dying with dignity victoria

Newsletter #212, Jun 2026

President's Report

Jane Morris

Open discussion about death and dying is one of society's greatest social taboos. In recent months, our nation has collectively mourned the passing of high-profile Australians including James Valentine, Neale Daniher and Richard Scolyer. These individuals chose unique and different paths to travel at the end of their lives but courageously and selflessly, supported by loving families, shared their journeys publicly. Their stories have initiated a deeper national conversation about death and dying and as a nation we are grateful. Our thoughts are with their families and friends.

June 19 marked seven years since Voluntary Assisted Dying first became operative in Victoria. It remains remarkable that so many Victorians are still unaware that VAD is a legal end of life option. It is deeply distressing to know that some individuals continue to endure prolonged and unbearably painful deaths simply because they were unaware that VAD was an option for which they may have been eligible. Amendments to the current VAD legislation are scheduled to take effect on April 19 next year. A major focus of our work this year is to ensure that every Victorian has access to accurate, relevant, and up to date information about VAD.

In March, we held a weekend strategy day facilitated by Emily Maguire, who so generously volunteered her time and expertise. The level of preparation and skill Emily brought to the day was remarkable. It was invaluable for all Board members to have the opportunity to contribute their thoughts on DWDV's future direction. On behalf of the Board, I extend our sincere thanks to Emily for her outstanding work.

We have farewelled several Board members in recent months. Michelle Hindson, our former Vice President, stepped down due to health reasons. We are deeply grateful for her contributions over the past two and a half years. Michelle brought tremendous energy and expertise in policy development and strategic planning. I am personally thankful for the many hours she dedicated last year visiting Victorian MPs with me to discuss the proposed VAD Amendment Bill. The impact of those meetings was extraordinary, and we received numerous messages of appreciation from MPs who valued both the conversations and the opportunity to follow up with us directly. Thank you also to her husband Simon, who seemed to be always there to provide help when needed.

Danielle Clarke joined the Board in 2023 and played a pivotal role in establishing our Young Ambassadors program. Her time, goodwill, and enthusiasm helped shape a program that proved highly successful, perhaps even too successful. Danielle also made significant contributions through her work on DWDV's Five Year Review Subcommittee, the Amendment Advocacy Subcommittee, and as the author of DWDV's 2025 Federal Election Platform.

Our thanks also go to Danielle Jacobs for her thoughtful and dedicated service. Her public presentations were exceptional, and her research into Advance Care Directives was both thorough and illuminating. I am especially grateful for the work she undertook to strengthen our relationship with Palliative Care Victoria. This is an invaluable connection. We would like to extend our gratitude to her husband, Marty, for the IT support and advice he generously provided.

The DWDV community was saddened to learn of the passing of Irene Renzenbrink, a long time DWDV member and Ambassador. She worked tirelessly around the world in the grief sector and more recently in art therapy. Her warmth and commitment to others was admirable and she will be sorely missed.

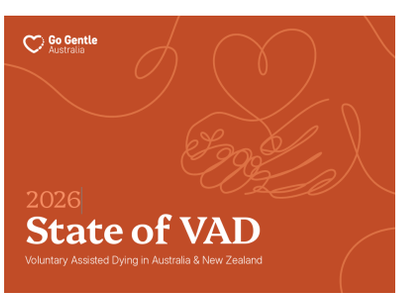
President's Report Con't

In May, Danielle Jacobs, DWDV Volunteer and member Nicole Grundy and I attended the Victorian Palliative Care Summit, where it was heartening to see Voluntary Assisted Dying included on the agenda. This recognition reflects the growing recognition and importance of the conversation in Victoria.

I was invited to speak at the Interfaith Network (IFN) Committee meeting in May to discuss the work of DWDV. I spoke briefly about VAD and our concern that some people who wish to access VAD feel they may be ostracised by their faith based community and go through the entire VAD process covertly and entirely alone. These individuals deserve and have every right to share their feelings in a safe, compassionate, and non judgemental space.

Government decision-makers consistently tell us that personal stories are among the most compelling pieces of evidence they receive. If you have a story you're willing to share about navigating the system, supporting a loved one, or facing barriers to accessing VAD, we would be honoured to hear it. Every story helps us advocate for a more compassionate and accessible VAD system.

Finally, with the end of the financial year approaching, this is also a meaningful time to support DWDV's work. Donations are tax-deductible and help us continue providing education and a strong voice for Victorians seeking dignity and choice at the end-of-life. Donate now by heading to our website at: https://www.dwdv.org.au/donate or by calling the office on 0491 718 632.



