VADSA BULLETIN

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

Third anniversary of VAD in SA

On 31st January Kyam Maher MLC stated:

“On this day three years ago, voluntary assisted dying became a reality for South Australians suffering a terminal illness. A way to end their lives with the same dignity that they lived their lives. The most common way I’ve heard families describe a loved one using VAD is that it was a ‘beautiful death’. What a remarkable way to describe the trauma of the end-of-life experience of a loved one.

Being involved in the parliamentary process of passing VAD laws is probably the most important and fulfilling contribution to public life that I’ll be involved in. My legislation that finally passed came after 17 other attempts over 26 years, and the advocacy of so many over so many years. As the legislation was being debated, I’d often be stopped in the street, approached in a front bar, or from a phone call to the office with someone describing their mum, an uncle, or a child who suffered terribly and unnecessarily at the end of a terminal illness.

I understood some of that. Watching my mum suffer at the end of her battle with pancreatic cancer was bloody horrific. Over the last three years I’ve now had people tell me of the experience with their Dad, a good friend, a brother-in-law who went out on their own terms surrounded by love and family. Having people share the most intimate parts of their lives has been a rare privilege. I want to pay particular tribute to officials, care navigators, doctors and everyone involved. What an amazing thing you all do. Love and compassion always finds a way”.

On 31st January, VADSA also acknowledged this anniversary, with Vice President, Anne Bunning, posting on Facebook that it was:

> *A massive breakthrough. Over 500 people have been able to make the choice of VAD… Been able to regain control and say enough is enough. Thank you to Kyam Maher MLC and Susan Close for negotiating it through… and to Steph Key for the years of work in the lead up. Stars all round.*

Voluntary
Assisted
Dying
South
Australia

PUBLIC MEETING

The Box Factory, 59 Regent St South Adelaide

Sunday May 3rd 2026 at 2.15 pm

Guest Speaker:
Dr Carolyn Lawlor-Smith:
“Experiences of a VAD Practitioner”

Light refreshments will be served following the meeting.
All welcome – bring a friend!

SA VAD Review Board 2024-2025 Annual Report

The VAD Review Board presented its 2024-2025 Annual Report to Minister Picton on 31st October 2025. It revealed that VAD deaths accounted for 1.6% of deaths in South Australia over the last 12 months.

There has been an increase in awareness of VAD, with 353 people with a VAD Permit dying during the year, compared with 214 in 2023-24. Of the 353 people, 251 died using the VAD substance, 200 through self-administration and 51 through practitioner administration. There were 102 (29%) who had a VAD Permit but died without using the VAD substance; a proportion which is consistent with outcomes around the world.

The VAD Review Board is keen to provide transparency and accountability in its oversight of VAD and provides an enormous amount of data on the operation of VAD in SA. The report contains many helpful charts, tables and graphs summarising the data.

As noted on the VADSA website, some of this data shows

- An average of 46 first assessments were carried out each month (compared with 32 the previous year)
- An average of 34 VAD Permit applications were processed each month (23 the previous year)
- 3,464 forms were submitted through the VAD Portal
- 1% of registered medical practitioners in SA have completed the VAD training
- The six and 12- month prognosis is an unreliable criterion, with some people dying over 400 days after first being assessed as eligible
- 57% of applicants were male and 43% were female
- 38 people (11%) died in a residential aged care facility
- 8 people (2%) died in a private hospital
- 261 people (74%) had cancer
- a typical applicant is male, in their 70s, Australian-born, living in a private residence in metropolitan Adelaide, and receiving palliative care for terminal cancer.

Access the full Annual Report: VAD Review Board Annual Report 2023-2024 (content is 2024-2025)

Potential changes to VAD in Australia in 2026

An article in *The Conversation* reminds readers that it is now only people in the Northern Territory who are awaiting legislation to allow VAD. This is likely to change in 2026. In an effort to restrict "VAD tourism" each state and the ACT has included strict residency requirements, mandating at a minimum, three years of residency in the state or territory. If the NT passes VAD legislation these residency requirements can be removed. (Citizenship or permanent residency status may still be required.)

