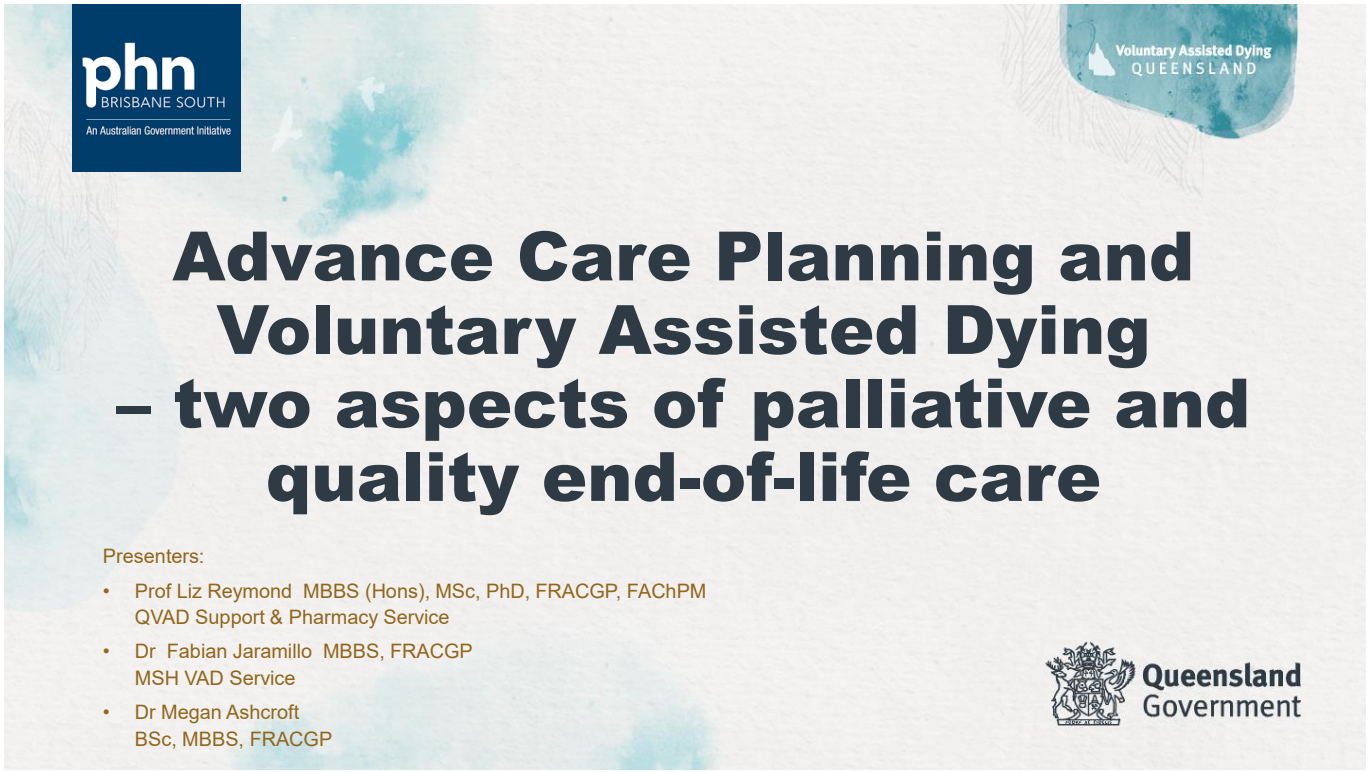
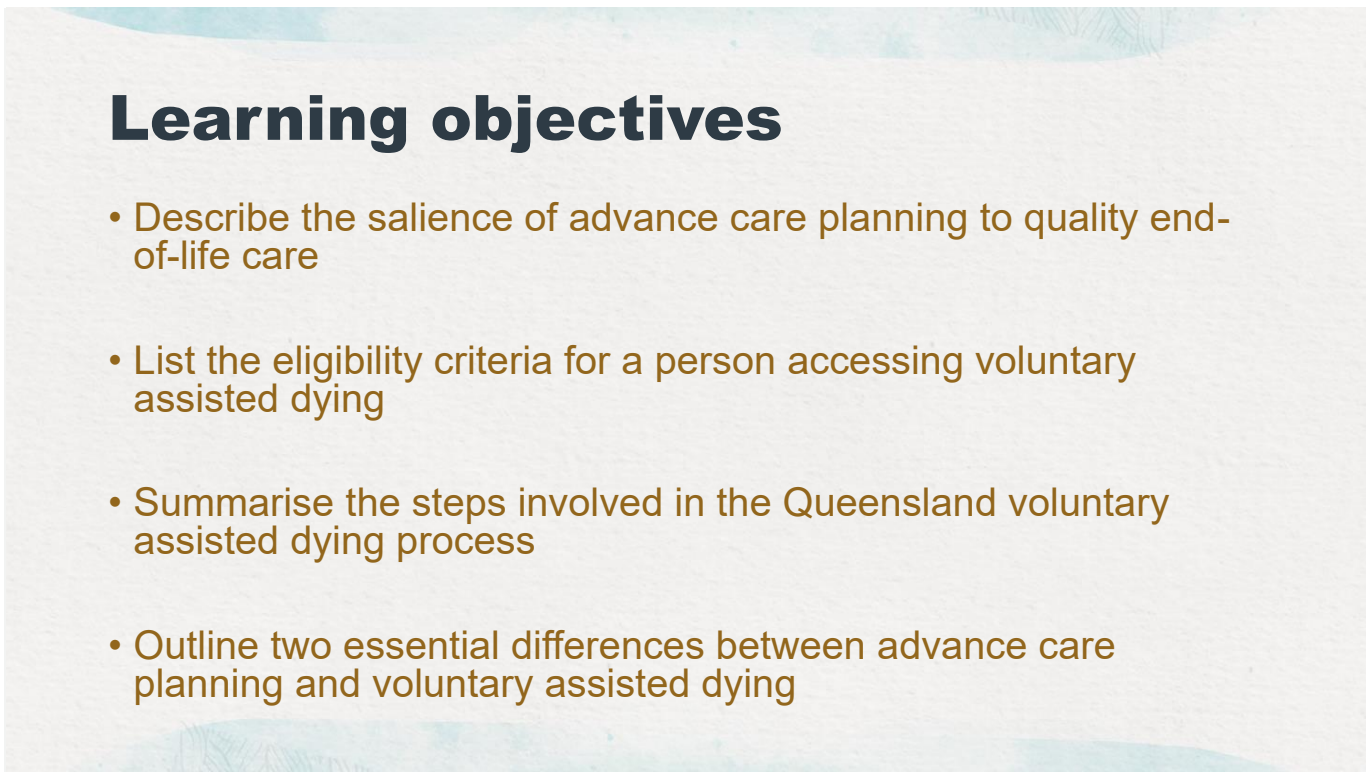
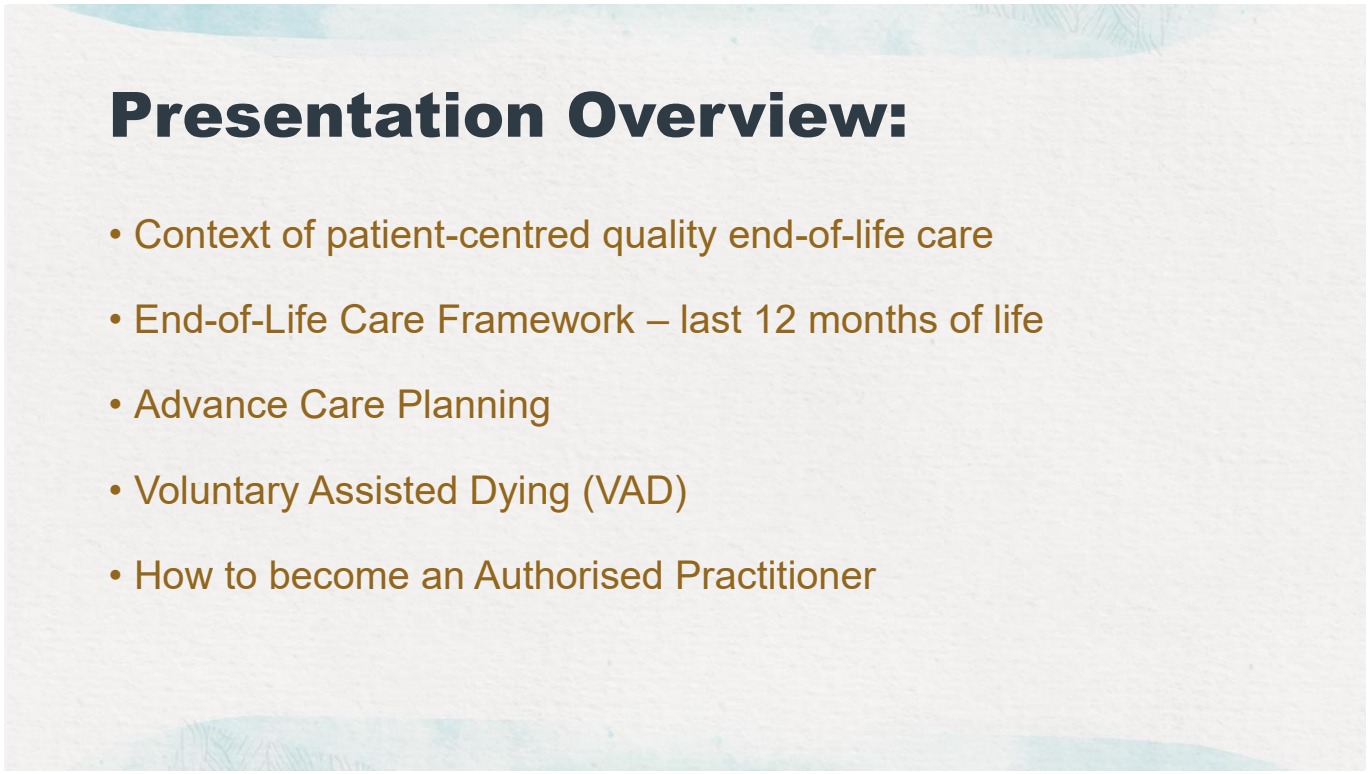
Appendix 1

