Voluntary Assisted Dying

Voluntary Assisted Dying Commission Annual Report 2023-24

Department of **Health**

Tasmanian Government

For more information, to give feedback on this report, or to share your experience with the Voluntary Assisted Dying Commission, please contact:

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Statement of Compliance

The Hon Guy Barnett MP, Attorney-General, Minister for Justice, Minister for Health, Mental Health and Wellbeing, and Minister for Veterans' Affairs.

Dear Minister

Pursuant to section 120 of the *End-of-Life Choices (Voluntary Assisted Dying) Act 2021*, I give to you, for presentation to each House of Parliament, the Voluntary Assisted Dying Commission's Annual Report for 2023-24.

Louise Mollross
Executive Commissioner
Voluntary Assisted Dying Commission

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Executive Commissioner's Foreword

On behalf of Tasmania's Voluntary Assisted Dying Commission, I am pleased to present the Commission's Annual Report for 2023-24.

This is the Commission's second Annual Report but the first to report on a full year's operation. This is because the Commission's first Annual Report reflected the period 23 October 2022 – 30 June 2023, a period of approximately eight months, in line with the *End-of-Life Choices (Voluntary Assisted Dying) Act 2021*'s commencement date.

This Report describes the voluntary assisted dying process and sets out details of the Act's administration and operation. It also provides a statistical and operational summary of activity associated with voluntary assisted dying in Tasmania for the period 1 July 2023 – 30 June 2024.

The Commission is established by the Act as an independent body with decision-making, advisory, monitoring, reporting, investigative, referral, and review functions. The Commission's decision-making functions are, at times, high volume, and the Commission meets both weekly and out of session when this is necessary to facilitate access to voluntary assisted dying by people who are very close to the end of their life or who are at risk of losing decision-making capacity.

The number of Tasmanians choosing to access voluntary assisted dying has steadily increased during the reporting period. The Commission acknowledges those who have died and expresses its sincerest condolences to their families, friends, and loved ones.

The voluntary assisted dying process is deliberative and can be complex for participants, and their families, friends, and other supports, to navigate. During the reporting period, the Commission sponsored the development of a series of Fact Sheets exploring each of the various stages of the voluntary assisted dying process and providing instructions for how to complete each of the required forms. A Fact Sheet providing guidance on how to make a First Request is available on the Department of Health's website while copies of the Fact Sheets relating to latter parts of the voluntary assisted dying process are provided to participants, along with copies of the required Forms on request.

Access to voluntary assisted dying for those who are eligible has been possible due to the incredible support and assistance provided across Tasmania by medical practitioners who have chosen to act as Primary Medical Practitioners, Consulting Medical Practitioners, and Administering Health Practitioners, and by registered nurses who have chosen to act as Administering Health Practitioners. On behalf of my fellow Commissioners, I wish to recognise and express my heartfelt appreciation to those practitioners for their involvement to date in the voluntary assisted dying process.

While the overall number of practitioners who have chosen to act as Primary Medical Practitioners, Consulting Medical Practitioners, and Administering Health Practitioners is very

positive, Tasmania is a small jurisdiction and even a small change to the availability of practitioners who are willing and eligible to take on these roles, particularly for patients other than their own, can have a significant impact on access to voluntary assisted dying for those who are eligible.

To actively assist a person to access voluntary assisted dying, medical practitioners and registered nurses must have completed the Tasmanian Voluntary Assisted Dying Training. Completing the Training does not oblige a practitioner to assist a patient to access voluntary assisted dying, and those who complete the Training are asked to indicate their preferred level of involvement at the end of the process. Completing the Training does, however, position those practitioners who wish to engage in the process with the knowledge to be able to do so. Importantly, feedback from practitioners who have completed the Training and chosen to act as Primary Medical Practitioners, Consulting Medical Practitioners and Administering Health Practitioners has been overwhelmingly positive, with practitioners commenting on the rewarding nature of the process, as well as on the peaceful death of participants and the gratitude of their family and friends.

Practitioners who wish to position themselves to engage in the voluntary assisted dying process are urged to call 1800 568 956 or email vad@health.tas.gov.au to request a copy of the Training, which is free to complete.

The Commission's functions include assisting people who wish to access voluntary assisted dying but who are prevented from doing so due to circumstances including their access to medical practitioners; and distributing information relating to the functions of the Commission and the Act's operations. In line with these functions, in the reporting period the Commission:

- wrote to medical practitioners who had chosen to act as Primary Medical Practitioners, Consulting Medical Practitioners, and Administering Health Practitioners to:
    - ask that they encourage their medical practitioner colleagues to undertake the Training, and
    - encourage them to consider assisting patients other than their own patients to access voluntary assisted dying, and
- wrote to General Practices around the State inviting them to schedule an education session for their practice staff to find out more about voluntary assisted dying, and
- supported the delivery of education on voluntary assisted dying in Tasmania through more than 30 structured sessions at 26 locations (and online) to an estimated total of 500 attendees.

The Commission expresses its genuine and heartfelt thanks to those practitioners who have responded to the Commission's correspondence, to the facilities that have facilitated training for their staff, and to every person who has taken the time to learn more about voluntary assisted dying through attendance at an education session.

The voluntary assisted dying process is rigorous and can be difficult for first-time practitioners to navigate. The Tasmanian Voluntary Assisted Dying Clinical Practice Handbook, published by the Tasmanian Government in March 2024, outlines the voluntary assisted dying process in Tasmania. It is intended to assist medical practitioners and registered nurses who are actively supporting a patient through the process and is an invaluable resource.

The Commission also notes the recruitment, by the Tasmanian Health Service (THS), of a Clinical Lead for Voluntary Assisted Dying within THS facilities. This expression of support for voluntary assisted dying within the THS complements ongoing engagement from private hospitals and other facilities interested in ensuring that they are equipped to respond to requests from patients and residents to access voluntary assisted dying in a supportive and holistic manner. On behalf of the Commission, I wish to express my gratitude for the support provided by the THS, and by leaders within private hospitals and other facilities, for their work in this space.

The Commission's first Annual Report noted several challenges and made recommendations for consideration by the Tasmanian Government. Chief amongst these is the Commonwealth *Criminal Code Act 1995*, which effectively precludes the use of telehealth and other "carriage services" for dealings in material that relate to voluntary assisted dying in relevant circumstances, despite provisions in Tasmania's Act that overtly anticipate the use of telehealth at certain stages of the voluntary assisted dying process.

The need for certain communication, around what is a lawful process, to be conducted in person so as to avoid potential consequences under the Commonwealth Criminal Code, has significant practical consequences for people wishing to access voluntary assisted dying and their families, registered health practitioners, Tasmanian Department of Health and THS staff, and members of the Commission. These consequences are of most significance to people living in regional areas of Tasmania and/or who are unable to travel.

The Commission is, and remains supportive of, removing barriers for people who are eligible to access voluntary assisted dying through amendments to the Commonwealth Criminal Code and will continue to advocate strongly for this outcome.

The Commission is grateful to the practitioners, and to the participants and their families, who have chosen to share their experience of voluntary assisted dying in the past 12 months. The feedback consistently describes participation in voluntary assisted dying as providing relief from suffering for the people and families who choose to access it and as professionally and personally rewarding for practitioners.

Lastly, I would like to express my thanks to my fellow Commissioners, to members of the VAD Navigation Service, VAD Pharmacy Service, the VAD Clinical Lead, and to staff in the Office of the Voluntary Assisted Dying Commission, who work tirelessly, compassionately, and with the utmost professionalism to support patients and their families, and practitioners, in often very challenging circumstances.

Louise Mollross
Executive Commissioner
Voluntary Assisted Dying Commission

State of Voluntary Assisted Dying in Tasmania

The Act commenced in October 2022 and the Commission's first Annual Report captured the Act's first eight months of operation in Tasmania. Given the truncated initial reporting period and strong interest from the public and stakeholders in data supporting the Act's operation in Tasmania to date, the Commission has chosen to provide a snapshot of key information on the Act's first 20 months of operation, spanning the 2022-23 and 2023-24 Financial Years.

Snapshot 1 provides summary of the number of people who have chosen to access voluntary assisted dying in Tasmania from the Act's commencement on 23 October 2022 to 30 June 2024, and Snapshot 2 reports on the number of practitioners who have chosen to undertake the Training from the Act's commencement on 23 October 2022 to 30 June 2024.

Snapshot 1: Participants

	2022-23[1]	2023-24	Combined Total
First Requests received	72	129	**201**
First Requests determined	67	121	**188**
Second Requests received	55	109	**164**
Second Requests determined	54	109	**163**
Second Opinion referrals (initial referral)[2]	50	108	**158**
Final Requests received	44	105	**149**
Final Requests determined	43	105	**148**
VAD Substance Authorisations issued[3]	41	99	**140**
VAD Substance supplied (initial supply)[4]	32	76	**108**
Voluntary Assisted Dying deaths reported to the Commission	27	60	**87**
Other deaths reported to the Commission	17	32	**49**
Voluntary assisted dying deaths as a proportion of all deaths[5]	0.8 per cent	1.2 per cent	**1.0 per cent**

(1) Figures for 2022-23 are for the period from 23 October 2022 to 30 June 2023. Due to reporting lag, these figures may differ slightly from figures presented in the Voluntary Assisted Dying Commission's Annual Report for 2022-23.
(2) The Act allows a participant's Primary Medical Practitioner to make more than one Second Opinion Referral for the participant in certain circumstances. This is a count of initial referrals made.
(3) This is a count of the first VAD Substance Authorisation issued for participants. In 2023-24, an additional seven VAD Substance Authorisations were issued for participants for whom a VAD Substance Authorisation had previously been issued.
(4) This is a count of the first supply of VAD Substance kits to Primary Medical Practitioners by VAD Pharmacists.
(5) This figure is an estimated proportion of all deaths in Tasmania (Australian Bureau of Statistics, Causes of Death 2022, 3303.0) by way of administration of the VAD Substance. Proportions for 2022-23 and for the "combined total" have been adjusted to allow comparisons on an annual basis.

Snapshot 2: Trained Practitioners

	2022-23	2023-24	Combined total[2]	Proportion of total[4]
Training Provided				
Medical Practitioners (MPs)	114	37	151	33%
Registered Nurses	184	71	255	55%
Other	32	25	57	12%
Total[1]	**330**	**135**	**465**	-
Training Completed				
Medical Practitioners (MPs)	34	20	54	49%
Registered Nurses	23	15	38	34%
Other	11	8	18	16%
Total[1]	**68**	**43**	**111**	-
Trained MPs per registered MPs in Tasmania[3]			**1.7%**	-
Participating Practitioners				
Primary Medical Practitioners	21	11	32	-
Consulting Medical Practitioners	25	11	36	-
Administering Health Practitioners	32	19	51	-

(1) The total includes people who did not nominate their profession.
(2) This includes a small number of people who completed the Training prior to the commencement of the Act.
(3) The number of registered medical practitioners is sourced from the Medical Board of Australia Registrant Data (Reporting Period: 1 October 2023 to 31 December 2023).
(4) Proportions are of the individual category totals not of the overall total.

Voluntary Assisted Dying in Tasmania

What is Voluntary Assisted Dying?

Voluntary assisted dying is a process that enables a person who is suffering from a terminal disease, illness, injury, or medical condition, to legally access a substance to end their life, with support and assistance from registered health practitioners.

Voluntary assisted dying in Tasmania is regulated by the Tasmanian *End-of-Life Choices (Voluntary Assisted Dying) Act 2021* (the Act). It has been available to Tasmanians since October 2022.

The Act identifies when a person in Tasmania is eligible to access voluntary assisted dying and sets out the steps in the voluntary assisted dying process. It also establishes the Voluntary Assisted Dying Commission (the Commission).

A person is eligible to access voluntary assisted dying in Tasmania if they meet all the eligibility criteria. These relate to illness, life expectancy, age, residency, voluntariness, and decision-making capacity. The criteria are strict, and not everyone with a terminal disease, illness, injury, or medical condition, will be eligible.

