

Voluntary Assisted Dying in the ACT



General Awareness Training

Developed by Voluntary Assisted Dying Implementation Taskforce,
ACT Health and Community Services Directorate.

August 2025

<https://www.act.gov.au/health/topics/end-of-life-and-palliative-care/voluntary-assisted-dying-in-the-act>

Learning objectives

By the end of this training, you will be able to:

1. Describe the steps in the voluntary assisted dying process.
2. Identify the eligibility criteria.
3. Explain the functions of the support services.
4. Summarise the safeguards built into the voluntary assisted dying process.
5. Explain the requirements for conscientious objection for health professionals and private care facilities.
6. Identify when use of a carriage service would present a higher risk of breaching the *Commonwealth Criminal Code Act 1995*.

Voluntary assisted dying in the ACT

Voluntary assisted dying is an end-of-life option which can be accessed by eligible people in the ACT from **3 November 2025**.

This process gives eligible people the option to end their life by the administration of an approved substance at a time of their choosing.

Voluntary assisted dying aims to support a person's autonomy to make decisions to reduce their suffering and exercise choice about the time and manner of their death.

The provision and regulation of voluntary assisted dying in the ACT is underpinned by the [*Voluntary Assisted Dying Act 2024*](#) (the Act).



Voluntary Assisted Dying Act 2024
A2024-24

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2025/05/05
Authorising the ACT Parliament to Consider and approve the Bill for the Voluntary Assisted Dying Act 2024

Voluntary assisted dying in the ACT

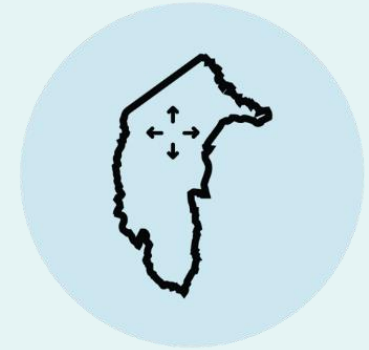
Unique features of the Act

	No timeframe to death.	Unlike voluntary assisted dying laws in other Australian jurisdictions, in the ACT a person does not need to be diagnosed with a condition that is expected to cause their death within the next 6-12 months.
	There is no minimum number of days between any of the steps in the process.	For example, a person does not need to wait a set number of days to make their final request after making their second request. This can occur in the same consultation.
	Nurse practitioners can act as a coordinating or consulting practitioner.	Nurse practitioners with relevant experience can apply to become an authorised practitioner. However, a medical practitioner must perform the other authorised practitioner role.
	Offences for care facilities that hinder access to voluntary assisted dying.	Facilities who do not provide voluntary assisted dying services must take active steps to enable a person's access to those voluntary assisted dying services.

Every step must occur in the ACT

Although voluntary assisted dying is available in other Australian states, the legislation differs in each jurisdiction.

- protections from the Act are only provided if **each step in the process occurs within the ACT**
- for people in border regions who obtain a residency exemption, each step must still occur inside the ACT, and
- this includes the location where the voluntary assisted dying substance is administered.



Legislation and safeguards

When providing voluntary assisted dying services, authorised voluntary assisted dying practitioners (authorised practitioners) must act in accordance with relevant legislation, professional codes of conduct and their scope of practice.

People are **not criminally or civilly liable** for engaging in conduct honestly and on reasonable grounds under [the Act](#).

Health practitioners and ambulance service members are not criminally or civilly liable for withholding or not administering life-sustaining treatment in certain circumstances in the context of voluntary assisted dying.



Commonwealth Criminal Code Act 1995

The *Commonwealth Criminal Code Act 1995* (Criminal Code) is a Commonwealth law that applies to all jurisdictions. The Criminal Code criminalises the use of a **carriage service** to access, transmit or otherwise distribute **suicide related material**.

Under [the Act](#), a person who dies by administration of an approved voluntary assisted dying substance **does not die by suicide**.

However, the Federal Court of Australia upheld that that term 'suicide' as used in the Criminal Code, applies to the ending of a person's life in accordance with voluntary assisted dying legislation in all Australian jurisdictions.



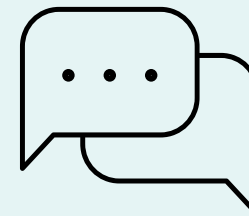
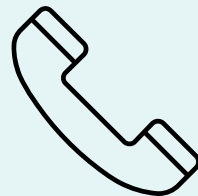
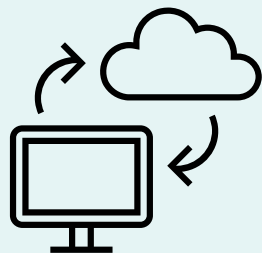
Commonwealth Criminal Code Act 1995

A **carriage service** includes anything which uses the internet, the cloud, telephone, videoconferencing, fax, radio, or other online applications.

It does not include materials provided on USB drives or in hard-copy.

