

Voluntary Assisted Dying Review Board

Annual Report 2023-24



Government of South Australia
SA Health

To:

Chris Picton MP
Minister for Health and Wellbeing

This annual report will be presented to Parliament to meet the statutory reporting requirements of the *Voluntary Assisted Dying Act 2021* and the requirements of Premier and Cabinet Circular *PC013 Annual Reporting*.

This report is verified to be accurate for the purposes of annual reporting to the Parliament of South Australia.

Submitted on behalf of the VOLUNTARY ASSISTED DYING REVIEW BOARD by:

Associate Professor Melanie Turner
Presiding Member, Voluntary Assisted Dying Review Board

VOLUNTARY ASSISTED DYING REVIEW BOARD

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Acknowledgment of Country

The Voluntary Assisted Dying Review Board acknowledges the Traditional Custodians of the lands, waters and seas across South Australia. We pay our respects to elders past and present and extend that respect to all First Nations people. We acknowledge the deep feelings of attachment and relationship of Aboriginal and Torres Strait Islander people to country.

Contents

	Page
1. Message from the Minister for Health and Wellbeing	5
2. Foreword from the Presiding Member	6
3. Overview	8
4. Voluntary assisted dying activity snapshot	9
5. Personal reflections on voluntary assisted dying	10
6. Voluntary assisted dying activity 2023-24	11
7. Conversations with voluntary assisted dying Health Professionals	26
8. Continuous improvement of voluntary assisted dying	29
9. Our focus for the coming year	32
Appendix 1. Voluntary Assisted Dying Review Board	34
Appendix 2. Miscellaneous	40

1 Message from the Minister for Health and Wellbeing

I thank the Voluntary Assisted Dying Review Board for this second Annual Report into Voluntary Assisted Dying in South Australia for 2023-24.

South Australia's voluntary assisted dying program is underpinned by the 70 safeguards in the *Voluntary Assisted Dying Act 2021* (the Act) and the work of the Voluntary Assisted Dying Review Board to ensure compliance with the Act.

I had the opportunity to attend the Voluntary Assisted Dying Day of Reflection on 14 April 2024 and to meet with family, friends and loved ones of those who were able to choose voluntary assisted dying to end their life in 2023. It was deeply moving to hear from members of the community and clinicians regarding their experiences supporting their loved ones and patients.

Voluntary assisted dying would not be available without the commitment and dedication of our trained Medical Practitioners in hospitals and the community, Care Navigators, VAD Liaisons, VAD Pharmacists and operational staff. I sincerely acknowledge the exceptional support that you provide to patients and families on the voluntary assisted dying pathway and recognise the personal toll that your work may take at times.



The Hon Chris Picton MP

Hon Chris Picton MP is the Minister for Health and Wellbeing in South Australia. The Minister oversees health, wellbeing, mental health, ageing well, substance use and suicide prevention.

2 Foreword from the Presiding Member

To the South Australian Community

It is an honour to present this second Annual Report of the Voluntary Assisted Dying Review Board of South Australia which describes the first full year of voluntary assisted dying activity in South Australia.

This has been a busy year for our voluntary assisted dying services and therefore also for the Review Board. Information presented in this report shows a continued upward trend in voluntary assisted dying activity some 18 months since the commencement of the Act on 31 January 2023. This pattern is in keeping with activity reported by other jurisdictions and is not unexpected at this early stage.

In the last 12 months, the Review Board has undertaken a detailed review of over 300 individual voluntary assisted dying pathways for compliance with the Act. I am pleased to note that this has revealed a very high degree of compliance with the Act, and where a non-compliance has been identified this has been of a technical or administrative nature and has not posed any risk to patients or the community. This activity also provides the Board with the opportunity to identify potential improvements to the voluntary assisted dying pathway that will be considered in the review of the operation of the Act that will occur prior to January 2028.

In November 2023, the Voluntary Assisted Dying Program was awarded the Premier's Award for Excellence in Health at the SA Health Awards. This award recognised the exceptional work of the many doctors, nurses, allied health staff, pharmacists, departmental staff and community organisations including Voluntary Assisted Dying South Australia (VADSA) who have come together to introduce safe, accessible and compassionate voluntary assisted dying in South Australia.

In April 2024 the Review Board hosted the first annual Voluntary Assisted Dying Day of Reflection at the Repat Health Precinct. The event was opened by the Minister for Health and Wellbeing and was attended by over 100 guests including family and friends of those who died on the voluntary assisted dying pathway in 2023 and some of the clinicians and staff who supported them. This annual event will continue to provide an opportunity for families, friends and loved ones and those involved in voluntary assisted dying to come together in reflection.

This year I also received feedback from the community regarding voluntary assisted dying, including feedback about prisoners accessing the voluntary assisted dying pathway. The Act is applicable to all South Australians and therefore does not prevent prisoners who meet the eligibility criteria and complete the VAD pathway from accessing voluntary assisted dying. The VAD Review Board are aware that access for prisoners is of interest to the community and we will consider this as part of the review of the operation of the Act that will occur prior to January 2028.

I was pleased to attend the launch of the State of VAD, Voluntary Assisted Dying in Australia and New Zealand Report 2024 by Go Gentle at Parliament House in Canberra on 12 August 2024. The report highlights barriers to access that have been experienced in SA as well as interstate that will continue to be a focus of our work, notably including the Commonwealth Criminal Code Carriage Laws that prohibit the use of telehealth for certain steps of the voluntary assisted dying pathway. We continue to advocate for reform to this law. The report also provided the first national voluntary assisted dying data set which will continue to evolve as states' and territories' data sets become more comparable.

Acknowledgments

The members of the Review Board would like to express their heartfelt gratitude to all of the doctors, clinicians and staff involved in providing voluntary assisted dying services in South Australia. Your dedication, expertise, and compassion are essential, and feedback received from patients and families reflects the high level of care you provide and reflects not only your professional commitment but also your profound respect for patient autonomy and dignity.

We recognise the challenges you sometimes face and appreciate the tireless work you put into maintaining the highest standards of care. Thank you for your invaluable contributions to this important aspect of healthcare, and for making a meaningful difference in the lives of those you serve.

I also thank the leadership and members of VADSA for your continued advocacy and provision of information and supports to the community. I particularly thank you for your work in establishing the helpful volunteer witnessing program. Thanks also go to the Justices of the Peace who have performed the role of witness in support of patients on the voluntary assisted dying pathway.

On behalf of the Review Board, I extend my heartfelt condolences to the family, friends, and loved ones of those who have chosen voluntary assisted dying. The loss of a loved one is a deeply personal time, and your feelings of loss and grief are recognised. I trust you will find comfort in cherished memories and the love and support of those around you.



Associate Professor, Melanie Turner

Presiding Member, Voluntary Assisted Dying Review Board

3 Overview

This is the second annual report of the Voluntary Assisted Dying Review Board submitted to the Minister for Health and Wellbeing in accordance with the requirements of section 120(1) of the Act. Information and statistics contained herein are reflective of the 12 months from 1 July 2023 to 30 June 2024.

The information provided in this report includes:

- a snapshot of voluntary assisted dying activity since 31 January 2023
- personal reflections on voluntary assisted dying from family members and health practitioners that have been involved in the pathway
- a presentation of data and statistics regarding voluntary assisted dying activity in South Australia collected by the Review Board during 2023-24
- an overview of voluntary assisted dying services in South Australia
- an overview of continuous improvement activities undertaken to date to improve the voluntary assisted dying pathway and those that are planned for the coming year

Data in this report shows a consistent gradual increase in voluntary assisted dying activity from month to month since inception.

Overall deaths from administration of the voluntary assisted dying substance were around 1 percent of total deaths in South Australia for this 12 month reporting period, rising to 1.2 percent in the second half of the year. These figures are consistent with the range reported by other jurisdictions in Australia which have reported rates of deaths from voluntary assisted dying substance administration of between 0.65 and 1.6 percent of deaths.

Glossary

To support the reader to engage with the content of this report a glossary is provided at Appendix 2.

4 Voluntary assisted dying activity snapshot

	2022-23*	2023-24	31 Jan 2023 - 30 June 2024
First Requests for voluntary assisted dying	116	404	520
Accepted	115	398	513
Refused	1	6	7
First Assessments	109	380	489
Eligible	101	344	445
Ineligible	8	36	44
Consulting Assessments	88	311	399
Eligible	87	307	394
Ineligible	1	4	5
Permits Issued	68	250	318
Self-administration	51	229	280
Practitioner administration	17	21	38
Voluntary assisted dying substance dispensed	56	234	290
Self-administration	45	214	259
Practitioner administration	11	20	31
Voluntary assisted dying deaths**	39	156	195
Self-administration	28	141	169
Practitioner administration	11	15	26
Voluntary assisted dying deaths as a proportion of all deaths in SA***	0.6 %	1.0%	N/A

Table 1 VAD Activity Snapshot

* Figures for 2022-23 cover the 5 months from 31 January – 30 June 2023.

** Deaths from administration of the VAD substance.

***Total deaths in SA in 2022-23 were 15,948 and in 2023-24 were 15,296 (Registrar, BDM)

5 Personal reflections on voluntary assisted dying

The Voluntary Assisted Dying Review Board values and appreciates the rich and insightful feedback provided by patients, families, health practitioners and members of the community regarding voluntary assisted dying. This feedback helps us understand how well our voluntary assisted dying program is meeting the needs of the community and our workforce.

'I'm very thankful that this option was one that my father had access to. He was fully cognitive before taking the medicine and it was a peaceful death. My own feedback would be the time frames, I feel they were too long from initial meeting to delivery. The whole process from initial meeting was 14 days. Ideally, I think it should be 5-7 days. We were very pleased with the professionalism and empathy shown by all involved.'

'I was so impressed by the way the system was put together and the people who interacted at every stage with us so I feel compelled to say that initially it can be a bit daunting, until you get your head around the whole concept. Given that people are all individuals and can indeed be "funny cattle" I was really impressed by ALL of the people involved. They really did know their areas of expertise but at the same time they were so compassionate but made it easy to gain both the all the information and some support from them. Whoever (presumably quite a few people and wise minds) drew up and planned the process have created an excellent model for this process that is by it's nature sensitive.'