Voluntary Assisted Dying in the Context of End of Life Care

The choice to access voluntary assisted dying exists as an option in the context of other end of life choices that people nearing the end of their life already have, including:

- general care and treatment choices, and
- choices about palliative care and treatment, and
- choices about when and where the person would like to die, and
- choices about who the person would like to be involved.

Choosing voluntary assisted dying does not replace these other end of life choices; and a person requesting access to voluntary assisted dying should not have to choose one or the other.

Voluntary Assisted Dying and Palliative Care

Palliative care is person and family-centred care provided for a person with an active, progressive, advanced disease, who has little or no prospect of cure and who is expected to die, and for whom the primary goal is to optimise the quality of life.[1]

Palliative care aims to relieve physical symptoms and provide help with social, spiritual, emotional, and cultural needs for people living with a life-limiting illness. The care provided focusses on the comfort and quality of life for the person and their loved ones and is appropriate for any person of any age at any stage of a life-limiting illness.

Most people with a terminal illness, injury, or other condition are likely to benefit from palliative care and other end of life services. The Act recognises this by requiring medical practitioners to give a person who wishes to access voluntary assisted dying information about palliative care and treatment options both before they make their formal First Request (through the provision of

[1] Palliative Care Australia website, What is palliative care? - Palliative Care Australia, viewed 27 May 2024.

the *Relevant Facts* document) and once the First Request has been accepted (through the provision of the relevant information about voluntary assisted dying, which must be given after a First Request is accepted but before it is determined).

However, even with the best care, some people getting close to the end of their life can experience suffering that cannot be relieved in a way that is tolerable to them. These people may want to ask for assistance to die.

During 2023-24, 104 people (out of 127 people in total) were recorded, by the medical practitioner to whom they requested access to voluntary assisted dying, as receiving palliative care. For these people, voluntary assisted dying was not a substitute for palliative care, but an option available to them should they wish to access it, just as this option is available to other eligible Tasmanians.

Voluntary Assisted Dying and Advance Care Planning

Advance care planning is the process of a person considering and planning for their future health care for use when the person has lost the ability to make or communicate those decisions themselves due to illness or injury.[2]

An advance care directive is a written document that contains a person's wishes and directions so that registered health practitioners understand what is important to the person, and what medical treatments the person does, and does not want. An advance care directive may be completed as part of a person's advance care planning but only comes into effect once a person has lost the ability (either permanently or temporarily) to make those decisions for themselves (has lost decision-making capacity). Advance care directives are regulated by the Tasmanian *Guardianship and Administration Act 1995*.

Advance care planning and advance care directives are conceptually different from voluntary assisted dying. This is because to access voluntary assisted dying, a person must have, and must retain, decision-making capacity and the ability to communicate requests and decisions throughout the entire voluntary assisted dying process. Because an advance care directive only comes into effect when a person no longer has capacity, advance requests for voluntary assisted dying cannot be given in an advance care directive (or any other advance care planning document), nor can a person's substitute decision-maker seek voluntary assisted dying on their behalf.

Registered health practitioners and others engaged in advance care planning discussions should be prepared for the possibility that voluntary assisted dying may be raised.

The Commission acknowledges and welcomes the recent publication, by the Queensland University of Technology's Australian Centre for Health Law Research and Advance Care Planning Australia, of resources supporting consumers and health professionals to navigate the topic of voluntary assisted dying in advance care planning conversations. Those interested in finding out more can access the resources by visiting www.advancecareplanning.org.au

[2] Tasmanian Department of Health website, *Advance Care Directives Information Sheet,* Advance Care Directive Information Sheet (health.tas.gov.au), viewed 21 February 2024.

Participant Profile

During 2023-24:

- The median age of people who made a First Request to access voluntary assisted dying was 74, with ages ranging from 45 to 96 years – Table 1.
- There were similar proportions of males and females (52 per cent compared with 48 per cent) – Table 1.
- The majority of people who made a First Request had completed secondary or tertiary education – Table 1.

The distribution across the State of people making First Requests saw 40 percent residing in the Southern region, with around 38 per cent in the North-Western region, and 22 per cent in the Northern region – Table 1 and Figure 1. Of the 71 people reporting their preferred language, none spoke a language other than English at home (noting that this information was not provided for 58 of the 129 First Requests received in the reporting period).The country of birth of those making a First Request was predominantly Australia (47 of 129 First Requests received in the reporting period), with nine born in the United Kingdom, and five born elsewhere (noting that information about country of birth was not provided for 68 of the 129 First Requests received in the reporting period).

These demographic characteristics are broadly reflective of the characteristics of people who chose to access voluntary assisted dying in Tasmania in 2022-23, and in other Australian States and Territories that offer voluntary assisted dying.

Comparing the demographics of voluntary assisted dying participants in Tasmania to the general population shows the following:

- The median age of voluntary assisted dying participants (74 years) was similar to the median age for all Australian cancer-related deaths in 2021 (75 years for males and 77 years for females)[3] – noting that those found eligible to access voluntary assisted dying were most likely to have a cancer-related primary diagnosis – Table 2.
- The gender distribution of voluntary assisted dying participants was similar to the gender distribution in Tasmania more broadly (51 per cent males and 49 per cent females, according to the 2021 Census).[4]
- The educational attainment of voluntary assisted dying participants was higher than the attainment for the Tasmanian population more generally (42 per cent of voluntary assisted dying participants had completed tertiary education compared with 30 per cent of Tasmanians aged 15 years and above who had completed a diploma or above, according to the 2021 Census).

[3] Australian Institute of Health and Welfare, Cancer data in Australia (https://www.aihw.gov.au/reports/cancer/cancer-data-in-australia/contents/about), viewed 7 August 2024.

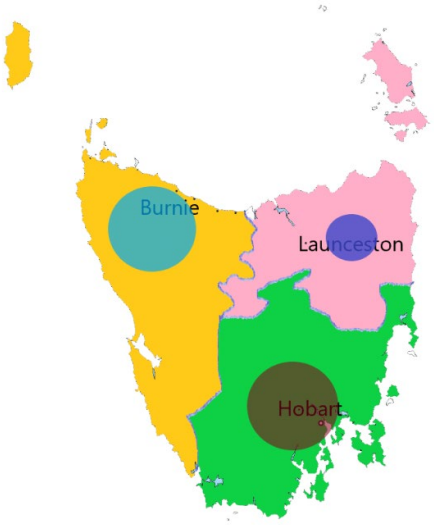
[4] No people were recorded as being neither male nor female.

Table 1: Participant Demographics, 2023-24

	Number	Proportion of Total
Age[1]		
Median (years)	74	-
Range (years)	45 to 96	-
18 – 29	0	0%
30 – 39	0	0%
40 – 49	n.p.	n.p.
50 – 59	n.p.	n.p.
60 – 69	22	17%
70 – 79	57	44%
80 – 89	28	22%
90+	12	9%
Education[2]		
Did not complete high school	13	20%
Completed high school	25	38%
Completed tertiary education	27	42%
Gender[3]		
Male	66	52%
Female	62	48%
Non-binary, other, different term	0	0%
Aboriginal and/or Torres Strait Islander origin[4]		
Aboriginal and/or Torres Strait Islander origin	<5	n.p.
Not of Aboriginal or Torres Strait Islander origin	n.p.	n.p.
Location		
Southern Region	52	40%
Northern Region	28	22%
North-Western Region	49	38%

(1) Age is as of the date of the person's First Request.
(2) This information was not provided by 64 participants.
(3) This information was not provided by one participant.
(4) This information was not provided by 22 participants.
Note: n.p. denotes that a figure is not provided either because the count is less than five (and greater than zero) or the provision of the figure could allow the calculation of a figure less than five (and greater than zero). Counts less than five (and greater than zero) have been suppressed to protect the identity of participants.

Figure 1: Relative proportion of First Requests by region, 2023-24



Location	First Requests	Population Distribution(1)
Southern Region	40%	52%
Northern Region	22%	27%
North-Western Region	38%	21%

(1) Source: *Drivers of Tasmania's Future Population Health Needs*, Department of Health.

Base map source: https://d-maps.com/carte.php?num_car=64392&lang=en

People found eligible to access voluntary assisted dying following their First Request were most likely to have a cancer-related primary diagnosis (64 per cent), with the next most common diagnosis being neurodegenerative disease (15 per cent) and respiratory disease (12 per cent) – Table 2.

Table 2: Primary diagnosis group, 2023-24

Diagnostic group	Number	Proportion
Cancer	76	64%
Neurodegenerative	18	15%
Respiratory	14	12%
Other	10	9%
Total(1)	**118**	**100%**

(1) Note that this is a count of people found eligible to access voluntary assisted dying upon First Request.

Process Duration

During 2023-24, the median number of days elapsed between a participant's First Request and their death following administration of the VAD Substance was 32 days, with a range between two and 463 days – Table 3 and Figure 2.

The median number of days between the acceptance of a participant's First Request and their Final Request was 18 days, with a range between one and 171 days – Table 3 and Figure 2.

The median number of days between the determination of the person's Final Request and the issue of a VAD Substance Authorisation was four days, with a range between one and 74 days – Table 3 and Figure 2.

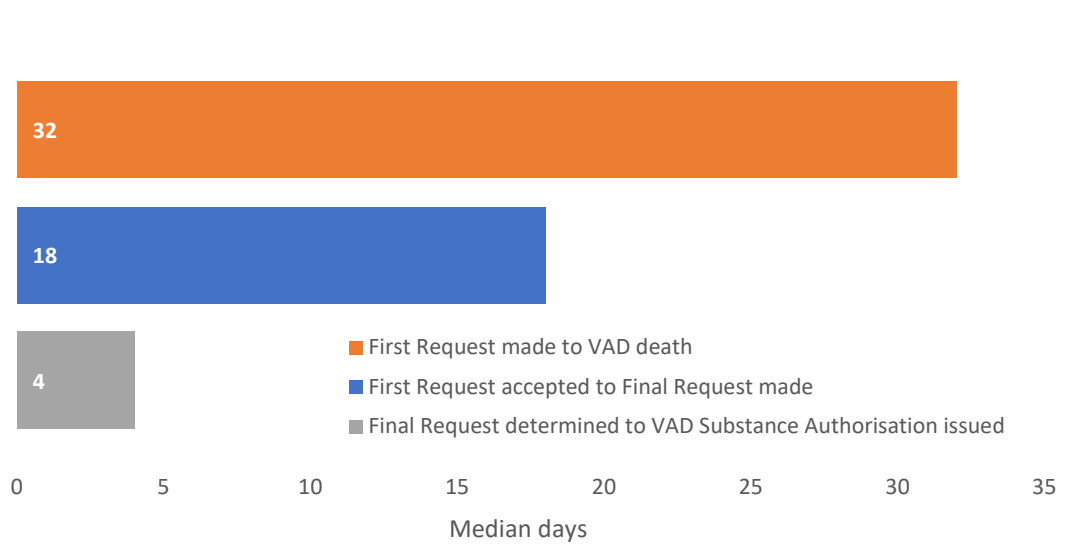
The choice to access voluntary assisted dying is deeply personal and no one voluntary assisted dying process is the same.

Some participants choose to access voluntary assisted dying soon after their initial diagnosis, while others do so close to the end of their life, when their health is rapidly deteriorating. Some participants choose to access the VAD Substance soon after the Commission issues a VAD Substance Authorisation while others may wait for some weeks or months before doing so. For these participants, knowing that the VAD Substance is available provides relief from their suffering, and they may ultimately decide not to avail themselves of it.

Table 3: Voluntary assisted dying process duration (median and range), 2023-24

Process	Median days	Range (days)
First Request to Voluntary Assisted Dying Death (median days)	32	2 - 463
First Request to Final Request (median days)	18	1 - 171
Final Request to VAD Substance Authorisation (median days)	4	1 - 74

Figure 2: Voluntary assisted dying process duration (median days elapsed), 2023-24



The voluntary assisted dying process established by the Act is deliberative and structured. In this context, the Act prevents a participant from making a Second Request to access voluntary assisted dying within 48 hours of their First Request, and from making a Final Request to access voluntary assisted dying within 48 hours of their Second Request.

