



Australian Capital Territory

Voluntary Assisted Dying Act 2024

A2024-24

Republication No 2

Effective: 7 November 2025

Republication date: 7 November 2025

Last amendment made by [A2025-29](#)

About this republication

The republished law

This is a republication of the *Voluntary Assisted Dying Act 2024* (including any amendment made under the *Legislation Act 2001*, part 11.3 (Editorial changes)) as in force on 7 November 2025. It also includes any commencement, amendment, repeal or expiry affecting this republished law to 7 November 2025.

The legislation history and amendment history of the republished law are set out in endnotes 3 and 4.

Kinds of republications

The Parliamentary Counsel's Office prepares 2 kinds of republications of ACT laws (see the ACT legislation register at www.legislation.act.gov.au):

- authorised republications to which the *Legislation Act 2001* applies
- unauthorised republications.

The status of this republication appears on the bottom of each page.

Editorial changes

The *Legislation Act 2001*, part 11.3 authorises the Parliamentary Counsel to make editorial amendments and other changes of a formal nature when preparing a law for republication. Editorial changes do not change the effect of the law, but have effect as if they had been made by an Act commencing on the republication date (see *Legislation Act 2001*, s 115 and s 117). The changes are made if the Parliamentary Counsel considers they are desirable to bring the law into line, or more closely into line, with current legislative drafting practice.

This republication does not include amendments made under part 11.3 (see endnote 1).

Uncommenced provisions and amendments

If a provision of the republished law has not commenced, the symbol **U** appears immediately before the provision heading. Any uncommenced amendments that affect this republished law are accessible on the ACT legislation register (www.legislation.act.gov.au). For more information, see the home page for this law on the register.

Modifications

If a provision of the republished law is affected by a current modification, the symbol **M** appears immediately before the provision heading. The text of the modifying provision appears in the endnotes. For the legal status of modifications, see the *Legislation Act 2001*, section 95.

Penalties

At the republication date, the value of a penalty unit for an offence against this law is \$160 for an individual and \$810 for a corporation (see *Legislation Act 2001*, s 133).



Voluntary Assisted Dying Act 2024

Contents

	Page
Part 1 Preliminary	
1 Name of Act	2
3 Dictionary	2
4 Notes	2
5 Offences against Act—application of Criminal Code etc	2
Part 2 Objects, principles and important concepts	
6 Objects of Act	3
7 Principles of Act	4
8 Voluntary assisted dying not suicide	4
9 No obligation to continue with request to access voluntary assisted dying	5
10 When individual may access voluntary assisted dying	5
11 Meaning of <i>eligibility requirements</i>	6
12 Meaning of <i>decision-making capacity</i>	8
R2	Voluntary Assisted Dying Act 2024
07/11/25	Effective: 07/11/25
	contents 1

	Page
Part 3	
Request and assessment process for access to voluntary assisted dying	
Division 3.1	
First request, coordinating practitioner and first assessment	
13 Making first request	10
14 Health practitioner must accept or refuse to accept first request	10
15 Recording first request in individual's health record	11
16 Coordinating practitioner to undertake first assessment	12
17 Referral for advice about eligibility requirements	13
18 Notifying individual and board about outcome of first assessment	14
19 Referral for consulting assessment	14
Division 3.2	
Consulting referral, consulting practitioner and consulting assessment	
20 Health practitioner must accept or refuse to accept consulting assessment referral	15
21 Recording referral in individual's health record	16
22 Notifying board about decision to accept or refuse to accept referral	16
23 Consulting practitioner to undertake consulting assessment	16
24 Referral for advice about eligibility requirements	18
25 Notifying individual, coordinating practitioner and board about outcome of consulting assessment	18
26 Referral for further consulting assessment	19
Division 3.3	
Second request	
27 Making second request	19
28 Certification of witness	22
29 Recording second request in individual's health record	22
30 Notifying board about second request	23
Division 3.4	
Final request and final assessment	
31 Meaning of <i>final assessment requirements</i>	23
32 Making final request	23
33 Recording final request in individual's health record	24
34 Notifying board about final request	24
35 Coordinating practitioner to undertake final assessment	24
36 Notifying individual and board about outcome of final assessment	24

	Page
Division 3.5 Transfer of coordinating practitioner functions	
37 Transfer request made by coordinating practitioner	25
38 Transfer request made by individual	27
39 Decisions of previous coordinating practitioner remain valid despite transfer of coordinating practitioner functions	28
Division 3.6 Miscellaneous	
40 Offence—inducing making or revocation of request for access to voluntary assisted dying	29
 Part 4 Accessing voluntary assisted dying and death	
Division 4.1 Administration decision	
41 Application—div 4.1	30
42 Making administration decision	30
43 Changing administration decision	31
44 Administering practitioner	32
45 Revocation of administration decision	34
46 Transfer of administering practitioner functions—transfer request made by administering practitioner	35
47 Transfer of administering practitioner functions—transfer request made by individual	37
48 Coordinating practitioner functions do not transfer on transfer of administering practitioner functions	39
49 Offence—inducing making or revocation of administration decision	39
Division 4.2 Contact person	
50 Application—div 4.2	40
51 Appointment of contact person	40
52 Coordinating practitioner must give information to contact person	41
53 Ending contact person appointment	41
54 Effect of change or revocation of administration decision on contact person appointment	42
Division 4.3 Dealing with approved substances	
55 Definitions—div 4.3	43
56 Approved substances	43
57 Approved suppliers and disposers	44

Contents

	Page
58 Prescribing approved substances—first prescription	44
59 Prescribing approved substances—subsequent prescription	45
60 Possessing, preparing and supplying approved substances—approved suppliers and couriers	46
61 Receiving, possessing, preparing and administering approved substances—individuals and other people	49
62 Giving approved substances to administering practitioner after change of administration decision—individuals	51
63 Receiving and possessing approved substances—administering practitioner	51
64 Receiving and possessing approved substances after change of administration decision—administering practitioner	52
65 Giving, receiving and possessing approved substances—transfer of administering practitioner functions	52
66 Administering approved substances—administering practitioner	53
67 Giving, receiving and possessing approved substances—change in contact person	55
68 Giving approved substances to approved disposer if administration decision revoked—individual or contact person	56
69 Giving approved substances to approved disposer if individual dies or contact person appointment ends—contact person	56
70 Giving approved substances to approved disposer—administering practitioner	57
71 Giving approved substances to approved disposer—transfer of administering practitioner functions	58
72 Giving expired approved substances to approved disposer	59
73 Disposal of approved substances by approved disposer	59
74 Storage of approved substances	60
75 Offence—unauthorised administration of approved substance	61
76 Offence—inducing self-administration of approved substance	61
Division 4.4 Notifications about death	
77 Application—div 4.4	62
78 Contact person to tell coordinating practitioner about death	62
79 Coordinating practitioner to notify board and director-general about death	62
80 Administering practitioner to notify board, coordinating practitioner and director-general about death	63

		Contents
		Page
81	Administration certificate	63
82	Notice of death if individual dies following administration of an approved substance	65
83	Health practitioner to notify board about death	65
84	Board may request information from coordinating practitioner or contact person	66
Division 4.5	Miscellaneous	
85	Director-general must keep register about supply and disposal of approved substances	67
Part 5	Requirements for coordinating practitioners, consulting practitioners and administering practitioners	
Division 5.1	General	
86	Definitions—pt 5	69
Division 5.2	Authorised practitioners	
87	Meaning of <i>authorised practitioner</i> —div 5.2	69
88	Application for authorisation	70
89	Eligibility for authorisation	70
90	Director-general may require more information	71
91	Change of information must be provided	71
92	Deciding applications	71
93	Authorisation conditions	71
94	Notifying director-general about change in eligibility for authorisation	72
95	Revocation of authorisation	73
96	Register of authorised practitioners	73
Division 5.3	Requirements for coordinating practitioners, consulting practitioners and administering practitioners	
97	Requirements for acting as coordinating practitioner, consulting practitioner or administering practitioner	73
98	Acting as coordinating practitioner, consulting practitioner or administering practitioner when requirements to act not met	75

	Page
Part 6	
Conscientious objections—health practitioners and health service providers	
99 Conscientious objection by health practitioner or health service provider	76
100 Giving individual contact details for approved care navigator service	77
Part 7	
Obligations of facility operators	
Division 7.1	
General	
101 Definitions—pt 7	78
Division 7.2	
Information and access obligations	
102 Application—div 7.2	79
103 Definitions—div 7.2	80
104 Obligation to allow relevant person to have reasonable access to individual who wants information about or access to voluntary assisted dying	80
105 Obligation to consider and facilitate transfer of individual who wants to access voluntary assisted dying	81
106 Obligation to make access to relevant person reasonably practicable	83
Division 7.3	
Other obligations	
107 Obligations if individual wants information about voluntary assisted dying	84
108 Facility operator must have policy	85
109 Facility operator must not withdraw or refuse to provide care service	86
Part 8	
Voluntary assisted dying oversight board	
Division 8.1	
Establishment of board	
110 Establishment of board	87
Division 8.2	
Membership of board	
111 Members of board	87
112 Appointment of members	87
113 Appointment of chair	89
114 Appointment of deputy chair	89
115 Ending member appointments	89
116 Honesty, care and diligence of board members	90
117 Conflicts of interest by board members	90

118	Disclosure of interests by board members	Page 90
Division 8.3 Functions of board and members		
119	Functions of board	91
120	Functions of chair and deputy chair	92
121	Ministerial directions	93
122	Decisions of board	93
Division 8.4 Miscellaneous		
123	Board may request information from registrar-general	93
124	Delegation by board	94
125	Director-general to give support to board	94
126	Arrangements for board staff and facilities	94
127	Annual reporting of board	94
Part 9 Protection from liability		
128	Meaning of <i>conduct</i> —pt 9	95
129	Board members and people assisting board	95
130	People engaging in conduct under Act	95
131	Health practitioners and ambulance service members	96
132	Engaging in conduct under Act not breach of professional standards etc	96
133	Provisions of part do not affect complaints or referrals	97
Part 10 Review of coordinating practitioner, consulting practitioner and administering practitioner decisions		
Division 10.1 General		
134	Definitions—pt 10	98
Division 10.2 Reviewable decision notices and applications for review of reviewable decisions		
135	Reviewable decision notices	99
136	Making application for review of reviewable decision	99
137	Parties to application for review	100
138	Application for review suspends process for accessing voluntary assisted dying	100
139	Registrar must give notice of application for review	101

Contents

140	Application for review taken to be withdrawn if individual dies	Page 101
Division 10.3	Procedural matters	
141	Coordinating practitioner and consulting practitioner must give documents to ACAT	102
142	Hearings must take place in private	102
143	Non-publication orders	103
144	Members constituting ACAT	103
Division 10.4	Decisions of ACAT	
145	Orders following review of reviewable decision	103
146	Effect of ACAT decision that individual meets relevant requirement	104
147	Effect of ACAT decision that individual does not meet relevant requirement	105
148	Registrar must give decision to consulting practitioner if consulting practitioner not party	106
149	Coordinating practitioner must give copy of ACAT decision to board	106
Part 11	Review of other decisions	
150	Definitions—pt 11	108
151	Reviewable decision notices	108
152	Applications for review	108
Part 12	Miscellaneous	
153	Exercise of enforcement powers under Medicines, Poisons and Therapeutic Goods Act 2008	109
154	Residency exemptions	109
155	Requirements for health professionals when raising voluntary assisted dying as an end of life choice	110
156	Interpreters	111
157	Technical error does not invalidate processes	112
158	Approved care navigator service	113
159	Director-general may make guidelines	113
160	Use or divulge protected information	114
161	Regulation-making power	115
162	Review of Act	116

		Contents
		Page
Schedule 1	Reviewable decisions—coordinating practitioner, consulting practitioner and administering practitioner decisions	117
Schedule 2	Reviewable decisions—other decisions	120
Dictionary		121
Endnotes		
1	About the endnotes	126
2	Abbreviation key	126
3	Legislation history	127
4	Amendment history	128
5	Earlier republications	129



Australian Capital Territory

Voluntary Assisted Dying Act 2024

An Act to regulate access to voluntary assisted dying, and for other purposes

Part 1 Preliminary

1 Name of Act

This Act is the *Voluntary Assisted Dying Act 2024*.

3 Dictionary

The dictionary at the end of this Act is part of this Act.

Note 1 The dictionary at the end of this Act defines certain terms used in this Act, and includes references (*signpost definitions*) to other terms defined elsewhere in this Act.

For example, the signpost definition ‘*health record*—see the [Health Records \(Privacy and Access\) Act 1997](#), dictionary.’ means that the term ‘health record’ is defined in that dictionary and the definition applies to this Act.

Note 2 A definition in the dictionary (including a signpost definition) applies to the entire Act unless the definition, or another provision of the Act, provides otherwise or the contrary intention otherwise appears (see [Legislation Act](#), s 155 and s 156 (1)).

4 Notes

A note included in this Act is explanatory and is not part of this Act.

5 Offences against Act—application of Criminal Code etc

Other legislation applies in relation to offences against this Act.

Note 1 *Criminal Code*

The [Criminal Code](#), ch 2 applies to all offences against this Act (see Code, pt 2.1).

The chapter sets out the general principles of criminal responsibility (including burdens of proof and general defences), and defines terms used for offences to which the Code applies (eg *conduct*, *intention*, *recklessness* and *strict liability*).

Note 2 *Penalty units*

The [Legislation Act](#), s 133 deals with the meaning of offence penalties that are expressed in penalty units.

Part 2 Objects, principles and important concepts

6 Objects of Act

The objects of this Act are to—

- (a) give individuals who are suffering and dying the option of requesting assistance to end their lives; and
- (b) establish a process for individuals to exercise the option to request assistance to end their lives if they have been assessed as meeting the requirements to access voluntary assisted dying under this Act; and
- (c) establish mechanisms to—
 - (i) ensure that voluntary assisted dying is accessed only by individuals who—
 - (A) want to exercise the option to request assistance to end their lives; and
 - (B) have been assessed as meeting the requirements to access voluntary assisted dying under this Act; and
 - (ii) protect individuals from coercion and exploitation; and
- (d) provide protection for health practitioners who choose to assist, or not assist, individuals to exercise the option of ending their lives in accordance with this Act; and
- (e) provide for the monitoring and enforcement of compliance with this Act.

7 Principles of Act

The following principles are to be taken into account by a person in exercising a function under this Act:

- (a) human life is of fundamental importance;
- (b) every individual has inherent dignity and should be treated with compassion and respect;
- (c) an individual's autonomy, including autonomy in relation to end of life choices, should be respected;
- (d) every individual approaching the end of their life should be provided with high quality, person-centred care and treatment, including palliative care, to minimise their suffering and maximise their quality of life;
- (e) an individual should be supported in making informed decisions about treatment and end of life choices;
- (f) individuals should be protected from coercion and exploitation;
- (g) an individual's personal, cultural and religious beliefs and values should be respected.

8 Voluntary assisted dying not suicide

For the purposes of a territory law, and for the purposes of a contract, deed or other instrument entered into in the ACT or governed by a territory law, an individual who dies as the result of the administration of an approved substance by or to the individual in accordance with this Act—

- (a) does not die by suicide; and
- (b) is taken to have died from the condition mentioned in section 11 (1) (b).

9 No obligation to continue with request to access voluntary assisted dying

- (1) If an individual starts a request to access voluntary assisted dying, the individual may, at any time, decide not to take any further steps in relation to the request.
- (2) However, the individual does not need to start a new request if the individual later decides to take further steps in relation to the request.

10 When individual may access voluntary assisted dying

An individual may access voluntary assisted dying only if—

- (a) the individual has made a first request; and
- (b) the individual's coordinating practitioner has decided that the individual meets the eligibility requirements; and
- (c) the individual's consulting practitioner has decided that the individual meets the eligibility requirements; and
- (d) the individual has made a second request; and
- (e) the individual has made a final request; and
- (f) the individual's coordinating practitioner has decided that the individual meets the final assessment requirements; and
- (g) the individual has made an administration decision; and
- (h) if the individual has a self-administration decision in effect—a contact person appointment is in effect for the individual.

11 Meaning of *eligibility requirements*

- (1) For this Act, an individual meets the *eligibility requirements* if—
- (a) they are an adult; and
 - (b) they have been diagnosed with a condition that, either on its own or in combination with 1 or more other diagnosed conditions, is advanced, progressive and expected to cause death (the *relevant conditions*); and
 - (c) they are suffering intolerably in relation to the relevant conditions; and
 - (d) they have decision-making capacity in relation to voluntary assisted dying; and
 - (e) their decision to access voluntary assisted dying is made voluntarily and without coercion; and
 - (f) they have—
 - (i) lived in the ACT for at least the previous 12 months; or
 - (ii) been granted an exemption under section 154.
- (2) For subsection (1) (b), an individual—
- (a) may meet the requirement mentioned in that subsection if they have a disability, mental disorder or mental illness; but
 - (b) does not meet the requirement mentioned in that subsection only because they have—
 - (i) a disability that—
 - (A) substantially impairs their communication, learning or mobility; and
 - (B) results in the individual needing services to support them to live with the disability; or
 - (ii) a mental disorder or mental illness.

