
MEDIA TOOLKIT

Australia &
New Zealand



Guide to reporting on assisted dying

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About assisted dying

Assisted dying, or voluntary assisted dying, is an additional end-of-life choice that provides eligible people who are suffering and dying with the option of asking for medical assistance to end their lives. It is always voluntary and involves strict eligibility criteria and multiple assessments¹.

The people who seek assisted dying are from all backgrounds and walks of life. What they have in common is a terminal illness that is causing them intolerable suffering.

Voluntary assisted dying is a new service. Many people in the community are not yet familiar with the eligibility criteria and the many legal steps to achieve an assisted death. This environment has allowed misinformation and inaccurate hearsay to fill the gap.

About these guidelines

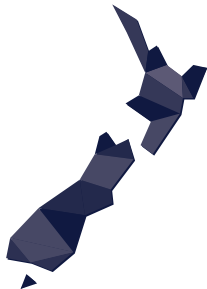
These guidelines are intended for use in Australia and New Zealand. (In Australia the term used is 'voluntary assisted dying'; in New Zealand it is 'assisted dying'.) They were created to provide media professionals and commentators with practical advice on how to report on end-of-life choice accurately, ethically and respectfully and counter some of the misinformation.

Facts and figures



Voluntary Assisted Dying in Australia

Voluntary assisted dying (VAD) is available in all six Australian states and the ACT. VAD has been available in Victoria since June 2019, Western Australia since July 2021, Tasmania since October 2022, Queensland and South Australia since January 2023, NSW since November 2023 and the ACT from 3 November 2025. Voluntary assisted dying is not available in the Northern Territory.



Assisted Dying in New Zealand

Assisted dying is available in New Zealand, following a binding referendum in November 2021, when 65% of voters endorsed the End of Life Choice Act.



Public opinion

Australians and New Zealanders strongly endorse assisted dying laws. Support runs at between 70 and 90% in most recent polls².



Eligibility criteria

There are strict eligibility criteria to access assisted dying. Only terminally ill adults in the final stages of their illness who have decision making capacity can seek an assisted death. It is voluntary for all involved, including participation by healthcare professionals³.

Facts and figures



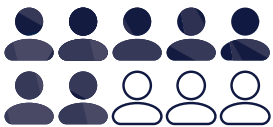
Compliance and safety

Evidence from jurisdictions where assisted dying has been available for many years shows the laws are operating safely, compassionately and as intended. Compliance with the legislation is close to 100%.



International experience

Globally, more than 400 million people now have access to some form of assisted dying in Australia, New Zealand, Europe (Switzerland, Netherlands, Belgium, Luxembourg, Spain), Canada, Colombia, Ecuador and 12 US states or districts.



Illness diagnosis

7/10 applicants are suffering from terminal cancer. Other conditions include motor neurone disease and respiratory illness.

73

The median age

of people seeking VAD.



A small number of deaths

Only a small number of people ever seek an assisted death. In Australia and New Zealand, assisted deaths comprise between 1% and 3% of all deaths.



Care

8/10 applicants are receiving palliative care.

Words matter

Why call it (Voluntary) Assisted Dying?

The term 'voluntary assisted dying' is used in laws in all Australian jurisdictions. In New Zealand it is 'assisted dying'. These terms most accurately describe the process involved and are preferred by healthcare professionals. (Voluntary) assisted dying is:

VOLUNTARY: the decision to seek an assisted death must be voluntary and made without pressure or coercion.

ASSISTED: by health practitioners. If a person is considered eligible and wishes to proceed, they either self-administer a substance prescribed by a doctor or have an experienced doctor or nurse administer the substance for them.

DYING: to be eligible the person must be terminally ill, suffering and at the end of their life.



Assisted dying is NOT euthanasia

Assisted dying should not be confused with 'euthanasia' or 'mercy killing' which implies an act done by one person to another without their consent. This is illegal in Australia and New Zealand. The word 'euthanasia' is sometimes used by sensationalist media to create fear, uncertainty and doubt about the death being voluntary.

Assisted dying is NOT suicide

Assisted dying is not 'suicide'⁴. There are important differences between the two and confusing them can cause harm. Australian suicide prevention leaders have issued [a joint statement](#) urging commentators not to conflate assisted dying with suicide.

Suicide prevention and VAD should be discussed separately. Confusing these terms can delay access to suicide prevention services for people in distress, and complicate or delay care for people with a terminal illness who are seeking an additional choice at the end of life.

In any public communication, it is important that we refrain from talking about VAD as suicide or using language that associates the two.⁵

Australian laws explicitly state that voluntary assisted dying is not suicide. Assisted dying is not treated as suicide in coronial data or suicide statistics. The cause of death on a person's death certificate is recorded as the underlying terminal disease, not VAD or suicide.