The 2026 *State of VAD* report has been released by Go Gentle Australia. It compiles data to give an overview of Voluntary Assisted Dying nationwide. It reports that since legislation was introduced in 2019, over 14,000 Australians have applied for VAD, and there have been over 7,000 deaths using a VAD substance. To read the report, head to https://www.gogentleaustralia.org.au/2026_state_of_vad_report

Share Your Experience with Us

If you have a story you're willing to share about navigating the system, supporting a loved one, or facing barriers to accessing VAD, we would be honoured to hear it.

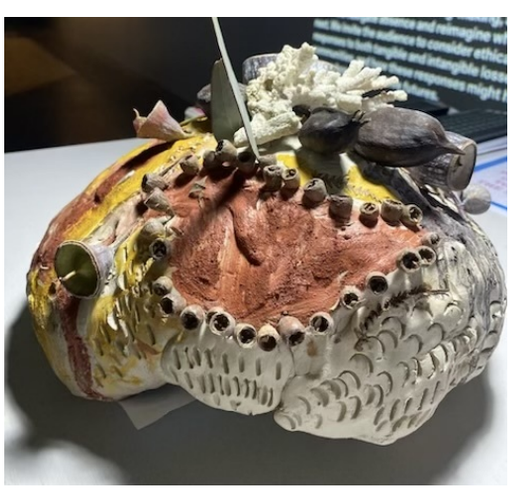
dwdv@dwdv.org.au

IRENE RENZENBRINK | 11 June 1949 - 13 March 2026

DWDV was very sorry to learn of the death of Irene Renzenbrink, a long standing member and Ambassador of DWDV. Irene was a pioneering figure in grief, loss, and bereavement support in Australia, helping found the National Association for Loss and Grief after the 1977 Granville Train Disaster and later contributing to the Victorian State Branch and the Centre for Grief Education. Over more than two decades, she shaped national approaches to grief and palliative care across hospitals, community organisations, and government and non government agencies. Irene played a key role in the International Working Group on Death, Dying and Bereavement.

Irene spent the last decade of her life focusing on her work as an expressive arts therapist. My final meeting with Irene was last year. Amongst the many things we talked about was art as an expression of grief. She described a workshop she had attended The Mourning After exhibition at RMIT Design Hub. It was run by an Aboriginal artist and participants created ‘kopi’ caps. These were traditional mourning headpieces made from natural materials. Irene’s cap was made from 7 kg of clay decorated with ochre, leaves, and natural objects. It reflected the deep cultural significance of mourning rituals, where the cap is worn during grief and later placed on the grave. I was fascinated by the ritual and of course the finished product.

Irene had expressed her willingness to share with DWDV her extensive knowledge and experience around grief and bereavement and of course the role that art can play. Irene touched the lives of many and will be deeply missed.



Images of Irene's cap from the Mourning After workshop

Reflections from the President | The Legacy of Emma Vulin MP

I was deeply honoured to have been invited to attend Emma Vulin's valedictory speech in Parliament, on Thursday 18 June 2026.

Emma, the ALP Member for Pakenham, will be leaving politics this year due to her health battle with Motor Neurone Disease. As you can imagine, the occasion was profoundly emotional.

Emma had recorded her 20-minute speech over several sessions, using it to reflect on the projects she had championed in her electorate and the deep value she placed on her daily conversations with constituents.

She spoke of the overwhelming support she had received from parliamentary colleagues and from people across Australia, following her diagnosis. Emma also highlighted the wonderful work of DWDV and expressed how proud she was to have stood with us during our amendment advocacy efforts. She made special mention of the three speakers who addressed our Parliamentary function last year, acknowledging the strength and impact of their contributions.

What struck me most was the unity in the room. MPs from all political persuasions stood together in admiration and affection for Emma. When her speech concluded, the entire chamber rose to their feet, applauding for a long time in a moving tribute to her courage, service, and in recognition of the extraordinary individual Emma is.

Images of Emma with DWDV members at Victorian Parliament House during the VAD Reform debate in 2025

Dying With Dignity Victoria at Palliative Care Victoria's 'Every Voice Counts' Summit

Danielle Jacobs

Dying With Dignity Victoria was delighted to attend Palliative Care Victoria's 'Every Voice Counts' Summit, alongside colleagues, clinicians, carers and volunteers from across the state. DWDV Board Member Danielle Jacobs, President Jane Morris and DWDV member and volunteer Nicole Grundy represented the organisation.