- (3) For subsection (1) (b), an individual's relevant conditions are *advanced* if—
- (a) the individual's functioning and quality of life—
 - (i) have declined or are declining; and
 - (ii) are not expected to improve; and
 - (b) any treatments for the conditions that are reasonably available and acceptable to the individual have lost any beneficial impact; and
 - (c) the individual is approaching the end of their life.
- (4) For subsection (1) (c), an individual is *suffering intolerably* in relation to their relevant conditions if—
- (a) persistent suffering (whether physical, mental or both) is being caused to them by—
 - (i) 1 or more of the following matters:
 - (A) the relevant conditions;
 - (B) the combination of the relevant conditions and any other condition or conditions they have been diagnosed with (the *other conditions*);
 - (C) treatment they have received for the relevant conditions;
 - (D) the combination of treatments they have received for the relevant conditions and the other conditions; or
 - (ii) the anticipation or expectation, based on medical advice, of suffering that will or might be caused by a matter mentioned in subparagraph (i); or
 - (iii) a medical complication that will or might result from, or be related to, a matter mentioned in subparagraph (i); and
 - (b) the persistent suffering is, in their opinion, intolerable.

- (5) For subsection (3) (b), *treatment*, for an individual's relevant conditions, does not include treatment that is primarily for the purpose of relieving a symptom of the conditions or any pain or distress caused by the conditions.
- (6) For subsection (3) (c), an individual may be *approaching the end* of their life even if it is uncertain whether their relevant conditions will cause death within the next 12 months.
- (7) In this section:

condition means a disease, illness or other medical condition.

disability—see the *Disability Services Act 1991*, dictionary.

mental disorder—see the *Mental Health Act 2015*, section 9.

mental illness—see the *Mental Health Act 2015*, section 10.

progressive—an individual's condition is *progressive* if their condition is deteriorating and will continue to deteriorate.

12 **Meaning of *decision-making capacity***

- (1) For this Act, an individual has *decision-making capacity* in relation to voluntary assisted dying if they can—
 - (a) understand the facts that relate to a decision about accessing voluntary assisted dying; and
 - (b) understand the main choices available to them in relation to the decision; and
 - (c) weigh up the consequences of the main choices; and
 - (d) understand how the consequences affect them; and
 - (e) on the basis of paragraphs (a) to (d), make the decision; and
 - (f) communicate the decision in whatever way they can.

- (2) An individual must be assumed to have decision-making capacity in relation to voluntary assisted dying unless it is established that they do not have decision-making capacity in relation to voluntary assisted dying.
- (3) In deciding whether an individual has decision-making capacity in relation to voluntary assisted dying, the following must be taken into account:
 - (a) an individual's decision-making capacity is particular to the decision they are to make;
 - (b) an individual is capable of making a decision if they are capable of making the decision with adequate and appropriate support;
 - (c) an individual must not be treated as not having decision-making capacity unless all practicable steps to support them to make decisions have been taken;
 - (d) an individual must not be treated as not having decision-making capacity only because they—
 - (i) make an unwise decision; or
 - (ii) have impaired decision-making capacity under another Act, or in relation to another decision;
 - (e) an individual who moves between having and not having decision-making capacity must, if practicable, be given the opportunity to consider matters requiring a decision at a time when they have decision-making capacity.

Part 3 **Request and assessment process for access to voluntary assisted dying**

Division 3.1 **First request, coordinating practitioner and first assessment**

13 **Making first request**

- (1) An individual may make a request for access to voluntary assisted dying to a health practitioner (a *first request*).
- (2) The request must be—
 - (a) clear and unambiguous; and
 - (b) made personally by the individual.
- (3) The request may be made in writing or orally, or by communicating in any other way the individual can.

14 **Health practitioner must accept or refuse to accept first request**

- (1) Within 4 business days after the day an individual makes a first request, the health practitioner must—
 - (a) decide to accept or refuse to accept the request; and
 - (b) tell the individual about the decision.
- (2) The health practitioner—
 - (a) must refuse to accept the first request if they do not meet the coordinating practitioner requirements under section 97 (Requirements for acting as coordinating practitioner, consulting practitioner or administering practitioner); and

- (b) may refuse to accept the first request if they are unable or unwilling to exercise the functions of a coordinating practitioner.

Note A health practitioner may refuse to accept a first request if they have a conscientious objection (see s 99).

- (3) When telling the individual about the health practitioner's decision, the health practitioner must—
 - (a) if the health practitioner accepts the first request—give the individual any information prescribed by regulation; and
 - (b) if the health practitioner refuses to accept the first request—
 - (i) tell the individual that other health practitioners may be able to assist the individual with their request; and
 - (ii) give the individual information about—
 - (A) another health practitioner who they believe is likely to be able to assist the individual with their request; or
 - (B) the approved care navigator service.
- (4) If the health practitioner accepts the first request, they become the coordinating practitioner for the individual.

15 Recording first request in individual's health record

If an individual makes a first request, the health practitioner must record the following information in the individual's health record:

- (a) that the first request was made;
- (b) the health practitioner's decision to accept or refuse to accept the first request;
- (c) if the health practitioner refused to accept the first request—the steps taken by the health practitioner to comply with section 14 (3) (b).

16 Coordinating practitioner to undertake first assessment

- (1) An individual's coordinating practitioner must undertake an assessment (a *first assessment*) to decide whether the individual—
 - (a) meets the eligibility requirements; and
 - (b) if the coordinating practitioner decides that the individual meets the eligibility requirements—understands the information given to them under subsection (3).
- (2) For subsection (1) (b), in deciding whether an individual understands information given to them, the following must be taken into account:
 - (a) an individual is capable of understanding the information if they are capable of understanding the information with adequate and appropriate support;
 - (b) an individual must not be treated as not understanding the information unless all practicable steps to support them to understand the information have been taken;
 - (c) an individual must not be treated as not understanding the information only because they have impaired decision-making capacity under another Act or in relation to another matter;
 - (d) an individual who moves between understanding and not understanding information must, if practicable, be given the opportunity to consider the information at a time when they are most likely to understand it.
- (3) If the coordinating practitioner decides that the individual meets the eligibility requirements, the coordinating practitioner must give the individual any information prescribed by regulation.

- (4) The coordinating practitioner may take the following into account when undertaking the first assessment:
- (a) any relevant information about the individual that has been prepared by another person who, in the opinion of the coordinating practitioner, has the appropriate skills and training to provide the information;
 - (b) if the coordinating practitioner refers the individual to another person for advice under section 17—any advice given by the other person.

17 Referral for advice about eligibility requirements

- (1) If an individual's coordinating practitioner is unable to decide whether the individual meets an eligibility requirement, the coordinating practitioner must refer the individual to another person who, in the opinion of the coordinating practitioner, has the appropriate skills and training to provide advice about whether the individual meets the eligibility requirement.
- (2) The coordinating practitioner must not refer the individual to a person who the coordinating practitioner knows or believes—
- (a) is a family member of the individual; or
 - (b) is a beneficiary under the will of the individual; or
 - (c) may otherwise benefit financially or in any other material way (other than by receiving reasonable fees for the provision of services relating to the referral) from—
 - (i) assisting the individual to access voluntary assisted dying; or
 - (ii) the death of the individual.

18 Notifying individual and board about outcome of first assessment

- (1) Within 4 business days after the day the coordinating practitioner makes their decision on the first assessment, the coordinating practitioner must—
 - (a) prepare a written report of the first assessment (a *first assessment report*) that includes—
 - (i) the coordinating practitioner’s decision in relation to the first assessment; and
 - (ii) any other information prescribed by regulation; and
 - (b) give the board a copy of the first assessment report; and
 - (c) tell the individual about their decision and give the individual a copy of the first assessment report.

Maximum penalty (paragraph (b)): 20 penalty units.

- (2) The coordinating practitioner may attach a copy of any document relevant to their decision to the first assessment report.
- (3) An offence against this section is a strict liability offence.

19 Referral for consulting assessment

- (1) An individual’s coordinating practitioner must refer the individual to another health practitioner (the *first referral practitioner*) for a consulting assessment if, after undertaking a first assessment, the coordinating practitioner decides that the individual—
 - (a) meets the eligibility requirements; and
 - (b) understands the information given to the individual under section 16 (3).
- (2) The referral must be made within 4 business days after the day the coordinating practitioner decides that the individual understands the information given to the individual under section 16 (3).

- (3) If the first referral practitioner refuses to accept the referral, the coordinating practitioner must—
- (a) take reasonable steps to find another health practitioner who will accept a referral under subsection (1); and
 - (b) if the coordinating practitioner is unable to find another health practitioner—refer the individual to the approved care navigator service.

Division 3.2 Consulting referral, consulting practitioner and consulting assessment

20 Health practitioner must accept or refuse to accept consulting assessment referral

- (1) Within 4 business days after the day a health practitioner receives a referral under section 19 or section 26, the health practitioner must—
- (a) decide to accept or refuse to accept the referral; and
 - (b) tell the individual's coordinating practitioner about the decision.
- (2) The health practitioner—
- (a) must refuse to accept the referral if they do not meet the consulting practitioner requirements under section 97 (Requirements for acting as coordinating practitioner, consulting practitioner or administering practitioner); and
 - (b) may refuse to accept the referral if they are unable or unwilling to exercise the functions of a consulting practitioner.

Note A health practitioner may refuse to accept a referral if they have a conscientious objection (see s 99).

- (3) As soon as practicable after the health practitioner tells the coordinating practitioner about their decision, the coordinating practitioner must tell the individual about the decision.

21 Recording referral in individual's health record

If an individual is referred to a health practitioner under section 19 or section 26, the health practitioner must record the following information in the individual's health record:

- (a) the referral;
- (b) the health practitioner's decision to accept or refuse to accept the referral.

22 Notifying board about decision to accept or refuse to accept referral

- (1) This section applies if an individual is referred to a health practitioner under section 19 or section 26.
- (2) The health practitioner must give the board written notice of their decision within 4 business days after the day they tell the coordinating practitioner about the decision.

Maximum penalty: 20 penalty units.

- (3) An offence against this section is a strict liability offence.
- (4) If the health practitioner accepts the referral, they become the consulting practitioner for the individual when they give the board notice under subsection (2).

23 Consulting practitioner to undertake consulting assessment

- (1) An individual's consulting practitioner must undertake an assessment (a *consulting assessment*) to decide whether the individual—
 - (a) meets the eligibility requirements; and
 - (b) if the consulting practitioner decides that the individual meets the eligibility requirements—understands the information given to them under subsection (3).

- (2) For subsection (1) (b), in deciding whether an individual understands information given to them, the following must be taken into account:
 - (a) an individual is capable of understanding the information if they are capable of understanding the information with adequate and appropriate support;
 - (b) an individual must not be treated as not understanding the information unless all practicable steps to support them to understand the information have been taken;
 - (c) an individual must not be treated as not understanding the information only because they have impaired decision-making capacity under another Act or in relation to another matter;
 - (d) an individual who moves between understanding and not understanding information must, if practicable, be given the opportunity to consider the information at a time when they are most likely to understand it.
- (3) If the consulting practitioner decides that the individual meets the eligibility requirements, the consulting practitioner must give the individual any information prescribed by regulation.
- (4) The consulting practitioner's consulting assessment and decision in relation to the consulting assessment must be undertaken and made independently of the individual's coordinating practitioner.
- (5) The consulting practitioner may take the following into account when undertaking the consulting assessment:
 - (a) any relevant information about the individual that has been prepared by another person who, in the opinion of the coordinating practitioner, has the appropriate skills and training to provide the information;
 - (b) if the consulting practitioner refers the individual to another person for advice under section 24—any advice given by the other person.

24 Referral for advice about eligibility requirements

- (1) If an individual's consulting practitioner is unable to decide whether the individual meets an eligibility requirement, the consulting practitioner must refer the individual to another person who, in the opinion of the consulting practitioner, has the appropriate skills and training to provide advice about whether the individual meets the eligibility requirement.
- (2) The consulting practitioner must not refer the individual to a person who the consulting practitioner knows or believes—
 - (a) is a family member of the individual; or
 - (b) is a beneficiary under the will of the individual; or
 - (c) may otherwise benefit financially or in any other material way (other than by receiving reasonable fees for the provision of services relating to the referral) from—
 - (i) assisting the individual to access voluntary assisted dying; or
 - (ii) the death of the individual.

25 Notifying individual, coordinating practitioner and board about outcome of consulting assessment

- (1) Within 4 business days after the day the consulting practitioner makes their decision on the consulting assessment, the consulting practitioner must—
 - (a) prepare a written report of the assessment (a ***consulting assessment report***) that includes—
 - (i) the consulting practitioner's decision in relation to the consulting assessment; and
 - (ii) any other information prescribed by regulation; and

- (b) tell the individual about their decision and give the individual a copy of the consulting assessment report; and
- (c) give a copy of the consulting assessment report to—
 - (i) the board; and
 - (ii) the individual's coordinating practitioner.

Maximum penalty (paragraph (c) (i)): 20 penalty units.

- (2) The consulting practitioner may attach a copy of any document relevant to their decision to the consulting assessment report.
- (3) An offence against this section is a strict liability offence.

26 Referral for further consulting assessment

- (1) If an individual's consulting practitioner (the *original consulting practitioner*) decides that the individual does not meet the eligibility requirements, the individual's coordinating practitioner may refer the individual to another health practitioner for a further consulting assessment.
- (2) If the other health practitioner accepts the referral, the original consulting practitioner stops being the consulting practitioner for the individual when the other health practitioner gives the board notice under section 22 (2).

Division 3.3 Second request

27 Making second request

- (1) This section applies if—
 - (a) an individual's coordinating practitioner decides that the individual—
 - (i) meets the eligibility requirements; and

- (ii) understands the information given to them under section 16 (3); and
- (b) the individual's consulting practitioner decides that the individual—
 - (i) meets the eligibility requirements; and
 - (ii) understands the information given to them under section 23 (3).
- (2) The individual may make another request for access to voluntary assisted dying (a *second request*).
- (3) The request must—
 - (a) be in writing; and
 - (b) state that—
 - (i) the request is made voluntarily and without coercion; and
 - (ii) the individual understands the nature and effect of the request; and
 - (c) be signed by the individual, or another individual on their behalf (an *agent*), in the presence of 2 eligible witnesses; and
 - (d) be given to the individual's coordinating practitioner.
- (4) However, an agent may sign the second request on behalf of the individual only if—
 - (a) the individual—
 - (i) is unable to sign the request; and
 - (ii) asks the agent to sign the request; and
 - (b) the agent—
 - (i) is an adult; and
 - (ii) is not a witness to the signing of the request; and

- (iii) is not the individual's coordinating practitioner or consulting practitioner; and
 - (iv) signs the request in the presence of the individual.
- (5) If an individual makes a second request with the assistance of an interpreter, the interpreter must certify on the second request that the interpreter provided a true and correct translation of any material translated.

Note It is an offence to make a false or misleading statement, give false or misleading information or produce a false or misleading document (see [Criminal Code](#), pt 3.4).

- (6) In this section:

eligible witness means someone who is not an ineligible witness.

facility—see section 101 (1).

ineligible witness means someone who—

- (a) is not an adult; or
- (b) knows or believes they are a beneficiary under the will of the individual; or
- (c) knows or believes they may otherwise benefit financially or in any other material way (other than by receiving reasonable fees for the provision of services as a witness) from—
 - (i) assisting the individual to access voluntary assisted dying; or
 - (ii) the death of the individual; or
- (d) is an owner, or is responsible for the management, of a facility where the individual is a resident; or
- (e) is the individual's coordinating practitioner or consulting practitioner.

resident, of a facility—see section 101 (1).

28 Certification of witness

- (1) Each witness to the signing of an individual's second request must certify in writing that—
 - (a) if the request was signed by the individual making the request—
 - (i) the request was signed by the individual in the presence of the witness; and
 - (ii) the individual appeared to sign the request voluntarily and without coercion; and
 - (b) if the request was signed by an agent in the presence of the witness—
 - (i) the individual appeared to ask, voluntarily and without coercion, the agent to sign the request; and
 - (ii) the request was signed by the agent; and
 - (c) the witness is not knowingly an ineligible witness.

Note It is an offence to make a false or misleading statement, give false or misleading information or produce a false or misleading document (see [Criminal Code](#), pt 3.4).

- (2) In this section:

agent—see section 27 (3) (c).

ineligible witness—see section 27 (6).

