

President's Update

Several developments

As mentioned last time, we are making such preparations as we can for the Review of the Victorian VAD Act. We are also maintaining contact with the Western Australians who, in having a Review after two years, have a schedule that matches ours. As many of you will recall, the passing of legislation in 2017 required some significant changes in the drafting.

We would claim that the passage of time, and the implementation of VAD law elsewhere, has reduced the anxiety over imagined possible disasters. The very helpful VAD Review Board reports have noted complete compliance in all but a very few trivial and inconsequential cases. And so we consider it appropriate to see what widening of eligibility there may be that meets a clear need within an acceptable risk management regime.

Some problems with Commonwealth matters remain. The removal of the 'Andrews Bill' has now allowed the Territories to seek VAD legislation. We understand that in the ACT plans are advanced. It will be interesting to see how the responses to the ACT government's call for submissions, combined with what is already mooted, address the public's quest for removal of some needless barriers to access.

The 'Carriage Service'/Telehealth matter is yet to be resolved. In *The Western Australian* of 1 March Mark McGowan stated "Amendments to those laws- which are backed by WA - will be discussed at the next meeting of the Standing Council of Attorneys-General in April."

Let's hope. It would seem the A-Gs of Australia have had more pressing matters to attend to, so far.

DWDV remains hopeful that the Federal AG, Mark Dreyfus, will take action to resolve this matter without it having to go to court. Otherwise, the quest for a judicial interpretation by our Dr Nick Carr remains. A half day

hearing is imminent in the Federal Court, some time after May 9, with Justice Debra Mortimer presiding.

We also have a problem with the Medicare regime. It might not be generally known that the Medicare

Benefits Schedule general explanatory note 13.33 states "euthanasia and any service directly related to the procedure will not attract Medicare benefits". At the last stage of the VAD process, the medication will be ingested by the person or administered intravenously by the co-ordinating doctor. Therefore, not only must the doctor be present to administer intravenous medication and wait for the person to die, their presence, on occasion, may be requested by an individual ingesting the oral medication. This may be the case for individuals who are anxious, require support or simply wish to have the process overseen by a doctor.

The issue here is that, with no Medicare number, the patient cannot receive a Medicare rebate for any fee levied by the doctor. The doctor can, of course, choose to charge the family and they just pay the full fee, but most doctors are reluctant to do this. And the time involved can be substantial, as occasionally the time to death after oral administration is prolonged. Our Dr Carr once spent 7 hours on this phase of the exercise.

(Continued on P2)



Hugh Sarjeant



(Continued from P1)

There are impediments to doctors providing VAD services, and this is one reason for the low level of involvement. There are both the cost and the time lost doing the training. It might be there are still some professional issues to address.

There is also the Medicare matter. We are seeking to address this, having had helpful advice from Tara Cheyne MLA, Member for Ginninderra.

On a different topic, we have included in this issue two items from the late Dr Rodney Syme. W

We have also put on our website his article about a suggested treatment for those seeking Voluntary Refusal of Food and Fluid. [Read the article here.](#)

Professional Volunteers

We are creating a data base of professional volunteers who have generously offered their expertise to help DWDV on several issues.

Each of these individuals is highly qualified and regarded within their own fields and all are passionate and knowledgeable about end-of-life issues.

Between them our volunteers bring a wealth of high-level experience across a wide range of industry sectors, the VPS, state government and international organisations. This experience includes: specialised communication and stakeholder engagement strategies; policy and project design, development, and delivery; global public relations; dealing with media and journalists; and responsibilities for designing large scale media and awareness campaigns across multi delivery platforms.

We are yet to consider fully the specific tasks we may work on together with our volunteers, but will reach out as soon as we believe there are issues upon which we can collaborate.

Some exciting possibilities include the creation of short videos that we can display on our website and share on social media, advocacy with ministers on key issues as they arise and assistance in preparation of written policy and materials for the DWDV website and newsletters.



Dr Lyn Stavretis



We have already benefited from our volunteers' expertise in researching and writing up key components of the DWDV 5-year review in progress.

