



# Guide for health professionals

Voluntary assisted dying in the ACT

September 2025



## Acknowledgment of country

ACT Health acknowledges the Ngunnawal people as traditional custodians of the land and recognise any other people or families with connection to the lands of the ACT and region. ACT Health wishes to acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

## Accessibility

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# Who this guide is for

This guidance is applicable to **all health professionals in the ACT**.

Health professionals include all persons who provide a healthcare service and/or advice in relation to health management. This guidance is not intended to cover all aspects of voluntary assisted dying. It supports health professionals to provide respectful, inclusive, and legally appropriate information to patients, carers and families about voluntary assisted dying in the ACT.

There are legislated and regulatory obligations for all Ahpra-regulated health professionals as well as three non-regulated health professional groups: social workers, speech pathologists and counsellors, in the ACT. These health professionals have been identified in the *Voluntary Assisted Dying Act 2024* (the Act) and the supporting *Regulation* as “relevant health professionals” and their responsibilities are outlined later in this document.

This guidance should therefore be considered alongside the *Voluntary Assisted Dying Act 2024* (the Act) and the supporting *regulation* as well as other relevant resources. For more detailed information about the voluntary assisted dying process, health professionals should refer to the *clinical guidelines* and consider undertaking the *general awareness training*.

# What is voluntary assisted dying?

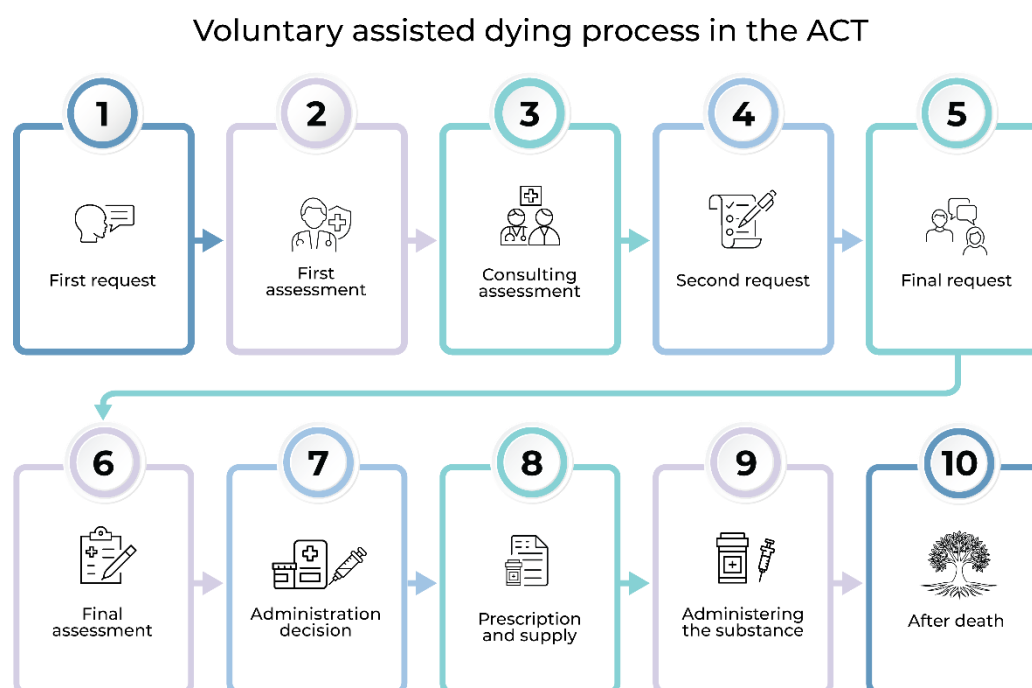
Voluntary assisted dying is available in the ACT for eligible people as an option for end-of-life care alongside palliative care as of 3 November 2025. It allows an approved person to decide to end their life by taking an approved substance at a time of their choosing.

To access voluntary assisted dying, a person must meet all eligibility criteria and follow the full process under the Act within the geographical borders of the ACT. They can choose to pause or stop the process at any time before the substance is consumed or administered.

Only medical practitioners, nurse practitioners or registered nurses who meet the experience requirements, formally apply and then complete the mandatory training requirements may become authorised voluntary assisted dying practitioners.

More information about the process is available at [act.gov.au](https://act.gov.au).

Figure 1.1 An infographic about the 10 steps of the voluntary assisted dying process.



