



PHARMACY PRACTICE UPDATE – 2025

Voluntary Assisted Dying



VAD Working Group:

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Introduction

Voluntary Assisted Dying (VAD) legislation allows eligible people to access medical assistance to end their lives. VAD is lawful as an end-of-life choice for people in most parts of Australia.

Strict criteria govern access to VAD, these criteria vary across Australian states and territories.

Using VAD services, eligible people can have substances prescribed by a VAD practitioner that will cause their death if they decide to use them. The eligible person can choose when to have these VAD substances supplied to them for use. They can also decide not to use them if they wish not to.

As VAD is an available and legal option, members of the pharmacy workforce should anticipate that it may arise in discussions with people who are at or are approaching the end of their life.

My Checklist

Assess your readiness to conduct sensitive, respectful and lawful conversations about VAD with patients, colleagues and your employer, using this checklist.

- ☐ I understand my own position on VAD
- ☐ I understand my legal obligations and limitations relating to VAD in the jurisdiction I work in
- ☐ I understand my organisation's position on VAD
- ☐ I am prepared for how I would handle conversations in the workplace – with co-workers or patients – when they raise opinions about VAD with which I disagree
- ☐ My views on VAD will not affect my ability to provide professional and respectful care
- ☐ I understand the referral pathway in my organisation or jurisdiction for patients seeking access to VAD

To ensure that conversations surrounding VAD are handled sensitively, respectfully, legally and in a supportive manner, before engaging in these conversations to support patients the pharmacy workforce will need to consider and examine the following:

- VAD legislation in the state or territory they work in
- limitations on conversations about VAD, including state and federal legislation and local policies
- eligibility pathways for VAD in their jurisdiction
- their organisation's policy on involvement in VAD and handling VAD substances
- referral pathways in their jurisdiction and workplace
- the philosophical concepts of VAD and how it differs from palliative care
- their personal beliefs and opinions about VAD
- resources available for self-care.

VAD providers

VAD programs

Where available, VAD programs are managed by the health department in that state or territory. More information can be found here: [Resources](#).

VAD pharmacy services

Each state/territory VAD program has a VAD pharmacy service. In most jurisdictions it is a centralised VAD pharmacy service, other jurisdictions have different models.

The VAD pharmacy services

- are the only authorised suppliers of VAD substances in the jurisdiction
- supply VAD substances directly to patients or approved VAD practitioners throughout the jurisdiction, or in some jurisdictions, to the patient's agent
- are an education resource for healthcare professionals, patients and their families
- can be contacted via the VAD program in each jurisdiction (see [Resources](#)).

Care navigators

VAD care navigators (care navigators) are nurses and allied health professionals who provide support to a person seeking VAD, and their carers, family, friends, usual healthcare providers and health service when needed. **Care navigators are part of each state or territory VAD program.**

Conversations about VAD

VAD is an evolving area of practice. People's positions on VAD are influenced by many factors, including cultural and religious beliefs and values. Explore what training is available to you to enhance your capability in VAD conversations.

What can you say?

The legislation that covers initiating VAD conversations varies across Australian states and territories. It is important that you have a good understanding of the legislation in the jurisdiction you work in to know whether you may lawfully initiate conversations with patients about VAD, how to respond to questions about VAD, and where to refer people who are seeking information about VAD. See [Resources](#) for links to VAD programs, obligations and legislation in each jurisdiction.

It is important to distinguish between providing general information about VAD and supporting a formal first request to access VAD, which initiates the legal VAD process – the obligations in each scenario are different.

Questions to consider:

- What will I do if a patient asks about VAD?
- Can I initiate a discussion about VAD?
- What information can I share?
- What is the scope of my role?
- Is there a difference in information I can communicate in person, in writing, by email, by phone or video call?
- How can I tell if the request for information is a request for access to VAD, a patient expressing sorrow or dissatisfaction about their health, a patient experiencing suffering or wishing to die or just a general enquiry?
- What is the referral pathway for a request for access to VAD?
- Does it matter if the request is from a family member or carer rather than the patient?
- Can I talk to colleagues about requests for access to VAD?

When having conversations about VAD it is important to

- check that other people in the conversation are comfortable to participate
- respect differences in opinions and other people's values and needs
- understand how your personal beliefs, values and biases may influence the conversation
- understand the limits of your scope of practice
- ensure privacy
- employ active listening
- consider your personal capacity for these conversations, which may vary over time.

How comfortable are you talking about death?

Having good death literacy will help conversations about end-of-life choices, including palliative care and VAD, to be more effective and comfortable for all participants.

Differences in how death is discussed and approached across cultures are important considerations in the delivery of person-centred care.

Death literacy resources are listed in [Resources](#).

Referral pathways for patients

When having conversations about VAD it is important to understand

- what information you can offer patients
- the availability of VAD staff in your organisation
- referral pathways for requests to access VAD.

If someone is seeking **general information about VAD**, consider sharing relevant information from [Resources](#).

If someone is **requesting access to VAD**, provide the patient with relevant contact details e.g. local or statewide care navigator telephone number, via links in [Resources](#).

The Commonwealth Criminal Code

The Commonwealth *Criminal Code Act 1995* restricts the use of electronic communication services such as telehealth, telephone, email, internet or similar, to transmit suicide-related material. VAD may not be considered suicide under state/territory laws but may be considered suicide under the Criminal Code Act. Therefore, VAD clinicians are required to have in-person discussions about VAD substances and how they are administered.