In the meantime, Lyn Stavretis has agreed to act as a coordinating point for our wonderful volunteers. There will be contact made in the coming months about Zoom or coffee catch ups to chat further about the sorts of things we might work on together.

We would like formally to express our gratitude for all of these offers of help and are excited about the potential for working towards strengthening DWDV's capacity and reach, in order to assist all of those interested in end-of life issues.

The Human Reality of Helping a Patient Die

An episode of *The Medical Republic's Tea Room* podcast on 25 January interviewed two doctors involved with VAD.

One was Dr David Ward, a general practitioner obstetrician from Albany in regional Western Australia, who says although VAD may sound like a sad circumstance, in his experience it's often the opposite. While it may not be for everyone, for him it's an honour.

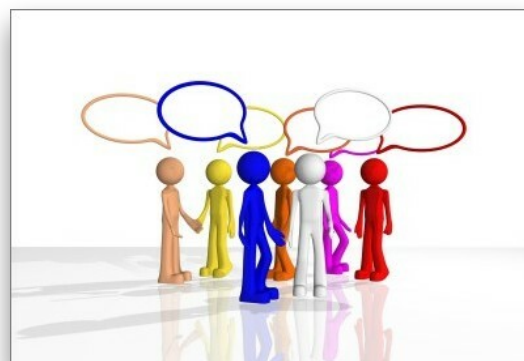
The second interviewee was oncologist and DWDV board member, Dr Cameron McLaren, who has been involved in over 250 cases of Voluntary Assisted Dying. He speaks with honesty, compassion and integrity in this 'must listen' interview. You can [listen to the podcast on our website here](#).



ACT Residents: Have your Say on VAD

For DWDV members in the ACT, the consultation begun by the ACT Government on a proposed voluntary assisted dying (VAD) law is an important opportunity to have your say. The government wants to know how VAD should be approached in the ACT, and has released a discussion paper that asks:

- Who should have access to VAD?
- What should the process be like?
- What role should health professionals play?
- What checks and balances should be in place?



Feedback can be given via an online survey or a written submission. **The deadline is 6 April.**

[Read more here ...](#)

Advance Care Planning

Have you completed or updated your paperwork recently?

You can download forms and accompanying guideline documents [from our website here](#) (under *Our Services*) to complete an Advance Care Directive and appoint a Medical Treatment Decision Maker.

More than half of us will be unable to make our own medical decisions at the end of our lives, but only 15% of Australians have an Advance Care Directive. It may seem challenging to find the right time to talk about advance care planning. But it's important to find an opportunity to have a heart to heart with someone close to you and document your values and preferences about your future medical care.



NOTE:

The next two articles are from Dr Rodney Syme, written in September 2021. At the time there were doubts about whether information contained was in breach of Departmental guidance. Those concerns have now passed. Rodney's comment in ... "I will discuss these advantages when more information ... is available" will need to be addressed by others at that time.

Self-administered intravenous VAD

Dr Rodney Syme

The Victorian VAD Act allows self-administered (presumed to be oral) medication and doctor-administered VAD (only if the person cannot self administer). The Act quite properly does not describe the drugs or dosages to be used in either case. These are matters for medical determination.

The government appointed an Implementation Task Force which determined aspects of drug management, and its determinations are now fixed by government regulation (not by law) and as such can be altered without amendment of the law.

The outcome was that all drugs would be dispensed from one pharmacy (Alfred Hospital) and delivered to the person by the pharmacy (in many ways a good decision). For patient self-administration, 15 gm of pentobarbital (Nembutal) was dispensed as powder with liquid for dissolution before ingestion, and an anti-emetic to prevent any possibility of vomiting (an important safeguard). For doctor administration, the pharmacy dispensed 4 drugs in syringes (a mild sedative, a local anaesthetic, an anaesthetic drug to produce deep unconsciousness, and finally a muscle-relaxant to paralyse breathing). These 4 drugs need to be injected intravenously by a doctor in sequence.

