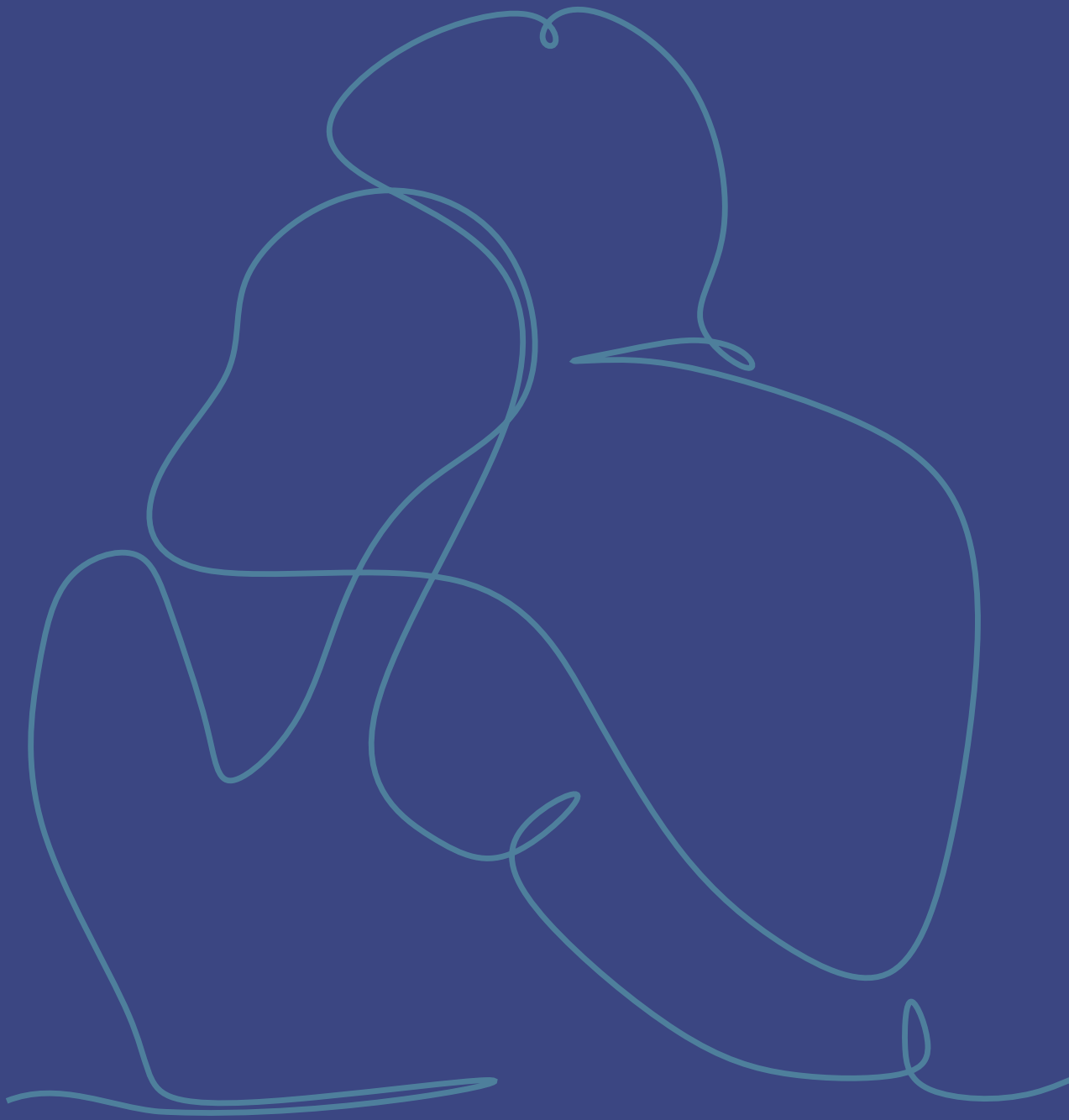
Go Gentle Australia



State of VAD

Voluntary Assisted Dying in Australia & New Zealand

2024 update

National Snapshots

Australia
since June 2019

8,017
terminally ill people have sought access to VAD

3,738
have died using a VAD substance

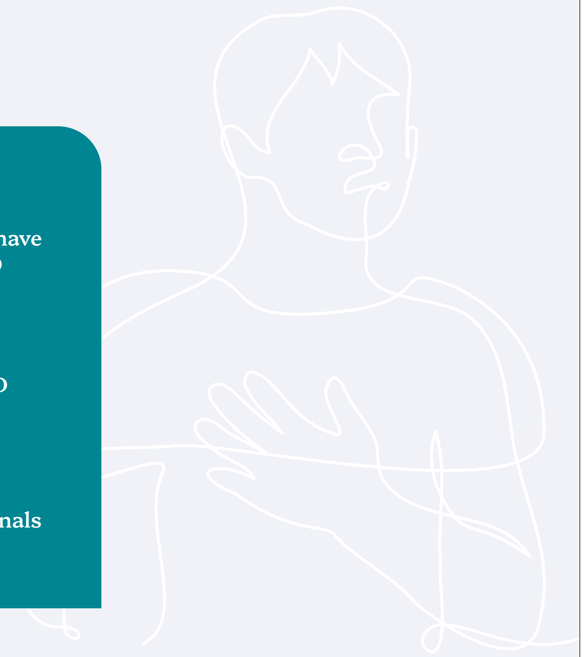
1,352
VAD health professionals

New Zealand
since November 2021

2,936
terminally ill people have sought access to VAD

1,247
have died using a VAD substance

~132
VAD health professionals



	Australia			New Zealand°		
	Year to 30 June 2024	Change on previous year▪	Since first law became active	Year to 31 March 2025	Change on previous year	Since law became active
VAD applicants (1st assessment)	4,371	[+136%]	8,017	1,066*	+28%	2,936
VAD deaths	2,070	[+138%]	3,738	472	+37%	1,247
of all deaths in population	1.3	+0.4	+1.0	1.25	+0.25	-
VAD qualified health professionals	-	+53%	1,352	-	n/a	~132 †
Median age of applicants	74	-	74	65-84^	- / -	65-84
Gender: Male/Female %#	56 / 44	-	55 / 45	51 / 49	51 / 49	-
Cancer as primary diagnosis %*#	75	-	75	65*	-4	-
Receiving palliative care %	78	-	79	78	+3	-
Administration decision %~						
• self	40	-	49	5	-3	-
• practitioner	60	-	51	95	+3	-

* new applications
^ median age group, 79.5% were aged 65+
~ calculated omitting Tasmanian data as it is not reported