29 Recording second request in individual's health record

If an individual gives their coordinating practitioner a second request, the coordinating practitioner must record the following information in the individual's health record:

- (a) the day the second request was made;
- (b) the day the second request was given to the coordinating practitioner.

30 Notifying board about second request

- (1) Within 4 business days after the day an individual's coordinating practitioner receives a second request, the coordinating practitioner must give the board a copy of the request.

Maximum penalty: 20 penalty units.

- (2) An offence against this section is a strict liability offence.

Division 3.4 Final request and final assessment

31 Meaning of *final assessment requirements*

For this Act, an individual meets the *final assessment requirements* if—

- (a) the individual has decision-making capacity in relation to voluntary assisted dying; and
- (b) the individual's decision to access voluntary assisted dying is made voluntarily and without coercion.

32 Making final request

- (1) An individual who has made a second request may make a further request to their coordinating practitioner for access to voluntary assisted dying (a *final request*).
- (2) The request must be—
- (a) clear and unambiguous; and
 - (b) made personally by the individual.
- (3) The request may be made in writing or orally, or by communicating in any other way the individual can.

33 Recording final request in individual's health record

If an individual makes a final request, the individual's coordinating practitioner must record the day the final request was made in the individual's health record.

34 Notifying board about final request

- (1) Within 4 business days after the day an individual makes a final request, the individual's coordinating practitioner must—
 - (a) prepare a written report of receiving the final request (the *final request report*) that includes any information prescribed by regulation; and
 - (b) give the board a copy of the final request report.

Maximum penalty (paragraph (b)): 20 penalty units.

- (2) An offence against this section is a strict liability offence.

35 Coordinating practitioner to undertake final assessment

As soon as practicable after an individual makes a final request, the individual's coordinating practitioner must undertake an assessment to decide whether the individual meets the final assessment requirements (a *final assessment*).

36 Notifying individual and board about outcome of final assessment

- (1) As soon as practicable after deciding whether the individual meets the final assessment requirements, the coordinating practitioner must tell the individual about the decision.
- (2) If the coordinating practitioner decides that the individual meets the final assessment requirements, the coordinating practitioner must prepare a written report (a *final assessment report*) that includes—
 - (a) the coordinating practitioner's decision in relation to the final assessment; and

- (b) any other information prescribed by regulation.
 - (3) The coordinating practitioner may attach a copy of any document relevant to their decision to the final assessment report.
 - (4) The coordinating practitioner must give a copy of the final assessment report to—
 - (a) the board within 4 business days after the day they decide that the individual meets the final assessment requirements; and
 - (b) the individual as soon as practicable after preparing it.
- Maximum penalty (paragraph (a)): 20 penalty units.
- (5) An offence against this section is a strict liability offence.

Division 3.5 Transfer of coordinating practitioner functions

37 Transfer request made by coordinating practitioner

- (1) This section applies if an individual's coordinating practitioner (the *original practitioner*) is unable or unwilling to exercise their functions as coordinating practitioner.
- (2) The original practitioner must ask another health practitioner to become the individual's coordinating practitioner (a *transfer request*) if the individual consents to the request being made.
- (3) Within 4 business days after the day the original practitioner makes a transfer request, the other health practitioner must tell the original practitioner whether the other health practitioner accepts or refuses to accept the request.
- (4) The other health practitioner—
 - (a) must refuse to accept the transfer request if they do not meet the coordinating practitioner requirements under section 97 (Requirements for acting as coordinating practitioner, consulting practitioner or administering practitioner); and

- (b) may refuse to accept the transfer request if they are unable or unwilling to exercise the functions of a coordinating practitioner.

Note A health practitioner may refuse to accept a transfer request if they have a conscientious objection (see s 99).

- (5) If the other health practitioner accepts the transfer request, the original practitioner must—
 - (a) tell the individual that the request has been accepted; and
 - (b) record the request acceptance in the individual's health record; and
 - (c) give the board written notice of the request acceptance as soon as practicable, but not later than 4 business days after the day the original practitioner tells the individual that the request has been accepted; and
 - (d) tell the other health practitioner about the notice given under paragraph (c) as soon as practicable after giving the notice.

Maximum penalty (paragraph (c)): 20 penalty units.

- (6) An offence against this section is a strict liability offence.
- (7) When the original practitioner gives the board notice under subsection (5) (c)—
 - (a) the other health practitioner becomes the individual's coordinating practitioner (the ***new practitioner***); and
 - (b) the functions of the original practitioner transfer to the new practitioner.
- (8) The original practitioner must refer the individual to the approved care navigator service if the original practitioner is unable to transfer their functions after taking reasonable steps to do so.

38 Transfer request made by individual

- (1) This section applies if an individual has a coordinating practitioner.
 - (2) The individual may ask another health practitioner to become their coordinating practitioner (a *transfer request*).
 - (3) Within 4 business days after the day the individual makes a transfer request, the other health practitioner must—
 - (a) tell the individual whether the other health practitioner accepts or refuses to accept the request; and
 - (b) if the other health practitioner refuses to accept the request—refer the individual to the approved care navigator service.
 - (4) The other health practitioner—
 - (a) must refuse to accept the transfer request if they do not meet the coordinating practitioner requirements under section 97 (Requirements for acting as coordinating practitioner, consulting practitioner or administering practitioner); and
 - (b) may refuse to accept the transfer request if they are unable or unwilling to exercise the functions of a coordinating practitioner.
- Note* A health practitioner may refuse to accept a transfer request if they have a conscientious objection (see s 99).
- (5) If the other health practitioner accepts the transfer request, the other health practitioner must—
 - (a) tell the individual's coordinating practitioner about their acceptance of the request; and
 - (b) give the board written notice of the request acceptance as soon as practicable, but not later than 4 business days after the day the other health practitioner tells the individual that they accept the request.

Maximum penalty (paragraph (b)): 20 penalty units.

- (6) An offence against this section is a strict liability offence.
- (7) When the other health practitioner gives the board notice under subsection (5) (b)—
 - (a) the other health practitioner becomes the individual's coordinating practitioner (the *new practitioner*); and
 - (b) the coordinating practitioner functions transfer to the new practitioner.

39 Decisions of previous coordinating practitioner remain valid despite transfer of coordinating practitioner functions

- (1) This section applies if—
 - (a) the functions of an individual's coordinating practitioner are transferred under this division; and
 - (b) a previous coordinating practitioner made a decision when they were the coordinating practitioner for the individual—
 - (i) under section 16 that the individual—
 - (A) met the eligibility requirements; and
 - (B) understood the information given to them under section 16 (3); or
 - (ii) under section 35 or section 59 (1) (f) (i) that the individual met the final assessment requirements.
- (2) The decision of the previous coordinating practitioner continues to have effect despite the transfer of functions.

Division 3.6 Miscellaneous

40 Offence—inducing making or revocation of request for access to voluntary assisted dying

- (1) A person commits an offence if the person, dishonestly or by coercion, induces an individual into making a request for access to voluntary assisted dying.

Maximum penalty: imprisonment for 7 years.

- (2) A person commits an offence if the person, dishonestly or by coercion, induces an individual into revoking a request for access to voluntary assisted dying.

Maximum penalty: 100 penalty units.

- (3) In this section:

dishonest—a person's conduct is ***dishonest*** if—

- (a) the person's conduct is dishonest according to the standards of ordinary people; and
- (b) the person knows that the conduct is dishonest according to those standards.

request for access to voluntary assisted dying means—

- (a) a first request; or
- (b) a second request; or
- (c) a final request.

Part 4 Accessing voluntary assisted dying and death

Division 4.1 Administration decision

41 Application—div 4.1

This division applies if an individual's coordinating practitioner has prepared a final assessment report for the individual under section 36 (2).

42 Making administration decision

- (1) The individual may decide that—
 - (a) they will self-administer an approved substance; or
 - (b) an approved substance will be administered to them by a health practitioner.
- (2) The decision—
 - (a) must be—
 - (i) clear and unambiguous; and
 - (ii) made personally by the individual; and
 - (b) may be made in consultation with, and on the advice of, the individual's coordinating practitioner.
- (3) The decision—
 - (a) may be made in writing or orally, or by communicating in any other way the individual can; and
 - (b) takes effect when the individual tells their coordinating practitioner about the decision.

- (4) The individual's coordinating practitioner must—
- (a) record the decision in the individual's health record; and
 - (b) give the board written notice of the decision within 4 business days after the day the individual tells the coordinating practitioner about the decision.

Maximum penalty (paragraph (b)): 20 penalty units.

- (5) An offence against this section is a strict liability offence.

43 Changing administration decision

- (1) If an individual has an administration decision in effect, the individual may, at any time—
- (a) if the individual made a decision that they would self-administer an approved substance—decide instead that an approved substance will be administered to them by a health practitioner; or
 - (b) if the individual made a decision that an approved substance would be administered to them by a health practitioner—decide instead that they will self-administer an approved substance.
- (2) The change of decision—
- (a) must be—
 - (i) clear and unambiguous; and
 - (ii) made personally by the individual; and
 - (b) may be made in consultation with, and on the advice of, the individual's coordinating practitioner.
- (3) The change of decision—
- (a) may be made in writing or orally, or by communicating in any other way the individual can; and

- (b) takes effect when the individual tells their coordinating practitioner about the change of decision.
- (4) The individual's coordinating practitioner must—
 - (a) record the change of decision in the individual's health record; and
 - (b) give the board written notice of the change of decision within 4 business days after the day the individual tells the coordinating practitioner about the change of decision.

Maximum penalty (paragraph (b)): 20 penalty units.

- (5) An offence against this section is a strict liability offence.
- (6) If the individual changes their administration decision under subsection (1) (a), any contact person appointment in effect ends when the decision is changed.
- (7) If an individual changes their administration decision under subsection (1) (b), the individual must appoint a contact person under section 51.

44 Administering practitioner

- (1) An individual may ask their coordinating practitioner or another health practitioner (the *requested practitioner*) to act as their administering practitioner if the individual—
 - (a) has made a practitioner administration decision; or
 - (b) has changed their administration decision to a practitioner administration decision under section 43 (1) (a).
- (2) Within 4 business days after the day the individual makes a request, the requested practitioner must—
 - (a) decide to act or refuse to act as the individual's administering practitioner; and
 - (b) tell the individual about the decision.

- (3) The requested practitioner—
- (a) must refuse to act as the individual's administering practitioner if they do not meet the administering practitioner requirements under section 97 (Requirements for acting as coordinating practitioner, consulting practitioner or administering practitioner); and
 - (b) may refuse to act as the individual's administering practitioner if they are unable or unwilling to exercise the functions of an administering practitioner.

Note The coordinating practitioner or health practitioner may refuse to act as the individual's administering practitioner if they have a conscientious objection (see s 99).

- (4) The requested practitioner becomes the administering practitioner for the individual when they tell the individual that they agree to act as the individual's administering practitioner.
- (5) If the requested practitioner agrees to act as the individual's administering practitioner, the practitioner must give the board written notice of their decision within 4 business days after the day they tell the individual about the decision.

Maximum penalty: 20 penalty units.

- (6) An offence against this section is a strict liability offence.
- (7) If the requested practitioner refuses to act as the individual's administering practitioner, the practitioner must—
- (a) tell the individual that other health practitioners may be able to assist the individual with their request; and
 - (b) give the individual information about—
 - (i) another health practitioner who they believe is likely to be able to assist the individual with their request; or
 - (ii) the approved care navigator service.

- (8) The requested practitioner must record the following information in the individual's health record—
 - (a) that the request was made;
 - (b) the practitioner's decision;
 - (c) if the practitioner refused to act as the individual's administering practitioner—the steps taken by the practitioner to comply with subsection (7).

45 Revocation of administration decision

- (1) The individual may revoke an administration decision at any time by—
 - (a) for a self-administration decision—telling their coordinating practitioner that they have decided not to proceed with the self-administration of an approved substance; or
 - (b) for a practitioner administration decision—
 - (i) if the individual has an administering practitioner—telling their administering practitioner that they have decided not to proceed with the administration of an approved substance; or
 - (ii) in any other case—telling their coordinating practitioner that they have decided not to proceed with the administration of an approved substance.
- (2) An administration decision may be revoked in writing or orally, or by communicating in any other way the individual can.
- (3) If the individual revokes an administration decision under subsection (1) (a) or (b) (ii), their coordinating practitioner must—
 - (a) record the revocation in the individual's health record; and

- (b) give the board written notice of the revocation within 4 business days after the day the individual tells the coordinating practitioner about the revocation.

Maximum penalty (paragraph (b)): 20 penalty units.

- (4) If the individual revokes an administration decision under subsection (1) (b) (i), their administering practitioner must—
 - (a) record the revocation in the individual's health record; and
 - (b) if the administering practitioner is not the individual's coordinating practitioner—give the individual's coordinating practitioner written notice of the revocation within 4 business days after the day the individual tells the administering practitioner about the revocation; and
 - (c) give the board written notice of the revocation within 4 business days after the day the individual tells the administering practitioner about the revocation.

Maximum penalty (paragraph (c)): 20 penalty units.

- (5) An offence against this section is a strict liability offence.

46 Transfer of administering practitioner functions—transfer request made by administering practitioner

- (1) This section applies if—
 - (a) an individual has an administering practitioner; and
 - (b) the administering practitioner (the *original practitioner*) is unable or unwilling to exercise their functions as administering practitioner.
- (2) The original practitioner must ask another health practitioner to become the individual's administering practitioner (a *transfer request*) if the individual consents to the request being made.

- (3) Within 4 business days after the day the original practitioner makes a transfer request, the other health practitioner must tell the original practitioner whether the other health practitioner accepts or refuses to accept the request.
- (4) The other health practitioner—
 - (a) must refuse to accept the transfer request if they do not meet the administering practitioner requirements under section 97 (Requirements for acting as coordinating practitioner, consulting practitioner or administering practitioner); and
 - (b) may refuse to accept the transfer request if they are unable or unwilling to exercise the functions of an administering practitioner.

Note A health practitioner may refuse to accept a transfer request if they have a conscientious objection (see s 99).

- (5) If the other health practitioner accepts the transfer request, the original practitioner must—
 - (a) tell the individual that the request has been accepted and give the other health practitioner's name and contact details to the individual; and
 - (b) record the request acceptance in the individual's health record; and
 - (c) give the board written notice of the request acceptance as soon as practicable, but not later than 4 business days after the day the original practitioner does the things mentioned in paragraph (a); and
 - (d) tell the other health practitioner about the notice given under paragraph (c) as soon as practicable after giving the notice.

Maximum penalty (paragraph (c)): 20 penalty units.

- (6) An offence against this section is a strict liability offence.

- (7) When the original practitioner gives the board notice under subsection (5) (c)—
 - (a) the other health practitioner becomes the individual's administering practitioner (the *new practitioner*); and
 - (b) the functions of the original practitioner transfer to the new practitioner.
- (8) The original practitioner must refer the individual to the approved care navigator service if the original practitioner is unable to transfer their functions after taking reasonable steps to do so.

47 Transfer of administering practitioner functions—transfer request made by individual

- (1) This section applies if an individual has an administering practitioner.
- (2) The individual may ask another health practitioner to become their administering practitioner (a *transfer request*).
- (3) Within 4 business days after the day the individual makes a transfer request, the other health practitioner must—
 - (a) tell the individual whether the other health practitioner accepts or refuses to accept the request; and
 - (b) if the other health practitioner refuses to accept the request—refer the individual to the approved care navigator service.
- (4) The other health practitioner—
 - (a) must refuse to accept the transfer request if they do not meet the administering practitioner requirements under section 97 (Requirements for acting as coordinating practitioner, consulting practitioner or administering practitioner); and

- (b) may refuse to accept the transfer request if they are unable or unwilling to exercise the functions of an administering practitioner.

Note A health practitioner may refuse to accept a transfer request if they have a conscientious objection (see s 99).

- (5) If the other health practitioner accepts the transfer request, the other health practitioner must—
 - (a) tell the individual and the individual's administering practitioner about their acceptance of the request; and
 - (b) if the individual's coordinating practitioner is not the individual's administering practitioner—tell the coordinating practitioner about the request acceptance; and
 - (c) give the board written notice of the transfer within 4 business days after the day the other health practitioner tells the individual that they accept the request; and
 - (d) tell the original practitioner about the notice given under paragraph (c) as soon as practicable after giving the notice.

Maximum penalty (paragraph (c)): 20 penalty units.

- (6) An offence against this section is a strict liability offence.
- (7) When the other health practitioner gives the board notice under subsection (5) (c)—
 - (a) the other health practitioner becomes the individual's administering practitioner (the *new practitioner*); and
 - (b) the administering practitioner functions transfer to the new practitioner.