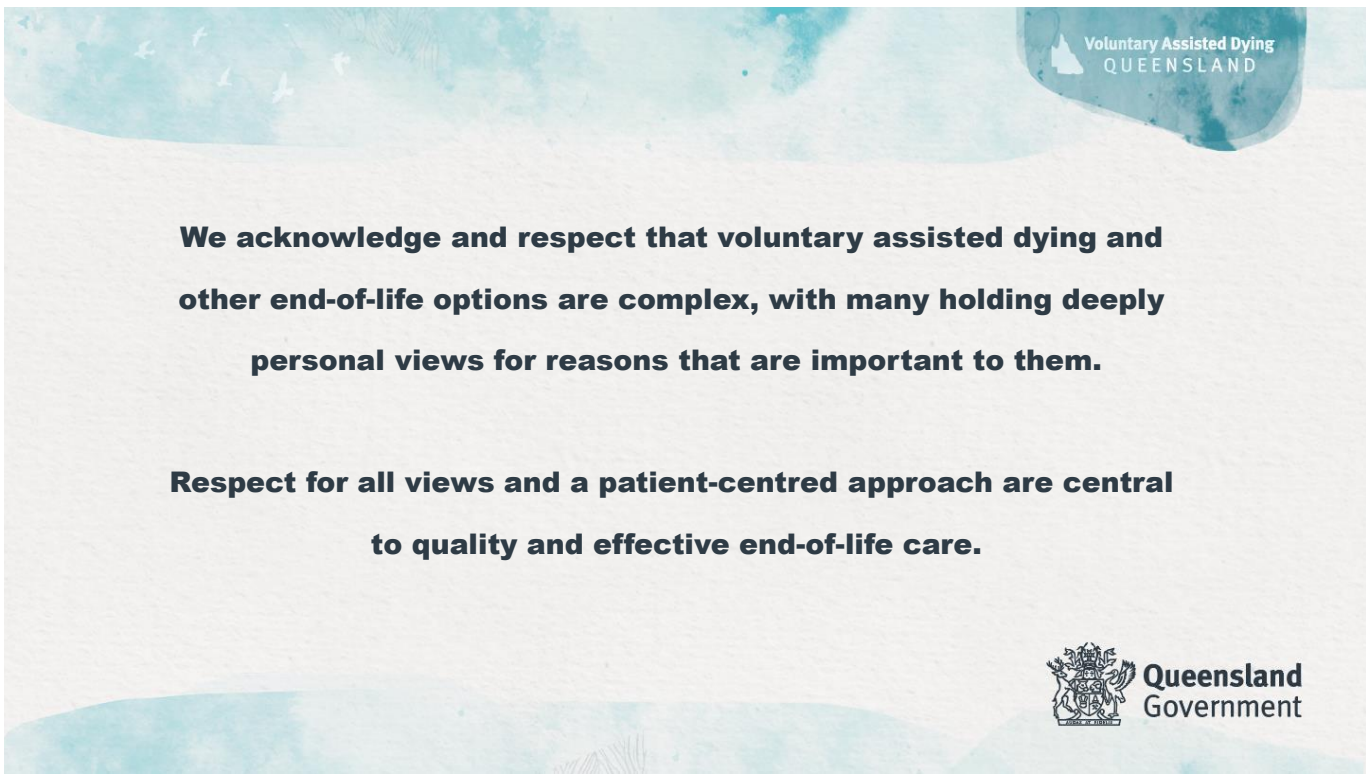
This appendix is unedited and published as supplied by the author.