▪ change includes addition of full-year data for the first time in several jurisdictions
† medical practitioners, psychiatrists and nurse practitioners who appear on the SCENZ list. Not all AD practitioners appear on this list
# of total first assessments in all states except WA where eligible first assessments are used
° data drawn from the Registra (assisted dying) annual reports. Not all cumulative data are available

Breakdown by jurisdiction

	VIC 5 yrs operation Law commenced June 2019			WA 3 yrs operation Law commenced July 2021			TAS 1yr 8m operation Law commenced Oct 2022		
	Year to 30 June 2024	Change on previous year	Since law active	Year to 30 June 2024	Change on previous year	Since law active	Year to 30 June 2024	Change on previous year▪	Since law active
VAD applicants (1st assessment)	730	+19%	2,769	580	+25%	1,415	129	[+79%]	201
VAD deaths	371	+22%	1,282	292	+15%	738	60	[+122%]	87
of all deaths in population	0.8	+0.2	0.6	1.6	+0.2	1.4	1.2	+0.4	1.0
VAD qualified health professionals	-	+14%	394	-	+18%	114	-	+61%	92
Median age of applicants	73	-1 yr	74	76#	+1 yr	75	74	+2 yrs	73
Gender: Male/Female %	55 / 45	+2 / -2	54 / 46	57 / 43	-1 / +1	58 / 42	52 / 48	-7 / +7	54 / 46
Cancer as primary diagnosis %	80	+4	77	71#	-2#	71#	64	0	64
Receiving palliative care %	75	-	79	84#	-2#	85#	81	n/a	n/a
Administration % • self • practitioner	81 19	-3 +3	84 16	5 95	-13 +13	14 86	n/a* n/a*	n/a* n/a*	n/a* n/a*