'Just thank you for being so understanding and kind. When xx found out she could access the prescription she felt safe. We call you all angels, not like the ones in books but the real angels you can see and touch and talk to. You helped my (name deleted) pass and I don't have the words to explain how grateful me and (name deleted) will always be. One day I will need you.'

Thank you for ensuring xx could live on his terms until the end. He was a sick man but determined to live his way. As sad as I was to say goodbye, I was proud of him and the choices he was able to make.

Our family wishes most sincerely to thank the Navigator Service and all who supported him through the VAD journey. Although he didn't make it to his nominated date, it gave him great comfort knowing that he was able to make the request to have agency over his death and that he was treated with such respect and compassion by the VAD providing doctors.

'The word 'ethical' keeps coming to mind when I think of our family's interaction with the VAD process and the Care Navigator Service. I think that best encapsulates the mix of principle, professionalism, and kindness. Thank you.'

6 Voluntary assisted dying statistics 2023-24

Under Section 124 of the Act, the Voluntary Assisted Dying Review Board collects and reports on voluntary assisted dying statistics in South Australia.

Data is collected through the submission of forms and information to the Voluntary Assisted Dying Clinical Portal by Medical Practitioners, Pharmacists, Care Navigators, VAD Liaisons and the Voluntary Assisted Dying Review Board Secretariat at each stage of the 11 step voluntary assisted dying pathway:



Figure 1 The Voluntary Assisted Dying Pathway

**1.****Make a first request for voluntary assisted dying****First requests**

The first step in the voluntary assisted dying pathway is to make a first request to a medical practitioner. Between 1 July 2023 and 30 June 2024, a total of 404 people made a valid first request for voluntary assisted dying. Of these, 398 people had their first request accepted by an eligible medical practitioner.

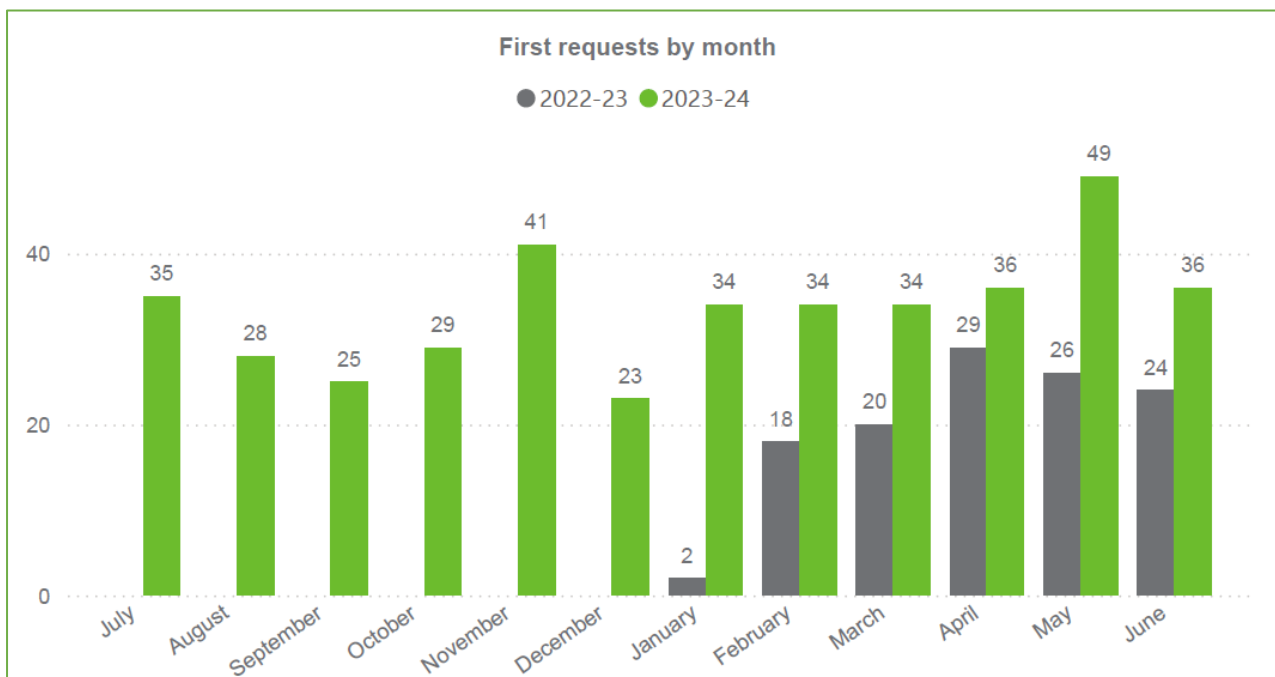


Figure 2 First Requests by month

Figure 2 above shows the number of first requests made per month. There was an average of 34 first requests per month in 2023-24, up from 20 per month in 2022-23.

A medical practitioner is not required to provide a reason for declining a first request and a refusal does not relate to the persons eligibility for voluntary assisted dying. A person who had a first request refused may make another first request to another practitioner. Reasons for a practitioner refusing a first request can include the practitioner:

- not meeting the minimum requirements to act as a voluntary assisted dying medical practitioner
- not having undertaken or not planning to undertake the mandatory practitioner training
- having a conscientious objection to voluntary assisted dying; or
- not having the time required to support a patient through the pathway.

**2.****Doctor completes a first assessment**

Once a person has had their first request accepted by a participating medical practitioner, that practitioner becomes the Coordinating Practitioner for the patient.

The Coordinating Practitioner then undertakes a first assessment to determine whether the person meets the eligibility criteria for voluntary assisted dying as defined under section 26 of the Act.

First Assessments

Of the 398 people who had a first request to access voluntary assisted dying accepted in 2023-24, 380 underwent a first assessment.

Reasons for not proceeding from a first request to a first assessment include deciding to withdraw from the pathway or dying prior to the first assessment. Of the 380 people who had a first assessment in 2023-24, 344 were assessed as eligible for voluntary assisted dying after the first assessment.

If a person has been deemed eligible for voluntary assisted dying by their Coordinating Practitioner, the Coordinating Practitioner must refer the patient to another participating practitioner to undertake a consulting assessment. If the second practitioner accepts the referral, they become the Consulting Practitioner.

Figure 3 below shows there was an average of 32 first assessments per month in 2023-24 which is an increase from 22 per month in 2022-23.

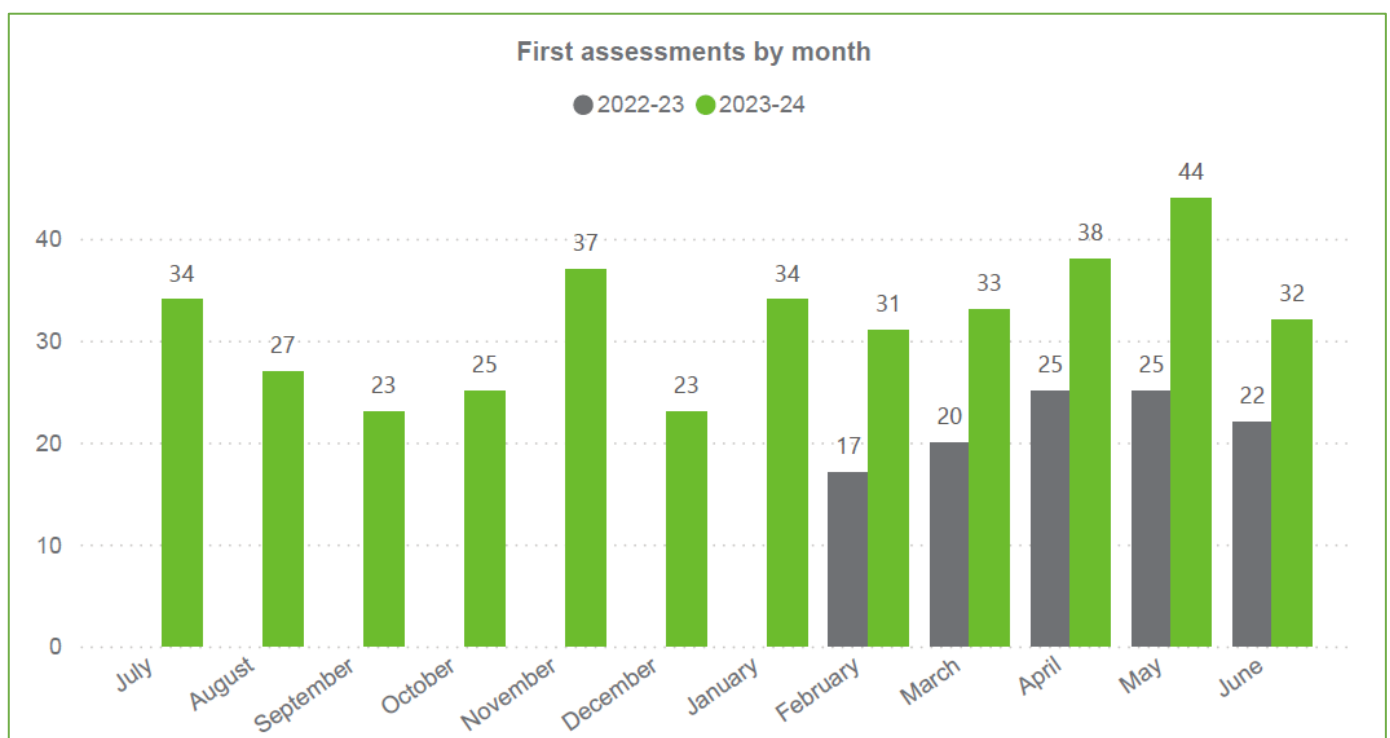


Figure 3 First Assessments by month

**3.**

A consulting doctor completes a second assessment

The Consulting Practitioner must undertake a consulting assessment (which is similar to a first assessment) to determine whether the patient is eligible for voluntary assisted dying. This is because the Act requires that two appropriately qualified and trained medical practitioners separately assess a person's eligibility for voluntary assisted dying.