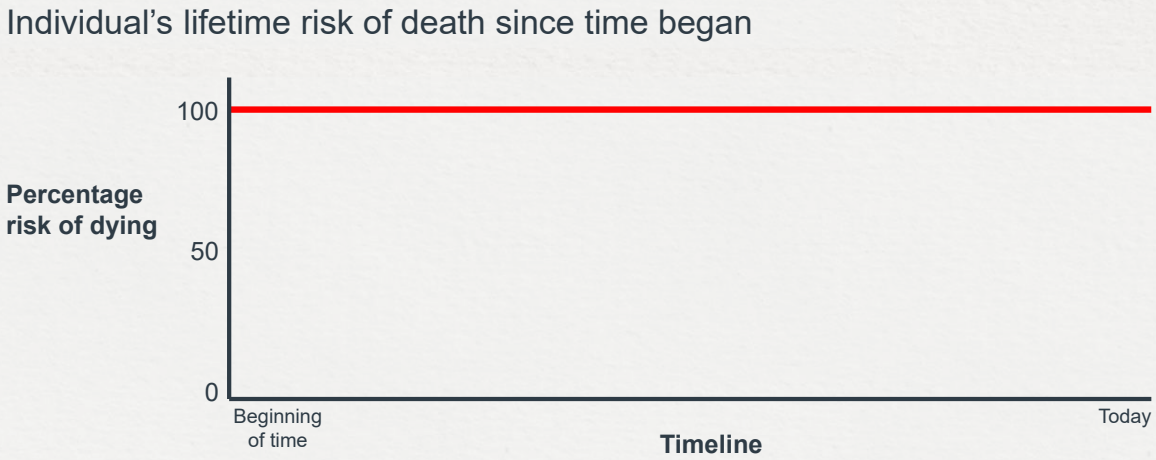
© The Royal Australian College of General Practitioners 2026





© The Royal Australian College of General Practitioners 2026

Why do we need quality end-of-life care?



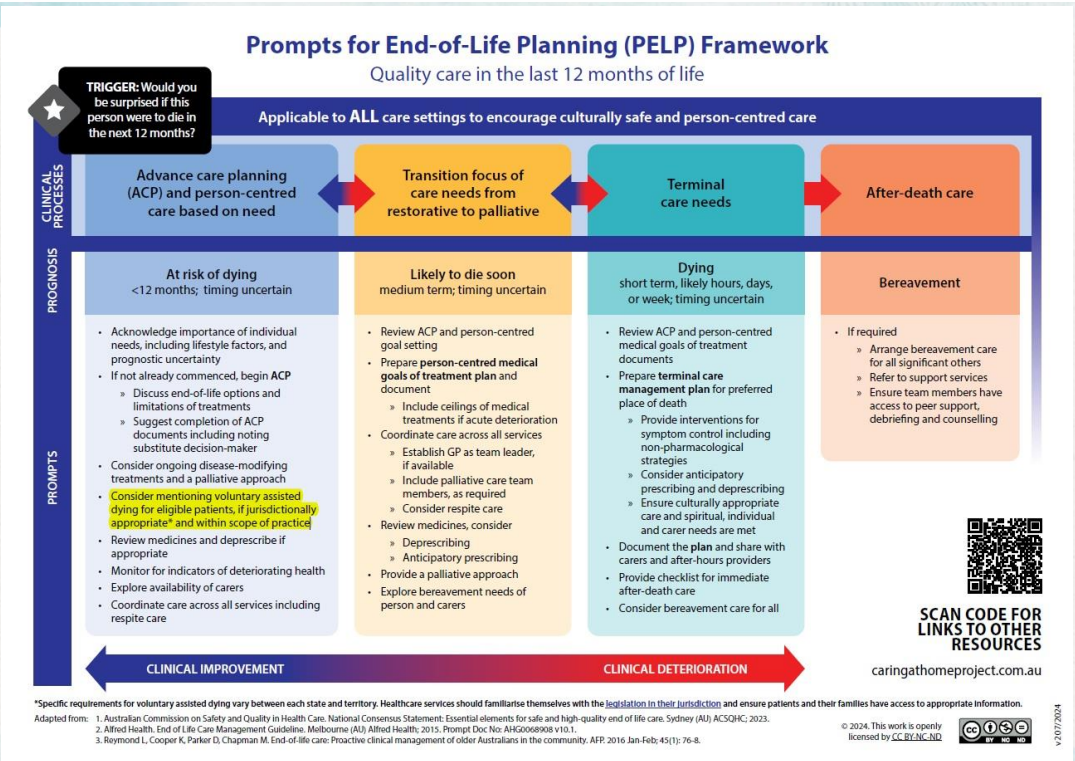
Context: End of life is complex

- End of life, especially an expected end of life, is complex involving social, psychological, cultural, existential, spiritual and medical and other treatments issues
- People hold deeply personal views about end of life for reasons that are important to them
- End-of-life care can also be complex – optimally it is proactive, interdisciplinary and always patient-centred. Carers and clinicians also hold deeply personal views about end of life.

