VADSA BULLETIN

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NEWSLETTER OF VOLUNTARY ASSISTED DYING SOUTH AUSTRALIA INC. (VADSA)

SA VAD Review Board's Ninth Quarterly Report

The March 2025 VADSA Bulletin reported on the SA VAD Review Board's 2023-2024 Annual Report. Since then, the ninth quarterly report has been released covering the period 1/1/2025-31/3/2025. Data for this period shows a slight reduction in VAD deaths when compared to the previous reporting period, with 57 deaths, down from 65 in the previous quarter. Demographic characteristics remain highly consistent over reporting periods.

Three new medical practitioners have completed the mandatory practitioner training since 1st January 2025 to enable them to support patients on the VAD pathway. To date, 61 of the 82 trained practitioners have supported a patient in this way. For the period 1st January to 31st March 2025:

- 50 of the 82 trained medical practitioners accepted a first request from a person seeking access to VAD, becoming the Coordinating Practitioner for that person.
- 58 of the 82 trained medical practitioners accepted a referral from a Coordinating Practitioner to be a Consulting Practitioner.
  Between 1st January – 31st March 2025:
- 99 people were issued with a VAD permit.
- 89 (90%) permits were for self-administration of the VAD substance and 10 (10%) were for practitioner administration of the substance.
- The median number of days between a person making a first request to access VAD and receiving an outcome regarding an application for a VAD permit was 18 days.

PLEASE DONATE

VADSA's WORK IS NOT OVER!

VADSA has been staffed entirely by volunteers since its formation in 1983 as SAVES. We work to improve our law to enable greater access and equity.

Donations may be made as a one-off gift, or a regular monthly donation. ***All donations over $2.00 are fully tax deductible.*** *Your gift will work towards the alleviation of suffering. A receipt will be issued for taxation purposes.*

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Leaving a bequest is an important and generous way to support VADSA's ongoing work.

The wording for a gift of a specific sum is ***'I bequest to Voluntary Assisted Dying SA the sum of $....***

If you wish to leave your entire estate, the wording is 'I give and bequeath the whole of my real and personal estate to Voluntary Assisted Dying SA Inc'.

- 100% of permit applications had a decision made within three business days as prescribed under section 16 of the VAD Regulations 2022.

A total of 83 people who were the subject of a permit died. Of these:

- 50 (60%) people died as a result of self-administration of the VAD substance.
- 7(8%) people died as a result of practitioner administration of the VAD substance.
- 26 (31%) people died without administration of the substance. For further information see information on the SA VAD SA Review Board on the SA Health website.

National news

The VADSA Bulletin often raises the issue of how important it is to remain vigilant in the face of opponents' attempts to undermine VAD in any way they can. Go Gentle Australia has highlighted an instance of the cynical distortion of a genuine story of love and compassion, regardless of the pain that is inflicted on a grieving family. This relates to a story of the deaths of a couple in NSW, Irene and Ron, who elected to access VAD together. Both had terminal illnesses and had been independently assessed as eligible. They sought to die together, after having lived together for more than seven decades.

Within hours of publication the innuendo and misinformation began, with a UK doctor, Rachel Clarke, stating the unfounded claim that this was:

A textbook case of how doctors subvert the rules to help patients without any terminal illness whatsoever to die by suicide…They are both very old and wish to die, No terminal condition. No expectation of death within 6 months. Yet they found two doctors only too happy to sign off their double suicide & prescribe the lethal drugs.

Go Gentle contacted the author of the original article, the couple's granddaughter Sharnee Rawson, who was devastated that opponents had weaponised her grandparents' story. She stated that her grandparents did not die in a "suicide pact", aided by willing doctors acting outside of the law:

Both Ron and Irene were terminally ill, each with 6 months or less to live, and satisfied all eligibility requirements. Their story simply shares a very rare opportunity to die with dignity and agency in the face of dual terminal diagnoses…If only opponents displayed a fraction of that dignity.

