

Queensland Voluntary Assisted Dying

What GPs need to know

Darling Downs GP Symposium
July 26th 2025



I would like to show
my respect by
acknowledging the
traditional owners of
the land on which we
meet and pay my
respects to elders
past, present and
emerging
I would like to extend
that respect to all
Aboriginal and Torres
Strait Islander
people in attendance
today

End of life, especially an expected end of life, is complex involving social, psychological, cultural, existential, spiritual and medical and other treatments issues

People hold deeply personal views about end of life for reasons that are important to them

End-of-life care can also be complex – optimally it is proactive, interdisciplinary and always patient-centred. Carers and clinicians also hold deeply personal views about end of life

VAD is now part of proactive, patient-centred end-of-life care.



END OF LIFE CARE AND VAD

What is Voluntary Assisted Dying?

An additional end-of-life choice that gives eligible people who are suffering and dying the option of asking for medical assistance to end their lives.

An **eligible condition**:

- is advanced, progressive and will cause death, and
- is expected to cause death within 12 months, and
- is causing suffering that the person considers to be intolerable

Have **decision-making capacity**

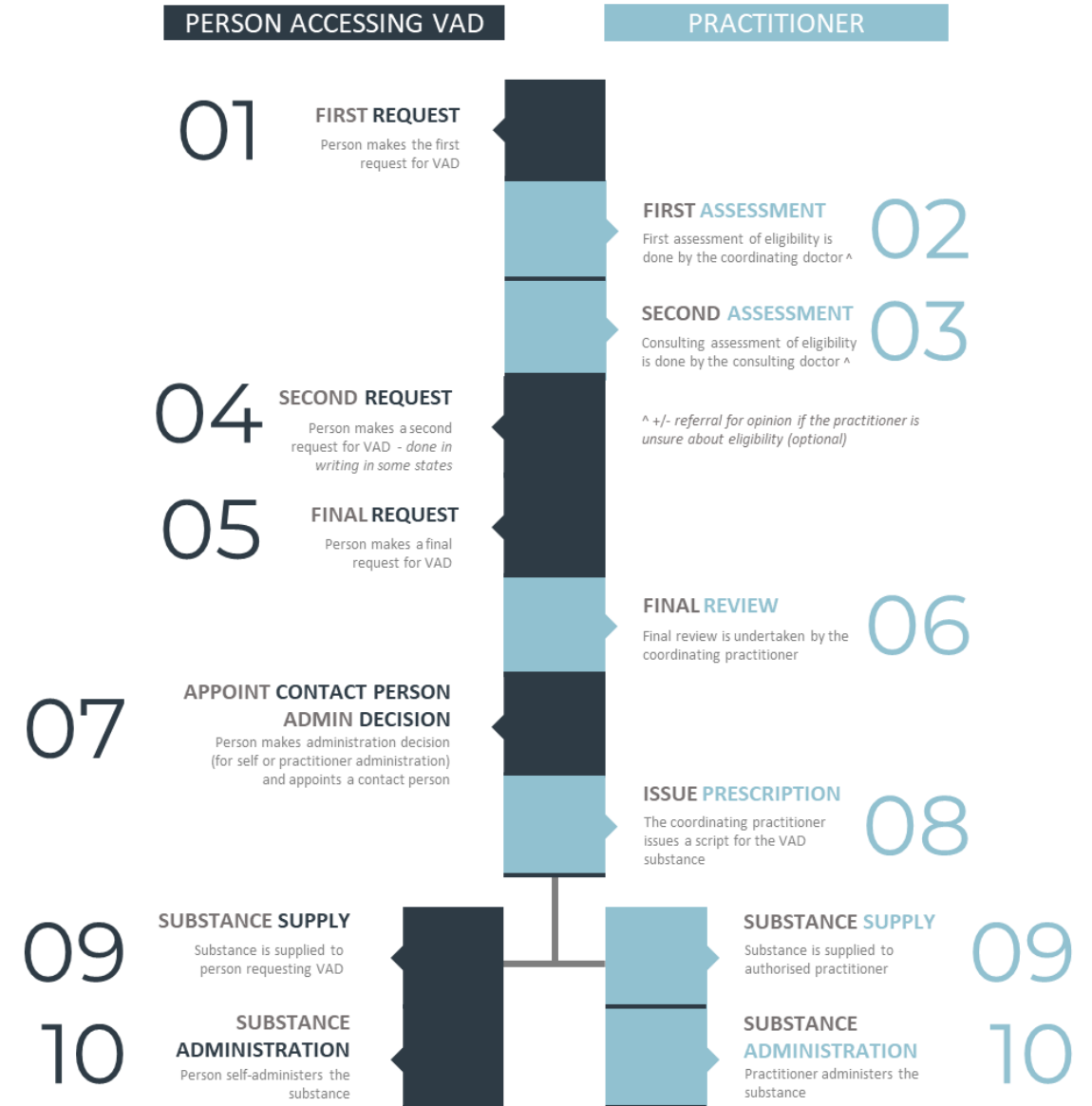
Be **acting voluntarily** and without coercion

