



Voluntary Assisted Dying

Position Statement

September 2021

OPAN Position on Voluntary Assisted Dying

Key Messages

- Dying is a normal part of life
- All people in Australia should have, regardless of where they are living:
 - access to high quality specialist care, including holistic palliative care
 - the same choices available to them at the end of their lives
- People have a right to make decisions about their medical care and end-of-life, including voluntary assisted dying
- A person, at end-of-life, must not be coerced into accessing voluntary assisted dying.
- Healthcare professionals can choose not to participate in certain stages of the process, but must provide information and referral about how to access someone for that process
- All laws around voluntary assisted dying must have clear protections and safeguards in place to ensure that people are able to give informed consent, and are free from coercion and pressure

What is Voluntary Assisted Dying?

Voluntary Assisted Dying (VAD) is the administration of life-ending medication to prevent unnecessary suffering for a person at the end of their life, in line with the strict eligibility criteria, and processes set out in the relevant laws.

VAD must be voluntary and sought by the person themselves. Medications can be self-administered, or they can be administered by a suitably trained medical practitioner. Only those people who are already dying from an incurable, advanced and progressive disease, illness, or medical condition are able to access voluntary assisted dying. Advanced age, mental illness or disability alone do not make a person eligible.

VAD enables eligible adults who are in the end stages of a terminal illness and suffering intolerably, to end their suffering at a time and place of their choosing and with their loved ones, if they wish.

More than 20 years of data, from overseas jurisdictions and from Victoria where a VAD law has been in place since June 2019 predominantly demonstrate that assisted dying laws operate safely and effectively. OPAN acknowledges that there have been issues in some jurisdictions around medication dosage and inappropriate referrals, however Australian laws have much tighter controls on access to VAD and administration of medications.

What happens without VAD?

According to statistics from the state coroners, around one in ten suicides in any year are carried out by people with terminal or debilitating chronic illness.

Alternatively, it is legal for people to refuse medical treatment, food, and water so that dehydration and starvation will lead to a quicker death. However, it can take days, sometimes weeks, for this to occur.

Do people support VAD?

In a 2019 ABC Vote Compass Poll, 90 per cent of Australians, across all political persuasions, supported assisted dying for terminally ill people.¹ However, OPAN acknowledges that support can vary from as low as 70% up to 90% based on the question asked and the audience targeted.

How have people been engaged in VAD laws?

Victoria, Western Australia and Queensland all held extensive inquiries and consultations while considering their VAD laws:

- **Queensland:** in 2019/20, received more than 5,000 submissions and heard from hundreds of people via public consultations.
- **Western Australia:** Running for more than 12 months, the 2018 Joint Select Committee Inquiry into End-of-Life Choices received more than 700 submissions and held 81 public hearings.
- **Victoria:** Held over 10 months in 2016. This parliamentary inquiry committee considered 1074 submissions and heard from 154 witnesses.

The Role of Palliative Care

OPAN acknowledges that there is unmet need for palliative care and more investment is needed to provide everyone with access to palliative care.

OPAN agrees that every person living with a life-limiting illness should always have equitable access to quality needs-based palliative care at any point in their illness journey, with timely referral to specialist palliative care if required.²

Palliative Care has a key place in supporting people at end of life. However, even the best palliative care services cannot always alleviate all the suffering experienced by a person.

Protection Against Abuse and Coercion

There are very strict, tight eligibility criteria across all Australian VAD laws that have passed and all laws proposed aim to protect against abuse and coercion.

Criteria are used to consider a person's eligibility to access voluntary assisted dying. These criteria differ slightly across jurisdictions and generally set out conditions for access including life expectancy, residency, and demonstrating that a decision to access VAD is made voluntarily.

They include:

- that a person must have a terminal illness and be expected to die within 6 months – 12 months (this depends on the law in each jurisdiction) (or in Queensland, within 12 months);

¹ Hanrahan, C, (2019), Euthanasia support strengthens to nearly 90pc, Vote Compass data shows, <https://www.abc.net.au/news/2019-05-08/vote-compass-social-issues-euthanasia-transgender-republic-drugs/11087008>

² Palliative Care Australia, Palliative Care and Voluntary assisted Dying, Position Statement, 2019, accessed 15 June 21, https://palliativecare.org.au/wp-content/uploads/dlm_uploads/2019/09/2019-VAD-position-statement-Final.pdf

- in some jurisdictions, a motor neuron disease with death expected to occur within 12 months;
- the condition is causing suffering to the person that cannot be relieved in a manner that the person considers tolerable;
- the person is acting voluntary and without coercion;
- the person is aged 18 years or over; and
- the person must have decision-making capacity in relation to VAD and that capacity will be assessed.

There is also a clause in Australian laws which state (*See following example from WA - Part 2 s.16 (2), line 24*), "A person is not eligible for access to voluntary assisted dying only because the person has a disability or is diagnosed with a mental illness".

This clause is about protection not exclusion. People with a disability or mental illness can access voluntary assisted dying provided they can meet the eligibility criteria relevant to their jurisdiction, such as having decision-making capacity relating to VAD, a terminal illness or MND and be expected to die within the time frames set by the law in their jurisdiction. What the clause means is that disability and mental illness alone do not make a person eligible to access VAD.

It's estimated that only between 0.4% - 2.0% of all deaths will be through access to VAD.