The authors note that telehealth bans imposed by the Commonwealth Government on discussions concerning 'suicide' were not specifically intended to apply to VAD. They argue that this difficulty, where telehealth is unable to be used for VAD consultations, could be resolved with an amendment stating that such bans do not apply to VAD consultations.

Furthermore, mandatory reviews of VAD laws may lead to other changes. In late 2025, Victoria amended their VAD Act with the changes due to commence in April 2027. These include extending the expected time of death from 6 to 12 months for all conditions; allowing doctors to raise VAD with a patient; requiring doctors who are conscientious objectors to provide patients with information about VAD if requested. Western Australia has also completed its first review, and in 2026 Queensland, Tasmania, and New South Wales will also review their laws. South Australia will follow in 2027.

The ACT gives specific powers to nurse practitioners who are permitted to be one of the two required practitioners to assess eligibility, with the other being a doctor. Uniquely, it also does not require a prognosis for anticipated time to death.

It is also likely that access for people with dementia will also continue to be debated in 2026 as it is the leading cause of death in Australia and a common issue raised by VADSA members. The authors state that while there are sustained public calls to change this situation, 'it is a complex issue that raises several challenges including the time at which voluntary assisted dying should be available'.

The focus is now shifting from ensuring passage of legislation in all states and territories to instead improving current laws and systems using evidenced based approaches and public consultations. The issue of VAD and dementia is the likely focus for future discussion.

Access the full article published 4th February 2026 in *The Conversation* written by several academics from the Queensland University of Technology: Voluntary assisted dying isn't available to all Australians. In 2026, this may finally change

Dementia and VAD

The discussion about access to VAD for people with dementia is the most frequently asked question in any forum or discussion on VAD. VADSA has created a Dementia and VAD page on our website VADSA - Dementia and Voluntary Assisted Dying South Australia where we provide information on different aspects of this discussion, with links to key presentations and articles.

One area of the debate is the possibility of using an Advance Care Directive to nominate VAD as an end-of-life choice. While this is not seen as imminent in our legislative reviews, in Canada's Quebec Province and the Netherlands, VAD can be nominated in an ACD (or equivalent). Data shows that in the Netherlands, for example, in 2023 eight people with dementia were able to use an ACD to access VAD. This is from a total of 336 VAD deaths of people with dementia that year, or 3.7% of all 9068 VAD deaths in the Netherlands in 2023. In Canada, in 2024, 368 people with dementia were able to use VAD, which was 2.2% of all VAD deaths that year. VAD has been legal in the Netherlands since 2002 and in Canada since 2016.

While it is clear that it is still difficult to access VAD for a person with dementia even where it has been legal for decades, and even more difficult using an ACD, it is important that VAD becomes an end-of-life choice for a person with dementia.

The VAD and Dementia page has a link to a "Dementia Insert" which could be used to give further guidance to your Substitute Decision Maker. Note that your ACD only comes into effect after you lose decision making capacity; if you have lost decision making capacity you are no longer able to request or use VAD.

For years, researcher Professor Henry Brodaty AO has been transforming the diagnosis, care and prevention of dementia in Australia and internationally. In 1972, his own father was diagnosed with Alzheimer's disease at just 52 years of age, an experience which catalysed a lifetime of work that not only revolutionised Professor Brodaty's own field of psychiatry, but also the lives of people living with dementia and their families.

In 2012, he co-founded the Centre for Healthy Brain Ageing and led internationally significant research that enhanced the world's understanding of risk and prevention. His large Maintain Your Brain trial demonstrated that straightforward, cost-effective, targeted interventions can profoundly delay onset and even prevent dementia.

On the 9th February, the online publication AusDoc published an article which is unable to be reproduced as it is under a paywall, but it is entitled 'If I'm totally dependent and unable to recognise my family, I would like VAD.' Professor

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.*

Brodaty does speak about ‘the darkness of the condition, specifically the cruel death it inflicts’. Although he states that ‘VAD needs a lot of discussion’ his comments indicate a personal concern over experiencing this condition of which he is an expert.