Certain information is considered **suicide-related material** if the material directly or indirectly:

1. counsels or incites suicide or attempted suicide, or
2. promotes or provides instruction on a particular method of committing suicide.



Commonwealth Criminal Code Act 1995

It is recommended that the following communications related to voluntary assisted dying **do not occur via telehealth or another carriage service**:

- providing advice in relation to an administration decision
- discussing, prescribing or dispensing the approved voluntary assisted dying substance
- discussions relating to the appropriate administration protocol
- informing a person how to prepare or administer the approved voluntary assisted dying substance, and
- any information regarding the expected effects of the substance and course to death.



Key safeguards

The Act details several safeguards to ensure that accessing voluntary assisted dying in the ACT is safe and appropriate.

Key safeguards

No one can request voluntary assisted dying **on behalf of someone** else.

A person must make **three separate requests** for voluntary assisted dying (first request, second request, and final request).

A person's decision to access voluntary assisted dying must be assessed as **voluntary** and **free from coercion** throughout the process.

A person must demonstrate they have **decision-making capacity** throughout the process.

A person will be **assessed for eligibility** by two independent authorised practitioners. In some cases, an expert opinion may be required.

Key safeguards

Key safeguards (continued)

Two independent authorised practitioners will **provide the person with information** about their diagnosis, prognosis, available treatment and palliative care options, and assess that they understand the information before proceeding.

A person **can pause or stop** the voluntary assisted dying process at any time.

It is a **criminal offence** for anybody to induce another person's decision to request or revoke access to voluntary assisted dying.

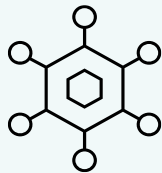
Practitioners who provide voluntary assisted dying services must be **authorised** to do so.

Health professionals **can refuse to participate** in voluntary assisted dying if they have a conscientious objection. However, there are minimum requirements they must follow to not obstruct access.

Authorised practitioners

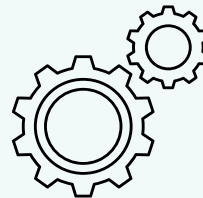
To provide voluntary assisted dying services in the ACT, you must become **authorised**. To become an authorised practitioner, you must:

- submit an online application
- meet the qualification and experience requirements, and
- complete mandatory training based on the ACT legislation.



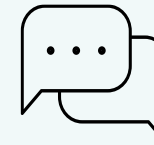
Coordinating practitioner

accepts a person's first request and coordinates their voluntary assisted dying process.



Consulting practitioner

does a second, independent assessment of a person's eligibility.



Administering practitioner administers the voluntary assisted dying substance, if the person chooses practitioner administration.

Coordinating and consulting practitioners

A **medical practitioner** is eligible to become an authorised coordinating or consulting practitioner if they:

- hold specialist registration and have practised for at least one year, or
- hold general registration and have practised for at least five years, or
- hold specialist registration for less than one year but have practised for at least five years as the holder of general registration.



A **nurse practitioner** is eligible to become an authorised coordinating or consulting practitioner if they:

- have at least one year of experience in a relevant area of practice[#] post endorsement as a nurse practitioner.

[#]Examples of relevant areas of practice may include palliative care, oncology, cardiology, respiratory, primary health care, aged care, intensive care, and emergency care.

Administering practitioners

Any registered **medical practitioner**, or **nurse practitioner** is eligible to become an authorised administering practitioner.

A **registered nurse** is eligible to become an authorised administering practitioner if they:

- have practiced for at least five years as a registered nurse.



Support services

The **Voluntary Assisted Dying Care Navigator Service** (VAD-CNS) and the **Voluntary Assisted Dying Pharmacy Service** (VAD-PS) are located within the Canberra Hospital.

The VAD-CNS is a central point of contact for the community and health professionals for all enquiries relating to voluntary assisted dying in the ACT.

The VAD-CNS is staffed by qualified health professionals called '**care navigators**'.

Care navigators can connect people with authorised practitioners and facilitate referrals to relevant services and specialists, including psychosocial supports before and after the person's death.

Voluntary Assisted Dying Pharmacy Service

The **VAD-PS** is responsible for:

- supplying the approved voluntary assisted dying substance kit to the person or administering practitioner, and
- monitoring the supply of the approved voluntary assisted dying substances in the ACT
- educating the person or administering practitioner about the process for administration, storage and return of the approved voluntary assisted dying substance



The VAD-PS is the **only authorised disposer** of the voluntary assisted dying substance in the ACT. Any unused or remaining substance/s must be returned to the VAD-PS for disposal.

Voluntary assisted dying as an end of life choice

Palliative care aims to relieve suffering by the early identification, assessment and treatment of pain and other physical or psychosocial symptoms.

For some people, simply having the knowledge that they can access voluntary assisted dying may alleviate or reduce their suffering to a tolerable level.

