

Dying with Dignity Victoria's 2025 Federal Election Platform



Dying with Dignity Victoria



Founded in 1974, Dying With Dignity Victoria (DWDV) is a charitable organisation pursuing public policies and laws in the state of Victoria to enhance self-determination and dignity at the end-of-life. DWDV's purpose is to relieve distress, helplessness and suffering for Victorians with untreatable, painful or terminal illnesses.

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Formal supporters

The following organisations formally support Dying With Dignity Victoria's 2025 Federal Election Platform.

	Dying with Dignity Australian Capital Territory dwdact.org.au inquiry@dwdact.org.au
	Dying with Dignity New South Wales dwdnsw.org.au dwd@dwdnsw.org.au
	Northern Territory Voluntary Euthanasia Society ntves.org.au ntves@bigpond.com
	Voluntary Assisted Dying South Australia vadsa.org.au info@vadsa.org.au
	Dying with Dignity Tasmania dwdtas.org.au dwdtas@outlook.com
	Dying with Dignity Western Australia dwdwa.org.au info@dwdwa.org.au
	Dying with Dignity Queensland dwdq.org.au enquiries@dwdq.org.au

A full list of supporters can be found on our website dwdv.org.au.

DWDV's 2025 Federal Election platform

1. Remove the roadblocks

Change the Federal law that impedes telehealth & other electronic communications for VAD.

People seeking to access VAD often experience significant pain, physical limitations, medical fragility and can be burdened with medical equipment which affects their ability to travel for care.

All other medical services, including mental health and general practice, are accessible via telehealth—VAD is the only exception.

This compounds disadvantage for the 30% of Australians who live outside major cities, where healthcare access is already limited.

2. Look after those who look after us

Support quality practice and healthcare workforce sustainability by fixing Medicare shortfalls for end-of-life services.

End-of-life services rely on a dedicated but overstretched workforce. 44% of palliative care doctors and nurses report burnout "quite often" or "very often" (Palliative Care Australia, 2022).

Properly supporting a person at the end-of-life takes time, compassion, and skill and Medicare rebates are not keeping up with the costs.

Investment is also needed in training to tackle workforce shortages and for more consistent support, communication and improved networking across practitioners to support their wellbeing.

3. Quality care, everywhere

Ensure all Australians can access quality end-of-life services in the setting of their choice.

Over 70% of Australians say they want to die at home, yet less than 10% do (Productivity Commission, 2017).

Investment is needed in home-based palliative care, expanding regional and rural services, and enacting Palliative Care Australia's 11 point plan to address medication shortages.

Investing in palliative care is economically responsible; it reduces unnecessary emergency visits and time spent in hospital.

4. The more we know, the better we go

Fund public education and monitoring on the availability of end-of-life services.

There must be a concerted effort to increase end-of-life literacy across all sectors of the community.

More than 70% of Australians support VAD, but a recent study by QUT found only 33% of people knew VAD was available in their state.

It is important that the Federal Government continues to learn about barriers and opportunities in the end-of-life care sector.

Remove the roadblocks



For Australians living in rural and remote areas, access to Voluntary Assisted Dying (VAD) remains a major challenge—not because it isn’t legal, but because outdated Federal legislation makes it unnecessarily difficult for many eligible patients to consult with health professionals about VAD.

The Commonwealth Criminal Code Act 1995 contains two complex criminal offences regarding communicating about suicide using a ‘carriage service’, or electronic means of communication, such as telehealth, phone and email. There is significant legal uncertainty about whether and when health professionals who carry out some VAD activities electronically will contravene these provisions. As a result, health professionals are reluctant to use communicate electronically with their patients about VAD.

This means that while Australians can access mental health support, chronic disease management, and even opioid prescriptions through telehealth, VAD is the only legal medical service that patients cannot discuss with a health professional remotely.

People who seek VAD are among the sickest in the country—people with terminal illnesses, often experiencing significant pain, physical limitations and medical fragility, who can be burdened with medical equipment. It is distressing that for some their ability to access the care they want depends on them being well enough to travel, when the very nature of their condition makes this difficult, painful, or even impossible.

DWDV has heard of individuals who have experienced traumatic journeys to access care in person, including some who have refused to take pain relief medication in fear that their capacity to consent may be affected.

This cruel law also compounds the disadvantage of the 30% of Australians who live outside major cities, where healthcare access is already limited.

The Victorian VAD Review Board has identified this issue in its annual reports and reported raising this with the Attorney-General. Most recently the 5 year review into the Victorian VAD Act identified this law as a major barrier and, in accepting the recommendations of the review, the Victorian Government committed to advocating to the federal government on this matter.

The solution is simple: amend the Act to clearly allow the use of telehealth and other electronic communications for VAD, just as they are for other medical services. This change would allow eligible patients—particularly those in rural and regional Australia—to access the care they need without unnecessary suffering. Telehealth, in particular, has transformed healthcare accessibility in Australia, and it’s time to extend those benefits to VAD.

