Dying with Dignity
WESTERN AUSTRALIA

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President's Report

In my report for our newsletter in September last year, I spoke optimistically about our continuing efforts – now a campaign – to, as I put it "persuade the Premier and the Parliament to properly consider improvements to our Voluntary Assisted Dying Act". I went on to say "the Act is now in urgent need of reform to bring it up to date with legislation in other states and overseas. Far too many people are being denied their wish to avoid suffering at the end of their lives because key eligibility rules are far too rigid. There must be a better balance between access and safeguards. The current Act puts VAD beyond the reach of many who need it most".

Shortly after I wrote that report I was able (eventually, after many months of trying) to meet with the Premier. I was accompanied by our always supportive Patron, Janet Holmes à Court. Regrettably, our advocacy directed to persuading the government to commission a new parliamentary inquiry to report on necessary updates to the Act never received a response.

We have completed preparations for our media and social media campaign, and have launched applications for funding to several philanthropic foundations. Our next steps necessarily will depend on the outcomes of those applications.

In the meantime we sought meetings with both the Minister for Health and the Attorney-General. We believed that we would be given an opportunity to outline the goals of our campaign, to gauge the degree to which it might receive initial support from the government, and to explore the ways in which we might in any event collaborate in working towards some common goals. These include raising community awareness about VAD (this has fallen significantly since the passage of the legislation in December 2019) and better informing the general public and (surprisingly) many health professionals about both the existence of our current voluntary assisted dying laws and its processes.

We were disappointed but not disheartened when the Attorney-General indicated that we should meet with the Health Minister rather than with him. After all, we appreciated that Ministers have to tread carefully regarding portfolios other than their own.

When the office of the Health Minister (Meredith Hammat) offered us only a meeting with two of her staff, we promptly accepted. This might have been offered as a preliminary stage to a Ministerial meeting, we told ourselves.

The reality of that meeting, held on 2 April 2026, clearly demonstrated that it was no such thing. We were bluntly told that the government has decided that it is unwilling to consider any amendment of any kind to the Act, no matter how minor or uncontroversial it might be. Not only that, the Minister was unwilling to meet with us. She and her government will not discuss the Act, or VAD processes, or our campaign. This

NOTICE OF MEETING OF DWDWA

Date & Time: 2pm 20th May 2026

Location: Citiplace, Concourse Level, Perth Railway Station

extends even to the various recommendations for reform made by the government-appointed VAD Board, whose "primary role is to monitor the operations of the Act, to manage voluntary assisted dying information it receives and to make recommendations *for the improvement of voluntary assisted dying in WA*." (emphasis added). During the four+ years that the Act has been in operation, not one of the Board's recommendations for statutory change has – to DWDWA's knowledge – been considered or responded to, let alone implemented.

This is a massive failure of good government. It is truly shocking. Given the tireless efforts from 2017 – 2019 made by Roger Cook (then the Health Minister) and Amber-Jade Sanderson (the chair of the Joint Select Committee into end of life choices) to introduce our present Act (against considerable odds), it is impossible to understand. Perhaps it is to be explained simply as a total loss of interest (or at least of courage) in reform to overcome human pain and distress. The government's position is both implacable and callous, and reflects very poorly on our state, given the recent efforts by the governments of both the Australian Capital Territory and Victoria to consult, debate and consider in a balanced and even-handed way how to make new and existing VAD legislation the best it can be.

Dying with Dignity WA will not give up. As mentioned, the improvements it seeks follow the lead of other jurisdictions in Australia and overseas, and most of them have already been recommended by the VAD Board. They have the overwhelming support of the WA community. This is a conscience issue and if the government continues to refuse to talk to us, we will engage instead with other parties represented in our parliament, and with individual Members of Parliament.

We continue with our usual efforts to assist those who come to us with stories of end-of-life distress that are caused or exacerbated by the deficiencies in our Act. We also speak to community groups on a regular basis. I took part during summer in a panel debate convened by Tony Buti, stimulated by his book "A Considered Act: How Voluntary Assisted Dying Became Legal in Western Australia". It was fascinating to find that Dr Omar Khorshid, another panellist, who is a past state and federal president of the AMA and who was well-known for his opposition to VAD when the Bill was being presented, is no longer opposed and instead finds that the scheme is operating well and has strong acceptance by both the community and the medical profession.

