



**Public Health Association**  
AUSTRALIA

# Public Health Association of Australia submission on the Review of Victoria's Voluntary Assisted Dying Act 2017

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## Contents

Introduction.....	4
PHAA Response to the Voluntary Assisted Dying Act 2017 Review Inquiry Terms of Reference.....	4
1: Inability to raise the topic of Voluntary Assisted Dying with patients .....	4
2: Requirement of an assessment by a specialist.....	5
3: Workforce capacity issues .....	5
4: Implementation of telehealth services for Voluntary Assisted Dying.....	6
Conclusion .....	6
References.....	7



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The **Public Health Association of Australia** (PHAA) is Australia's peak body on public health. We advocate for the health and well-being of all individuals in Australia.

**We believe** that health is a human right, a vital resource for everyday life, and a key factor in sustainability. The health status of all people is impacted by the social, commercial, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the root causes of poor health and disease. These determinants underpin the strategic direction of PHAA. Our focus is not just on Australian residents and citizens, but extends to our regional neighbours. We see our well-being as connected to the global community, including those people fleeing violence and poverty, and seeking refuge and asylum in Australia.

**Our mission** is to promote better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

**Our vision** is for a healthy population, a healthy nation and a healthy world, with all people living in an equitable society, underpinned by a well-functioning ecosystem and a healthy environment.

**Traditional custodians** - we acknowledge the traditional custodians of the lands on which we live and work. We pay respect to Aboriginal and Torres Strait Islander elders past, present and emerging and extend that respect to all other Aboriginal and Torres Strait Islander people.

## Introduction

PHAA welcomes the opportunity to provide input to the Victorian Government's Voluntary Assisted Dying Act 2017 review.

Voluntary assisted dying (VAD) is the act of legally administering a substance with the aim of ending a person's life.<sup>(1)</sup> In Victoria, VAD is exclusively accessible for individuals who are over the age of 18, who have lived in Victoria for a minimum of 12 months and who possess decision making capacity.<sup>(2)</sup> To be eligible for VAD, an individual must be assessed to be enduring intolerable suffering that cannot be alleviated by alternative treatment options.<sup>(2)</sup>

As the first state in Australia to implement VAD legislation, Victoria has set a precedent for the rest of the country. Now, with all six other states subsequently adopting similar laws, it is an opportune time to review and refine the VAD policy to ensure it aligns with the evolving landscape of end of life care across the nation.

PHAA supports the review of the Voluntary Assisted Dying Act 2017 and is eager to contribute to the process. Our organisation advocates for better access, equity and evidence informed policy in public health and we believe that access to VAD is an essential component of holistic end-of-life care for eligible people.

We look forward to seeing changes that will improve access to VAD for eligible patients and ensure that the legislation is aligned with best practices in VAD care. Please see our response below for specific recommendations on how to address key issues related to VAD in Victoria.

## PHAA Response to the Voluntary Assisted Dying Act 2017 Review Inquiry Terms of Reference

### 1: Inability to raise the topic of Voluntary Assisted Dying with patients

Health professionals in Victoria are unable to initiate conversations about VAD.<sup>(3)</sup> PHAA acknowledges that this was intended as a way to prevent the possibility of coercion. However, in practice it limits people's access to information about their end of life options and reduces awareness of VAD as a medically legal and compassionate option to avoid intolerable suffering during end of life.<sup>(3)</sup>

Other jurisdictions such as Western Australia, Tasmania, Queensland and New South Wales, have deemed this barrier unnecessary. In those states, it is legal for medical practitioners to initiate conversations about VAD, provided that they also discuss further palliative care options.<sup>(3)</sup>

Removing the barrier will allow open and honest discussions regarding end of life care between patients and health care professionals.

#### **PHAA recommends:**

The Victorian Government should allow medical practitioners to initiate conversations relating to VAD as part of broader palliative care discussions, as in other Australian jurisdictions.