48 Coordinating practitioner functions do not transfer on transfer of administering practitioner functions

- (1) This section applies if—
 - (a) the functions of an individual's administering practitioner (the *original practitioner*) are transferred to another health practitioner under section 46 or section 47; and
 - (b) the original practitioner is the individual's coordinating practitioner when the administering practitioner functions are transferred.
- (2) The original practitioner remains the coordinating practitioner for the individual.

Note The functions of a coordinating practitioner may be transferred under s 37 or s 38.

49 Offence—inducing making or revocation of administration decision

- (1) A person commits an offence if the person, dishonestly or by coercion, induces an individual into making an administration decision.

Maximum penalty: imprisonment for 7 years.

- (2) A person commits an offence if the person, dishonestly or by coercion, induces an individual into revoking an administration decision.

Maximum penalty: 100 penalty units.

- (3) In this section:

dishonest—a person's conduct is *dishonest* if—

- (a) the person's conduct is dishonest according to the standards of ordinary people; and

- (b) the person knows that the conduct is dishonest according to those standards.

Division 4.2 Contact person

50 Application—div 4.2

This division applies if a self-administration decision is in effect for an individual.

51 Appointment of contact person

- (1) The individual must appoint 1 person to be the individual's contact person.
- (2) A person can be appointed as the contact person for an individual only if the person—
 - (a) is an adult; and
 - (b) consents to being appointed as the contact person for the individual.
- (3) Without limiting who can be appointed as the contact person, the individual may appoint their coordinating practitioner or consulting practitioner.
- (4) The appointment must—
 - (a) be in writing; and
 - (b) be prepared by—
 - (i) the individual; or
 - (ii) if the individual is unable to prepare the appointment—another person who is an adult and is asked by the individual to prepare it; and
 - (c) include any information prescribed by regulation.

- (5) The appointment takes effect when the individual gives their coordinating practitioner the appointment.
- (6) The individual's coordinating practitioner must give the board a copy of the appointment within 4 business days after the day the coordinating practitioner receives the appointment.

Maximum penalty: 20 penalty units.

- (7) An offence against this section is a strict liability offence.

52 Coordinating practitioner must give information to contact person

Within 4 business days after the day the individual's coordinating practitioner gives the board a copy of the appointment under section 51 (6), the coordinating practitioner must give the contact person information about—

- (a) the functions of a contact person under this Act; and
- (b) the support services available to assist the contact person to comply with their obligations; and
- (c) any other information prescribed by regulation.

53 Ending contact person appointment

- (1) The appointment of a contact person may be ended by—
 - (a) the individual giving the contact person written notice that they no longer want the person to be their contact person; or
 - (b) the contact person giving the individual written notice that they no longer want to be the individual's contact person.
- (2) A notice under subsection (1) (a) or (b) must include any information prescribed by regulation.

- (3) If a contact person appointment is ended under this section, the individual must—
 - (a) tell their coordinating practitioner that the appointment has ended; and
 - (b) make another appointment under section 51.
- (4) Within 4 business days after the day the individual tells their coordinating practitioner about the appointment ending, the coordinating practitioner must give the board written notice about the appointment ending.

Maximum penalty: 20 penalty units.
- (5) An offence against this section is a strict liability offence.

54 Effect of change or revocation of administration decision on contact person appointment

- (1) This section applies if an individual—
 - (a) either—
 - (i) changes their administration decision under section 43 (1) (a); or
 - (ii) revokes a self-administration decision; and
 - (b) has a contact person appointment in effect when the administration decision is changed or revoked.
- (2) The contact person appointment is taken to end when the administration decision is changed or revoked.

Division 4.3 Dealing with approved substances

55 Definitions—div 4.3

- (1) In this division:

possess, an approved substance—see the *Medicines, Poisons and Therapeutic Goods Act 2008*, section 24.

prescribe, an approved substance, means issue a prescription for the approved substance.

prescription, in relation to an approved substance, means a written direction (other than a purchase order, requisition or standing order) to an approved supplier to dispense the approved substance.

supply, an approved substance—see the *Medicines, Poisons and Therapeutic Goods Act 2008*, section 24.

- (2) In this section:

purchase order—see the *Medicines, Poisons and Therapeutic Goods Act 2008*, dictionary.

requisition—see the *Medicines, Poisons and Therapeutic Goods Act 2008*, dictionary.

standing order—see the *Medicines, Poisons and Therapeutic Goods Act 2008*, dictionary.

56 Approved substances

- (1) The director-general may approve a medicine for use under this Act for the purposes of causing an individual's death.

- (2) In this section:

medicine—see the *Medicines, Poisons and Therapeutic Goods Act 2008*, section 11 (1).

57 Approved suppliers and disposers

- (1) The director-general may approve a health practitioner to—
 - (a) supply an approved substance under this Act; or
 - (b) dispose of an approved substance under this Act.
- (2) However, the director-general must not approve a health practitioner under subsection (1) unless the health practitioner meets the eligibility requirements prescribed by regulation.
- (3) An approval is a notifiable instrument.

58 Prescribing approved substances—first prescription

- (1) This section applies if—
 - (a) an individual has made an administration decision; and
 - (b) if the individual has a self-administration decision in effect—a contact person appointment is in effect for the individual; and
 - (c) if the individual has a practitioner administration decision in effect—the individual has an administering practitioner; and
 - (d) the individual's coordinating practitioner has given the individual any information prescribed by regulation.
- (2) The coordinating practitioner may prescribe 1 or more approved substances that, either alone or in combination, are of a sufficient dose to cause the death of the individual.
- (3) A prescription must include any information prescribed by regulation.
- (4) Within 4 business days after the day they prescribe an approved substance under subsection (2), the individual's coordinating practitioner must give the board written notice of the prescription.

Maximum penalty: 20 penalty units.
- (5) An offence against this section is a strict liability offence.

59 Prescribing approved substances—subsequent prescription

- (1) This section applies if—
 - (a) an individual has made an administration decision; and
 - (b) if the individual has a self-administration decision in effect—a contact person appointment is in effect for the individual; and
 - (c) if the individual has a practitioner administration decision in effect—the individual has an administering practitioner; and
 - (d) the individual’s coordinating practitioner has issued a prescription under section 58, or previously under this section; and
 - (e) the individual’s coordinating practitioner is satisfied that it is appropriate to issue another prescription; and
 - (f) the coordinating practitioner has—
 - (i) undertaken a new assessment to decide whether the individual meets the final assessment requirements (a *further final assessment*); and
 - (ii) decided that the individual meets the final assessment requirements.
- (2) The coordinating practitioner may prescribe 1 or more approved substances that, either alone or in combination, are of a sufficient dose to cause the death of the individual.
- (3) A prescription must include any information prescribed by regulation.
- (4) Within 4 business days after the day they prescribe an approved substance under subsection (2), the individual’s coordinating practitioner must give the board written notice of the prescription.

Maximum penalty: 20 penalty units.

- (5) An offence against this section is a strict liability offence.

- (6) Section 36 (Notifying individual and board about outcome of final assessment) applies to a further final assessment as if a reference to a final assessment were a reference to a further final assessment.

60 Possessing, preparing and supplying approved substances—approved suppliers and couriers

- (1) An approved supplier may—
- (a) possess an approved substance; or
 - (b) prepare the substance for the purpose of supplying it under this section.
- (2) If an approved supplier receives a prescription for an approved substance, the supplier may supply the substance to—
- (a) for an individual who has made a self-administration decision—the individual or their contact person; or
 - (b) for an individual who has made a practitioner administration decision—the individual’s administering practitioner.
- (3) However, an approved supplier must not supply an approved substance under subsection (2) unless—
- (a) the prescription was issued—
 - (i) for any part of the prescription relating to an approved substance that is a controlled medicine—not more than 6 months before the day the supplier supplies the substance; or
 - (ii) in any other case—not more than 12 months before the day the supplier supplies the substance; and
 - (b) the supplier is satisfied about—
 - (i) the authenticity of the prescription; and
 - (ii) the identity of the coordinating practitioner who issued the prescription; and

- (iii) the identity of the individual, contact person or administering practitioner to whom the approved substance is being supplied; and
 - (c) the supplier has labelled the substance in accordance with any substance labelling requirements prescribed by regulation; and
 - (d) the supplier complies with any other requirements about the supply of an approved substance prescribed by regulation; and
 - (e) if the prescription is a subsequent prescription issued under section 59 and an approved substance was previously supplied for an individual under another prescription—the supplier is satisfied that the previously supplied substance has been—
 - (i) given to an approved disposer; or
 - (ii) reported as lost or stolen in accordance with the *Medicines, Poisons and Therapeutic Goods Act 2008*, section 39; and
 - (f) the supplier supplies the substance to the person—
 - (i) personally; or
 - (ii) using a courier in the circumstances prescribed by regulation.
- (4) An approved supplier commits an offence if the supplier—
- (a) supplies an approved substance to a person under subsection (2); and
 - (b) does not personally supply the substance to the person; and
 - (c) does not supply the substance in accordance with subsection (3) (f) (ii).

Maximum penalty: 20 penalty units.

- (5) A courier may do any of the following in relation to an approved substance:
- (a) receive the substance from an approved supplier for a purpose mentioned in paragraph (b) or (c);
 - (b) possess the substance for the purpose mentioned in paragraph (c);
 - (c) deliver the substance to the person to whom it is addressed.

- (6) A courier must comply with any requirements prescribed by regulation when doing a thing mentioned in subsection (5).

Maximum penalty: 20 penalty units.

- (7) If an approved supplier supplies an approved substance under subsection (2), the supplier must, within 4 business days after the day they supply the substance—
- (a) prepare a written record of the supply (a ***supply record***) that includes any information prescribed by regulation; and
 - (b) give a copy of the supply record to—
 - (i) the board; and
 - (ii) the director-general.

Maximum penalty (paragraph (b) (i)): 20 penalty units.

- (8) An offence against subsection (7) (b) (i) is a strict liability offence.
- (9) The approved supplier must keep the supply record for at least 2 years after the day they supply the approved substance.
- (10) In this section:

controlled medicine—see the [Medicines, Poisons and Therapeutic Goods Act 2008](#), section 11 (2).

courier means a person who meets the requirements prescribed by regulation.

**61 Receiving, possessing, preparing and administering
approved substances—individuals and other people**

- (1) This section applies if—
 - (a) a self-administration decision is in effect for an individual; and
 - (b) the individual's coordinating practitioner has prescribed an approved substance under section 58 or section 59.
- (2) The individual may do the following in relation to the approved substance:
 - (a) receive the substance from an approved supplier;
 - (b) receive the substance from their contact person if the contact person has received the substance from an approved supplier;
 - (c) give the substance to another individual for a purpose mentioned in subsection (6);
 - (d) possess the substance for a purpose mentioned in paragraph (e) or (f);
 - (e) prepare the substance for self-administration;
 - (f) self-administer the substance.
- (3) The individual's contact person may do the following in relation to the approved substance:
 - (a) receive the substance from an approved supplier;
 - (b) possess the substance for the purpose of giving it to the individual;
 - (c) give the substance to the individual.

- (4) Within 4 business days after the day the contact person gives an approved substance to the individual under subsection (3) (c), the contact person must tell the board, by written notice, that they have given the substance to the individual.

Maximum penalty: 20 penalty units.

- (5) An offence against this section is a strict liability offence.
- (6) If the individual asks an adult (the *assisting person*), to prepare the approved substance for the individual, the assisting person may do the following:
- (a) receive the substance from the individual;
 - (b) possess the substance for a purpose mentioned in paragraph (c) or (d);
 - (c) prepare the substance for the individual to self-administer;
 - (d) give the substance to the individual.

Example

The individual asks their contact person to dissolve an approved substance so that the individual can self-administer the substance. The contact person may receive the substance from the individual, dissolve the substance and return the prepared mixture to the individual.

- (7) In this section:

give, for an approved substance, does not include administer.

receive, for an approved substance, does not include receive by administration.

62 Giving approved substances to administering practitioner after change of administration decision—individuals

- (1) This section applies if—
 - (a) an individual changes their administration decision under section 43 (1) (a); and
 - (b) the individual is in possession of an approved substance when a health practitioner becomes their administering practitioner.
- (2) The individual must give the approved substance to the health practitioner as soon as practicable after the health practitioner becomes their administering practitioner.
- (3) Within 4 business days after the day an individual gives an approved substance to their administering practitioner under subsection (2), the administering practitioner must tell the board, by written notice, that they have received the substance from the individual.

Maximum penalty: 20 penalty units.

- (4) An offence against this section is a strict liability offence.

63 Receiving and possessing approved substances—administering practitioner

- (1) This section applies if—
 - (a) a practitioner administration decision is in effect for an individual; and
 - (b) the individual's coordinating practitioner has prescribed an approved substance under section 58 or section 59.
- (2) The individual's administering practitioner may—
 - (a) receive the approved substance from an approved supplier for a purpose mentioned in section 66 (2); and
 - (b) possess the approved substance for a purpose mentioned in section 66 (2).

**64 Receiving and possessing approved substances after
change of administration decision—administering
practitioner**

- (1) This section applies if an individual changes their administration decision under section 43 (1) (a).
- (2) The individual's administering practitioner may—
 - (a) receive an approved substance from the individual for a purpose mentioned in section 66 (2); and
 - (b) possess the approved substance for a purpose mentioned in section 66 (2).

**65 Giving, receiving and possessing approved substances—
transfer of administering practitioner functions**

- (1) This section applies if—
 - (a) the administering practitioner functions for an individual are transferred under section 46 or section 47; and
 - (b) the original administering practitioner is in possession of an approved substance for the individual when the transfer takes effect.
- (2) Within 14 days after the day the administering practitioner functions are transferred, the new administering practitioner may ask the original administering practitioner to give the approved substance to the new administering practitioner.
- (3) The original administering practitioner must comply with a request under subsection (2) within 2 days after the day it is made.

Maximum penalty: 100 penalty units.

- (4) If the original administering practitioner gives the substance to the new administering practitioner, the new administering practitioner may—
 - (a) receive the substance for a purpose mentioned in section 66 (2); and
 - (b) possess the substance for a purpose mentioned in section 66 (2).
- (5) Within 4 business days after the day the original administering practitioner gives an approved substance to the new administering practitioner, the original administering practitioner must—
 - (a) tell the board, by written notice, that they have given the substance to the new administering practitioner; and
 - (b) tell the director-general, by written notice, that—
 - (i) the individual has a new administering practitioner; and
 - (ii) the original administering practitioner has given the substance to the new administering practitioner.

Maximum penalty (paragraph (a)): 20 penalty units.

- (6) A written notice given under subsection (5) (b) must include any information prescribed by regulation.
- (7) An offence against subsection (5) (a) is a strict liability offence.

66 Administering approved substances—administering practitioner

- (1) This section applies if—
 - (a) a practitioner administration decision is in effect for an individual; and
 - (b) the individual's coordinating practitioner has prescribed an approved substance under section 58 or section 59.

- (2) The individual's administering practitioner may do the following in relation to the approved substance:
 - (a) prepare the substance for administration to the individual;
 - (b) administer the substance to the individual.
- (3) However, the individual's administering practitioner must not administer the approved substance to the individual unless the administering practitioner—
 - (a) is satisfied, immediately before administering the substance, that the individual—
 - (i) has decision-making capacity in relation to voluntary assisted dying; and
 - (ii) is acting voluntarily and without coercion; and
 - (b) administers the substance in the presence of an eligible witness.
- (4) The witness to the administration of the approved substance must certify by written statement (a *witness certificate*) that—
 - (a) the individual appeared to be acting voluntarily and without coercion; and
 - (b) the approved substance was administered to the individual in the presence of the witness.
- (5) The witness must give the administering practitioner a copy of the witness certificate.
- (6) In this section:
eligible witness means someone who is an adult.

**67 Giving, receiving and possessing approved substances—
change in contact person**

- (1) This section applies if—
 - (a) a self-administration decision is in effect for an individual; and
 - (b) an approved supplier has supplied an approved substance under section 60; and
 - (c) the appointment of the individual's contact person ends and the contact person (the *original contact person*) is in possession of the approved substance when their appointment ends.
- (2) Within 14 days after the day the appointment ends, the individual may ask the original contact person to give the approved substance to—
 - (a) the individual; or
 - (b) if the individual has appointed another contact person (a *new contact person*)—the new contact person.
- (3) The original contact person must comply with a request under subsection (2) within 2 days after the day it is made.
Maximum penalty: 100 penalty units.
- (4) The new contact person may receive the approved substance from the original contact person for a purpose mentioned in section 61 (3) (b) or (c).
- (5) Within 4 business days after the original contact person gives an approved substance to another person under subsection (2), the original contact person must—
 - (a) tell the board, by written notice, that they have given the substance to the new contact person; and
 - (b) tell the director-general, by written notice, that—
 - (i) the individual has a new contact person; and

- (ii) the original contact person has given the substance to the new contact person.