Of the 344 people who were assessed as eligible for voluntary assisted dying at a first assessment, 311 people went on to have a consulting assessment.

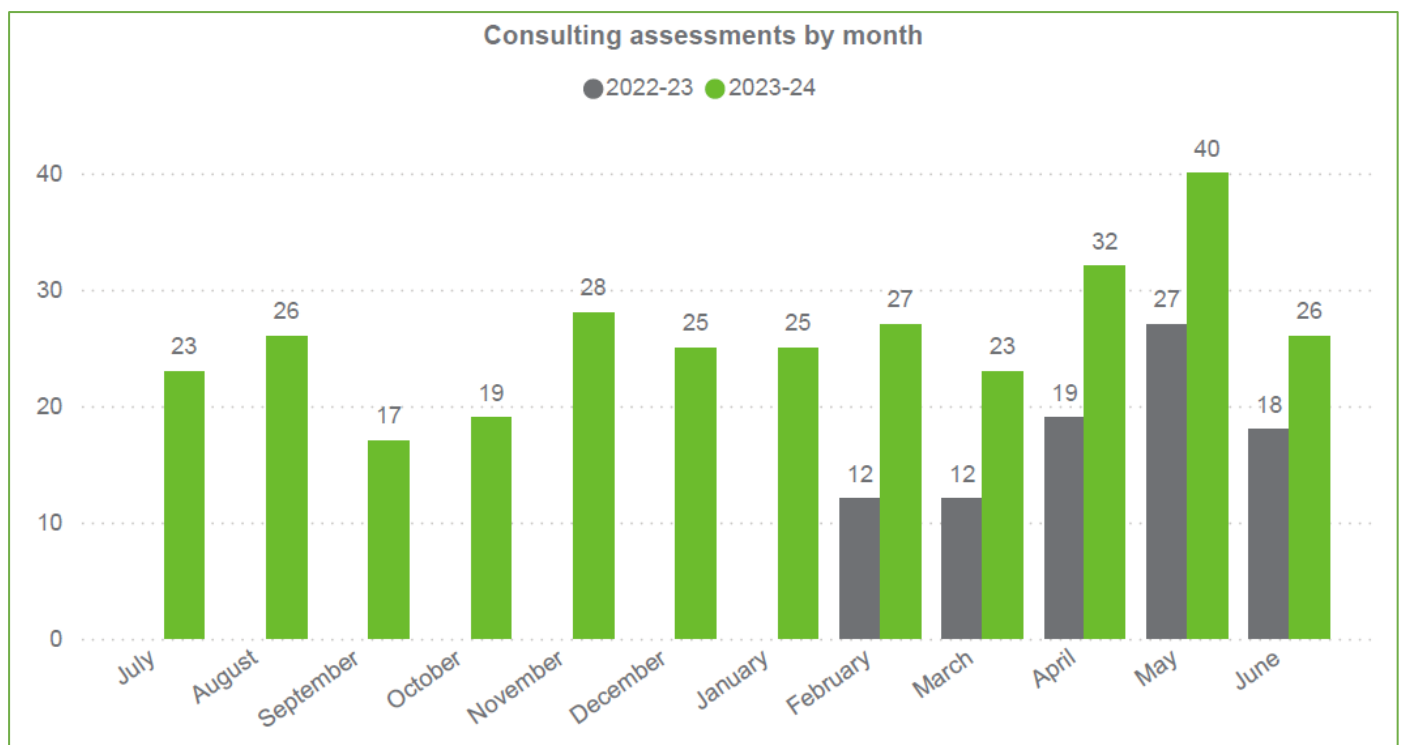


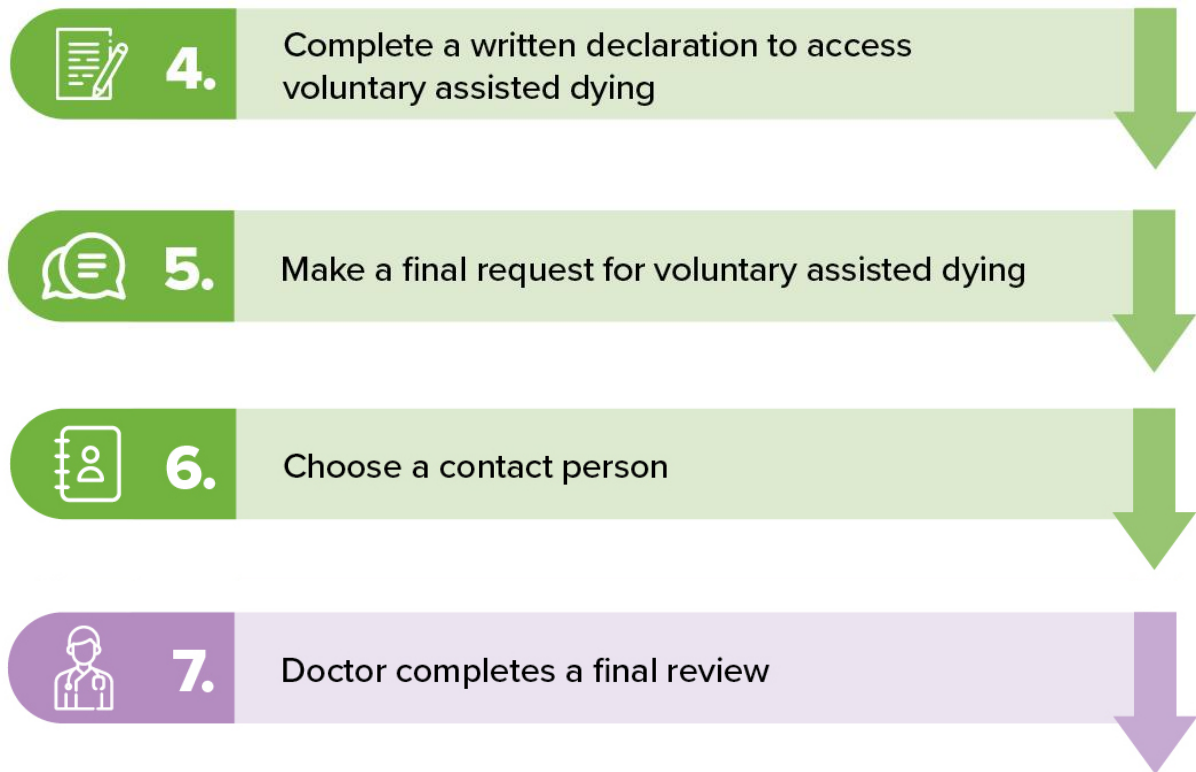
Figure 4 Consulting Assessments by month

Figure 4 above shows the number of consulting assessments per month. In 2023-24 there was an average of 26 consulting assessments per month, up from 18 per month in 2022-23

Of these, 307 were assessed as eligible for voluntary assisted dying after the consulting assessment. Reasons for not progressing from a first assessment to a consulting assessment include:

- Dying prior to the consulting assessment
- Withdrawing from the pathway
- Being assessed as ineligible for voluntary assisted dying

Once a person has been deemed eligible for voluntary assisted dying by both a Coordinating and Consulting Practitioner, the Coordinating Practitioner supports the person to complete the necessary next steps in the pathway in order to be able to apply for a voluntary assisted dying permit. These include:



Voluntary assisted dying permits

Once a Coordinating Practitioner has completed a final review, they can submit an application for a voluntary assisted dying permit to SA Health.

A permit application can either be for a self-administration permit or for a practitioner administration permit. Under the Act, a person can only apply for a practitioner administration permit if the Coordinating Practitioner is satisfied that the person is physically incapable of self-administration or digestion of the voluntary assisted dying substance.

Of the **277** permit applications submitted by a Coordinating Practitioner to SA Health between 1 July 2023 and 30 June 2024 a total of **250** people were issued with a voluntary assisted dying permit

Reasons why a person may not be issued with a voluntary assisted dying permit include the person:

- died prior to the permit being issued
- withdrew from the pathway
- was assessed as ineligible for voluntary assisted dying.

It is important to note that in some circumstances a patient may be issued with two permits. For example, a patient may be granted a self-administration permit and later lose the capability

to self-administer, requiring them to request a change to a practitioner administration permit. In these instances, the first permit is revoked, and a new permit is issued.

Of the 250 people who were issued with a permit, 229 (92%) people were issued with a self-administration permit and 21 (8%) were issued with a practitioner administration permit.

The number of permit applications per month is shown in Figure 5 below. Over the past 12 months there was an average of 21 permit applications per month, an increase from an average of 15 per month in 2022-23.