Voluntary assisted dying may allow people to maintain an acceptable level of independence, dignity and choice at the end of their lives.

Palliative care should continue to be available to a person seeking access to voluntary assisted dying **until the time of their death.**



Voluntary assisted dying as an end of life choice

A person must maintain decision making capacity throughout the voluntary assisted dying process. This means that a **person cannot** make a valid **request** for **voluntary assisted dying in an advance care directive**.

Similarly, an enduring power of attorney cannot make a request for voluntary assisted dying on a person's behalf.

Advance care planning should still occur even when a person wishes to access voluntary assisted dying. This ensures that other end of life preferences, such as the ability to refuse or cease life sustaining medical treatment, can be respected in cases where the person loses decision-making capacity and cannot complete the voluntary assisted dying process.



Raising voluntary assisted dying

The Act allows health professionals to raise voluntary assisted dying as an end-of-life choice.

However, **certain health professionals can only** raise voluntary assisted dying as an end-of-life choice **only** if they adhere to the requirements described in the Act.



Raising voluntary assisted dying

Medical practitioners or nurse practitioners can only initiate a conversation with a person if:

- They know or reasonably believe the person has an eligible condition; and
- Have the expertise necessary to discuss the persons treatment and palliative care options; then
- Take reasonable steps to ensure the person knows the treatment and palliative care options available to the person.

Registered nurses and other **relevant health professionals** can only initiate a conversation with a person if

- They know or reasonably believe the person has an eligible condition; then
- Take reasonable steps to ensure the person knows they have treatment and palliative care options available that they should discuss with their treating medical team

Raising voluntary assisted dying

A '**relevant health professional**' is a:

- health practitioners registered by Aphra
 - including medical and nurse practitioners who **do not have the expertise** to discuss treatment and palliative care options
- **social worker** with a qualification that provides eligibility for membership as a practising member of the Australian Association of Social Workers, and
- **speech pathologist** require qualifications that would make them eligible as a practising member of Speech Pathology Australia (Ltd), and
- **counsellor** must hold practicing registration which makes them eligible to be registered by the Australian Counselling Association



What to do if someone raises voluntary assisted dying with you

If someone raises voluntary assisted dying with you and you **have** the **expertise** to discuss treatment and palliative care options with that person, you should:

- seek to understand if the person is making a first request for voluntary assisted dying or if they just want more information
- provide them with the contact details of the VAD-CNS
- discuss their options for treatment and palliative care, and
- seek their consent to discuss this request with their treating medical team.

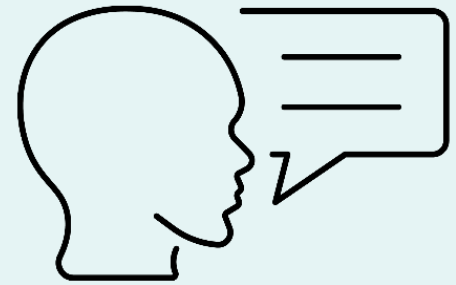
If the person is making a **valid first request**, and you are an authorised practitioner, you must **decide to accept or decline** the request:

- if you accept the request, this is the start of the voluntary assisted dying process, and you become their coordinating practitioner
- if you decline the request, you must provide the person with the contact details of the VAD-CNS or a practitioner you believe may be able to assist them.

What to do if someone raises voluntary assisted dying with you

If someone raises voluntary assisted dying with you and you **do not have** the experience or expertise to engage in this discussion, you should encourage the person to discuss their options for end of life care with their **treating medical team**.

If the person, their carer or family, is requesting more information about voluntary assisted dying, you can direct them to the VAD-CNS.



Conscientious objection, not obstruction-

Health practitioners/health service provider

Any health practitioner or health service provider **can refuse** to take part in all or part of the voluntary assisted dying process. This includes refusing to:

- act as an authorised practitioner for a person
- participate in the request and assessment process
- prescribe, supply or administer an approved voluntary assisted dying substance
- be present when an approved substance is administered
- provide detailed information about the voluntary assisted dying process, and
- provide advice to an authorised practitioner in relation to a referral made for expert opinion.

However, under the Act and its supporting Regulations, **all health practitioners** along with **social workers** and **speech pathologists**, must provide the person with the written contact details of the VAD-CNS **within 2 business days**.

Voluntary assisted dying process in the ACT

A person must follow a **10-step process** to access voluntary assisted dying in the ACT. A person can decide to not continue with voluntary assisted dying at any stage in the process.