The Act allows a Second Request to be made within less than 48 hours of a First Request, and allows a Final Request to be made within less than 48 hours of a Second Request, if the participant's Primary Medical Practitioner is of the opinion that the participant is likely to die within seven days or is likely to cease to have decision-making capacity within 48 hours.

During 2023-24, a Second Request was made within less than 48 hours of a First Request on five occasions while a Final Request was made within less than 48 hours of a Second Request on seven occasions – Table 4.

Table 4: Voluntary assisted dying process duration (minimum waiting periods waived), 2023-24

Period less than 48 hours	Occasions	Proportion of total
First Request to Second Request	5	Less than 5 per cent(1)
Second Request to Final Request	7	Less than 7 per cent(2)

(1) Proportion of Second Requests
(2) Proportion of Final Requests

Health Practitioner Involvement in Voluntary Assisted Dying

Access to voluntary assisted dying in Tasmania is dependent on the availability of suitably qualified and experienced medical practitioners who are willing to act as a participant's Primary Medical Practitioner (PMP), Consulting Medical Practitioner (CMP) and/or Administering Health Practitioner (AHP), and of suitably qualified and experienced registered nurses who are willing to act as a participant's AHP.

A participant's PMP is the medical practitioner who accepts the participant's formal First Request to determine whether they are eligible to access voluntary assisted dying. The PMP determines the participant's eligibility at the First Request, Second Request, and Final Request stages of the voluntary assisted dying process.

A participant's CMP is the medical practitioner who accepts a referral from the participant's PMP to provide a Second Opinion on the participant's eligibility.

A participant's AHP is the medical practitioner, or registered nurse, who makes a Final Determination of whether the participant still has decision-making capacity and is acting voluntarily. The AHP is authorised to supply the VAD Substance to the participant, or administer the VAD Substance, following receipt of the participant's Final Permission, and according to the participant's wishes.

Tasmanian Voluntary Assisted Dying Training

To act as a participant's PMP, CMP, or AHP, a medical practitioner or registered nurse (in the case of an AHP) must have completed the *Tasmanian Voluntary Assisted Dying Training* (the Training).

Completion of the Training positions a practitioner who is otherwise eligible to be able to support a participant through the voluntary assisted dying process by being their PMP, CMP, or AHP. It does not, however, oblige a practitioner to act as a participant's PMP, CMP or AHP, either for their own patients or for patients more generally.

The Training was approved by the Commission in September 2022. In response to feedback received identifying technical barriers to completion in some cases, the Training was updated in 2023-24 to separate the learning and assessment modules and to make the assessment component of the package more straight-forward. In early 2024, copies of the updated Training package were provided to all medical practitioners who had been provided with the earlier version of the Training, but who had not yet completed it.

In 2023-24, the Training was provided on request to 135 people, including 37 medical practitioners and 71 registered nurses – Table 5.

Of the medical practitioners who received the Training for the first time during 2023-24, 54 per cent completed it. Of the registered nurses who received the Training for the first time during 2023-24, 21 per cent completed it.

Table 5: Training provided and completed, 2023-24

	2023-24	Proportion[3]
Training Provided[1]		
Medical Practitioners	37	28%
Registered Nurses	71	53%
Other	25	19%
Total[2]	**135**	-
Training Completed		
Medical Practitioners (MPs)	20	46%
Registered Nurses	15	35%
Other	8	19%
Total[2]	**43**	-
Participating Practitioners		
PMPs	11	-
CMPs	11	-
AHPs	19	-

(1) This figure includes only the first provision of the Training and does not include the provision of the updated Training to those who had previously received the original version.
(2) The total includes people who did not nominate their profession.
(3) Proportions are of the individual category totals not of the overall total.

Practitioner Demographics

Just under two-thirds of medical practitioners who successfully completed the Training in 2023-24 resided in the Southern region of Tasmania, with just over a quarter in the Northern region, and the remaining in the North-Western region – Table 6 and Figure 3.

The proportion of medical practitioners who completed the Training in 2023-24 and who reside in the Southern region exceeded the proportion of the general population residing in that region (61 per cent compared with 52 per cent). By contrast, the proportion of medical practitioners who completed the Training and who reside in the North-Western region was markedly less than the equivalent regional general population (11 per cent compared with 21 per cent) – Table 6.

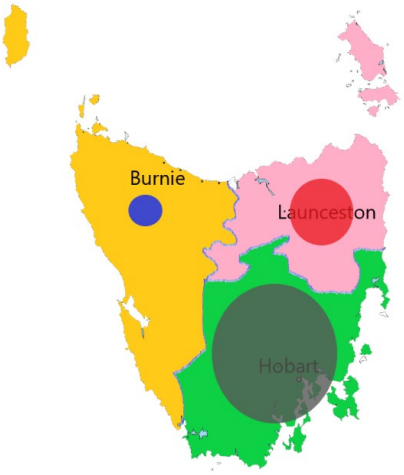
It should, however, be noted that practitioners are not restricted to providing services in the region in which they live, and that a number of practitioners provide services in more than one region, with some providing services Statewide.

Table 6: Training completed by region, medical practitioners, 2023-24

	Number	Proportion	Population Distribution[1]
Region			
Southern Region	11	61%	52%
Northern Region	5	28%	27%
North-Western Region	2	11%	21%

Note: Two medical practitioners recorded an address outside of Tasmania.
(1) Source: *Drivers of Tasmania's Future Population Health Needs*, Department of Health.

Figure 3: Relative proportion of medical practitioners who completed the training, 2023-24



Base map source: https://d-maps.com/carte.php?num_car=64392&lang=en

Of all medical practitioners who completed the Training during 2023-24, the majority (60 per cent) specialised in general practice[5] – Table 7.

Table 7: Training completed by specialty (medical practitioners), 2023-24

	Number of practitioners	Proportion
General Practice	12	60%
Other [1]	8	40%
Total	20	100%

(1) This figure includes medical practitioners with specialties in palliative medicine and multiple specialties.

[5] During 2023-24, the majority of PMPs (i.e., those medical practitioners who accepted a First Request) specialised in general practice (13 out of 18 PMPs), with five PMPs specialising in emergency medicine and palliative medicine amongst others.

Around one third of registered nurses who successfully completed the Training in 2023-24 resided in the Southern region of Tasmania, with just over a quarter in the Northern region, and over a third in the North-Western region – Table 8.

Table 8: Training completed by region, registered nurses, 2023-24

	Number	Proportion	Population Distribution(1)
Region			
Southern Region	5	33%	52%
Northern Region	4	27%	27%
North-Western Region	6	40%	21%

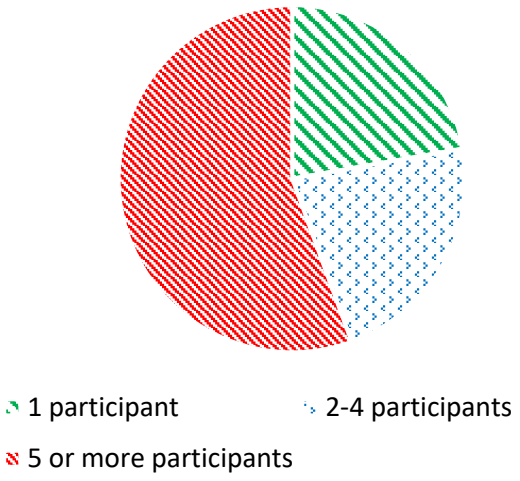
(1) Source: *Drivers of Tasmania's Future Population Health Needs*, Department of Health.

During 2023-24, just over half of the medical practitioners participating in the voluntary assisted dying process acted as a PMP for five or more participants (56 per cent), with approximately 22 per cent involved with with between two to four participants, and 22 per cent involved with one participant – Table 9 and Figure 4.

Table 9: Number of participants by PMP, 2023-24

	Number of PMPs	Proportion
1 participant	4	22%
2-4 participants	4	22%
5 or more participants	10	56%
Total	18	100%

Figure 4: Proportion of PMPs by number of participants, 2023-24



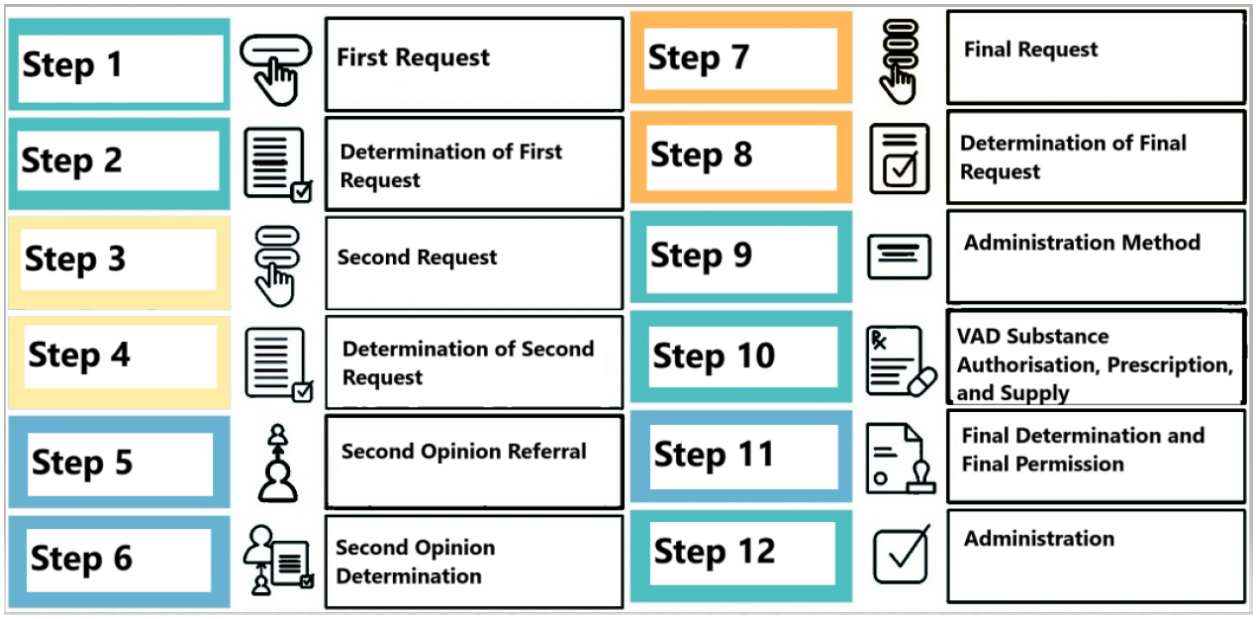
The Voluntary Assisted Dying Process

The voluntary assisted dying process has several formal sequential steps, with medical practitioners (and registered nurses, in the case of the Final Determination) determining eligibility at each point. This is to ensure that the participant is eligible and is making the decision to access voluntary assisted dying freely and without coercion and is consistent with the deliberative nature of the process.

At any of the formal steps, the participant will become ineligible if they lose capacity to make the decision, or if the medical practitioner believes they are not acting voluntarily.

Each participant's health and personal circumstances are different, and the duration and pace of the voluntary assisted dying process will differ from participant to participant, as illustrated earlier in this Report. However, regardless of the timeframes involved, the Act requires certain steps to be taken in sequence and outlines certain minimum timeframes that must be adhered to throughout the process – Figure 5.

Figure 5: Formal steps in the voluntary assisted dying process



The *Relevant Facts* Document

The voluntary assisted dying process is explained in the *Relevant Facts* document. The document is required to be provided to a person who asks their medical practitioner to determine whether they are eligible to access voluntary assisted dying and may also be provided to a member of an eligible participant's family, if the participant consents. In addition to information about the voluntary assisted dying process, the document provides information on the operation of the Act, and how a person's eligibility to access voluntary assisted dying is to be determined.

