

New South Wales (2023-)

Euthanasia and assistance to suicide became legal in New South Wales on 28 November 2023, when the *Voluntary Assisted Dying Act 2022* came into operation.

Euthanasia and assistance to suicide

The Act provides for the Voluntary Assisted Dying Board, which it established as an “agent of the Crown”, to issue a “a voluntary assisted dying substance authority” to a medical practitioner to prescribe a lethal poison either for the purpose of the patient named in the authority ingesting the poison in order to cause the person’s own death (suicide) or for the lethal poison to be administered to the person by a medical or nurse practitioner (euthanasia).

The patient may freely choose either suicide or euthanasia.

Numbers

An [Interim Report](#) covering 28 November 2023-29 February 2024 reports that 131 people had their lives ended under the Act. – 91 (69.5%) by receiving a lethal injection from a medical or nurse practitioner and 40 (30.5%) by ingesting a lethal substance prescribed by a medical practitioner. This represented 0.95% of all deaths in NSW in the three months December 2023-February 2024 – almost 50% higher (46.1%) than the rate in Victoria after four years of legalization. In 3 months, NSW ended the lives of the same number of people (131) as Victoria did in the first year of legalisation.

The first [annual report](#) covering 28 November 2023-30 June 2024 reports that 398 people had their lives ended under the Act - 315 (79.1%) by receiving a lethal injection from a medical or nurse practitioner and 83 (20.9%) by ingesting a lethal substance prescribed by a medical practitioner.

This means that in the four months March 2024-June 2024, 267 people had their lives ended under the Act, representing 1.33% of all deaths in NSW in this period.

The [second annual report](#) covering 1 July 2024-30 June 2025 reports that 1028 people had their lives ended under the Act - 839 (81.6%) by receiving a lethal injection from a medical or nurse practitioner and 189 (18.4%) by ingesting a lethal substance prescribed by a medical practitioner.

This means that in 2024-25, 1.76% of all deaths in NSW were by euthanasia or assistance to suicide. This is more than double the 0.86% reached in Victoria after five years of legalisation.

The difference may be related to two factors.

Firstly, in Victoria medical practitioners cannot suggest assisted suicide or euthanasia to a patient – the request has to come from the person whereas in NSW the option of euthanasia can be offered by a medical practitioner with no initial suggestion from the person that are considering this

Secondly, in Victoria administration of a lethal injection by the practitioner is only available if there is an identified issue with self-administration. In NSW death by practitioner administration can be freely chosen. Only 22.6% of Victorian cases in 2024-25 involved practitioner administration – compared to 81.6% in NSW. International evidence indicates that overall rates are higher when euthanasia is freely on offer compared to jurisdictions where assisted suicide is the only or default option.

The Voluntary Assisted Dying Amendment Act 2025 passed the Victorian Parliament and received assent on 25 November 2025. When it commences (on a day or days to be proclaimed or otherwise on 19 April 2027) these two differences will be removed with health practitioners now able to suggest euthanasia or assistance to suicide and an unrestricted choice between self-administration and practitioner administration of the lethal substance.

Underlying condition

The First Annual Report gives no details of the conditions involved in the 78 cases described as “other” conditions (that is, not cancer, neurodegenerative or respiratory conditions).

The Second Annual Report states that the 133 cases described as “other” conditions (that is not not cancer, neurodegenerative respiratory or cardio-vascular conditions), include “all diagnosis codes that do not fit within the other four categories. For example, this includes kidney conditions such as chronic kidney disease and liver conditions such as fibrosis and cirrhosis of liver. Many patients applying for voluntary assisted dying have complex presentations that involve multiple comorbid conditions’.

Prognosis

The eligibility criteria include a prognosis - determined by two medical practitioners neither of which need to have any specific qualification or experience in the relevant condition – on “the balance of probabilities” that death will occur within 6 months (or within 12 months for neuro-degenerative conditions).

The [handbook](#) prepared by NSW Health acknowledges that “predicting when a person is entering the final months of their life can be difficult”.

This means that there will inevitably be [wrongful deaths](#) of people who may have had years to live from errors in prognosis.

Curiously the NSW Health handbook states that a Board authority to prescribe will remain valid for six months (or 12 months in the case of a neurodegenerative disorder) but that the patient can wait a further six months from when the prescription is written to have it filled. NSW Health is envisioning patients given a prognosis of six months to live still being alive 12 months after this prognosis has been given.