▪ note previous period was not a full year of activity therefore some % changes will appear inflated
† % of VAD deaths
° estimates based on ABS deaths per month
◆ of those eligible at second assessment

* definitions of self and practitioner administration differ in Tasmania
^ proportion of patients that received a VAD permit
# calculated using the number of eligible first assessments

	SA 1yr 5m operation Law commenced Jan 2023			QLD 1yr 6m operation Law commenced Jan 2023			NSW 7m operation Law commenced Nov 2023		
	Year to 30 June 2024	Change on previous year▪	Since law active	Year to 30 June 2024	Change on previous year▪	Since law active	Year to 30 June 2024	Change on previous year	Since law active
VAD applicants (1st assessment)	380	[+249%]	489	1,560	[+164%]	2,151	992	n/a	992
VAD deaths	156	[+300%]	195	793	[+224%]	1,038	398	n/a	398
of all deaths in population	1.0	+0.4	0.9	2.1	+0.8	1.9	1.2	n/a	1.2
VAD qualified health professionals	-	+14%	75	-	+20%	381	-	n/a	296
Median age of applicants	not published	not published	not published	74	+1 yr	74	75	n/a	75
Gender: Male/Female %	53 / 47	-3 / +3	54 / 46	57.5 / 42.5	+1 / -1	57 / 43	55 / 45	n/a	55 / 45
Cancer as primary diagnosis %	81^	+21^	78	75◆	-3◆	76◆	73	n/a	73
Receiving palliative care %	80	+8	78	74	-2	75	85	n/a	85
Administration % • self • practitioner	90 10	+19 -19	87 13	33 67	-10 +10	35 65	21 79	n/a n/a	21 79

▪ note previous period was not a full year of activity therefore some % changes will appear inflated
† % of VAD deaths
° estimates based on ABS deaths per month
◆ of those eligible at second assessment

* definitions of self and practitioner administration differ in Tasmania
^ proportion of patients that received a VAD permit
# calculated using the number of eligible first assessments

Overview

This document provides an update to the 2024 State of VAD report which presented, for the first time, an evidence-based snapshot of the operation of Voluntary Assisted Dying (VAD) in Australia and Assisted Dying (AD) in New Zealand.

These updated figures are drawn from the latest annual reports of each jurisdiction's oversight body, accurate to 30 June 2024 (Aust) and 31 March 2025 (NZ). They are intended as an addendum to the previous report and should be read alongside that document for context. A new State of VAD report with figures accurate to 30 June 2025 will be published early next year.

The updated figures show a strong and increasing demand for assisted dying services. In New Zealand applications increased by 28% and AD deaths by 37%. In Australia new applications rose by 136% compared to the previous year. VAD deaths rose by a similar proportion. However, it should be noted that the Australian percentage change figures are inflated due to the comparison of full-year data with partial-year data in some jurisdictions.

Similar to last year's findings, the people accessing VAD are more likely to be male, in their mid-seventies, live in a major city, have a cancer diagnosis, and be receiving palliative care.

Key findings and recommendations in the 2024 report remain current. Overall, VAD laws are fulfilling their dual aims of relieving suffering and offering eligible terminally ill people an additional choice at the end of life.

Key findings

1. VAD laws are working safely and as intended
2. Awareness of and demand for VAD are growing
3. More needs to be done to encourage health care professionals to take up VAD training
4. Restricting conversations about VAD is counterproductive and is impeding access for eligible people
5. Some provisions, intended as safeguards, are operating as barriers to access for eligible people
6. Funding uncertainty is jeopardising the sustainability of VAD service
7. There continues to be strong intersections between VAD and palliative care
8. Further work is required to align data collection and provide consistent and comparable data sets across jurisdictions

2025 Key developments

The inaugural State of VAD report made recommendations aimed at solving some of the most pressing issues facing the operation of VAD. Among them:

- streamline complex bureaucratic processes
- reform the Commonwealth Criminal Code (Aust)
- grow the VAD health workforce
- raise awareness about VAD as a lawful option
- produce clear guidance to individual practitioners and organisations highlighting their legal and ethical obligations not to impede VAD care
- provide culturally safe resources and services.