Your workplace and VAD

What's your organisation's position on VAD

Health service organisations (HSO) in jurisdictions where VAD is available should have policies about VAD. The purposes of these policies are to

- support the people in their care
- support their workforce
- provide clarity on and enhance referral pathways and flow of care
- enhance care navigation where the HSO's position/stance on VAD differs from the position/stance on VAD of patients in their care.

HSOs may have dedicated VAD staff employed. Central VAD programs may be contacted if you are uncertain what support is available.

Patient journey

Considering your organisation's stance on VAD (support, object or neutral)

- What does the patient journey look like when seeking access to VAD?
- Is there a care navigator or coordinator to refer to?
- How will the HSO support practitioners who support and want to facilitate VAD and those who don't?
- What peer support is available to those who support and participate in VAD or are conscientious objectors?
- Who in the organisation is responsible for policy and procedure decisions about VAD?

If there are no clear policies that address these issues, pharmacy managers need to advocate for improved policy guidance from the organisation to support the pharmacy workforce and patient

care.

What to do when an admitted patient has approval to access VAD

When a patient who has chosen VAD brings their VAD substance into hospital or another healthcare setting during an admission, it is important to understand the local policy and relevant VAD and poisons legislation to ensure appropriate

- storage of the VAD substance
- access to and possession of the VAD substance and supportive medications
- disposal or return of VAD substance, if required
- documentation, including confidentiality and awareness of treatment bias
- education and support are available for staff who may be present for VAD substance administration
- medicines reconciliation.

In situations involving administration of the VAD substance, advice from the centralised VAD services and HSO VAD staff, should be sought.

Consider your viewpoint and professional role

What is your opinion about VAD?

If you are uncertain of your opinion about VAD, it is important to explore [resources](#) and be informed so you can develop your opinion.

After you have formed your opinion, it is then important to explore how you will manage situations where your views on VAD do not align with the views held by others, e.g. your organisation, colleagues or patients.

Know your care obligations

Healthcare workers, including those who have a conscientious objection, need to understand their rights and obligations under their state/territory VAD legislation.

Objecting to VAD does not remove obligations to provide continuity of care to a person seeking VAD as outlined in the AHPRA and National Boards *Code of Conduct*.¹

You should consider what elements of end-of-life care you are comfortable to discuss and provide and, when there are elements you are not comfortable providing, make plans for care to be continued in a timely manner.

Self-care

It is important to recognise that discussing VAD or caring for a patient who has access to VAD may cause distress. Explore the support and/or debriefing options available to you within your HSO, e.g. Employee Assistance Programs.

Resources

Jurisdictional government VAD programs





- [Australian Capital Territory](#)
- [New South Wales](#)
- [Queensland](#)
- [South Australia](#)
- [Tasmania](#)
- [Victoria](#)
- [Western Australia](#)

Other VAD resources

General VAD	Go Gentle Australia <ul style="list-style-type: none"> • Better off Dead podcast • State of VAD Voluntary Assisted Dying in Australia & New Zealand 2024 This is my stop podcast series <ul style="list-style-type: none"> • Navigating and understanding the voluntary assisted dying experience
End of life law	End of life law – Voluntary Assisted Dying – End of Life Directions for Aged Care (ELDAC) End of life law in Australia – Voluntary Assisted Dying – Queensland University of Technology
Death literacy	Conversations with people facing death – Cancer Council WA and Palliative and Supportive Care Education Free Education Modules – End-of-life Essentials Death Literacy Library – The Groundswell Project Education program(s) / activities to improve death literacy – Compassionate Communities Australia Talking End of Life (TEL) – CareSearch Education and resources – Program of Experience in the Palliative Approach (PEPA) The dying process – Information for carers – Palliative Care Australia
Specialty Practice Group	AdPha VAD Specialty Practice Group – AdPha members only
Statistics and data – Available in respective VAD Board/Commission annual reports	
NSW	NSW Voluntary Assisted Dying Board
Qld	Voluntary Assisted Dying Review Board
SA	SA Voluntary Assisted Dying Review Board
Tas	Voluntary Assisted Dying Commission
Vic	Voluntary Assisted Dying Review Board
WA	Voluntary Assisted Dying Board

Support services

If reading about or discussing VAD is distressing or raises issues of grief, bereavement or personal crisis the following helplines or websites provide support.

LifeLine	Suicide call back service	Griefline	Pharmacists' Support Service (PSS)
 13 11 14	 1300 659 467	 1300 845 745	 1300 244 910
www.lifeline.org.au	www.suicidecallbackservice.org.au	https://griefline.org.au/	https://supportforpharmacists.org.au/
24 hours a day 7 days a week	24 hours a day 7 days a week	0800-1900 AEST 7 days a week	0800-2300 AEDT/AEST 7 days a week

My checklist

[CLICK HERE](#) to download your checklist to track your readiness for conversations about VAD.

Reference

1. Ahpra and National Boards. Code of Conduct [Internet]. Melbourne: Ahpra; 2022 [cited 14 August 2024]. Available from: <https://www.ahpra.gov.au/Resources/Code-of-conduct/Shared-Code-of-conduct.aspx>.

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