Ms Rawson argued that:

> *Carelessly – or worse, knowingly – [they were] telling lies and spreading misinformation that is not OK. Neither is slandering doctors who are working, lawfully, to relieve the suffering of their patients. Most unforgivable, the cruel gaslighting of a grieving family who, with gratitude, wanted the world to know about the courage of a couple in their 90s who chose dignity and autonomy over suffering at the end of life.*

This criticism was made in the context of the current UK debate on law reform to allow the right to VAD, and was reiterated by other journalists. The latest Dying with Dignity Victoria (DWDV) newsletter reported on The Terminally Ill Adults (End of Life) Bill which passed through the House of Commons in 2024 by a margin of 55 and is now to be sent to the House of Lords to be voted on later this year. They noted that:

> *… the leadup up to the June 20 vote had been fraught with misinformation and fear mongering stories. Organisations such as the Royal College of Psychiatrists and the Royal College of Physicians, who had maintained a neutral VAD stance, withdrew their support. Some members of the disability sector expressed their contempt for the Bill and it*

Voluntary
Assisted
Dying
South
Australia

ANNUAL MEETING

The Box Factory 59 Regent St South, Adelaide

Sunday November 2nd 2025 at 2.15 pm

Business will include the President's and Treasurer's reports, and election of office bearers for a period of one year.
Written nominations for official positions must be received by **Friday 17th October 2025**.

Guest Speaker: Associate Professor Kate Swetenham PSM, Service Director of Southern Adelaide Palliative Services, President of Palliative Care Nurses Australia, who will speak on the topic "Advance Care Directives - what you should know"

Light refreshments will be served following the meeting.

All welcome – bring a friend!

was suggested that women could be pressured into VAD by abusive husbands.

Reference:

How anti-VAD warriors manipulated a story of compassion and choice for political gain - Go Gentle Australia

DWDV Newsletter #208 July 2025

Telehealth and VAD

In 2005, the Criminal Code Act 1995 (Cth) was amended to, in the words of the then-Attorney General, 'protect vulnerable individuals from people who use the internet with destructive intent to counsel or incite others to take their own lives'. The intent was to restrict pro-suicide chatrooms and materials being distributed online. However, electronic communication is essential for high-quality and safe health care, and the Cth Criminal Code's restriction on how health professionals communicate on VAD is causing disruptions and delays in care. It is limiting health professionals' ability to do their jobs. The prohibition of electronic communication for VAD care is therefore a critical equity issue as it disadvantages people who are unable to travel for face-to-face consultations. This may be due to the complexity of their medical condition or because they live in a rural or remote area. Essential communications between health professionals are also negatively impacted. The use of electronic communications in health care, such as telehealth and video conferencing, is governed by specific guidance from the Australian Health Practitioner Regulation Agency (AHPRA) and the Medical Board of Australia. Health professionals must also always follow their professional body's Code of Conduct, irrespective of the type of care. In May 2024, state, territory and federal branches of the Australian Medical Association (AMA) wrote to the Australian government to urge reform. The Cth Criminal Code provisions were never intended to impact VAD. All state laws, except Victoria, explicitly distinguish VAD from suicide. Australian suicide prevention organisations agree that VAD should not be described as suicide because conflating the two can cause harm. Criminal Code provisions should therefore not apply.

GoGentle Australia's website gives examples of the negative health impacts, and also lists 20 organisations that have made a joint statement to support removal of the legal impediments to equitable health care. As they note:

> *Legal restrictions on communication methods do not apply to any other area of health care and limit the ability of health professionals to do their jobs and provide the best care.*

Go Gentle Australia Joint statement: Electronic communications and VAD

VAD and dementia

Ongoing discussions about VAD in the context of dementia are reported in this bulletin, on the VADSA website, and in our public meetings. Emeritus Professor John Willoughby was the guest speaker at the April 13th meeting. His topic was Voluntary Assisted Dying in Dementia: there are ways. VADSA's website provides a helpful summary of Professor Willoughby's presentation, compiled by VADSA's Vice President Anne Bunning. It also provides a link to the Facebook page if you wish to access an audio-visual recording of his presentation.

It is important to note that Em Prof Willoughby's proposals are in the context that, under current law, it is not possible to nominate VAD as an end- of- life choice in an Advance Care Directive (ACD). VAD can only be requested by the person themself while they still have capacity. An ACD only comes into effect after you lose capacity, when it provides guidance to your substitute decision maker on your end- of- life treatment choices.