Please come along to our mid-year general meeting. It will be held at Citiplace as usual, on Wednesday 20th May at 2p.m. (See further details at the end of this newsletter).

The guest speaker is Dr Bu O'Brien. Bu is an experienced and compassionate VAD doctor and an engaging speaker and her presentation is not to be missed! Her CV and DWDWA's list of proposed amendments to WA's VAD Act can both be found elsewhere in this newsletter.

We would love to hear your comments on our campaign; we hope that you are as excited about it as we are.

Steve Walker

Steve Walker
President, DWDWA

Colombia's VAD Model

In March and April this year my wife and I were fortunate to manage a trip to the northern part of South America. Since we flew in and out of Bogota, the capital of Colombia, I took the opportunity to visit the office of the Colombian equivalent of DWDWA. There I met with Laura Pombo, the Executive Director of DMD (Fundacion Pro Derecho a Morir Dignamente).

Fortunately for me, Laura's English far surpassed my Spanish, so that we were able to have a very comprehensive and pleasant conversation in which we compared our two very different – and yet in some ways surprisingly similar – laws and processes for assisted dying.

Colombia is one of the very few jurisdictions in the world to have a voluntary assisted dying scheme that was introduced not by legislation passed by its parliament, but rather solely by a court decision. This is a fundamental difference: it means that there is no detailed and prescriptive law to govern the practice. While my understanding of Colombia's system is still superficial and limited, I plan to stay in touch with DMD to learn a lot more.

One crucial piece of learning was that a second more recent court decision permitted some people who have lost capacity to nevertheless have an assisted death. This meant that Colombia joined the small but growing group of countries which are showing the way to meeting the public's clamour for voluntary assisted dying to extend, in particular, to those impacted by dementia in the last stages of life. In this regard it is interesting that the Supreme Court of Colombia has permitted a clinician to determine an incapacitated person's "will" (meaning his or her wishes) to be determined not solely on the basis of an advance heath directive signed while still having full capacity: that person's prior oral statements can also be considered. Sensibly, though, DMD has produced its own recommended advance health directive form, no doubt because this makes it far simpler to determine prior wishes.

The similarities between the Colombian and Australian systems on the ground include the fact that DMD, like DWDWA, receives no government or grant funding and relies only on subscriptions and donations. While the organisation has about 4 employees, its budget is very limited, so that for example the Director is unable to travel outside Bogota. It relies on volunteer lawyers to take on court challenges, and also on psychologists to provide free counselling and advice.

Subsequent to my visit, at the ICEL5 Brisbane conference I listened to a brief presentation on voluntary assisted dying in Latin America. The country most focussed on was … Colombia. We need to find out more about death and VAD processes in this vast region, and my impression is that Colombia is the regional leader.

One thing was very obvious – our new friends at DMD continue to work hard and with spirit, and substantial success, in highlighting and addressing the awful predicaments in which far too many people find themselves in the dying process. All power to them!

The obvious question is why Australian governments (especially the WA government) cannot muster the empathy, compassion and courage to likewise help those who are left to die without a shred of dignity following dementia, or another event, causing the loss of decision-making capacity.

VAD BOARD

4th Annual Report 30th June 2025

The fourth VAD Board Report for the year from 1st July 2024 to 30th June 2025 (the **report**) was published in November 2025. The report can be read in full on the DWDWA website under *Resources/VAD Board Reports*. The VAD Board is the statutory body appointed to monitor the operation and effectiveness of WA's *Voluntary Assisted Dying Act 2019* (the **Act**).

There is a useful summary on page 7 of the Report that provides comparative information with the previous year. It is interesting to note that the number of VAD deaths has gone up from 292 to 480 in a year, an increase of 63.8%. The number of VAD practitioners has gone from 114 to 152, an increase of 25%. This points to a dedicated and compassionate group of health professionals under extreme pressure, and a system that will become unsustainable unless things change.