## Who can access voluntary assisted dying?

Two authorised practitioners (at least one being a medical practitioner) must independently agree that the person requesting voluntary assisted dying meets the following eligibility criteria:

- they are an adult aged 18 years or older
- they have a diagnosed condition that is advanced, progressive and expected to cause death, either on its own or in combination with other diagnosed conditions
- they are experiencing intolerable suffering
- they have decision-making capacity in relation to voluntary assisted dying throughout the process
- they are acting voluntarily and without coercion
- they have been a resident of the ACT for at least the last 12 months, or they have been granted an exemption.

The person can pause or stop the voluntary assisted dying process at any time, even just before they have the substance. The person does not need to give a reason.

# Person-centred end-of-life conversations

Health professionals should have a person-centred approach when discussing end-of-life. It is important to be responsive and adapt your communication style to align with the person's needs, preferences and health literacy.

A person should be asked if they consent to have these discussions.

They should be given the opportunity to have their carers, family members or friends involved in the discussions.

All efforts should be made to ensure voluntary assisted dying is discussed in an environment that respects their privacy and gives them the time and space required to meet their needs.

Plain language should be used where possible, avoiding euphemisms and colloquialisms about death and dying, and limiting medical terminology and jargon.

To support the person's understanding and participation in discussions, interpreting services and communication supports should be provided if needed to help the person express themselves in a way that feels comfortable.

Some guiding principles for healthcare communication include:

- establishing mutual respect
- developing a shared understanding of the person's goals
- fostering a supportive environment
- responding to emotion with compassion
- collaborative decision making with the person, their carers and family, and
- engaging with transparency and providing full disclosure.

## Responding to a person who raises voluntary assisted dying

People who seek access to voluntary assisted dying do not have to use the words "voluntary assisted dying" in their enquiry, as they may not be aware of the terminology or process involved.

It is important to clarify if a person is seeking information only, or if they are intentionally requesting access to voluntary assisted dying services.

# A formal First Request to start the process

A person may make a request for voluntary assisted dying to any health practitioner, however, only **an authorised voluntary assisted dying practitioner** can accept the request as a formal commencement of the voluntary assisted dying process.

In doing so, they become the person's coordinating practitioner for the voluntary assisted dying process. The process for authorised practitioners after receiving a first request is detailed in the [clinical guidelines](#).

The first request must be clear, unambiguous and made by the person voluntarily noting that this cannot be done by any other person acting on their behalf.

A first request can be made by any communication method the person normally uses, such as spoken language, sign language or alternative communication, or with the assistance of an interpreter or a support person.

A first request consultation can be in a clinical setting such as a hospital, a general practice or an outpatient clinic or a non-clinical setting such as a residential home or a care facility.

If the authorised voluntary assisted dying practitioner is unable to accept the request as a formal first request for any reason or the health practitioner is not an authorised practitioner, they must decline the request. They must notify the person within **4 business days** and provide them the details of an authorised practitioner they believe would be able to assist them or the contact details for the Voluntary Assisted Dying Care Navigator Service ([VAD CNS](#)). They must record the action taken and their decision in the person's health record.

If a health practitioner has a conscientious objection, they must tell the person they are unable to help them as soon as possible. They must also provide the person with the contact details for the VAD CNS in writing within **2 business days** of declining the request to ensure that they do not hinder their access to voluntary assisted dying services. They must record the action taken in the person's health record.

Figure 1.2 Table of examples about how a person might ask for information and what would *not* be considered a first request.

| Example statements of a <b>first request</b> for voluntary assisted dying | Example statements that would not be considered a first request for voluntary assisted dying, but rather a request for information |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
|                                                                           |                                                                                                                                    |

|                                            |                                                                    |
|--------------------------------------------|--------------------------------------------------------------------|
| "Can you help me end my life?"             | "I want to die. What are my options?"                              |
| "I want you to help me to die."            | "I'm tired of life. I've had enough."                              |
| "How can I get medication to end my life?" | "Can you tell me more about voluntary assisted dying?"             |
| "Can I access euthanasia?"                 | "Does this hospital or facility provide voluntary assisted dying?" |

## Raising voluntary assisted dying with a person as an end-of-life choice

Under the Act and the supporting Regulation, two categories of health professionals have been identified as having specific obligations when raising voluntary assisted dying as an end-of-life choice with a person.

**Medical and nurse practitioners with expertise to appropriately discuss treatment and palliative care options with the person.**

This category of health professional can raise voluntary assisted dying on the conditions that they:

- a) know or reasonably believe the person has been diagnosed with an eligible condition, and
- b) take reasonable steps to ensure the person knows –
  - a. the treatment options available for their specific condition/s and the likely outcome of those treatment options, and
  - b. the palliative care options available to them and the likely outcome of those palliative care options.

These requirements are a safeguard against the possibility that a person might feel pressured to access voluntary assisted dying in discussions with health professionals.