By the time this process is completed, most people will have died with the doctor in close proximity, the family at a distance. Oral administration of pentobarbital with anti-emetic preparation and sufficient dose (15 gm of pentobarbitone) is fool-proof in causing death - assistance provided in this manner is totally reliable provided the person can reliably swallow 40 ml of liquid. The only disadvantage is the extremely unpalatable taste of the pentobarbitone.



Some people cannot swallow or digest medication, usually due to an obstruction or paralysis of swallowing muscles (as in MND). Such people however mostly still (again some exceptions in MND) have manual dexterity, which can allow another option for self-administration. If a doctor establishes an intra-venous (IV) line and attaches a bag containing 15 gm of pentobarbitone, but leaves the controlling valve on the IV line closed, nothing will happen - the person will not die - UNLESS that person voluntarily opens the controlling valve on the IV line.

This process turns the doctor administered VAD into a self administered VAD, but by IV rather than oral means. It creates another line of choice for doctors and those requesting assistance to die, with significant advantages for both.

At this point I invite the reader to consider this proposal, and, in a subsequent article, I will discuss these advantages when more information, particularly from the VAD Review Board is available - think about the advantages for you and your doctor.

DWDV and Dementia

Dr Rodney Syme

Victoria has achieved VAD law in 2017 after a long advocacy by DWDV. The passage of this legislation was hard fought and was finally a close win in the Upper House. As a result there were compromises which mean that the final Act has significant obstructions and delays in completing appropriate and legitimate requests for VAD. The DWDV board is actively working with the VAD Review Board and DHHS (although they are severely distracted with Covid) to argue for changes to law when review takes place in 2024.

A specific exclusion of VAD in the Act was dementia on the reasonable basis that by the time the criterion of 6-12 months to death was reached, mental competence would be absent. This is due to the prolonged course (years) of dementia, which is a neuro-degenerative illness which is progressive, incurable and terminal. Thus dementia meets all the criteria for VAD except the prognostic requirement. There is no argument that loss of mental competency robs a person of their autonomy, and respect for autonomy is one of the critical purposes underlying the argument for VAD.

Recently a DWDV member contacted me for advice about a family member suffering from Alzheimer's disease, stating that she could find nothing on our website on this very important matter. I had been conducting workshops about dementia for some years, after realising that this was one of the most (if not the most) disturbing concerns for DWDV members and the public. I had designed an effective disease-specific Advance Care Directive (ACD) for dementia, and as a result of my consulting experiences was fully aware of the gross suffering of the end stages of dementia.

I joined Alzheimer's Victoria and advocated ACDs for dementia, even becoming involved in a debate

at their AGM in 2012, arguing that they should develop and promote ACDs, pointing out that they had three expert reports supporting this view. Despite this, today you will struggle to find any reference on their website to a disease-specific ACD for dementia.

As a result, I recently raised dementia as a matter of critical importance for the DWDV board, and have developed a policy for pursuit of policy action and law to provide choice for people diagnosed with early dementia while still competent. I have recently had a positive meeting with the Chair and executive officer of Dementia Australia to discuss and develop these matters.

Be assured, DWDV is taking the matter of dementia very seriously, is not resting on obtaining the passage of the current VAD law, and is continuing work for further important change, including in the area of dementia.



Email: dwdv@dwdv.org.au

Phone: 0491 718 632

Address: PO Box 743, Kew, VIC, 3101,

Dementia

Voluntary Assisted Dying, the end-of-life option available to those deemed eligible, has now been operative in Victoria for almost 4 years. The most frequently asked question directed to us is why those suffering from dementia are considered ineligible for the VAD process.

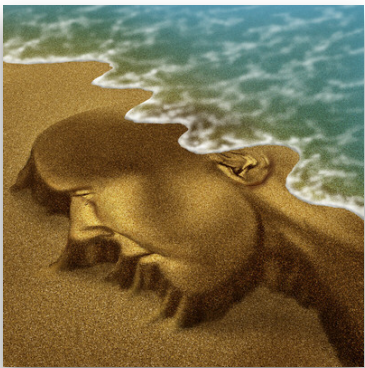
Dementia was recorded as the second leading cause of death in Australia in 2020. It was the leading cause of death of Australians aged 85 and over, and the leading cause of death for Australian women aged 75 and over. *

We can expect its prevalence to increase with our rapidly ageing population. It is unlikely that anyone of us will be unaffected by dementia, either directly or indirectly, in our lifetimes.