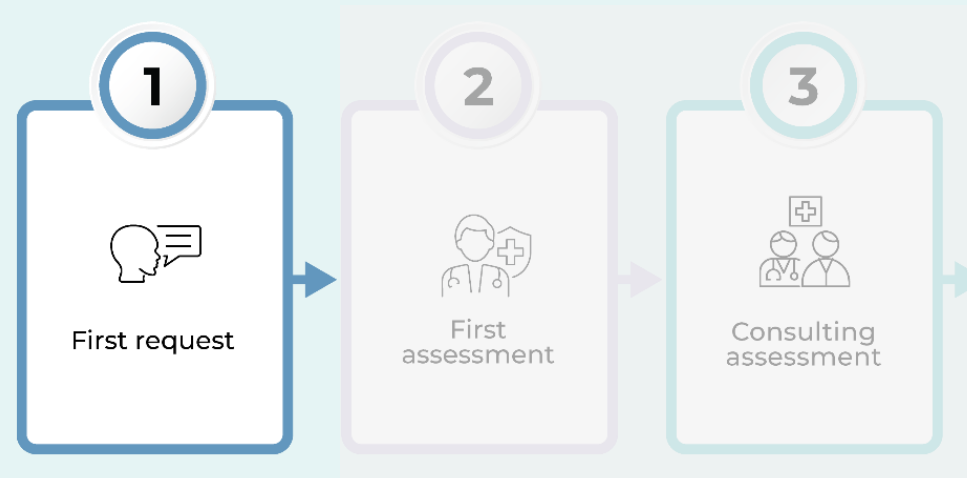


Step 1: First request

The voluntary assisted dying process starts when an authorised practitioner accepts a person's **first request**.

This is the **first of three requests** the person is required to make throughout the voluntary assisted dying process.

There is no minimum timeframe between the first and final request.

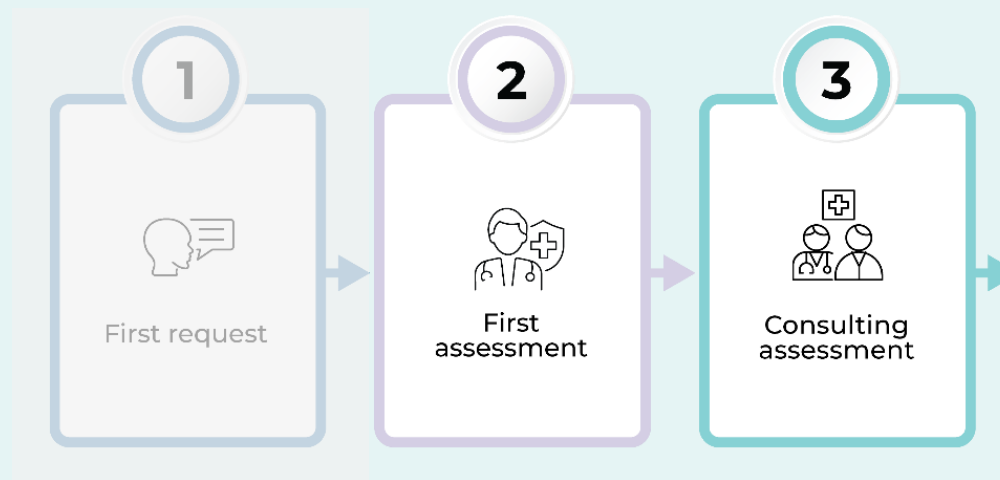


Steps 2-3: Eligibility assessments

A key safeguard of the voluntary assisted dying process is the independent assessment of a person's eligibility and understanding, performed by two authorised practitioners.

The coordinating practitioner determines if a person is eligible and understands the relevant information provided to them during the **first assessment**.

The consulting practitioner undertakes a second assessment of the person's eligibility and understanding during the **consulting assessment**.



Steps 2-3: Eligibility assessments

People will only be able to access voluntary assisted dying in the ACT if they meet all of the eligibility criteria and follow the legal process.



Eligibility criteria

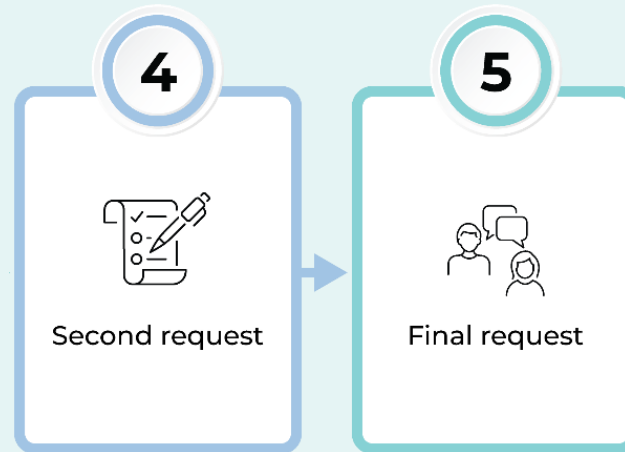
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|-------------------------------------|--|
| ☒ | Person is at least 18 years of age. |
| ☒ | They have lived in the ACT for the last 12 months or been granted a residency exemption. |
| ☒ | Diagnosed with a condition that is advanced, progressive and expected to cause death. |
| ☒ | They are experiencing intolerable suffering. |
| ☒ | They have decision-making capacity. |
| ☒ | Their request is made voluntarily and without coercion. |



Steps 4-5: Second and final requests

The second request is a **written declaration** made by the person to re-affirm their intention to access voluntary assisted dying. A person can make a second request once they have been found eligible for voluntary assisted dying after their first assessment and consulting assessment.