© The Royal Australian College of General Practitioners 2026

Context: End of life is complex

- The RACGP Silver Book presents a Framework of Palliative and End-of-Life Care suitable for the last 12 months of life that can guide person-centred care even when prognosis is uncertain. Also in ACRRM Palliative Care Doctor's Bag.
- The Framework is built upon 3 key clinical processes:
  - Advance care planning (ACP)
  - Medical goals of treatment plan, based upon a person's wishes
  - Terminal care management plan



© The Royal Australian College of General Practitioners 2026

Advance Care Planning

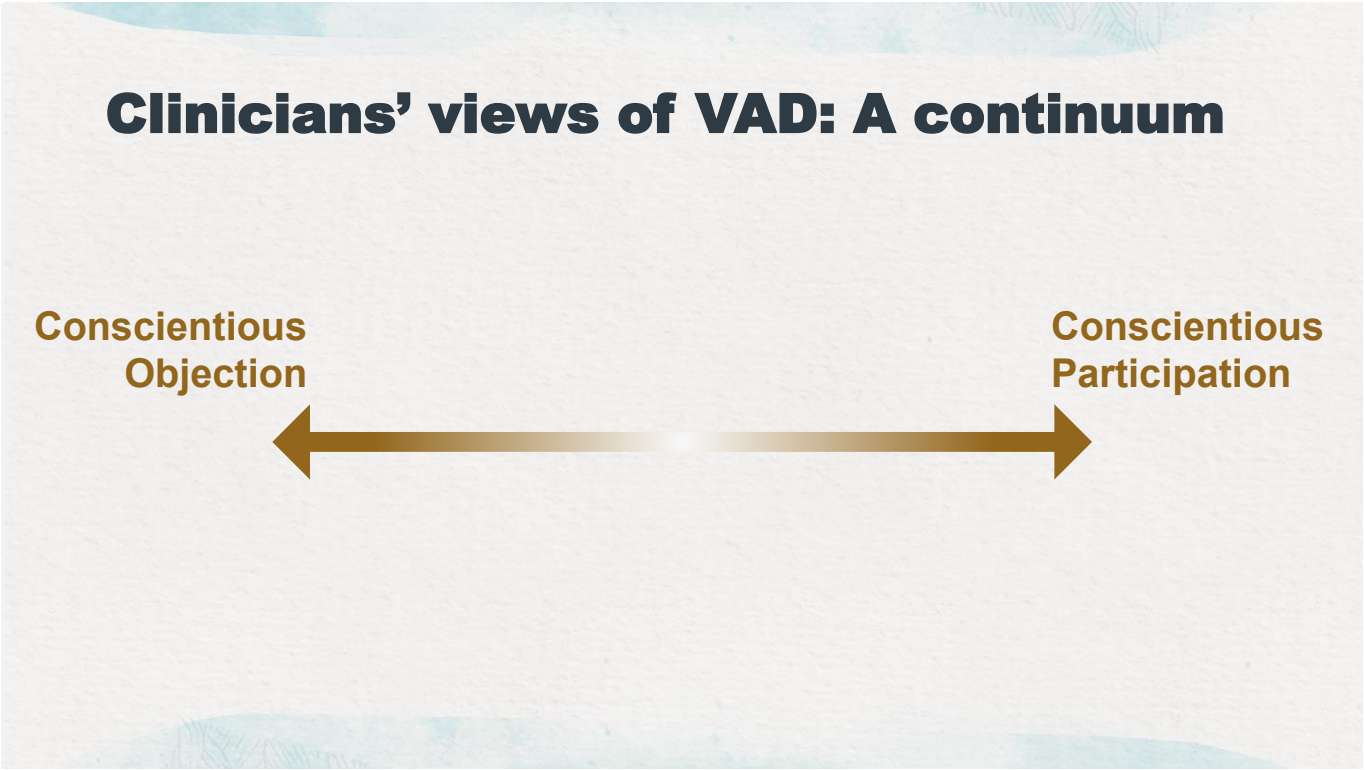


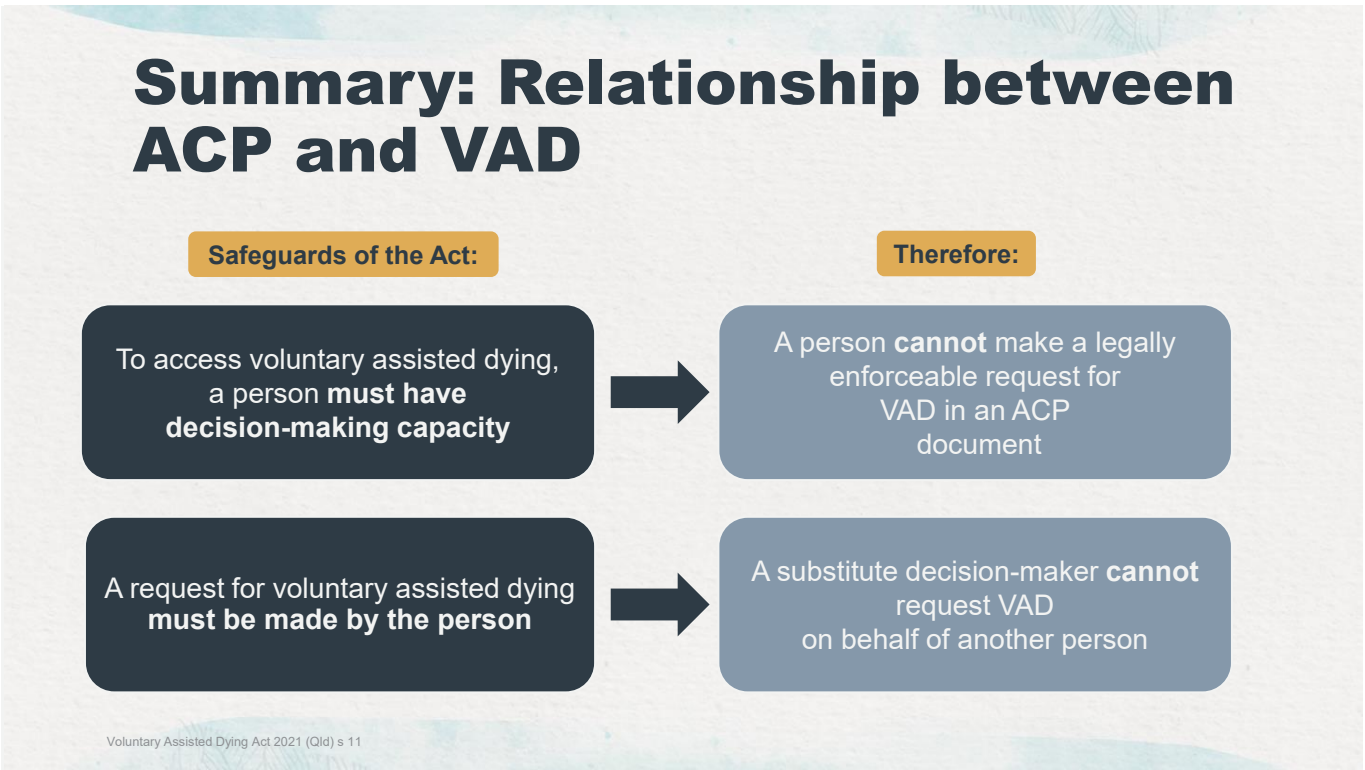
- ACP is the cornerstone of proactive end-of-life care
- ACP provides an opportunity for people to think, discuss, plan and document their wishes for the care they want to receive at the end of their life **if they lose decision making capacity**
- ACP documents only operate for health care when a person does not have capacity to make their own decisions
- Since January 1st 2023, a new end-of-life treatment option became available for eligible adults with capacity: Voluntary Assisted Dying

