

Queensland (2023-)

Euthanasia and assistance to suicide became legal in Queensland from 1 January 2023 under the *Voluntary Assisted Dying Act 2021*.

Numbers

A [report](#) on the first six months of legalisation states that there were 245 deaths under the Act - 139 deaths (56.73%) by “practitioner administration”, that is euthanasia and 106 by “self-administration”, that is assisted suicide.

245 deaths in six months represents about 1.32% of all deaths - higher than WA after one year and twice Victoria's rate after 4 years.

A [second report](#), covering 1 July 2023-30 June 2024 states that there were 793 deaths under the Act - 532 deaths (67%) by “practitioner administration”, that is euthanasia and 261 (33%) by “self-administration”, that is assisted suicide.

This represents about 2.05 % of all deaths in 2023-24 – a 45% increase on the rate for the first six months of operation.

The [2024-25 annual report](#) reported a total of 1072 deaths under the Act with 779 (72.67%) by euthanasia and 293 (27.33%) by assistance to suicide. This represents 2.84% of all deaths – an increase of 38.5% on the 2023-24 rate.

Queensland also produces quarterly reports which show a continued steady increase in the rate of euthanasia and assistance to suicide.

The [quarterly](#) report covering 1 July 2024-30 September 2024 states that there were 241 deaths under the Act – representing 2.34% of all deaths in Queensland in that period, a 26% increase on the rate for 2023-24.

There were a further 264 deaths from 1 October 2024 to 31 December 2024 – 2.69% of all deaths; a further 273 between 1 January 2025 and 31 March 2025 (2.82% of all deaths), with 75% of these deaths by euthanasia and 25% by self-administration; and a further 288 deaths between 1 April 2025 and 30 June 2025 (3% of all deaths).

The [quarterly report](#) for July-September 2025 reports 236 deaths – 177 (75%) by euthanasia and 59 by self-administration.

One relevant factor in this higher rate compared to other Australian states could be that the eligibility criteria in Queensland include a prognosis that the condition is " expected to cause death within 12 months" whereas it is six months (except for neuro-degenerative conditions) in the other states.

Practitioners

Registered nurses are allowed to administer the prescribed lethal substance to cause a person’s death. 218 registered nurses have done the training (compared to 226 medical practitioners and 26 nurse practitioners). 35 nurses and nurse practitioners administered a lethal substance to a person in 2024-25, compared with 51 medical practitioners. Of these 86 State trained professional killers, 39 were serial killers in 2024-25, killing five or more people each.

Of the 121 practitioners involved in 2024-25 as coordinating or consulting practitioners 50 of them were involved in 21 or more cases (that is an average of at least one case every 17 days).

Prognosis

Unlike other United States and Australian jurisdictions which limit assisted suicide (and, in Australian jurisdictions, euthanasia) to those with a prognosis of 6 months or less to expected death, the Queensland law allows access to those with a prognosis of expected death within 12 months.

This increases the likelihood of [wrongful deaths from errors in prognosis](#).

Refusing treatment and symptom management

The Queensland Government [explicitly states](#) that those seeking euthanasia or assistance to suicide may meet the eligibility criteria of a terminal illness that is causing suffering by refusing medical treatment and symptom management.

This makes it clear that this regime is about facilitating the intentional ending of life and not about relieving unavoidable suffering at the end of life.

Under these provisions people with otherwise non-terminal conditions such as a young person with insulin-dependent diabetes could be euthanased.

24.5% of people making a first request for euthanasia or assistance to suicide had no engagement with palliative care.

Timeframe

The law generally requires a nine-day period between a first and final request but this can be waived if two medical practitioners agree the person may die or lose decision-making capacity within that period.

In 2023-24, 275 people had the nine-day waiting period waived. This is 34.7 % of those who died under the Act.

Where a person is assessed as likely to imminently losing decision-making capacity there must be a real doubt as to the person's current decision-making capacity so this provision increases the likelihood of wrongful deaths from lack of decision-making capacity.

Government facilitation of suicide and euthanasia

The Queensland Government has established [Queensland Voluntary Assisted Dying Support Service](#) which will only provide information and assistance on suicide and euthanasia and will not provide any assistance or information on *"any other health concerns, including your underlying conditions"*.

The QVAD-Support service will directly link a person seeking to end their life with a medical practitioner willing to help them do so.

Any registered health practitioner who has a conscientious objection to facilitating the suicide of or euthanasing his or her patients must if asked by any person for such assistance or information give

the person either the details of QVAD-Support Service or of a registered health practitioner willing to facilitate the person's death.

The [Queensland voluntary assisted dying pharmacy](#) is funded to supply the lethal poisons for suicide to individuals and for euthanasia to administering medical practitioners or nurses.

Reporting

Clause 8 of the [Voluntary Assisted Dying Regulations 2022](#) requires the Voluntary Assisted dying Board to collect some minimal information that is then required to be published in an annual report to be provided by 30 September each year.

This includes basic demographic data (age, sex and region) of applicants and data on the underlying condition as well as the number of deaths from self-administration or practitioner administration of lethal poisons prescribed under the Act.

The time between first and final request is to be reported.

No data on referrals for additional assessments of eligibility or decision-making capacity is to be collected. Nor is there any provision for reporting on complications, the time between administration of the poison and loss of consciousness, or the time between administration of the poison and death.

Given the general complication rate of 7% or higher reported from other jurisdictions this is a concerning lack of transparency that undermines any future claim that there are no problems with the practice of assistance to suicide and euthanasia in Queensland. We will never know.

No safe space

The Act imposes on all hospitals, nursing homes and residential aged care facilities in Queensland the obligation to allow suicide and euthanasia by lethal poison on their premises for any permanent resident of the facility and for any other resident where a "*deciding medical practitioner*" determines transferring the person for this purpose is not "*reasonable*".

This is a violation of the human rights of freedom of association, freedom of religion and freedom of conscience. The sick and elderly should be able to choose to be treated or to live in a place where no-one is intentionally killed or helped to commit suicide.

Lethal poisons at large

One of the obvious risks of prescribing and supplying lethal substances to be kept in the community is that the lethal substance may be ingested by a person other than the person for whom it is prescribed. The Queensland coroner is [reportedly](#) investigating an incident, in which after a woman was prescribed lethal drugs under the Act but died in hospital before ingesting the drugs, her husband subsequently used the drugs to kill himself.