

Voluntary Assisted Dying in Residential Aged Care Homes

A NATIONAL REPORT CARD
April 2026





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Go Gentle Australia is an expert advisory and health promotion charity founded by Andrew Denton to advocate for better end-of-life choices, including the legal option of voluntary assisted dying.

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Introduction

In September 2025, Go Gentle published a national report card on voluntary assisted dying (VAD) in residential aged care homes. Our aim was to encourage transparency so that older Australians can make informed choices about their care.

This follow up report card provides updated data, correct to January 2026. It also, for the first time, identifies residential aged care providers by name.

Unfortunately, this report again finds that the majority of Australia's residential aged care providers are yet to give VAD the same support and visibility as other end-of-life choices. This is despite VAD being legal in every state and the ACT.

From the perspective of the older person

Throughout our research, we have asked: *'What does the experience of trying to access VAD look like from an older person's point of view?'* For too many institutions, the answer is 'poor'.

Older people have a legal right to know all their end-of-life options, including the choice of VAD.¹ And they have a right to this information before they choose a facility to become their home. Older people can rightly expect that the people who run residential aged care facilities will adhere to statutes and guidelines put in place to protect their choices and rights.

Working with the sector to encourage improvement

Our intent is to encourage and support the residential aged care sector to provide the public with information that reflects contemporary end-of-life options.

Some providers fully support the end-of-life choices of their residents. We thank Regis, Bupa, Uniting NSW.ACT, Eldercare, OneCare, Resthaven and Whiddon Group for their leadership in this area.

We also acknowledge that several providers have refined and updated their VAD information and policies in response to our research. These changes are reflected in this report.

To encourage improvement, this report features examples of best practice.

Since the first report, we have worked constructively with providers and created resources to support improvement. We have also presented the anonymised research at key aged care conferences and forums and publicised it in aged care sector media. We have directly contacted each provider a minimum of four times; often many more. Providers have had 12 months to respond and make improvements.

However, this report's findings remain disappointing. Overall, the sector has been slow to respond to the introduction of VAD.

Practical support for older people and carers

In conjunction with this report, we have developed a consumer guide and online tool to help older people and their families understand and compare the end-of-life care offered by providers, and know their rights if they choose VAD.

Consumer guide and online tool

Go Gentle Australia has developed a consumer guide *Know Your Rights: VAD in Aged Care*, and online tool to help older people and families understand and compare the VAD care offered by aged care providers. To access these, [click here](#).

We acknowledge and thank the many providers and organisations who have contributed information, case studies and feedback.

Foreword from OPAN

OPAN welcomes this national report by Go Gentle Australia. We are pleased to see positive change among some aged care providers, and we acknowledge those providers that have taken steps to make information about voluntary assisted dying (VAD) more accessible.

However, this report documents that an overall lack of transparency around access to VAD within residential aged care homes remains. There is still a long way to go before older people have the information they need to make informed decisions about their care.

The findings indicate that most residential aged care homes do not routinely provide clear, publicly accessible information about VAD, resulting in older people entering a service without knowing whether their end-of-life decisions will be respected.

This situation cannot continue. It should be self-evident that all of us, no matter where we live, are entitled to choose the end-of-life care that is right for us. Where legal, this includes VAD and that right extends to those living in residential aged care. While a residential aged care home is entitled to object to participating in VAD in principle, it does not have the right to deny any resident access to information about VAD or to the health professionals who can support them in their decision. This is a fact acknowledged by the Aged Care Quality and Safety Commission in its fact sheet '[Voluntary Assisted Dying: The role of aged care providers](#)'.

While this report focuses on publicly accessible information and facility and organisational policies, it also highlights broader, practical barriers to older people exercising their rights. These include the expectation that an older person may need to leave their home for the final administration of legally prescribed medication and the absence of clear processes to support timely access to appropriately qualified health professionals. People have a right to take their end-of-life medication within a familiar home environment, just as they would if they were living in the community.

It also highlights the lack of clarity around providers' responsibilities to facilitate connections to jurisdictional VAD Care Navigator Services when a resident asks about VAD. Given the current legal restrictions on the use of telehealth for key elements of the VAD process, it remains unclear how residents can meaningfully access information, assessment and support where providers do not have clear policies or processes in place to enable in-person engagement with expert health professionals, consistent with their obligations under the *Aged Care Act 2024*.

As the aged care sector advances through significant reform and cultural change, Go Gentle's report marks a decisive moment. Providers now have a clear opportunity - and responsibility - to embed older people's rights into everyday practice and help drive meaningful change.

By providing information about VAD that is free from judgment, easy to find and written in plain language, the aged care sector can ensure that older people are treated with dignity and respect and receive the safe, fair, equitable and non-discriminatory treatment to which they are entitled. This transparency empowers older people to make informed decisions about their future care.

OPAN congratulates the providers highlighted in this report who are leading the way in best practice. We look forward to seeing many more providers take the steps to meet their obligations and uphold older people's rights.

Older people, their families and support network can contact the Aged Care Advocacy Line on **1800 700 600** for information about their rights and all forms of end-of-life support. OPAN can also provide independent advocacy and make referrals to appropriate support services where needed.

Executive summary

End-of-life care is an integral part of residential aged care and, where legal, this includes VAD services.²

VAD is a choice that allows a dying person who is suffering to apply for help from health professionals to end their life, subject to strict eligibility criteria. It is available in all states and the ACT and laws are broadly consistent between jurisdictions.

Across Australia more than 14,000 people have applied to use VAD since it first became legal in Victoria in 2019, and all states report an increase in applications over time.³

The median age of Australians seeking VAD is 74. Three quarters of applicants are dying of cancer and 82% have also accessed palliative care.⁴

Guidance from the Aged Care Quality and Safety Commission, the federal regulator, is explicit that living in a residential care home does not impact a person's right and ability to choose VAD. This is true even where the provider has made the decision not to participate in the VAD process, and in jurisdictions where there is no obligation for a provider to directly facilitate access to VAD services.

...a provider that decides not to take part will still have to meet its provider obligation to support older people's access to medical services, including in relation to VAD.

– Aged Care Quality and Safety Commission⁵

The *Aged Care Act 2024* (Cth) makes clear that the safety, health, wellbeing and quality of life of individuals is the primary consideration in the delivery of funded aged care services.⁶

Our guiding principle has been

'what does the experience of trying to access VAD look like from an older person's point of view?'

This report investigates:

- 1 The **quality of VAD information** made publicly available by aged care providers
- 2 The **level of VAD access** available to residents

To compile this updated report we contacted the:

- 25 largest providers of residential aged care nationally⁷
- Providers of the 20 largest service in each state.⁸

This report covers:



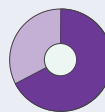
70

unique providers of residential aged care⁹



130,000

aged care beds



66%

of residential aged care provision in Australia

Consumer guide and online tool

Go Gentle Australia has developed a consumer guide *Know Your Rights: VAD in Aged Care*, and online tool to help older people and families understand and compare the VAD care offered by aged care providers. To access these, [click here](#).

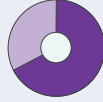
Key insights

Of the 70 providers featured in this report:



10%

offer comprehensive VAD information and full access to VAD



66%

do not offer any public information about VAD, even though it is a legally available treatment option in every state



73%

do not offer VAD access to residents, or the level of VAD access is unpublished or unclear.

The number of unique providers has reduced from 72 featured in our interim findings to 70 in this report, due to market consolidation.

These results call into question how some providers are complying with the requirements of their duties under state VAD law and the Aged Care Act.

Sector engagement

To engage the residential aged care sector, we have:

- Written, called and/or emailed every provider in this report at least four times to request information
- Attempted to contact each provider's CEO
- Met with many providers, whose feedback informed our research
- Published de-identified research in September 2025, and sent individual results to providers
- Presented research findings at: Ageing Australia National Conference (Sept 2025), National Aged Care Alliance (Nov 2025) and Palliative Care in Aged Care Forum (March 2026)
- Published research findings in: Ageing Australia's Summer 2025 magazine, Aged Care Insite, The Senior, and Inside Ageing.

Research methodology

For our first report, we contacted providers directly over a three-month period; at least three times per provider. This included telephone calls, emails, as well as desktop research of information on providers' websites. They were then given three months to respond. During this time we engaged in many longer conversations with providers and invited feedback.

Following the publication of our interim findings in September 2025, we again contacted all providers and allowed a further four months for changes to be made.

