dying with dignity victoria

Newsletter #211, Apr 2026

# President's Report

*Jane Morris*

Following an exceptionally busy and highly successful year - most notably marked by the passage of the Victorian VAD Amendment legislation - we have begun this year by considering our next steps. Together with key stakeholders, we look forward to contributing our views on how the amendments should be prioritised and the most effective ways to ensure their successful implementation.

In April, we held a dedicated planning evening to help shape our direction for the year ahead. We were fortunate to once again have Andrew Maiden facilitate the session, generously donating his time and expertise. His thoughtful guidance was invaluable. We extend our sincere thanks for his continued support. Later this month, we will hold a strategic planning day facilitated by Em Maguire, who has again offered her time so generously. Em has contributed enormously to DWDV as a volunteer and has invested significant thought and energy into preparing for this important session. During the day, we will consider whether any shift in our direction or structure is needed, and if so, what form that should take and to what extent. DWDV speaks for all Victorians struggling in the terminal phase of life, and this will remain our unwavering priority.

Andrew and Em exemplify the extraordinary commitment of our volunteers, who step forward in so many ways to support the work of our organisation. The dedication of our volunteers - including our Board members - truly defines the character and strength of DWDV.

We also acknowledge a significant milestone for Dr Nick Carr, who has retired from general practice after 37 years of service. His dedication, commitment, and compassion for his patients and community were beautifully captured in a news article we have included. I was fortunate to attend Nick's retirement celebration and felt privileged to speak about his remarkable contribution to DWDV. Nick has shown unwavering determination - not only in advocating for VAD, but also in pushing for legislative improvements to ensure greater equity and access once the system was in place. We are delighted that he will continue as a powerful, knowledgeable, and highly respected DWDV Board member.

I would also like to thank Alison Thistlethwaite for once again providing an update on VAD developments across Australia and around the world. The failure of the Scottish assisted dying legislation to pass through parliament was extremely disappointing, as has been the disheartening trajectory of the UK bill in recent months. These events remind us how extraordinarily fortunate Victorians are - not only to have had VAD operating for seven years, but to know that the initial legislation will be strengthened by last year's successfully passed amendments.

All eyes will turn to the Northern Territory mid-year, when an assisted dying bill is expected to be presented to parliament. The lead-up has been remarkable, marked by many twists and turns and driven by an exceptional level of dedication from a passionate and committed group of advocates. Their work has been nothing short of extraordinary.

We are also excited that Jane Nosworthy will be presenting in Brisbane in April at the International Conference on Assisted Dying and Other End-of-Life Care. Her presentation, 'VAD's impact on grief and bereavement: insights from families' and carers' lived experiences', will be an important contribution to the field.

The Executive Director of the World Federation of Right To Die Societies, Peter Warren, will also be attending the conference. He then plans to visit other VAD jurisdictions in Australia, including Darwin and Melbourne. We look forward to welcoming him.

# Dr Nick Carr provides a book review on Departure(s) by Julian Barnes.

*Dr Nick Carr*

I began reading Departure(s) expecting another Barnes fiction, an intriguing story woven through intricate detail and broader philosophical elements, held together by his usual precise, elegant writing. Story aside, I got it all. I loved it and I think you will too.

Seville oranges are fickle fruits. Bitter and inedible when raw, but lovingly prepared with just the right amount of sugar and they become the essential ingredient of an Englishman's breakfast. Butter (salted) thickly spread on toasted wholemeal, a good layer of Seville orange marmalade and a cup of tea. Aaah.

On the cusp of death, the first Lord Grimthorpe turned to his wife and said, "We are low on marmalade". Now there's a man who knows his priorities.

This little anecdote is one of many that appear in Julian Barnes' latest, and probably last, book. It's neither novel nor memoir, rather a series of musings framed around the relationship between 2 people who may or may not have been real friends of his.

Oh, and there's a dog, a real dog, Jimmy the elderly Jack Russell. Its feet hurt.