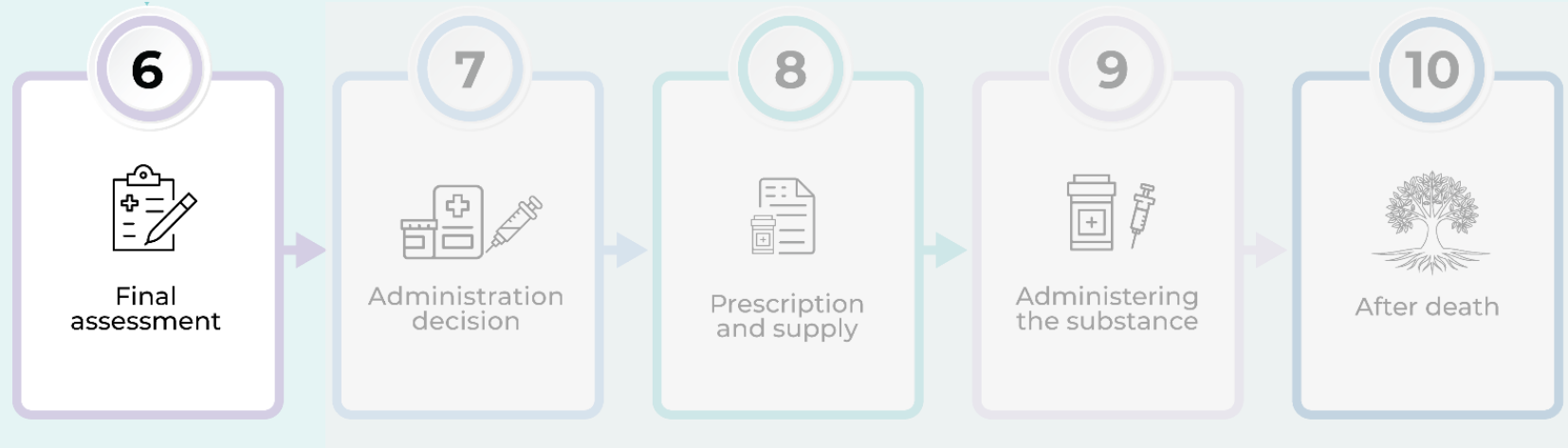
After the person has made their second request, they can make a **final request** to their coordinating practitioner to access voluntary assisted dying.



Steps 6: Final assessment

During the **final assessment**, the coordinating practitioner must confirm once again that the person has decision-making capacity in relation to voluntary assisted dying, and they are acting voluntarily and without coercion.

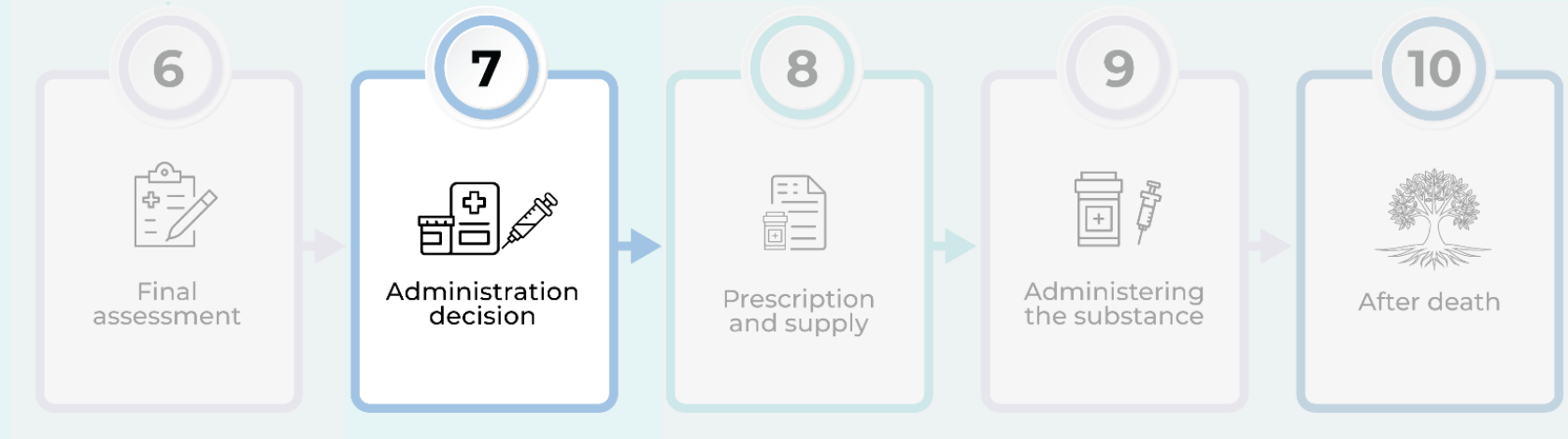
The final assessment should happen as soon as possible after the person has made their final request and can happen in the same consultation.