The complex and contentious issue of dementia and assisted dying has been debated in overseas jurisdictions. There is much to be learnt from them.

Current VAD legislation makes no eligibility allowance for those suffering with dementia as their sole underlying disease. Their suffering, especially in the latter stages of the disease, is often not recognized, as individuals are often unable to express their levels of pain and anxiety.

Those opposed to VAD, will undoubtedly accuse us of heading “down the slippery slope”. A slippery slope argument is most often proffered by opponents of a practice. The rationale behind such an argument is that if a particular course of action is accepted it will inevitably lead to successive and less desirable actions further down the track.



However, may we remind them that the purpose of our association, DWDV, is to relieve distress, helplessness and suffering for Victorians with untreatable, painful, or terminal illnesses. For this reason alone, we have a moral obligation to the public to address the issue of dementia in VAD. It would be remiss of us not to consider it just because we consider it to be “too hard”.

We applaud the Western Australian Premier Mark McGowan’s recent suggestion that this issue necessitates national discussion, and we look forward to being involved.

If you have a dementia related story, DWDV is keen to hear from you. We can place your story on our website, with anonymity if requested. These stories initiate a lot of discussion and provide us with the evidence of how critical this issue is and why it must be addressed.

**Dementia in Australia, Deaths due to dementia, Australian Institute of Health and Welfare*

Personal Stories

We are always so grateful to those who share their moving stories with us about VAD and end of life choices. Three more have been added to our website - you can read them on our Personal Stories page. Libby and Mary-Anne tell the story of their mothers’ deaths, before VAD was available. And M’s story about her father also highlights the importance of Advance Care Directives.



M.



LIBBY



MARY-ANNE

Sue Parker

by Jane Morris

"Life is wonderful. I can now live and enjoy my life knowing when I feel the quality has gone ... so too can I."

I never met face-to-face with Sue Parker, yet she made a profound and indelible impression upon me. I spoke with her on only two occasions, due to the nature of her medical condition, and corresponded numerous times through email.

Perhaps it was the fact that Sue was also a former nurse and possessed the most wonderful black humour imaginable. Perhaps it was also the fact that my beautiful mother and three dear friends had succumbed to Motor Neurone Disease. But for whatever reasons, we 'clicked'.

Right from our initial communication, Sue was adamant that her story be shared. When I first 'met' Sue, she was in possession of her Voluntary Assisted Dying Medication, her precious "Black Box". She expressed sincere gratitude to those that had deemed her eligible for the VAD process and referred to the palpable relief that possession of the VAD medication provided her. However, despite her gratitude, she expressed how saddened and somewhat guilty she felt when she thought of all those people with worse conditions than hers who have no choice other than having to 'just bear it'.

"I feel so much for anyone with a debilitating disease, that does not qualify for Voluntary Assisted Dying. Fortunately, I have, but the fine line between what I have and have been able to access compared to others with comparable suffering and who have been considered non-eligible for VAD, is extremely unfair."

When informed, by her neurologist, that she had between 6 and 12 months to live, Sue responded, "I have not been this happy for a long time. The weight of MND has almost been lifted off my shoulders. Is this weird?" Upon receipt of the medication Sue said only then could she truly relax, and that the burden of MND was lifted.

Sue's indomitable spirit always belied the ravages of Motor Neurone Disease on her physical and undoubtedly psychological wellbeing. As inconceivable as it was, Sue was always able to make me laugh. She related a story in which she had 'wheeled' herself to a bottle shop and asked the attendant if he could recommend his finest Scotch. Much to the young man's complete horror and bewilderment, Sue told him that it was to be drunk following the ingestion of her lethal medication! That poor young man.

Not once did I hear Sue complain about her predicament. She was deeply concerned, right up until her death, about those people she knew, who suffered from comparable pain and suffering, yet were deemed ineligible for an assisted death.