Maximum penalty (paragraph (a)): 20 penalty units.

- (6) A written notice given under subsection (5) (b) must include any information prescribed by regulation.
- (7) An offence against subsection (5) (a) is a strict liability offence.

68 Giving approved substances to approved disposer if administration decision revoked—individual or contact person

- (1) This section applies if—
 - (a) an individual revokes their self-administration decision; and
 - (b) the individual or their contact person is in possession of an approved substance when the self-administration decision is revoked.
- (2) The individual or contact person must give the approved substance to an approved disposer as soon as practicable, but not later than 14 days after the day the self-administration decision is revoked.

Maximum penalty: 100 penalty units.

69 Giving approved substances to approved disposer if individual dies or contact person appointment ends—contact person

- (1) This section applies if—
 - (a) a self-administration decision is in effect for an individual; and
 - (b) an approved supplier has supplied an approved substance under section 60; and

- (c) either—
 - (i) the appointment of the individual's contact person ends and the contact person is not required to give the approved substance to the individual or a new contact person under section 67; or
 - (ii) the individual dies from any cause; and
 - (d) the contact person is in possession of the approved substance at the time of the appointment ending or the individual dying.
- (2) The contact person—
- (a) may possess any remaining approved substance for the purpose mentioned in paragraph (b); and
 - (b) must give any remaining approved substance to an approved disposer as soon as practicable, but not later than 14 days after the day of whichever event mentioned in subsection (1) (c) happens.

Maximum penalty (paragraph (b)): 100 penalty units.

70 Giving approved substances to approved disposer— administering practitioner

- (1) This section applies if—
- (a) a practitioner administration decision is in effect for an individual; and
 - (b) the individual's administering practitioner is in possession of an approved substance; and
 - (c) any of the following happen:
 - (i) the individual revokes the practitioner administration decision;
 - (ii) the individual dies from any cause;

- (iii) the administering practitioner is satisfied that the substance is not suitable for administration to the individual.

(2) The administering practitioner—

- (a) may possess the approved substance for the purpose mentioned in paragraph (b); and
- (b) must give the approved substance to an approved disposer as soon as practicable, but not later than 14 days after the day of whichever event mentioned in subsection (1) (c) happens.

**71 Giving approved substances to approved disposer—
transfer of administering practitioner functions**

(1) This section applies if—

- (a) the administering practitioner functions for an individual are transferred under section 46 or section 47; and
- (b) the original administering practitioner is in possession of an approved substance for the individual when the transfer takes effect; and
- (c) the original administering practitioner is not required to give the approved substance to the new administering practitioner under section 65 (Giving, receiving and possessing approved substances—transfer of administering practitioner functions).

(2) The original administering practitioner—

- (a) may possess the approved substance for the purpose mentioned in paragraph (b); and
- (b) must give the approved substance to an approved disposer as soon as practicable, but not later than 14 days after the day the transfer takes effect.

72 Giving expired approved substances to approved disposer

- (1) This section applies if—
 - (a) an approved supplier has supplied an approved substance under section 60; and
 - (b) the approved substance is not used before it expires; and
 - (c) the individual or another person is in possession of the substance.
- (2) The individual or other person—
 - (a) may possess the approved substance for the purpose mentioned in paragraph (b); and
 - (b) must give the approved substance to an approved disposer as soon as practicable, but not later than 14 days after the day they become aware that the substance has expired.

Maximum penalty (paragraph (b)): 100 penalty units.

73 Disposal of approved substances by approved disposer

- (1) This section applies if an approved disposer receives an approved substance from a person.
- (2) The approved disposer—
 - (a) must, when they receive the approved substance, give the person a written record of receiving the substance that includes any information prescribed by regulation; and
 - (b) must, within 4 business days after the day they receive the approved substance, give the following entities a written notice of having received the substance that includes any information prescribed by regulation:
 - (i) the board;

- (ii) the director-general; and
- (c) may possess the approved substance for the purpose of disposing of it; and
- (d) must, as soon as practicable after receiving the approved substance, dispose of it in accordance with any disposal requirements prescribed by regulation.

Maximum penalty (paragraph (b) (i)): 20 penalty units.

- (3) Within 7 days after the day an approved disposer disposes of an approved substance, the disposer must—
 - (a) prepare a written record of the disposal (a *disposal record*) that includes any information prescribed by regulation; and
 - (b) give the board a copy of the disposal record.

Maximum penalty (paragraph (b)): 20 penalty units.

- (4) An offence against this section is a strict liability offence.
- (5) The approved disposer must keep the disposal record for at least 2 years after the day they dispose of the approved substance.

74 Storage of approved substances

A person who possesses an approved substance under this division must store the substance in accordance with any storage requirements prescribed by regulation.

Maximum penalty: 20 penalty units.

75 Offence—unauthorised administration of approved substance

- (1) A person commits an offence if the person—
- (a) administers an approved substance to an individual; and
 - (b) is not authorised to administer the approved substance to the individual under section 66 (Administering approved substances—administering practitioner).

Maximum penalty: imprisonment for 7 years.

- (2) This section does not apply if the person administers a medicine to another person under the *Medicines, Poisons and Therapeutic Goods Act 2008*.

Note The defendant has an evidential burden in relation to the matters mentioned in s (2) (see *Criminal Code*, s 58).

- (3) In this section:

medicine—see the *Medicines, Poisons and Therapeutic Goods Act 2008*, section 11 (1).

76 Offence—inducing self-administration of approved substance

- (1) A person commits an offence if the person, dishonestly or by coercion, induces an individual into self-administering an approved substance.

Maximum penalty: imprisonment for 7 years.

- (2) In this section:

dishonest—a person's conduct is *dishonest* if—

- (a) the person's conduct is dishonest according to the standards of ordinary people; and
- (b) the person knows that the conduct is dishonest according to those standards.

Division 4.4 Notifications about death

77 Application—div 4.4

This division applies if an individual dies while an administration decision is in effect for them.

78 Contact person to tell coordinating practitioner about death

- (1) This section applies if—
 - (a) an individual dies of any cause; and
 - (b) there is a contact person appointment in effect when the individual dies.
- (2) The individual's contact person must, within 2 business days after the day they become aware of the individual's death, tell the individual's coordinating practitioner about the death.

79 Coordinating practitioner to notify board and director-general about death

- (1) This section applies if the individual dies of any cause.
- (2) Within 4 business days after the day the individual's coordinating practitioner becomes aware of the individual's death, the coordinating practitioner must give written notice of the death to—
 - (a) the board; and
 - (b) the director-general.

Maximum penalty (paragraph (a)): 20 penalty units.

- (3) An offence against this section is a strict liability offence.

80 Administering practitioner to notify board, coordinating practitioner and director-general about death

- (1) This section applies if—
 - (a) the individual dies of any cause; and
 - (b) there is a practitioner administration decision in effect when the individual dies; and
 - (c) the individual's administering practitioner is not—
 - (i) the individual's coordinating practitioner; or
 - (ii) required to give the board an administration certificate under section 81.
- (2) Within 4 business days after the day the administering practitioner becomes aware of the individual's death, the administering practitioner must—
 - (a) give written notice of the death to—
 - (i) the board; and
 - (ii) the director-general; and
 - (b) if the administering practitioner is not the individual's coordinating practitioner—tell the coordinating practitioner about the death.

Maximum penalty (paragraph (a) (i)): 20 penalty units.

- (3) An offence against this section is a strict liability offence.

81 Administration certificate

- (1) This section applies if an individual dies after their administering practitioner administers an approved substance to them.
- (2) The administering practitioner must give the director-general written notice of the death within 4 business days after the day the individual dies.

- (3) The administering practitioner must prepare a written certificate (an ***administration certificate***) certifying—
- (a) that the individual made a practitioner administration decision; and
 - (b) that the individual did not revoke the practitioner administration decision before the approved substance was administered; and
 - (c) that the administering practitioner is satisfied that, immediately before administering the approved substance to the individual—
 - (i) the individual had decision-making capacity in relation to voluntary assisted dying; and
 - (ii) the individual was acting voluntarily and without coercion; and
 - (d) any other matter prescribed by regulation.

Note It is an offence to make a false or misleading statement, give false or misleading information or produce a false or misleading document (see [Criminal Code](#), pt 3.4).

- (4) Within 4 business days after the day the administering practitioner administers the approved substance to the individual, the administering practitioner must give the board a copy of—
- (a) the administration certificate; and
 - (b) the witness certificate.

Maximum penalty: 20 penalty units.

- (5) An offence against this section is a strict liability offence.
- (6) In this section:

witness certificate—see section 66 (4).

82 Notice of death if individual dies following administration of an approved substance

- (1) This section applies if a health practitioner—
 - (a) is required to give the registrar-general written notice of the death and cause of death of an individual under the *Births, Deaths and Marriages Registration Act 1997*, section 35; and
 - (b) knows or believes on reasonable grounds that the individual died after an approved substance was administered by or to the individual under this Act.
- (2) In the notice, the health practitioner—
 - (a) must state that the individual's cause of death was the condition mentioned in section 11 (1) (b); and
 - (b) must not include any reference to voluntary assisted dying as the cause of death.
- (3) The health practitioner must also give the registrar-general written notice that the individual's manner of death was the administration of an approved substance by or to the individual under this Act.

83 Health practitioner to notify board about death

- (1) This section applies if a health practitioner—
 - (a) is required to give the registrar-general notice under section 82; but
 - (b) is not required to give the board notice of the individual's death under section 79, section 80 or section 81.
- (2) Within 4 business days after the day the health practitioner becomes aware of the individual's death, the health practitioner must give written notice of the death to—
 - (a) the board; and

(b) the director-general.

Maximum penalty (paragraph (a)): 20 penalty units.

(3) An offence against this section is a strict liability offence.

84 Board may request information from coordinating practitioner or contact person

- (1) This section applies if an individual's coordinating practitioner gives the board notice of the individual's death under section 79 or section 83.
- (2) The board may ask the following people to give the board information about the individual's death:
 - (a) the coordinating practitioner;
 - (b) if the individual had a contact person appointment in effect when they died—the individual's contact person.
- (3) A request under subsection (2) must—
 - (a) be in writing; and
 - (b) state the information the board requires; and
 - (c) state a reasonable period for the coordinating practitioner or contact person to comply with the request; and
 - (d) state that the coordinating practitioner or contact person may seek an extension of the period mentioned in paragraph (c) before or after the period ends.
- (4) The board may extend the period for the coordinating practitioner or contact person to comply with a request under subsection (2) before or after the period ends.

- (5) The coordinating practitioner or contact person must comply with a request under subsection (2).

Maximum penalty: 20 penalty units.

Note 1 It is an offence to make a false or misleading statement, give false or misleading information or produce a false or misleading document (see [Criminal Code](#), pt 3.4).

Note 2 The [Legislation Act](#), s 170 and s 171 deals with the application of the privilege against self-incrimination and client legal privilege.

- (6) An offence against this section is a strict liability offence.

Division 4.5 Miscellaneous

85 Director-general must keep register about supply and disposal of approved substances

- (1) The director-general must keep a register about the supply and disposal of approved substances for the purpose of contacting any person the director-general considers appropriate in relation to an approved substance that has been supplied under this Act.
- (2) The register—
- (a) must include any information prescribed by regulation; and
 - (b) may include any other information the director-general considers appropriate.
- (3) The director-general may correct any mistake, error or omission in the register.
- (4) The director-general may give information in the register to a relevant entity if—
- (a) the relevant entity requests the information; and
 - (b) the director-general is satisfied that the information is relevant to the exercise of the relevant entity's functions.

(5) In this section:

medicines and poisons inspector—see the [Medicines, Poisons and Therapeutic Goods Act 2008](#), section 99.

relevant entity means—

- (a) the board; or
- (b) a medicines and poisons inspector.

Part 5

Requirements for coordinating practitioners, consulting practitioners and administering practitioners

Division 5.1

General

86 **Definitions—pt 5**

In this part:

authorised administering practitioner means a health practitioner authorised as an authorised administering practitioner under section 92 (a).

authorised consulting practitioner means a health practitioner authorised as an authorised consulting practitioner under section 92 (a).

authorised coordinating practitioner means a health practitioner authorised as an authorised coordinating practitioner under section 92 (a).

Division 5.2

Authorised practitioners

87 **Meaning of *authorised practitioner*—div 5.2**

In this division:

authorised practitioner means—

- (a) an authorised coordinating practitioner; or
- (b) an authorised consulting practitioner; or
- (c) an authorised administering practitioner.

88 Application for authorisation

- (1) A health practitioner may apply to the director-general for authorisation as 1 or more of the following:
 - (a) a coordinating practitioner;
 - (b) a consulting practitioner;
 - (c) an administering practitioner.
- (2) An application must—
 - (a) be in writing; and
 - (b) include any information prescribed by regulation.
- (3) The director-general may refuse to consider an application that does not comply with subsection (2).

89 Eligibility for authorisation

- (1) A health practitioner is eligible for authorisation as an authorised coordinating practitioner or authorised consulting practitioner if the health practitioner—
 - (a) is a doctor or nurse practitioner; and
 - (b) meets any other eligibility requirements prescribed by regulation.
- (2) A health practitioner is eligible for authorisation as an authorised administering practitioner if the health practitioner—
 - (a) is a doctor, nurse practitioner or registered nurse; and
 - (b) meets any other eligibility requirements prescribed by regulation.

90 Director-general may require more information

- (1) The director-general may, in writing, require an applicant for authorisation to give the director-general information that the director-general reasonably needs to decide the application.
- (2) If the applicant does not comply with a requirement under subsection (1), the director-general may refuse to consider the application further.

91 Change of information must be provided

If the information in an application for authorisation changes before the application is decided, the applicant must give the director-general written notice of the details of the change.

92 Deciding applications

If a health practitioner applies for authorisation, the director-general must, in writing—

- (a) if the health practitioner is eligible for authorisation—authorise the health practitioner; or
- (b) if the health practitioner is not eligible for authorisation—refuse to authorise the health practitioner.

93 Authorisation conditions

- (1) An authorised practitioner's authorisation is subject to the following conditions:
 - (a) any condition the director-general considers appropriate;
 - (b) any condition prescribed by regulation.

- (2) However, before imposing a condition under subsection (1) (a), the director-general must—
- (a) give the authorised practitioner a written notice that—
 - (i) states the condition the director-general proposes to impose; and
 - (ii) states the reason the director-general proposes to impose the condition; and
 - (iii) tells the practitioner that the practitioner may give a written response to the director-general about the matters stated in the notice not later than 28 days after the day the practitioner receives the notice; and
 - (b) consider any response given to the director-general in accordance with paragraph (a) (iii).

94 Notifying director-general about change in eligibility for authorisation

An authorised practitioner must give the director-general written notice about any of the following events or circumstances within 14 days after the day the practitioner becomes aware of the event or circumstance:

- (a) a change to the authorised practitioner's name;
- (b) a change to the authorised practitioner's contact details;
- (c) a change to the authorised practitioner's eligibility to be an authorised practitioner;
- (d) any other event or circumstance prescribed by regulation.

95 Revocation of authorisation

The director-general may revoke an authorised practitioner's authorisation if—

- (a) the director-general is satisfied that the authorised practitioner is no longer eligible to be an authorised practitioner; or
- (b) the practitioner asks, in writing, for the authorisation to be revoked.

96 Register of authorised practitioners

- (1) The director-general must keep a register of authorised practitioners.
- (2) The register must include the details prescribed by regulation.
- (3) The register may also contain any other details the director-general considers appropriate.
- (4) The director-general may correct any mistake, error or omission in the register.
- (5) The director-general must give a copy of the register to—
 - (a) the approved care navigator service; and
 - (b) the board.

**Division 5.3 Requirements for coordinating
practitioners, consulting practitioners
and administering practitioners**

**97 Requirements for acting as coordinating practitioner,
consulting practitioner or administering practitioner**

- (1) A person may act as a coordinating practitioner for an individual only if they—
 - (a) are an authorised coordinating practitioner; and
 - (b) do not have a personal interest in relation to the individual.

- (2) A person may act as a consulting practitioner for an individual only if they—
 - (a) are an authorised consulting practitioner; and
 - (b) do not have a personal interest in relation to the individual.
- (3) A doctor must be either the coordinating practitioner or the consulting practitioner for an individual.
- (4) A person may act as an administering practitioner for an individual only if they—
 - (a) are an authorised administering practitioner; and
 - (b) do not have a personal interest in relation to the individual.
- (5) For this section, a person has a ***personal interest*** in relation to an individual if the person—
 - (a) is a family member of the individual; or
 - (b) knows or believes they are a beneficiary under the will of the individual; or
 - (c) knows or believes they may otherwise benefit financially or in any other material way (other than by receiving reasonable fees for the provision of services relating to their role as the coordinating practitioner, consulting practitioner or administering practitioner) from—
 - (i) assisting the individual to access voluntary assisted dying; or
 - (ii) the death of the individual.