Our research is correct to January 2026.

Recommendations

This report makes five recommendations to improve the provision of VAD information and access in residential aged care. The recommendations align with the *Aged Care Act 2024* (Cth) and updated guidance from the Aged Care Quality and Safety Commission on VAD and the role of aged care providers.

1

The Aged Care Quality and Safety Commission

to enforce as a condition of registration that a provider will meet their obligations under the *Aged Care Act 2024* (Cth) with regard to VAD. These obligations include that a provider:

- Demonstrates that they understand and have practices in place to act compatibly with the Statement of Rights, which includes an older person's right to access VAD
- Supports an older person's access to medical services, including in relation to VAD
- Respects an older person's choice and takes action to facilitate access.

2

The Aged Care Complaints Commissioner

to ensure complaints about an aged care resident's VAD access are considered and addressed in a time-sensitive manner, and that providers with multiple complaints are investigated.

3

State governments

to introduce and enforce obligations for institutions (such as aged care facilities and hospitals), in line with those already in place in the ACT, to allow access to VAD for eligible people. This includes a duty to connect a resident asking about VAD with the VAD Care Navigator Service, a requirement that all providers publish a VAD policy and the introduction of penalties for non-compliance.

4

Health information providers and consumer groups

to ensure people are aware of their rights in relation to information about, and access to, VAD in aged care.

5

All residential aged care providers

develop a VAD policy, including procedures, practices and adequate training for all staff and publish high-quality public information about VAD access in their facilities in a readily accessible place online. Find template VAD information [here](#).

This report aims to support providers to implement the above reforms, in particular the development of high-quality information for residents. We have included a [suggested template](#) that providers can use to develop comprehensive, plain language VAD information.

Ratings criteria

In consultation with stakeholders, the following criteria were used to measure aged care providers' performance in the provision of VAD information and access. Our ratings are based on the **publicly available** information provided by aged care providers about VAD, to reflect an older person's experience.

In the interests of fairness and to provide clarity for consumers, the ratings apply in the same way to all providers. A provider must meet **all** criteria to get that rating.

Quality of VAD information	Level of VAD access
Based on public information	Based on public information
<p>Comprehensive information: Easily available information about VAD and VAD access in the facility/facilities is written in clear, plain language* and publicly available on their website.</p>	<p>Full access: Facility/facilities support VAD and entire VAD process may take place on site.</p>
<p>Limited information: Some public information about VAD and VAD access in the facility/facilities is available, but it is</p> <ul style="list-style-type: none"> • not written in clear, easily understood language, and/or • it is inaccurate and/or • it is hard to find. 	<p>Secondary access: Facility does not allow staff to provide any services related to VAD; however, if a resident asks about VAD the facility provides:</p> <ul style="list-style-type: none"> • information and contact details for the relevant VAD Care Navigator Service or a VAD practitioner; and • access for external VAD health professionals to provide all aspects of the VAD process; and • transfer only if medically necessary, or at resident's request.
<p>No public information on VAD access in the facility/facilities is provided.</p>	<p>No / restricted access: Facility/facilities do not support VAD on site. Residents cannot access VAD administration in the facility/facilities; or</p> <p>No public information or unclear information.</p>

***Plain language:** A communication is in plain language if its wording, structure, and design are so clear that the intended audience can easily find what they need, understand what they find, and use that information.¹⁰ See the Australian Government's Style Manual.¹¹

‘We provide a natural, home-like environment for residents who choose VAD’



OneCare Tasmania - an example of best practice in residential aged care

Glen Williams, Chief Clinical Officer at OneCare, explained that following the implementation of VAD legislation in Tasmania in October 2022, OneCare proactively developed systems to support residents who choose this path. The organisation worked closely with Tasmania’s VAD Commissioner and the Care Navigator team to establish best practices and foster ongoing communication between residents and staff.

Clear communication and transparency are central to OneCare’s approach. Staff across all five residential facilities are educated about the VAD process, with factsheets readily available. In cases involving VAD, staff are

offered pre- and post-event briefings, access to Employee Assistance Program (EAP) support, and counselling services for both residents and families.

While OneCare staff do not administer VAD, they play a critical role in creating a calm, supportive environment and ensuring continuity of care. A select group of senior staff have been trained specifically to manage VAD cases with sensitivity and professionalism.

“It shouldn’t be a clinical event, it’s part of life. So we provide a natural, home-like environment for residents who choose VAD,” Mr Williams said.

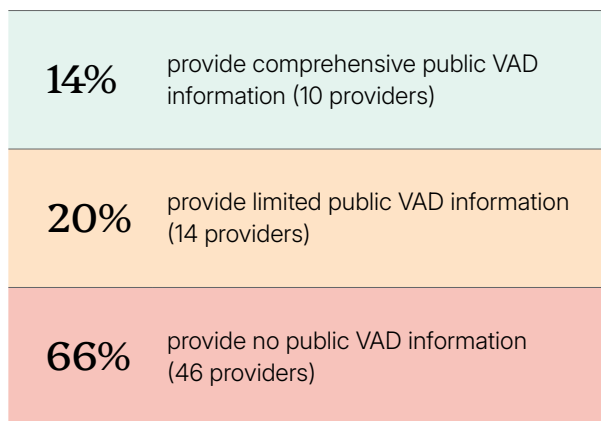
“And we’re mindful that we’re not only caring for the residents, but their loved ones as well.”

Key Insights

Quality of VAD information

Nationally

Two thirds of providers (66%) do not provide any public information about VAD access in their facilities.



- 44% of residential aged care providers did not respond to requests for information about VAD access in their facilities; even after four direct requests
- Faith-based providers are three times more likely than other providers to refer to VAD on their websites, yet this information often focused on their non-participation in VAD and some stated an explicit opposition to VAD.¹²

By state

Of the 20 largest facilities in each state, less than a third provide comprehensive and high-quality VAD information to the public.

State	Year VAD became available	Quality of VAD information		
VIC	2019	10%	0%	90%
WA	2021	10%	15%	75%
TAS	2022	30%	25%	45%
SA	2023	30%	10%	60%
QLD	2023	15%	20%	65%
NSW	2023	15%	45%	40%
		comprehensive	limited	none

- In South Australia, Queensland and New South Wales, many providers have poor quality information despite an obligation under their state VAD legislation to inform the public if VAD is not available in their facilities.
- Victoria and Western Australia, the first two states to pass VAD legislation, show the lowest quality of VAD information. Tasmania, the third state to implement VAD, performs better. These state VAD laws do not explicitly place obligations on aged care providers.
- NSW has the highest percentage of providers publishing VAD information. This may be attributed to a requirement in the NSW legislation that providers must publish if they do not provide access to VAD.

Limited VAD information – or none at all

Twenty per cent of the VAD information supplied by providers received an amber rating, because it is not written in clear language, is inaccurate and/or hard to find.

For example, one provider has an outdated blog post from 2019 as the only VAD information on its website, and this is buried among other information and difficult to find. The provider declined to share anything further.

Another provider's information refers only to Victoria, despite operating in three other states. Two of these states' VAD laws place obligations on providers that are not met by the provider's approach.

It is common for providers' VAD information to appear in the governance section of websites, where it is less likely to be accessed, rather than alongside consumer-focused information about end-of-life care.

VAD information is rarely person-centred

Our research found that where providers publish public VAD information, it often asserts the beliefs of the provider's leadership rather than explaining, in clear terms, what a resident can expect if they choose VAD. These should be separate documents.

Much of the VAD information we reviewed used technical and legal language, which unreasonably presumes the reader has detailed knowledge of the VAD process and legislation. This is particularly challenging if English is not the preferred language.

Often, even after meeting with providers to discuss, these issues remain.

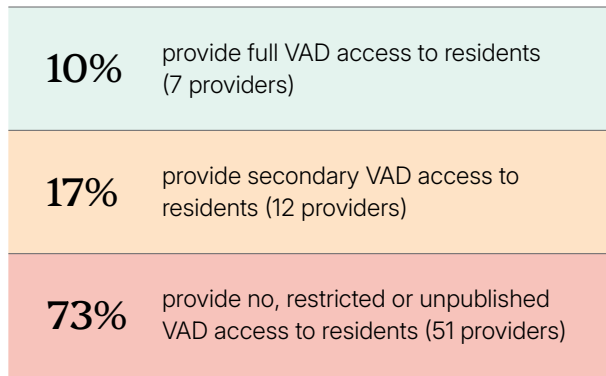
In many instances, it remains extremely unclear what a resident can expect if they request VAD information or access in many providers' facilities.