VAD (January 1st, 2023)

- VAD allows eligible adults with decision-making capacity, who are suffering intolerably and dying, an additional end-of-life choice by allowing them to choose the timing and circumstances of their death
- To access VAD, a person must have decision-making capacity at each stage of the process and can only request and access it when they are able to make decisions for themselves -> if a person loses capacity they are no longer eligible for VAD

© The Royal Australian College of General Practitioners 2026





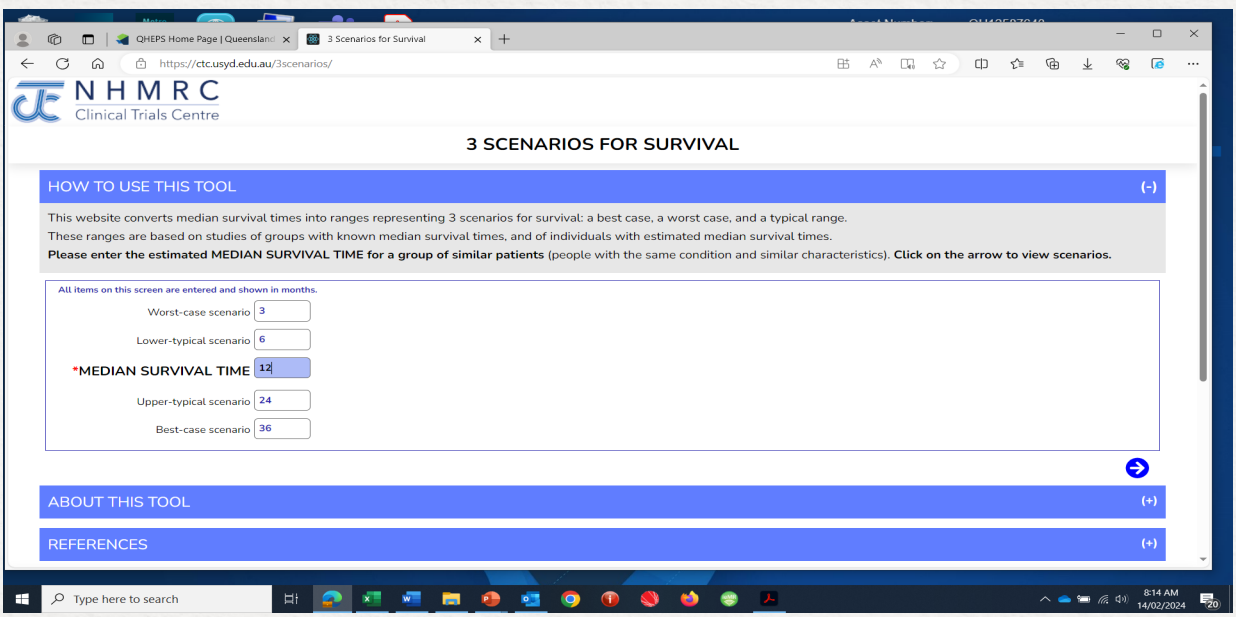
© The Royal Australian College of General Practitioners 2026

Eligibility criteria for VAD

1. Have an **eligible condition**:
   - is advanced, progressive and will cause death, and
   - is expected to cause death within 12 months, and
   - is causing suffering that the person considers to be intolerable
2. Have **decision-making capacity for VAD**
3. Be **acting voluntarily and without coercion**
4. Be at least **18 years** of age
5. Fulfil **residency and citizenship requirements**