**98 Acting as coordinating practitioner, consulting
practitioner or administering practitioner when
requirements to act not met**

A person commits an offence if the person—

- (a) acts as the coordinating practitioner, consulting practitioner or administering practitioner for an individual; and
- (b) does not meet the requirements in section 97 (Requirements for acting as coordinating practitioner, consulting practitioner or administering practitioner).

Maximum penalty: 100 penalty units, imprisonment for 12 months or both.

Part 6 Conscientious objections— health practitioners and health service providers

99 Conscientious objection by health practitioner or health service provider

- (1) A health practitioner who has a conscientious objection to voluntary assisted dying may refuse to do any of the following:
 - (a) act as a coordinating practitioner, consulting practitioner or administering practitioner for an individual;
 - (b) provide advice to a coordinating practitioner in relation to a referral made under section 17 (Referral for advice about eligibility requirements);
 - (c) provide advice to a consulting practitioner in relation to a referral made under section 24 (Referral for advice about eligibility requirements);
 - (d) supply an approved substance;
 - (e) be present when an approved substance is administered by or to an individual.
- (2) A health service provider who has a conscientious objection to voluntary assisted dying may refuse to do any of the following:
 - (a) participate in a request and assessment process;
 - (b) participate in an administration decision;
 - (c) be present when an approved substance is administered by or to an individual.

- (3) In this section:

health service—see the [Health Act 1993](#), section 5.

health service provider—see the [Health Act 1993](#), section 7.

100 Giving individual contact details for approved care navigator service

- (1) This section applies if a health practitioner or relevant health service provider refuses to do a thing mentioned in section 99 in relation to an individual.
- (2) Within 2 business days after the day the health practitioner or health service provider refuses to do the thing, they must give the individual, in writing, the contact details for the approved care navigator service.

Maximum penalty: 20 penalty units.

- (3) An offence against this section is a strict liability offence.

- (4) In this section:

health service provider—see the [Health Act 1993](#), section 7.

relevant health service provider means a health service provider prescribed by regulation.

Part 7 Obligations of facility operators

Division 7.1 General

101 Definitions—pt 7

(1) In this part:

care service means a health service, aged care service or personal care service.

facility means a place (other than an individual's private residence) where a care service is provided to a resident of the facility, including—

- (a) a hospital; and
- (b) a hospice; and
- (c) a nursing home, hostel, respite facility or other facility where accommodation, nursing or personal care is provided to individuals who, because of infirmity, illness, disease, incapacity or disability, have a need for accommodation, nursing or personal care; and
- (d) a residential aged care facility.

facility operator means the entity that is responsible for the management of a facility.

resident, of a facility, means an individual who is staying at the facility on a temporary or permanent basis to receive accommodation, nursing or personal care.

Examples—resident

a permanent or temporary resident of a residential aged care facility, an in-patient of a hospital, a resident of a hospice

(2) In this section:

disability—see the *Disability Services Act 1991*, dictionary.

health service—see the *Health Act 1993*, section 5.

medicine—see the *Medicines, Poisons and Therapeutic Goods Act 2008*, section 11 (1).

personal care service means assistance or support of a personal nature that is provided to an individual under a contract, agreement or other arrangement, and includes—

- (a) assistance with bathing, showering, personal hygiene, toileting, dressing, undressing or meals; and
- (b) assistance with mobility problems; and
- (c) assistance or supervision in administering medicine; and
- (d) the provision of substantial emotional support.

residential aged care facility means a residential facility that provides residential care to residents at the facility.

residential care—see the *Aged Care Act 1997* (Cwlth), section 41-3.

Division 7.2 Information and access obligations

102 Application—div 7.2

(1) This division applies if—

- (a) an individual is a resident of a facility; and
- (b) the facility operator does not provide residents of the facility with access to a relevant service.

(2) In this section:

relevant service means a service in relation to—

- (a) the provision of information about voluntary assisted dying; or

- (b) the exercise of a function under part 3 (Request and assessment process for access to voluntary assisted dying) or part 4 (Accessing voluntary assisted dying and death) in relation to an individual's request for access to voluntary assisted dying.

103 Definitions—div 7.2

- (1) In this division:

deciding practitioner, for a decision about the transfer of an individual, means—

- (a) if the individual has a coordinating practitioner—the coordinating practitioner; or
- (b) if the individual does not have a coordinating practitioner—a treating doctor of the individual.

relevant person means—

- (a) for information about voluntary assisted dying—any person who can provide the information; and
- (b) for a request to access voluntary assisted dying—a person who is necessary for the exercise of a function under part 3 (Request and assessment process for access to voluntary assisted dying) or part 4 (Accessing voluntary assisted dying and death) in relation to an individual's request for access to voluntary assisted dying.

104 Obligation to allow relevant person to have reasonable access to individual who wants information about or access to voluntary assisted dying

- (1) This section applies if the individual, or their agent, tells the facility operator, orally or in writing, that the individual wants—
 - (a) information about voluntary assisted dying; or
 - (b) to access voluntary assisted dying.

- (2) If the individual consents to seeing a relevant person, the facility operator must allow the relevant person to have reasonable access to the individual at the facility at a time that is acceptable to the individual.

Maximum penalty: 100 penalty units.

105 Obligation to consider and facilitate transfer of individual who wants to access voluntary assisted dying

- (1) This section applies if—
- (a) section 104 applies; and
 - (b) either—
 - (i) the relevant person is unable to attend the facility at a time that is acceptable to the individual; or
 - (ii) the facility operator does not allow the relevant person to have reasonable access to the individual at the facility in accordance with section 104.
- (2) The facility operator must ask the individual if they want to be transferred to and from a place to see—
- (a) the relevant person (the *first relevant person*); or
 - (b) another relevant person if—
 - (i) the first relevant person is unable to see the individual at a time or place that is acceptable to the individual; or
 - (ii) the individual's deciding practitioner decides that transferring the individual to and from a place to see the first relevant person is unreasonable in the circumstances.

- (3) If the individual, or their agent, tells the facility operator that the individual wants to be transferred to and from a place to see the first relevant person or another relevant person, the operator must ask the individual's deciding practitioner to decide whether it is reasonable in the circumstances to transfer the individual to and from a place to see the person.
- (4) The individual's deciding practitioner must take the following into account when deciding whether a transfer is reasonable in the circumstances:

- (a) whether the transfer would be likely to cause serious harm to the individual;

Examples—serious harm

significant pain, a significant deterioration in the individual's condition

- (b) whether the transfer would be likely to adversely affect the individual's access to voluntary assisted dying;

Example—adverse effect

the transfer would likely result in a loss of decision-making capacity, including because of the effects of any pain relief or medication that would be required for the transfer

- (c) whether the transfer would be likely to cause undue delay or prolonged suffering in accessing voluntary assisted dying;
- (d) whether the place where it is proposed the individual would be transferred to is available to receive the individual;
- (e) whether the individual would incur a financial loss or cost because of the transfer.

- (5) The facility operator must, as soon as reasonably practicable, facilitate the transfer of the individual if—
- (a) the deciding practitioner decides that the transfer is reasonable in the circumstances; and
 - (b) the individual consents to the transfer.

Maximum penalty: 100 penalty units.

- (6) If the facility operator does not facilitate the transfer in accordance with subsection (5), the operator must give the board written notice stating—
- (a) the reasons why the transfer did not happen; and
 - (b) the steps taken by the operator to try to facilitate the transfer.

Maximum penalty: 20 penalty units.

- (7) An offence against subsection (6) is a strict liability offence.

106 Obligation to make access to relevant person reasonably practicable

- (1) This section applies if the facility operator does not transfer the individual under section 105 because the individual's deciding practitioner decides that the transfer is unreasonable in the circumstances.
- (2) If the individual consents to seeing the relevant person, the facility operator must take reasonable steps to allow the relevant person to have access to the individual at the facility at a time that is acceptable to the individual.
- (3) If the relevant person is unable to attend the facility to see the individual at a time that is acceptable to the individual, the facility operator must take reasonable steps to allow another relevant person to have access to the individual at the facility at a time that is acceptable to the individual if the individual consents to seeing the other relevant person.

- (4) A facility operator commits an offence if the operator—
- (a) is required to take reasonable steps to allow a relevant person to have reasonable access to an individual at the facility under subsection (2) or (3); and
 - (b) fails to take reasonable steps to allow a person to have reasonable access to the individual at the facility.

Maximum penalty: 100 penalty units.

Division 7.3 Other obligations

107 Obligations if individual wants information about voluntary assisted dying

- (1) This section applies if an individual, or their agent, tells the facility operator, orally or in writing, that the individual wants information about voluntary assisted dying.
- (2) Within 2 business days after the day the request is made, the facility operator must give the individual, in writing, the contact details for the approved care navigator service.

Maximum penalty: 30 penalty units.

- (3) An offence against subsection (2) is a strict liability offence.
- (4) The facility operator must allow an employee or other official of the approved care navigator service to have reasonable access to the individual at the facility at a time that is acceptable to the individual if—
 - (a) the individual consents to seeing the employee or other official; and
 - (b) the employee or other official is seeking the access for the purpose of giving the individual the requested information.

Maximum penalty: 100 penalty units.

108 Facility operator must have policy

- (1) A facility operator must have a policy that—
- (a) sets out how the operator will comply with its obligations under division 7.2; and
 - (b) complies with any requirements prescribed by regulation.

Maximum penalty: 20 penalty units.

- (2) The facility operator must publish its policy in a way that is likely to come to the attention of the following people:
- (a) a resident of the facility;
 - (b) an individual who accesses the website for the facility;
 - (c) an individual who tells the facility operator that the individual or a family member of the individual is interested in becoming a resident of the facility.

Maximum penalty: 20 penalty units.

Examples—publishing information in way likely to come to individual's attention

- 1 including the policy in a brochure about the facility operator
- 2 displaying the policy on signs at the facility

- (3) If a person asks the facility operator for its policy, the operator must make the policy available to the person within 2 business days after the day the person asks for it.

Maximum penalty: 20 penalty units.

- (4) An offence against this section is a strict liability offence.

109 Facility operator must not withdraw or refuse to provide care service

A facility operator must not withdraw a care service from an individual, or refuse to provide a care service to an individual, only because the operator knows that—

- (a) the individual or their agent has asked, or is likely to ask, for information about voluntary assisted dying; or
- (b) the individual has made, or is likely to make, a request to access voluntary assisted dying.

Maximum penalty: 100 penalty units.

Part 8 **Voluntary assisted dying oversight board**

Division 8.1 **Establishment of board**

110 **Establishment of board**

The Voluntary Assisted Dying Oversight Board is established.

Division 8.2 **Membership of board**

111 **Members of board**

The board consists of at least 4, but not more than 7 members, including the chair and deputy chair (if one is appointed).

112 **Appointment of members**

- (1) The Minister may appoint a person as a member of the board if satisfied the person—
 - (a) either—
 - (i) has knowledge and expertise in 1 or more relevant area; or
 - (ii) is likely to make a valuable contribution to the board because of the individual's experience, knowledge and skills; and
 - (b) is not, and has not been, bankrupt or personally insolvent; and
 - (c) has not been convicted or found guilty of an indictable offence.

Note 1 A conviction does not include a spent conviction or an extinguished conviction (see [Spent Convictions Act 2000](#), s 16 (c) (i) and s 19H (1) (c) (i)).

Note 2 For laws about appointments, see the [Legislation Act](#), pt 19.3.

- (2) The Minister must ensure the membership of the board—
- (a) includes people with a range of experience, knowledge and skills relevant to the work of the board; and
 - (b) takes into account the social, cultural and geographic characteristics of the ACT community and people who work or receive medical treatment in the ACT; and
 - (c) is not made up by a majority of members who are public employees.
- (3) A member must be appointed for not longer than 3 years.
- (4) The conditions of appointment of a member (other than a member who is a public servant) are the conditions stated in the appointment, subject to any determination under the [Remuneration Tribunal Act 1995](#).
- (5) In this section:
- carer**—see the [Carers Recognition Act 2021](#), section 6 (1).
- relevant area** means any of the following areas:
- (a) medicine;
 - (b) nursing;
 - (c) pharmacy;
 - (d) psychology;
 - (e) social work;
 - (f) ethics;
 - (g) law;
 - (h) health care consumer representation or advocacy;

- (i) disability or carer representation or advocacy;
- (j) another area the Minister considers relevant to the performance of the board's functions.

113 Appointment of chair

- (1) The Minister must appoint a member of the board to be the chair of the board.
- (2) The chair must be appointed for not longer than 3 years.
- (3) The conditions of appointment of the chair (other than a chair who is a public servant) are the conditions stated in the appointment, subject to any determination under the [Remuneration Tribunal Act 1995](#).

114 Appointment of deputy chair

- (1) The Minister may appoint a member of the board to be the deputy chair of the board.
- (2) The deputy chair must be appointed for not longer than 3 years.
- (3) The conditions of appointment of the deputy chair (other than a deputy chair who is a public servant) are the conditions stated in the appointment, subject to any determination under the [Remuneration Tribunal Act 1995](#).

115 Ending member appointments

The Minister may end the appointment of a member of the board (including the chair and any deputy chair) if the member—

- (a) contravenes a territory law; or
- (b) is absent from 3 consecutive meetings of the board, otherwise than on approved leave; or
- (c) exercises the member's functions other than in accordance with section 116; or
- (d) fails to comply with section 117 without reasonable excuse; or

(e) has a physical or mental incapacity that substantially affects the exercise of the member's functions; or

(f) is not eligible for appointment as a member.

116 Honesty, care and diligence of board members

In exercising the functions of a board member, a member must exercise the degree of honesty, care and diligence required to be exercised by a director of a corporation in relation to the affairs of the corporation.

117 Conflicts of interest by board members

A board member must take all reasonable steps to avoid being placed in a position where a conflict of interest arises during the exercise of the member's functions.

118 Disclosure of interests by board members

- (1) This section applies to a member of the board if—
 - (a) the member has a direct or indirect interest in an issue being considered, or about to be considered, by the board; and
 - (b) the interest could conflict with the proper exercise of the member's functions in relation to the board's consideration of the issue.
- (2) As soon as practicable after the relevant facts come to the member's knowledge, the member must disclose the nature of the interest to a meeting of the board.
- (3) The disclosure must be recorded in the board's minutes and, unless the board otherwise decides, the member must not—
 - (a) be present when the board considers the issue; or
 - (b) take part in a decision of the board on the issue.

Division 8.3 Functions of board and members

119 Functions of board

- (1) The board has the following functions:
- (a) to monitor the operation of this Act;
 - (b) to monitor requests for voluntary assisted dying;
 - (c) to refer issues identified by the board in relation to voluntary assisted dying to the following people if those issues are relevant to the person:
 - (i) the chief police officer;
 - (ii) the coroner;
 - (iii) the director-general;
 - (iv) the human rights commission;
 - (v) the national agency;
 - (vi) the registrar-general;
 - (d) to record and keep any information prescribed by regulation in relation to a request for, or access to, voluntary assisted dying;
 - (e) to analyse information given to the board under this Act and research matters relating to the operation of this Act;
 - (f) to give the Minister advice in relation to—
 - (i) the operation of this Act; or
 - (ii) the board's functions; or
 - (iii) the improvement of the processes and safeguards for voluntary assisted dying;
 - (g) any other function given to the board under this Act or another territory law.

- (2) In exercising its functions, the board—
 - (a) must act independently and in the public interest; and
 - (b) except as provided by this Act or another territory law, is not subject to the direction and control of any person.
- (3) If the board refers an issue to a person under subsection (1) (c), the board may give information to the person if satisfied that the information is relevant to the exercise of the person's functions.
- (4) In this section:

national agency means the national agency established under the *Health Practitioner Regulation National Law (ACT)*, section 23.

Note The *Health Practitioner Regulation National Law (ACT) Act 2010*, s 6 applies the Health Practitioner Regulation National Law set out in the *Health Practitioner Regulation National Law Act 2009* (Qld), schedule as if it were an ACT law called the *Health Practitioner Regulation National Law (ACT)*.

120 Functions of chair and deputy chair

- (1) The chair has the following functions:
 - (a) to lead and direct the work of the board;
 - (b) to ensure the board exercises its functions appropriately;
 - (c) any other function given to the chair under this Act or another territory law.
- (2) The deputy chair has the following functions:
 - (a) to act as the chair—
 - (i) during a vacancy in the office of the chair; and
 - (ii) during all periods when the chair is absent from duty or cannot exercise the functions of the chair for any other reason;

- (b) any other function given to the deputy chair under this Act or another territory law.

