



Voluntary assisted dying is legal – but some people are unsure how to access it



What is this research about?

There are voluntary assisted dying (VAD) laws in all Australian states. Access to VAD depends on knowing it is available and then finding a doctor willing to help. Without the right knowledge and supports, making that first contact with someone who is connected to the VAD system can be challenging.



What did we find?

Making initial contact with a person who can help with VAD is challenging

Many people felt lost and unsure about how to seek VAD. Finding and making initial contact with a person who could help was “extremely difficult” or “really hard”.



What did we do?

We interviewed 32 family caregivers and one patient about the experience of 28 patients seeking VAD in Victoria. We also analysed the first six reports of the body that has oversight for how VAD works in practice in Victoria: the Voluntary Assisted Dying Review Board. We examined how people found out about VAD and made contact with someone who could help them start the VAD process.

“... the biggest challenge about the whole process for us was finding that initial information, knowing what to actually look for and having the right words to be put in a Google search and find it.”

But things got better after contact with:

- A doctor willing and able to assess eligibility for VAD; or
- A Statewide VAD Care Navigator (government-funded health professionals who help patients navigate the VAD system) or a local hospital or health service VAD Coordinator. These Navigators or Coordinators can connect a person to a willing doctor.

Four specific barriers to seeking VAD and making initial contact

1. Not knowing VAD exists as a legal option

Although people we interviewed knew VAD was an option, they were concerned about a lack of awareness in the community. This was especially for older people (who may not be Internet literate) and those from culturally and linguistically diverse backgrounds.

A key problem is Victorian law prohibits health practitioners from raising VAD with their patients. If people do not know about VAD and doctors cannot tell them, how can they know this choice exists?

2. Not recognising a person may be eligible for VAD

If a person does not recognise they might be eligible for VAD, they will not know VAD is a possible choice. A person may not realise their illness could qualify: "In our mind, we believed VAD was [only] for cancer". Or a person may not be told a likely time until death so they are unaware they might qualify: "no-one had said you're going to die within six months".

3. Not knowing who to contact or the steps needed to reach them

"We couldn't work out how to find the actual specific information, who was the person that you needed to talk to, to get the specifics of what you had to do."

Many people said finding a VAD trained doctor willing to assess eligibility was difficult. People often asked their GP about VAD, but sometimes the GP was a conscientious objector or not interested in being involved. This was especially difficult for people if the GP wouldn't give them information about VAD or what to do next.

"My very first move was to approach the GP. His answer was 'No. I won't have any part of it.'... A blanket no.... when I just asked him would he assist and he just said 'No. I won't.' Then there was a silence."

Another barrier was people did not know about the VAD Care Navigators (or local Coordinators) or how to contact them.

A final issue was institutions which objected to VAD and were unwilling or reluctant to discuss it: "A bit of a 'We don't do that here. We don't really talk about that here.'"

4. Challenges with people needing to raise the topic of VAD first

People may be waiting for their doctor to raise VAD, not knowing that Victorian law prohibits this. Even when people did know this, some described raising VAD with their doctor as very difficult emotionally.

"It was a big thing for him to bring that up with his doctor. He had a really good relationship with his doctor who was easy to chat with, but he still found that stressful."

People also reported failed attempts to discuss VAD with their doctor because they did not "use the words" needed to raise VAD. The VAD Review Board reported "cases where the applicant has not known what to ask for and has had numerous attempts at the request."

Finally, the legal ban on talking openly was thought to stigmatise VAD, reducing community awareness.



What should happen next?

- 1. Improve community health literacy about VAD:** Community awareness initiatives should inform the public that VAD is now legal and how it can be accessed. Like all health literacy initiatives, they must recognise the specific needs of diverse populations. They should also address potential stigma associated with VAD.
- 2. Doctors and institutions must inform people about how to contact the VAD system:** Doctors should be required to refer people to another doctor willing to assess eligibility or provide contact details of VAD Care Navigators. Objecting institutions and their staff should have the same duty.
- 3. Repeal legal prohibition on raising VAD:** This part of the law was widely criticised. It stops people from learning VAD exists and makes asking for it challenging.
- 4. Support for doctors in general practice:** As a likely first point of contact, GPs should be supported to assist people seeking VAD. They should receive adequate pay and tailored continuing professional development.
- 5. Medical education:** VAD and how to discuss it should be included in medical school training and continuing professional development. Training should cover how to recognise when VAD has been raised by a patient.

For more information

For a consumer brochure “Finding support to seek voluntary assisted dying” and the VAD Care Navigator contact details in your state: <https://research.qut.edu.au/voluntary-assisted-dying-regulation/contact-us/>.

This research briefing is based on Ben P White, Ruthie Jeanneret and Lindy Willmott, “Barriers to connecting with the voluntary assisted dying system in Victoria, Australia: A qualitative mixed method study” *Health Expectations* (2023) (early online). More information about study limitations, research ethics and disclosures are available in the article: <https://doi.org/10.1111/hex.13867>.

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