We were pleased to see that several jurisidctions have stated an intention to address these issues, most visibly in the Statutory Reviews completed by Western Australia (Nov 2024), Victoria (Feb 2025), and New Zealand (Nov 2024).

Statutory reviews

Western Australia

A statutory review of the Voluntary Assisted Dying Act 2019, tabled on 28 November 2024, found the Act had been successful in facilitating end-of-life choice.

Overall, the Act was operating effectively and did not require legislative amendment, the review panel said. However, the panel made 10 recommendations, all of which were accepted by the Minister for Health.

Most notable was a recommendation to address institutional conscientious objection which was hindering patient access to VAD.

> "The Panel received evidence that the policies and practices adopted by some health professionals and institutions holding a conscientious objection to voluntary assisted dying are undermining the current processes... In the Panel's view, this has resulted in people eligible for voluntary assisted dying not receiving adequate support."

Other recommendations were aimed at addressing gaps in awareness, education, regional access and workforce sustainability.

Key Findings

1. Awareness and Education

One of the main findings of the review was the variable awareness of VAD across the state. This is a barrier to access, both for patients and health professionals.

> **Recommendation:** Improve public awareness and ensure that health professionals have a clear understanding of the Act and all available end-of-life choices.

2. Understanding the First Request

There is confusion about the "first request" process under the Act, where some medical practitioners mistakenly believe they are prohibited from discussing VAD. Additionally, patients were sometimes unsure of what constitutes a "first request," leading to delays in assessments.

> **Recommendation:** Revise education and training materials to clarify how to make and respond to a first request for VAD, and ensure that all medical practitioners, including those with conscientious objections, understand their obligations.

3. Conscientious Objection

Some health professionals and institutions with conscientious objections to VAD are hindering access to the VAD process. Registered health practitioners are required by law to ensure the safe transfer of care, including relevant medical records, even if they object to VAD.

> **Recommendation:** The Department of Health should collaborate with healthcare providers to clarify processes and strengthen the provision of VAD services, particularly addressing the issue of conscientious objection in both government and non-government institutions.

4. Regional Access

Patients in regional areas face significant challenges in accessing VAD services due to long travel distances, higher costs, and limited access to practitioners.

> **Recommendation:** The Department of Health should optimise access to VAD services in regional areas through the Regional Access Support Scheme.

5. Telehealth ban

The panel raised concerns about the Commonwealth Criminal Code, which restricts the use of electronic communication, including telehealth, in VAD processes. This poses a particular challenge for regional and outer metropolitan patients, who may not always be able to attend in-person consultations.

> **Recommendation:** The WA Government should continue to push for amendments to the Criminal Code to allow for telehealth consultations and the use of electronic prescribing.

6. Workforce Resourcing

While the review praised the dedication and professionalism of the VAD workforce, there were concerns about workforce sustainability. The demand for services has been higher than expected, leading to challenges in practitioner resourcing.

> **Recommendation:** The Department of Health should monitor and evaluate workforce needs and ensure that health service providers adequately resource the VAD workforce.

7. Workforce Remuneration

There is widespread support for the WA Government's recent establishment of a remuneration model to support VAD practitioners but a sustainable solution for ensuring adequate remuneration requires the Federal Government making changes to the Medicare Benefits Schedule (MBS).

> **Recommendation:** The WA Government should continue advocating for MBS items to be introduced for VAD.

8. Substance Administration and Disposal

The panel found that the safeguards related to the administration, transport, and disposal of the prescribed substance under the Act were operating as intended. However, some stakeholders suggested improvements to the education and policy materials for those involved in these processes.

> **Recommendation:** The Department of Health should develop best practice guidelines for the handling of the prescribed substance and improve resources to support patients in appointing a contact person for VAD.

9. Role of Interpreters

There were calls for clearer guidelines to ensure interpreters play an effective role in the VAD process.

> **Recommendation:** The Department of Health should develop a best practice model for working with interpreters, ensuring culturally appropriate and accurate translations.

10. Information Sharing

There was confusion surrounding the sharing of patient information under the Act.

> **Recommendation:** The Department of Health should clarify the guidelines for information sharing, specifically in regard to patient consent, to ensure compliance with the Act and maintain patient privacy protections.