My final communication with Sue was one in which we contemplated the 'value and substance' of a final conversation. All I can say is that it is an extraordinary privilege to share this very precious time with someone who is about to die. Sue's final request was that I relate the story of her beloved rescue dog 'Chops' who died after Sue's diagnosis.

Sue stated: *"The saddest part of my story, I had to put my beautiful Chops down. I lay with him as the Vet gave him his dose. I have his ashes to spread with mine. ... My beloved Chops ... poor bugger. He is going to be burnt twice!"*

Thank you Sue for being you and for everything you have taught me and others. You were an inspiration to many people whom you helped by sharing your story with your selfless generosity.

Farewell to a very special, courageous, funny, and wonderful human being.



Sue at home



Sue's dog Chops

[Read Sue's story on the DWDV website here](#)

WFRTDS Conference Presentations

In our last issue we highlighted the 2022 World Federation Right to Die Societies biennial conference that was held in Toronto.

Recorded presentations are now available online in the [conference's YouTube channel](#) here:

All are excellent to watch. Two we'd like to mention especially:



Jane Morris

Presentation 8: ***Assisted Dying Around the World Panel One***

Jane Morris, DWDV Vice President, was involved in this session. As she explains "You can see me at the 17 minute mark. After me is NZ doctor Gary Payinda, who was absolutely brilliant - really worth listening to!"

Presentation 8: ***Accurate Language is Critical for Law Reform***

Anne Bunning, VADSA and Secretary of the WFRTDS, helped to present this and did a brilliant job.

Flying Doctor Memory Lane

For people with a terminal illness or in palliative care, a simple chance to reconnect with their lives in their final days/weeks can mean the world.

Flying Doctor Memory Lane is a free service that supports people to visit a place of personal significance; to admire their own garden, to feel the breeze of the seaside, or to be surrounded by loved ones and pets.

[Read more here ...](#)



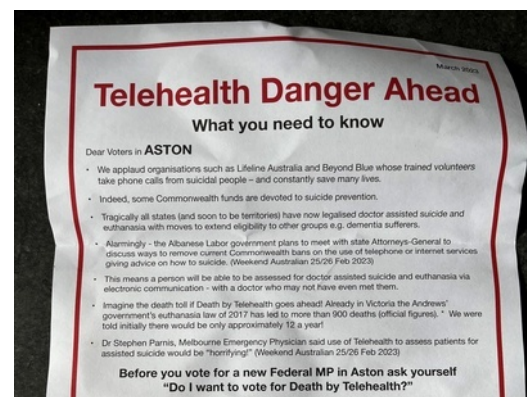
Misinformation in Aston

In the lead up to the Aston by-election in Victoria, taking place on 1 April, we were appalled by the misinformation distributed in leaflets entitled "Telehealth Danger Ahead" delivered to constituents in that electorate.

The leaflet contained several false assertions. We responded to correct these on our website as well as in social media.

DWDV is apolitical and neither endorses nor opposes any political party. While this leaflet was obviously distributed for political ends (with the customary hyperbolic language used in such cases) our response to it was order to correct the significant inaccuracies and false information it contained.

[Read more here ...](#)



News from Australia

Much has been happening in the Australian VAD sphere since our last newsletter.

Following the successful passage of the Restoring Territory Rights Bill in the Federal Parliament last December, The **ACT** has commenced a public consultation process into VAD legislation. Tara Cheyne, ACT Human Rights Minister, has suggested providing nurse practitioners with a major role in a future ACT VAD bill. She has also indicated she would like to see discussion around the issue of minors, under the age of 18, being considered eligible for VAD.

The **NT** government has disappointingly announced that work on VAD legislation is not on their parliamentary agenda this term.

Queenslanders welcomed in the New Year with the implementation of the Voluntary Assisted Dying process. The Queensland government states it has plans to fly doctors to regional areas so that they can assess patients for VAD. It is hoped that this will help overcome the problem of the Commonwealth Carriage Law, which prevents VAD being discussed over a carriage service.