Key Insights

Level of VAD access

Nationally

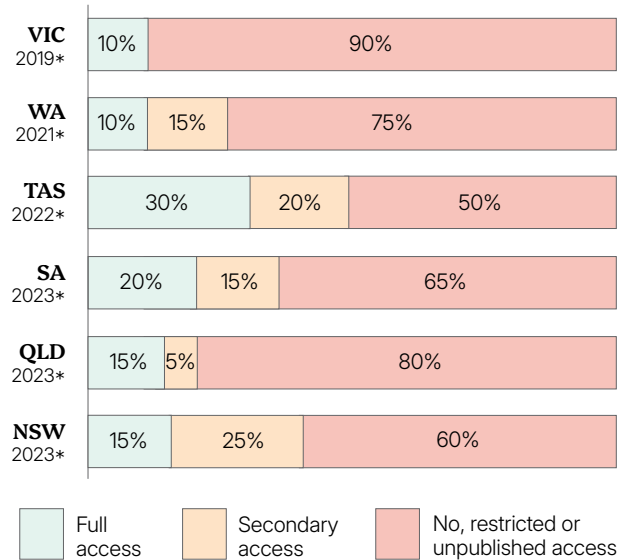
Almost three quarters of providers (73%) offer no, restricted or unpublished VAD access.



- Most providers are unable to provide reassurance to the public that their residents will be supported to access the legally available choice of VAD.
- Victorian providers are the most likely to score red for access, despite having had VAD legislation for more than six years.

By state

Of the 20 largest facilities in each state, less than a third provide public information that full VAD access is available to their residents.



* Year VAD became available

- All states except Tasmania have a majority of providers that provide no, restricted or unpublished VAD access to residents
- Tasmania has the highest proportion of providers confirming full VAD access.

What the law says

Commonwealth law

The Aged Care Act makes clear that aged care residents have the right to choose VAD and have that choice respected. Commonwealth law takes precedence over state and territory law.

State laws in South Australia, Queensland and New South Wales

Residential aged care homes are specifically required to allow access to VAD for permanent residents. For temporary residents, if the facility does not provide VAD, it must arrange transfer to a suitable facility. In the event that transfer may cause harm, delays or financial cost, the facility must provide access to VAD assessment and administration for all residents.

State laws in Victoria, Western Australia and Tasmania

These laws are silent on residential aged care and VAD access. However, the federal Aged Care Act makes obligations towards residents clear to providers.

ACT law

Although not included in this report because the VAD law took effect after our research commenced, the ACT's law clearly spells out the duties that facilities have towards their residents. These include that residents who ask about VAD must be provided with the VAD Care Navigator Service details within two working days, reasonable access must be granted to VAD health professionals to visit the resident on site, facilities must publish a publicly available VAD policy and penalties apply for non-compliance.

Susie's story, Victoria Sent to hospital for her assessment

'There was no choice but to transfer her back to hospital for her assessment'

The experience of Susie Germano's mother trying to access VAD in aged care was difficult.

'Not only did her aged care facility not support VAD, but they did not allow a VAD-approved physician into the aged care home to do an initial assessment.'

'We were concerned that mum's capacity was declining as her illness was really affecting her

executive functioning (brain metastases from a kidney carcinoma).

'There was no choice but to transfer her back to hospital for her assessment.

'She ended up accessing VAD three weeks after returning to hospital. While we were grateful she was able to request her final wish, rather than having to wait until her body failed, the aged care home made it very hard for all of us.'

Insights continued

Non-compliance

65% of Queensland providers, 60% of South Australian providers and 40% of New South Wales providers do not supply any public information about VAD, despite state laws in these jurisdictions requiring providers to inform the public of the non-availability of VAD. **Those providers who do not provide public information and do not provide VAD access in their facilities are non-compliant with their state legislation.**

An example is a facility in New South Wales. When contacted, the manager confirmed that it does not provide any information to the public about VAD. Further, any person seeking VAD in the facility would need to be transferred elsewhere: "It cannot happen in our homes," they told us. **This is contrary to the providers' legal obligations in New South Wales.**

This raises questions about the proportion of aged care providers who meet the requirements of VAD legislation in their jurisdiction. It also raises questions about the monitoring and enforcement of this legislation. Providers have an obligation to understand and implement the legislated requirements in their state. This report recommends that state governments monitor compliance and impose penalties where providers are found lacking.

Lack of VAD policies

Some providers reported that they do not have a VAD policy. For example, one of the largest providers of aged care nationally told us it has no VAD policy despite operating in Victoria where VAD has been available for more than six years, and in WA where VAD has been available for almost five years.

Incomplete implementation

Even where VAD policies are available, there is no guarantee they have been understood and implemented. One provider sent us a VAD policy which still contained placeholder text (i.e. it was likely that it was generated using a template and not reviewed).

Do not recognise VAD as medical treatment

Some of the country's largest providers reinforce harmful stigma around VAD with public statements that do not recognise VAD as a 'medical treatment'. This has the potential to cause distress and harm to individuals seeking VAD information.

For example, one provider's public statement says: *[The provider] does not support Voluntary Assisted Dying, nor do we recognise these interventions as medical treatments.*

This is contrary to agreed definitions of VAD and therefore incorrect:

*Voluntary assisted dying (VAD) is when someone has **medical assistance** to end their life because they have an advanced medical condition that causes intolerable suffering.*

Health Direct, national public health information service¹³

*... a provider that decides not to take part will still have to meet its provider obligation to support older people's access to **medical services**, including in relation to VAD*

Aged Care Safety and Quality Commission¹⁴

Do not recognise VAD as end-of-life care

Some of the country's largest providers do not accept that VAD is part of end-of-life care. This stigmatises dying people who choose VAD.

For example: *We do not consider the prescription of a lethal substance to a person to help them end their own life ... [is] part of end-of-life care.*

This is contrary to the position of the peak medical body:

In Australia, end-of-life care encompasses a variety of health services, including palliative care services and, where legal, voluntary assisted dying (VAD) services.

Australian Medical Association¹⁵

A false binary between palliative and VAD care

The language used by some providers suggests that people can access either palliative care or VAD, but not both. Examples include providers who define palliative care and VAD separately in position statements and state that they offer the former but not VAD. This language also suggests that VAD is not part of end-of-life care.

This is contrary to the evidence of VAD in practice, which shows that more than four in five people (82%) who access VAD have also accessed palliative care.¹⁶

The Australian Medical Association's position statement on VAD makes it clear that VAD is one treatment option among many available to eligible people at the end of life.¹⁷

Confusing VAD with suicide

Some providers conflate VAD and suicide in their public information. For example: *We don't support VAD, including physician-assisted suicide.*

Most Australian laws explicitly state that VAD is not suicide. As well, in 2023, a joint statement from Australia's leaders in suicide prevention, including Lifeline and Beyond Blue, emphasised the need for this distinction and the potential damage caused by a failure to do so:

Confusing these terms can delay access to suicide prevention services for people in distress, and complicate or delay care for people with 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.¹⁸

Misconceptions about what information may be given to residents

Victoria and South Australia are the only jurisdictions to prohibit registered health professionals from raising VAD with their patients, (although this will be removed in Victoria in April 2027).¹⁹

Our research identified a misconception among some aged care providers that this so-called 'gag clause' also prevented them from displaying VAD information on their website.

The End of Life Directions for Aged Care (ELDAC) information project, a partnership between academic institutions, and partner organisations such as Palliative Care Australia, Ageing Australia and Catholic Health Australia, clarifies this:

Residential facilities that choose not to provide VAD services should inform all residents and families of this. This information should also be published e.g. on the facility's website, to enable prospective residents to make an informed choice about whether to live there. If a resident requests VAD the facility should advise the person as soon as possible that they do not provide VAD.²⁰

Restrictions on conversations between health professionals and their patients is contrary to good clinical care, reflected in this restriction not being included in the majority of Australian VAD laws and the Victorian government's move, at the end of 2025, to remove this restriction from their legislation.²¹

Reasons given for non-provision of information and/or access

Some providers said they did not provide VAD information and/or access because the provider:

- Has leaders with faith-based objections to providing VAD care
- Lacks the resources to prepare VAD policies and procedures (see our [template resource](#))
- Is yet to receive any enquiries about VAD from residents. (Although Go Gentle Australia first approached providers to ask about their VAD information in January and February of 2025).