Victoria

A five-year review of the Voluntary Assisted Dying Act 2017 found that Victoria's VAD law was "working as envisioned"; however, some of the safeguards in the legislation "impede access" to end-of-life choice for eligible people.

The report, tabled in parliament in February 2025, found: "While ground breaking at the time of its commencement, the Victorian model of VAD is now widely regarded as a conservative model in Australia."

The review made five key recommendations, including more information for the community about the end-of-life choice, improved guidance for health care professionals who are asked about VAD and more support for the VAD workforce to ensure services are sustainable.

The Government said reform was critical to ensure access across Victoria and it was considering amendments to the legislation in the following areas:

- Removing the so-called 'gag clause' prohibiting health professionals from initiating conversations about VAD with patients
- Requiring health practitioners who conscientiously object to provide minimum information about VAD
- Amending Australian citizenship and permanent residency requirements
- Amending the Victorian residency requirement
- Updating the 6-month prognosis requirement to 12 months
- Removing the requirement for third assessments for those with neurodegenerative conditions
- Shortening the required waiting period between the first and final request
- Simplifying the process for permit change to prevent delays and allow greater applicant choice of administration method
- Introducing an exemption process to interpreter requirements
- Removing forms from the Act
- Requiring additional reviews of the operation and scope of the legislation.

New Zealand

The review of The End of Life Choice Act 2019 delivered in November 2024 found that "the Act has largely been operating well, and has achieved its primary purpose of giving people with a terminal illness who meet certain criteria the option to request and receive medical assistance to end their lives".

It found "the core processes in the Act to apply, be assessed for, and receive an assisted death are clear and robust". The review also said the practical provision of assisted dying has also worked as intended with an "effective and responsive workforce that is well supported".

The review identified a number of areas where there was scope for improvement, which it grouped into five areas:

- Supporting access and safety
- Improving the process to receive assisted dying
- Aligning the Act with the wider health system
- Ensuring a capable and effective workforce for assisted dying
- Clarifying organisational roles and responsibilities in the Act.

25 recommendations were made, including: removing the 'gag clause' that prevents health practitioners initiating conversations about assisted dying; explicitly allowing the publication of information about assisted dying; clarifying when in the process a person must display decision-making competency; adding an explicit requirement that practitioners who provide assisted dying services must complete required training; and clarifying obligations on all health practitioners, including those who conscientiously object, to provide details of the Assisted Dying Service if requested.

Read the full set of recommendations and their rationale in the review report.

Ongoing issues

Several issues identified in the 2024 State of VAD report remain unaddressed. While state governments are generally working to improve VAD access, barriers persist.

The Commonwealth Criminal Code's restriction on using electronic communication.

Removing this federal prohibition on the use of electronic communications, including telehealth, in VAD care remains a priority. A newly elected federal parliament provides a renewed opportunity to achieve this much-need reform so VAD health professionals are protected and not liable to prosecution and so patients who are physically unable to travel to in-person consultations are not disadvantaged.

Practitioner remuneration

A VAD practitioner funding package was implemented in Western Australia during the reporting period. NSW also implemented a funding model whereby local health districts resource central coordination of remuneration of VAD practitioners.

Federally, however, the Medical Benefits Schedule (MBS) continues to include a general explanatory note that is contradictory and confusing, and suggests that "euthanasia and any service directly related to the procedure" may not attract Medicare benefits. This exclusion fails to recognise the key role GPs play in VAD provision and results in many doctors being left unreimbursed for the care they deliver. This lack of fair remuneration remains a significant barrier to more health professionals taking up VAD work.

Ongoing service funding

Existing piecemeal and variable funding arrangements across jurisdictions continue to jeopardise the sustainability of VAD services. There remains a need for uniform, secure and ongoing funding for services based on community demand and the expectation of compassionate and person-centred care.

Lengthy and complex processes

In all jurisdictions, the application and approvals processes around VAD are time consuming and complex, both for patients and health professionals, adding an unnecessary burden to an already challenging process.

Ian Pratt, 43, terminal bowel cancer, chose VAD in Qld.
Photo: Julian Kingma

Contact Us

Phone: 0468 464 360
Email: policy@gogentleaustralia.org.au
Write: PO Box Q46, QVB NSW, 1230
ABN: 61 613 668 643

www.gogentleaustralia.org.au

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