121 Ministerial directions

- (1) The Minister may give directions to the board about the exercise of its functions under this Act.
- (2) However, a direction cannot be about the exercise of a function in relation to a particular person.
- (3) The board must comply with a direction.
- (4) A direction is a notifiable instrument.

122 Decisions of board

- (1) A decision of the board on a question is valid if—
 - (a) at least the number of members prescribed by regulation vote on the question; and
 - (b) the question is decided by the number of votes prescribed by regulation.
- (2) Each member has 1 vote on each question to be decided.
- (3) However, if the votes on a question are equal, the chair has a casting vote.

Division 8.4 Miscellaneous

123 Board may request information from registrar-general

- (1) If the board is given notice about the death of an individual under this Act, the board may ask the registrar-general for information recorded in the registrable events register about the individual's death.
- (2) If a request for information is made under subsection (1), the registrar-general must give the board the requested information.

(3) In this section:

registrable events register means a register maintained under the *Births, Deaths and Marriages Registration Act 1997*, section 39.

124 Delegation by board

The board may delegate its functions under this Act or another territory law to a public servant.

125 Director-general to give support to board

The director-general must provide administrative support and facilities to the board.

126 Arrangements for board staff and facilities

The board may arrange with the head of service to use—

- (a) the services of a public servant; or
- (b) territory facilities.

Note The head of service may delegate powers in relation to the management of public servants to a public servant or another person (see *Public Sector Management Act 1994*, s 18).

127 Annual reporting of board

The board must prepare an annual report under the *Annual Reports (Government Agencies) Act 2004*.

Part 9 Protection from liability

128 Meaning of *conduct*—pt 9

For this part, *conduct* means an act or omission to do an act.

129 Board members and people assisting board

- (1) A relevant person is not civilly liable for conduct engaged in honestly and without recklessness—
 - (a) in the exercise of a function of the board under this Act or another territory law; or
 - (b) in the reasonable belief that the conduct was in the exercise of a function of the board under this Act or another territory law.
- (2) Any liability that would, apart from this section, attach to the relevant person attaches instead to the Territory.
- (3) In this section:
relevant person means—
 - (a) a member of the board; or
 - (b) a person assisting the board to exercise its functions.

130 People engaging in conduct under Act

A person is not civilly or criminally liable for conduct engaged in under this Act if the person engages in the conduct honestly and on reasonable grounds.

131 Health practitioners and ambulance service members

- (1) A health practitioner or ambulance service member is not civilly or criminally liable for not administering life sustaining treatment to an individual if the health practitioner or ambulance service member believes on reasonable grounds that the individual—
- (a) is dying after self-administering or being administered with an approved substance in accordance with this Act; and
 - (b) has not requested the administration of life sustaining treatment.

- (2) In this section:

health practitioner means a person registered under the [Health Practitioner Regulation National Law \(ACT\)](#) to practise a health profession, including a student.

Note The [Health Practitioner Regulation National Law \(ACT\) Act 2010](#), s 6 applies the Health Practitioner Regulation National Law set out in the [Health Practitioner Regulation National Law Act 2009](#) (Qld), schedule as if it were an ACT law called the [Health Practitioner Regulation National Law \(ACT\)](#).

member, of the ambulance service—see the [Emergencies Act 2004](#), dictionary.

132 Engaging in conduct under Act not breach of professional standards etc

- (1) This section applies if a person, honestly and on reasonable grounds, engages in conduct under this Act.
- (2) The conduct is not, in itself—
- (a) a breach of professional ethics or standards or any principles of conduct applicable to the person's employment; or
 - (b) professional misconduct or unprofessional conduct.

133 Provisions of part do not affect complaints or referrals

To remove any doubt, nothing in this part prevents—

- (a) the making of a notification about a person under the *Health Practitioner Regulation National Law (ACT)*; or

Note The *Health Practitioner Regulation National Law (ACT) Act 2010*, s 6 applies the Health Practitioner Regulation National Law set out in the *Health Practitioner Regulation National Law Act 2009* (Qld), schedule as if it were an ACT law called the *Health Practitioner Regulation National Law (ACT)*.

- (b) the making of a complaint under the *Human Rights Commission Act 2005*; or
- (c) the making of a corruption complaint under the *Integrity Commission Act 2018*; or
- (d) the referral of an issue under section 119 (1) (c) (Functions of board); or
- (e) any other referral (however described) under a law applying in the ACT; or
- (f) the making of any other complaint (however described) under a law applying in the ACT.

Part 10 **Review of coordinating practitioner, consulting practitioner and administering practitioner decisions**

Division 10.1 **General**

134 **Definitions—pt 10**

In this part:

affected person, for a reviewable decision, means—

- (a) the individual about whom the reviewable decision was made; or
- (b) any other person who has a sufficient and genuine interest in the rights of the individual mentioned in paragraph (a) in relation to voluntary assisted dying.

decision-maker, for a reviewable decision, means the person mentioned in schedule 1, column 4 in relation to the decision.

registrar—see the [ACT Civil and Administrative Tribunal Act 2008](#), dictionary.

reviewable decision means a decision mentioned in schedule 1, column 3 under a provision of this Act mentioned in column 2 in relation to the decision.

Division 10.2 Reviewable decision notices and applications for review of reviewable decisions

135 Reviewable decision notices

- (1) If a decision-maker makes a reviewable decision about an individual, the decision-maker must give the individual a notice that includes any information prescribed by regulation.
- (2) A failure to comply with subsection (1) does not affect the validity of the decision.

136 Making application for review of reviewable decision

- (1) An affected person for a reviewable decision may apply to the ACAT for review of the decision.
- (2) If the reviewable decision is a decision mentioned in schedule 1, items 1, 3, 5, 7, 9, 11, 13, 15, 17 or 19, an application must be made not later than 5 days after the later of—
 - (a) the day the individual is given a copy of the relevant report; and
 - (b) the day the affected person making the application for review becomes aware of the reviewable decision.
- (3) If the reviewable decision is a decision mentioned in schedule 1, items 2, 4, 6, 8, 10, 12, 14, 16, 18 or 20, an application must be made not later than 28 days after the later of—
 - (a) the day the individual is given a copy of the relevant report; and
 - (b) the day the affected person making the application for review becomes aware of the reviewable decision.

(4) In this section:

relevant report means—

- (a) for a decision mentioned in schedule 1, items 1 to 6—the first assessment report for the individual; or
- (b) for a decision mentioned in schedule 1, items 7 to 12—the consulting assessment report for the individual; or
- (c) for a decision mentioned in schedule 1, items 13 to 20—the final assessment report for the individual.

137 Parties to application for review

The following people are parties to an application for review:

- (a) if the individual about whom the reviewable decision was made is not the applicant—the individual;
- (b) if the decision-maker is not the individual's coordinating practitioner—the coordinating practitioner.

Note The applicant and the decision-maker are also parties to an application (see [ACT Civil and Administrative Tribunal Act 2008](#), s 29 (1)).

138 Application for review suspends process for accessing voluntary assisted dying

- (1) This section applies if an affected person applies to the ACAT for review of a reviewable decision.
- (2) If the request and assessment process for the individual is not complete, the request and assessment process is suspended until the earlier of—
 - (a) the day the application for review is withdrawn; and
 - (b) the day the application for review (including any appeal) is finalised.

- (3) If the request and assessment process for the individual is complete, the application of part 4 (Accessing voluntary assisted dying and death) is suspended until the earlier of—
 - (a) the day the application for review is withdrawn; and
 - (b) the day the application for review (including any appeal) is finalised.
- (4) For this section, a request and assessment process for an individual is **complete** if the individual's coordinating practitioner has prepared a final assessment report for the individual under section 36 (2).

139 Registrar must give notice of application for review

Within 2 days after the day an affected person applies for review of a reviewable decision, the registrar must give a copy of the application to—

- (a) each party to the application; and
- (b) if the individual has a consulting practitioner and the consulting practitioner is not a party to the application—the consulting practitioner; and
- (c) the board; and
- (d) any other person the ACAT directs a copy of the application be given to.

140 Application for review taken to be withdrawn if individual dies

- (1) This section applies if—
 - (a) an application for review of a reviewable decision is made under section 136; and
 - (b) the individual about whom the reviewable decision was made dies.

- (2) The application is taken to be withdrawn.
- (3) The registrar must, as soon as practicable after becoming aware of the individual's death, give notice of the withdrawal to—
 - (a) any person who was given notice of the application under section 139; and
 - (b) any other person the ACAT directs a copy of the notice be given to.

Division 10.3 Procedural matters

141 Coordinating practitioner and consulting practitioner must give documents to ACAT

- (1) If the registrar gives an individual's coordinating practitioner or consulting practitioner a copy of an application for review, the registrar must also give the coordinating practitioner or consulting practitioner written notice requiring them to give the ACAT any documents that are—
 - (a) in their possession or under their control; and
 - (b) relevant to the decision being reviewed.
- (2) The coordinating practitioner or consulting practitioner must give the ACAT the documents mentioned in subsection (1) not later than 2 days after the day the registrar gives them the notice.

142 Hearings must take place in private

- (1) The hearing of an application for review of a reviewable decision must take place in private.
- (2) The ACAT may make an order allowing stated people to be present at the hearing if satisfied that it is appropriate to make the order.

143 Non-publication orders

- (1) The ACAT may, on application by a party or on its own initiative, make an order prohibiting or restricting—
 - (a) the publication of—
 - (i) evidence given at the hearing; or
 - (ii) matters contained in documents filed with the tribunal or received in evidence by the tribunal for the hearing; or
 - (b) the disclosure to some or all of the parties to the application of—
 - (i) evidence given at the hearing; or
 - (ii) matters contained in documents filed with the tribunal or received in evidence by the tribunal for the hearing.
- (2) A person must not contravene an order made under subsection (1).
Maximum penalty: 50 penalty units, imprisonment for 6 months or both.

144 Members constituting ACAT

For a proceeding under this part, the ACAT may be made up of a presidential member alone, but not a non-presidential member alone.

Division 10.4 Decisions of ACAT

145 Orders following review of reviewable decision

- (1) If the ACAT reviews a reviewable decision, the ACAT must, by order, decide that the individual—
 - (a) for a reviewable decision mentioned in schedule 1, items 1, 2, 7, 8, 13, 14, 17 or 18—
 - (i) has decision-making capacity in relation to voluntary assisted dying; or

- (ii) does not have decision-making capacity in relation to voluntary assisted dying; and
- (b) for a reviewable decision mentioned in schedule 1, items 3, 4, 9, 10, 15, 16, 19 or 20—
 - (i) is acting voluntarily and without coercion; or
 - (ii) is not acting voluntarily and without coercion; and
- (c) for a reviewable decision mentioned in schedule 1, items 5, 6, 11 or 12—
 - (i) has lived in the ACT for at least the previous 12 months; or
 - (ii) has not lived in the ACT for at least the previous 12 months.
- (2) An order made under subsection (1) takes effect—
 - (a) on the day the order is made; or
 - (b) if a later date is stated in the order—on the stated date.

146 Effect of ACAT decision that individual meets relevant requirement

- (1) This section applies if the ACAT—
 - (a) makes any of the following orders under section 145:
 - (i) an order that the individual has decision-making capacity in relation to voluntary assisted dying;
 - (ii) an order that the individual is acting voluntarily and without coercion;
 - (iii) an order that the individual has lived in the ACT for at least the previous 12 months; and

- (b) does not also make any of the following orders under section 145 in the same proceeding:
 - (i) an order that the individual does not have decision-making capacity in relation to voluntary assisted dying;
 - (ii) an order that the individual is not acting voluntarily and without coercion;
 - (iii) an order that the individual has not lived in the ACT for at least the previous 12 months.
- (2) The order is taken to be the decision of the decision-maker for the reviewable decision.

147 Effect of ACAT decision that individual does not meet relevant requirement

- (1) This section applies if the ACAT makes any of the following orders under section 145:
 - (a) an order that the individual does not have decision-making capacity in relation to voluntary assisted dying;
 - (b) an order that the individual is not acting voluntarily and without coercion;
 - (c) an order that the individual has not lived in the ACT for at least the previous 12 months.
- (2) If the order relates to a reviewable decision mentioned in schedule 1, items 1 to 12—
 - (a) the individual is taken not to have met the eligibility requirements; and
 - (b) the request and assessment process for the individual ends.

- (3) If the order relates to a reviewable decision mentioned in schedule 1, items 13 to 20—
 - (a) the individual is taken not to have met the final assessment requirements; and
 - (b) the request and assessment process for the individual ends; and
 - (c) part 4 (Accessing voluntary assisted dying and death) does not apply to the individual.

148 Registrar must give decision to consulting practitioner if consulting practitioner not party

- (1) This section applies if—
 - (a) an individual about whom a reviewable decision was made has a consulting practitioner; and
 - (b) an application for review of the decision is made and the consulting practitioner is not a party to the application; and
 - (c) a final order is made in relation to the application (including any appeal).
- (2) The registrar must give the consulting practitioner a copy of the final order as soon as practicable after the ACAT makes the order.

149 Coordinating practitioner must give copy of ACAT decision to board

- (1) This section applies if—
 - (a) the ACAT makes a final order in relation to the application for review (including any appeal); and
 - (b) the registrar gives the individual's coordinating practitioner a copy of the final order.

- (2) Within 4 business days after the day the registrar gives the coordinating practitioner a copy of the final order, the coordinating practitioner must give the board a copy of the order.

Maximum penalty: 20 penalty units.

- (3) An offence against this section is a strict liability offence.

Part 11 Review of other decisions

150 Definitions—pt 11

In this part:

affected person, for a reviewable decision, means the person mentioned in schedule 2, column 4 in relation to the decision.

reviewable decision means a decision mentioned in schedule 2, column 3 under a provision of this Act mentioned in column 2 in relation to the decision.

151 Reviewable decision notices

If the director-general makes a reviewable decision, the director-general must give a reviewable decision notice to each affected person.

Note The director-general must also take reasonable steps to give a reviewable decision notice to any other person whose interests are affected by the decision (see [ACT Civil and Administrative Tribunal Act 2008](#), s 67A).

152 Applications for review

An affected person may apply to the ACAT for a review of a reviewable decision.

Part 12 Miscellaneous

153 Exercise of enforcement powers under Medicines, Poisons and Therapeutic Goods Act 2008

- (1) A medicines and poisons inspector may exercise their powers under the *Medicines, Poisons and Therapeutic Goods Act 2008*, chapter 7 (Enforcement) for the purpose of investigating, monitoring and enforcing compliance with this Act.
- (2) For subsection (1), a reference in that chapter to an offence against that Act is taken to be a reference to an offence against this Act.
- (3) In this section:

medicines and poisons inspector—see the *Medicines, Poisons and Therapeutic Goods Act 2008*, section 99.

154 Residency exemptions

- (1) The director-general must, on application, grant an individual an exemption from the eligibility requirement mentioned in section 11 (1) (f) (i) if satisfied that the individual has a substantial connection to the ACT.

Examples—substantial connection to the ACT

- 1 an individual who has lived in a place close to the ACT border for at least the previous 12 months and who works in the ACT or receives medical treatment in the ACT
- 2 an individual who has moved to the ACT so that family, friends or carers who live in the ACT can provide care and support to the individual
- 3 an individual who previously lived in the ACT and whose family, friends or carers live in the ACT
- 4 an Aboriginal or Torres Strait Islander individual who has substantial connections with the ACT community and wishes to die on Country
- 5 an individual who has lived in the ACT for less than 12 months but who was diagnosed with a condition mentioned in s 11 (1) (b) after moving to the ACT

- (2) An application must—
 - (a) be in writing; and
 - (b) include details about the individual’s substantial connection to the ACT; and
 - (c) include any information prescribed by regulation.

155 Requirements for health professionals when raising voluntary assisted dying as an end of life choice

- (1) A doctor or nurse practitioner may raise voluntary assisted dying with an individual for the individual to consider their end of life choices only if the doctor or nurse practitioner—
 - (a) knows or believes on reasonable grounds that the individual has been diagnosed with a condition or conditions mentioned in section 11 (1) (b); and
 - (b) is satisfied that they have the expertise to appropriately discuss treatment and palliative care options with the individual; and
 - (c) takes reasonable steps to ensure the individual knows of—
 - (i) the treatment options available for the condition or conditions; and
 - (ii) the likely outcome of the treatment options; and
 - (iii) the palliative care options available to the individual; and
 - (iv) the likely outcome of the palliative care options.
- (2) A relevant health professional may raise voluntary assisted dying with an individual for the individual to consider their end of life choices only if the relevant health professional—
 - (a) knows or believes on reasonable grounds that the individual has been diagnosed with a condition or conditions mentioned in section 11 (1) (b); and

- (b) takes reasonable steps to ensure the individual knows that—
 - (i) treatment and palliative care options are available to the individual; and
 - (ii) the individual should discuss the options with their treating doctor.
- (3) In this section:
relevant health professional means—
 - (a) a counsellor who meets the requirements prescribed by regulation; or
 - (b) a health practitioner other than a doctor or nurse practitioner who may raise voluntary assisted dying with an individual under subsection (1); or
 - (c) a social worker who meets the requirements prescribed by regulation; or
 - (d) any other health professional prescribed by regulation.