Personal reflections

As in the past, the Board publishes the (de-identified) perspectives of many who have experienced some aspect of the VAD process during the year under review: patients, carers, families, and VAD practitioners. The 'key themes' are summarised on page 8 and the reflections themselves are on pages 9 -15. They inform the report and support the Board's recommendations that appear from pp 58 – 61. As in previous reports, the stories are mixed: many tell of relief and gratitude, others of "poor communication and lack of understanding of the [VAD] process in the community and amongst practitioners". These barriers cause frustration, delay and often prolonged suffering. The contributions from some VAD practitioners reflect the "relentless demand" on the VAD workforce that "has put pressure on and exposed vulnerabilities in the system".

There are four contributions on page 9 about the ongoing issue of individual and institutional obstructions to accessing voluntary assisted dying. In DWDWA's view, at the very least, hospitals, aged and palliative care facilities should be obliged to publish their policies about VAD so that people can make an informed decision about their care when they can no longer live at home. Ideally the law should be amended to reflect the progressive changes implemented in other states such as Queensland and South Australia.

These personal reflections make interesting reading and will be uploaded to DWDWA's website in the near future.

Recommendations (pp 58 -61)

The Board's recommendations are informed by monitoring and stakeholder engagement activities (including the personal reflections), interjurisdictional review, and current research. In each of the four annual reports published to date, the Board has made a number of recommendations, some of which require amendments to the Act. Nevertheless the 2024 Statutory Review "*did not support the need for legislative change at this time*". The Board notes that "Until the opportunity for legislative review arises again there will be need for responsive policy and sector guidance *to support the safe operation of voluntary assisted dying in accordance with the principles of the Act.*" (emphasis added).

This is reminiscent of many a family argument that starts with "Why do you ask me and then not listen to anything I say?"

DWDWA's new campaign

It is DWDWA's view that we don't have the time or patience to wait for the next review. We are faced with the conundrum that from a high of 88% of community support for VAD in 2018/19, awareness not only about the VAD process but also its existence as a lawful end-of-life option has fallen dramatically.

Our new campaign is multi-faceted. It will act to raise community awareness and understanding of the voluntary assisted dying process generally, the need for which has been highlighted by the Board. This and the many other recommendations of the Board – both those that require or do not require legislative change – are supported by DWDWA. This provides us with a unique opportunity to work collaboratively with the Board and the Department of Health in a common cause.

The clearest imperative in the campaign is for legislative change. What is not mentioned by the

Board is the need to amend the time to death criterion, which is arbitrary and causes immense suffering – especially to those with slowly evolving neurodegenerative conditions like MND, Parkinson's and, most of all, dementia. Amending the time to death criterion will not of itself assist those people, because of the attendant loss of capacity. With dementia having been recently acknowledged as the number one cause of death in Australia, this is a high priority for DWDWA. No-one denies the complexity of this issue, and the ACT is the only Australian jurisdiction that is taking steps to address it. It is time for WA to be brave.

Details of the campaign and how you can support it can be found in the President's Report or by contacting Steve Walker on president@dwdwa.org.au DWDWA's proposed list of improvements to the VAD Act is included in this newsletter

For more information about the campaign and how you can support it, please email President Steve Walker at president@dwdwa.org.au

Dinny Laurence

DINNY LAURENCE

THE GOOD DEATH LOTTERY

Is Voluntary Assisted Dying (VAD) a type of Palliative Care (PC) or is it an alternative ? Your answer may depend on whether you consider it a binary matter. In fact both services optimise care for a person who is dying and you may apply for either or both. Dying with Dignity WA (DWDWA) is intent on seeing both services equally well supported and accessible.

"Who gets to go gently" asks Elliot Stein, a former chief of staff to a federal aged care minister and former national director at St Vincent's Health Australia. He had to find out the hard way despite his own background.

Elliot Stein contrasts the good death of his father five years ago in a dedicated PC ward and the recent bad death of his grandmother in an aged care facility which did not offer her PC. He is now convinced families in these situations must speak plainly and take action 'if we are to improve things for all'. (*The Saturday Paper*, 7 February 2026).

While it is possible for the person who receives PC to progress to VAD, it is essential to realise the processes are managed separately, are time consuming and depend on whether your chosen provider allows access to both. Some offer neither. For instance VAD is not available from many religious-based hospitals and aged-care homes; nor is PC offered in all aged-care homes, as explained later in this article).

