

## Tasmania (2022-)

Euthanasia and assistance to suicide became legal in Tasmania from 23 October 2022 under *the End-of-Life Choices (Voluntary Assisted Dying) Act 2021*.

### Prognosis

The Tasmanian law goes further than those in Victoria and Western Australia by providing for an exemption from the requirement that the person has a medical condition which is “*expected to cause the death of the person within 6 months; or if the disease is neurodegenerative within 12 months*”, if the State-appointed Voluntary Assisted Dying Commission, after consulting a medical practitioner with specialist knowledge as to the person’s medical condition and who has reviewed the person’s medical records, is satisfied that this requirement should not apply.

This opens the door to euthanasia and assisted suicide for people who may have years to live.

One application received by the Commission under this provision was [reported](#) for the period 23 October 2022-23 April 2023 but no details were given of the circumstances of the application, the Commission’s decision or the outcome.

### Compulsory participation

Any medical practitioner who is asked to determine whether a person is eligible for euthanasia or assistance to suicide under the law, is required to give the person a copy of a State-prepared document called “[Voluntary Assisted Dying in Tasmania: Relevant facts](#)”, which includes contact details for the Voluntary Assisted Dying Navigation Service which will facilitate access to euthanasia and assistance to suicide.

A medical practitioner who refuses a First Request for euthanasia or assistance to suicide must also record this request and refusal in the person’s medical records as well as notify the Commission on the [prescribed form](#).

### Euthanasia option available on request

Like Western Australia, but unlike Victoria, the person can choose either self-administration of the lethal poison (suicide), with or without assistance from a health practitioner, or be administered the lethal poison (euthanasia) by the health practitioner. In jurisdictions where euthanasia is available as well as assistance to suicide, the overwhelming majority choose euthanasia and the overall take-up rate is higher than in jurisdictions where only assistance to suicide is authorised by the law.

### Complications

The Tasmanian law provides for a person who is to be euthanased or assisted to suicide to authorise in advance the administration of a further substance to cause death more quickly or reduce pain if unexpected complications arise following the initial administration or self-administration of the poison.

There is also a provision where the person can request in advance, that in these circumstances, the health practitioner takes reasonable action to preserve the person’s life. It seems unlikely that this option will be elected by a person making a final request for administration of a lethal poison for the purpose of causing the person’s death.

## Reports and Review

The Act requires an initial report after six months of operation as well as ongoing annual reports. It is to be reviewed after 3 years of operation and every 5 years after that.

The [first six monthly report](#) covering the period 23 October 2022 to 23 April 2023 was released on 26 July 2023.

16 people died following administration of a lethal poison prescribed under the Act.

A further 11 people are [reported](#) as dying under the Act by 30 June 2023, making a total of 27 people in eight months, accounting for 0.77% of all deaths.

In [2023-24](#), 62 people died under the Act accounting for 1.2% of all deaths. In [2024-25](#), 109 people died under the Act, up 73% from 2023-24 and accounting for 2.1% of all deaths.

The reports do not indicate how many of these deaths were caused by suicide (self-administration) and by euthanasia (practitioner-administration).

However, it is reported that in 2024-25, 79 out of the 159 (49.7%) of substance authorisations were for substances to be administered by a practitioner. Given there were 109 deaths in 2024-25 and it is rare for administration not to proceed in the case of planned practitioner administration, it is likely up to 72.5% of these deaths were by euthanasia.

## Loss of decision-making capacity

The Act requires two 48-hour periods between a first and second request and a second and final request. However, these can be waived if the Primary Medical Practitioner is of the opinion that the participant is likely to die within seven days or is likely to cease to have decision-making capacity within 48 hours.

In 2024-25, the first 48 hour period was waived in 15 cases (9%) and the second 48 hour period was waived in 18 cases (11%), increasing significantly from 5% and 7% in 2023-24.

The Commission observed in its first six-monthly report:

*There is no clear mechanism in the Act to address the possible loss by a person of decision-making capacity following the issue of a Private Self-Administration Certificate and supply to the person of the VAD Substance. This makes it possible for a person to access the VAD Substance after the point that they have lost decision-making capacity.*

This is a fundamental flaw in all jurisdictions who legalise the supply of a lethal poison for the purpose of self-administration at any time after supply for the purpose of causing a person's death. Loss of decision-making capacity while in possession of a lethal poison leaves a person at risk of ingestion by error or by persuasion, deception or force by another person.

## Retiring from medicine but not from assisting suicide

The 2024-25 report states that "Feedback from medical practitioners who choose to deliver voluntary assisted dying services is that they derive tremendous satisfaction from their involvement [in assisting people kill themselves]. Many practitioners approaching retirement have suggested that they would be interested in" continuing this involvement after retirement but the costs of maintaining registration make this "untenable". The report recommends subsidising these costs so they can continue assisting suicides.