Be at least **18 years** of age

Fulfil **residency and citizenship requirements**

VAD PROCESS

- depends on State legislation
- self or practitioner administration
- three separate requests
- can be halted or terminated at any time
- underscores autonomy / patient choice



Why should I learn about Voluntary assisted dying as a GP?



Voluntary Assisted Dying (VAD) has high public acceptance



Over time you are likely to come across someone wanting VAD, an understanding of the process will assist you to provide high quality support to these patients and their loved ones.



The VAD Act 2021 requires all doctors to provide a minimum standard of care (including conscientious objectors)



General Practitioners are a trusted and accessible health information provider

Any doctor can bring up VAD with a patient **for the first time** if at the same time, they inform the person about available:

- treatment options and likely outcomes
- palliative care treatment and support options and likely outcomes of this care.

Once this initial discussion has occurred the doctor can then bring up VAD with the person at any appropriate time without informing the person of those details again.

INITIATING DISCUSSIONS

If a person **raises** voluntary assisted dying, all medical practitioners can provide information and answer questions if they feel comfortable and informed to do so.

A doctor who is a conscientious objector to VAD has requirements under the legislation to provide a minimum response to a person who raises the issue of VAD with them



IDENTIFYING THE RIGHT TIME TO TALK ABOUT VAD

For many of your patients you will have an existing relationship and understanding of the person's health issues, social circumstances and end of life preferences that will inform you about when the right time to mention VAD is.

If not then ask yourself - would I be surprised if this person were to die in the next 12 months? If the answer is yes then it might be appropriate to mention VAD in the context of discussing the person's overall care.