As the story goes, Barnes introduced Jean to Stephen when they were at Oxford University. Forty years later he reintroduces them. Their rekindled relationship burns even more fiercely this second time around, but as before, the fire goes out, leaving Julian to ponder his role as matchmaker (is that taking the combustion metaphor too far?).

Actually, the book is full of such asides, little moments when he addresses the reader, or suddenly wanders off sideways chasing a recent thought – which is either a cleverly crafted literary device, perfected over many drafts and edits, or exactly how he wrote it. I prefer to believe the latter.

In typically erudite Barnesian style he meanders between Proust and Goethe, Henry James and V. S. Naipaul, Turgenev and Chekhov. He contemplates IAMs (involuntary autobiographical memories), one of several themes he returns to at intervals. At times it feels like you're sitting at the feet of a brilliant favourite uncle who's rifling through his notebooks, chatting to you about his various jottings and ideas. In this imagined scenario, he also holds a glass of aged single malt, and a wry smile accompanies many of the stories – he's having fun, if at times in a slightly pompous, look-how-clever-I-am kind of way. You're enjoying it with him.

Amongst all this, at the age of 78 and on treatment for a rare blood cancer, Barnes contemplates his own imminent departure. He writes about ageing, losing capacity, forgetfulness, the fragility of memory, decrepitude. Like many of us more senior citizens, he goes through the organ recital: "most of your orifices will, one by one, have been medically invaded: ears, nose, throat, eyes (with lasers), bum, cock, vagina." To his chagrin, it's the bum invasions that keep recurring.

Mark Twain is reputed to have said, "I didn't have time to write a short letter, so I wrote a long one instead". At my age, I have little patience for books that meander on for 4-500 pages, every detail of the meadow outside or the lounge room inside exhaustively recorded (Proust excepted). At just 158 pages, Barnes has taken the time and effort to write a short one. Thank you.

As an "agnostic/atheist", Barnes is in little doubt about the nothingness that follows death, and is under no illusion about the challenges of approaching death "and so (I) am a supporter of the charity Dying in Dignity".

You're in good company here, Julian.

# Dr Nick Carr is retiring — I was extraordinarily lucky to have him as my mentor

**This article was originally published in AusDoc on 20 February 2026.**

In my life, I have had a number of mentors.

Some have been assigned; some have been unexpected. Many have left a significant imprint on my life, giving me both a glimpse of what I am capable of and a reassurance that things will be okay.

Recently, when one of my favourites — Dr Nick Carr — retired, I was prompted to reflect on the importance of having these guides in our lives.

I did not think I was naive when I began working in general practice. I grew up in inner-city Melbourne, had some very wild friends, worked in rural Victoria and had seen my fair share of confronting situations.

Yet nothing quite prepared me for sitting in a room with a patient, one on one, feeling solely responsible for that other human. Nothing, except for my supervisor, Dr Carr.

When I met Nick, he had been a GP for 15 years. He was calm, wise and warm and had a passion for teaching, matched only by his passion for royal tennis, chocolate biscuits and outlandish lycra.

Our first tutorial was on the drug-seeking patient, possibly one of the harder presentations in general practice. Nick made this consult look easy.

He provided clear, implementable strategies to manage challenging requests, and I felt immediate relief. Relief not just for the practical advice but for the knowledge that I had support. It may have been me alone with the patient in the room, but I was definitely not on my own.

Not only did Nick teach, he led by example. His work often extended outside the clinic, where he advocated for patient care on both an individual and societal level.

He was never afraid to go to dark places, places society might choose to ignore.

Nick was involved in getting temazepam capsules banned when IV drug users were injecting them with disastrous consequences. As a young doctor, witnessing his actions, I became aware of the many roles a GP could have.

In my first year, I called on Nick many times. Without fail, he would provide support. This support helped me to feel more confident, and I would call on him less and less. As things go, however, I would think I had found my feet and then be faced with a new scenario I had not even envisaged as a possibility.

One of my most challenging patients was a young man with schizophrenia and diabetes who came in with pneumonia and a blood sugar of 20mmol/L. Despite being incredibly unwell, the patient refused to go to hospital.

