



Voluntary assisted dying

The role of aged care providers



This fact sheet explains residential aged care provider responsibilities when a person in their care is thinking about or wants to access voluntary assisted dying (VAD).

While laws in each state are different, a provider needs to respect an older person's choice to access VAD services.

What is voluntary assisted dying?

VAD is when a medical practitioner, nurse practitioner or registered nurse helps a person with a terminal disease, illness or medical condition to use medication to end their life. VAD medication is either:

- self-administered – where the person takes the medication themselves
- practitioner-administered – where a medical practitioner, nurse practitioner or registered nurse administers the medication to the person requesting VAD.

'Voluntary' means it's the person's own free choice to access VAD. The person must have the capacity to make this decision themselves.¹

VAD laws differ by state, and it is important for aged care providers to familiarise themselves and comply with the laws that apply in their jurisdiction.

VAD is different from palliative care and end-of-life care.

The aim of palliative care is to prevent and relieve a person's suffering. It improves the quality of life of people with a life-limiting illness. A resident can receive palliative care at any stage of illness, and they can continue treatment for an illness while receiving palliative care or accessing VAD.²

End-of-life care is the care and services given to a person and their family when the person is dying and facing the end of their life. End-of-life care is an important part of palliative care and often involves bringing together a range of health professionals to help a person to live out their remaining time as comfortably as possible.

An aged care provider must meet a resident's needs for palliative care or end-of-life care irrespective of whether that person is considering or has been assessed as eligible to access VAD.

1 [End of life Directions for Aged Care \(ELDAC\)](#)

2 [Department of Health and Aged Care palliative care website](#)

A person's decision to access VAD is different from advance care planning. Advance care planning enables a person to make some decisions about the health care they would or would not like to receive if they were to become seriously ill and unable to communicate preferences or make treatment decisions. A person's decision to access VAD should not be included in their advance care plan and should always be treated as confidential information.

What we know from providers

Providers and other stakeholders have told the Commission that they are uncertain about how to handle a situation where an older person requests access to, or information about VAD. There are also concerns expressed by providers who have conscientious objections to engaging with VAD, about how they should respond to and support residents who make VAD requests.

The intent of this fact sheet is to provide clarity about provider responsibilities when a resident requests access to VAD information or services.

The Commission wants to assure providers that they can follow the laws in their state about VAD services in a way that is consistent with their existing aged care obligations.

Importantly, providers can support residents to exercise the right to be informed and have information about their health, to have control over their care choices and to be treated with dignity and respect.

Voluntary assisted dying laws

There is no Australia-wide VAD law and laws are different for each state and territory.

VAD legislation is in operation in:

- Victoria
- Western Australia

- Tasmania
- South Australia
- New South Wales
- Queensland.

There are currently no laws supporting VAD in the Northern Territory. The Australian Capital Territory has passed the Voluntary Assisted Dying Act 2023 which sets out the framework to allow eligible people to access voluntary assisted dying in the ACT from 3 November 2025.

Provider responsibilities under the Aged Care Act

Living in a residential aged care service does not impact a person's right and ability to choose to access VAD. Residents have the right to choose to access VAD even where the provider has made the decision not to participate in the VAD process. This also applies to states (such as Victoria) where there is no obligation for a provider to directly facilitate access to VAD services.

While the Commission doesn't regulate a provider's decision to take part in the VAD process, a provider that decides not to take part will still have to meet its provider responsibility to support residents' right to exercise choice to access the VAD process. Provider responsibilities relating to choice, and other responsibilities under the *Aged Care Act 1997* are listed on the following page.

Importantly, a person receiving aged care shouldn't be disadvantaged if they live in an aged care facility and want information about and/or access to VAD. Enabling a person receiving aged care to access VAD under state laws is consistent with a provider's responsibilities under Commonwealth law to support a person's choice.

A provider should feel confident that they are meeting their responsibilities in supporting a resident who, by choice, lawfully accesses VAD.

User Rights Principles

Section 9A of the User Rights Principles 2014 states that a provider of residential aged care mustn't act in a way that is inconsistent with the legal and consumer rights of a resident.

These legal rights include a resident's right to access VAD.

Aged Care Quality Standards

The requirements of each state's VAD laws align with provider responsibilities under the Aged Care Quality Standards.

This includes:

- **Standard 1:** Consumer dignity and choice — Requirement (3)(c) Each consumer is supported to exercise choice and independence
- **Standard 2:** Ongoing assessment and planning — Requirement (3)(b) which requires that assessment and planning identify and address the consumer's current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes
- **Standard 3:** Personal and clinical care — Requirement (3)(c) The needs, goals and preferences of consumers nearing their end of life are recognised and addressed, their comfort maximised and their dignity preserved.

Quality of Care Principles 2014 and Charter of Aged Care Rights

The Quality of Care Principles 2014 and the Charter of Aged Care Rights enshrine the right of a person living in residential aged care to choose how they live their life. This includes the ability to choose to access VAD.

For example, under the Principles, a provider is required to assist people in their care to access health practitioner services (Section 7, item 2.7). This would include seeing a health practitioner to discuss access to the VAD process.

