

Comparative table of Voluntary Assisted Dying Legislation in Australia

This table seeks to provide an overview only.
A link to the acts is included in the page 1 column headings.

	<u>Queensland</u>	<u>Victoria</u>	<u>Western Australia</u>	<u>Tasmania</u>	<u>South Australia</u>	<u>NSW Bill</u>
Criteria for access to assisted dying	Guiding principles in legislation	✓	✓	✓	✓	✓
	Over 18 years of age	✓	✓	✓	✓	✓
	Resident in jurisdiction	✓ (or granted exemption)	✓ (12 m)	✓ (12 m)	✓ (12 m)	✓ (or granted exemption)
	Citizen or permanent resident only	✓ (or 3 years' residency in Australia)	✓	✓	✓	✓ (or 3 years' residency in Australia)
	Person has decision-making capacity in relation to assisted dying	✓	✓	✓	✓	✓
	Person is acting voluntarily and without coercion	✓	✓	✓	✓	✓
	Diagnosed with an eligible disease, illness or medical condition (eg, advanced, incurable, progressive, will cause death)	✓	✓	✓	✓ (or injury)	✓
	Disease, illness or medical condition is expected to cause death within a specified timeframe	✓ (12 m)	✓ (6 m, 12 m for a neuro-degenerative condition)	✓ (6 m, 12 m for a neuro-degenerative condition)	✓ (6 m, 12 m for a neuro-degenerative condition, unless exempted)	✓ (6 m, 12 m for a neuro-degenerative condition)
	Person is suffering	✓	✓	✓	✓	✓
	Express provision that mental illness or disability alone is not an eligible disease, illness or medical condition	✓	✓	✓	✓	✓
	All criteria must be met	✓	✓	✓	✓	✓
	Review by tribunal of some criteria (eg residency, decision making capacity or voluntariness, or relevant medical condition (prognosis))	✓	✓	✓	✓ (by Voluntary Assisted Dying Commission)	✓
Request to access assisted dying	Health practitioner must not initiate discussion about or suggest voluntary assisted dying	✓ (unless medical practitioner or nurse practitioner also informs person of treatment and palliative care options at the same time)	✓	✓ (unless medical practitioner or nurse practitioner also informs person of treatment and palliative care options at the same time)	✓ (unless medical practitioner or nurse practitioner also informs person of treatment and palliative care options at the same time)	✓ (unless medical practitioner/ registered nurse also informs person of treatment and palliative care options at the same time; nurses & paramedics must refer to GP)
	Person themselves must make request	✓	✓	✓	✓	✓
	Person can make a request in an advance directive					

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	Person must make three requests	✓	✓	✓	✓	✓
	One request must be in writing	✓	✓	✓	✓	✓
	Two witnesses to written request	✓	✓	✓ (or a commissioner for declarations)	✓	✓
	Waiting period between first and final requests	✓ (unless likely to die or lose capacity)	✓ (unless likely to die)	✓ (unless likely to die or lose capacity)	✓ (unless likely to die)	✓ (unless likely to die or lose capacity)
	Any interpreter must be independent and accredited	✓	✓	✓	✓	✓
	Person may withdraw request at any time	✓	✓	✓	✓	✓
Entity participation	“Facility” includes hospitals/non-residential health care, as well as retirement villages and residential health care	✓			✓	✓
	Facility must not hinder person’s access to information about VAD	✓			✓	✓
	Facility must allow residents reasonable access to or facilitate transfer for assessments	✓			✓	✓
	Facility may object to allowing assessments for non-residents (unless unreasonable, causing harm or financial loss to patient, in which case access must be allowed or transfer facilitated).	✓			✓	✓ (hospitals not required to allow access)
	Facility must allow residents administration of VAD substance	✓			✓	✓
	Facility may object to allowing administration of substance for non-residents (unless unreasonable, causing harm or financial loss to patient, in which case access must be allowed or transfer facilitated).	✓			✓	✓ (hospitals not required to allow administration)
	Facility must inform public of non-availability of VAD	✓			✓	✓
Assessment for access to assisted dying	Assessment of criteria for access is carried out by medical practitioners	✓	✓	✓	✓	✓
	Two independent assessments by two medical practitioners	✓	✓	✓	✓	✓
	Referral to another medical practitioner if eligibility cannot be determined (eg there is uncertainty about the person’s diagnosis or decision-making capacity)	✓	✓	✓	✓	✓
	Person must be given particular information (eg about their diagnosis, options and the taking of the substance)	✓	✓	✓	✓	✓
	Assessments may be performed by audio-visual communication			✓ (initial information given must be in person)		✓
Assessing	Meet minimum requirements about qualifications and experience	✓	✓	✓	✓	✓
	Complete mandatory training before assessing person	✓	✓	✓	✓	✓
	Conscientious objection	✓	✓	✓	✓	✓

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	If conscientiously object, provide information to access VAD	✓		✓	✓		✓
	Mandated to report at points throughout the assisted dying process	✓	✓	✓	✓	✓	✓
Administration of substance	Additional approval process — permit required to prescribe and supply, or possess and administer, voluntary assisted dying substance		✓		✓	✓	✓
	Self-administration, but practitioner administration permitted	✓ (if self-administration inappropriate)	✓ (if patient incapable to self-administer)	✓ (if self-administration inappropriate)	✓ (optional)	✓ (if patient incapable to self-administer)	✓ (optional)
	Practitioners allowed to administer		Doctors	Doctors, Nurse Practitioners	Doctors, Nurse Practitioners, Registered Nurses	Doctors	Doctors, Nurse Practitioners, Registered Nurses
	Requirement for practitioner administration to be witnessed	✓	✓	✓		✓	✓
	Provisions governing the management of the voluntary assisted dying substance eg, must be prescribed in accordance with requirements	✓	✓	✓	✓	✓	✓
	A contact person must be appointed	✓	✓	✓ (self-administration)	✓ (self-administration)	✓	✓ (self-administration)
Offences and protections	Offence to induce a person, through dishonesty or undue influence, to request assisted dying	✓	✓	✓	✓	✓	✓
	Offence to induce a person, through dishonesty or undue influence, to self-administer the substance	✓	✓	✓	✓	✓	✓
	Offence to falsify records, or make a false or misleading statement	✓	✓	✓	✓	✓	✓
	Offence to fail to report on assisted dying	✓	✓	✓	✓	✓	✓
	Offence to administer the substance when not authorised to do so	✓	✓	✓	✓	✓	✓
	Offence for practitioner to wilfully fail to comply with requirement of legislation						
	Offence for contact person to fail to return unused substance	✓	✓	✓	✓	✓	✓
	Protection for a person who assists in or facilitates access to assisted dying	✓	✓	✓	✓	✓	✓
	Protection for health practitioners acting in good faith and without negligence	✓	✓	✓	✓	✓	✓
	Protection for health practitioners present at time of self-administration	✓	✓		✓	✓	✓
Oversight	Review by tribunal of some criteria for access (eg residency, decision making capacity or voluntariness)	✓	✓	✓	✓ (by VAD Commission)	✓	✓ (Supreme Court)
	Oversight by an independent body	✓	✓	✓	✓	✓	✓
	Review of legislation	3 years	4 years (before 5 th anniversary)	2 years (then no more than 5 year intervals)	3 years (then every 5 years)	4 years (before 5 th anniversary)	1 year (then every 5 years)