Then it was finally **South Australia's** turn. On January 31st, Voluntary Assisted Dying became a legal end-of-life option for South Australians. On March 1, it was reported that since the implementation, 20 people have applied for VAD and 6 have been deemed eligible. Forty-one doctors have completed the VAD training and 47 have registered.

We must just wait now for **NSW** to implement VAD on November 28, 2023.

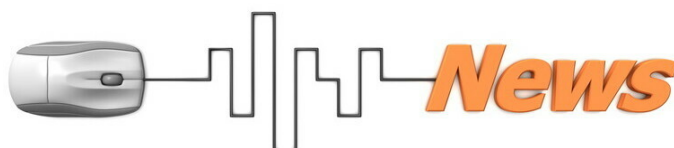
Tasmania's VAD laws have now been operative for 4 months and it is thought that 6 individuals have availed themselves of VAD.

Problems with the efficacy of the VAD process are now being experienced by other states. As we saw in Victoria, there is a slow uptake by doctors to complete the VAD training leading to a shortage of VAD providers, particularly in rural areas. One contributing factor could be the fact that VAD is not listed on the Medicare Health Benefits Schedule.

Controversy reigned when it was suggested that VAD information be placed on the medical syllabus at universities offering medical degrees. This was seen by some as a concerted effort to push student doctors into doing the VAD training program. Others argued that student doctors need to be informed about this legal end-of-life option. VAD legislative residency requirements have proved problematic in some Australian states. Victoria, the first state to legislate for VAD, specified that those seeking access to VAD must be Australian residents or permanent residents - and that the person must have been an ordinary resident in Victoria for the last 12 months. Other states have liberalized these requirements, preventing uniformity across the states and causing problems for those who move interstate.

Finally **Western Australian** Premier, Mark McGowan, has stated that he welcomed a national conversation about allowing those diagnosed with dementia to be considered eligible for VAD.

Mandatory reviews, as required by VAD State legislation, will take place in **Victoria** in the fifth year of VAD implementation, beginning June 20, 2023, and will look at the first four years of VAD operation. A similar review will take place in **Western Australia**, in the third year of VAD implementation, and this will look at the first two years of VAD operation.



News from around the world



Austria

Assisted Dying became available to Austrians in May last year. Interestingly, the Austrian Ministry of Health does not adequately research VAD deaths. Since the implementation, a report released by the Austrian Palliative Society shows that there have been 23 cases of an assisted death from 59 requests. Most cases have occurred in private settings and 67% are women.

Belgium

Recently released statistics on assisted deaths in Belgium indicate an increase of 9.85% since 2021. This figure represents 2.5% of all deaths in Belgium. Sixty percent of individuals sought an assisted death because of cancer. Requests for an assisted death because of mental illness remained low and individuals suffering from dementia and other cognitive disorders accounted for 1.4% of deaths. There were no minors included in the figures.

Canada

The big news from Canada is that the *Final Report of the Special Joint Committee on Medical Assistance in Dying* was released. The 138-page report includes 23 recommendations, one of which would amend the Criminal Code to allow advance requests for people diagnosed with a neuro-cognitive disorder, such as dementia. Quebec has become the first province to table advance request legislation. The other big news from Canada was the announcement that the extension of MAiD eligibility to those suffering solely from a mental illness has now been delayed for another year, and is expected to be implemented on March 17 2024. It seems Canada is breaking records. It is performing more organ transplants from MAiD donors than anywhere in the world. Quebec now has the highest rate of assisted deaths in the world and requests for MAiD have doubled since the start of the pandemic. There remains a continuous stream of negative MAiD stories emanating from Canada by disability, mental health groups and representatives of those suffering from homelessness and financial hardship.

Colombia

Colombia is another country in which the number of people who have sought an assisted death has risen steeply. Three hundred and twenty-two cases were reportedly carried out between 2015 and October 2022. In 1997 the Colombian Constitutional Court found 'euthanasia' to be constitutional but at the same time maintained criminal penalties for those involved in an assisted suicide. Finally in 2022, 'assisted suicide' was decriminalized.

Cuba

A December report indicated that a draft public health law was presented to the Cuban Parliament and for the first time the topic of Assisted Dying was referred to.