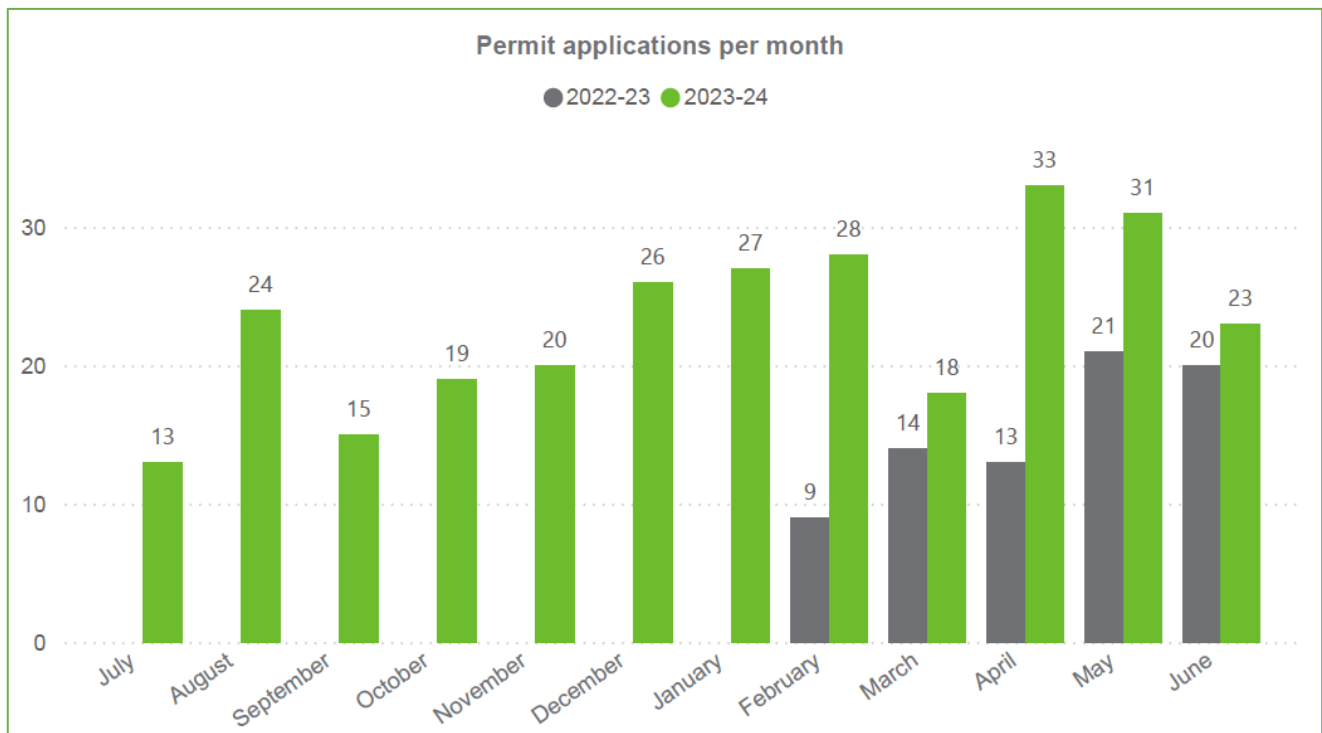


Figure 5 Permit applications per month

Demographics of voluntary assisted dying applicants

Of the **380** people who underwent a first assessment for voluntary assisted dying between 1 July 2023 and 30 June 2024:

- 85% were aged 60 years or older
- 53% were male and 47% were female
- 67% lived in metropolitan Adelaide and 33% lived in regional South Australia
- 69% were born in Australia
- 80% were currently accessing palliative care
- 1% identified as Aboriginal or Torres Strait Islander
- 1% were supported by an interpreter

Patients accessing voluntary assisted dying are geographically spread

Voluntary assisted dying operates across geographical boundaries with medical practitioners supporting patients across SA Health Local Health Network (LHN) catchments.

251 (66 percent) of the 380 patients who had a First Assessment to access voluntary assisted dying between 1 July 2023 and 30 June 2024 lived in metropolitan areas and 129 (34 percent) of all patients who had a First Assessment lived in a regional LHN catchment.

Approximately 20 percent of first assessments provided to patients in regional areas were provided by practitioners located in a metropolitan LHN with some use of telehealth strictly for assessments of eligibility and not in relation to administration of the voluntary assisted dying substance.

Whilst these numbers are beginning to tell a story, the voluntary assisted dying system in South Australia is still emerging and patterns of access will continue to evolve over the coming years as more potential voluntary assisted dying applicants become aware of the scheme.

	Local Health Network	Population 18+ yrs. (2024)	Percentage of population 18+	VAD applicants	Percentage of VAD applicants
Metropolitan	Central Adelaide	407,735	27	110	29
	Northern Adelaide	340,037	23	65	17
	Southern Adelaide	308,436	21	76	20
Regional	Barossa Hills Fleurieu	180,084	12	69	18
	Yorke and Northern	64,737	4.5	18	5
	Riverland Mallee Coorong	60,388	4	13	3
	Limestone Coast	55,447	4	11	3
	Flinders and Upper North	35,224	2.5	4	1
	Eyre and Far North	32,787	2	14	4
	Total	1,484,875	100	380	100

Table 2. VAD Applicants by LHN



8.

Doctor prescribes substance once permit approved



Once a voluntary assisted dying permit has been issued, the Coordinating Practitioner must submit a prescription for the voluntary assisted dying substance to the SA Voluntary Assisted Dying Pharmacy Service (SAVAD-PS).



9.

Arrange supply of substance with pharmacist

In order to take delivery of the substance after the prescription has been sent to the SAVAD-PS, a person who is the subject of a self-administration permit must contact the SAVAD-PS to arrange for a supply visit from the pharmacy team. During the supply visit, the pharmacist provides comprehensive education regarding the storage and administration of the substance, as well as the role of the contact person in returning the locked box and any remaining contents after the person has self-administered. Whilst this education can be confronting, feedback from patients and families affirms the skilled, sensitive and compassionate approach of pharmacists.

In the case of a practitioner administration permit, once the prescription has been sent to the pharmacy the Coordinating Practitioner can contact the pharmacy to arrange for delivery of the practitioner administration kit

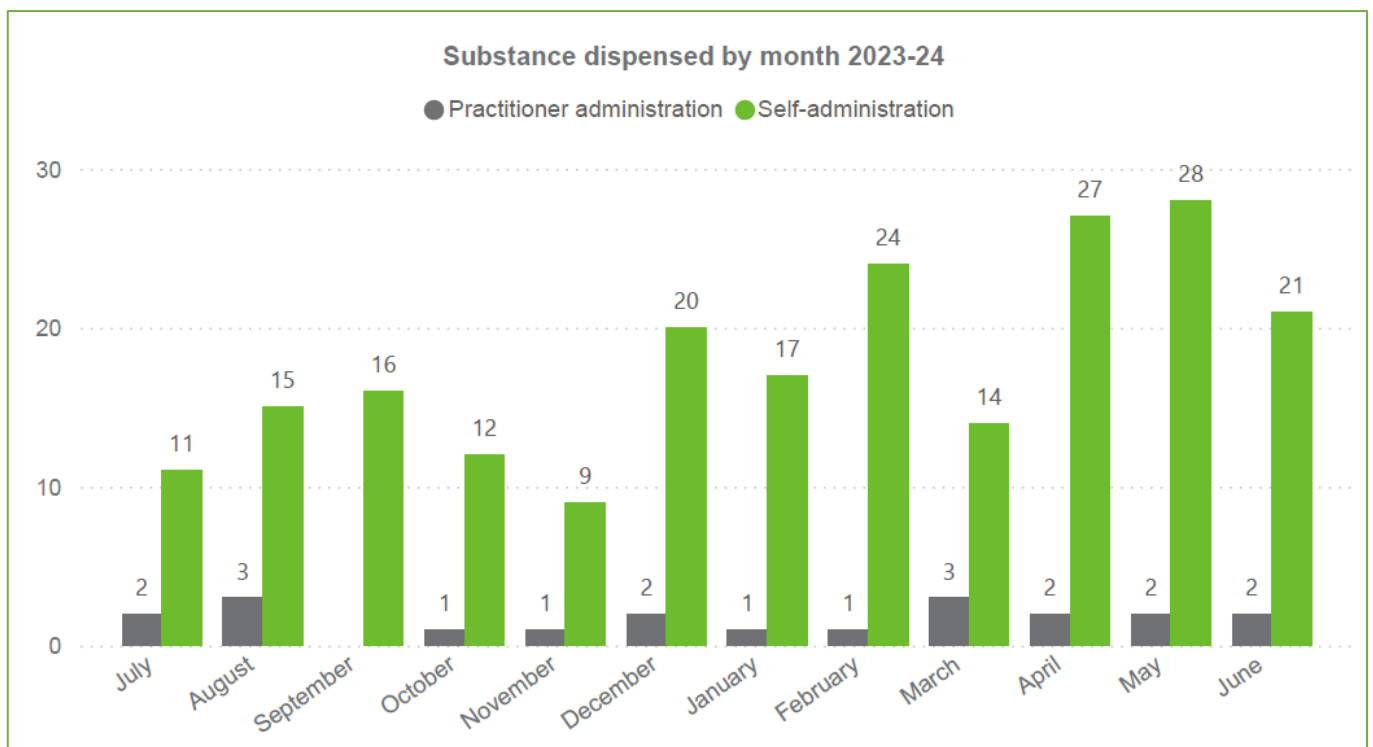


Figure 6 VAD substance dispensed by month

Between 1 July 2023 and 30 June 2024, the SAVAD-PS completed 234 visits across South Australia to supply the voluntary assisted dying substance. 95% of these visits were completed within two days of the substance being requested by the patient. Of the 234 kits dispensed, 214 were for self-administration and 20 were for practitioner administration.

Of the 20 practitioner administration kits, 7 were for enteral administration and 13 were for intravenous administration. The number of substance kits supplied per month is shown in figure 6. There was an average of 20 kits supplied per month on 2023-24, this is an increase from an average of 11 per month in 2022-23.

**10.****Decide to administer substance**

Between 1 July 2023 and 30 June 2024, 214 of the 250 people who were issued with a voluntary assisted dying permit died for one of the following reasons:

- 141 died from self-administration of the voluntary assisted dying substance
- 15 died from practitioner administration of the voluntary assisted dying substance
- 58 died without administration of the voluntary assisted dying substance.

Of the 214 people who died who were the subject of a permit, 174 (81%) had advanced progressive cancer as the disease for which they were eligible for voluntary assisted dying and 22 (10%) had a neurodegenerative disease. The others had end stage organ failure of various kinds.

Demographics of people who died on the voluntary assisted dying pathway

Of the 214 people who died who were the subject of a voluntary assisted dying permit between 1 July 2023 and 30 June 2024:

- 117 (55%) were male and 97 (45%) were female
- 147 (69%) lived in metropolitan Adelaide and 67 (31%) lived in regional South Australia
- 189 (88%) were aged over 60 years at the time of their death
- 141 (66%) were born in Australia
- 109 (51%) died in a private residence, 76 (36%) died in a public hospital and 22 (10%) died in a residential aged care facility
- 178 (83%) were receiving a palliative care service while accessing voluntary assisted dying.

**11.****Death certification**

The Registrar of Births Deaths and Marriages notifies the Voluntary Assisted Dying Review Board of all voluntary assisted dying deaths on receipt of a Doctors Certificate of Cause of Death (Certificate).