Step 7: Administration decision

The approved voluntary assisted dying substance may be **self-administered** or administered by an **administering practitioner**.

The administration decision is made by the person, in consultation with their coordinating practitioner.



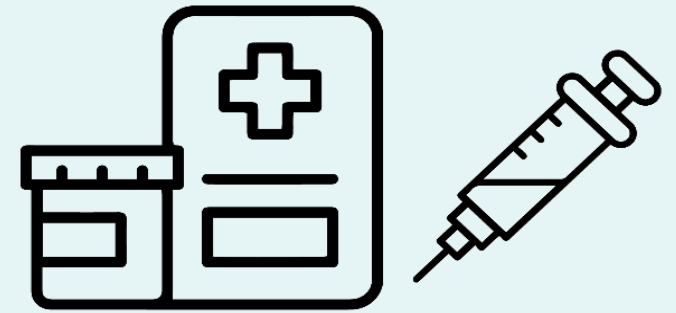
Step 7: Administration decision

Self-administration requires the person to take the approved voluntary assisted dying substance orally or to administer it via an enteral access device.

Any adult can help to prepare the substance for self-administration. However, the person must take it independently and without assistance.

A person who has made a self-administration decision must appoint a **contact person**.

The contact person has specific roles and responsibilities set by [the Act](#).



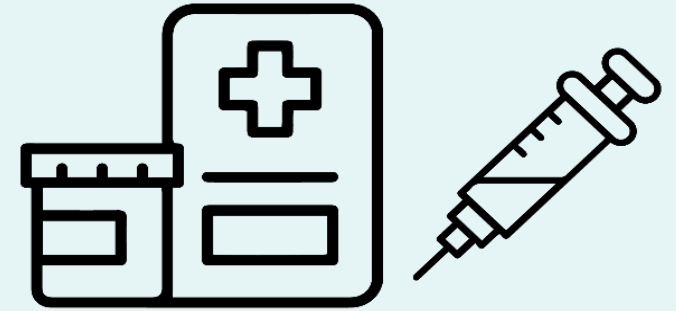
Step 7: Administration decision

Practitioner administration of an approved voluntary assisted dying can be:

- oral, assisted
- enteral access device, or
- intravenous.

A person who chooses practitioner administration must appoint an **administering practitioner**.

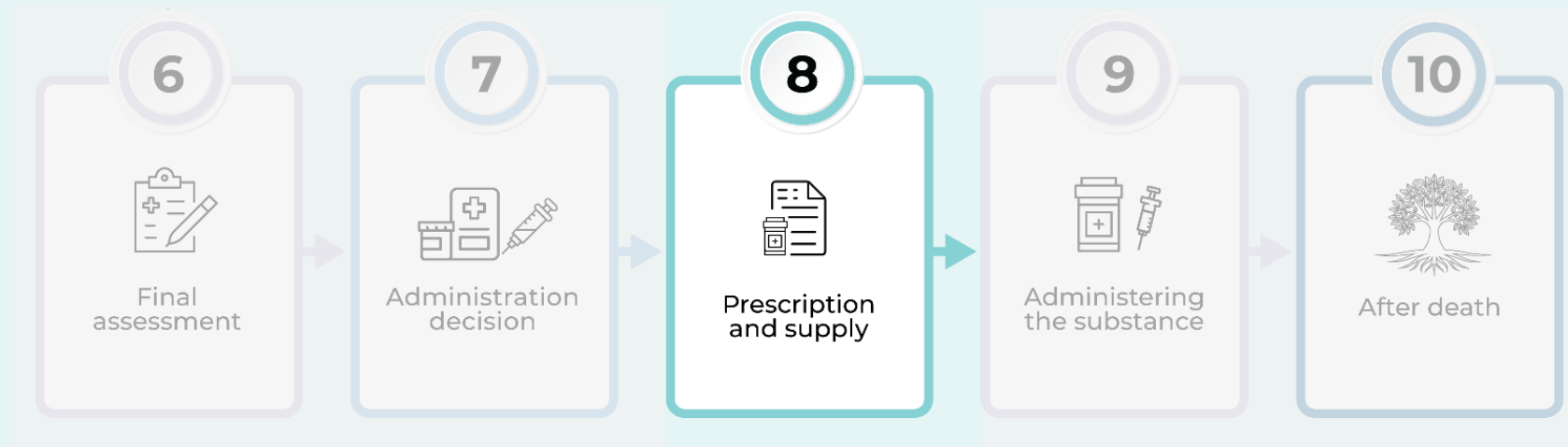
The administering practitioner may be their coordinating practitioner or another authorised practitioner.