Here are some important recent developments in national standards under the *Aged Care Act* to be aware of (if you choose your medical and aged care provider carefully):

1 The new laws give all Australians the right to equitable access to palliative and VAD care.

2. There is funding for PC and VAD once the person has been assessed as eligible.

3. Assessment and delivery can take place at home, in most hospitals and in aged-care facilities. PC is now a legal requirement during aged-care admissions.

(Such general statements overlook the many inequities which de facto restrict equity, hence DWDWA's campaign for improvements to VAD legislation).

What follows relates mainly to access in aged-care homes. Recent statistics indicate:

1. Three in five patients who die from terminal illness in Australia receive no specialist palliative care, and about half of all deaths of people aged over 85 occur in aged-care homes.
2. There are 2600 aged-care homes in Australia and in many it takes family intervention to have a PC or requested VAD plan prepared. "Residents can be all too easily bounced back into state-run hospitals for indefinite periods" says Elliot Stein.
3. Many providers are not accessing PC funding and there are insufficient regulatory visits to find out why.
4. PC training is not being uniformly undertaken (cost and worker shortages are cited), so even in a "good' facility, the morning shift worker might be trained to recognise and manage pain, but not the afternoon or evening workers; and there is a similar paucity of palliative trained GPs to recognise the pain and authorise the treatments.

So, if you discover your own life expectancy has been assigned a likely end date, find out as much as you can about both PC and VAD processes and best practice. Understand how PC and VAD assessments are initiated and see that they are commenced early on. Choose your medical and aged-care providers with great care. That way you can have 'a foot in both PC and VAD doors' ready to access either or both. Until you and your family have completed this work, you face the current 'good death lottery' where chance will play a major part in whether or not your end is dignified.

DWDWA - Proposed improvements to VAD Legislation

Time to death eligibility criterion	Suffering (including the anticipation of suffering) should be the criterion, not an arbitrary prognosis. The VAD legislation in the ACT provides a good precedent
Institutional conscientious objection: As a minimum, hospitals, aged care and palliative care facilities should publicise their policies about VAD.	Where a patient is too ill to be moved, healthcare facilities should be obliged to allow VAD on their premises. Consider adopting SA or Qld provisions
Citizenship, permanent and ordinary residency requirements to be reviewed and relaxed	
Capacity (1): Allow advance VAD requests to be made in an AHD, but not so as to permit VAD if the patient shows any sign of resistance to administration; **AND**	There is precedent for this in recent Quebec legislation (Quebec Bill 11)
Capacity (2): Empower enduring guardians to make VAD requests that are consistent (as judged by the patient's doctors) with an existing advance health request from the patient.	This substitute decision maker model is being considered in the ACT in conjunction with an existing AHD as an additional safeguard. DWDWA supports this
Allow nurses to raise the subject of VAD in the context of other end of life options	Currently applies only to medical and nurse practitioners, not to all health care workers
Expand VAD workforce.	Eg by allowing greater participation for nurse practitioners and for registered nurses with specified qualifications; remove CEO requirements provision
Section 16 (1) (c) provides that the person must be diagnosed with at least one disease, condition or illness that … will cause death.	This is too restrictive and should be amended by the addition of "alone or in combination with one or more co-morbidities" will cause death.
Telehealth to be permitted for all VAD consultations	Australia-wide issue requiring amendment of Cth Law
Free choice between self-administration and practitioner administration	Self admin with practitioner assistance also to be permitted; and provision for practitioner to intervene in a self-administration case if death has not occurred within a reasonable time

Newly elected Committee Members 2025

Anne Marshall

This photo is from 1970, which is the year I married Tom, shown with me there. That's how I always think of us although the old woman photo is of course the reality. Tom died with the help of Dignitas a year ago, as he couldn't access voluntary assisted dying in WA, although he suffered from both Alzheimer's and prostate cancer.

We met at university in the UK. He was a geologist and for the next 10 years we lived and worked in Africa and Burma (now Myanmar). In 1981 we emigrated to Australia with our two young children and lived first in Karratha and then in Perth. In 1993 I graduated from UWA with a law degree. Tom worked in Australia, Canada and South America. Our one regret was that we didn't get to Australia earlier.