A heartfelt congratulations to Palliative Care Victoria on a truly superb day. The compassion, honesty and expertise shared by speakers across the program was genuinely moving, a powerful reminder of the depth of care and thinking that sustains this field. As long-standing supporters of palliative care, we were particularly delighted to see Voluntary Assisted Dying discussed openly on the main stage by a panel of passionate professionals, Nicky Stitt, Holly Pitt, Margaret O'Connor AM and Kelly Rogerson, whose work makes such a positive difference for our community. Thank you for your wonderful contributions.

What stood out most for us was the evolution we are witnessing. Palliative care in Victoria is increasingly regarding VAD not as a competing pathway, but as an essential end-of-life choice — a service that sits alongside palliative care and complements it. This is the shape of truly person-centred care: one in which every Victorian, at the end of their life, is met with the full breadth of options, expertise and support they deserve, and is free to choose what is right for them.

That alignment matters. When palliative care and VAD work in partnership, sharing information, referrals, language and mutual respect, patients and families experience continuity rather than fracture. They are not asked to choose between two camps. They are simply cared for, the whole way through.

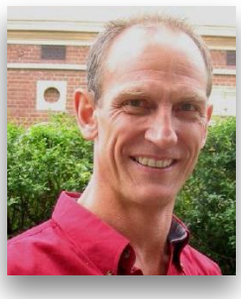
A warm thank you to Violet Platt and the entire PCV team for bringing us together, and to all the familiar and new faces who make palliative care what it is in Victoria. It was lovely to connect and reconnect.

(L-R) DWDV President Jane Morris, volunteer Nicole Grundy and DWDV Board member Danielle Jacobs

(L-R) DWDV President Jane Morris, CEO of Palliative Care Vic Violet Platt, DWDV Board member Danielle Jacobs

Probability | Dr Nick Carr

Trigger Warning - this article has nothing to do with DWDV or VAD. It contains mention of statistics and plasterwork. You have been warned…



Dr Nick Carr

"What if there's blood on the toilet seat?"

"Don't sit on it, go elsewhere."

"What if the light isn't working and I can't see the blood?"

This was a real exchange at a Community Health forum. It was 1983, HIV/AIDS was going viral, spreading infection, fear and misinformation at equally alarming paces. I was in working in Community Health in North London. I had been charged with running a public forum to answer some of the questions and, hopefully, dispel some of the myths, about this terrifying new virus.

Most DWDV members will remember the time well. For those who weren't around then, it is hard to explain how scared people were. All they knew was that this infection was common in young people, probably had something to do with sex and body fluids (correct), was rumoured to have some connection to Africa and monkeys (incorrect), that maybe drug use was a part of it and, NO ONE WAS SAFE.

All that seemed certain was:

- Everyone was a risk, stigma huge
- There was no known treatment
- Death was painful, lonely, hideous and…
- … inevitable.

A large, anxious group assembled in a chilly Hampstead hall on a dreary winter's evening. The decor matched the mood - plastic chairs jostled into uneven rows, chipped Formica tables shoved into the corners, the occasional curl-edged poster doing its best to separate itself from flaking grey paint. Some people chatted in hushed tones, most sat morosely alone, glancing furtively around the room as if by being present they risked absorbing some of the stigma.

A nurse and I sat at the front, one of the better tables shielding us from the assembled crowd's anxieties. I fidgeted, realigning various pens in an attempt to feel in control. The nurse sat relaxed and smiling, radiating comforting certainty, a much-needed balm to my restless tension.

In preparation for the event, we had been told how to deal with uncertainty, chance, probability. Statistics and numbers, our boss said, were much less effective than more practical, real-world examples.

And this is where the blood on the toilet seat question came in. The nurse and I had done our best to summarise what was known at this point which, since very little was truly known, did not take long. We had tried to emphasise that it did not seem an easy virus to transmit, that blood and body fluids seemed the most likely source, but that intact skin was good protection.

"Could you catch HIV from a toilet seat?"

"No."

Probability | Dr Nick Carr con't

“What if there was blood or other body fluid on the seat?”

“No.”

“What if you had a cut on your bottom and sat on the blood?”

“Don’t sit on a blood-stained toilet seat.”

Then the clincher “What if you have a cut on your bottom and the lights don’t work and you don’t see the blood on the toilet seat?”

I felt then the kind of admiring exasperation I was later to experience when I had kids, the persistent “but why??” questions. No matter how convincing my answer, there was always another question.

So I remembered the advice from our training, and came up with an attempt to explain the probability of this most unlikely event.

“Yes, I guess it’s possible, but it’s no more likely than the roof above collapsing on us.”

Somehow that seemed to work. Everyone glanced up, seemed reassured by the intact overhead structure, and the questions moved on.