Voluntary Assisted Dying Act 2021 (Qld) s 10

Expected to cause death within 12/12

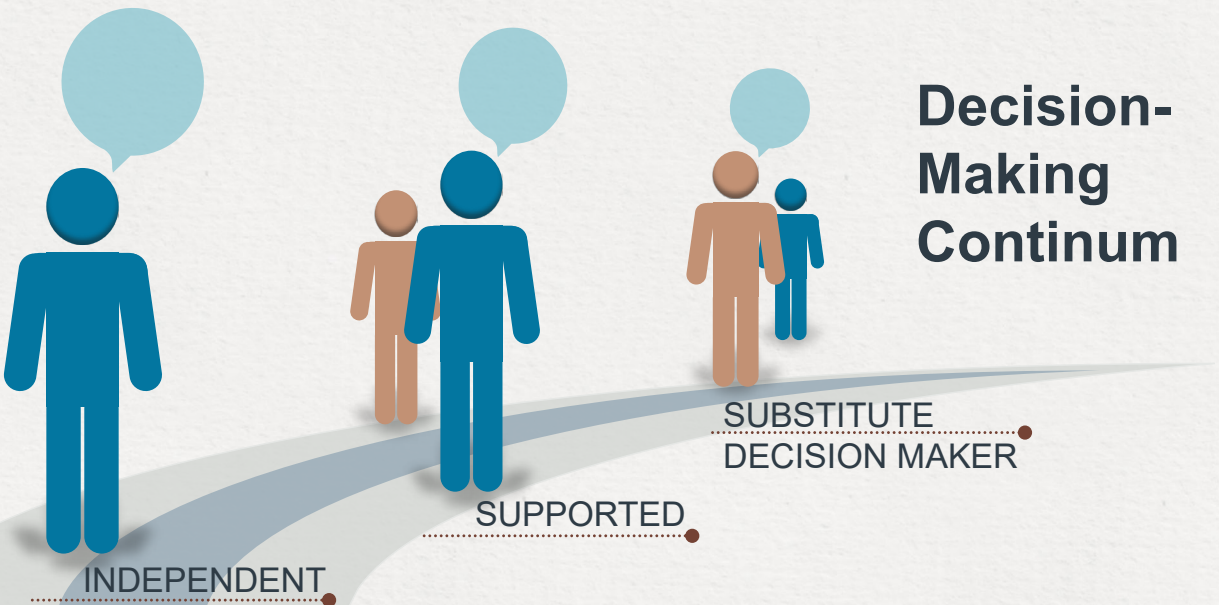


© The Royal Australian College of General Practitioners 2026

Expected to cause death within 12 months

- Many prognostic tools but may not add much to your clinical judgement, especially if you have known the patient for a long time
- Ask treating specialists to assist in estimating likelihood of death, if not confident
- Uncertainty in prognostication must be acknowledged
  - but should not consign patients to being ineligible for VAD if clinical judgement for that individual suggests a high likelihood of death within 12 months
- Primary aim of VAD is to provide relief from current intolerable suffering in the face of a terminal condition, so accurate estimates of life expectancy are a secondary consideration.

A person must have decision making capacity for VAD



© The Royal Australian College of General Practitioners 2026

Voluntariness and coercion

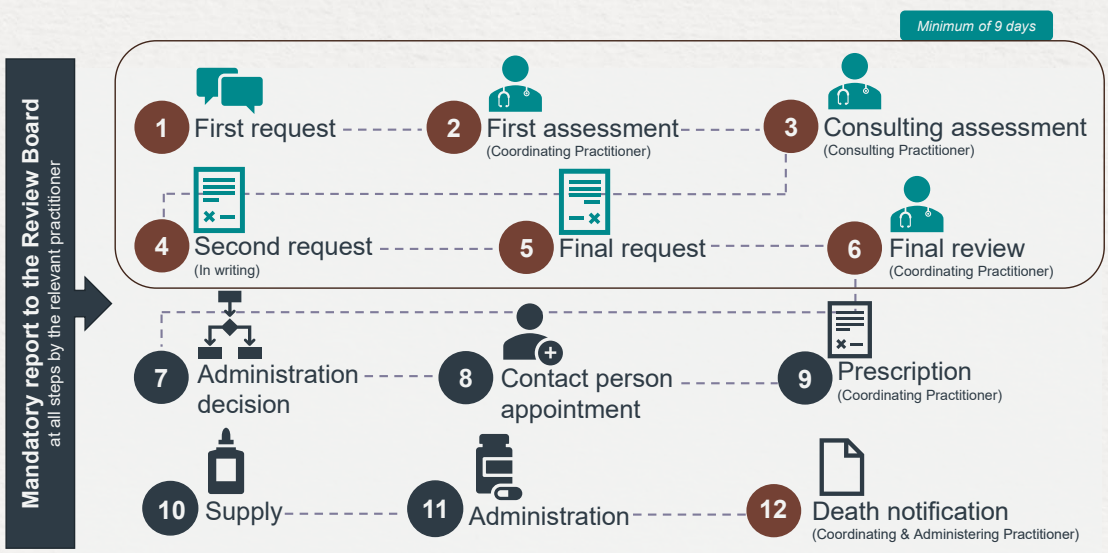
Voluntariness:
Something that is done 'of one's own accord or by free choice'[1]

Coercion:
Intimidation or a threat or promise, including by an improper use of a position of trust or influence[2]

Indicators of possible coercion may include:

- excessive deferment by the person to carers, family or friends for answers, reassurance or explanation
- carers, family or friends talking over the person and answering on their behalf
- inconsistencies in the person's answers to questions about their suffering, illness experience or voluntary assisted dying in general
- family conflict, especially if one family member has isolated the adult from other family members or their usual support networks
- the history or presence of threats or perceived threats and abuse

Summary of the VAD process:



Voluntary Assisted Dying Act 2021

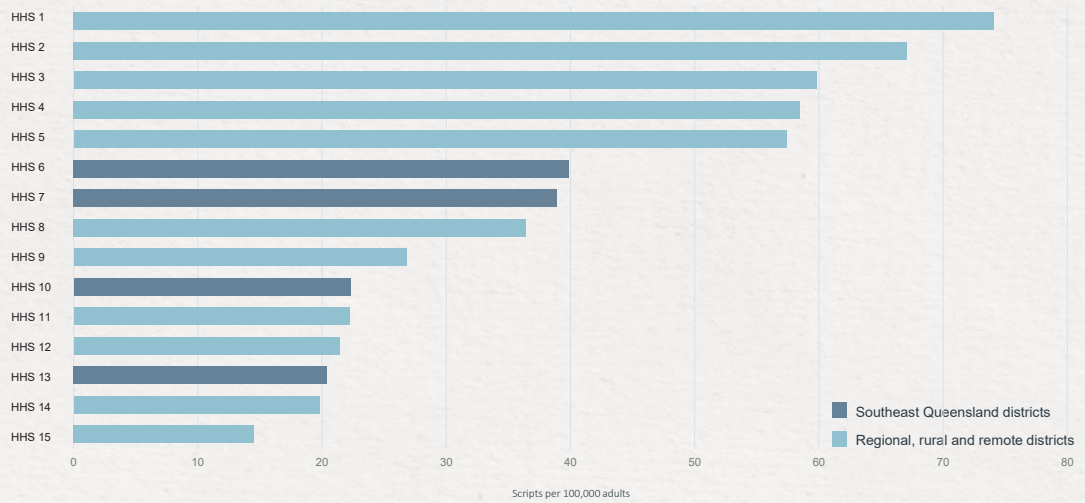
© The Royal Australian College of General Practitioners 2026

Summary of steps in the VAD process:

1. A person must make a first request for VAD to a doctor or nurse practitioner
2. Two independent doctors (coordinating and consulting) must agree that person is eligible for VAD
3. The person must then make a second request, in writing, for VAD
4. The coordinating doctor must then make a final assessment of the person and discuss how VAD will be administered (oral or IV)
5. The coordinating doctor writes a prescription
6. The substance is delivered and administered

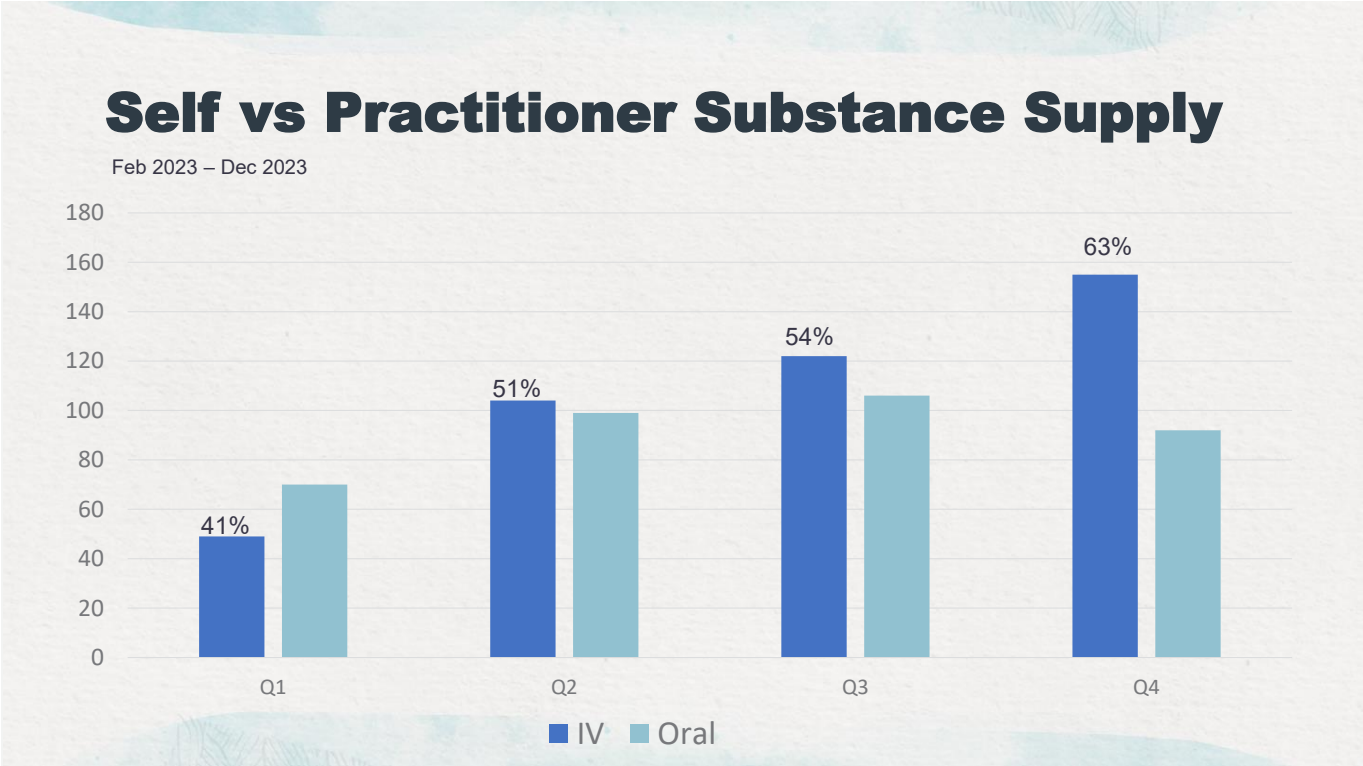
Scripts by HHS per 100,000 adult population