Tom's interests were focused on the outdoors which is why he loved Australia so much. In 2006 he was climbing at Mount Cook in New Zealand when he had a bad fall and suffered a serious head injury, which included a massive bleed on the brain. Over the next few years he seemed to have recovered but in 2020 was diagnosed with mild cognitive impairment and, three years later, with Alzheimer's, most likely caused by the head injury.

By 2024 he had been forced to give up all of his interests including climbing, hunting, kayaking, camping and four-wheel driving. The final straw was having to surrender his driver's licence. For someone who was fiercely independent and who knew what was coming there really was no choice. The legislation in WA offered him nothing. Time became of the essence as Dignitas members have to demonstrate that, at the time they choose to go, they are still capable of independent judgement.

In September 2024, we completed the necessary paperwork and clinical assessments and, following a wonderful Christmas with children and grandchildren, we left for Zurich in February 2025. Our son and daughter came with us. Tom was elated when he got the green light from the Swiss doctors and died peacefully surrounded by his closest family. The Dignitas team was wonderful and we could not have asked for a better death.

But we felt strongly that he was the best person to decide how he wanted to go and that he should have been able to die at home. Had that been possible we would have had more time with him. We talk a lot about upholding freedoms but right now we're denied that most personal freedom of them all: the right to decide for ourselves when life has become more of a burden than a benefit. Tom didn't want the government telling him what to do and chose to die before the endless indignities of Alzheimer's got a grip and at a time of his own choosing. That's why I joined DWDWA Inc. I want to see the law changed in WA for those of us that want the same as Tom.

Michael Keane

Michael Keane left Ireland for Australia in 1988. Based in Geraldton for many years, he worked as

a civil engineer throughout WA. Since retiring, he has followed his children and grandchildren to Perth – the best place in the world !

Michael and his wife joined DWDWA during the 2018 campaign for VAD legislation.

Attending the various AGM's since 2018, Michael was struck by the immense workload carried by a small but dedicated DWDWA committee.

When the call went out recently for new members to bolster the committee, he was pleased to take up the opportunity.

Since joining, Michael has used his technical background to assist with the various software packages used by DWDWA.

Don't miss the truly remarkable Guest Speaker, Dr Bu O'Brien

At our General Meeting on 20th May 2026 at 2pm, Citiplace Community Centre, Concourse Level, Perth Railway Station

Curriculum Vitae of Dr Bu O'Brien

Dr Bhawani O'Brien, known universally as 'Bu', is no ordinary doctor.

She is Sri Lankan by descent but cosmopolitan by education and by nature. Her early years at school were in Malaysia, with her secondary and tertiary education being in England and Ireland. Her first medical degrees at the Royal College of Surgeons in Ireland included two medical electives: one of eight weeks in Kenya in 1991 and one of six weeks in Malaysia in 1992.

From 1999- 2004 Bu held various locum positions In Dublin, Meath and Longford in Ireland and during that time she had two children. Her medical internship in 1993/94 was also spent in Ireland and every now and then when she speaks you can hear the Irish lilt to her voice.

Bu is the holder of ten (yes, you read that correctly) – ten medical qualifications. As a senior house officer in Scotland from 1994 - 1999 she gained experience in the vastly differing fields of ear, nose and throat, accident and emergency, elderly medicine, psychiatry, paediatrics and obstetrics and gynaecology. From 1999 – 2008 she pursued her medical career in Scotland, Ireland, England … and in 2008 she came to Australia.

Until 2020 Bu worked as a GP in various practices in Western Australia, and as a breast physician at a cancer clinic in WA's South West and for Breastscreen. She was very busy and it would have been easy to overlook the flyer about voluntary assisted dying amongst all the other mail in her pigeon-hole at her practice. Luckily it caught Bu's eye and sparked her interest. In 2022 she did the mandatory training to become an accredited VAD practitioner, and from that moment, here in Perth, Bu's life changed; and since then her work has changed the lives and deaths of hundreds of Western Australians. She will tell us some of her stories at the general meeting on 20h May 2026, when it will be Dying with Dignity WA's honour and privilege to welcome her as our guest speaker.