My first thought was that I could certify him and force him to go. The patient, however, was not acutely psychotic and seemed to understand very clearly what I was saying. He just did not want to go.

Almost in tears, I went to Nick to ask for advice. Nick said something that I still have to remind myself of many years later, “Sometimes, you have to modify what the best treatment is to what treatment best fits the situation.”

He also told me something that I had seemed to have missed the memo on: “You can’t save everyone.”

With that particular patient, I was forced to change my approach. I started him on oral antibiotics, increased his insulin and got him to assure me that he would come back the next day. To my absolute surprise, he did. Alive!

...continued from previous page

In addition to helping me navigate the job, Nick would make it look enjoyable. He had a loyal following of patients, some of whom would recount with pride how they had been coming to see him since they were born.

Over the years, Nick would also encourage me to balance general practice with my outside interests. He knew that I loved writing and provided an opportunity for me to do this. I had something published, loved the feeling and went on to publish more.

In Nick's own practice, he widened his scope. He had a brilliant strategy for non-sleeping babies and helped numerous parents at breaking point, giving them effective and practical advice. He consolidated this wisdom into a parenting book for new fathers. In addition, he would share his wisdom on a regular radio and TV show.

He then went on to do something more tricky and work with voluntary assisted dying, being instrumental in pioneering changes and legislation in this area. Again, never afraid to go to the darker places or ask the harder questions. Again, inspiring.

At the same time, Nick continued working at the clinic, mentoring new registrars and still always finding time to answer some of my trickier questions. When I had to end a long-term therapeutic relationship with a challenging patient, Nick sat in the room with me as I made the call — his presence reassuring me that I was doing the right thing despite it feeling incredibly uncomfortable.

I could list many more instances of wise words or advice, but the bottom line is I feel extraordinarily lucky to have had such an incredible guide. A good mentor guides rather than lectures. Inspires by what they do, not just by what they say. They facilitate you finding your own way without telling you to blindly follow theirs.

The impact of working with someone who loves life, loves their job and does it so well is priceless. I am privileged to count Nick as a mentor, and I hope, with some of his influence, I can continue the tradition, passing on to others some of the incredible wisdom I have gained.

*Dr Jordana Rockman is a GP in inner-city Melbourne. She has a strong interest in preventive health, in particular the effects of lifestyle factors on wellbeing.*

---

Go Gentle Australia

Go Gentle Australia have launched a national campaign to address the inequity of access to VAD for regional Australians.

Their campaign calls on the Federal Attorney-General Michelle Rowland to make legistative change to allow the use of telehealth and other electronic communications (phone calls and emails) for VAD.

Support their campaign by visiting the Go Gentle Australia website at gogentleaustralia.org.au

# NEWS FROM AUSTRALIA ...

Federally, the issue of telehealth being outlawed for use for VAD-related assessments is gaining visibility across the country. Currently a section of the Commonwealth Criminal Code makes it illegal to use the phone or internet to counsel or instruct on suicide, phrasing that inadvertently prevents VAD doctors from conducting remote consultations with patients. Amendment to the code to specify that VAD is not suicide for the purpose of the Telecommunications Act would remove the barrier and allow patients in rural or remote areas, and patients with limited mobility, to access VAD more readily. State and territory leaders from the ACT, WA, VIC, TAS and NT governments have vocally supported the change to Commonwealth legislation.

### Australian Capital Territory

The ACT Health Minister provided an update to parliament in late February, reporting upon the first 3 months of VAD operation in the ACT after VAD legislation came into effect for ACT residents from 3 November 2025. 61 VAD applicants and 14 VAD deaths were reported, with an average of 18 days from first request to death.

### New South Wales

Submission closed on February 26th for the statutory review of the NSW VAD legislation, with collation of the findings now underway in advance of their presentation to NSW Parliament before November 2026. The review sought input on whether the VAD legislation is working well and efficiently, is equitable, especially with regard to people in regional NSW, and whether there are sufficient safeguards in place for both patients and health workers.