Em Professor Willoughby highlighted the problem of decision-making capacity within the constraints of VAD legislation:

Usually, by the time a person with dementia has less than 12 months to live, they would commonly be assessed as not having decision making capacity in relation to VAD.

However, he argues:

> *The question of capacity can be managed by the person developing and signing a legal document - their legal consent to proceed with an assisted death when certain conditions occur. The document would be prepared and signed while the person has capacity. The document would list the conditions to be met for an assisted death to proceed, including whether they wish VAD to proceed if they later show resistance.*

He continued:

> *In circumstances where the person has not made an advance VAD plan, a community authorised VAD plan could be developed… The Advance Assisted Dying Request for Dementia document would be witnessed by a trusted third party, a medical witness and an independent witness.*

A link to the draft of the Advance Assisted Dying Request for Dementia, developed by Doctors for Assisted Dying Choice, is included in an attachment at the end of this article. VADSA maintains that it is important to continue to strongly advocate for the rights of people with dementia to be able to choose an assisted death, including those who have lost decision making capacity. This will require both a careful and compassionate approach. Canada and the Netherlands both allow a person with dementia to use their VAD equivalent, because there is no time limited prognosis (six or 12 months). In Canada VAD is known as Medical Aid in Dying (MAiD).

Advance requests in Quebec

In Quebec, VAD is an option for people with dementia through an advance request. This option ‘ensures that a person who receives a diagnosis of cognitive neurodegenerative pathology can obtain MAiD at a time when they deem it relevant for them, according to their values’. It was adopted in Quebec on 30th October 2024. Given the significant time from diagnosis to loss of capacity, there are not yet any documented cases of a person in Quebec using their advance request for an assisted death, although there are many who have completed such a request since October 2024.

An interesting and comprehensive webinar entitled Advance Requests in focus: The Quebec experience, features the president of the Quebec Association for the Right to Die in Dignity, Dr Georges L’Espérance, a neurosurgeon based in Montreal, Quebec. Dr L’Espérance explains that in Quebec the person must have a diagnosis of a serious and incurable illness leading to incapacity, and that the advance request must be done by the person themself while still competent.

The procedure involves speaking with a health professional and describing in detail the clinical signs which underpin the desire to consent to receive MAiD if later unable to give consent, even if meeting all other legal conditions. These clinical triggers may be the need to be fed or toileted by others or no longer being able to recognise loved ones. A thorough clinical assessment is undertaken based on this

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Thank you

discussion which involves the person and their family, and potentially one or two 'trusted third parties' or advocates. This clinical assessment is compiled in a meticulous way to ensure sound decision-making by future practitioners over the course of what may be a very long illness.

To access MAiD the person must have presented on a recurring basis with the clinical signs related to their illness that would lead them to elect MAiD, as clearly described in their request. Two competent professionals (doctors or nurse practitioners) must believe, on the basis of information available to them, and according to their clinical judgement, that the person is experiencing persistent and unrelievable physical or psychological suffering that cannot be relieved under conditions deemed to be tolerable.

The response to the new legislation has been positive with the general population and the Alzheimer Society both supportive. However, access is difficult due to the limited availability of family doctors or nurses, and legal insecurity. While the legislation is province-based, the Criminal Code is Federal. Other nuanced barriers affecting patients, their loved ones, doctors and nurses are also described in the webinar.

While there are no differences compared with other Canadian provinces in the formulation of legislation in Quebec, Dr L'Espérance explains that as a society Quebec is quite distinct. It tends to use all the rights that the Constitution and Charter of Rights allow. Quebec is influenced by its French (Latin) origins focused on enjoying life, and because it is a secular society. Twenty-four per cent of the population identify as atheist and 52 per cent as agnostic. Like most of Canada Quebec is a progressive, tolerant society in which personal autonomy is very important. It will be interesting to monitor the progress of this new right.

References

See VADSA's website resources on dementia VADSA - Dementia and Voluntary Assisted Dying South Australia

Summary of Em Professor John Willougby's presentation VADSA - VAD Dementia Quandary Answered - Voluntary Assisted Dying South Australia including link to Advance Request Dementia attachment.