The Doctors Certificate of Cause of Death allows for the certifying doctor to indicate whether the person who has died was the subject of a voluntary assisted dying permit and, if so record both the manner and cause of death.

In the case of a person who has administered the voluntary assisted dying substance, the manner of death recorded is voluntary assisted dying and the cause of death recorded is the underlying disease, illness, or condition for which the person was eligible for voluntary assisted dying. To uphold the privacy of patients and families, only the cause of death is listed on the official death certificate issued by Births Deaths and Marriages.

For those people who die on the pathway prior to receiving a permit, deaths are recorded on the monthly Births, Deaths and Marriages SA Death list that is provided to the Voluntary Assisted Dying Review Board. This ensures data is kept up to date and supports accurate record keeping.

People who did not complete the voluntary assisted dying pathway

For a range of reasons some people commence but do not continue on the voluntary assisted dying pathway prior to the issue of a permit. Of the 404 people who made a first request for voluntary assisted dying between 1 July 2023 and 30 June 2024, 154 people were not issued with a voluntary assisted dying permit. Reasons for this were:

- 6 people did not have their first request accepted by the medical practitioner
- 43 people were assessed as ineligible for voluntary assisted dying at the first or consulting assessment.
- Of the remaining 87 people who were found eligible:
 - 72 people died from their illness prior to the issue of a permit
 - 11 people became ineligible due to loss of decision making capacity prior to being issued with a permit.
 - 4 people withdrew from the pathway prior to the issue of a permit.

How long does the voluntary assisted dying application process take?

Between 1 July 2023 and 30 June 2024, for the 250 people who were issued with a permit, the median number of days between a person making a first request for voluntary assisted dying and being issued with a permit was 18 days with a range from 1.7 to 141 days.

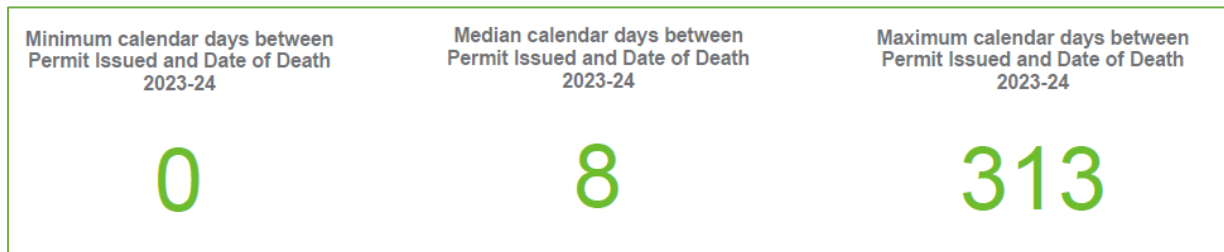
Minimum calendar days between First Request and Permit Outcome 2023-24	Median calendar days between First Request and Permit Outcome 2023-24	Maximum calendar days between First Request and Permit Outcome 2023-24
2	18	142

A small number of people are issued with a permit in under 9 days due to their very short prognosis in accordance with the requirements of section 56 of the Act.

The median timeframe is reflective of how long it takes along the pathway to be issued with a voluntary assisted dying permit. Longer timeframes reflect patient preference or in some cases extra time required to undertake assessments to determine eligibility.

Once a person has been issued with a voluntary assisted dying permit, that person has full autonomy and control over the timing of the next steps on the pathway. This means that there can be a significant variability in the time it takes between being issued with a permit and a person making the decision to administer the substance.

For the 156 people who died from administration of the voluntary assisted dying substance, the median number of days between a person being issued with a permit and choosing to administer the voluntary assisted dying substance was 8 days with a range of 0 – 313 days.



Medical practitioner involvement in voluntary assisted dying

As of 30 June 2024, a total of 131 medical practitioners were registered to undertake the mandatory practitioner training to support access to voluntary assisted dying. Of those, 73 percent resided in metropolitan Adelaide with the remaining 27 percent in regional South Australia.

Of the 131 practitioners who registered to undertake the mandatory training, 75 (57%) had completed the training by 30 June 2024 becoming eligible to support access to voluntary assisted dying in South Australia. Of those, 73 percent reside in metropolitan Adelaide and 27 percent reside in regional South Australia closely reflecting the distribution of the South Australian population with approximately 30 percent living in regional areas and 70 percent residing in metropolitan Adelaide.

A small number of individual medical practitioners provide the majority of voluntary assisted dying services across South Australia. Of the 75 trained medical practitioners, 57 (74 percent) have provided a VAD service and in the period 1 July 2023 – 30 June 2024, 20 medical practitioners provided 75 percent of all Coordinating Medical Practitioner services.

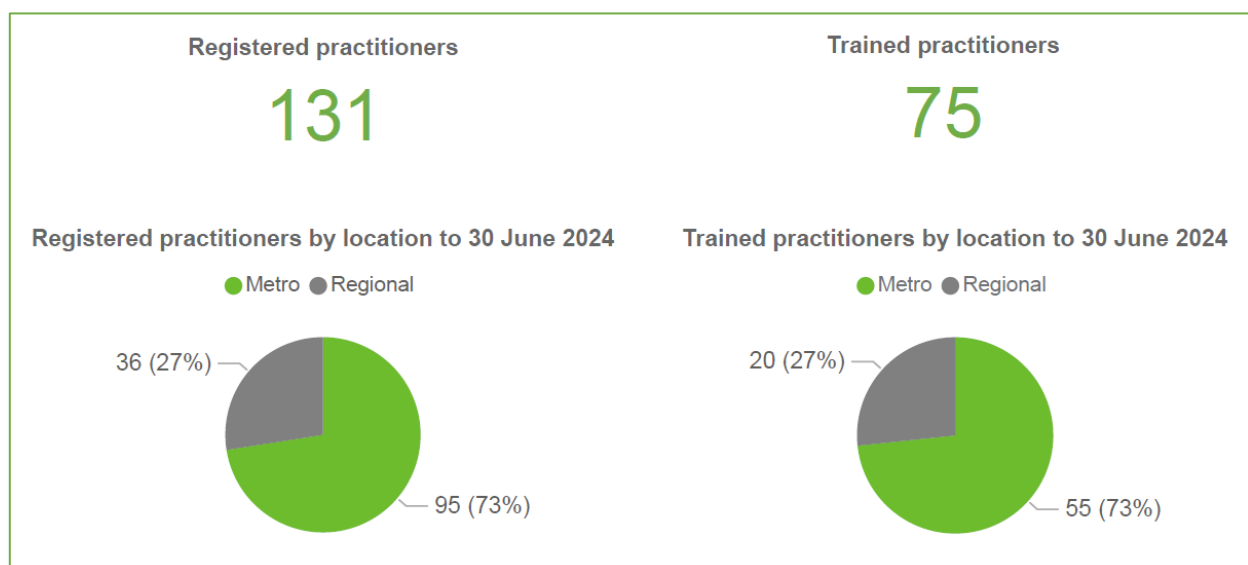


Figure 7. Registered and trained medical practitioner 2023-24

Medical practitioner roles in voluntary assisted dying

In order to access voluntary assisted dying in South Australia, a person must have their eligibility for voluntary assisted dying assessed by two medical practitioners who have both undertaken the mandatory training. A medical practitioner who has undertaken the mandatory training is eligible to undertake either role. Not all medical practitioners who have completed the mandatory training are actively engaged in providing access to voluntary assisted dying.

For the period 1 July 2023 to 30 June 2024:

- 43 of the 75 trained medical practitioners accepted a first request from a person seeking access to voluntary assisted dying becoming the Coordinating Practitioner for that person.
- 51 of the 75 trained medical practitioners accepted a referral from a Coordinating Practitioner to be a Consulting Practitioner.
- Many practitioners have undertaken both roles for different patients.

Number of practitioners who have been a
coordinating practitioner

43

Number of practitioners who have been a
consulting practitioner

51

Registered practitioners by specialty

Of the 131 medical practitioners who registered to complete the mandatory training to support access to voluntary assisted dying in South Australia by 30 June 2024, 78 are General Practitioners, 12 are Medical Oncologists, 8 are Palliative Medicine specialists and the remaining 41 are from a range of medical specialties including General Medicine, Neurology, Emergency Medicine, Anaesthesia, Psychiatry and Surgery.

