your request to access VAD, I can link you with someone who will be able to provide you information about VAD, answer your questions, and start the process with you if that is what you decide.'

The above statements can include: *'While I cannot assist you with VAD, I can still assist you with other aspects of your care.'*

Patient is not likely to be eligible for VAD

'I understand that you want to access VAD. I do not think you are likely to be eligible at this point in time [insert reason: eg you are expected to live longer than 6/12 months]. This does not mean that you will not be eligible in the future. However, I can give you more information about the process now and we can still link you into the VAD application process or we can revisit in a few months when you may be eligible. I can still discuss some other options with you today that are available to you at this point in time.'

Even if the patient is likely to be ineligible, obligations relating to any first request made still apply. However, this discussion can be used to manage expectations.

^AGPs are used to providing patient-centric, holistic care and will already have a method for communicating with their patients when faced with difficult conversations. VAD will merely be another topic that will be best discussed in that trusted, safe, supported consultation environment.

GP, general practitioner; VAD, voluntary assisted dying.

Note: Details of official information and support services are provided in Box 2.

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