This CV began with the self-evident statement that Bu is no ordinary doctor. She is also no ordinary person. Her volunteer work includes being an "*active* participant and fundraiser for Bunbury Relay for Life for five years (did you actually run Bu?), a supporter of Uralla Wildlife Sanctuary, a volunteer for Karis Neighbourhood Scheme working with the elderly, and a charity fund raiser for Fun Runs for CRY (cardiac risk in the young). She is also a trained Rape Crisis counsellor. Her other interests include travel, reading, photography, cooking – and cycling and walking to work off the cooking!

Bu speaks regularly wherever she has the chance to raise awareness about voluntary assisted dying and what a peaceful death means for the terminally ill, their carers and loved ones. She is willing to spread the word wherever it is needed and has even addressed the House of Lords in London. Opportunities to hear speakers of her calibre and expertise are rare, and this is an occasion not to be missed.

Please come along if you can to support DWDWA and to hear the warm-hearted and compassionate Bu O'Brien.

Navigating the Future of VAD and Dementia: Insights from the 5th International Conference

The conversation surrounding Voluntary Assisted Dying (VAD) in Australia is entering a complex new chapter. As researchers and advocates examine its application to dementia—now the nation's leading cause of death—a host of difficult moral, ethical, legal, and practical questions have emerged.

At the 5th International Conference on Assisted Dying and Other End-of-Life Care, held in Brisbane in April, these issues were on the agenda. Organised by the Australian Centre for Health Law Research (ACHLR) at the Queensland University of Technology (QUT), the conference brought together researchers, clinicians, lawyers and policy experts to explore emerging challenges in end-of-life care.

The Research and the Case for Change

A key contributor to the discussion was Casey Haining, a Research Fellow and PhD candidate at ACHLR in QUT's Faculty of Business and Law. Presenting findings from a new study, Ms. Haining highlighted the need to canvas VAD eligibility for those living with dementia, especially as several state VAD laws undergo legislative review this year.

Currently, Australian state and territory laws effectively preclude individuals with dementia from accessing VAD due to two primary legal hurdles:

- *Decision-making Capacity*: Individuals must have the capacity to make and communicate decisions about VAD at the time of their request.
- *Proximity to Death*: Eligibility is generally limited to those with a terminal prognosis (usually within six to twelve months), a timeframe that is difficult to predict in the progression of dementia.

While New South Wales legislation explicitly prohibits VAD for dementia, Ms Haining noted that international experience suggests other approaches are possible. Countries such as Canada, the Netherlands, Belgium, and Switzerland have developed alternative legislative pathways that attempt to bridge these gaps.

Early Findings: Support and Complexity

Ms. Haining's research team explored whether VAD access should be extended to people with dementia, and what legislative models might support it. The study drew on international evidence and qualitative interviews with 63 participants, including people living with dementia, carers, and medical practitioners.

Early findings point to both strong support and significant complexity:

Broad Support for Reform: People living with dementia and carers expressed high levels of support for extending VAD access.

Mixed Perspectives on Implementation: Despite general support, opinions remain mixed regarding "trigger points", specifically who should have the authority to act if a person no longer has decision-making capacity at the end of life.

These findings underscore that support for reform does not necessarily translate into easy answers regarding implementation.

Building an Australian Evidence Base

Ms Haining emphasised that the research does not to argue for a simple "yes" or "no". Instead, it seeks to strengthen a limited Australian evidence base by examining the ethical and practical realities of how such a system might function if a policy decision were made in the future.

For organisations like Dying with Dignity WA, these findings are important. They reflect a growing recognition that end-of-life law and policy must grapple seriously with dementia, informed by both evidence and lived experience. By engaging with these questions now, we move closer to a future where "dying with dignity" is a meaningful option for all, regardless of their diagnosis.

DYING WITH DIGNITY WESTERN AUSTRALIA (INC.)

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If the address label on this newsletter has a **date ending in 26, your subscription is due 1st July (can be paid in advance)** If the date ends 25 or earlier, you are no longer financial. Life members are noted as such and don't need to pay subs, although donations are always welcome.

If paying by bank deposit, particularly over the counter, please ensure your name is included. For more information or to get an application form for a new member, please contact DWDWA by email to memberships@dwdwa.org.au or see our website

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