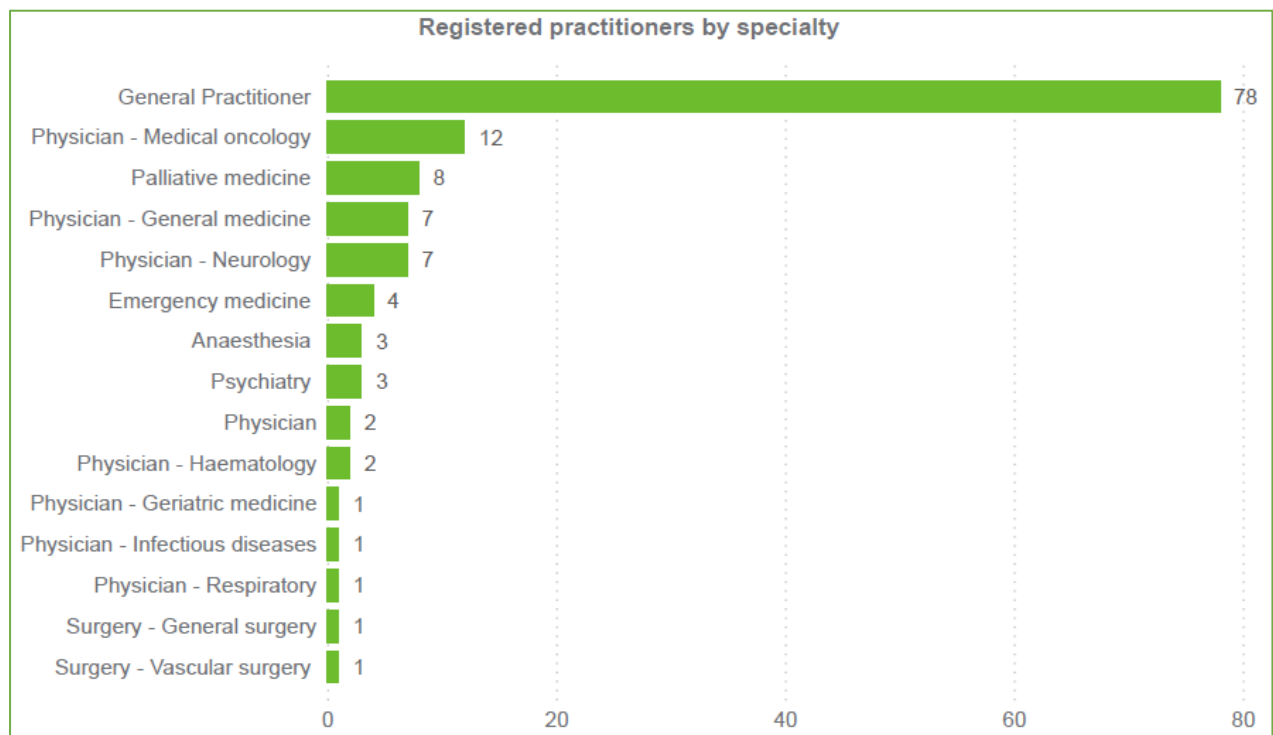


Figure 8. Registered Medical Practitioners by speciality

Care and support provided to patients on the voluntary assisted dying pathway

Care Navigators and VAD Liaison Nurses are nursing and allied health professionals with experience in complex end of life care. Care Navigators provide support to patients in the community and VAD Liaisons provide support to patients who are in hospital.

Care Navigators and VAD Liaisons are available to provide individualised support to each person on the voluntary assisted dying pathway including:

- Responding to requests for information about voluntary assisted dying
- Linking patients with voluntary assisted dying medical practitioners
- Support to organise interpreters
- Support to book appointments
- Referring patients to palliative care and other service
- Supporting patients at appointments for voluntary assisted dying
- Support related to administration of the voluntary assisted dying substance
- Declaring life extinct
- Bereavement support and support after death
- Providing assistance and support for family and loved ones.

Feedback received from patients and families highlights the essential role and the importance of the support provided by Care Navigators and VAD Liaison Nurses.

The voluntary assisted dying application process

Each application for voluntary assisted dying requires the submission of a range of prescribed forms to the Voluntary Assisted Dying Clinical Portal by medical practitioners and pharmacists. Some of these forms must be submitted within a specified timeframe after being completed as prescribed by the Act. Forms include:

- First Request form
- First assessment report form (within 7 days)
- Consulting assessment report form (within 7 days)
- Written declaration
- Contact person appointment form
- Final review form (within 7 days)
- Substance dispensing form (within 7 days)
- Practitioner administration form (within 7 days)
- Substance disposal form (within 7 days)

Forms submitted to the Voluntary Assisted Dying Clinical Portal 1 July 2023 to 30 June 2024

Of the 1,417 forms submitted to the VAD Clinical Portal that are required to be submitted within 7 days, 99.2 percent were submitted within the legislated timeframes.

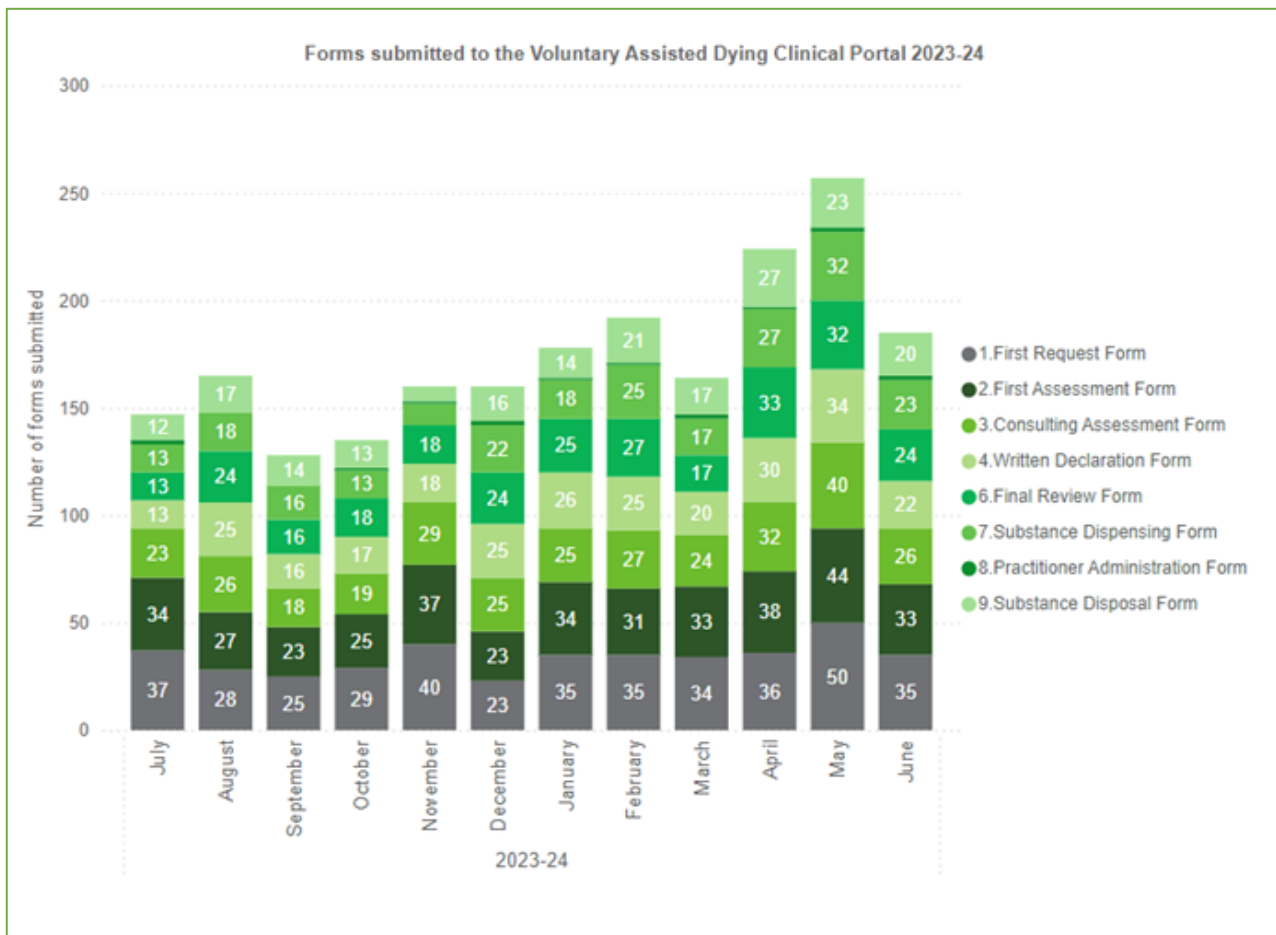


Figure 9. Forms submitted to the Voluntary Assisted Dying Clinical Portal 2023-24

Applications for review of a reviewable decision by the South Australian Civil and Administrative Tribunal (SACAT)

If a person seeking access to voluntary assisted dying is deemed ineligible by the Coordinating or Consulting Practitioner, they can make an application for review of a reviewable decision to SACAT. Reviewable decisions include whether the person:

- is or is not ordinarily resident in South Australia
- was or was not ordinarily resident in South Australia for at least 12 months prior to making the first request
- does or does not have decision-making capacity in relation to voluntary assisted dying.

During 2023-24 there was one application made to SACAT for review of a reviewable decision.

The application was for eligibility on the basis of residency as the person was not ordinarily resident in SA for 12 months at the time of the first request. This application was withdrawn prior to a decision by SACAT, and the patient recommenced the voluntary assisted dying application process a few weeks later once they had been resident in South Australia for 12 months.

In addition, SA Health clinicians and SACAT worked closely regarding decision making capacity for a person who had already received a voluntary assisted dying permit and who had an application with SACAT for another matter. This person was found to have decision making capacity in relation to voluntary assisted dying.

Compliance with the VAD Act 2021

Between 1 July 2023 and 30 June 2024, the Review Board undertook a detailed review of 307 voluntary assisted dying episodes for compliance with the Act. There were 23 episodes of non-compliance, all related to administrative and technical issues that did not affect the clinical care of the patient or the voluntary assisted dying pathway for the patient.

Late submission of forms

The late submission of forms to the Voluntary Assisted Dying Clinical Portal did not result in any issues regarding a person's eligibility or any risks to the applicant or any other person.

Resupply of expired voluntary assisted dying substance

Dispensed voluntary assisted dying substances were initially marked with an expiry date of 12 months or less, depending on the date of dispensing, resulting in some patients receiving a substance with a shorter expiry date. There have been 7 instances whereby the VAD substance supplied to the patient had reached its expiry date and was resupplied by the SAVAD Pharmacy. In each of these instances the expired substance was returned to the pharmacy and disposed of in a safe and timely manner.

To ensure compliance with the Act, the replacement of an expired substance now results in the cancellation of the permit and an application for a new permit prior to resupply. All dispensed voluntary assisted dying substance is now marked with the manufacturer's expiry date with 12 months or longer until expiry.

When a technical or administrative non-compliance is identified such as those identified above, the Review Board provides information to the relevant persons to support future compliance.

Referral to other agencies

During this reporting period, the Voluntary Assisted Dying Review Board referred one matter to the Australian Health Practitioner Regulation Agency (Ahpra). This matter did not require further investigation, and no further action was taken. There were no matters referred to the Commissioner of Police or the State Coroner.

7 Conversations with voluntary assisted dying health professionals

Deciding to participate in voluntary assisted dying as a health practitioner is a personal and professional decision. Interviews were held with staff from the SAVAD-PS, SAVAD-Care Navigator Service (CNS) and 2 VAD Liaison Nurses to understand the experience of voluntary assisted dying from their perspective.