## 2: Requirement of an assessment by a specialist

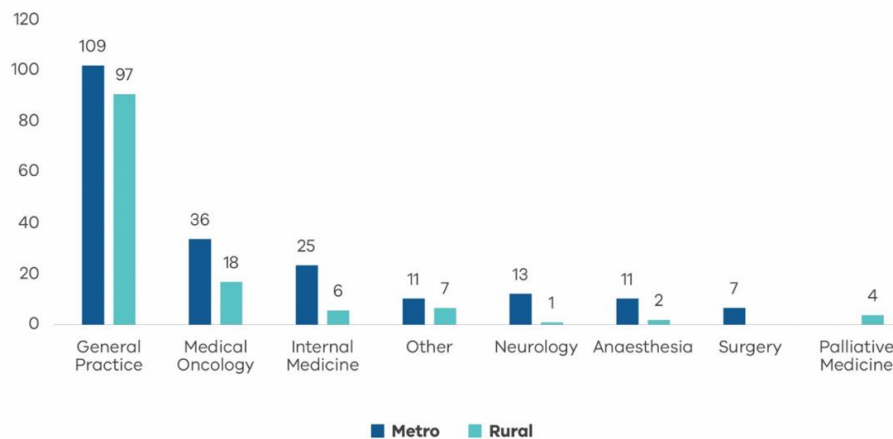
Victoria is the only state in Australia where one of the VAD assessments must be conducted by a specialist with expertise on the person's condition.<sup>(2)</sup> This requirement creates an additional barrier to access, especially in cases where patients may have rare and complicated medical conditions and it may be difficult to locate the appropriate specialist.<sup>(3)</sup>

In Victoria, general practitioners make up 59% of registered VAD practitioners.<sup>(4)</sup> This means that of the remaining registered practitioners, one must be found who can provide expertise in their condition and a timely appointment. Referring to figure 1.0,<sup>(4)</sup> the low diversity of specialists who are registered VAD practitioners demonstrates how seeking specialist assessment for VAD (especially in rural settings) can be extremely difficult. Due to the short window of eligibility for VAD, any delay could result in a person missing out on the ability to choose VAD as an end of life option.

### PHAA recommends:

The Victorian Government should remove the requirement that one assessing medical practitioner must be a specialist and align with other jurisdictions.

Figure 1.0 Clinical specialties of registered VAD medical practitioners by location of practice in Victoria



Please note: Other specialty areas include psychiatry and urology, or do not have a specialty area(s) listed by Australian Health Practitioner Regulation Authority. 'Internal medicine' includes associated subspecialties including cardiology, gastroenterology and hepatology, geriatric medicine, infectious diseases, intensive care medicine and nephrology.

## 3: Workforce capacity issues

There is currently a shortage of VAD medical professionals who are trained and willing to provide VAD assessments and care.<sup>(3)</sup> Overall, practitioner registration within the VAD portal is slow, with only a 6% increase since 2021.<sup>(4)</sup> In part, slow uptake in VAD registration can be attributed to the lack of adequate compensation through the current Medicare Benefits Schedule (MBS) remuneration items to appropriately cover the clinical time required to complete a VAD assessment, let alone any necessary follow up consultations and potential travel required for house visit, which can be extensive for rural clinicians and patients.<sup>(5)</sup> Often practitioners will undertake this work unpaid, or excess cost is passed onto patients, which can make access to VAD prohibitive.<sup>(5)</sup> In order to train and retain health professionals who can conduct VAD assessments and care, greater investment into the VAD program in Victoria is important, and revision of the MBS to include appropriate item numbers to compensate medical practitioners is essential.<sup>(5)</sup>

**PHAA recommends:**

The Victorian Government must invest in training and compensation for health professionals providing VAD services and call for the MBS to introduce VAD specific item numbers.

**4: Implementation of telehealth services for Voluntary Assisted Dying**

Part of the Criminal Code Act 1995 prohibits the use of a carriage service in the VAD process. This includes telephone, email, fax and telehealth. Using these for VAD assessments could leave health professionals at risk of a fine or criminal prosecution

This presents a significant challenge for patients in rural and remote areas, as well as those with mobility issues.<sup>(5)</sup> This prohibition limits access to VAD for individuals who may not have the capacity to travel short, let alone long distances to health care facilities due to the severity of their physical condition.<sup>(5)</sup>

PHAA acknowledges that to fully resolve the issue of telehealth in VAD services, federal legislation must amend the telecommunications to be used in the VAD process, and for the option of telehealth assessment to be available when clinically appropriate.

**PHAA recommends:**

PHAA is united with peak bodies Go Gentle Australia and VADANZ in calling on the Victorian Government to urge the Federal Health Minister to amend the Criminal Code to allow doctors to give phone and telehealth advice to patients about VAD.

## Conclusion

PHAA supports the review of the Victorian Voluntary Assisted Dying Act 2017 and we encourage that revisions are made in line with this submission. We particularly highlight the following points:

- Medical practitioners must be allowed to initiate conversations relating to VAD.
- Remove the requirement of an additional assessment by a specialist medical practitioner.
- More investment in training and compensation for health professionals providing VAD services and call for the MBS to introduce VAD specific item numbers.
- The Victoria Government must call for the Criminal Code Act 1995 to be amended.

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.



Terry Slevin  
Chief Executive Officer  
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23/02/2024

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