HOW TO TALK ABOUT VAD

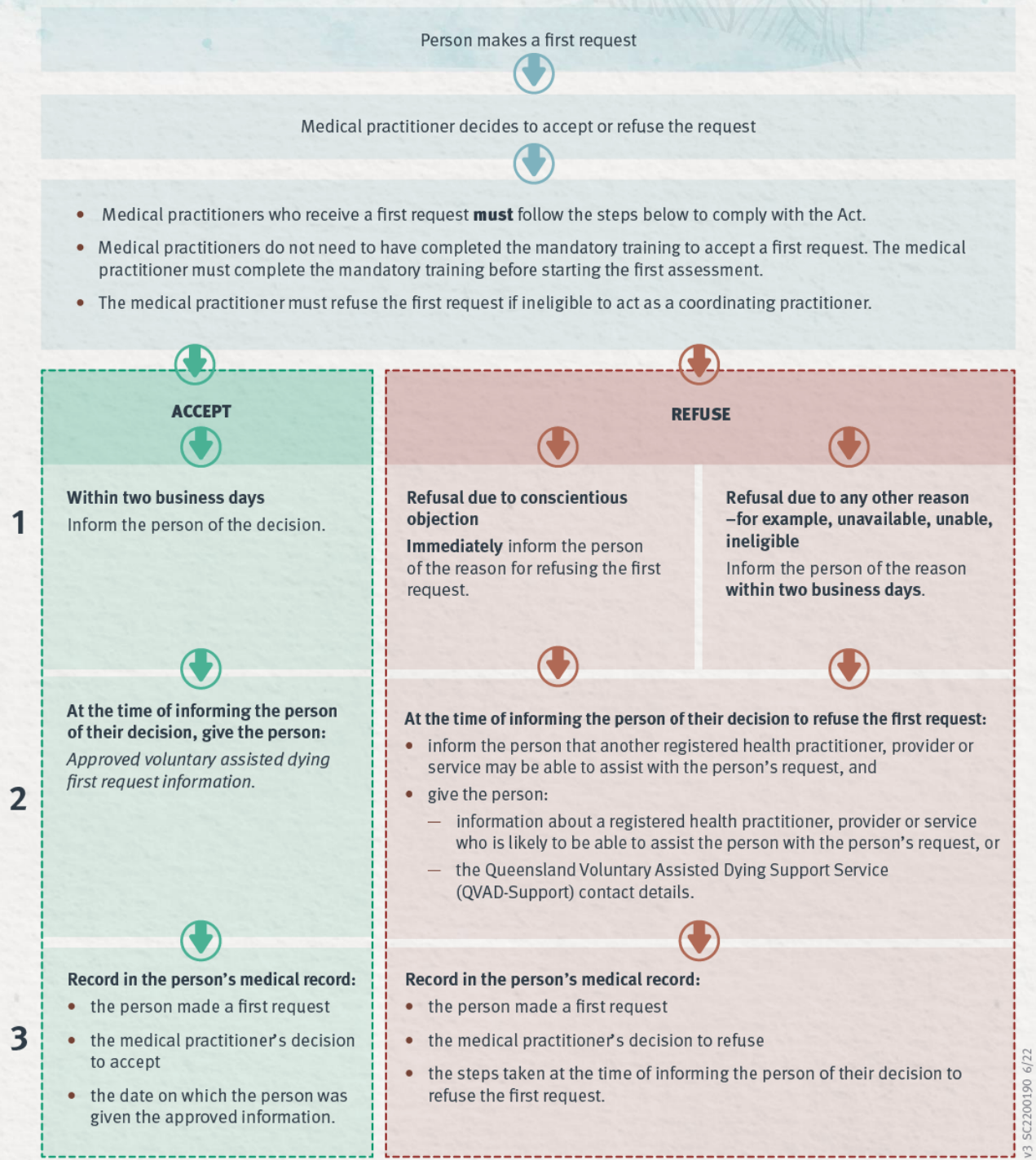
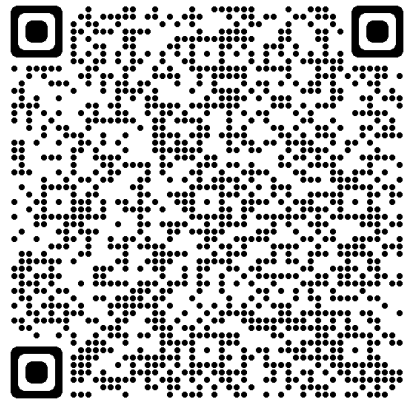
The simplest way is to make a neutral statement such as:

‘For completeness I can talk to you about Voluntary Assisted Dying if you would like’

This allows the person to be aware that you have information on VAD and that you are willing to speak with them about it.

The person is then able to either take your lead or disregard it without feeling that you have made a judgement about the value of their life.

Responding to first requests: Process for medical practitioners



Registered health practitioner obligations

All registered health practitioners who refuse to participate in any part of the process due to conscientious objection must:

- **inform the person** that other healthcare workers, health service providers or services may be able to assist the person
- **provide information** about where the person can get further information or support, such as a colleague or the details of **QVAD-Support**
- **respect** their patient's autonomy, beliefs, values, and the choices they make about end-of-life care, including voluntary assisted dying and treatment decisions
- **continue to support** a person and be involved in their care.