Step 8: Prescription and supply

Once an administration decision has been made, a contact person or administering practitioner appointed, and further information given to the person, the coordinating practitioner can write a prescription for an approved voluntary assisted dying substance on the prescription template.

The **original, hard copy** prescription must be provided directly to the VAD-PS. The prescription cannot be provided to the person or sent to the VAD-PS via fax, email or by any other electronic carriage service.



Step 8: Prescription and supply

For **self-administration**:

- The VAD-PS will deliver the voluntary assisted dying substance kit directly to the person at their preferred location within the ACT.
- A pharmacist from the VAD-PS will provide the person with the information they need to use the approved voluntary assisted dying substance as prescribed.

For **practitioner-administration**:

- The administering practitioner must contact the VAD-PS directly to arrange collection or delivery of the voluntary assisted dying substance kit.
- The substance kit will be provided to the administering practitioner on, or close to, the planned day of administration.

Step 8: Prescription and supply

The approved voluntary assisted dying substance is supplied in a **steel locked box**.

The substance must be kept in the supplied steel locked box (with the key stored securely in a separate safe location) until it is being prepared for administration or provided to the VAD-PS for disposal.

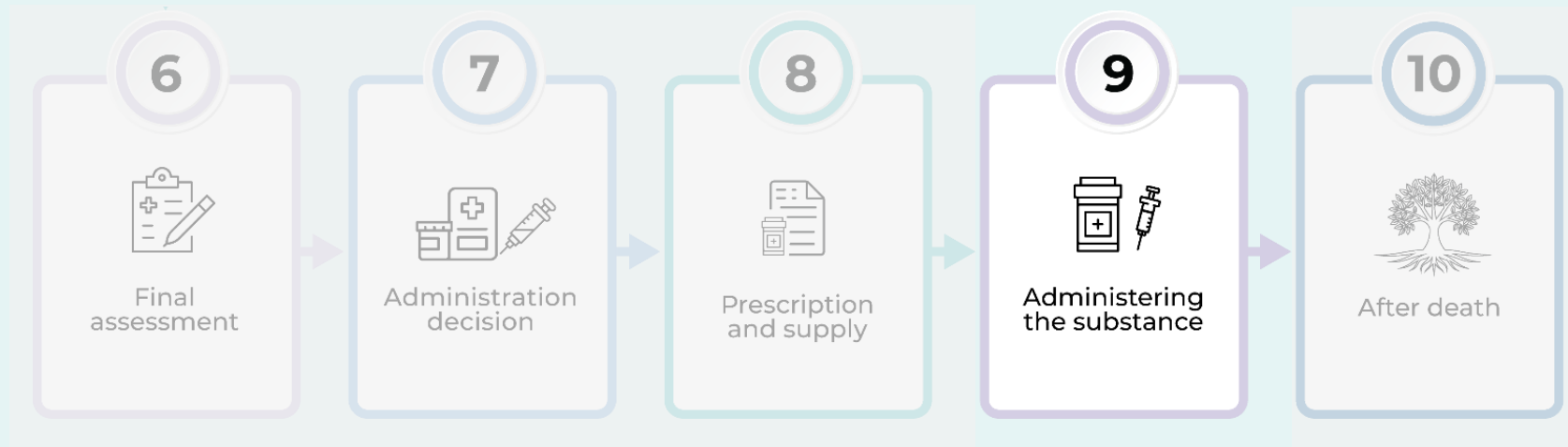


Figure 1: Examples of the self-administration (left) and practitioner administration (right) steel locked boxes.

Step 9: Administering the substance

Once the person has received the substance kit, they can **self-administer** the approved voluntary assisted dying substance at a time of their choosing.