**Medical and nurse practitioners without the expertise to appropriately discuss specific treatment and palliative care options, and all other Ahpra-regulated health professionals, and social workers, speech pathologists and counsellors.**

These health professionals can raise voluntary assisted dying with a person but they must ensure they:

- a) know or reasonably believe the person has been diagnosed with an eligible condition, and
- b) take reasonable steps to ensure the person knows that –
  - a. treatment and palliative care options are available to them, and
  - b. the person should discuss the options with their treating doctor.

## Health professionals with a conscientious objection to voluntary assisted dying

Health professionals with a conscientious objection to voluntary assisted dying can refuse to take part in all or part of the voluntary assisted dying process at any stage such as:

- providing information about the voluntary assisted dying process
- acting as an authorised voluntary assisted dying practitioner for a person
- participating in the request and assessment process
- providing advice to the coordinating or consulting voluntary assisted dying practitioner in response to a referral request for advice to inform eligibility assessment
- participation in the administration decision
- participation in the supply of an approved voluntary assisted dying substance
- being present when an approved substance is administered by or to a person.

However, a health professional with a conscientious objection to voluntary assisted dying cannot obstruct a person seeking information or pursuing access to voluntary assisted dying. Such actions are offences under the Act.

### They must do the following:

- tell the person they are unable to assist them as soon as possible;
- provide the person with the contact details for the Voluntary Assisted Dying Care Navigator Service **in writing and within two business days** of making the decision to refuse the request; and
- continue to provide comprehensive person-centered care at the same level, and if necessary, arrange for transfer of care to another appropriately qualified health professional

## Voluntary Assisted Dying Care Navigator Service

The Voluntary Assisted Dying Care Navigator Service (VAD CNS) is located at Canberra Hospital, co-located with the dedicated Voluntary Assisted Dying Pharmacy Service (VAD PS).

The VAD CNS provides the community as well as all health professionals with support and a point of contact in relation to voluntary assisted dying services.

The VAD CNS is staffed by registered nurses as part of a multidisciplinary team and is open from Monday to Friday 8:30am to 5:00pm (excluding public holidays).

Voluntary Assisted Dying Care Navigator Service (VAD CNS)

Phone number: 5124 1888 Email: [VAD.carenavigators@act.gov.au](mailto:VAD.carenavigators@act.gov.au)

## Support for you

Caring for people at the end of their life can be emotionally challenging and having conversations about death and voluntary assisted dying can be difficult.

There are support options in place to help health professionals working with voluntary assisted dying, including their own Employee Assistance Programs (EAP).

If you need to talk to someone, you can contact:

- Lifeline on 13 11 14 – open 24 hours for crisis telephone support  
[www.lifeline.org.au](http://www.lifeline.org.au)
- Beyond Blue on 1300 22 4636 – open 24 hours for crisis telephone support  
[www.beyondblue.org.au](http://www.beyondblue.org.au)
- Griefline on 1300 845 745 – open 8am to 8pm, 7 days a week  
[www.griefline.org.au](http://www.griefline.org.au)
- 13YARN on 13 92 76 – open 24 hours for crisis telephone support. Yarn with an Aboriginal or Torres Strait Islander Crisis Supporter

## More information

For more information, visit [accessing voluntary assisted dying](#) and [supporting voluntary assisted dying for people in your care](#).

# Appendix

## Definition of relevant health professional – regulated

A regulated health professional is any health professional who is regulated by Ahpra (see table below).

Ahpra Regulated Professions (April 2025)

|                                                           |
|-----------------------------------------------------------|
| Aboriginal and Torres Strait Islander Health Practitioner |
| Chinese Medicine Practitioner                             |
| Chiropractor                                              |
| Dental Practitioner                                       |
| Medical Practitioner                                      |
| Medical Radiation Practitioner                            |
| Nurse (Enrolled, Registered and Nurse Practitioner)       |
| Midwife                                                   |
| Occupational Therapist                                    |
| Optometrist                                               |
| Osteopath                                                 |
| Paramedic                                                 |
| Pharmacist                                                |
| Physiotherapist                                           |
| Podiatrist                                                |
| Psychologist                                              |

## Definition of relevant health professionals - unregulated

- 1) Counsellors must have a qualification that makes them eligible for registration as a practising counsellor with the Australian Counselling Association Limited.
- 2) Social workers must have a qualification that makes them eligible for a practising membership with the Australian Association of Social Workers Limited (excluding retirement or student membership).
- 3) Speech pathologists must have a qualification that makes them eligible for a practising membership with the Speech Pathology Association of Australia Limited.