Annie's story, NSW

Only after significant pressure was VAD allowed

'It's appalling. We had to force their hand.'

Charlotte's mother, Annie, was in a faith-based aged care facility in regional NSW. Annie had metastatic breast cancer and chose VAD. She was initially told by the facility that she would have to move off site for all her assessments and to take the VAD medication. This was near impossible; Annie, 80, was bed-bound and needed to be moved by a hoist.

Charlotte, a registered nurse, reminded the aged care facility of Annie's rights as a permanent resident of the home. Only after significant pressure did the facility manager agree Annie could have VAD at the aged care home.

But even then, management made the bizarre request that Charlotte sign a document guaranteeing the drugs would work 100 per cent; she refused. They also asked that all Annie's VAD documentation be kept in a metal locked box, reinforcing secrecy and stigma.

"It's appalling," Charlotte said. "They didn't want anyone in the facility to know about it."

A fortnight before Annie's VAD, Charlotte had organised a meeting with the aged care facility's GP to review her medications, at which point the doctor shared their moral objection to VAD.

"It was completely irrelevant to the meeting, and inappropriate for a health care professional to bring in their personal views," Charlotte said.

Annie had VAD in December 2025, and it was the peaceful death she wanted, in the aged care facility she called home. However, Charlotte feels were it not for her advocacy and the staunch support of the VAD practitioner, VAD would not have happened for Annie.

"They certainly didn't make it easy," Charlotte said. "Someone needs to educate these facilities about their obligations to residents."

Harm caused by providers restricting VAD access

Professors White and Willmott of Queensland University of Technology's Australian Centre for Health Law Research conducted 28 interviews with Victorian VAD patients and caregivers.²⁹ They identified three ways that a provider's restrictions on VAD access affects residents:

1

Delays in accessing VAD

either by the provider placing restrictions or prohibitions on access to VAD clinicians, or by making patients leave their premises to receive or take the VAD medication.

2

Reduced choice for residents

particularly about where and when the VAD medication will be administered.

Participants described transfers or patients getting "shipped to a completely different hospital" or facility, including away from staff who had been caring for the patient. This often meant waiting until a bed was available in the transferring facility ... Sometimes a transfer was needed back to a patient's or family's home to take the medication, which was not the patient's preferred place to die.²²

3

Emotional costs for dying people and caregivers

either due to a fear they would miss out on their VAD choice, or a sense that they were doing something wrong because of the way the institution's position reinforced harmful stigma around VAD.

Restrictive VAD policies and practice also have the potential to negatively impact staff. Some expressed their dismay that they could not participate in VAD. Several staff members from different providers told us they had supported patients with VAD in other organisations but regretted that they were not permitted to provide support in their current employment.

Judy's story, NSW

Told to move to another facility to access VAD

'She's in so much pain. Any movement is excruciating.'

Judy lives in a Catholic aged care home in Sydney and suffers from cholangiocarcinoma, a rare cancer of the bile ducts. She wants VAD but has been told that even though she can have her assessments at the aged care home, she will have to go somewhere else to take the VAD medication.

Judy is aged 87, a frail 32kg, and suffers from painful rheumatoid arthritis and bedsores.

Her daughter Carie told us: **"She's in so much pain. Any movement is excruciating. It's unreasonable to move someone in that situation."**

Clear communication about VAD policies, procedures and information

VAD policies and procedures should be:

- Written in clear language
- Explicit in their expectations of staff supporting a resident with VAD
- Shared with all staff (including sales and reception staff who are likely the first contact for many consumer enquiries)
- Stored in a place readily accessible to all staff
- Subject to an annual review and update process
- Accompanied by training appropriate to the staff member's role
- Publicly available on request.

VAD information should be:

- Written in clear, plain language*
- Included on websites and other informational resources
- Displayed alongside other end-of-life care information
- Subject to an annual review and update process, including the removal of information that is incorrect, harmful or reinforces negative stigma around VAD
- Available both online and in printed form.

*Plain language: A communication is in plain language if its wording, structure, and design are so clear that the intended audience can easily find what they need, understand what they find, and use that information.²³ See the Australian Government's Style Manual.²⁴

Public VAD information should be written with current and prospective residents in mind. It should include:

- What a resident can expect if they ask for VAD information
- How the provider supports a resident who wishes to discuss or access VAD services?
- If VAD clinicians are not allowed on-site to provide VAD care, including VAD assessments, what alternative is proposed for the resident?

- If VAD medication cannot be delivered and/or stored in the provider's facilities, what alternative is proposed for the resident?
- If the provider does not allow VAD medication to be administered on-site, what alternative is proposed for the resident? Are they expected to transfer to another facility to access VAD?
- What role, if any, may the providers' staff play in provision of VAD?

VAD information should also include:

- Contact details for the relevant person / VAD lead within the facility or organisation
- Links to relevant state health department websites and VAD information
- Phone numbers and web address for the relevant VAD Care Navigator Service
- A statement about a resident's right to privacy and confidentiality that explains that residents do not have to discuss their VAD choice with facility staff if this is not their wish.

Residential aged care providers should publish high-quality information about VAD access in their facilities. This information should be easy to find and understand.

All information should be practical and useful, and tailored to older people and families. It should explain in a clear, concise format which parts of the VAD process can and cannot take place in the provider's homes and what this means for residents.

Information should be displayed in the same place as other information about end-of-life care. Policy or governance sections of websites should be avoided as they are less intuitive places to look, as should blogs or 'news' sections as they quickly date and the information becomes obsolete.

What it means to be supported by your aged care facility

Uniting NSW.ACT - an example of best practice

The provider told us:

Uniting NSW.ACT is committed to delivering patient-centred care to all residents, including those who elect to access Voluntary Assisted Dying (VAD).

The family of a resident who chose VAD at Uniting NSW.ACT's Nareen Gardens Bateau Bay care facility, on the NSW Central Coast, in 2025, expressed deep gratitude for the compassionate support provided by staff, describing the experience as peaceful and dignified.

The resident's extended family visited Nareen Gardens for a final farewell and returned on the day our resident had chosen for VAD.

To assist the family and staff, the facility arranged on-site catering and made chaplaincy and pastoral care services available for emotional and spiritual support.

In preparation, staff were thoroughly briefed by the VAD Care Navigator team regarding the VAD process and were offered opportunities to debrief afterwards.

Additional staff were rostered to ensure the resident received dedicated care throughout the day. Staff members who chose not to participate due to personal beliefs were respectfully assigned to other areas of the facility.

Nareen Gardens' Service Manager, Elaine McRory said: "These measures contributed to a serene and supportive environment for the resident's final moments. "It was a good death for him and the family was so grateful. It was calm, beautiful and respectful."

Ms McRory noted that the facility had learned a lot through previous VAD deaths. These lessons have since been shared across other Uniting NSW.ACT facilities. She emphasised the importance of preparing staff adequately, particularly given the diversity of religious and cultural beliefs among team members.

"It is essential that VAD Care Navigators clearly communicate that VAD is a legal end-of-life option for residents," she said. "At the same time, staff with conscientious objections must be supported in opting out."

She said, despite differing personal beliefs, staff were united in prioritising the resident's wishes. "We were so proud to be there for that resident."

Ms McRory said facilities also recognise that VAD occurs at the date and time chosen by the resident, not the institution.

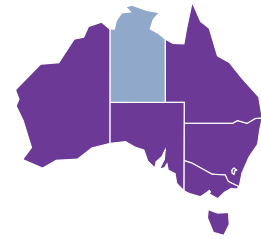
"On the day, it is all-consuming. But it's the last thing you'll ever do for that person. So it must be done with dignity, because it is their choice. I feel very strongly that people should have the right to make this decision," she said.

Ms McRory said, while VAD remains relatively uncommon, she anticipates the number of people seeking the end-of-life choice will increase as awareness grows.

RESULTS





National







25 largest providers in Australia









We contacted the 25 largest providers of residential aged care in Australia, and the providers of the 20 largest facilities in each state. For this reason, some providers appear in this report more than once. All ratings are based on publicly available information only.