Under the Charter people receiving aged care have the right to have control and make choices about their care, and to exercise consumer rights.

The Charter also confers on people receiving aged care the right to be treated with dignity and respect, to be independent and the right to exercise their choices without this adversely affecting the way they are treated.

Code of Conduct

Providers and their workers must meet the Aged Care Code of Conduct, and

- act with respect for people's rights to freedom of expression, self-determination and decision making in accordance with applicable laws and conventions
- provide care supports and services in a safe and competent manner, with care and skill.

Responsibilities under the Serious Incident Response Scheme

Providers may be concerned about VAD and their reporting responsibilities under the Serious Incident Response Scheme (SIRS).

They may be concerned that they need to report a person who dies following VAD as a reportable incident. A person's death after a VAD process does not have to be reported as an unexpected death.

This is because the health practitioners involved will have followed a documented process to comply with the VAD state laws.

Providers don't need to submit a SIRS notification to the Commission where a person has died using a planned VAD process.

Other provider responsibilities

Other relevant laws at a state level include work health and safety legislation requiring employers to ensure a safe workplace/ working environment for employees, contractors, volunteers and visitors.

Aged care providers operating in jurisdictions with VAD legislation should provide education to staff to ensure that they are aware of how VAD will be managed in a service. This should include having policies in place to assist staff to understand their responsibilities and a process to manage staff who may not wish to participate in the VAD.

Providers should also have policies and procedures in place to inform prospective and current residents about their position on VAD. In communicating their position, providers should include reference to their obligation under the Aged Care Act to support a resident's right to choose to access VAD, and to respect the person's wishes in relation to confidentiality.

Providers should offer training and guidance to staff and volunteers to support them to comply with state VAD laws alongside the Commonwealth Aged Care Act.

Navigation services to assist people accessing VAD and their families

There are various support services across the states to help people to access VAD services and people who may be affected by the decision.

While the role of VAD navigation and support services varies between states, they can provide individualised assistance to connect people with appropriate practitioners and services participating in VAD. They can also provide support to family members, friends and those involved in the person's care.

Links to state-based navigation services are provided below.

Queensland – [Queensland VAD Support and Pharmacy Service](#)

South Australia – [South Australian VAD Service \(SAVAD-CNS\) website](#)

Victoria – [Getting VAD Support website](#)

Western Australia – [WA VAD Statewide Care Navigator Service](#)

Tasmania – [VAD Navigation Services](#)

New South Wales – [VAD Care Navigator Service](#)

Australian Capital Territory – the Government is working to establish a Coordination, Assessment and Liaison Service. Updates on the ACT VAD rollout are available [on the ACT Government website](#).

Support for staff and other residents

The decision of a person living in residential care to access VAD may affect staff and volunteers who have cared for them. Providers need to have policies and processes in place to support their staff.

They may also consider referring residents and staff to the Grief Australia hotline on **1800 642 066**.

Providers should also consider accessing VAD education services provided by, for example, End of Life Directions for Aged Care (ELDAC), and promote access to employment assistance programs to support staff.

Navigation services can also provide care and clinical staff in aged care services with education about VAD (see links on the next page for further information).

Storing and disposal of VAD medications

In cases where a person makes a practitioner-administered VAD decision, they will speak directly with the practitioner about supply and administration of VAD medication. In some states and where a person living in an aged care facility chooses to self-administer, providers will need to provide the person with a place to safely and securely store the medication, and ensure that they have access to the medication when they choose to self-administer. This may involve a safe means for the resident to have the medication in their own custody and control. Providers should also be aware that in some states, a person must be in possession of, and be able to access, VAD medication.

All states that have VAD legislation have accredited VAD pharmacies who can provide providers with advice on the legal requirements for VAD medication storage and disposal. Links have been provided below.

[Tasmanian VAD Pharmacy Services](#)

[South Australian VAD Pharmacy Service \(SAVAD-PS\)](#)

[Victorian VAD Statewide Pharmacy Service](#)

[Western Australian VAD Statewide Pharmacy Service](#)

[Queensland VAD Support and Pharmacy Service](#)

[New South Wales VAD Pharmacy Information](#)

[Australian Capital Territory VAD Information.](#)

Some scenarios in residential aged care

The scenarios below describe some of the situations that may arise in residential aged care. The information provided is generic rather than specifically applicable to services in a particular state because VAD laws differ by jurisdiction. The scenarios cover how these situations relate to the provider's aged care responsibilities.

Continuing care for a resident who has asked for VAD information

Vera has lived in a faith-based aged care service for 3 years. Her provider has told her they won't directly take part in VAD processes. Vera has a terminal illness and wants information about VAD to understand her options.

She asks for a visit from a health practitioner to discuss VAD. To meet their responsibilities under aged care law, the provider must support Vera's choice and help her to access VAD advice, services and practitioners.

The provider reassures Vera that whatever her decision, they will still support her palliative and end-of-life care. The provider also lets Vera know that if she does decide to access VAD, they will support her to access VAD services. The provider advises Vera that they do not administer or assist with the administering of VAD medication but will assist in accessing services to support Vera.