The Commission approved an initial version of the document (Version 1) prior to the commencement of the Act. During the reporting period, the Commission approved a refreshed version of the document (Version 2). It should be noted that older versions of the document remain valid and can still be used.

The document is available in printed form in English, and in electronic form in English, Chinese, Nepali, in Easy Read Format and as an audio recording. During 2023-24, the document was also translated to Thai.

Translations to other languages can be arranged on request to the Office of the Commission by calling 1800 568 956 or emailing vad@health.tas.gov.au

Printed copies of the English language version of the document can be obtained from the Office of the Commission by calling 1800 568 956 or emailing vad@health.tas.gov.au while electronic versions can be accessed from the Department of Health's website www.vad.tas.gov.au/vad

During 2022-23 and 2023-24, close to 20 000 printed copies of the *Relevant Facts* document were provided to individuals, organisations, and groups by post, courier, and in person.

The Tasmanian Voluntary Assisted Dying Clinical Practice Handbook

The Department of Health's *Voluntary Assisted Dying Clinical Practice Handbook* (the Handbook) outlines the voluntary assisted dying process in Tasmania and the roles and responsibilities of registered health practitioners and others supporting a participant. It is intended for use primarily by medical practitioners who meet the criteria to act as PMPs, CMPs, and AHPs, and by registered nurses who meet the criteria to act as AHPs and aims to support those practitioners to understand the process and their obligations.

With the Commission's support, Version 1.0 of the Handbook was released in March 2024 by the Department of Health, and is an invaluable resource.

Printed and electronic copies of the Handbook can be obtained from the Office of the Commission by calling 1800 568 956 or emailing vad@health.tas.gov.au. Medical practitioners and registered nurses who have not yet received the Handbook are encouraged to contact the Office of the Commission to obtain a copy.

The Act's Operation

This section of the Commission's Annual Report provides data on the Act's operation in the reporting period.

The data presented is accurate as of 30 June 2024 and captures participants who are partway through the voluntary assisted dying process.

It should also be noted that the data includes participants who made a First Request but did not progress to the point of the Commission issuing a VAD Substance Authorisation or administering the VAD Substance in the reporting period for reasons including:

- The participant being found ineligible to access voluntary assisted dying.
- The participant withdrawing from the voluntary assisted dying process.
- The participant losing decision-making capacity before the voluntary assisted dying process was completed.
- The participant dying before the voluntary assisted dying process was completed.
- The participant ultimately deciding not to access the VAD Substance.

First Request

A First Request is a person's first formal request to a medical practitioner to determine whether they are eligible to access voluntary assisted dying. It is the first step in the voluntary assisted dying process.

For a First Request to be valid, the person must have received a copy of the *Relevant Facts* document from the medical practitioner in person before they make their First Request. A First Request can be made verbally, or in writing.

The medical practitioner will decide whether to accept or refuse to accept the person's First Request. A medical practitioner:

- must refuse to accept a First Request if the practitioner is not suitably qualified and experienced, if they have a conflict, or if they have not completed the Training, and
- may refuse to accept a First Request for any other reason. There is no requirement for a medical practitioner to give a reason for refusing to accept a person's First Request.

A medical practitioner who accepts a person's First Request becomes the person's PMP for the process.

During 2023-24:

- 129 First Requests were received by a medical practitioner from a person to determine whether the person was eligible to access voluntary assisted dying.
- The most common reason expressed by people wishing to access voluntary assisted dying was concern about losing autonomy (33 per cent), followed by inadequate pain control, or concerns about it (16 per cent) – Figure 6.
- 127 people made one First Request, meaning that two people made two First Requests. All First Requests were accepted by practitioners.
- A median of 11 First Requests were made, each month, over the entire period (range 7 – 14) – Figure 7.

Figure 6: Main reason for accessing voluntary assisted dying, 2023-24[6]

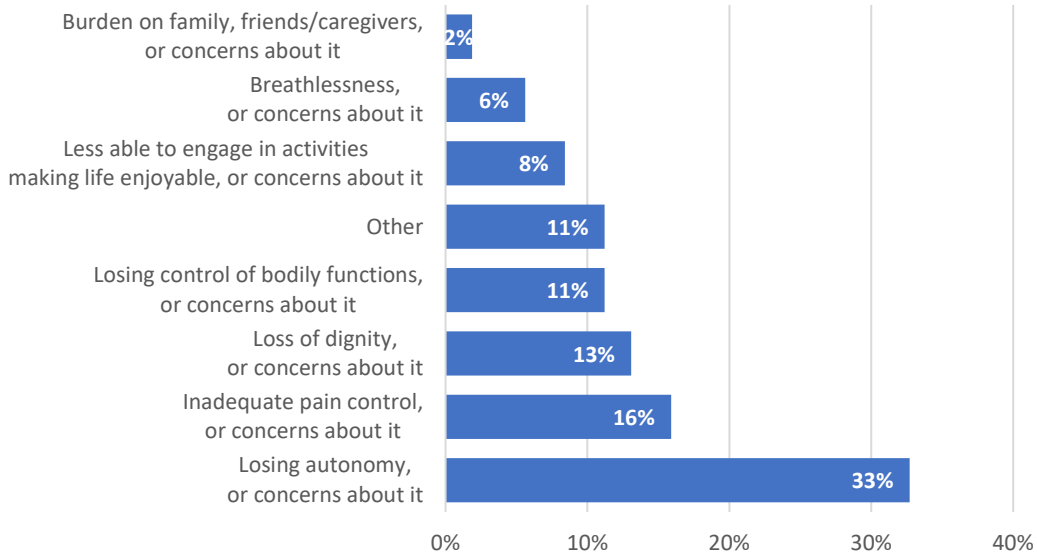
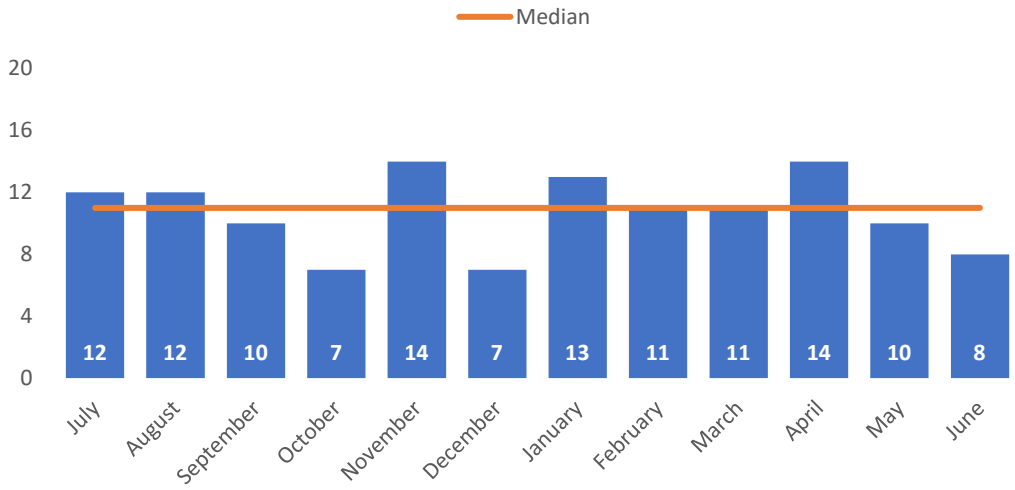


Figure 7: First requests made by month, 2023-24



[6] Reasons for accessing voluntary assisted dying were not recorded for 22 First Requests.

Determination of First Request

The PMP must determine a participant's First Request as soon as is reasonably practicable after the PMP has sufficient information to make the determination.

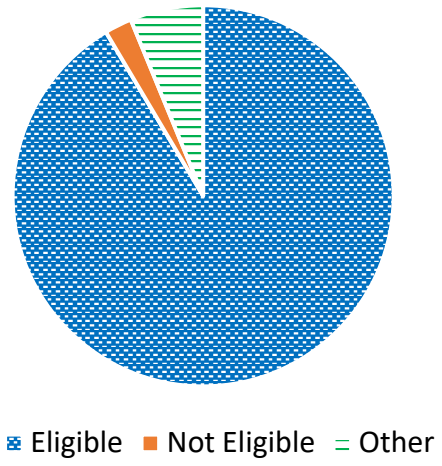
A person is determined as eligible to access voluntary assisted dying if the participant:

1. is an adult (aged 18 years or over), and
2. is an Australian citizen (or permanent resident) residing in Tasmania for at least 12 months, and
3. has an advanced, incurable, and irreversible condition that is not treatable in a way which the participant finds acceptable, and that is expected to cause death within six months, or 12 months if the condition is neurodegenerative, and
4. is acting voluntarily, and
5. has decision-making capacity.

During 2023-24:

- 118 people (91 per cent) were determined as eligible to access voluntary assisted dying, upon a First Request – Figure 8.
- Fewer than five people were determined as not eligible to access voluntary assisted dying.
- The remaining people either did not continue with the process, did not have their First Request determined within the 2023-24 financial year, or died before the determination was made.

Figure 8: Determination of First Requests, eligible and not eligible, 2023-24



The reasons for the determination of a participant as not eligible to access voluntary assisted dying was most often that they were not expected to die from a medical condition within six months (or within 12 months if the condition was neurodegenerative).

Second Request and Determination

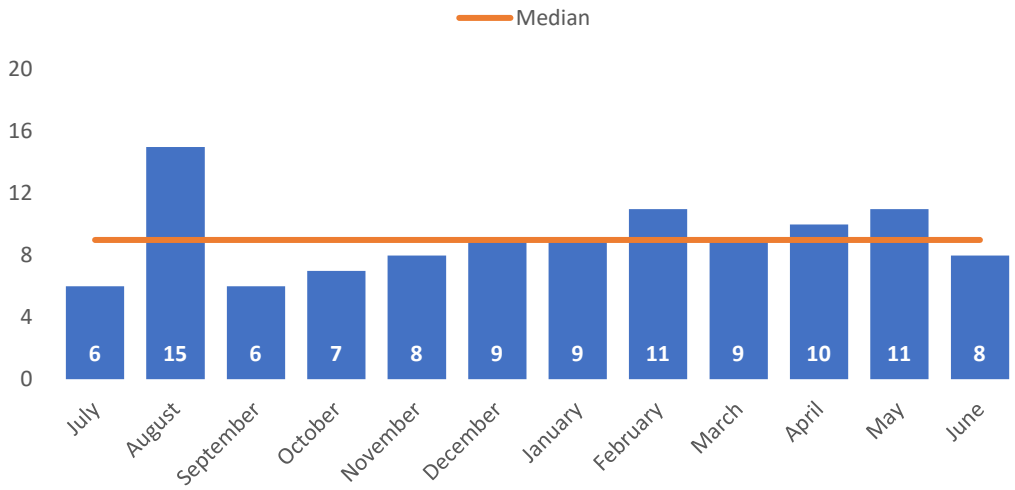
If a participant's PMP determines that the participant is eligible to access voluntary assisted dying on the First Request, the participant may make a Second Request. The Second Request must be made at least 48 hours after the First Request, unless the participant's PMP is of the opinion that the participant is likely to die within seven days, or likely to lose decision-making capacity within 48 hours.

The Second Request must be in writing, and it must be witnessed.

During 2023-24:

- 109 people made a Second Request to access voluntary assisted dying.
- All 109 people who made a Second Request were determined eligible to access voluntary assisted dying.
- A median of nine Second Requests were made, each month, over the entire period (range 6 –15) – Figure 9.