#	Provider	Operating in	Quality of public VAD info	Level of VAD access	Response	GGA Comment
1	Opal Healthcare	VIC, WA, SA, QLD, NSW			Advised that they do not impede VAD access	Urgent action required Publish comprehensive public VAD information
2	Bolton Clarke	VIC, WA, SA, QLD, NSW			Advised in Feb 2025 that a public VAD policy is in development. Rating remains red as no public information is currently available.	Urgent action required Publish comprehensive public VAD information
3	Estia	VIC, SA, QLD, NSW			No response	Urgent action required Publish comprehensive public VAD information
4	Regis	VIC, WA, TAS, SA, QLD, NSW, NT			Updated public VAD information	Updates completed Best practice provider
5	Bupa	VIC, SA, QLD, NSW			Updated public VAD information	Updates completed Best practice provide
6	Uniting NSW.ACT	NSW, ACT			Open and clear communication	No updates required Best practice provider <ul style="list-style-type: none"> Information could be improved by linking to VAD information on relevant Health Dept websites
7	Calvary Aged Care	VIC, TAS, SA, NSW, ACT			No response	Improvement needed <ul style="list-style-type: none"> Update public VAD information in plain language that explains in a clear, concise format which parts of the VAD process can and cannot take place in the provider's homes and what this means for residents Link to VAD information on relevant Health Dept websites

#	Provider	Operating in	Quality of public VAD info	Level of VAD access	Response	GGA Comment
8	Arcare	VIC, QLD, NSW, ACT			No response	 Urgent action required Publish comprehensive public VAD information
9	Blue Care	QLD			Advised that they do not impede VAD access	 No updates required Provides comprehensive public information which explains their provision of secondary access to VAD
10	Baptist Care NSW, ACT & WA	WA, NSW, ACT			No response	 Improvement needed <ul style="list-style-type: none"> Update public VAD information in plain language that explains in a clear, concise format which parts of the VAD process can and cannot take place in the provider's homes and what this means for residents Link to VAD information on relevant Health Dept websites
11	Catholic Healthcare	QLD, NSW			Updated public VAD information	 Improvement needed <ul style="list-style-type: none"> Update public VAD information in plain language that explains in a clear, concise format which parts of the VAD process can and cannot take place in the provider's homes and what this means for residents Link to VAD information on relevant Health Dept websites Display this information in a place that is easily discoverable by the public
12	BlueCross (now part of Opal Healthcare)	VIC			No response	 Urgent action required Publish comprehensive public VAD information
13	Aegis	WA			Advised that eligible residents do not have to leave their facilities to access VAD. Rating remains red as no public information to verify this.	 Urgent action required Publish comprehensive public VAD information

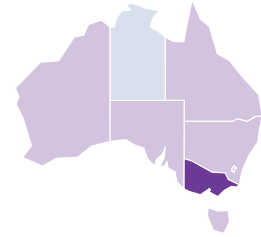
#	Provider	Operating in	Quality of public VAD info	Level of VAD access	Response	GGA Comment
14	St Vincent's Care Services	VIC, QLD, NSW			No response	 Improvement needed <ul style="list-style-type: none"> Update public VAD information in plain language that explains in a clear, concise format which parts of the VAD process can and cannot take place in the provider's homes and what this means for residents Correct outdated references Fix broken links
15	Anglicare (Sydney)	NSW			Updated public VAD information	 Improvement needed <ul style="list-style-type: none"> Update public VAD information in plain language to explain which parts of the VAD process can and can not take place in the provider's homes from the resident's point of view, and include information on all aspects of the VAD process
16	Mercy Health	VIC, WA, QLD, NSW			No response	 Urgent action required Publish comprehensive public VAD information on the Mercy Aged Care website
17	Hall & Prior	WA, NSW, ACT			Advised that they have a VAD policy but it is not public. Rating remains red as no public information to verify this.	 Urgent action required Publish comprehensive public VAD information
18	RSL Lifecare	NSW, ACT			Advised that they have a VAD policy but it is not public. Rating remains red as no public information to verify this.	 Urgent action required Publish comprehensive public VAD information
19	Ozcare	QLD			No response	 Urgent action required Publish comprehensive public VAD information










#	Provider	Operating in	Quality of public VAD info	Level of VAD access	Response	GGA Comment
20	IRT	QLD, NSW, ACT			No response	 Improvement needed <ul style="list-style-type: none"> Update public VAD information in plain language that explains in a clear, concise format which parts of the VAD process can and cannot take place in the provider's homes and what this means for residents Link to VAD information on relevant Health Dept websites Include all jurisdictions where the provider operates Display this information in a place that is easily discoverable by the public
21	Respect Group	VIC, WA, TAS, QLD, NSW			No response	 Improvement needed <ul style="list-style-type: none"> Update public VAD information to include all jurisdictions where the provider operates.
22	Churches of Christ in Queensland	QLD			No response	 Urgent action required Publish comprehensive public VAD information
23	Thompson Healthcare	NSW			No response	 Urgent action required Publish comprehensive public VAD information
24	TLC Aged Care	VIC			No response	 Urgent action required Publish comprehensive public VAD information
25	Infinite Care	VIC, SA, QLD, NSW			No response	 Urgent action required Publish comprehensive public VAD information




RESULTS

Victoria

Providers of the 20 largest facilities in Victoria



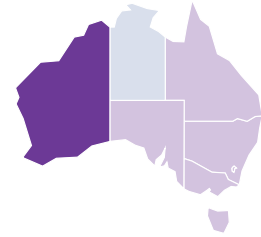
Provider	Quality of public VAD info	Level of VAD access	Response	GGA Comment
TLC Aged Care			No response	 Urgent action required Publish comprehensive public VAD information
Regis			Updated public VAD information	 Updates completed Best practice provide
Bolton Clarke			Advised in Feb 2025 that a public VAD policy is in development. Rating remains red as no public information is currently available.	 Urgent action required Publish comprehensive public VAD information
Opal Healthcare			Advised that they do not impede VAD access	 Urgent action required Publish comprehensive public VAD information
Royal Freemasons			Provider advised they support secondary VAD access. Rating remains red as no public information to verify this.	 Urgent action required Publish comprehensive public VAD information
Signature Care			No response	 Urgent action required Publish comprehensive public VAD information
Barwon Health			No response	 Urgent action required Publish comprehensive public VAD information
Ryman Healthcare			Advised that they support full VAD access. Rating remains red as no public information to verify this.	 Urgent action required Publish comprehensive public VAD information
Uniting Agewell			Advised that they do not impede VAD access and support residents to access VAD information and health practitioners. Rating remains red as no public information to verify this	 Urgent action required Publish comprehensive public VAD information








Provider	Quality of public VAD info	Level of VAD access	Response	GGA Comment
Bass Care			No response	 Urgent action required Publish comprehensive public VAD information
AdventCare			Advised that they do not impede VAD access	 Urgent action required Publish comprehensive public VAD information
Oxacare			No response	 Urgent action required Publish comprehensive public VAD information





RESULTS

Western Australia

Providers of the 20 largest facilities in WA



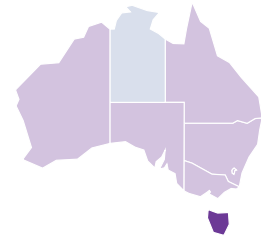
Provider	Quality of public VAD info	Level of VAD access	Response	GGA Comment
Aegis			Advised that eligible residents do not have to leave their facilities to access VAD. Rating remains red as no public information to verify this.	 Urgent action required Publish comprehensive public VAD information
Italian Aged Care Incorporated			Advised that they do not impede VAD access	 Urgent action required Publish comprehensive public VAD information
Bolton Clarke			Advised in Feb 2025 that a public VAD policy is in development. Rating remains red as no public information is currently available.	 Urgent action required Publish comprehensive public VAD information
CraigCare			No response	 Urgent action required Publish comprehensive public VAD information
Hall & Prior			Advised that they have a VAD policy but it is not public. Rating remains red as no public information to verify this.	 Urgent action required Publish comprehensive public VAD information
SwanCare Group			Advised that they support full VAD access. Rating remains red as no public information to verify this	 Urgent action required Publish comprehensive public VAD information
The Bethanie Group			Open and clear communication	 Improvement needed <ul style="list-style-type: none"> Update public VAD information to explain in a clear, concise format which parts of the VAD process can and cannot take place in the provider's homes and what this means for residents Link to VAD information on relevant Health Dept websites Display this information in a place that is easily discoverable by the public