Reference

‘If I’m totally dependent and unable to recognise my family, I would like VAD’: Professor Henry Brodaty on dementia | AusDoc

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‘It should be my choice’ on dementia

A recently published first known Australian study to explore VAD from the perspectives of 36 people living with dementia provides important insights into their experiences by exploring their VAD-related needs and preferences. They self-selected to participate in an online survey which found that most participants wanted the option to access VAD themselves, and most wanted to access VAD through advance care directives. They expressed many concerns about the potential for end-of-life suffering and loss of dignity. The authors note that the 36 respondents’ VAD preferences often aligned with their wish to maintain autonomy and have their human rights respected.

Participants were asked to consider their dementia diagnosis and to select the statement that best described their preferences for VAD access. The overwhelming majority indicated that they would choose to have the option to access VAD for themselves, and none indicated that they did not support VAD access for people living with dementia.

They also held strong views about VAD access being available through advance care directives for people living with dementia. Again, none was opposed to people living with dementia requesting VAD under advance care directives. These are just small snapshots from this highly informative freely accessible article, which will hopefully inform future policies towards inclusive and supportive access to VAD for people living with dementia.

Reference

Matthys A, Cash B and Moorhead B (2026) ‘It should be my choice’: voluntary assisted dying needs and preferences of Australians living with dementia. Ageing and Society 46, e5, 1–25. https:// doi.org/10.1017/S0144686X25100330

BEQUEST

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’.

Voices from Voluntary Assisted Dying

As noted in the previous VADSA Bulletin, *Voices from Voluntary Assisted Dying* is the site for links to a series of excellent podcasts of interviews (October 2024 - January 2026) conducted by Dr Laureen Lawlor-Smith. Dr Lawlor-Smith is a South Australian GP who has worked with approximately 160 people seeking VAD. Motivated by decades of end-of-life care, including witnessing both peaceful and traumatic deaths, she argues VAD restores dignity, control and relief, particularly where palliative care cannot address loss of independence or suffering.

In episode two of these podcasts, she interviews VADSA patron, retired neurologist and academic, Professor John Willoughby, who discusses his advocacy role towards legalisation of VAD in SA. Reflecting on terrible memories of his own late father’s experience of dementia, and other people suffering due to neurological conditions, he discusses the limitations to current VAD legislation as is often explained in this bulletin.

Episode 16 is an interview with the former SA Premier and Anglican priest, Dr Lynn Arnold AO, who explains that he had always been opposed to VAD due to fears of coercion and abuse of vulnerable people. This was until he faced what he called 'his own story.' It is related to his cousin Jacquie, who experienced 'great distress' during a protracted death from cancer which he also found extremely distressing and an 'eye-opener'. This was because as all that was left for her was suffering.

Dr Arnold explained that by the time his own mother wished to access VAD he had changed his position on VAD and understood instead that she had 'died on her own terms and nobody else's'. He gave tribute to the VAD Care Navigator Service, the doctors involved, and how everyone had not only met his mother's needs but also helped him to come to terms with her death.

Episode 17 explored how the NT led the world on VAD legislation with Dr Lawlor-Smith interviewing Marshall Perron, former Chief Minister of the Northern Territory (1988-1995) who was instrumental in devising the *Rights of the Terminally Ill* Bill (1995), which was enacted on 1st July 1996, as the first VAD law in Australia. Marshall Perron provides interesting insights into the 'wild time' he experienced after he 'dropped the bomb' - his announcement. When declaring that he would introduce a bill, he included a complete draft to provide all details of what was proposed, and all potential questions that would need to be answered. This was to pre-empt distortion and scaremongering by opponents.

The interview explores the intriguing range of strategies and machinations employed by opponents prior to their eventual success in overturning the law through passage of the *Euthanasia Laws* Act, or the 'Andrews Bill' under the Howard Government.

Dr Lawlor-Smith provides very engaging conversations with her interviewees. This is a highly recommended series of podcasts which can be accessed at the link Voluntary Assisted Dying

Her sister, Dr Carolyn Lawlor-Smith OAM, a Southern Adelaide medical practitioner for over 40 years, and a consultant for the Voluntary Assisted Dying Service, is the guest speaker for the May 2026 VADSA public meeting. She has interviewed people with different experiences and perspectives relating to VAD. She has also conducted over 300 VAD assessments since the law became operational in SA.