Figure 9: Second Requests made by month, 2023-24



Second Opinion and Determination

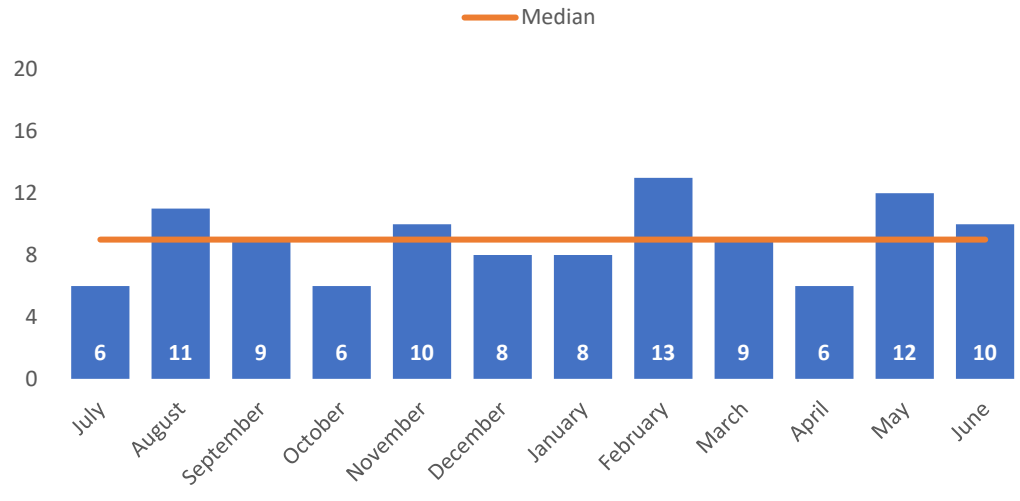
If a participant's PMP determines that the participant is eligible to access voluntary assisted dying on the Second Request, then the PMP must refer the participant to another medical practitioner for a Second Opinion. A medical practitioner who accepts a referral becomes the participant's CMP for the process. The CMP will consider the participant's medical history and any other relevant information before determining whether the participant is eligible, or ineligible, to access voluntary assisted dying.

If the initial second opinion determines a participant to be ineligible, A participant's PMP can refer the participant to a second medical practitioner for a further second opinion. Such a referral can only be made if the PMP has informed the participant of the initial CMP's determination, and with the participant's permission.

During 2023-24:

- 108 people were referred by a PMP to another medical practitioner for a Second Opinion. All referrals were accepted, with the medical practitioner becoming the participant's CMP.
- 104 people (96 per cent) were determined eligible to access voluntary assisted dying by the CMP.
- A median of nine Second Opinion determinations were made, each month, over the entire period[7] (range 6 – 13) – Figure 10.
- Fewer than five people were determined not eligible to access voluntary assisted dying by their initial CMP and these were referred by a PMP to a further medical practitioner. Each of the people referred by a PMP to a further medical practitioner (in effect a second CMP) was determined eligible to access voluntary assisted dying.

Figure 10: Second Opinions determined by month, 2023-24[8]



[7] This data does not include the less than five determinations made following an initial determination by a participant's CMP of the participant's ineligibility.

[8] This data does not include the less than five determinations made following an initial determination by a participant's CMP of the participant's ineligibility.

Final Request and Determination

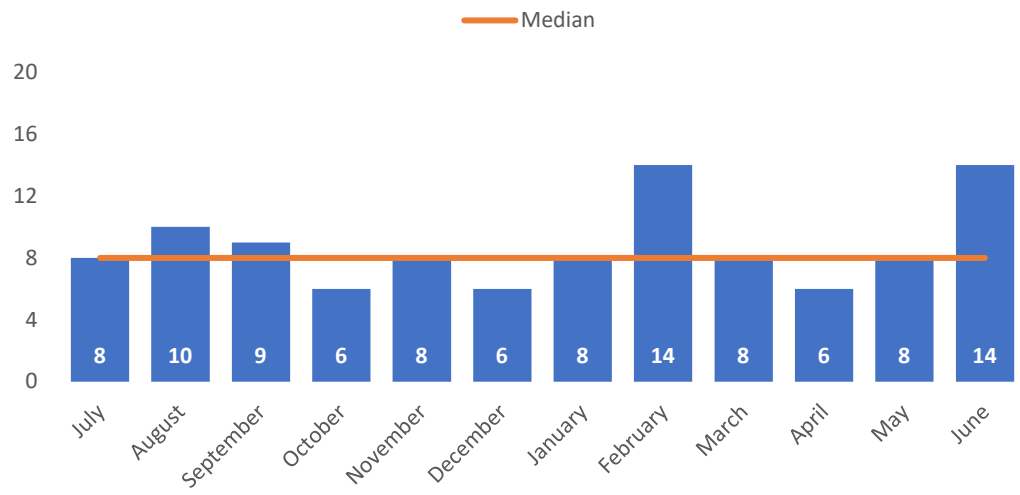
If the participant's (initial or second) CMP determines that the participant is eligible to access voluntary assisted dying, then the participant may make a Final Request to access voluntary assisted dying to their PMP.

On receipt of a participant's Final Request, the PMP will determine whether the participant is eligible, or ineligible, to access voluntary assisted dying.

During 2023-24:

- 105 people made a Final Request to the PMP.
- All people who made a Final Request were determined eligible to access voluntary assisted dying by their PMP.
- A median of eight Final Requests were made, each month, over the entire period (range 6 – 14) – Figure 11.

Figure 11: Final Requests made by month, 2023-24



VAD Substance Authorisation and Supply

If the participant's PMP determines that the participant is eligible to access voluntary assisted dying following the participant's Final Request, the PMP must request the Commission to issue a VAD Substance Authorisation.

The Commission will either issue, or refuse to issue, a VAD Substance Authorisation to the participant's PMP. The Commission can only issue a VAD Substance Authorisation if it:

- has received all the required information from the PMP, and
- is satisfied that all the requirements of the Act have been met.

A participant can decide to either privately self-administer the VAD Substance (take it on their own), or have the VAD Substance administered to them by, or with the assistance of, or in the presence of, their AHP (AHP administration).

The VAD Substance Authorisation authorises the PMP to issue a VAD Substance Prescription for the participant. The PMP gives the VAD Substance Prescription to a specialist pharmacist from the VAD Pharmacy Service who discusses the participant's condition and the most appropriate method of administration with the participant, before supplying the VAD Substance to the participant's PMP.

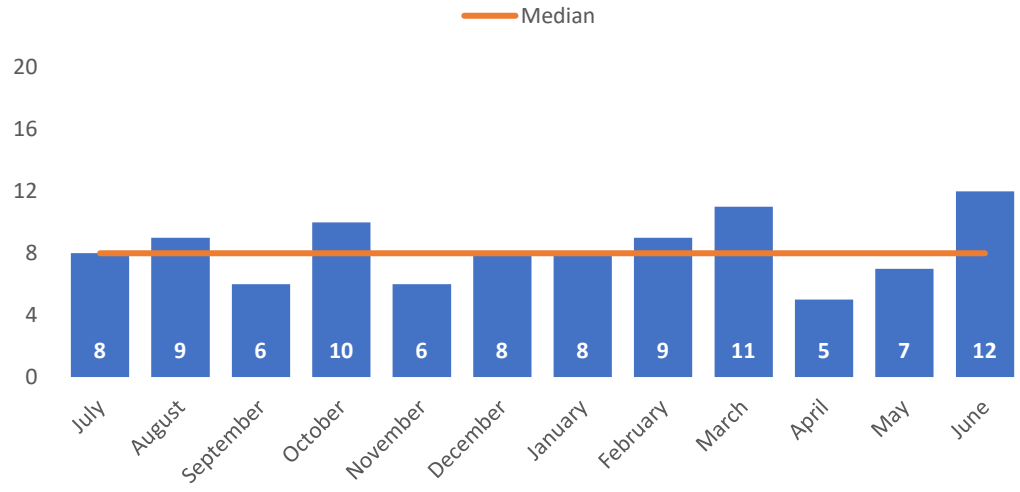
The participant's PMP then stores the VAD Substance securely until it is needed.

During 2023-24:

- The Commission issued a VAD Substance Authorisation for 99 people[9].
- A median of eight VAD Substance Authorisations were issued, each month, over the entire period (range 5 – 12) – Figure 12.
- Seven VAD Substance Authorisations were issued for people for whom a VAD Substance Authorisation had previously been issued.
- Six VAD Substance Authorisations that had previously been issued by the Commission were amended.
- Five VAD Substance Authorisations were revoked. In each case, this was to accommodate a change to the participant's PMP and in each case, a new VAD Substance Authorisation was issued in place of the revoked Authorisation.
- Of the 99 VAD Substance Authorisations issued, 18 (18 per cent) related to a VAD Substance that may be privately self-administered while 81 (82 per cent) related to a VAD Substance that may be administered to the participant by their AHP, with the assistance of their AHP, or in the presence of their AHP.
- The VAD Statewide Pharmacy Service dispensed 83 VAD Substance kits to PMPs upon receipt of a VAD Substance Prescription and VAD Substance Authorisation.

[9] This figure includes only the first VAD Substance Authorisation issued for a participant.

Figure 12: VAD Substance Authorisations issued by month, 2023-24[10]



Administering Health Practitioner Appointments

If the PMP determines a participant is eligible to access voluntary assisted dying on the participant's Final Request, the PMP must:

- advise the participant, within 48 hours, as to whether or not the PMP will be the participant's AHP. If not, the PMP must, within two days, request the Commission to appoint another medical practitioner, or a registered nurse, to be the participant's AHP.

During 2023-24, the Commission:

- Received 21 requests to appoint an AHP in relation to a participant.
- Appointed 15 Registered Nurses to be a participant's AHP.

Final Determination and Final Permission

A participant's AHP is responsible for determining whether a participant still has decision-making capacity and is acting voluntarily before the participant receives assistance to die. This determination is called the Final Determination and occurs in the 48-hour period before the participant gives their Final Permission to access voluntary assisted dying.

The Act requires the AHP to notify the Commission if the AHP's Final Determination is that the participant does not have decision-making capacity and/or is not acting voluntarily. No notification is required if the AHP's Final Determination is that the participant still has decision-making capacity and is acting voluntarily.

[10] This figure includes only the first VAD Substance Authorisation issued for a participant.

During 2023-24, the Commission did not receive any notifications, from a participant's AHP, that the participant did not have decision-making capacity or was not acting voluntarily.

The Act does not require a participant's AHP to notify the Commission when a participant gives their Final Permission to access voluntary assisted dying. This is, however, encouraged and during 2023-24, the Commission was provided with a copy of the patient's Final Permission on 52 occasions.

Participant Withdrawal from the Voluntary Assisted Dying Process

A participant can decide to withdraw from the voluntary assisted dying process by informing their PMP, or AHP, that they no longer wish to access voluntary assisted dying. This can be done verbally, or in writing, at any time.

If a participant's PMP, or AHP, is informed by a participant that the participant no longer wishes to access voluntary assisted dying, the voluntary assisted dying process ceases for the participant[11].

A PMP or AHP who is notified by a participant of their withdrawal from the voluntary assisted dying process is required to notify the Commission.

During 2023-24, the Commission was notified on fewer than five occasions of a participant's withdrawal from the voluntary assisted dying process.

Practitioner Cessation

A medical practitioner automatically ceases to be a participant's PMP, CMP, if:

- the practitioner dies, or
- the practitioner ceases to be able to carry out the functions of a PMP, CMP, as applicable, due to loss of mental or physical capacity, or
- the practitioner ceases to be an authorised medical practitioner for the participant, or
- the practitioner enters into a family, employment, or supervisory relationship with the participant's PMP, CMP, as applicable, or
- the voluntary assisted dying process ends because two CMPs have determined that the participant is not eligible to access voluntary assisted dying and all relevant actions required to be taken by the CMPs have been taken, or
- the voluntary assisted dying processes ends because the Commission has determined that the participant does not meet the residency requirements, does not have decision-making capacity, or is not acting voluntarily following determination, by the Commission, of an application for the review of a reviewable decision, or
- the participant dies and all relevant actions required to be taken by the PMP or CMP, as applicable, have been taken, or
- the participant withdraws from the voluntary assisted dying process and all actions required to be taken by the PMP or CMP, as applicable, have been taken.

[11] A participant who has withdrawn from the voluntary assisted dying process can begin the voluntary assisted dying process again by make another First Request to access voluntary assisted dying.