Provider	Quality of public VAD info	Level of VAD access	Response	GGA Comment
Rosewood Care Group			No response	 Urgent action required Publish comprehensive public VAD information
Opal Healthcare			Advised that they do not impede VAD access	 Urgent action required Publish comprehensive public VAD information
Signature Care			No response	 Urgent action required Publish comprehensive public VAD information
Regis			Updated public VAD information	 Updates completed Best practice provide

RESULTS

Tasmania

Providers of the 20 largest facilities in Tasmania

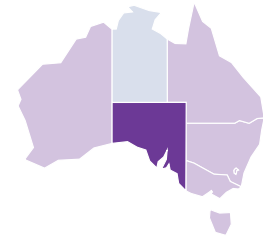











Provider	Quality of public VAD info	Level of VAD access	Response	GGA Comment
OneCare			Updated public VAD information	 Updates completed Best practice provide
Respect Group			No response	 Improvement needed Update public VAD information to include all jurisdictions where the provider operates.
Meercroft Care			Advised that they have a VAD policy but it is not public. Rating remains red as no public information to verify this.	 Urgent action required Publish comprehensive public VAD information
Queen Victoria Home			No response	 Urgent action required Publish comprehensive public VAD information
Calvary Aged Care			No response	 Improvement needed <ul style="list-style-type: none"> Update public VAD information in plain language that explains in a clear, concise format which parts of the VAD process can and cannot take place in the provider's homes and what this means for residents Link to VAD information on relevant Health Dept websites
Southern Cross Care (Tas)			No response	 Urgent action required Publish comprehensive public VAD information
Baptcare			No response	 Urgent action required Publish comprehensive public VAD information
Regis			Updated public VAD information	 Updates completed Best practice provide
Glenview Community Services			Advised in April 2025 that a public VAD policy is in development. Rating remains red as no public information is currently available.	 Urgent action required Publish comprehensive public VAD information
Uniting Agewell			Advised that they do not impede VAD access and support residents to access VAD information and health practitioners. Rating remains red as no public information to verify this	 Urgent action required Publish comprehensive public VAD information




RESULTS

South Australia

Providers of the 20 largest facilities in SA



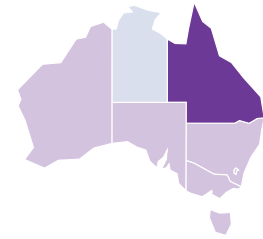
Provider	Quality of public VAD info	Level of VAD access	Response	GGA Comment
Eldercare			Open and clear communication	 No updates required Best practice provide <ul style="list-style-type: none"> Information could be improved by linking to VAD information on relevant Health Dept websites
Regis			Updated public VAD information	 Updates completed Best practice provide
Lutheran Homes			Advised that they provide secondary access to VAD. Rating remains red as no public information to verify this.	 Urgent action required Publish comprehensive public VAD information
Warrina Homes			Advised that they have a VAD policy but it is not public. Rating remains red as no public information to verify this.	 Urgent action required Publish comprehensive public VAD information
Bolton Clarke			Advised in Feb 2025 that a public VAD policy is in development. Rating remains red as no public information is currently available.	 Urgent action required Publish comprehensive public VAD information
Southern Cross Care (SA NT & VIC)			Advised that they do not impede VAD access.	 Urgent action required Publish comprehensive public VAD information
UnitingSA			Open and clear communication	 Suggested improvements <ul style="list-style-type: none"> Information could be improved by linking to VAD information on relevant Health Dept websites.
Bene Aged Care			Updated public VAD information	 Improvement needed <ul style="list-style-type: none"> Update public VAD information in plain language that explains in a clear, concise format which parts of the VAD process can and cannot take place in the provider's homes and what this means for residents Correct outdated references Link to VAD information on relevant Health Dept website
Resthaven			Updated public VAD information	 Updates completed Best practice provide









Provider	Quality of public VAD info	Level of VAD access	Response	GGA Comment
Calvary Aged Care			No response	 Improvement needed <ul style="list-style-type: none"> Update public VAD information in plain language that explains in a clear, concise format which parts of the VAD process can and cannot take place in the provider's homes and what this means for residents Link to VAD information on relevant Health Dept websites
Anglicare SA			No response	 Suggested improvements <ul style="list-style-type: none"> Information could be improved by linking to VAD information on relevant Health Dept websites.
Aged Care & Housing Group			No response	 Urgent action required Publish comprehensive public VAD information
Estia Health			No response	 Urgent action required Publish comprehensive public VAD information
Alwyndor Aged Care			No response	 Urgent action required Publish comprehensive public VAD information








RESULTS

Queensland

Providers of the 20 largest facilities in Queensland



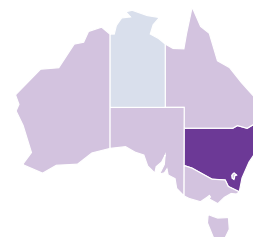
Provider	Quality of public VAD info	Level of VAD access	Response	GGA Comment
Regis			Updated public VAD information	 Updates completed Best practice provide
The Good Shepherd Home			Open and clear communication	 Improvement needed <ul style="list-style-type: none"> Update public VAD information to clarify which parts of the VAD process can and cannot take place in the provider's homes and what this means for residents Link to VAD information on relevant Health Dept website.
Estia			No response	 Urgent action required Publish comprehensive public VAD information
Mercy Community Services			No response	 Improvement needed <ul style="list-style-type: none"> Update public VAD information to clarify which parts of the VAD process can and cannot take place in the provider's homes and what this means for residents Link to VAD information on relevant Health Dept website.
MiCare			No response	 Urgent action required Publish comprehensive public VAD information
Signature Care			No response	 Urgent action required Publish comprehensive public VAD information
St Vincent's Care Services			No response	 Improvement needed <ul style="list-style-type: none"> Update public VAD information in plain language that explains in a clear, concise format which parts of the VAD process can and cannot take place in the provider's homes and what this means for residents Correct outdated references Fix broken links
Seventh-Day Adventist Aged Care (South Queensland)			No response	 Urgent action required Publish comprehensive public VAD information









Provider	Quality of public VAD info	Level of VAD access	Response	GGA Comment
Opal Healthcare			Advised that they do not impede VAD access	 Urgent action required Publish comprehensive public VAD information
NoosaCare			Advised that they do not impede VAD access	 Urgent action required Publish comprehensive public VAD information
Ozcare			No response	 Urgent action required Publish comprehensive public VAD information
Jomal (since acquired by Opal)			No response	 Urgent action required Publish comprehensive public VAD information
Renton Family Trust No 1 (Bundaleer Lodge)			Advised that they support full VAD access. Rating remains red as no public information to verify this.	 Urgent action required Publish comprehensive public VAD information
The Salvation Army (Queensland)			No response	 Urgent action required Publish comprehensive public VAD information
Good Shepherd Lodge			Advised that they support full VAD access. Rating remains red as no public information to verify this.	 Urgent action required Publish comprehensive public VAD information









RESULTS

New South Wales

Providers of the 20 largest facilities in NSW



Provider	Quality of public VAD info	Level of VAD access	Response	GGA Comment
Sir Moses Montefiore Jewish Home			Advised that they provide secondary access to VAD	 Improvement needed <ul style="list-style-type: none"> Display information in an accessible, searchable place on the provider's website.
Whiddon Group			No response	 Suggested improvements <p>Best practice provide</p> <ul style="list-style-type: none"> Information could be improved by displaying it in an accessible and searchable place on the provider's website.
Peninsula Villages			Advised they have a VAD policy but it is not public. Rating remains red as no public information to verify this	 Urgent action required <p>Publish comprehensive public VAD information</p>
Calvary Aged Care			No response	 Improvement needed <ul style="list-style-type: none"> Update public VAD information in plain language that explains in a clear, concise format which parts of the VAD process can and cannot take place in the provider's homes and what this means for residents Link to VAD information on relevant Health Dept websites
Uniting NSW. ACT			Open and clear communication	 Suggested improvements <p>Best practice provide</p> <ul style="list-style-type: none"> Information could be improved by displaying it in an accessible and searchable place on the provider's website.
IRT			No response	 Improvement needed <ul style="list-style-type: none"> Update public VAD information to explain which parts of the VAD process can and can not take place in the provider's homes and what this means for residents Include all jurisdictions where the provider operates Display this information in a place that is easily discoverable by the public
Estia			No response	 Urgent action required <p>Publish comprehensive public VAD information</p>
Thompson Health Care			No response	 Urgent action required <p>Publish comprehensive public VAD information</p>