Advance requests in focus: The Quebec experience | Dying With Dignity Canada

International news

New Zealand

The recently published latest annual report by the NZ Assisted Dying Registrar showed that the number of active applications for assisted dying in NZ rose by 20 per cent in the past year. Conservative lobby group Family First New Zealand noted the rate of assisted deaths had risen 37 per cent in the past year, from 344 to 472. However, legal VAD is still relatively new, and cases were always predicted to gradually rise each year before stabilising.

Another issue raised in the registrar's report is the falling number of doctors who are willing to be involved in assisted dying (148-126 in the past year). However, any doctor can participate in assisted dying if the patient is already under their care. Yet, if a doctor is providing these services to a patient outside their practice, they need to be on the official list. The registrar's report also highlights the problems associated with the rule requiring that a patient must have only six months to live to be eligible for VAD. Of the patients deemed ineligible in the last year, 85 per cent were disqualified due to this rule (though they may have also failed other criteria). That is even higher than in previous years. MP Todd Stephenson has drafted a law change to remove the rule, but this is subject to the private member's bill ballot.

The growing numbers of applications for VAD may reflect the fact that the health system is simply increasingly meeting demand for a service that was supported in a public referendum and now in demand. A rise in applications suggests assisted dying might slowly be becoming more mainstream.

Slovenia passes VAD law

Al Jazeera, a global media network reported on July 18th that Slovenia's parliament has passed a law giving terminally ill adults the right to end their lives. This followed a majority of voters backing the choice in a referendum. The bill was approved 50 votes against 34 against and three abstentions and will be allowed 'in cases of unbearable suffering in which all treatment options have been exhausted'. While the conservative Slovenian Democratic Party opposed the bill, the governing Freedom Movement and supporter of the bill stated that this "right does not represent a defeat for medicine… It would be wrong for medicine to deprive people of their right to die if they want to and medicine cannot help them".

However, the backlash has begun, with opponents gathered in a coalition called Against Poisoning of Patients, announcing they would seek a referendum for which they are already collecting signatures.

References

Big rise in demand for assisted dying in New Zealand – should we be worried? - NZ Herald

registrar-assisted-dying-annual-report-to-the-minister-of-health-online-v3.docx

Slovenia's parliament votes to legalise assisted dying | Health News | Al Jazeera

STA: Opponents of assisted dying law to seek referendum

Remuneration for Belgian doctors providing VAD services

The March 2024 VADSA Bulletin discussed the need for fair remuneration for doctors who provide VAD services as there is yet no available Medicare rebate. It has been reported that, as from November 2025, doctors in Belgium will be entitled to a dedicated fee of 180.24 Euros, (approximately Au $320). This is the first time that formal reimbursement has been provided since the law came into effect in 2002. Doctors have only charged for a standard consultation, or home visit, or have even waived their fees. There have been growing calls from doctors to receive fair compensation for their time and expertise.

Reference

Doctors to receive 180 euros compensation for performing euthanasia

Rebutting distortions on MAiD in Canada

The article on the distortions and cynicism from opponents of VAD in the reported case above of a couple each living with a terminal illness and electing VAD together is a reminder of other misinformation in the often-repeated claim that people elect VAD due to loneliness.

Similar to reporting by Go Gentle Australia, Medical Assistance in Dying (MAiD) in Canada publishes strong rebuttals of some of the distortions promulgated by opponents of assisted dying in their country. One claim is that people are accessing MAiD in Canada just because they are lonely but, as reported below, opponents' claims can be much exaggerated. Space does not permit more than a brief overview of the context of the article, but those seeking more information on findings and references may access the link below.

In 2024, headlines claimed that hundreds of Canadians chose MAiD because they were lonely: a deliberately provocative claim to promote 'outrage and political talking points'. Months of detailed analysis of government records by MAiD Canada found that this was

VADSA membership renewals are due in February each year

We look forward to your continuing support.

When making payments to VADSA through EFT please ensure that you include full details of your name and contact details

Thank you!

not the reality.

Lonely people choosing to die is an easy narrative to sell but denies the complexity of MAiD. It also distorts the public understanding that behind every request is a person living with irreversible decline from a serious illness without the prospect of easing suffering in an acceptable way. As the authors note, loneliness and isolation are often part of the wider reality for seriously ill people, regardless of whether or not they may choose MAiD. Presenting these as the trigger for requesting MAiD overlooks the fact that:

These feelings are more often the shadow cast by other forms of suffering: losing the ability to move freely, care for oneself, engage in meaningful activities, or escape constant physical decline.

