VADSA Position Statement: Mandatory Voluntary Assisted Dying Training a Barrier to Clinician (Doctor or Nurse) Participation

Purpose
This position statement argues that mandatory Voluntary Assisted Dying (VAD) training requirements create an unnecessary barrier to clinician participation, thereby limiting patient access to lawful end of life care. While ensuring safe and ethical practice is essential, current training frameworks may be disproportionate to the competencies already held by qualified medical and nurse practitioners.

Background
Voluntary Assisted Dying is understood to be the most highly regulated area of medicine. VAD provides eligible patients with autonomy and choice at the end of life. Doctors and nurses are central to its delivery, responsible for eligibility assessments, procedural compliance, and patient care.

All jurisdictions in Australia require clinicians to complete specific VAD training before participating. These programs often involve multiple modules, assessments, and administrative steps that can be time consuming and duplicate existing medical knowledge.

Position
Mandatory VAD training, in its current form, acts as a significant barrier to clinician participation. This reduces the pool of available providers and, consequently, patient access to VAD services.

Key Arguments

1. **Redundancy with Existing Medical Competencies**
   Doctors are already trained in core areas essential to VAD practice, including:
   - Assessing decision making capacity
   - Obtaining informed consent
   - Managing end of life care
   - Applying ethical and legal frameworks

   Additional mandatory training often reiterates these competencies without adding meaningful new skills.
2. **Disproportionate Administrative Burden**
   The time required to complete VAD training can be substantial, particularly for busy clinicians. This burden discourages otherwise willing doctors from participating, especially in rural or under resourced settings where time constraints are acute.
3. **Impact on Patient Access**
   Limiting the number of trained providers directly affects patient access to lawful VAD services. For example, in South Australia, there are 83 trained VAD medical practitioners, out of over 8000 registered medical practitioners. Patients may face delays, travel burdens, or inability to access care altogether, undermining the intent of VAD legislation.
4. **Inconsistency with Other Medical Practices**
   Many complex and high risk medical procedures do not require separate, mandated certification beyond standard medical training and professional regulation. VAD training requirements are therefore inconsistent with broader medical practice norms.

5. **Autonomy of Medical Professionals**
   Overly prescriptive training requirements may undermine professional autonomy. Clinicians should be trusted to self assess their competence and seek targeted education where needed, rather than being subject to blanket mandates.

Recommendations

- Replace mandatory comprehensive training with **optional, modular education**, allowing clinicians to engage with content relevant to their needs.
- Provide **just-in-time resources and decision support tools** rather than pre-emptive training.
- Ensure regulatory oversight focuses on **outcomes and compliance**, not process-heavy prerequisites.
- Encourage **mentorship or peer support models** as an alternative to formal training barriers.

Conclusion

While safeguards in VAD practice are essential, current mandatory training requirements are excessive relative to their benefit. They act as a deterrent to clinician participation and ultimately restrict patient access to care. A more flexible, proportionate approach to education and competency assurance would better serve both clinicians and people seeking choice in their end of life care.