For the same reasons, assisted dying is therefore not 'assisted suicide'. Assisting a person to end their life by suicide remains a crime in all Australian and New Zealand jurisdictions.

The difference between assisted dying and euthanasia

Assisted Dying

VAD is a legal option for a person with a terminal illness, where the person has a choice between self-administration and practitioner administration. The choice is determined by the needs of the person.

Agency resides with the person with the terminal illness to make an end-of-life choice.

Euthanasia

Euthanasia is the deliberate ending of a life, and is often not requested. Euthanasia has always been, and remains, illegal in Australia and New Zealand.

The word 'euthanasia' comes with loaded and negative historical associations. It implies something that is done by one person to another, usually without their consent.

The difference between assisted dying and suicide

Assisted Dying

Person is dying with an incurable terminal illness.

Process is coordinated with the support of health professionals and guided by clinical protocols.

Requires at least two medical assessments of the person's capacity, illness, prognosis, suffering and treatment options.

Person must have decision-making capacity at every stage of the request and assessment process; the decision must be enduring, and not be the result of pressure or coercion.

Death is peaceful, reliable, and often with the person surrounded by loved ones.

Good bereavement outcomes.

Suicide

Person is often not otherwise dying.

No medical pathway or scrutiny.

There are complex reasons why someone might think about suicide and this is not always preceded by a single event or condition.

Suicide can be prevented with appropriate support and care, including crisis support and counselling.

Suicide is generally done in isolation, with great uncertainty and often using violent means.

Terrible bereavement outcomes.

Is the information reliable?

The debate around assisted dying generates strong views that are often strongly voiced. But opinions – especially those based on value judgements – are not reliable evidence. Facts that are peer reviewed and tested, for example in courts, parliamentary inquiries and independent oversight bodies, are the most reliable.

Hypotheticals and what-ifs are also not evidence. They may sound plausible but they are not real scenarios and are not equivalent to experience.

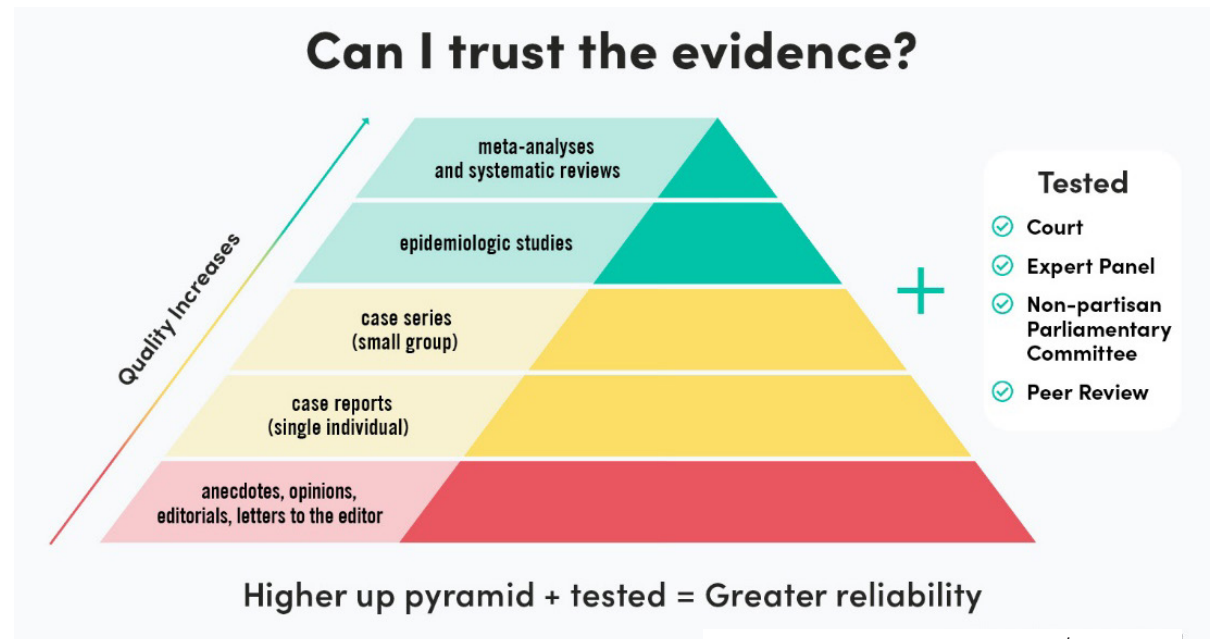
Similarly with hearsay and anecdotes. While they may claim to be based on real experience, hearsay and anecdotes should always be critically assessed and independently verified.