### Northern Territory

The NT government announced in late March that VAD legislation will be introduced mid-year as a conscience vote. However, advocacy groups have been disappointed to learn that the government is expected to depart from some key recommendations of the Legal and Constitutional Affairs Committee and proposes to introduce (1) a 12 month life expectancy requirement, and also (2) a gag clause to prevent doctors from initiating discussion about VAD with patients.

### Tasmania

In February 2026, the Voluntary Assisted Dying Commission (VADC) appointed three members to a panel tasked with the statutory review of Tasmania's *End-of-Life Choices (Voluntary Assisted Dying) Act 2021*. The panel will first work to establish the full scope of the statutory three-year review of the Tasmanian VAD scheme, which will assess whether the Act continues to meet its objectives and operate effectively.

### Western Australia

In January, WA Health released advice to practitioners on responding to a first request for VAD. The advice was in response to the latest Western Australian VAD Board report, which reported some confusion in areas of the legal obligations of the practitioner and the requirements and process of accepting or refusing the request.

Voluntary
assisted dying is
**healthcare**

# … AND AROUND THE WORLD

**Canada**

The Canadian Parliament is preparing to re-establish a Special Joint Committee on Medical Assistance in Dying (AMAD) to conduct a comprehensive review of MAiD eligibility, specifically regarding individuals whose sole underlying condition is a mental illness. This committee is required by legislation passed in February 2024 (Bill C-62) that delayed the expansion of MAiD for mental illness until March 17, 2027. Additionally, MPs from both Manitoba and Alberta have proposed a private members bill to Parliament which seeks to prohibit the topic of MAiD to be raised by non-physician health and social workers.

Amid continuing protests and agitation from anti-MAiD campaigners and conservative politicians across the country, in late February the Alberta province's government announced plans to introduce legislation to regulate MAiD in Alberta. The evidentiary basis for these changes is unknown; the province's government ran an engagement survey in 2024 to source public feedback on MAiD in Alberta, however the findings of the survey have not yet been released.

In January 2026, the Supreme Court of British Columbia began hearing a case that challenges the religious exemptions that allow publicly funded, faith-based hospitals to refuse to provide Medical Assistance in Dying (MAiD). The case has been brought by the parents of Samantha O'Neill after their daughter was forced to transfer from Catholic-run St. Paul's Hospital in Vancouver to another facility in March 2023 to receive MAiD. The hearing is ongoing.

**Cuba**

In late January, Cuban government passed a law that introduces the concept of "end-of-life determinations" and acknowledges the right to a dignified death, creating a potential legal path for assisted dying practices* (*contingent upon future regulation). The law outlines potential pathways for assisted dying but requires further regulation and a decision from the Ministry of Public Health to implement such practices.

**France**

A bill to grant the right to have an assisted death is pending review in France's Senate for the second time. Originally passed by the National Assembly in May 2025, the Senate rejected key components of the initial bill at its first reading in January 2026, forcing its return to the Lower House. The National Assembly approved the revised bill in late February by 299 votes to 226. Although the proposal has faced multiple delays in Senate review due to political instability and government changes, France's government has committed to resolving debates on end-of-life issues before the 2027 presidential election.

**Italy**

In late March, an Italian woman with multiple sclerosis became the 14th Italian person to access medically assisted suicide after obtaining a supportive ruling from Italy's highest Court. Voluntary Assisted Dying (VAD) in Italy is currently allowed under strict conditions established by the Constitutional Court, but lacks national legislation, leading to fragmented implementation.

**Jersey**

On February 26th, Jersey's State Assembly became the second jurisdiction within the British Isles (after the Isle of Man) to approve Assisted Dying legislation. The law now joins the Isle of Man legislation (approved by Tynwald in March 2025) in awaiting final Royal Assent from King Charles III.

**New Zealand**

VAD remains in the news, primarily related to the End of Life Choice Amendment bill, lodged by MP Todd Stephenson in August 2025, which seeks to "expand" the End of Life Choice Act 2019 to include all recommendations in the 2024 statutory review Final Report. The bill has not yet been introduced for its first reading in parliament.