A PMP or CMP can also withdraw from the voluntary assisted dying process. In addition to notifying the participant, the practitioner must notify all other practitioners involved in the process, and the Commission. A person automatically ceases to be a participant's AHP if:

- the person dies, or
- the person ceases to be able to carry out the functions of an AHP due to loss of mental or physical capacity, or
- the person ceases to be an authorised medical practitioner for the participant, or
- the person enters into a family, employment, or supervisory relationship with the participant's PMP, CMP, as applicable, or
- the person ceases to be a registered nurse or becomes aware that they are likely to benefit from the participant's death, other than by receiving reasonable fees for the provision of services to the participant as their AHP, or
- the participant withdraws from the voluntary assisted dying process by informing the AHP that they no longer wish to access voluntary assisted dying and all actions required to be taken by the AHP have been taken, or
- the voluntary assisted dying processes ends because the Commission has determined that the participant does not meet the residency requirements, does not have decision-making capacity, or is not acting voluntarily following determination, by the Commission, of an application for the review of a reviewable decision, or
- the participant dies, or
- the AHP is notified, by the participant's PMP, that the participant no longer wishes to access voluntary assisted dying.

During 2023-24:

- Fewer than five medical practitioners ceased to be a participant's PMP following notification of their withdrawal to the Commission,
- no medical practitioners ceased to be a participant's CMP following notification of their withdrawal to the Commission.

Primary Medical Practitioner Appointments

In circumstances where a participant's PMP withdraws from their voluntary assisted dying process, the Commission can determine that the participant's CMP is to become their PMP. The determination can be made at any point after the participant's Final Request has been determined. The participant's consent, and the CMP's agreement, are required.

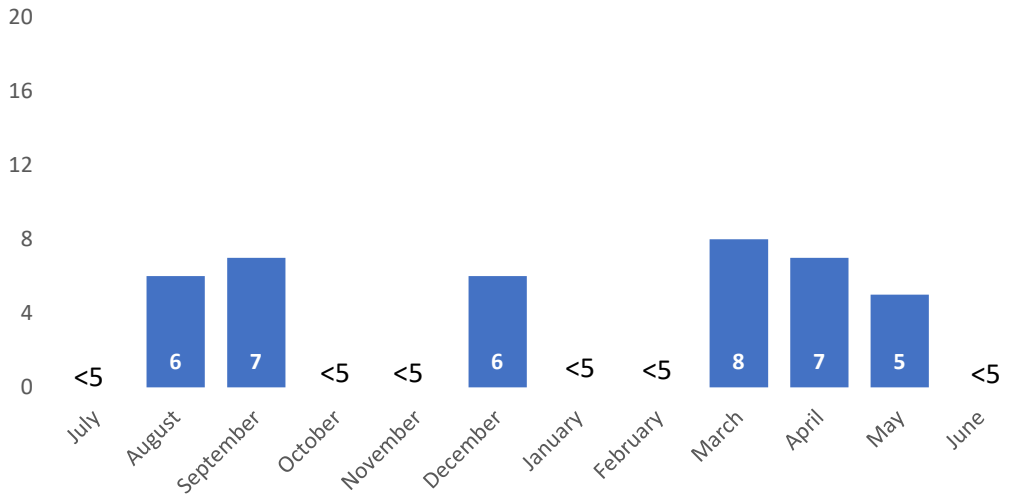
During 2023-24, the Commission made five determinations that a participant's CMP was to become their PMP.

Voluntary Assisted Dying Deaths

During 2023-24:

- The Commission was notified of 60 deaths by administration of the VAD Substance – Figure 13.
- 14 people, (12 per cent) of those determined eligible at First Request, died before being issued a VAD Substance Authorisation.
- The Commission was notified of nine Private Self-Administration Certificates issued for private self-administration of a VAD Substance.
- The Commission was notified of 31 AHP Administration Certificates issued for AHP administration of a VAD Substance (by, in the presence of, or with assistance from, their AHP).
- Voluntary assisted dying deaths (by administration of the VAD Substance) were estimated to be about 1.2 per cent of all deaths in Tasmania.

Figure 13: VAD deaths by month, 2023-24



Forms and Notifications to the Voluntary Assisted Dying Commission

The Act requires certain documentation to be in a form approved by the Commission. The Act also requires certain processes and notifications to be made or documented in writing.

Prior to the Act's commencement, the Commission approved forms which allow:

- a participant to request that they be determined by a PMP to be eligible to access voluntary assisted dying at the First, Second and Final Request stages, and
- a participant to give their Final Permission to access voluntary assisted dying, and
- a PMP or CMP to accept, or refuse to accept, a request from a participant to determine their eligibility to access voluntary assisted dying, and to determine a participant as eligible or ineligible to access voluntary assisted dying, and
- an AHP to issue a Private Self-Administration or AHP Administration Certificate, and
- a Contact Person to be appointed.

A range of other proforma documentation was also produced for use by medical practitioners and others when documenting relevant processes.

Forms, along with the supporting documentation, are reviewed and updated by the Commission on a regular basis following feedback from medical practitioners and other participants in the voluntary assisted dying process.

In August 2023, the Commission approved updated versions of several forms including the forms required to be completed by PMPs and CMPs to document eligibility determinations and the forms required to be completed by participants to request that they be determined by their PMP to be eligible to access voluntary assisted dying at the Second and Final Request Stages, and to give their Final Permission to access voluntary assisted dying. The Commission also approved an updated Contact Person appointment form.

The Commission also sponsored the development of Facts Sheets for participants, and their families, friends, and supporters, to accompany the forms required to be completed by them.

A form that can be used by a person who wishes to make a formal First Request to a medical practitioner in writing is available for download from the Department of Health's website, along with a guiding Fact Sheet. The remaining forms and accompanying Fact Sheets are provided to PMPs, CMPs, and AHPs, and to participants and their representatives/supporters, on an "as needed" basis as the participants move through the stages of the process.

PMPs, CMPs and AHPs are required to notify the Commission of certain matters relevant to a participant's voluntary assisted dying process. In most cases, the requirement is to notify the Commission of relevant matters as soon as practicable and within no more than seven days.

During 2023-24, the Commission received:

- 1,841 forms in total (see Table 10 below for a list of major forms received).
- An average of about 153 forms per month.

Table 10: Forms received by the Commission, 2023-24

First Request Forms	Number
First Request (can also be made verbally)	<5
Accept or Refuse	129
Notification of provision of the Relevant Information	127
Determination	123
Statement of Reasons	122
Second Request Forms	
Second Request	109
Determination	108
Statement of Reasons	109
Second Opinion Forms	
Referral	110
Determination	113
Statement of Reasons	112
Final Request Forms	
Final Request	106
Determination	105
Statement of Reasons	105
AHP Appointment Forms	
Request to appoint AHP	21
Agreement to be appointed as an AHP	18
VAD Substance Authorisation Forms	
Request to issue VAD Substance Authorisation	109
Final Permission Forms	
Final Permission	54
Final Determination (notification participant does not have decision-making capacity or is not acting voluntarily)	0
Private Self-Administration Certificate	9
Contact Person appointment	9
Supply Forms	
Notification VAD Substance supplied	87

First Request Forms	Number
Notification VAD Substance returned	11
Total Forms received	**1,841[1]**

Note: Listed above are the forms most frequently received by the Commission. The Commission receives other forms and notifications not listed here.
(1) This is a count of all forms officially received by the Commission during 2023-24.

Supporting Voluntary Assisted Dying in Tasmania

Voluntary assisted dying in Tasmania is supported by a range of dedicated people and organisations including, but not limited to:

- medical practitioners and registered nurses in the private and public sectors who choose to act as a person's PMP, CMP, or AHP, and
- medical practitioners, registered nurses and other healthcare workers who support and advocate for their patients who wish to access voluntary assisted dying, and
- members of the Voluntary Assisted Dying Navigation Service and Voluntary Assisted Dying Pharmacy Service, and
- senior leaders within health organisations including the THS Clinical Lead, and
- Commissioners for Declarations and others who choose to witness Second Request and other documentation for patients, and
- members of the Voluntary Assisted Dying Commission and staff in the Office of the Voluntary Assisted Dying Commission.

The Voluntary Assisted Dying Commission

The Commission is established by section 110(1) of the Act. It is an independent oversight and decision-making body with responsibility for performing the functions and exercising the powers conferred upon it by the Act, and other Acts.

The Commission consists of:

- a person who is to be the chairperson and the Executive Commissioner, and
- a person who is to be the Deputy Executive Commissioner, and
- at least three other members as may be necessary for the proper function of the Commission.

The members of the Commission are jointly appointed by the Minister for Health, and the Attorney-General.

As of 30 June 2024, the Commission's membership was as follows:

Executive Commissioner:	Louise Mollross
Deputy Executive Commissioner:	Dr Annette Barratt
Commissioners:	Kim Barker
	Dr David Boadle
	Elizabeth McDonald
	Professor Margaret Otlowski

Members of the Commission are entitled to be paid the remuneration, and the traveling and other allowances, that are fixed from time to time by the Governor. More information about each of the Commissioners is provided at Annexure 1.

Functions

The Act sets out the following functions for the Commission:

- monitor the operation of the Act, and
- provide an appropriate level of assistance to people who wish to access voluntary assisted dying but who are prevented from, or hampered in, accessing the process because of their personal circumstances, which may include their access to medical practitioners who are willing and able to assist them in achieving such access, and
- establish and maintain a list of:
    - medical practitioners and registered nurses who have completed approved voluntary assisted dying training, and
    - medical practitioners who are willing to be PMPs, CMPs, or AHPs, and
    - registered nurses who are willing to be AHPs, and
    - pharmacists who are willing to dispense VAD substances, and
- collect statistical information in relation to the operation of the Act, and
- distribute information relating to:
    - the functions of the Commission, and
    - the operation of the Act, and
- any other functions that may be prescribed[12].

As noted below, some of these functions have been delegated to the Voluntary Assisted Dying Navigation Service.

Monitoring and Compliance

Under sections 67 and 68 of the Act, the Commission is prevented from issuing a VAD Substance Authorisation if:

- the Commission has not received all notices, and information, in relation to the participant that the PMP is required to give to the Commission under the Act, or
- the Commission suspects that the requirements of the Act have not been met in relation to the participant.

Before considering a request for a VAD Substance Authorisation, the Commission checks that all notices and information that the PMP is required to provide has been received within required timeframes. This includes:

- checking that the medical practitioner to whom the participant made their First Request notified the Commission of the acceptance of the Request within seven days of accepting it, and
- checking that the participant's PMP has provided the Commission with a copy of the CMP's determination within seven days of being given the determination.

[12] No other functions have been prescribed.

The Commission also checks that the requirements of the Act have been met in relation to a person requesting access to voluntary assisted dying, including that:

- the determinations made by a participant's PMP, CMP, and AHP accord with all the requirements of the Act, and
- all timeframes have been met under the Act, in particular, that the time period between a participant's First Request and their Second Request, and between their Second Request and their Final Request is more than 48 hours (in cases other than cases where this period has been truncated).

Voluntary assisted dying is a sequential process, with stages requiring multiple requests and determinations, and involving people who, given their circumstances, require decisions and actions to be made quickly. It is imperative, therefore, that compliance is monitored, and non-compliance rectified, as early in the process as possible. For this reason, as soon as the Commission receives formal notification of events as required under the Act, the Office of the Commission undertakes a compliance check – in most cases, this is on the day of receipt. For example, upon receiving notification that a medical practitioner has accepted or refused to accept a person's First Request, the Office of the Commission checks that the date and time of the acceptance or refusal is within 48 hours of the participant making the request, and that the Commission has been notified within seven days of the practitioner's decision.

When information submitted is assessed by the Office of the Commission as being non-compliant, the following actions are undertaken, as appropriate:

- the relevant health practitioner is contacted and provided with an opportunity to provide further information or to clarify the information provided, or
- the relevant health practitioner is advised that the actions of the practitioner or the information provided to the Commission does not meet the requirements of the Act and that the relevant stage needs to be repeated correctly.