Conversation with a Voluntary Assisted Dying Care Navigator

Care Navigator Jess shared her experiences and reflections on her role in health care, particularly in supporting patients through voluntary assisted dying as a Care Navigator. Jess describes her work as:

‘incredibly rewarding and a huge privilege’

though she acknowledges the emotional challenges it brings, and the profound decisions patients face.

Motivated by her desire to make a difference, Jess expressed her commitment to being part of patients’ journeys and reflected that the emotional connection she shares with patients on the VAD pathway is greater than she expected:

‘it’s not just about what I can give to them, but also what they give to me, I probably wasn’t expecting that return of emotion.’

Jess was surprised by the certainty of the patients seeking voluntary assisted dying, saying:

“I have not come across one patient yet that was tossing and turning... they are absolutely 1000% certain.”

She highlighted that, while families may feel uneasy:

“most of the time they say I’m not happy about it, but I’ll absolutely support it.”

This insight contrasted with her earlier assumptions about family opposition. On the legislative front, she expressed concern about accessibility, stating:

‘It can’t be brought up as a healthcare choice... it’s a very unjust healthcare system.’

She believes that many individuals lack the health literacy to understand their options, advocating for changes that would ensure equitable access to voluntary assisted dying.

Discussing the importance of professional connection and support, Jess noted:

‘I really like the Community of Practice. I like that we get together as a big group, having those relationships is really important.’

Jess also reflected positively on team well-being initiatives that have been arranged this year for voluntary assisted dying staff and emphasised the significance of acknowledging the emotional weight of this work. She reiterated the importance of teamwork, saying:

‘You really need to be a team player because if you’re not, this is not the role for you.’

In conclusion, Jess underscored the need for strong communication skills and empathy in her role. Overall, Jess is passionate about her work and firmly believes in the significance of compassionate care within the context of voluntary assisted dying.

Conversation with Voluntary Assisted Dying (VAD) Liaisons

VAD Liaison Nurse Consultants Mandy and Joyce discussed their experiences and reflections on working in the voluntary assisted dying program. Both expressed a strong commitment to patient care, emphasising the importance of compassion and understanding in their roles. Joyce articulated this sentiment, stating:

‘It’s essential that we approach every conversation and interaction with empathy and respect for the patient’s journey.’

Mandy acknowledged the significance of voluntary assisted dying for patients seeking control over their end-of-life choices:

‘It’s a profound moment for them and being part of that is both an honour and a responsibility.’

Both Mandy and Joyce highlighted the emotional complexity of their work, with Joyce adding:

‘We often witness the courage it takes for patients to make this decision, and it inspires us to provide the best support and clinical care as possible.’

The interview also touched on the collaborative nature of the voluntary assisted dying program. Mandy remarked on the strong relationships built with other healthcare providers, saying:

‘Working as a team allows us to offer a more holistic approach to patient care.’

Joyce echoed this, emphasising the importance of communication within the team:

‘Having open dialogues helps us align our efforts, creates transparency along with clarity and truly focus on the patient’s needs.’

When discussing challenges, Mandy mentioned the regulatory constraints faced:

‘There are limitations that sometimes hinder our ability to reach out to patients as much as we’d like’

However, both were optimistic about the improvements in the system, with Joyce noting:

‘We’re seeing progress in how we can better support our patients and their families.’

In conclusion, the interview highlighted Mandy and Joyce’s dedication to their work in the voluntary assisted dying program, showcasing their empathy and commitment to improving patient experiences. Joyce encapsulated this by stating:

‘Every interaction is an opportunity to make a meaningful difference in someone’s life.’

This conversation underscores the profound impact of compassionate care in the context of voluntary assisted dying.

Conversation with a Voluntary Assisted Dying Pharmacist

Peter, a pharmacist involved in the Voluntary Assisted Dying program, describes his role in supporting patients through their end-of-life choices as an extraordinary privilege. Peter emphasises the profound connections formed during patient interactions, stating:

‘It’s the most extraordinary privilege for us to be invited into a person’s home.’

Peter explained that the experience is more intense than typical pharmaceutical counselling, noting the opportunity to be able to engage with patients and make a connection is deep.

Reflecting on his background, Peter shared that his journey in healthcare began as a registered nurse, with a focus on end-of-life care.

‘Some of the most rewarding work in my nursing was in the care of the dying patient.’

This ultimately influenced his decision to pursue a career in pharmacy. Peter expresses a deep appreciation for the courage displayed by patients on the voluntary assisted dying pathway:

‘I admire the courage and the determination... People are content with the decision that they’ve made.’

Peter also highlights the importance of communication and education within the voluntary assisted dying program, both with patients and medical practitioners. He notes that working closely with a small group of practitioners creates a supportive community. There are no issues with us contacting people and having that hand-in-glove relationship. Peter finds the quarterly voluntary assisted dying Community of Practice meetings invaluable, saying:

‘those kinds of meetings just cement the relationships between those of us working in VAD it’s enormously valuable.’

Finally, Peter expresses his deep satisfaction with his work, noting a sense of professional fulfillment and sharing that his career has come full circle saying:

‘It is what I expected and hoped it would be, I’m ending my professional work doing the sort of intensely meaningful work with which my pathway began.’

This interview sheds light on the profound impact of the voluntary assisted dying program on both patients and healthcare providers.

8 Continuous improvement

Continuous improvement of our voluntary assisted dying system in South Australia is underpinned by community and stakeholder engagement, education, training and support for health professionals and system and process improvements developed in response to day to day practice and feedback.

Community engagement

Community and stakeholder engagement activities are routinely undertaken by all clinical, operational and administrative staff supporting voluntary assisted dying in South Australia. Engagement activities have a focus on building community and clinician awareness and understanding to ensure a safe and accessible voluntary assisted dying program. This occurs through a wide range of activities including publication of information, provision of face to face information sessions and targeted engagement with key stakeholders.

Release of quarterly voluntary assisted dying reports

The release of four voluntary assisted dying quarterly reports during 2023-24 provided the Review Board with an opportunity to share feedback and learnings as well as keeping the community up to date regarding voluntary assisted dying activity in South Australia. Quarterly reporting will continue to be a key mechanism for building community awareness and understanding of voluntary assisted dying. To read past reports visit the [Voluntary Assisted Dying Review Board website](#).

Community information sessions

During 2023-24 staff within SA Health provided a range of face to face information sessions to individuals, groups and organisations including:

- Regular information sessions for clinicians and staff in Local Health Networks, Private Hospitals and Residential Aged Care facilities, and the university sector delivered by Care Navigators and VAD liaison Nurses
- Information sessions for Justices of the Peace regarding being a witness
- Information sessions for members of the public held on the South Coast
- Information sessions provided to Multicultural Communities Council of SA
- Information sessions for private hospital providers
- Information session for interpreters
- Information session for Carers SA

Voluntary Assisted Dying Day of Reflection

On 14 April 2024 the Review Board hosted the first annual Voluntary Assisted Dying Day of Reflection. This event brought together in reflection family, friends and loved ones of those who died on the voluntary assisted dying pathway in 2023, as well as clinicians and staff involved in voluntary assisted dying. Feedback on the event was that the beautiful atmosphere and thoughtful programme provided an opportunity for guests to connect, reflect, hear from each other and receive support. This event will be held annually in April for family, friends, loved ones of those who died on the voluntary assisted dying pathway in the previous year.

Engagement with key stakeholders

As the peak non-government representative body for voluntary assisted dying in South Australia, VADSA are an important and valued stakeholder. SA Health has continued to meet regularly with VADSA since the commencement of voluntary assisted dying on 31 January

2023 to share learnings and explore opportunities for collaboration and community education. The Review Board thanks VADSA for their advocacy and efforts and in particular for their work in establishing the successful VADSA volunteer witness register and looks forward to continuing the collaboration between SA Health and VADSA in the future.

Education, training, and support for health professionals

In addition to the mandatory medical practitioner training provided by SA Health there are a range of opportunities for medical practitioners and staff to continue to receive support for their involvement in voluntary assisted dying.

Voluntary Assisted Dying Community of Practice

The Commission on Excellence and Innovation in Health (CEIH) continues to convene a monthly Voluntary Assisted Dying Community of Practice in South Australia. The Voluntary Assisted Dying Community of Practice is a place where participating practitioners can:

- share and reflect upon their experiences participating in voluntary assisted dying
- provide practical and emotional support for each other
- learn from each other to advance best practice in voluntary assisted dying care.
- collectively problem solve to manage complex aspects of voluntary assisted dying.

The CEIH also hosts a quarterly extended Community of Practice for all voluntary assisted dying service providers including the SAVAD-CNS, Local Health Network VAD Liaisons, SAVA-PS, and the Voluntary Assisted Dying Operations team.

Feedback from clinicians is that the Community of Practice provides a safe space to connect with colleagues and discuss the complexities and ethical issues involved in supporting access to voluntary assisted dying and the opportunity to learn from each other's expertise is highly valued.

Voluntary assisted dying Clinical Advisors

Voluntary assisted dying Clinical Advisors Dr Peter Allcroft and Dr Chloe Furst continue to play a central role in an advisory capacity to provide clinical guidance, policy advice and operational support to the operation of voluntary assisted dying at a statewide level. Both lead the Voluntary Assisted Dying Community of Practice and are available to provide advice and support to medical practitioners as required.

In addition to support provided by the voluntary assisted dying Clinical Advisors, clinical and operational advice and support for Care Navigators and VAD Liaison Nurses is also provided by the Director of Nursing, End of Life Care Kate Swetenham in the Department for Health and Wellbeing and the SAVAD Care Navigator Service Nursing Director, Emily Pumpa.

Peter and Chloe and Kate and Emily have been an integral part of the establishment of voluntary assisted dying and the Review Board are very grateful to have them in their respective roles.

Continuing Professional Development points for completing the voluntary assisted dying mandatory training for medical practitioners

In recognition of the time required of medical practitioners to undertake the mandatory medical practitioner training, SA Health has provided information about the voluntary assisted dying medical practitioner training to specialist medical colleges for physicians, psychiatrists, surgeons, emergency medicine and intensive care, who each provide CPD points on a case-by-case basis.