Victorian coroners raise concerns

The website of a legal firm referred to below (4th Dec 2025) has raised the concerns of coroners relating to the operation of VAD in Victoria. It was noted that Victorian coroners hold a longstanding interest in VAD as 'a means to assist those with irreversible deterioration in their physical health'. The report highlights ten cases, nine confirmed as death by suicide, where the person had first inquired about VAD but was found to be ineligible. The 10th person had likely died by suicide after being found ineligible.

In discussing one instance of suicide, Coroner McGregor argued that coroners are in a unique position to 'identify and investigate whether the VAD process meets the needs of the Victorian community'. He believed that he had 'a duty and responsibility to notify such instances to the bodies

The World Federation of Right to Die Societies

Founded in 1980, the WFRtDS now has 63 member organisations from 30 countries, all advocating for the right to choice and control at the end of life through legal assisted dying. The WFRtDS cohosts a biennial conference, provides an informative Newsletter and hosts a resource filled website.

The next Conference will be this year in Tokyo, hosted by the Japan Society for Dying with Dignity, November 25-28.

Our VADSA Vice President, Anne Bunning, is the Secretary of the WFRtDS

See the new, highly informative website at https://wfrtds.org

responsible for administering Victoria's voluntary assisted dying process.' Coroner McGregor therefore distributed his finding to the VAD Review Board and asked it to reflect on it as part of a developing body of evidence, and 'to consider opportunities to improve the operation of VAD in Victoria' and whether the eligibility criteria for VAD should be broadened.

See the full commentary at Review of eligibility and access criteria under the Victorian voluntary assisted dying regime

Defeat of NSW Bill to restrict VAD access

Dying with Dignity NSW (DWD NSW) reports on the defeat (23-16) of NSW Liberal MP Susan Carter's Bill to overturn provisions in VAD law which require aged care facilities to allow residents to access VAD on-site. This would have allowed religious aged care providers to prevent residents from accessing VAD in their homes. It required dying residents to be transferred out of their homes for medical assessments, and ultimately die in unfamiliar surroundings, cared for by strangers.

Transferring a vulnerable dying person could cause them serious harm, prevent or delay their access to VAD, and prolong their suffering. In regional and remote areas, transfer to another facility may simply be impossible.

This Bill was considered 'heartless and unfair' and would have undermined the right of elderly residents to access legally available medical care - a right protected under our federal aged care laws. DWD NSW stated that they were 'so relieved and very grateful to our members and supporters for flooding the inboxes of the entire Upper House with almost 5,000 messages opposing the Bill and expressing anger and disappointment that such a Bill had even been proposed'.

As DWD NSW stated:

> *Lobbying for the Bill was spearheaded by Catholic Archbishops and the Australian Christian Lobby which pulled together a joint statement of faith leaders. They appeared to believe that forcing dying residents from their homes in aged care to access a legal medical treatment is reasonable and necessary to protect the religious freedoms of others.*

It is pleasing to hear that not all religious groups supported the Carter Bill. The Uniting Church in particular criticised it, and the 70 nursing homes operated by Uniting Care in NSW will continue to support their residents' access to VAD.

For full information see Susan Carter's Bill defeated in NSW Upper House - Dying with Dignity NSW it-should-be-my-choice-voluntary-assisted-dying-needs-and-preferences-of-australians-living-with-dementia.pdf

'Voluntary assisted dying should not rely on clinical altruism'

These are the words of Dr Andrea Bendrups, president of VADANZ, the peak body for health professionals providing VAD care in Australia and New Zealand. Although VAD legislation has expanded considerably, the structural and financial support for Australian medical practitioners providing VAD services has not.

The problem of remuneration has been raised in earlier editions of the VADSA Bulletin. Dr Bendrups argues that the result is 'fragmented, inconsistent or absent funding, which undermines the sustainability of VAD services and the wellbeing of its workforce'.