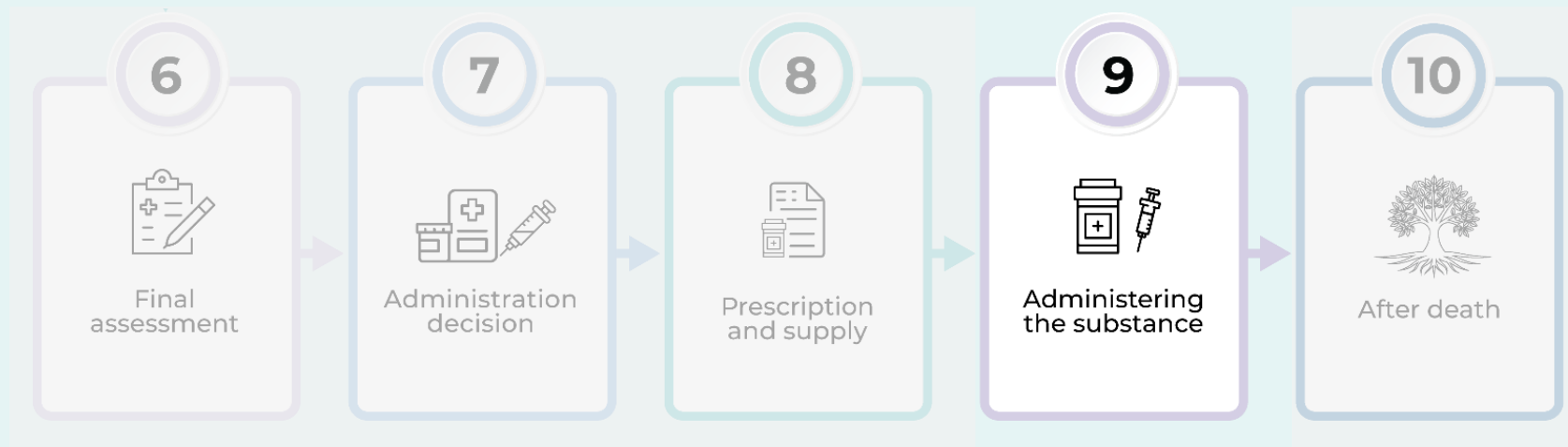
There is no requirement for the person to administer the substance within a specified timeframe. However, they are encouraged to discuss their plans for administration with their coordinating practitioner, to assist with making after death arrangements. No witnesses are required for self-administration.



Step 9: Administering the substance

Practitioner administration of an approved voluntary assisted dying substance **must be witnessed** by an eligible witness.

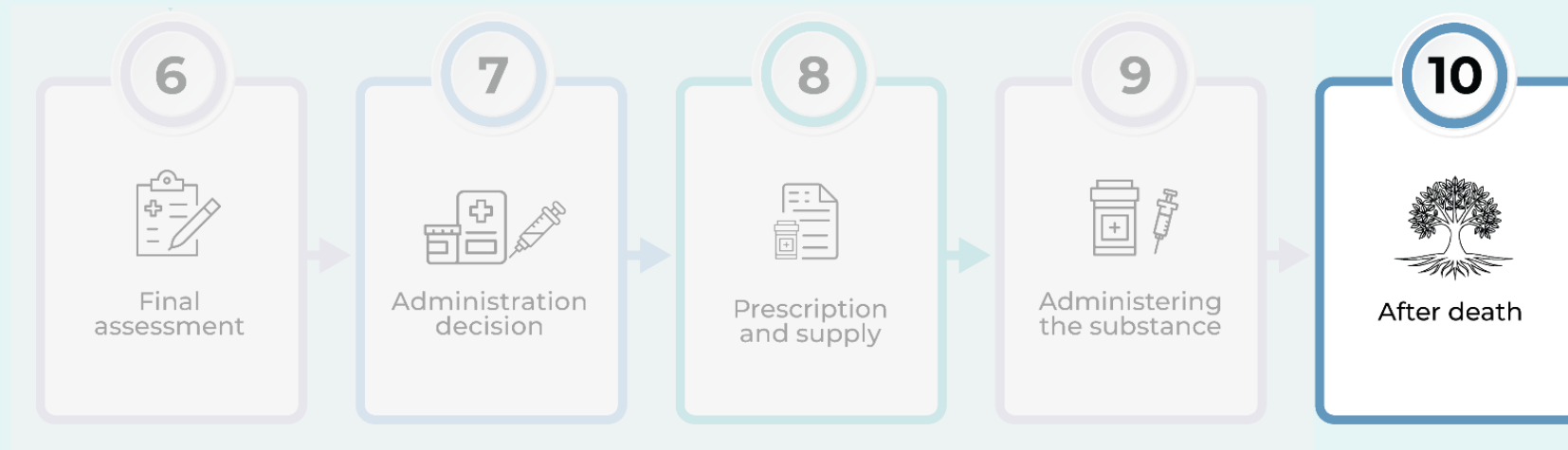
The approved substance can be administered at a location of the person's choosing, including in the person's home or within a health facility.



Step 10: After death

Upon a person's death from voluntary assisted dying a *Medical Certificate Cause of Death* (the certificate) must be completed **within 48 hours** of the death being verified.

Voluntary assisted dying **must not** be listed as the person's cause of death on the certificate. The **cause of death** must be listed as the **relevant condition** that made the person eligible to access voluntary assisted dying. The **manner of death** must be listed as administration of an approved **voluntary assisted dying** substance.



Step 10: After death

The approved voluntary assisted dying substance must be returned to the VAD-PS for disposal, including any remaining or unused substance.

The **VAD-PS is the only authorised disposer.**

A community pharmacy is not authorised to dispose of an approved voluntary assisted dying substance.

Grief and bereavement

There are resources available to support people during this time:

- ACT Government Grief and Bereavement
 - When someone dies: A practical guide for family and friends
- Canberra Grief Centre
- Grief Australia
- Griefline
- Lifeline
- Solace ACT