... continued from previous page

**Scotland**

Unfortunately, the Private Member's bill to legalise assisted dying in Scotland did not pass at the final vote, which was held in late March. Having been defeated 69 votes to 57 and with more than 150 amendments tabled, advocates are hopeful that the bill will successfully pass on the next attempt to introduce it to parliament.

**South Africa**

Media interest in VAD has increased after the "self-delivered" death of noted actor Ian von Memerty. Dignity South Africa (South Africa's dying with dignity organisation) has petitioned parliament to introduce assisted dying legislation.

**Spain**

In late March, a Spanish woman died by VAD after years of court battles with her parents, who initiated legal proceedings in 2024 to stop the approved assisted death of their adult daughter. Although the Catalonian High court had previously allowed the father to stop his daughter, who was approved for VAD in 2024, accessing the assisted death she desired, in February 2026 the Supreme Court of Spain rejected the father's final attempt to block his daughter's approved assisted death.

**Switzerland**

In early February, the lower house of parliament rejected a proposal for overall monitoring of developments in assisted suicide in Switzerland, including the statistical recording and publication of assisted-suicide cases involving people from abroad.

**United Kingdom**

A small group of resistant peers continue to employ stalling tactics during debate of the proposed amendments to the Terminally Ill Adults (End of Life) Bill before the UK House of Lords. To be successful the Bill must pass all stages in the Lords and Commons before the end of the current parliamentary session, which is expected in May 2026. The bill was passed by the House of Commons in June 2025; MP's supporting the bill are reportedly exploring the option to bypass the House of Lords entirely using a 1911 Act of Parliament that can allow House of Commons decisions to prevail in certain circumstances.

In anticipation of the UK legislation passing, Wales's parliament (the Senedd) have voted to consent to a proposed law governing delivery of VAD services in their jurisdiction under the NHS.

**United States**

MAiD laws have been legislated in two additional states: on December 12th, 2025, Illinois Governor JB Pritzker signed the Medical Aid in Dying bill (SB 1950) into Illinois State Law; on February 6th, New York Governor Kathy Hochul signed the Medical Aid in Dying Act into New York State Law.

In Massachusetts, VAD legislation continues to progress through the state legislature, with the End-of-Life Options Act (S1486) now advanced to the Senate Ways & Means Committee after endorsement from the Joint Committee on Healthcare Financing in November 2025.

Delaware's Medical Aid in Dying law, the "End-of-Life Options Act," signed into law on May 21, 2025, is moving forward despite legal challenges. A federal judge dismissed a lawsuit against the law in late December 2025, allowing it to proceed as planned. Advocates are actively intervening to ensure the law, which permits qualified, terminally ill adults to request medication, takes effect.

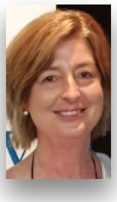
Missouri's State Assembly has introduced two Death with Dignity bills that would allow terminally ill patients to request life-ending medication. The bills, first read in parliament in January and February 2026, each await assignment to a House committee for review.

## ... continued from previous page

The bill Iowa Our Care, Our Options Act (HF2262) was introduced to the State Assembly of Iowa in early February. The bill has been directed to the House Health and Human Services Subcommittee for review and consideration, which is ongoing.

Early discussions have begun in Wisconsin's media after media reports of a proposed new bill aimed at providing terminally ill patients with medication to end their lives. The bill is reported to be modelled after 'death with dignity' laws in 13 other states, however as of early March it had not yet been tabled in Wisconsin's State Assembly.

# DWDV Board



### PRESIDENT

*Jane Morris*

### VICE PRESIDENT

*Michelle Hindson*

### SECRETARY

*Jane Nosworthy*

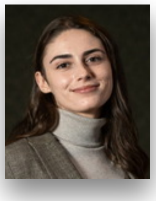
### TREASURER

*Dr Nick Carr*

### BOARD MEMBERS

*Will Allen*

*Dr Harriet Beevor*



*Danielle Clarke*

*Danielle Jacobs*

*Dr Adam Steinberg*

**Email**: dwdv@dwdv.org.au
**Phone**: 0491 718 632
**Address**: PO Box 22, Camberwell, VIC 3124