In 2025, VADANZ surveyed VAD health professionals and found that without urgent reform, Australia risks losing significant numbers of skilled practitioners from the VAD workforce. This would undermine delivery of this essential care.

A key issue is the need for a dedicated Medical Benefits Schedule items for VAD care in Australia. Key recommendations based on the survey results were that fees for VAD services conducted outside hospital settings should cover all aspects of care including travel costs. There should also be funded full-time or part-time hospital roles for medical practitioners providing VAD services.

States must also issue clear guidance on available billing options to reduce inconsistency and uncertainty. Federal updates to Medical Benefits Schedule Explanatory Notes are required to remove restrictions that unfairly limit the use of items for VAD.

Many practitioners claim that they are concerned about whether they can continue providing VAD services, but the New Zealand remuneration model provides a valuable template and structured approach. It acknowledges the time and complexities involved in VAD care, and 'affords transparency, fairness, and sustainability', and Australia can learn from this model.

As Dr Bendrups argues:

> *Australia has taken the courageous step of recognising VAD as a legitimate end of life choice. It must now take the equally necessary step of ensuring that those who provide this care are properly supported. Anything less is unsustainable.*

Dr Andrea Bendrups is President of VADANZ, the peak body for health professionals providing voluntary assisted dying (VAD) care in Australia and New Zealand.

Read the full article and survey: Medical Journal of Australia Insight + Issue 3 27/1/2026 Australia Must Confront the Remuneration Gap in Voluntary Assisted Dying Care | InSight+

General practitioners' experiences of VAD in Queensland

The issue of practitioner remuneration is raised again in one of a recent series of articles on VAD by researchers from the University of Technology Queensland. One study was to determine general practitioners' perspectives on the first year of the availability of VAD in Queensland, and factors underpinning their choices on whether, or not, to participate. Twelve GPs were interviewed for the research, none of whom had an in-principle objection to VAD.

The results included four key themes: the nature of GPs' participation; different factors influencing engagement; their experience of providing VAD; and their ongoing needs. Their research highlighted how GPs are well suited to VAD provision as they have a generalist approach to care. However, they revealed ongoing logistical and structural barriers. One was the need for more appropriate support, including the need for better remuneration; a topic that has also been raised in earlier editions of the VADSA Bulletin.

They also called for further VAD education to improve their knowledge. The authors stated that in countries where VAD is already established, including the Netherlands, GPs are regularly involved in patient discussions and providing VAD. It is possible that as VAD becomes more established in Australia and the population becomes better informed about the option, GPs will be called on more often in relation to VAD and will need to be appropriately supported by education and appropriate remuneration.

Reference:

Free access: Laura Ley Greaves, Rachel Feeney, Lindy Willmott, Ben 'White General practitioners' experiences of voluntary assisted dying in Queensland', Australian Journal of General Practice, Vol. 55, No. 1–2, Jan–Feb 2026

Update on VAD in the ACT

Go Gentle Australia provides an update on the operation of VAD in the ACT. Fourteen Canberrans have accessed a compassionate and dignified death in the first three months of the law's operation since 3rd November 2025. Health Minister Rachel Stephen-Smith told the Legislative Assembly that 87 people had registered with the VAD service, 43

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Thank you

had been assessed as eligible and 14 had died after taking an approved substance.

Of the 87 people who registered for VAD services in the first three months 55% were male and 45% were female, with a median age of 74.5 years; the youngest person was 43 and the oldest person was 103. More than 40% of those seeking VAD were aged 80 or older; and the most common underlying condition was cancer, which was almost twice the rate of any other medical condition – consistent with trends in other Australian jurisdictions. Minister Rachel Stephen-Smith said the VAD Care Navigation Service had received almost 1500 contacts by phone, and recorded almost 90 enquiries for information and support to access VAD in the ACT.