I felt an obscure satisfaction from having found an honest way to explain a complex problem. And I could later tell my boss how helpful his advice had been.

A week later my girlfriend and I went to our favourite cheap Indian restaurant in Archway. In true UK winter style, the rain had been incessant for days. Not the spectacular monsoonal downpours of a Sydney summer but more restrained - as if the continual rain was apologising for being so miserable. Very British.

The restaurant was packed, as only an all-you-can eat Indian at £4.95 a head could be. Our food had just been served when we heard a thunderous crack above us. We looked up in horror as the ceiling plaster split, water began to pour in and - the whole roof collapsed on us diners.

When the dust settled and we could see clearly again we were relieved to find that no one was badly hurt. Above us teetered various items of office furniture, now visible through the missing plaster, but so far nothing heavy had fallen.

The door to the street was blocked by a mass of debris, so we all headed out through the kitchen (the sight of which made me somewhat less disappointed that we hadn’t eaten our food), and melted into to the dark, drizzly night.

No other roof has fallen on me in my 69 years so far, so a statistician would no doubt agree that my example was appropriate. And as far as I know, over 40 years later, there is still no recorded case of HIV being contracted by someone with a grazed bottom whose urgent need of relief led them to plant their posterior on a soiled seat in a darkened dunny.

Community Presentations

Dr Nick Carr

It's been a busy time in the last couple of months, with 4 presentations completed and another one which will have been done by the time this Newsletter gets to you.

In April I was invited to speak to a group of older Jewish men in Caulfield about VAD. Lurking in the audience was one of the wives, who promptly collared me to come and talk to the equivalent women's group. In between these I spoke to 38 members of the Victorian Sikh Association, and then a few days later to a group from an aged care complex in Hawthorn.

Considering the diversity of the groups, the reactions were remarkably similar - deep interest in all aspects of end-of-life care with highly perceptive questions. The only difference really was the level of pre-existing knowledge, but that only seemed to increase their thirst for information.

On June 23 we have been invited to speak about VAD and palliative care at the annual Melbourne University Medical Students' Conference. Myself, Danielle Jacobs and Violet Platt, CEO of Palliative Care Victoria will (hopefully) engage around 120 students and get them all fired up and enthusiastic about end-of-life care.

If you know of any community groups out there that would like to hear from DWDV about all aspects of EOL care, including advance care planning and VAD, please head to our website or call the office on 0491 718 632.

Dr Nick Carr presenting to the Victorian Sikh Association in June

NEWS FROM AUSTRALIA ...

Dr Alison Thistlethwaite

An e-petition to amend the Commonwealth Criminal Code to exempt telehealth use in VAD care is currently open for signatures with the Parliament of Australia. Amendment of 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.

In May, Go Gentle Australia released its national report "VAD in Residential Aged Care Homes". One reported statistic was that 66% of Aged Care Facilities do not publish any public information about VAD in their aged care homes.

In April, Go Gentle Australia published its National Voluntary Assisted Dying Survey for 2025. 7630 survey respondents from across Australia answered questions about the public awareness of VAD, their direct experience of VAD and whether they had experienced any barriers to access. One finding of the survey was that people with personal experiences of VAD services reported overwhelmingly positive experiences of VAD: The majority of respondents believe VAD achieves its aims: 93% agreed VAD relieves suffering; 90% agreed VAD provides choice and control; 91% said it respects the dying person's values and wishes.

In April, the 5th International Conference on Assisted Dying and Other End of Life Care (ICEL5) was held in Brisbane. 300 delegates from 16 countries attended the conference in person and speakers shared perspectives from countries such as the Netherlands, Belgium, Canada, the US, Spain, Switzerland, New Zealand and Australia. The biannual conference will next be held in Amsterdam in 2028.

In late March, Go Gentle launched their 2026 report on the state of VAD in the nation. The report provides an updated snapshot of how voluntary assisted dying (VAD) is operating across Australia and New Zealand; the report's purpose is also to examine and evaluate VAD: who accesses it, how services are delivered, where individuals fall out of the process, and whether safeguards and access remain in balance.

Australian Capital Territory

In May, the ACT government announced that it will establish a "citizens' jury" to review whether voluntary assisted dying (VAD) plans should be followed through if patients approved for a medically assisted death subsequently lose their decision-making capacity. The committee would be formed by members of the public who will spend two years listening to doctors, legal experts, patients, carers and advocacy groups discuss a potential substitute decision-making system, then give recommendations to the Territory Government.