France

It was decided last December that a citizens' convention, consisting of 170 people, would meet for three days a week for four months to discuss the topic of assisted dying and then deliver its report by the end of 2023. The French Government requested that legal experts, scientists, and writers work to form an 'assisted dying' glossary. In February this year it was announced that a majority of individuals, forming the convention, had voted to progress a VAD bill.

India

The Indian Supreme Court has recently revamped the procedure of drafting a living will, that allows a person to opt for 'passive euthanasia'. It was intended to make the procedure easier to navigate. A terminally ill person's right to refuse life support was recognized in March 2018 by a constitutional bench.

Ireland

Last December the Republic of Ireland announced that it will look at the topic of assisted dying. It was intended that a special committee of the Oireachtas be set up to conduct an in-depth study and explore eligibility criteria, safeguards, and the assisted dying process. Unfortunately, the government does not appear to be in a rush to establish this committee. A VAD bill is said to have considerable support within the parliament and among the public.

Japan

In a recent article, authors from the Japanese School for Medical Ethics state that discussion on voluntary assisted dying legislation should commence now and some laws or guidelines should be implemented. The authors recommend that Victoria's Voluntary Assisted Dying Act 2017 would be a good reference point as it is considered the safest and most conservative legislation in the world. The authors claim that Japan could then initiate discussion on introducing a system even more conservative, and with even more stringent safeguards than Victoria has done.

Korea

The debate over VAD continues in Korea with some doctors having reservations about the proposal to legalize it. Three lawmakers held a forum last December at the Korean National Assembly. Current legislation relates to the discontinuation of life prolonging treatment. However, the proposed bill calls for physician assisted dying to be available for terminally ill patients suffering unbearable pain.

Portugal

The Constitutional Court of Portugal invalidated in January a law decriminalizing euthanasia. The law had been approved by the Portuguese Parliament in December. This was the third time such legislation had been passed in the Portuguese Parliament since 2016. However, Portugal's conservative President referred it to the Constitutional Court for review. This was the second time the Constitutional Court had rejected such legislation.

Philippines

A group comprised of cancer patients and their families is advocating for the introduction of VAD legislation in the Philippines for terminally ill patients. Tragically many people suffering from cancer cannot afford treatment and die horrific deaths.

United Kingdom

Good news finally from the UK. The UK Health and Social Care Select Committee has launched a much-anticipated inquiry into assisted dying. This will be the first time any committee has considered the topic. The Parliament called for submissions for evidence on assisted dying from around the world, to which DWDV responded. A recent report showed that the number of British citizens who had joined Dignitas in the last decade had soared by 80% and confirms how much citizens would like to have their own Assisted Dying legislation.

Jersey

A much-awaited report into allowing assisted dying in Jersey has been delayed. It was set to be published at the end of February and will now be released at the end of April. The Health Minister has said that this time will allow it to be scrutinized further.

United States

Whilst 5 US States, Florida, Massachusetts, Iowa, Maryland, and Minnesota, are in the process of tabling or have already filed Assisted Dying legislation in their respective legislatures, the news from Montana has been extremely disappointing. For the last 14 years Montana has provided residents, deemed eligible, with the option of an assisted death. This unfortunately may be about to change with the introduction of a Bill, that would criminalize doctors who provide medical aid to a dying patient. There was also a report from Oregon, that consideration was being given to repealing legislation, passed last year, that would remove the residency requirement for Assisted Dying access.

DWDV Board



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Dr Lyn Stavretis



Have you responded to our survey?

Many of our wonderful members and supporters have already completed our survey on Voluntary Assisted Dying (VAD) in Victoria. The responses to this survey will help to inform our submission to the Parliamentary review of the Victorian Voluntary Assisted Dying Act 2017, which must be conducted in the year commencing 19 June 2023, covering the first 4 years of implementation in Victoria.

If you have not yet submitted a response, we'd love to hear from you about any concerns or issues you have had or are experiencing with VAD since its implementation as well as your views on how it might be enhanced.

You can find a link to the survey on the home page of our website.