> *These numbers tell us that Canberrans are receiving access to the community supports, information and guidance they need, and that the people who wish to access voluntary assisted dying are able to do so without unnecessary barriers.*

Reference

The Canberra Times First three months of ACT's voluntary assisted dying scheme | The Canberra Times | Canberra, ACT

"I am very lucky"

These are the words of Annaliese Holland, a 26 year old woman who speaks about her special relationship with the doctor who will assist her to die. This article in SA's *The Advertiser* (behind a paywall 10th March 2026) tells of how Annaliese has suffered from the terminal and rare illness auto-immune Autonomic Ganglionopathy (AAG) for 15 years and that her condition is now terminal.

AAG attacks the nervous system, gradually shuts down organs and has left her unable to eat from the age of 14. The Advertiser states 'When Annaliese Holland lives the final moments of her short life, her 'incredible doctor' Chloe Furst, will be by her side'. Annaliese is extremely grateful to Dr Furst who has agreed to provide access to VAD.

Dr Furst said that' to support Ms Holland and to be able to give her some choice and make sure that she feels heard and respected, and listened to-that's really important for me'.

A letter to the editor

On 14th January, the following letter to the editor by VADSA's President, Frances Coombe, was printed in *The Advertiser*.

It was in the context of an article reporting on the SA Voluntary Assisted Dying Review Board's Annual Report showing an increase in the number of people electing to access VAD. Her letter was entitled "VAD has found its place" and was sent in response to an earlier letter to the editor by Father Dean Marin, Vicar General of the Catholic Archdiocese of Adelaide. He stated that the Catholic church is opposed to VAD and that palliative care is the answer. Frances responded by writing:

> *Dear Editor,*
>
> *Father Dean Marin states that he is opposed to voluntary assisted dying (VAD) (The Advertiser 13th Jan), because of the Catholic Church's respect for the sanctity of life, and that palliative care is the answer. Data show that around 80% of people requesting VAD are in a palliative care service, similar to the experience with assisted dying around the world. Palliative Care Australia acknowledges that even optimal palliative care cannot relieve all suffering.*
>
> *It is a cruelty to effectively force people to suffer by imposing sanctity. Everyone has a right to determine sanctity for their own life.*
>
> *Frances Coombe, President Voluntary Assisted Dying South Australia (VADSA)*

VADSA Fact Sheets

A key resource on VADSA's website is the broad range of Fact Sheets which have been compiled over many years. For example, *Factsheets 49 and 50* summarise the SA quarterly and annual data on VAD, as published by the SA VAD Review Board. These Factsheets are updated by VADSA Vice President Anne Bunning after the publication of each new report.

Factsheet 45 compares the key similarities and differences between the state and territory VAD legislation across Australia.

See https://www.vadsa.org.au/factsheets

Gerry Versteeg

Frances Coombe writes on behalf of the VADSA executive about the contribution made to [then] SAVES by the late Gerry Versteeg.

Gerry Versteeg, who served on the SAVES Committee from 1988-2002, died earlier this year at age 93.

Gerry worked with dedication and devotion to the cause of attaining our right to choose voluntary assisted dying. Being originally from the Netherlands, he closely followed their law, in action since 2001.

He provided invaluable assistance in translating publications from the Netherlands which could then be included in our early Bulletins.

Gerry's work was highly valued and included:

- dispatching the Bulletin, folding the issues by hand in the early days,
- arranging printing and maintaining other publications,
- managing the venue for our public meetings
- constructing our first double-sided folding mobile timber display with eight panels. This had its debut in Old Parliament House and was subsequently hosted by libraries and shopping centres around Adelaide and farther afield in Victor Harbor for many years,
- assisting organising and staffing the poster display and information stalls,
- managing the membership for an interim term.

What hasn't been said is that Gerry was a wise, kind and generous man who will be missed as our friend.

Voluntary Assisted Dying Partnerships

Every state in Australia and the ACT have legalised Voluntary Assisted Dying (VAD). People everywhere in Australia - except the NT - now have the choice of VAD at the end of life, providing they meet the criteria.