The data analysis by MAID Canada found that in almost every case isolation or loneliness is strongly linked to the suffering either experienced due to an inability to engage in meaningful activities or an inability to perform activities of daily living, or both. Negative feelings are more often associated with the severe loss of function rather than the sole reason for the request for MAiD:

> *We should absolutely be concerned about isolation and loneliness. But to suggest that preventing MAiD requests is as simple as keeping someone company is not just naive—it's insulting. MAiD is almost never about loneliness; it's about the relentless toll of illness, irreversible decline, and suffering no treatment can ease. Loneliness may be present, but it's not the cause. It's the echo of a life already narrowed by disease. The data makes that clear; not that clarity ever stopped a sensational headline. After all, "Dying Canadians driven by complex, unbearable suffering" doesn't get the same [social media] clicks as "They chose death because they were lonely."*

A positive report from Ontario highlights that MAiD is becoming 'mainstream'. A charity called "Journey Home for Empowered Living and Dying" plans to set up a non-institutional 'sanctuary' where people in Ontario can access MAiD. Journey Home provides services like a "peace of mind planner" to organize essential information and documents before death, grief sessions and other bereavement services for loved ones after death, as well as death doula services and certification.

A "death doula", is very similar to a birth doula, whereby professionals and the medical system are not replaced. Rather, the service is seen as complementary.

References:

See link at Previously unpublished data shows that people are not choosing MAiD simply because they are lonely.

Charity seeking to create Ontario's first sanctuary for medical assistance in dying - Village Report

The World Federation of Right to Die Societies

More than 80 Right to Die Societies exist around the world. A majority are members of the World Federation of Right to Die Societies. The society provides an intervention link for organizations working to secure or protect the rights of individuals to self-determination at the end of their lives.

See https://wfrtds.org

Updated AMA statement on VAD

The Australian Medical Association's (AMA) new statement on VAD is a significant change that will transform care for dying people. It is the first update of its position statement on VAD in nearly a decade. In this statement, the peak professional body for medical practitioners says 'end-of-life care encompasses a variety of health services... including VAD'. This recognises that VAD is legally available in all Australian states and will be implemented in the ACT in November 2025. The Northern Territory is the only jurisdiction where VAD remains unlawful.

The statement stresses that doctors have an ethical duty to provide end-of-life care ‘that strives to alleviate pain and suffering, supports an individual’s values and preferences for care, and allows them to achieve the best quality of life possible’. The updated position supports doctors and patients who choose to participate in VAD services, as well as those who do not.

Read the Position Statement here: https://www.ama.com.au/articles/ama-position-statement-voluntary-assisted-dying-2025

A farewell to Jacqui and a warm welcome to Sue

VADSA is farewelling Jacqui Possingham as honorary secretary. Jacqui has been a tireless advocate for VAD for many years, including initiating the candlelit vigils on Parliament House steps during the campaign for law reform. We will miss her from an executive role and wish her all the very best for her future work.

We are very pleased that Dr Sue McCoy has volunteered to take on this role. When asked why she made that decision Sue said:

> *“Voluntary Assisted Dying is now legal in every state and territory except the NT. So- is that it then? Done deal? Nothing more to do? Actually, there’s a lot more do to, and it’s summarized with one word - Dementia.*
>
> *I do not want to live with dementia.*
>
> *I do not want to go into a nursing home, as much as I admire the tireless work of the carers and staff in those unenviable roles. I have spent enough time in such institutions either visiting or medically managing inpatients to know that I don’t want to be there myself.*
>
> *Until such time as there is a prevention or treatment for the various dementias, I would rather be dead. Alas, right now, I have no choice, but it’s the choice that I want. I don’t care if no-one else on the planet wants what I want - those who are happy to be fed, watered, cleaned up, dressed, humoured and medicated as needed, to be sustained until they can no longer swallow should be entitled to that care.*
>
> *But no-one should be able to tell me that when I reach my pre-determined personally defined level of dementia, I can’t be ‘put down’, ‘put out of my misery’, ‘put to death’, ‘euthanased’ or however one wants to phrase the ending of life.*
>
> *I fear dementia far more than death. So - exist with dementia or be dead? I would rather be dead.*
>
> *That’s what I want. That’s what I will campaign for. That’s my reason for joining VADSA.”*

Just a reminder….