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Some evidence will be more reliable than others and there are established ways to test the evidence. We can have more confidence in evidence that draws on a large body of peer reviewed material than just a handful of cases that are anecdotally reported.

**Professor Ben White,
Australian Centre for
Health Law Research⁶**

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Source: New Democracy Foundation/ACHLR UQ

Image guidelines

The way we visually represent dying people and their choices is just as important as the words we use. An image can provide a powerful summary of the story. However, stock images can be problematic. Below are principles that can assist in selecting accurate and sensitive illustrations of assisted dying.



While all deaths are unsettling, assisted deaths are invariably described as “peaceful” and “empowered” and “perfect”. Choose images that reflect these experiences.



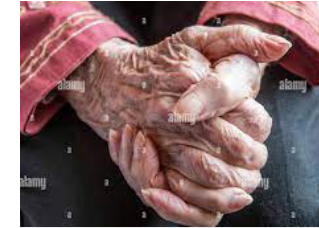
Diversity is reality. Adults who choose assisted dying are of all ages and are from diverse backgrounds.



Voluntary assisted dying is person-centred and person-directed care. Strong bonds can form between doctor and patient and there is usually deep gratitude expressed.



Images that show hypodermic needles or pills can be threatening and do not reflect reality. In most jurisdictions, dying people have a choice about how to administer the substance. Many choose to take the VAD substance in the form of a drink. Others elect to have it administered intravenously via a cannula.



Avoid photos that imply frailty, vulnerability and a lack of agency. Adults who choose an assisted death are of all ages and backgrounds, are determined, empowered and know their own minds.



People who choose an assisted death are all conscious and have decision-making capacity right until the end of the process, including when the VAD substance is administered. Most die at home and in a non-clinical environment. It is misleading to use images of people in a coma or on life support.



Find out more

Go Gentle Australia

- [The VAD law in your state](#)
- [Frequently Asked Questions](#)

End of Life Choice Society of NZ

- [Frequently Asked Questions](#)

QUT Australian Centre for Health Law Research

- [End of Life Law in Australia](#)

ELDAC End of Life Law Toolkit factsheets

- [Overview of Voluntary Assisted Dying](#)
- [Voluntary assisted dying in aged care](#)

Griefline

- [Griefline.org.au](https://griefline.org.au). Griefline provides support for people after a death. Griefline counsellors are informed about voluntary assisted dying. Call toll-free on 1300 845 745 between the hours of 8am and 8pm, 7 days a week (AEDT).



Media enquiries



Go Gentle Australia
gogentleaustralia.org.au
media@gogentleaustralia.org.au
 0468 464 360



South Australia
vadsa.org.au
info@vadsa.org.au | 0421 305 684



End of Life Choice Society NZ
eolc.org.nz
info@eolc.org.nz | 027 573 8085



Queensland
dwdq.org.au
enquiries@dwdq.org.au | 1300 733 818



Victoria
dwdv.org.au
media@dwdv.org.au | 0491 718 632



New South Wales
dwdnsw.org.au
dwd@dwdnsw.org.au | 02 9212 4782



Western Australia
dwdwa.org.au
info@dwdwa.org.au | 0411 431 091



Northern Territory
ntves.org.au
ntves@bigpond.com



Tasmania
dwdtas.org.au
dwdtas@outlook.com | 0409 992 665



Australian Capital Territory
dwdact.org.au
inquiry@dwdact.org.au | 02 5104 0920

References

- 1 [Voluntary Assisted Dying Fact Sheet](#), Australian Centre for Health Law Research, QUT, December 2023
- 2 [Polling: Voluntary assisted dying and the Territories](#). Australia Institute, 4 April 2021;
[It's official. Australians support assisted dying](#), Roy Morgan Poll, 10 November 2017
[Assisted dying will become legal in New Zealand in a year – what has to happen now?](#)
The Conversation, 30 October 2020
- 3 [Australia: state voluntary assisted dying legislation comparison](#), Factsheet 45, Voluntary Assisted Dying South Australia
[Comparison table: Australia and NZ assisted dying laws](#), Go Gentle Australia, June 2024
- 4 [Voluntary assisted dying is different to suicide. But federal laws conflate them and restrict access to telehealth](#), The Conversation, 22 February 2024
- 5 [Voluntary Assisted Dying should not be described as suicide](#). Joint statement from Australia's Suicide Prevention Leaders, November 2023
- 6 [The importance of evidence-based policy making](#), Professor Ben White and Go Gentle Australia.