156 Interpreters

- (1) An interpreter for an individual who is accessing voluntary assisted dying or requesting access to voluntary assisted dying must not—
 - (a) be a family member of the individual; or
 - (b) know or believe they are a beneficiary under the will of the individual; or
 - (c) know or believe they may otherwise benefit financially or in any other material way (other than by receiving reasonable fees for the provision of interpreting services) from—
 - (i) assisting the individual to access voluntary assisted dying; or
 - (ii) the death of the individual; or

- (d) be an owner, or be responsible for the management, of a facility where the individual is a resident; or
 - (e) be directly involved in providing a health service, aged care service or personal care service to the individual.
- (2) Despite subsection (1), the director-general may authorise an interpreter to provide interpretation services for an individual requesting access to voluntary assisted dying if the director-general is satisfied that—
 - (a) no other interpreter is reasonably available; or
 - (b) there are exceptional circumstances for the authorisation.
- (3) In this section:
 - health service*—see the [Health Act 1993](#), section 5.
 - facility*—see section 101 (1).
 - personal care service*—see section 101 (2).
 - resident*, of a facility—see section 101 (1).

157 Technical error does not invalidate processes

- (1) The following errors and failures do not affect the validity of a request and assessment process or administration process:
 - (a) a formal error in, or in relation to—
 - (i) a report, record or other notice given to the board by a relevant practitioner under part 3 (Request and assessment process for access to voluntary assisted dying) or part 4 (Accessing voluntary assisted dying and death); or
 - (ii) a relevant practitioner telling a person about a decision under part 3 or part 4;
 - (b) a failure by a relevant practitioner to do a thing mentioned in paragraph (a) (i) or (ii) within the stated time.

- (2) In this section:

administration process means the process that consists of the following steps:

- (a) an administration decision;
- (b) a contact person appointment;
- (c) administration of an approved substance by or to an individual.

formal error means—

- (a) a minor or technical error; or
- (b) a clerical error; or
- (c) a defect of form.

relevant practitioner means a coordinating practitioner, consulting practitioner, administering practitioner or other health practitioner who exercises a function under part 3 or part 4.

158 Approved care navigator service

- (1) The director-general may approve 1 entity to be the voluntary assisted dying care navigator service for this Act.
- (2) An approval is a notifiable instrument.
- (3) The purpose of the approved care navigator service is to provide support, assistance and information to people relating to voluntary assisted dying.

159 Director-general may make guidelines

- (1) The director-general may make guidelines for this Act.
- (2) The guidelines must be consistent with the objects and principles of this Act.
- (3) A guideline is a disallowable instrument.

- (4) A person must comply with a guideline applying to the person.

160 Use or divulge protected information

- (1) A person commits an offence if—
- (a) the person uses information; and
 - (b) the information is protected information about someone else; and
 - (c) the person is reckless about whether the information is protected information about someone else.

Maximum penalty: 50 penalty units, imprisonment for 6 months or both.

- (2) A person commits an offence if—
- (a) the person does something that divulges information; and
 - (b) the information is protected information about someone else; and
 - (c) the person is reckless about whether—
 - (i) the information is protected information about someone else; and
 - (ii) doing the thing would result in the information being divulged to someone else.

Maximum penalty: 50 penalty units, imprisonment for 6 months or both.

- (3) Subsections (1) and (2) do not apply—
- (a) if the information is used or divulged—
 - (i) under this Act or another law applying in the ACT; or

- (ii) in relation to the exercise of a function by a person under this Act or another law applying in the ACT; or
 - (iii) in a court proceeding; or
- (b) to the using or divulging of protected information about a person with the person's consent.
- (4) A person need not divulge protected information to a court, or produce a document containing protected information to a court, unless it is necessary to do so for this Act or another law applying in the ACT.
- (5) In this section:

court includes a tribunal, authority or person having power to require the production of documents or the answering of questions.

divulge includes—

- (a) communicate; or
- (b) publish.

produce includes allow access to.

protected information means information about a person that is disclosed to, or obtained by another person because of the exercise, or the purported exercise, of a function under this Act by the other person or someone else.

use, in relation to information, includes make a record of the information.

161 Regulation-making power

The Executive may make regulations for this Act.

162 Review of Act

- (1) The Minister must review the operation and effectiveness of this Act as soon as practicable—
 - (a) 3 years after the day this section commences; and
 - (b) every 5 years after the first review of this Act is presented to the Legislative Assembly.
- (2) The first review must include a review in relation to the following matters:
 - (a) section 11 (3), definition of *advanced*;
 - (b) whether an individual should be allowed access to voluntary assisted dying under this Act if the individual—
 - (i) has lived in the ACT for less than 12 months and is not eligible for an exemption under section 154; or
 - (ii) is a child with decision-making capacity in relation to voluntary assisted dying; or
 - (iii) seeks to access voluntary assisted dying through advanced care planning.
- (3) The Minister must present a report of each review to the Legislative Assembly.

Schedule 1 Reviewable decisions— coordinating practitioner, consulting practitioner and administering practitioner decisions

(see pt 10)

column 1 item	column 2 section	column 3 reviewable decision	column 4 decision-maker
1	16 (1) (a)	individual meets the eligibility requirement mentioned in s 11 (1) (d)	individual's coordinating practitioner
2	16 (1) (a)	individual does not meet the eligibility requirement mentioned in s 11 (1) (d)	individual's coordinating practitioner
3	16 (1) (a)	individual meets the eligibility requirement mentioned in s 11 (1) (e)	individual's coordinating practitioner
4	16 (1) (a)	individual does not meet the eligibility requirement mentioned in s 11 (1) (e)	individual's coordinating practitioner
5	16 (1) (a)	individual meets the eligibility requirement mentioned in s 11 (1) (f) (i)	individual's coordinating practitioner
6	16 (1) (a)	individual does not meet the eligibility requirement mentioned in s 11 (1) (f) (i)	individual's coordinating practitioner
7	23 (1) (a)	individual meets the eligibility requirement mentioned in s 11 (1) (d)	individual's consulting practitioner

Schedule 1

Reviewable decisions—coordinating practitioner, consulting practitioner
and administering practitioner decisions

column 1 item	column 2 section	column 3 reviewable decision	column 4 decision-maker
8	23 (1) (a)	individual does not meet the eligibility requirement mentioned in s 11 (1) (d)	individual's consulting practitioner
9	23 (1) (a)	individual meets the eligibility requirement mentioned in s 11 (1) (e)	individual's consulting practitioner
10	23 (1) (a)	individual does not meet the eligibility requirement mentioned in s 11 (1) (e)	individual's consulting practitioner
11	23 (1) (a)	individual meets the eligibility requirement mentioned in s 11 (1) (f) (i)	individual's consulting practitioner
12	23 (1) (a)	individual does not meet the eligibility requirement mentioned in s 11 (1) (f) (i)	individual's consulting practitioner
13	35	individual meets the final assessment requirement mentioned in s 31 (a)	individual's coordinating practitioner
14	35	individual does not meet the final assessment requirement mentioned in s 31 (a)	individual's coordinating practitioner
15	35	individual meets the final assessment requirement mentioned in s 31 (b)	individual's coordinating practitioner
16	35	individual does not meet the final assessment requirement mentioned in s 31 (b)	individual's coordinating practitioner
17	59 (1) (f) (i)	individual meets the final assessment requirement mentioned in s 31 (a)	individual's coordinating practitioner
18	59 (1) (f) (i)	individual does not meet the final assessment requirement mentioned in s 31 (a)	individual's coordinating practitioner

column 1 item	column 2 section	column 3 reviewable decision	column 4 decision-maker
19	59 (1) (f) (i)	individual meets the final assessment requirement mentioned in s 31 (b)	individual's coordinating practitioner
20	59 (1) (f) (i)	individual does not meet the final assessment requirement mentioned in s 31 (b)	individual's coordinating practitioner

Schedule 2

Reviewable decisions—other decisions

(see pt 11)

column 1 item	column 2 section	column 3 decision	column 4 affected person
1	92 (b)	refuse to authorise person to be coordinating practitioner, consulting practitioner or administering practitioner	applicant for authorisation
2	95 (a)	revoke authorisation because authorised practitioner no longer eligible for authorisation	authorised practitioner
3	154 (1)	refuse to grant residency exemption	applicant for exemption

Dictionary

(see s 3)

Note The [Legislation Act](#) contains definitions relevant to this Act. For example:

- ACAT
- adult
- ambulance service
- bankrupt or personally insolvent
- business day
- child
- doctor
- health practitioner
- individual
- nurse
- nurse practitioner
- public employee
- the Territory.

administer, for an approved substance, means to introduce the substance into the body of an individual by any means.

administering practitioner, for an individual, means—

- (a) the individual mentioned in section 44 (4); or
- (b) if the functions of the administering practitioner are transferred to another health practitioner under section 46 or section 47— that health practitioner.

administration decision means a practitioner administration decision or a self-administration decision.

affected person, for a reviewable decision—

- (a) for part 10 (Review of coordinating practitioner, consulting practitioner and administering practitioner decisions)—see section 134; and

(b) for part 11 (Review of other decisions)—see section 150.

approved care navigator service means the entity approved under section 158.

approved disposer means a health practitioner approved under section 57 (1) (b).

approved substance means a medicine approved under section 56.

approved supplier means a health practitioner approved under section 57 (1) (a).

authorised administering practitioner, for part 5 (Requirements for coordinating practitioners, consulting practitioners and administering practitioners)—see section 86.

authorised consulting practitioner, for part 5 (Requirements for coordinating practitioners, consulting practitioners and administering practitioners)—see section 86.

authorised coordinating practitioner, for part 5 (Requirements for coordinating practitioners, consulting practitioners and administering practitioners)—see section 86.

authorised practitioner, for division 5.2 (Authorised practitioners)—see section 87.

board means the Voluntary Assisted Dying Oversight Board established under section 110.

care service, for part 7 (Obligations of facility operators)—see section 101 (1).

conduct, for part 9 (Protection from liability)—see section 128.

conscientious objection, in relation to voluntary assisted dying, means a religious or other conscientious objection to voluntary assisted dying.

consulting assessment—see section 23 (1).

consulting assessment report—see section 25 (1) (a).

consulting practitioner, for an individual, means the person mentioned in section 22 (4).

contact person, for an individual, means the person appointed by the individual as a contact person under section 51.

coordinating practitioner, for an individual, means—

- (a) the person mentioned in section 14 (4); or
- (b) if the functions of the coordinating practitioner are transferred to another health practitioner under section 37 or section 38—that health practitioner.

deciding practitioner, for a decision about the transfer of an individual, for division 7.2 (Information and access obligations)—see section 103 (1).

decision-maker, for a reviewable decision, for part 10 (Review of coordinating practitioner, consulting practitioner and administering practitioner decisions)—see section 134.

decision-making capacity, in relation to voluntary assisted dying—see section 12.

eligibility requirements—see section 11.

facility, for part 7 (Obligations of facility operators)—see section 101 (1).

facility operator, for part 7 (Obligations of facility operators)—see section 101 (1).

final assessment—see section 35.

final assessment report—see section 36 (2).

final assessment requirements—see section 31.

final request—see section 32 (1).

first assessment—see section 16 (1).

first assessment report—see section 18 (1) (a).

first request—see section 13 (1).

health record—see the [Health Records \(Privacy and Access\) Act 1997](#), dictionary.

possess, an approved substance, for division 4.3 (Dealing with approved substances)—see the [Medicines, Poisons and Therapeutic Goods Act 2008](#), section 24.

practitioner administration decision means a decision made by an individual under section 42 (1) (b) or section 43 (1) (a).

prescribe, an approved substance, for division 4.3 (Dealing with approved substances)—see section 55 (1).

prescription, in relation to an approved substance, for division 4.3 (Dealing with approved substances)—see section 55 (1).

registrar, for part 10 (Review of coordinating practitioner, consulting practitioner and administering practitioner decisions)—see the [ACT Civil and Administrative Tribunal Act 2008](#), dictionary.

relevant person, for division 7.2 (Information and access obligations)—see section 103 (2).

request and assessment process means the process that consists of the following:

- (a) a first request;
- (b) a first assessment;
- (c) a consulting assessment;
- (d) a second request;
- (e) a final request;
- (f) a final assessment.

resident, of a facility, for part 7 (Obligations of facility operators)—see section 101 (1).

reviewable decision—

- (a) for part 10 (Review of coordinating practitioner, consulting practitioner and administering practitioner decisions)—see section 134; and
- (b) for part 11 (Review of other decisions)—see section 150.

second request—see section 27 (2).

self-administration decision means a decision made by an individual under section 42 (1) (a) or section 43 (1) (b).

supply, an approved substance, for division 4.3 (Dealing with approved substances)—see the [Medicines, Poisons and Therapeutic Goods Act 2008](#), section 24.

Endnotes

1 About the endnotes

Endnotes

1 About the endnotes

Amending and modifying laws are annotated in the legislation history and the amendment history. Current modifications are not included in the republished law but are set out in the endnotes.

Not all editorial amendments made under the [Legislation Act 2001](#), part 11.3 are annotated in the amendment history. Full details of any amendments can be obtained from the Parliamentary Counsel's Office.

Uncommenced amending laws are not included in the republished law. The details of these laws are underlined in the legislation history. Uncommenced expiries are underlined in the legislation history and amendment history.

If all the provisions of the law have been renumbered, a table of renumbered provisions gives details of previous and current numbering.

The endnotes also include a table of earlier republications.

2 Abbreviation key

A = Act	NI = Notifiable instrument
AF = Approved form	o = order
am = amended	om = omitted/repealed
amdt = amendment	ord = ordinance
AR = Assembly resolution	orig = original
ch = chapter	par = paragraph/subparagraph
CN = Commencement notice	pres = present
def = definition	prev = previous
DI = Disallowable instrument	(prev...) = previously
dict = dictionary	pt = part
disallowed = disallowed by the Legislative Assembly	r = rule/subrule
div = division	reloc = relocated
exp = expires/expired	renum = renumbered
Gaz = gazette	R[X] = Republication No
hdg = heading	RI = reissue
IA = Interpretation Act 1967	s = section/subsection
ins = inserted/added	sch = schedule
LA = Legislation Act 2001	sdiv = subdivision
LR = legislation register	SL = Subordinate law
LRA = Legislation (Republication) Act 1996	sub = substituted
mod = modified/modification	<u>underlining</u> = whole or part not commenced or to be expired

3 Legislation history

Voluntary Assisted Dying Act 2024 A2024-24

notified LR 19 June 2024

s 1, s 2 commenced 19 June 2024 (LA s 75 (1))

remainder commenced 3 November 2024 (s 2)

as amended by

Statute Law Amendment Act 2025 A2025-29 sch 3 pt 3.101

notified LR 6 November 2025

s 1, s 2 commenced 6 November 2025 (LA s 75 (1))

sch 3 pt 3.101 commenced 7 November 2025 (s 2 (4), LA s 73 (1) (a)
and see LA s 75B)

Endnotes

4 Amendment history

4 Amendment history

Commencement

s 2 om LA s 89 (4)

Obligation to consider and facilitate transfer of individual who wants to access voluntary assisted dying

s 105 am [A2025-29](#) amdt 3.360

Consequential amendments

pt 13 om LA s 89 (3)

Legislation amended—sch 3

s 163 om LA s 89 (3)

Consequential amendments

sch 3 om LA s 89 (3)

Births, Deaths and Marriages Registration Act 1997

sch 3 pt 3.1 om LA s 89 (3)

Births, Deaths and Marriages Registration Regulation 1998

sch 3 pt 3.2 om LA s 89 (3)

Coroners Act 1997

sch 3 pt 3.3 om LA s 89 (3)

Guardianship and Management of Property Act 1991

sch 3 pt 3.4 om LA s 89 (3)

Medicines, Poisons and Therapeutic Goods Act 2008

sch 3 pt 3.5 om LA s 89 (3)

Powers of Attorney Act 2006

sch 3 pt 3.6 om LA s 89 (3)

5 Earlier republications

Some earlier republications were not numbered. The number in column 1 refers to the publication order.

Since 12 September 2001 every authorised republication has been published in electronic pdf format on the ACT legislation register. A selection of authorised republications have also been published in printed format. These republications are marked with an asterisk (*) in column 1. Electronic and printed versions of an authorised republication are identical.

Republication No and date	Effective	Last amendment made by	Republication for
R1 3 Nov 2025	3 Nov 2025– 6 Nov 2025	not amended	new Act

© Australian Capital Territory 2025