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

Residents of the NT are still waiting for VAD legislation. The NT government announced back in March that the legislation will be introduced "mid-year" as a conscience vote.

Western Australia

The 5th anniversary of VAD in Western Australia was marked in early June with the local opening of Julian Kingma's "Power of Choice" photographic exhibition in Perth. The exhibition, which has previously visited Brisbane and Sydney, features powerful portraits and stories of terminally ill Australians who chose VAD, alongside their families and supporting health professionals.

... AND AROUND THE WORLD

Belgium

From May Belgians have the option to draft an advance directive regarding euthanasia, a directive registered in the Federal Public Health Service's database which allows a physician to carry out euthanasia in the event the person is no longer able to communicate their wishes.

Canada

In June, almost exactly 10 years to the day that MAiD legislation came into effect in Canada, the Canadian Parliament's Special Joint Committee on Medical Assistance in Dying (AMAD) released their report of MAiD eligibility of individuals whose only underlying condition is a mental illness. The single recommendation of the committee is "That the Government of Canada amend the Criminal Code to indefinitely exclude persons whose sole underlying medical condition is a mental illness from eligibility for medical assistance in dying."

Dying with Dignity Canada launched the "We Can Choose" website to provide a resource for Canadians to assist with end-of-life planning. The website, created as a result of a 2026 survey, is an access point for educational materials, practical guides, personal stories, interactive tools, and links to additional support about end-of-life decisions. Recent poll findings still show very high support for MAiD amongst Canadian voters; this includes 82% for people making Advance Requests for cases involving a 'capacity-impairing grievous and irremediable condition'.

The case of a 94-year old patient seeking MAiD in Manitoba has sparked media interest after she was denied assisted dying and sought an alternative route to hasten her death. Although Manitoba is governed by the Federal MAiD law, in 2017 it passed provincial legislation - The Medical Assistance in Dying (Protection for Health Professionals and Others) Act - which ensures that no health care professional or employee can be legally required to participate in MAiD if it violates their personal convictions. It is apparent that this provincial legislation blocked the patient's access to an assessment for MAiD, a strategy that other conservative provinces such as Alberta are also attempting in order to assert provincial control over the MAiD legislation.

Columbia

In late April, Columbia's Ministry of Health extended the scope of euthanasia beyond terminal illness to include non-terminal conditions, psychiatric disorders, and even minors (children). The measure, formalized in Resolution 0813-2026, marks a significant shift in a country where euthanasia, though not legislated by Congress, has gradually taken shape through constitutional jurisprudence and administrative regulation since it was decriminalized in 1997.

Isle of Man

In April, the UK government notified the Manx government that changes would have to be made to the Isle of Man's Assisted Dying Bill, approved by Tynwald in March 2025, before it can be given Royal Assent. Amendments which enhance existing safeguards and ensure compliance with the European Court of Human Rights were voted on by Manx parliamentarians in early June. The bill now returns to the UK government to await final Royal Assent from King Charles III.

India

In March, an historic ruling by the Supreme Court of India became the first court-approved, practical implementation of passive euthanasia in the country. The ruling recognised the right to die with dignity as an enforceable constitutional reality, and clarified that administration of nutrition through a feeding tube constitutes medical treatment (vs basic care) which can be lawfully withdrawn if it does not serve the patient's best interests. The judgement called upon India's parliament to enact comprehensive standalone legislation on euthanasia and end-of-life care.

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South Africa

The South African Department of Justice announced in June that it will not oppose a Constitutional Court application seeking legalisation of assisted dying. This is a promising indicator for the Dignity SA campaign to legislate VAD in the country.

Spain

The World Federation Right to Die and Eumans jointly launched a Europe-wide petition on voluntary assisted dying at a VAD conference in mid-June. The petition launch marked the start of a coordinated Europe-wide campaign by the two organisations, aiming to standardise the current variation in legal frameworks across European nations.

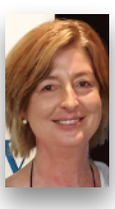
United Kingdom

The Terminally Ill Adults (End of Life) Bill that had been before the House of Lords since June 2025 did not pass; progress of the bill was delayed in the reading and review stages and it was not put to a vote within the specified timeframe. In a new attempt to introduce the legislation, in late June Labour MP Lauren Edwards is expected to reintroduce the bill as a private member's bill to the House of Commons in exactly the same form as was passed last year. This approach may present an opportunity to use the Parliament Act to bypass the House of Lords.

United States

The New York Health Department is preparing for the August commencement of assisted dying after the Medical Aid in Dying Act was signed into New York State Law by New York Governor Kathy Hochul in February.

DWDV Board



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