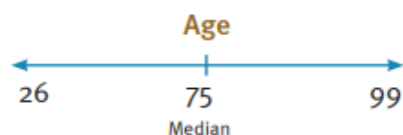
A person's access to care and treatment must not change or be compromised due to their decision to ask questions about or access voluntary assisted dying

Voluntary assisted dying in Queensland

1 January to 31 March 2025 – Quarterly Report

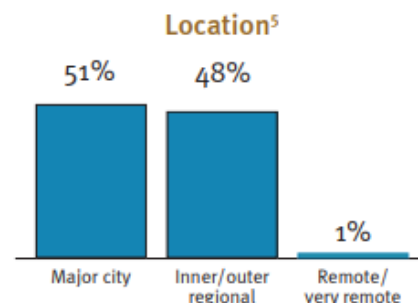


Demographics of people who received a first assessment for voluntary assisted dying (N=510)



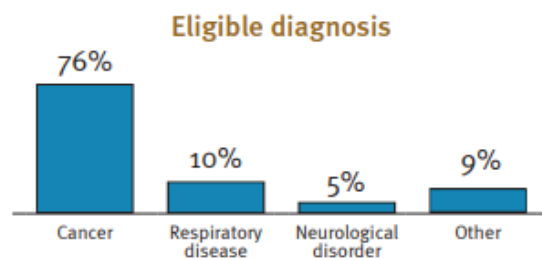
Gender
55% male, 45% female

Palliative care access⁶
75%



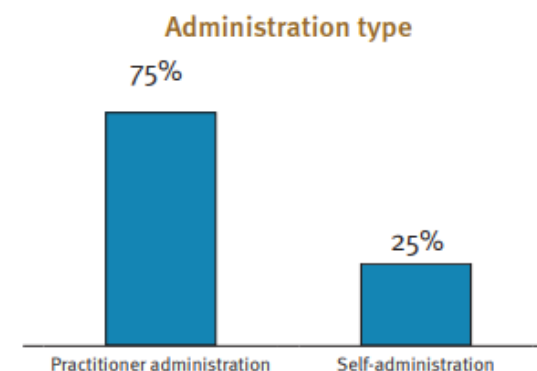
Assessed as ineligible⁷
28

People assessed as eligible for voluntary assisted dying (N=446)



Withdrew from process⁸
1

Death from administration of a voluntary assisted dying substance (N=273)



Authorised practitioners


Authorised practitioners⁹
447

Medical practitioners: 217
Nurse practitioners: 24
Registered nurses: 206

VAD TRAINING AND EDUCATION

Becoming an Authorised Practitioner

www.health.qld.gov.au/clinical-practice/guidelines-procedures/voluntary-assisted-dying/authorised-practitioners/becoming-vad-practitioner



GP module – Voluntary Assisted Dying in Queensland What GP's need to know

www.rise.articulate.com/share/TkhUebnM0qiMwiCLCAKNaRI8KLkc2jfn#/



Healthcare worker module

www.ilearn.health.qld.gov.au/shared/Qvad/story.html



TO BECOME AN AUTHORISED PRACTITIONER

- Step 1: submit an application form via QVAD Review Board IMS
- Step 2: all complete applications are reviewed by the Queensland VAD Practitioner Eligibility Panel
 - Step 3: once verified, the practitioner is given access to the mandatory training online modules – these take approximately 8 hours to complete. There is a MCQ exam at the end.
- Step 4: after successful completion of the mandatory training, the VAD Program Unit undertakes a final review of the authorisation processes, and the doctor will receive confirmation of the authorisation from the QH Chief Medical Officer



HOW TO REFER TO VAD

DDHHS VAD Service:

Operates Monday – Friday 07:00 -15:30 excluding PH

DDHHS-VAD@health.qld.gov.au

VAD CNC: 0499 797 056

Health Pathways, Medical, objects, phone, email, self-referral form patients

OR call or email QVAD support between 8.30am and 4pm

A person can also self refer through QVAD support

QVADsupport@health.qld.gov.au

1800 431 371

Want to know more?

DDHHS VAD Service
DDHHS-VAD@health.qld.gov.au
Ph: 0799 797 056

QVAD Support and Pharmacy and Service
Qvadsupport@health.qld.gov.au
Ph: 1800 431 371

Visit the Queensland Health website
www.health.qld.gov.au/clinical-practice/guidelines-procedures/voluntary-assisted-dying