VADSA partners with many organisations and individuals in Australia and overseas which work to improve access to voluntary assisted dying. These organisations include

• Dying with Dignity NSW	https://www.dwdnsw.org.au
• Dying with Dignity Victoria	https://www.dwdv.org.au
• Dying with Dignity Tasmania	https://www.dwdtas.org.au
• Dying with Dignity Western Australia	https://www.dwdwa.org.au
• Dying with Dignity Queensland	https://www.dwdq.org.au
• Northern Territory Voluntary Euthanasia Society	https://ntves.org.au
• Dying with Dignity ACT	https://www.dwdact.org.au
• Go Gentle Australia	https://www.gogentleaustralia.org.au
• End of Life Choice Society of New Zealand	https://eolc.nz

In addition, VADSA works with groups such as Doctors for Assisted Dying Choice, South Australian Nurses Supporting Choices in Dying and Christians Supporting Choice for Voluntary Assisted Dying.

VADSA is a member of the global VAD umbrella organisation, The World Federation of Right to Die Societies. Our VADSA Vice President, Anne Bunning, represents this region on the Board.

VADSA Position Statement: Religious Opposition and Voluntary Assisted Dying

Voluntary Assisted Dying South Australia (VADSA) recognises and respects the diversity of moral, cultural and religious beliefs held by people in our community. We acknowledge that some people in some religious traditions oppose voluntary assisted dying (VAD) on theological or moral grounds while others in the same religious tradition support VAD on theological or moral grounds. The right to hold and practise those beliefs is fundamental. In a pluralistic and secular society, the religious beliefs of some people must not be used to deny others access to lawful healthcare choices at the end of life.

All laws are determined by parliaments and voted into law by members of parliament (MPs). VAD is considered “a conscience issue” and MPs are not bound by a political party position when they vote. Before voting, each MP is asked to consider the evidence, consult their community, and then decide how they will vote. Religious institutions are free to lobby MPs for particular outcomes on any matter before the parliament, as are any other individuals or organisations. No religious institution or their representatives determine which laws are passed – or not passed - by a parliament. It is the MPs themselves who decide how they will vote, after considering the evidence and consulting their community.

Voluntary assisted dying is a compassionate, carefully regulated choice for a small group of people who are dying, have capacity to make the decision, and are experiencing intolerable suffering that cannot be adequately relieved. It is entirely voluntary and initiated by the person. There are many safeguards incorporated into the legislation to ensure that the VAD request and assessment process is voluntary and that no health practitioner is required to participate against their conscience. The South Australian VAD framework explicitly protects freedom of belief and conscientious objection.

Religious opposition often rests on the belief that life is sacred and that only a higher power may determine the timing of death. While this belief is sincerely held by many, it is not shared by all South Australians. In a democratic society, laws governing healthcare must be based on shared civic principles such as autonomy, dignity, compassion, and the prevention of harm—not on any single religious doctrine. To prohibit VAD on religious grounds would impose one moral worldview on people who do not hold that same worldview, limiting their ability to make deeply personal decisions about their own bodies and suffering.

For many people at the end of life, continued existence can involve profound loss of dignity, autonomy, and quality of life. While palliative care is essential and should always be strengthened, it does not relieve all suffering for all patients. Voluntary assisted dying complements palliative care by offering an option of last resort when suffering becomes unbearable. Good quality end of life care provides both palliative care and the choice of VAD.

Concerns that VAD devalues life, particularly the lives of older people, people with disability, or those who are vulnerable, are not supported by evidence. VAD laws in South Australia include rigorous safeguards, multiple assessments, and strict eligibility criteria focused on the individual’s experience of suffering—not their age, disability, or perceived lifestyle. Respecting choice affirms the value of life by recognising each person’s right to determine what dignity and compassion mean for them.

VADSA supports a society where people are free to live—and die—according to their own values, beliefs, and conscience. Respect for religious belief must coexist with respect for individual autonomy. Voluntary assisted dying achieves this balance by allowing choice without coercion, and compassion without imposition.

For these reasons, VADSA supports the lawful availability of voluntary assisted dying in South Australia, alongside strong safeguards, high quality palliative care, and full respect for freedom of belief and conscience.

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**

PLEASE LODGE THIS FORM, along with EFT payment advice either via email to info@vadsa.org.au **or via Australia Post**

How did you hear about us? ____

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

Do you wish to receive the Bulletin by post or email?--

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

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