Provider	Quality of public VAD info	Level of VAD access	Response	GGA Comment
HammondCare			Advised that they do not impede VAD access	 Improvement needed <ul style="list-style-type: none"> Update public VAD information in plain language that explains in a clear, concise format which parts of the VAD process can and cannot take place in the provider's homes and what this means for residents Link to VAD information on relevant Health Dept websites Include all jurisdictions where the provider operates
SummitCare			Advised VAD is not supported in their facilities	 Urgent action required Publish comprehensive public VAD information
RSL LifeCare			No response	 Urgent action required Publish comprehensive public VAD information
St Vincent's Care Services			No response	 Improvement needed <ul style="list-style-type: none"> Update public VAD information in plain language that explains in a clear, concise format which parts of the VAD process can and cannot take place in the provider's homes and what this means for residents Correct outdated references Fix broken links.
Anglicare (Sydney)			Updated public VAD information	 Improvement needed <ul style="list-style-type: none"> Update public VAD information in plain language to explain which parts of the VAD process can and can not take place in the provider's homes from the resident's point of view, and include information on all aspects of the VAD process.
St Basil's Homes			No response	 Urgent action required Publish comprehensive public VAD information
Fresh Hope Communities			Advised that they do not impede VAD access	 Improvement needed <ul style="list-style-type: none"> Update public VAD information to explain which parts of the VAD process can and can not take place in the provider's homes and what this means for residents Link to VAD information on relevant Health Dept websites
Signature Care			No response	 Urgent action required Publish comprehensive public VAD information

Methodology

Objective

This report card is the second we have published and rates residential aged care providers' performance in two areas:

1. The quality of public VAD information they provide; and
2. The level of VAD access available in their facilities.

Sample

Our sample consists of the 25 largest providers nationally and the providers of the 20 largest facilities in each state, with 70 unique providers represented.

The 25 largest Australian aged care providers are drawn from KPMG's aged care market analysis, based on the providers' market share.²⁵

The providers of the 20 largest aged care facilities in each Australian state are drawn from GEN Aged Care data, provided by the Australian Institute of Health and Welfare.²⁶ Size is determined by the number of residential places available at 30 June 2024.

The Territories were not included in the sample because the ACT's legislation has been in effect for less than six months at the time of writing and the Northern Territory does not have VAD legislation.

Data collection

We completed our data collection over a period of 12 months. Our research into each provider consisted of:

- **Desktop research:** A website review and Google Search to look for available information about VAD published by the provider
- **Phone calls:** A minimum of two attempts to contact each provider by phone where phone numbers were available
- **Emails:** A minimum of three direct emails to each provider to inform them of our research, ask about the VAD information and access they provide, and to invite them to meet with us. Each of the three contact attempts by email were at least two weeks apart to allow providers time to respond.
- **Follow up:** At least one further attempt at contact by email was made following the publication of our interim report in September 2025.
- **Awareness:** At least one attempt to contact each provider's CEO to inform them of this report prior to publication.

We recorded all data in a spreadsheet, including outcomes of phone calls, details of conversations during meetings, and responses received by email. All providers have been given the opportunity to ask questions, respond and have been made aware in advance of the publication of this report.

Data analysis

We collated the information made available by each provider and applied our criteria to give them two ratings, represented as traffic light scores of green, amber, or red. See the [full ratings criteria](#).

Ethics

Our research relies on publicly available information and has not accessed any sensitive or personal information. We have not obtained formal ethics approval.²⁷

During all communications we identified ourselves as Go Gentle Australia.

Providers' obligations

Providers' federal obligations regarding VAD

Providers have obligations in statute and regulation to make sure that older people's choices are protected. These obligations are contained in the *Aged Care Act 2024* (Cth), guidance from the Aged Care Quality and Safety Commission and state VAD laws, noting that Commonwealth law takes precedence over state legislation.

Aged Care Act 2024 (Cth)

While there is no Australia-wide VAD legislation, the *Aged Care Act 2024* (Cth) contains a rights framework and regulatory model that governs aged care in Australia. It covers all aspects of aged care, including VAD services where it is legally available.

The Act's centrepiece is the **Statement of Rights**,²⁸ which outlines the rights that older people will have when accessing aged care services. The Statement includes rights to:

- exercise choice and make decisions that affect the individual's life
- be treated with dignity and respect
- receive safe, fair, equitable and non-discriminatory treatment
- have privacy respected and personal information protected
- equitable access to palliative and end-of-life care when required.²⁹

The Act's regulatory framework also contains seven **strengthened Quality Standards**.³⁰ The Aged Care Quality and Safety Commission is responsible for monitoring providers' compliance with the Standards.

Standard 1: The individual

Outcome 1.1 Person-centred care

The safety, health, wellbeing and quality of life of individuals is the primary consideration in the delivery of funded aged care services.

Outcome 1.3: Choice, independence and quality of life

Support individuals to exercise choice and ... provide them with support to exercise choice and make decisions when they want or need it.

Standard 3: The care and services

Outcome 3.1: Assessment and planning

Actively engage with residents, their supporters (if any) and any other persons involved in the care of individuals in developing and reviewing the individual's care and services plans through ongoing communication.

Standard 5: Clinical care

Outcome 5.7: Palliative care and end-of-life care

Recognise and address the needs, goals and preferences of individuals for palliative care and end-of-life care, and must preserve the dignity of individuals in those circumstances.

The provider should ensure access to specialist palliative and end-of-life care when required.

Guidance from the regulator

The Aged Care Quality and Safety Commission published a factsheet to help providers 'handle a situation where an older person requests access to, or information about VAD'.³¹ It says:

While the Commission doesn't regulate a provider's decision to take part directly in the VAD process, a provider that decides not to take part will still have to meet its provider obligation to support older people's access to medical services, including in relation to VAD. Providers must also support an older person's right to exercise choice and autonomy in relation to the care they receive.³²

The fact sheet also says:

Importantly, a person receiving aged care shouldn't be disadvantaged if they live in a residential care home and want information about and/or access to VAD. Enabling a person receiving aged care to access VAD under state and territory laws is consistent with a provider's obligations under Commonwealth law to support a person's choice and their right to be treated with dignity and respect and to safe, fair, equitable and non-discriminatory treatment. A provider should feel confident that they are meeting their obligations in supporting an older person who, by choice, lawfully accesses VAD. This includes considering the impacts on the older person's wellbeing and taking actions to facilitate access to this choice.

The fact sheet also highlights that:

- Care and support should continue, no matter a person's VAD choice
- VAD guidance and training should be provided to staff
- A resident's privacy should always be respected, including in relation to VAD
- Policies and procedures are important for all aspects of the VAD process
- VAD may not be used as a reason to ask a resident to leave a residential service.

Providers' state and territory obligations

South Australia's parliament was the first to recognise that residential aged care can be a person's permanent home, and a provider's objection to VAD should not prevent VAD access.

Queensland and New South Wales reinforced this sentiment, stating that aged care providers must provide reasonable access to VAD for residents and must not hinder their access to VAD information.

Crucially, South Australia, Queensland and New South Wales all require providers to inform the public if VAD is not available in their facilities.

The law in the Australian Capital Territory (ACT) provides the greatest protection for older people. Its law affords everyone the same right to access VAD services, no matter the type of care they receive. This reflects a much-needed prioritisation of the needs of dying people, recognising the power imbalance between an entire institution and the dying person.

Victoria, Western Australia and Tasmania do not define aged care providers' duties towards residents seeking VAD information and access.

Legal obligations of residential aged care and retirement villages regarding VAD

Aged Care Act 2024 (Cth)

Enabling a person receiving aged care to access VAD under state and territory laws is consistent with a provider's obligations under Commonwealth law to support a person's choice and their right to be treated with dignity and respect and to safe, fair, equitable and non-discriminatory treatment.

	VIC	WA	TAS	SA	QLD	NSW	ACT*
Facility must not hinder a person's access to VAD information							
Facility must inform the public of non-availability of VAD							
Facility must provide permanent residents with access to VAD assessment and administration for permanent residents							
Facility may ask temporary residents to transfer to another suitable facility to access VAD. However, if this would cause harm, delays or financial loss to the person, they must provide access to VAD assessment and administration.							
Facility must provide a person who asks for VAD information with contact details for the VAD Care Navigation Service within 2 working days							
Facility must have a VAD policy displayed in a place easily discoverable by the public, and provide it on request within 2 working days							
Facility must not withdraw or refuse care because it knows the person is accessing or likely to access VAD							
Facility faces penalties for non-compliance							

■ Laws are silent on aged care providers' obligations

■ Law gives equal protection to permanent residents & non-residents

* Effective from Nov 2025, not featured in this report

Clear communication about VAD: A template for providers

There are different ways to provide comprehensive VAD information. We have made a suggested template for a fictional provider called GreenGrass Care Homes, based in Victoria, to display on its website.