The degree to which documentation and processes are compliant with the Act is documented in a series of checklist documents that are provided to the Commission to support its decision-making. Any non-compliance and the steps taken to address any non-compliance are closely considered by the Commission when deciding whether to issue a VAD Substance Authorisation.

The time required by the Office of the Commission to review all documentation, to take action in response to any non-compliance, and to prepare documentation necessary to support the Commission in its decision-making, is approximately five hours per participant. This is a reduction from the previous reporting period and is reflective of greater understanding amongst practitioners of the compliance process, coupled with efficiencies within the Office of the Commission.

The Commission's functions include monitoring the operation of the Act. To do this, the Commission may review the performance and exercise of functions and powers by persons in relation to a death that has occurred as a result of the administration of a VAD Substance.

In practice, this function is discharged through consideration of a *post-death review* document prepared by the Office of the Commission. The document provides an overview of both the events leading to the issue of a VAD Substance Authorisation by the Commission for the participant and of all notices and information in relation to a participant of which the Commission is aware following the issue by the Commission of the VAD Substance Authorisation. The

document provides a summary of the timeframes involved in the participant's voluntary assisted dying process.

The document also records observations about issues or aspects of the process that were unusual or problematic and suggestions for improvements that could be made to subsequent processes.

Review, Investigation, and Decision-Making

The Commission's functions also include:

- Receiving and determining applications from eligible applicants for review of a decision, by a participant's PMP, CMP or AHP, that the participant meets (or does not meet) the Act's residency requirements, that the participant has (or does not have) decision-making capacity, or that the participant is (or is not) acting voluntarily (Part 15).
- Receiving notifications of suspected contraventions of the Act and investigating the matter to which the suspected contravention relates (sections 121 – 132).
- Considering whether there are reasonable grounds why the requirements of section 15(4)(c) relating to communication assistance ought not to apply.
- Advising a participant's PMP that a participant does, or does not, meet the Act's residency requirements (section 11).
- Determining that a participant is exempt from the requirement that the participant's illness is expected to cause their death within six months, or within 12 months if the disease is neurodegenerative (section 6).

During 2023-24:

- The Commission met 42 times.
- The Commission issued 105 VAD Substance Authorisations.
- For the purposes of monitoring compliance with the Act, the Commission reviewed the performance and exercise by persons of functions and powers under the Act in relation to 58 deaths that occurred as a result of the administration of a VAD Substance under the Act.
- No notifications of suspected contraventions of the Act were received.
- No requests for the Commission to consider whether the requirements of section 15(4)(c) of the Act, relating to communication assistance were received.
- No requests for the Commission to advise a participant's PMP as to whether the participant meets the Act's residency requirements were received.
- No applications to determine whether a participant ought to be exempted from the requirement that their illness be expected to cause their death within six months (that is, to determine an exemption from the Act's life expectancy requirement) were received.
- One application for the review of a decision, by a participant's PMP, CMP or AHP, that the participant has (or does not have) decision-making capacity was received. This was subsequently withdrawn after the Commission had commenced the process of convening a hearing.
- No applications for the review of a decision, by a participant's PMP, CMP or AHP, that the participant meets (or does not meet) the residency requirements, or that the participant is (or is not) acting voluntarily, were received.

The Voluntary Assisted Dying Navigation Service

The Voluntary Assisted Dying Navigation Service provides a central point of contact for information and support about voluntary assisted dying to people, families and carers, and health professionals.

Members of the Navigation Service also perform the following functions as delegates of the Commission:

- providing an appropriate level of assistance to people who wish to access voluntary assisted dying but who are prevented from, or hampered in, accessing the process because of their personal circumstances, which may include their access to medical practitioners who are willing and able to assist them in achieving such access,
- establishing and maintaining a list of:
    - medical practitioners and nurses who have completed approved voluntary assisted dying training, or medical practitioners who are willing to be PMPs, CMPs or AHPs,
    - registered nurses who are willing to be AHPs,
- distributing information relating to the operation of the Act, and
- providing to a person the name and contact details of a medical practitioner or registered nurse, with that practitioner or nurse's permission.

During 2023-24:

- 255 people contacted the Navigation Service enquiring about voluntary assisted dying for themselves or another person.
- Of the people relevant to these 255 enquiries:
    - Approximately 70 per cent (218 people) were receiving palliative care services under the direction of Specialist Palliative Care Services in Tasmania (note that this item was missing in 37 responses).
    - 62 per cent (136 people) had a primary diagnosis of cancer, 16 per cent (34 people) had a primary diagnosis of neurodegenerative disease, six per cent (13 people) had a primary diagnosis of cardiac disease, and six per cent (13 people) had a primary diagnosis of respiratory disease. Eight per cent of people had other diagnoses.
    - Approximately 48 per cent resided in the Southern region, approximately 33 per cent resided in the North-Western region, and 19 per cent resided in the Northern region.

The Voluntary Assisted Dying Pharmacy Service

The Voluntary Assisted Dying Pharmacy Service is the only pharmacy in Tasmania that supplies the VAD Substance, and trained and accredited members of the Pharmacy Service are the only pharmacists in Tasmania who perform the functions assigned to pharmacists by the Act.

This includes:

- supplying a participant's PMP with a VAD Substance,
- discussing the participant's illness with them to ensure a VAD Substance supplied is suitable for their use, and
- accepting the return of, and destroying, any VAD Substance that is no longer required and is returned to the pharmacist by a participant's PMP, or by their AHP.

The VAD Pharmacy Service also has a key role in educating medical practitioners and others, including institutions and facility operators, about VAD Substances and their prescription, supply, storage, and administration.

During 2023-24, the VAD Pharmacy Service:

- Received 87 prescriptions for a VAD Substance.
- Conducted 85 patient assessments.
- Dispensed 83 VAD Substances.
- Disposed of six VAD Substances (which were returned unused).

Challenges and Recommendations

Commonwealth Criminal Code Act 1995 (Commonwealth Criminal Code) Amendments

Sections 474.29A and 474.29B of the Commonwealth *Criminal Code Act 1995* (the Commonwealth Criminal Code) contain offences which limit the use of a carriage service to access and transmit suicide-related material (information that is, or could be interpreted as being, related to a person ending their own life). The use of a carriage service means any electronic means of communication, including phone, fax, email, video conference, or via the internet.

On 30 November 2023, the Federal Court confirmed that the Commonwealth Criminal Code's provision extend to dealings in material that relates to voluntary assisted dying in relevant circumstances (*Carr v Attorney-General* (Cth) [2023] FCA 1500). This directly influences how particular parts of the voluntary assisted dying process should be communicated.

The Commission's position is that any information that relates specifically to the act of administering a voluntary assisted dying substance or provides details or instructions about the act of administering a voluntary assisted dying substance, must not be discussed or shared by means of a carriage service, and that the best way to avoid any risk under the Commonwealth Criminal Code is to undertake all voluntary assisted dying-related discussions face-to-face.

The Commission's Annual Report for 2022-23 urged amendments to the Commonwealth Criminal Code that would expressly exclude participation in voluntary assisted dying in accordance with the Act form the scope of sections 474.29A and 474.29B of the Commonwealth Criminal Code and recommended that the Tasmanian Government continue to advocate for amendments to remove the limitations on providing voluntary assisted dying information by way of a carriage service as a matter of priority. This is reflective of similar calls for reform made by the Commission's counterparts in other jurisdictions including Victoria, Western Australia, South Australia, and Queensland and various other stakeholders including the Australian Medical Association and the Australian Nursing and Midwifery Federation.

Tasmania's legislation is robust, and a person can only access voluntary assisted dying if they meet all the eligibility criteria set out in the Act. The criteria are strict, and the process has several formal steps, with at least two independent medical practitioners determining a person's eligibility on a total of four separate occasions. Importantly, in Tasmania, the Act requires a person seeking access to voluntary assisted dying and their medical practitioner to have met, in person, at least once, before the person's eligibility to access voluntary assisted dying is determined, and the voluntary assisted dying process as a whole is closely overseen by the Commission. Reforms to the Commonwealth Criminal Code will not diminish these safeguards.

Recommendation 1: That the Commonwealth Criminal Code is amended to remove the limitations on providing voluntary assisted dying information by way of a carriage service, as a matter of priority.

Medicare Benefits Schedule Reform and Equitable Remuneration for privately-employed PMPs, CMPs, and AHPs

Access to voluntary assisted dying by eligible patients depends on the availability of suitably qualified and experienced medical practitioners who undertake the Training and who are willing to act as a patient's PMP, CMP, or AHP.

Each of the steps in the voluntary assisted dying process is resource intensive and entails compliance with extensive, non-negotiable documentation and notification requirements. This is consistent with the highly regulated nature of the voluntary assisted dying process.

Feedback from private practitioners, received since the Act's commencement, has been that while supporting patients to access voluntary assisted dying is rewarding, it is not economically viable.

Approximately 50 per cent of Tasmania's participating medical practitioners are private practitioners, who are reliant on availability of Medicare Benefits Scheme (MBS) benefits and private billing.

There are, however, no voluntary assisted dying-specific MBS item numbers.

While existing face to face general attendance items, including home visit items, can be used for end-of-life care and planning, which can include counselling or assessment in relation to voluntary assisted dying, benefits paid are low and do not cover travel to and from a patient's home where a home visit is required, nor do they cover other nonpatient facing administrative aspects of the voluntary assisted dying process such as accepting Second Opinion referrals.

Where telehealth assessments are undertaken, benefits are only claimable for consultations where there is an established clinical relationship between the practitioner and the patient, which effectively excludes most Second Opinion consultations undertaken by CMPs from the scope of services for which benefits are payable. In all cases, administration of a VAD Substance (euthanasia) is expressly excluded from the scope of the MBS and no benefits are payable for that aspect of the voluntary assisted dying process.

The VAD Commission is aware of several medical practitioners who have elected to charge a private, out-of-pocket fee for the provision of services as a patient's PMP, CMP, or AHP. There is nothing in the Act that precludes this.

Recommendation 2: That the MBS is reformed as it relates to voluntary assisted dying to establish voluntary assisted dying-specific MBS items that provide appropriate benefits for the entirety of the voluntary assisted dying process, including administration of the VAD Substance.

Recommendation 3: That privately employed medical practitioners note that there is nothing in the Act that precludes charging patients a private, out-of-pocket fee for the provision of services as a patient's PMP, CMP, or AHP.

Except for New South Wales, all Australian jurisdictions (and New Zealand) where voluntary assisted dying is legal have either implemented, or are in the process of implementing, remuneration schemes to more adequately compensate voluntary assisted dying practitioners for the administrative burden imposed by the requirements of voluntary assisted dying legislation. Tasmania does not have such a scheme.

Lack of an appropriate State-based remuneration scheme for the remuneration of privately employed practitioners sends a negative message to existing participating practitioners, and to those considering performing functions as a patient's PMP, CMP, or AHP, about the State Government's level of support for voluntary assisted dying in Tasmania and is a significant barrier to achieving a sustainable medical workforce in this dimension of health care.

Recommendation 4: That the State Government implement a State-based remuneration scheme for the remuneration of privately employed medical practitioners and registered nurses who choose to act as a participant's PMP, CMP, or AHP, until such time as the MBS is reformed to establish voluntary assisted dying-specific MBS items that apply to the entirety of the voluntary assisted dying process.

Legislative Challenges

The Commission's Annual Report for 2022-23 noted several legislative ambiguities that could benefit from amendment.

Of these:

- the limited options available under the Act's provisions for dealing with circumstances in which a participant's PMP becomes unable to continue in the role, and
- inconsistencies in the Act's notification requirements,

have presented particular challenges in the reporting period.

The PMP role is significant and requires substantial time and personal commitment. Medical practitioners considering acting as a participant's PMP are advised to carefully consider their ability to take on the role, considering the likely duration of the process for the participant, and their availability throughout the process, including during any planned leave periods.