Look after those who look after us



End-of-life services rely on a dedicated but overstretched workforce. Yet, instead of strengthening support for these essential healthcare providers, funding gaps have made it harder for doctors and nurses to provide quality end-of-life care.

End-of-life care is different from many other areas of medicine. Consultations can be long, complex, and deeply emotional. Unlike routine medical visits, these discussions involve working through intensely personal and often distressing issues—not just for the patient, but also for their carers, families, and the clinicians themselves. 44% of palliative care doctors and nurses report burnout "quite often" or "very often" in a recent Palliative Care Australia (PCA) survey.

Properly supporting a person at the end-of-life takes time, compassion, and skill, yet Medicare rebates are designed around much shorter, standard medical consultations. We estimate each VAD case requires between 1 and 3 hours of work outside consultations, for which there is no Medicare payment.

The 5 year review of the Victorian VAD Act identified the lack of specific financial support (for example, VAD-specific items) in the Medicare Benefits Schedule as an external factor influencing the effectiveness of the VAD program. The Victorian Government has committed to engaging with the Federal Government on the specific VAD funding options.

The Federal Government must also work with State and Territory governments to support the psychological safety and wellbeing of the end-of-life care workforce, including options for more consistent support, communication and improved networking across practitioners.

To ensure quality practice and workforce sustainability, the Federal Government must also invest in training to address workforce shortages that contribute to burnout.

Australia's end-of-life care workforce does incredible work under difficult conditions. It's time we gave them the support they need to continue providing compassionate, high-quality care.

Quality care, everywhere



Every Australian should have access to high-quality end-of-life care, regardless of where they live. Yet, the reality is that access to these essential services is inconsistent across the country. Those in rural and remote regions often have few or no options regarding access to specialist palliative care and VAD trained practitioners. Lack of home-based or local services and supports is largely responsible for the fact that while over 70% of Australians say they would prefer to die at home, less than 10% do.

By some estimates, Australia currently has about half the number of specialist palliative care physicians needed to meet demand, and the number of palliative care nurses is growing far too slowly to keep up with population-driven needs.

In regional areas, the proportions of palliative care physicians to patients is half that of cities, despite rural patients being located over larger distances, forcing patients to travel far or relocate into hospitals or aged care settings for care.

The Victorian VAD Review Board reports there are some large geographic areas with few, if any, medical practitioners, meaning regional patients and medical practitioners may have to travel significant distances to facilitate the required in-person assessments and discussions about voluntary assisted dying.

Across Australia, many patients are also enduring unnecessary suffering, facing intense pain and distress because the medications that would ease their symptoms are not readily available or are inaccessible due to cost.

The Federal Government must step up and ensure that all Australians, no matter where they live, have access to quality palliative care in the setting of their choice. This means increasing funding for home-based palliative care, expanding regional and rural services, and enacting Palliative Care Australia's (PCA) 11 point plan to address medication shortages, endorsed by ANZSPM, AdPha, PSA, PCNA, Pain Australia and ACCPA.

Investing in palliative care isn't just about fairness—it's also economically responsible. Palliative care reduces unnecessary emergency visits and time spent in hospital. Despite this, Australia's palliative care system is underfunded and struggling to keep up with demand. The need for these services is expected to double by 2050, yet current funding levels are insufficient to meet this demand (PCA, 2024).

Without action, thousands of Australians will continue to die in settings that don't align with their wishes or be left to manage pain, symptoms, and emotional distress without adequate support.

The more we know, the better we go



Public education on end-of-life care and choices is essential to ensuring that Australians understand their rights and options. There must be a concerted effort to increase end-of-life literacy across all sectors of the community.

A study by Queensland University of Technology found only 33% of people surveyed correctly identified that VAD is legal in their state and only 26% of people knew how to access VAD if they wished to.

Findings from the First Nations consultation report completed as part of the 5 year review of the operation of the VAD Act in Victoria identified a lack of culturally appropriate resources and information as a key barrier to effective implementation and access to VAD in Aboriginal communities.

A national public education campaign on VAD would empower Australians with information. It would also clarify eligibility criteria and safeguards, reducing misinformation and confusion.

Information on VAD should be displayed amongst other medical literature in all Federally funded health facilities and medical waiting rooms. Community education sessions about VAD should also be promoted to increase awareness.

Advance care planning is another important service that is under-accessed due to lack of awareness. More needs to be done to encourage uptake of Advance Care Directives as a key driver of patient-centred care.

More than three in five (62%) Australians who die from a terminal illness do not receive specialist palliative care at any stage and where palliative care is accessed, it is typically in the 15 days prior to death (PCA, 2025). The Federal Government does not collect enough information to understand why people are not accessing this important service and why they are not accessing it earlier.

It is important that the Federal Government continues to learn about barriers and opportunities in the end-of-life care sector by investing in systems that can monitor the availability of these services and the information being provided about these options.



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