This information should appear alongside information about palliative and other end-of-life options, or otherwise featured on an FAQ page.

Voluntary Assisted Dying at GreenGrass

GreenGrass supports our residents to choose the end-of-life care that is right for them, including the legal option of voluntary assisted dying if requested.

What is Voluntary Assisted Dying?

Voluntary assisted dying (VAD) means a person in the late stages of advanced disease can take medication prescribed by a doctor that will bring about their death at a time they choose.

Only people who meet all the conditions and follow the process can access the voluntary assisted dying medication. A person's decision to ask for voluntary assisted dying must be:

- Voluntary (the person's own decision)
- Enduring (the person makes three separate requests for voluntary assisted dying during the process)
- Fully informed (the person is well-informed about their disease, and their treatment and palliative care options).

For more information, visit the [Victorian Dept of Health website](#).

Our approach at GreenGrass

If a GreenGrass resident wishes to explore VAD, we will:

- Provide the person with contact details for the VAD Care Navigator Services so they can access specialist information and support
- Support arrangements for VAD health professionals to visit the person in GreenGrass homes for appointments
- Arrange storage of VAD medication where necessary
- Continue to provide all other aspects of a resident's care throughout their VAD journey
- Respect our resident's privacy at all times.

Talking to us about VAD

Residents at GreenGrass with questions about VAD at GreenGrass can speak with our Facility Manager in confidence at any time. You can also contact the Facility Manager at greengrass@carehomes.org.au or call 012 345 678.

Support and information

For more information, please contact [Victoria's VAD Care Navigation Service](#).

Phone: (03) 8559 5823

Email: vadcarenavigator@petermac.org

You can also speak with your GP or treating medical specialist for personalised advice.

Information should have a clear title which includes the words 'voluntary assisted dying' and appear if this term is typed into the website's 'search' function. It should be displayed alongside other information about end-of-life choices and care.

Include a definition of VAD for readers who do not know what it is, or may know it by another name. We suggest you use the wording from your jurisdiction's health department and include a link to the webpage.

Explain in simple language what a resident can expect at each stage of the VAD process.

Designate a 'VAD Lead' within your organisation. Everyone in the organisation should know who this is. Also supply printed information that will be given to residents on request. It could be a print-out of this webpage.

Whatever your organisation's stance on VAD, information should include contact details for your state's VAD Care Navigation Service.

Resources

Legislation

[Aged Care Act 2024](#) (Cth)

[Voluntary Assisted Dying Act 2017](#) (Vic)

[Voluntary Assisted Dying Act 2019](#) (WA)

[End-of-Life Choices \(Voluntary Assisted Dying\) Act 2021](#) (Tas)

[Voluntary Assisted Dying Act 2021](#) (SA)

[Voluntary Assisted Dying Act 2021](#) (Qld)

[Voluntary Assisted Dying Act 2022](#) (NSW)

[Voluntary Assisted Dying Act 2024](#) (ACT) (Note: Not included in this report)

Regulator factsheet

Aged Care Quality and Safety Commission fact sheet.

[Voluntary assisted dying: The role of aged care providers](#)

Further resources

Australian Medical Association's [position statement on voluntary assisted dying](#) (2025).

Palliative Care Australia's [Guiding Principles for VAD](#).

ELDAC (End of Life Directions for Aged Care) has published several helpful factsheets on the roles, and legal rights and obligations of residential facilities in relation to VAD.

- [Residential facilities in South Australia, Queensland and New South Wales](#)
- [Residential facilities in Victoria, Western Australia and Tasman](#)

The [End of Life Law for Clinicians training program](#) provides training on VAD for medical practitioners, nurses and allied health professionals.

Notes

- 1 *Aged Care Act 2024* (Cth) s23
- 2 [Position statement on voluntary assisted dying](#) (2025) Australian Medical Association. Accessed 7 May 2025.
- 3 [State of VAD: Voluntary Assisted Dying in Australia and New Zealand](#) (2026) Go Gentle Australia. Accessed 7 April 2026.
- 4 *ibid.*
- 5 ['Voluntary Assisted Dying: The role of aged care providers' factsheet](#) (2026) Aged Care Quality and Safety Commission. Accessed 7 April 2026.
- 6 *Aged Care Act 2024* (Cth) s25
- 7 [Aged care market analysis](#) (2025) KPMG. Accessed 27 Jan 2026.
- 8 [Aged care service list: 30 June 2024](#) (2024) GEN Aged Care Data, Australian Institute of Health and Welfare, Australian government. Accessed 12 May 2025.
- 9 The number of unique providers has reduced from 72 providers featured in our interim findings to 70 providers in this report, due to market consolidation.
- 10 What is plain language? 2025, International Plain Language Federation website, <https://www.iplfederation.org/plain-language/> Accessed 27 January 2026.
- 11 Australian Government 2024, Style Manual, <https://www.stylemanual.gov.au/writing-and-designing-content/clear-language-and-writing-style/plain-language-and-word-choice> Accessed 27 January 2026.
- 12 27 of the 70 providers in this report are faith-based (39%). Of these, 60% provided some VAD information to the public.
- 13 [Voluntary Assisted Dying](#) (2023) Health Direct. Accessed 27 January 2026..
- 14 ['Voluntary Assisted Dying: The role of aged care providers' factsheet](#) (2026) Aged Care Quality and Safety Commission. Accessed 7 April 2026.
- 15 [Position statement on voluntary assisted dying](#) (2025) Australian Medical Association. Accessed 27 Jan 2026.
- 16 [State of VAD: Voluntary Assisted Dying in Australia and New Zealand](#) (2026) Go Gentle Australia. Accessed 7 April 2026.
- 17 [Position statement on voluntary assisted dying](#) (2025) Australian Medical Association. Accessed 27 Jan 2026.
- 18 [Joint statement by Australia's suicide prevention leaders](#) (2023) Published by Go Gentle Australia. Accessed 27 January 2026.
- 19 Voluntary Assisted Dying Act (2017) (Vic) s8 and Voluntary Assisted Dying Act 2021 (SA) s12.
- 20 [Voluntary assisted dying in aged care: Residential facilities in Victoria, Western Australia and Tasmania](#) (2024) End of Life Directions for Aged Care (ELDAC). Accessed 30 June 2025.
- 21 [The impact on patients of objections by institutions to assisted dying: a qualitative study of family caregivers' perceptions](#) (2023) White, B.P., Jeanneret, R., Close, E. et al. *BMC Med Ethics* 24, 22 (2023). Accessed 7 April 2026.
- 22 *ibid.*
- 23 [What is plain language?](#) (2025) Plain Language Association International. Accessed 23 June 2025.
- 24 [Style Manual](#) (2024) Australian Government. Accessed 23 June 2025.
- 25 [Aged care market analysis](#) (2025) KPMG. Accessed 27 Jan 2026.
- 26 [GEN Aged Care Data: Aged Care Service List](#) (2024) Australian Institute of Health and Welfare. Accessed 9 April 2025.
- 27 [National Statement on Ethical Conduct in Human Research](#), s5.1.17 Research that may be eligible for a grant of exemption (2025) National Health and Medical Research Council. Accessed 8 June 2025.
- 28 *Aged Care Act 2024* (Cth) s23.
- 29 The Australian Medical Association's public position that VAD is part of end-of-life care: *In Australia, end-of-life care encompasses a variety of health services, including palliative care services and, where legal, voluntary assisted dying (VAD) services.* [Position statement on voluntary assisted dying](#) (2025) Australian Medical Association. Accessed 27 Jan 2026.
- 30 [Strengthened Aged Care Quality Standards](#) (2025) Aged Care Quality and Safety Commission, Australian Government. Accessed 13 April 2026.
- 31 ['Voluntary Assisted Dying: The role of aged care providers' factsheet](#) (2026) Aged Care Quality and Safety Commission. Accessed 7 April 2026.
- 32 *ibid.*

