Voluntary assisted dying research: a policy briefing

This briefing summarises research about voluntary assisted dying (VAD) conducted by Professors Ben White and Lindy Willmott (with colleagues).

1. **Australia should have VAD laws: they are ethical and VAD can be safely regulated**
   - There is a strong ethical case for allowing a limited cohort of patients, who are already dying, to choose VAD.
   - Reliable evidence about VAD systems internationally and now in Australia shows that VAD can be safely regulated.
   - Politically, legalising VAD has been challenging. Only narrow and conservative VAD models have passed in Australia.

2. **VAD laws must be evidence-based and consistent with intended policy goals**
   - Law reform must be based on reliable evidence (see the "reliability pyramid").
   - VAD laws must be designed to meet their intended policy goals.

3. **There is now a broad “Australian VAD model” but each jurisdiction should pass a law most appropriate for its circumstances**
   - Although based on the same model, Victoria, Western Australia, Tasmania and South Australia have all taken slightly different approaches to regulating VAD.
   - Jurisdictions should learn from how existing laws work in practice and design a law that is most appropriate for its circumstances (e.g. unique geography and population distribution).

4. **Designing VAD laws requires seeing how the entire legal framework operates**
   - Evaluating a VAD law must be based on how it will work as a whole, and not by considering individual provisions in isolation.
   - For example, numerous eligibility criteria for accessing VAD work together in these laws. Concern about one criterion when considered in isolation may resolve if all criteria are considered as a whole.
   - The process of designing VAD laws should include testing how eligibility criteria affect who can access VAD and for what medical conditions.

5. **“Piling on” ad hoc safeguards to already sound VAD laws does not make laws safer and can make them worse**
   - Ad hoc safeguards have been added during parliamentary processes to already sound proposals for VAD laws.
   - This led to inconsistency and incoherence in those laws without improving patient or community safety.
VAD systems must be workable so eligible patients can access VAD

» The complex Victorian VAD law and system make patient access to VAD challenging.

» Key problems include:
  - doctors are not allowed to raise the topic of VAD with patients
  - the need to obtain a government permit to access VAD, and
  - the complexity of the administrative process when applying for VAD.

The Commonwealth Criminal Code must be changed: it is an unjust barrier for patients seeking VAD and their doctors

» The Code makes illegal using a “carriage service” (e.g. email, telephone, fax, telehealth) in relation to “suicide”. This creates risk for doctors and others who are otherwise acting legally under State VAD systems.

» This means some steps in the VAD process must be done face-to-face. This is causing hardship and delay for patients and doctors.

» For constitutional law reasons, States cannot resolve this issue.

» The Commonwealth Government should amend this law so it will not apply to lawful VAD systems.

Institutions should not have power to prevent their patients or permanent residents from accessing VAD

» There is some limited evidence that institutions are blocking access to VAD in Victoria. Some institutions in other States have also indicated they will block access.

» Legislation should permit an institution to not participate but must ensure eligible patients and permanent residents can still access VAD.

Effective implementation of VAD is challenging but very important

» How a VAD system operates depends not only on the law, but also system design, including factors such as IT, navigation and support services.

» Sufficient time and resources are needed to effectively implement VAD laws. And once implemented, VAD systems should be kept under constant review.

» VAD laws are complex so implementation should aim to make the patient, family and doctor experience as smooth and simple as possible.

» Effective training for practitioners involved in VAD (and others) is critical as is a user-friendly IT system.

A compilation of the 37 research papers this policy briefing is based on is available here: https://research.qut.edu.au/voluntary-assisted-dying-regulation/other-resources

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