A person is declined VAD services

Kasem is a resident of an aged care facility and has been diagnosed with a terminal illness, and asks the facility manager to access VAD. The facility manager makes arrangements for him to discuss his request with the state's VAD navigation service. After being assessed by a VAD medical practitioner, Kasem is advised he is not eligible to access VAD currently. The facility manager seeks Kasem's permission to engage mental health services for support however Kasem declines, telling the facility manager he may consider re-engaging with the VAD navigation service should his situation change.

The facility seeks to understand what is causing Kasem the most distress and develops a plan to proactively manage and alleviate his concerns where possible.

Giving staff enough guidance

Frank lives at a residential aged care service and has a terminal illness. This causes him a lot of discomfort and has affected his quality of life. After a particularly bad night when he didn't get much sleep due to pain, he mentions to the worker providing his morning care that he is ready to die. The worker asks him if he knows about VAD and offers to get him some information on how to access VAD services.

Another staff member overhears this conversation and reports it to management because in the state in which Frank lives, no staff are permitted by law to initiate conversations about VAD. As a result, the worker is counselled about their legal responsibilities relating to VAD. These include that workers are not allowed to start discussions with older people receiving care (or their families) about VAD.

The service recognises that they haven't trained their staff well enough about these responsibilities and that they need clearer policies on VAD. They consult with the VAD navigation service in their state to write a new policy, staff go through a mandatory training session on the policy and the VAD laws in their state. The training includes explaining what VAD laws mean for their role in practice.

The service recognises that Frank has not made a specific request to access VAD and that his pain is not currently well managed. They immediately seek review from his GP and the local palliative care service.

Maintaining confidentiality

Juan lives in an aged care service and has a large family who often visits him. Juan has been diagnosed with a terminal illness. He is making all of his own decisions and he is looking at his options to access VAD in his state.

One of his family members asks the facility manager whether Juan has asked about access to VAD and, if so, what the result was. They also share that they are strongly opposed to VAD.

The facility manager knows that Juan has a right to privacy. She explains to the family member that she isn't able to discuss this with her.

She reminds all staff to be careful about confidentiality, particularly where information is personal and sensitive.

The family member then asks for a copy of Juan's care plan. The facility manager explains that they cannot give any information without consent. She tells Juan about the request and Juan refuses consent.

Regardless of Juan's decision not to provide his care plan to the family member, his care plan should not include any reference to VAD to protect his right to privacy and confidentiality.

Medication security

Lui lives in a residential aged care service in a single room. She has met the eligibility criteria to access VAD in her state. She has completed the request and assessment process. She is able, and has chosen, to self-administer VAD medication. She has now received the VAD medication.

In the state in which she lives, Lui has the option to legally keep the VAD medication in her bedside locker which she can access at the time of her choosing. She understands it's a high-risk medication and agrees that:

- the drawer the medication is in will always be locked
- she will keep the key with her
- she won't give the key to anyone else.

The provider also has clear policies and procedures around self-storage of medication. This may include that, with the person's permission, relevant senior clinical staff are made aware of when a resident is storing VAD medication.

Lui has had a discussion with the Clinical Care Coordinator at the service and the service knows about the medication and the day Lui plans to take it. Everyone is clear that Lui can change her plans at any time.

Security of tenure – reasons for asking a resident to leave

Lothar lives in an aged care service. After careful consideration he decides that he wants to access VAD. He meets with a health practitioner to begin the VAD process.

Lothar's aged care provider has strong objections to VAD. They advise Lothar in writing that if he continues with the VAD process, the service will give him formal notice to leave the facility.

Lothar lodges a complaint with the Commission. The Commission contacts the provider and discusses with them their responsibilities around security of tenure.

VAD is not one of the reasons that a provider is able to use to ask a resident to leave their residential service. The provider considers this and tells Lothar that, while they don't support VAD, they:

- won't make him leave
- will fulfil their responsibility to enable him to access VAD advice, services and practitioners, as required under state VAD law
- make it clear that their staff won't take part in the VAD process in any way.

Giving full support

Ananya is a resident in an aged care facility and has chosen to access VAD. The provider works with the local health service to carry out the request and assessment process with Ananya.

A VAD practitioner is transferred to the administering practitioner role and administers the medication to Ananya. The care team supports Ananya and her family and provides after-death care. The experience is positive for everyone involved.

Links and resources

[End of Life Directions for Aged Care \(ELDAC\)](#)

[Palliative Care Australia](#)

[End of Life Law for Clinician \(ELLC\)](#)

Queensland Health – [Implementation of voluntary assisted dying](#)

NSW Health – [Voluntary Assisted Dying in NSW](#)

SA Health – [Voluntary Assisted Dying in SA](#)

Vic Health – [Voluntary Assisted Dying Overview](#)

WA Health – [Voluntary Assisted Dying Overview](#)

Tas Health – [Voluntary Assisted Dying Commission](#)

ACT Health – [Voluntary Assisted Dying](#)

The Aged Care Quality and Safety Commission acknowledges the Traditional Owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to Elders both past and present.

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