VADSA public meetings are held twice-yearly at 2.15 pm on Sunday afternoons at the Box Factory 59 Regent St South, Adelaide.

These are important forums for updating members on VADSA’s activities, legislative issues and relevant local, national and international events and initiatives.

Guest speakers provide further interest, as well as informal discussion over tea and coffee.

The next meeting is highlighted on top of page 3.

Make a diary note now!

Voluntary Assisted Dying Partnerships

Every state in Australia has passed a law to give people a compassionate choice to end their suffering. The ACT has a bill before Parliament.

VADSA partners with organisations and individuals in Australia and overseas who work to achieve legal voluntary assisted dying. Voluntary Assisted Dying South Australia is our facebook page. The page contains current information about developments around Australia and the world. Our website is vadsa.org.au offering a range of current information.

A Peaceful End facebook page is run by Angie Miller who became a VAD campaigner after the distressing death of her father over an extended period.

Accessible Voluntary Assisted Dying facebook page provides information on VAD, with a focus on equitable access to a medically assisted death for people isolated by distance or disability.

Advocacy Groups listed below represent different interest groups.

- Doctors for Assisted Dying Choice
- South Australian Nurses Supporting Choices in Dying
- Christians Supporting Choice for Voluntary Assisted Dying
- Voluntary Assisted Dying Youth Advocates
- Lawyers for Death with Dignity
- Paramedics Supporting Choices in Dying
- Accessible Voluntary Assisted Dying

Go Gentle Australia was established by Andrew Denton to support VAD law reform.

The Australian Nursing and Midwifery Federation supports VAD.

The website DyingForChoice was established by Neil Francis, a Melbourne based VAD advocate which provides important information and counters misinformation about VAD.

The World Federation of Right to Die Societies is based in The Netherlands. Its website includes links to societies around the world working towards legalising assisted dying.

VADSA's state and Territory Partners - each state and territory has an active group supporting VAD.

- Dying with Dignity NSW
- Dying with Dignity Victoria
- Dying with Dignity Tasmania
- Dying with Dignity Western Australia
- Dying with Dignity Qld
- Northern Territory Voluntary Euthanasia Society
- Dying with Dignity ACT

Advance Care Directives are a valuable tool to provide guidance to medical professionals and carers on your end of life wishes. Contact Service SA on 13 23 24 for further information.

Voluntary Assisted Dying South Australia Inc. Membership Form

Print and post or join online at https://www.vadsa.org.au

☐ New Membership ☐ Renewal

Surname, including Mr/Mrs/Ms etc

Given Name(s)

Address

Suburb/Town & Post Code

Telephone

Email address

Year of Birth (Optional)

Membership Payment:

Annual membership is due at the end of February. Payment for two or more years is welcome, and is calculated by multiples of the annual fee – please mark accordingly

☐ $30.00 ($15.00 concession) ----------------

☐ $350.00 Life Membership

☐ Additional Donation to support the work of
VADSA--------------------------TOTAL -------------------------------

Payment Options:

Cheques and money orders made payable to SAVES and send with this form to:

☐ **VADSA Membership Officer, PO Box 2151, Kent Town SA 5071**

Or pay by Electronic Funds Transfer:

☐ **Voluntary Assisted Dying SA BSB 805 050 Acct number 102500039**

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How did you hear about us? ____

Do you have an area of expertise that could be of help to VADSA? _____________________________

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VADSA IS NOT ABLE TO HELP PEOPLE END THEIR LIVES.

VADSA's Aim

VADSA's aim is the choice of voluntary assisted dying for people suffering unbearably from an illness, injury or disability.

VADSA's Primary Objective

VADSA works to promote the best end of life care for our citizens, including high quality palliative care, the use of Advance Care Directives, and the choice of voluntary assisted dying in appropriate circumstances. VADSA programs educate and inform the community about end-of-life choices.

VADSA

MEMBER WORLD FEDERATION OF RIGHT TO DIE SOCIETIES

REGISTERED CHARITY
acnc.gov.au/charityregister

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