1.01.2023 – 24.04.2024 | N: 1394 scripts



HHS	HHS 1	HHS 2	HHS 3	HHS 4	HHS 5	HHS 6	HHS 7	HHS 8	HHS 9	HHS 10	HHS 11	HHS 12	HHS 13	HHS 14	HHS 15
Adult population	182,173	207,244	8,363	136,675	193,262	358,041	521,616	227,734	171,325	947,811	234,408	18,729	857,089	20,197	20,634
Scripts	135	139	5	80	111	143	203	83	46	211	52	4	175	4	3
Scripts per 100,00 adults	**74.1**	**67.1**	**59.8**	**58.5**	**57.4**	**39.9**	**38.9**	**36.4**	**26.8**	**22.3**	**22.2**	**21.4**	**20.4**	**19.8**	**14.5**

© The Royal Australian College of General Practitioners 2026

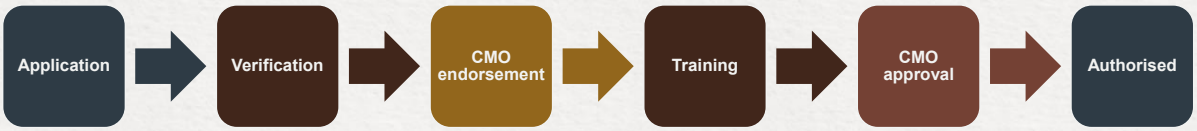


To become an Authorised Practitioner

- Step 1: submit an application form via QVAD Review Board IMS
- Step 2: all complete applications are reviewed by the Queensland VAD Practitioner Eligibility Panel
- Step 3: once verified, the practitioner is given access to the mandatory training
- Step 4: after successful completion of the mandatory training, the VAD Program Unit undertakes a final review of the authorisation processes, and the doctor will receive confirmation of the authorisation from the QH Chief Medical Officer

© The Royal Australian College of General Practitioners 2026

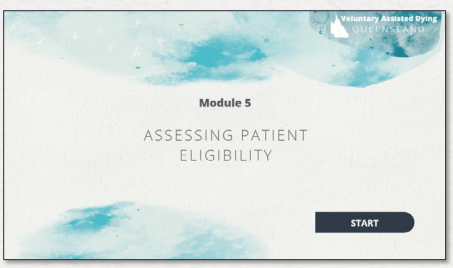
Summary of authorising process



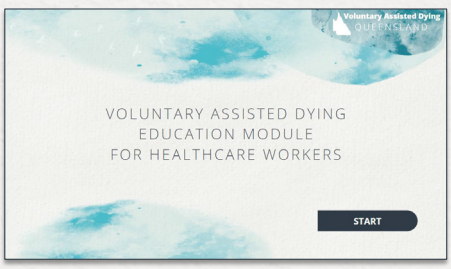
Apply here: https://qvad-ims.health.qld.gov.au/

23

Mandatory Training and Education



Mandatory training for authorised voluntary assisted dying practitioners



Education module for health and aged care workers (not mandatory)

24

© The Royal Australian College of General Practitioners 2026

Practitioner feedback: Benefits & Challenges of Providing VAD

- Providing relief to people who have intolerable and refractory suffering – can't be underestimated
- Detailed assessments allow for deeper therapeutic relationships
- Highly motivated patients/families who are engaged in their healthcare
- GPs often understand the person's "whole picture"



- Patients may need you to travel to them
- VAD is palliative care and can be confronting
- Medicare and Federal/State government's haven't got the funding right yet
- Stigma around death and dying is challenging socially and in healthcare

Available information and resources

Metro South Health VAD Service

Email: MSHVADsupportunit@health.qld.gov.au

Ph: **07 3564 0372**

QVAD Support and Pharmacy Service

Email: QVADsupport@health.qld.gov.au

Ph: **1800 431 371**

Visit the **Queensland Health VAD website**

Voluntary Assisted Dying in Queensland | Queensland Health

© The Royal Australian College of General Practitioners 2026

Appendix 2

This appendix is unedited and published as supplied by the author.

Voluntary Assisted Dying GP Education Session

SURVEY

Information about you

Age	☐ 21 – 30	☐ 31 – 40	☐ 41 – 50	☐ 51 – 60	☐ 61 – 70	☐ > 70
Gender	☐ Female	☐ Male	☐ Other / prefer not to say			
Years of GP experience	☐ <2	☐ 2 – 5	☐ 6 – 10	☐ 11 – 15	☐ 16 – 20	☐ > 20

Why did you choose ***[session type]*** instead of a ***[session type]*** or a ***[session type]***? *Select all that apply.*

☐ Networking ☐ Convenience ☐ Reimbursement ☐ Timing ☐ Other_____

Your thoughts on the session	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	NOT APPLICABLE
It increased my knowledge about VAD	☐	☐	☐	☐	☐	☐
It increased my confidence to talk about VAD with my end-of-life patients	☐	☐	☐	☐	☐	☐
I would recommend it to a colleague	☐	☐	☐	☐	☐	☐
It has changed my consideration of becoming a VAD practitioner	☐	☐	☐	☐	☐	☐

Your experience with VAD	NO	UNSURE	YES		NOT APPLICABLE
Have you been approached about VAD by a patient?	☐	☐	☐	_____ times	☐
Have you ever initiated a conversation about VAD with a patient?	☐	☐	☐	_____ times	☐

Name three **enablers** that you consider could facilitate a conversation about VAD? *Expand overleaf, if needed.*	Name three **barriers** that you consider could impede a conversation about VAD? *Expand overleaf, if needed.*
1.	1.
2.	2.
3	3

Have you considered becoming an authorised VAD practitioner? ☐ No ☐ Yes ☐ I am already authorised

In relation to VAD, where do you sit on the continuum below?



CONSCIENTIOUS OBJECTION — CONSCIENTIOUS PARTICIPATION

QVAD Support and Pharmacy Service in collaboration with Brisbane South PHN – v1.3 07-24 Page 1 / 2

© The Royal Australian College of General Practitioners 2026

Today's presenter was knowledgeable, supportive and listened to my questions?

STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
☐	☐	☐	☐	☐

Do you have any other feedback or comments about VAD?

Thank you for completing this survey. We are genuinely grateful for you time and participation.

QVAD Support and Pharmacy Service and Brisbane South PHN

© The Royal Australian College of General Practitioners 2026