However, even with the best planning, it is not always possible for a participant's PMP to continue in the role. Reasons for this may be many and varied and include unexpected illness or travel requirements, relocation interstate, or retirement from the medical profession.

The Act's options for dealing with circumstances in which a participant's PMP becomes unable to continue in the role are limited.

If a PMP ceases to be the participant's PMP prior to the Final Request determination, then the process ends for that individual and to access voluntary assisted dying the person would need make another First Request. This is because there is no option for the PMP to hand their role over to another practitioner before the completion of the Final Request determination stage.

If a PMP ceases to be the participant's PMP after the Final Request determination, then the CMP can become the participant's PMP, but only if the CMP is willing and able to take on the role, which is not always the case. CMPs are often busy specialists with limited capacity to perform PMP functions. In many cases CMPs operate Statewide and are not physically proximate to the participant which presents challenges at the VAD Substance supply stage of the voluntary assisted dying process.

As noted in this Report, a number of medical practitioners were unable, for reasons beyond their control, to continue in the role of PMP for a participant. While solutions were ultimately found in each case, the processes associated with identifying and progressing these were difficult, time consuming, and distressing for the participants and medical practitioners involved.

Recommendation 5: That the Act is amended to provide more options for dealing with circumstances in which a participant's PMP becomes unable to continue in the role.

While the Act requires a participant to give their Final Permission to the AHP in writing, there is no requirement for the participant's AHP to provide a copy of this to the Commission.

While the Act requires a participant's AHP to provide the Commission with a copy within 48 hours of a Private Self-Administration Certificate that is issued for a participant, there is no requirement for the AHP to provide the Commission with a copy of any AHP Administration Certificate that is issued.

Lastly, while the Act requires a participant's AHP to notify the Commission of a participant's death the Act does not prescribe a timeframe for this.

These inconsistencies in reporting requirements hinder the Commission's capacity to monitor compliance with the Act's requirements after it has issued a VAD Substance Authorisation and to completely perform its statutory functions.

Recommendation 6: That the Act is amended to include, and harmonise, reporting requirements relating to Final Permissions, Private Self-Administration and AHP Administration Certificates, and notification of a participant's death.

Around one in five Tasmanians who chose to access voluntary assisted dying in the reporting period opted for private self-administration as their preferred administration option.

Under the Act, a person who chooses private self-administration is required to appoint a Contact Person whose responsibilities include notifying the participant's AHP of the participant's death and returning any unused or remaining VAD Substance to the participant's AHP, both within 14 days of the participant's death.

A Coronial Inquest is currently underway in Queensland because the contact person (and husband) of a voluntary assisted dying participant, who had died prior to administration, took the VAD Substance which had been prescribed for his terminally ill wife and which he had been required, as the contact person, to return to the person authorised to dispose of it. A similar situation could arise in Tasmania when a person issued a Private Self-Administration Certificate has been supplied the VAD Substance by the AHP.

Recommendation 7: That the Act's requirements relating to the supply and return of the VAD Substance following the issue of a Private Self-Administration Certificate are reviewed to prevent an occurrence such as that which occurred in Queensland.

Database and Portal

Unlike some other jurisdictions, Tasmania does not have an electronic portal to which medical practitioners providing services as PMPs, CMPs, and AHPs may submit forms that are required to be provided to the Commission. Instead, the Office of the Commission operates a "manual" portal process, as described earlier in this Report.

PMPs, CMPs and AHPs are provided with access to required forms for the next stage in the patient's voluntary assisted dying journey only once the forms provided for the preceding stage have been checked, and any issues resolved.

Compliance checks are undertaken as soon as reasonably practicable once formal notification of relevant events, and copies of forms, are supplied.

While this approach is effective to identify instances of non-compliance so that these can be addressed before the VAD Commission's consideration of a request to issue a VAD Substance Authorisation, it is cumbersome and time consuming and practitioners and patients alike have expressed frustration with it.

In all Australian jurisdictions (and New Zealand) where voluntary assisted dying is legal, forms are transmitted between medical practitioners and the respective voluntary assisted dying oversight body through a dedicated "on-line portal". On-line portals have been designed and developed either in-house, or under contract with a commercial developer.

Recommendation 8: That the Tasmanian State Government purchase or develop an online portal for use by medical practitioners acting as PMPs, CMPs, or AHPs, and registered nurses acting as AHPs, and for the Commission.

Health Literacy and Voluntary Assisted Dying

While voluntary assisted dying has been legal in Tasmania since October 2022, anecdotal evidence from health professionals, members of the community, and other stakeholders, suggests that many Tasmanians still don't know that voluntary assisted dying exists as an option for them.

Health literacy about voluntary assisted dying is important because it facilitates timely discussions and potential access to voluntary assisted dying for those who are eligible and because it supports efficient voluntary assisted dying processes.

While a range of information about voluntary assisted dying in Tasmania is available on the Department of Health's website, as has been noted earlier in this Report, significant numbers of Tasmanians aged 70 years and over are digitally disengaged[13].

Recommendation 9: **That the Tasmanian State Government supports measures designed to improve Tasmanians' health literacy about voluntary assisted dying.**

[13] Understanding-digital-behaviours-older-Australians-summary-report-2018.pdf (esafety.gov.au), viewed 14 August 2024.

Public Interest Disclosures

Public Interest Disclosures 2023-24	Number
Total number of disclosures made to the public body during the year that relate to improper conduct	0
Number of disclosures made to the public body during the year that relate to detrimental action	0
Number of disclosures determined to be a public interest disclosure	0
Number of disclosures determined by the public body to be public interest disclosures that were investigated during the year	0
Number and types of disclosed matters referred to the public body by the Ombudsman for investigation	0
Number and types of disclosures referred by the public body to the Ombudsman for investigation	0
Number and types of investigations taken over from the public body by the Ombudsman	0
Number and types of disclosed matters that the public body has declined to investigate	0
Number and types of disclosed matters that were substantiated upon investigation and action taken on completion of the investigation	0
Any recommendations made by the Ombudsman that relate to the public body	0

Annexure 1

Commission Membership

The Commission consists of six members appointed jointly by the Minister of Health and the Attorney-General.

Louise Mollross (Executive Commissioner): Ms Mollross has been a Legal Practitioner in private practice for over 38 years. She is a Doyles Guide Leading Tasmanian family lawyer and she is a Director at Ogilvie Jennings Lawyers. Louise also practices in the area of estate planning, estate administration, property law and commercial law. She regularly participates in mediations on behalf of clients.

Louise is also a member of the Tasmanian Civil & Administrative Tribunal (TASCAT). She is an experienced Tribunal member, having been appointed as a member of the Guardianship and Administration Board (now TASCAT) in 2017.

Louise is regularly appointed as an Independent Children's Lawyer in the Federal Circuit and Family Court of Australia. Louise is skilled in the effective application of legal frameworks in the interest of fair and just outcomes for vulnerable Tasmanians.

Louise has completed LEADR mediation training, and Australian Institute of Family Law Mediator Training. She is a member of the Law Society of Tasmania, the Family Law Section of the Law Council of Australia, the Australian Institute of Family Law Mediators (AIDLAM) and the immediate past President of the Family Law Practitioners Association of Tasmania.

Dr Annette Barratt (Deputy Executive Commissioner): Dr Barratt is a medical practitioner with more than 30 years' experience in general practice. Dr Barratt holds membership and/or positions with the Australian Medical Association, the Royal Australian College of General Practitioners, the Tasmanian Civil and Administrative Tribunal, the Australian Health Practitioner Regulation Agency panel of approved doctors and is a Deputy Director of the Professional Services Review.

Kim Barker: Ms Barker served as Tasmania's Public Guardian for over five years, and has vast experience in various high-level health, social justice and human rights roles as a member of a range of boards and tribunals. This experience includes work with the Guardianship and Administration Board, the Mental Health Tribunal, the Tasmanian Board of the Medical Board of Australia, the Health Practitioners Performance and Standards Panel, and the Social Security Appeals Tribunal.

Dr David Boadle: Dr Boadle's forty-year career in health care was principally as a Consultant Physician specialising in Medical Oncology and Palliative Care. After several years in the health management domain, principally as the State's Chief Medical Officer, David returned to clinical practice as a Senior Staff Specialist in Medical Oncology at the Royal Hobart Hospital, where he became Head of Department for Medical Oncology, and the Strategic Director of Cancer and Blood Services at the Royal Hobart Hospital.

Elizabeth McDonald: Ms McDonald is the Executive Director – Statewide Allied Health for the Tasmanian Health Service. Elizabeth's professional background is as a social worker, holding an undergraduate and a research master's degree in Social Work in addition to an Executive Master of Business.

Professor Margaret Otlowski: A Professor of Law at the University of Tasmania's Faculty of Law, Professor Otlowski has a professional reputation as a Law Scholar in health law and ethics, recognised by her appointment in 2015 as a Fellow of the Australian Academy of Law. Her early academic career focussed on the legal aspects of end-of-life, stemming from her PhD research which was subsequently published by Oxford University Press -*Voluntary Euthanasia and the Common Law.*

Annexure 2

Key Contacts

Voluntary Assisted Dying Commission

The Commission operates Monday – Friday, from 9.00 am to 5.00 pm.

Postal details	Voluntary Assisted Dying Commission Department of Health GPO Box 125 HOBART TAS 7001
Telephone	1800 568 956 (toll-free)
Email	vad@health.tas.gov.au
Web	www.health.tas.gov.au/vad/commission

Voluntary Assisted Dying Navigation Service

The Navigation Service operates Monday – Friday, from 9.00 am to 5.00 pm.

Postal details	Voluntary Assisted Dying Navigation Service Tasmanian Health Service GPO Box 125 HOBART TAS 7001
Telephone	1800 568 956 (toll-free)
Email	vad@health.tas.gov.au
Web	www.health.tas.gov.au/vad

Voluntary Assisted Dying Pharmacy Service

The Pharmacy Service operates Monday – Friday, from 9.00 am to 5.00 pm.

Postal details	Voluntary Assisted Dying Pharmacy Service Tasmanian Health Service GPO Box 125 HOBART TAS 7001
Telephone	1800 568 956 (toll-free)
Email	vad@health.tas.gov.au
Web	www.health.tas.gov.au/vad

Annexure 3

Palliative Care, Treatment, and Pain Relief

The Tasmanian Department of Health provides palliative care, information on end-of-life planning, and support for people throughout Tasmania. The Department's website and contact details for the Department's Specialist Palliative Care Service are as follows:

Web	www.health.tas.gov.au/palliativecare
North-West	6477 7760, Monday to Friday, 8.30 am – 4.00 pm
North	6777 4544, Monday to Friday, 8.30 am – 4.30 pm
South	6166 2820, Monday to Friday, 8.00 am – 4.30 pm

Palliative Care Tasmania is an independent organisation that can also provide information and support to Tasmanians with a life-limiting illness and their families, and information about palliative care services across Tasmania. Their contact details are as follows:

Web	www.pallcaretas.org.au
Email	admin@pct.org.au
State-wide	6231 2799

The *CareSearch* palliative care knowledge network provides online resources and information on palliative care for health professionals, people needing palliative care and their families, and the general community. Their contact details are as follows:

Web	www.caresearch.com.au

General Supports

Beyond Blue can provide support for mental health and wellbeing, especially if you are experiencing anxiety or depression. Their contact details are as follows:

Web	www.beyondblue.org.au
Phone	1300 224 636 (any time of the day or night)

Lifeline can provide crisis support if you need immediate help to deal with emotional distress. Their contact details are as follows:

Web	www.lifeline.org.au
Phone	13 11 14 (any time of the day or night)

A Tasmanian Lifeline is a Tasmanian-based telephone support service if you need one-off or ongoing support. Their contact details are as follows:

Web	www.atasmanianlifeline.org.au
Phone	1800 984 434 for support (8.00 am to 8.00 pm, 7 days a week)

Department of **Health**
GPO Box 125
Hobart TAS 7001

1300 135 513

www.health.tas.gov.au