In the case of authority to suicide by prescribed poison there is no time limit on how long the supplied poison may be kept before it is ingested.

Designated period

The designated period starts on the day of the first request and ends five days after that day. The designated period can be waived if both the coordinating and consulting practitioners agree that the patient is likely to die or to lose decision-making capacity in relation to voluntary assisted dying before the end of the designated period.

In 2024-25 the designated period was waived for 15.1% of applicants.

If death is imminent within five days why the haste to directly kill the person instead of simply providing a comfortable natural death?

If decision-making capacity is about to be lost how can we be sure the person has sufficient capacity when the lethal substance was administered?

In 2024-25 the median timeframe from first request to death following administration of a voluntary assisted dying substance was 20 days. That means 514 people died from the administration of a lethal substance in less than 3 weeks after first requesting it.

Decision-making capacity

The NSW Health handbook states “In the event that a coordinating practitioner becomes aware that a patient has permanently lost decision-making capacity after supply of the voluntary assisted dying substance for self-administration, the substance must be returned and disposed of as the patient is no longer eligible for voluntary assisted dying.”

This admission points to a serious risk in the scheme set up under the Act. Once the final review is completed before the coordinating practitioner applies for an authority to prescribe the lethal poison for self-administration there are no further checks on a person’s decision-making capacity and no requirement for any further contact between the coordinating practitioner and the patient.

The person may well lose decision-making capacity before ingesting the lethal poison. In this case there is simply no protection and no way of ever knowing if the person was subsequently cajoled, bullied, tricked or even physically forced to ingest the lethal poison.

Agents

The Act provides for the collection of the lethal poison for self-administration from the pharmacy by an “agent” of the patient, without imposing any restrictions or qualifications – not even an age restriction – on who can be designated by the patient. The agent is authorised by the Act to collect and store the poison, and also to prepare it and supply it to the patient to ingest – but not to actually administer it to the patient. As there is no witness required to be present at the time the lethal poison is ingested, we will never know if agents (or others) breach this provision.

Homeless, prisoners and forensic mental health detainees

NSW Health is keen that no one miss out on access to euthanasia or assistance to suicide.

Its handbook suggests that “as a particularly vulnerable group” what the homeless need is a “respectful approach that honours their autonomy and treats them with genuine kindness at the end of life” by providing support if they request “assisted dying”. No hint is given in the handbook that the vulnerability of a homeless person may mean that any request for euthanasia or assistance to suicide is a desperate cry for real help.

NSW Health’s [Policy Directive](#) charges the Justice Health and Forensic Mental Health Network with the task of making sure prisoners and those in forensic mental health detention don’t miss out on euthanasia or assistance to suicide by linking them with “authorised practitioners, and assist[ing] those services and practitioners with accessing the patient in appropriate settings and circumstances.”

Euthanasiasts everywhere

NSW Health’s [Policy Directive](#) mandates every Local Health District to “endeavour to have a sufficient number of authorised coordinating, consulting and administering practitioners within their services to support timely access to each step of the voluntary assisted dying process for patients”. NSW Health has full time jobs for medical practitioners employed solely to facilitate assistance to suicide and perform euthanasia.

In 2024-25 of the 188 medical or nurse practitioners who were actively involved as a coordinating, consulting or administering practitioner for one or more applicants, 73 (38.8 %) were involved in 21 or more cases.

No safe space

NSW Health has also issued “[guidance](#)” for private residential aged care and health facilities which reflects the Act’s ultimate refusal to allow any private facility to remain truly euthanasia and suicide free. Even health facilities which are operated on the basis of an ethic which rejects euthanasia, must allow the State’s “care navigators” on to their premises to link up patients with doctors willing to kill them. In making a decision about whether transferring a patient out of the facility for euthanasia or assistance to suicide, the patient’s treating physician must consult with the patient’s “coordinating, consulting or administering practitioner”.

Residential facilities must allow the suicide and euthanasia of permanent residents on their premises. There is no recognition of the distress this may cause other residents and the stress on staff in a facility founded and operated on the basis of an ethic that rejects these acts as contrary to the human good of respect for life.

The *Voluntary Assisted Dying Amendment (Residential Facilities) Bill 2025* introduced by the Hon Susan Carter, which would have allowed residential facilities to be free of euthanasia and assistance to suicide, was defeated 23-16 in the Legislative Council on 19 November 2025.