From January 2024 medical practitioners who are members of the Australian College of Rural and Remote Medicine (ACRRM) can now claim Continuing Professional Development (CPD) points upon successful completion of the mandatory voluntary assisted dying training. This now allows members of ACRRM to claim 5.5 education activity hours and 0.5 performance review hours for CPD points for undertaking the training.

Many GPs use the Royal Australasian College of General Practitioners (RACGP) as their CPD Home. DHW has recently signed an agreement with RACGP to become an accredited provider of the voluntary assisted dying Mandatory Training for Medical Practitioners and members will be able to claim CPD points for completing the mandatory practitioner training in early 2025. Training will also be available through the RACGP website.

Systems and processes

Voluntary Assisted Dying Access Support Program

Medical practitioners play an essential role in voluntary assisted dying as the only healthcare professionals who are permitted to facilitate access for eligible patients in South Australia.

Medical practitioners have expressed concerns about the limitations of seeking remuneration under the Medicare Benefits Schedule. There are currently no Medicare rebates specifically related to voluntary assisted dying.

Doctors are generally unable to charge under Medicare for the care that they deliver in particular in relation to:

- Time spent traveling to see a patient
- Time spent providing services to patients in a public hospital
- Practitioner administration of the voluntary assisted dying substance
- Non-GP private specialists providing services at a patients home

SA Health has established the Voluntary Assisted Dying Access Support Program which provides reimbursement for General Practitioners (GPs) and private specialists for voluntary assisted dying activity where there is no existing Medicare or private billing option

The Voluntary Assisted Dying Access Support Program is administered by the SAVAD-CNS.

Voluntary assisted dying Witnessing Program

SA Health has worked with VADSA and the Royal Association of Justices South Australia, to establish registers of volunteers willing to witness a Written Declaration. This is extremely helpful in circumstances when a suitable eligible witness cannot be identified by a voluntary assisted dying patient and reduces the need for staff in SA Health to undertake this role.

Volunteers have undertaken training to ensure competency in the process, provided a current National Police Check, and are required to sign a confidentiality agreement.

The VADSA witness register is accessed through the SAVAD-CNS and as witnesses complete training, confidentiality agreements and National Police Checks, they can be added to the register.

To provide guidance for people considering acting as a witness to a written declaration a new fact sheet has been developed and added to the [SA Health webpage](#).

9 Our focus for the coming year

Building our community and stakeholder engagement approach

The Voluntary Assisted Dying Review Board has commenced a process to develop a stakeholder engagement framework and action plan in partnership with stakeholders, that will describe ongoing stakeholder engagement undertaken by the Review Board, the Department for Health and Wellbeing, and voluntary assisted dying services delivered by SA Health which include our medical practitioners, the SAVAD-CNS, SAVAD-PS and Local Health Network VAD Liaisons.

Research into voluntary assisted dying

The Review Board has recently developed a Voluntary Assisted Dying Research Framework to provide a robust framework for engagement with and participation in research, with appropriate governance and in alignment with evidence based research principles and priorities.

The Framework identifies six overarching areas of interest which include:

- awareness, understanding and perception of voluntary assisted dying
- understanding why people access voluntary assisted dying
- access to voluntary assisted dying
- patient and family experience of voluntary assisted dying
- health care workforce experience of voluntary assisted dying
- voluntary assisted dying clinical workforce

A voluntary assisted dying research subcommittee will oversee and facilitate research activities. The research subcommittee is tasked with providing guidance, reviewing proposals and making recommendations to ensure the quality and relevance of research activities and reporting on research related activities. The subcommittee will report quarterly to the Voluntary Assisted Dying Review Board.

Development of an Aboriginal voluntary assisted dying model of care

There is a recognised need for a meaningful process and pathway to be developed to support access to voluntary assisted dying for Aboriginal and Torres Strait Islander communities. Early engagement with expert cultural advisors identified the need for a co-design approach to work with Aboriginal communities to identify the issues specific to them and to seek advice on how SA Health can better develop and support equitable and culturally safe access to voluntary assisted dying.

The co-design of the model of care is expected to include the following elements:

- The development of ways to talk about death, explain what voluntary assisted dying is, and how it can be accessed; as many of the concepts around death and dying have different meanings and interpretations, particularly in language.
- The role of family and community and how to support decision making about voluntary assisted dying.
- Pathways for voluntary assisted dying teams to work with trusted health care workers to visit country to support a request for voluntary assisted dying, and to facilitate medication supply and dying on country.

The first stage of activity will be to set up an expert forum for cultural advice.

Access to voluntary assisted dying

Commonwealth Criminal Code Carriage Laws

Telehealth plays an important role in facilitating equity of access to health services, in particular for people residing in regional South Australia.

Currently the Commonwealth *Criminal Code Act 1995*, prohibits the use of telehealth and other carriage services to discuss or send 'suicide-related' material. This has been interpreted to impact on discussions relating to voluntary assisted dying, notably around the provision of the voluntary assisted dying medication and distribution of information and education to patients regarding administration of the voluntary assisted dying medication.

Medical practitioners are understandably concerned about inadvertently breaching the Act and the risk of prosecution while this legislation remains in place. While assessments of eligibility for voluntary assisted dying can be conducted via telehealth in South Australia, removing further Commonwealth legislative barriers to allow for discussion of administration of the voluntary assisted dying medication via telehealth where necessary would allow for more patient centered and timely education and support for patients and their families in particular for those who live in regional areas or who are unable to travel to appointments due to their advanced illness. The VAD Review Board will continue to advocate for this.

Medical practitioner recruitment and sustainment

Nearly one percent of eligible medical practitioners in South Australia have undertaken the training to deliver voluntary assisted dying. There are a range of reasons why medical practitioners may not choose to be involved in voluntary assisted dying including lack of Medicare remuneration, having a conscientious objection to voluntary assisted dying, lengthy assessment and administrative processes and time to undertake the mandatory training that is also not remunerated. The small number of participating medical practitioners presents risks to the sustainability of voluntary assisted dying in South Australia.

SA Health has already implemented several initiatives to increase the number of participating medical practitioners including:

- Working with the Royal Australian College of General Practitioners (RACGP) to become a Continuing Professional Development (CPD) provider so that the voluntary assisted dying mandatory medical practitioner training is eligible for CPD points and will be available on the RACGP training dashboard.
- Offering a hybrid format for the voluntary assisted dying mandatory practitioner training to provide additional face to face support for medical practitioners in addition to online components.
- Availability of the VAD Access Support Program which provides reimbursement for General Practitioners (GPs) and private specialists for voluntary assisted dying activity where there is no existing Medicare or private billing option.

Health professional awareness and understanding of voluntary assisted dying

There is a need to expand awareness among medical practitioners and other healthcare professionals regarding the voluntary assisted dying pathway, along with a clear understanding of their rights and responsibilities in relation to this process. This effort should involve the development of targeted educational programs, and information resources that outline the legal, ethical, and practical aspects of voluntary assisted dying to ensure clinicians are well-informed and can engage with patients and families in a manner that respects patient rights and autonomy and upholds professional standards.

Appendix 1. Voluntary Assisted Dying Review Board



Associate Professor Melanie Turner – Presiding Member

As the Deputy Chief Psychiatrist for South Australia, Associate Professor Turner reviews and assesses the quality and safety of psychiatric services for consumers and staff. She also works in private practice as a child and adolescent psychiatrist and is on the board of the Royal Australian and New Zealand College of Psychiatrists, Mental Health Australia and the SA Medical Board. Associate Professor Turner holds a range of positions on state and federal health committees and also lectures at the University of Adelaide, is an examiner for the Australian Medical Council, and provides teaching to trainee doctors.



Ms Helen Walker – Deputy Presiding Member

Ms Walker is a specialist palliative care nurse holding post graduate qualifications in palliative care. Her professional interests are firmly based in the development of responsive and efficient health care services for Australians nearing the end of their lives regardless of location, ethnicity, gender or disease. Helen has held several senior Board appointments in Australia and was very proud to have been awarded Life Membership of Palliative Care SA in 2022.



The Hon John Dawkins

Mr Dawkins was a member of the SA Legislative Council representing the South Australian Division of the Liberal Party of Australia from 1997 until 2020. He served as an independent MLC, and as President, until March 2022. In 2018, Mr Dawkins was announced as the Premier's Advocate for Suicide Prevention. He was a member of the Premier's Council on Suicide Prevention and Chair of that Council until September 2020.



Dr Roger Hunt

With more than 38 years of experience as a clinician working in palliative care, Dr Hunt was a founding member of the Daw House Hospice and Director of the Western Adelaide Palliative Care Service. He has been awarded a Doctor of Medicine by published work. He has had extensive involvement in the introduction of voluntary assisted dying laws both interstate and in South Australia.



Mr Rainer Jozeps

Mr Jozeps has extensive Board experience both as Member and Chair and comes to the Review Board as a community representative, underpinned by his volunteer experience as a Lifeline Crisis Counsellor and as a support person for someone with an advanced neurodegenerative disorder. In addition to management consulting, Mr Jozeps provides wellbeing and pastoral support services for large corporate, government and not-for-profit organisations. He has an accomplished executive career in former roles as CEO at Legacy and the Adelaide Symphony Orchestra.



Mr Greg May

Mr May has had an extensive legal career, with 30 years in various roles at the South Australian office of Minter Ellison, including as Chairman, Chief Operating Partner, and General Counsel. From 2014 until 2022 he was the State's first Legal Profession Conduct Commissioner, an independent statutory agency of the Crown that regulates the conduct of the South Australian legal profession. He is now also a Deputy Member of the Parole Board of South Australia, and the independent Chair of Energy and Water Ombudsman (SA) Ltd.



Ms Michele Smith OAM

Michele Smith OAM is an accomplished Non-Executive Director and healthcare leader with over 38 years of experience in the health and human services sectors. Michele is the Governing Board Chair for the Eyre Far North Local Health Network - SA Health, Non-Executive Director of the Ochre Health Group, Non-Executive Director of Unity Housing Company, and a member of the SA Voluntary Assisted Dying Review Board. She also chairs the SA Oral Health Plan Monitoring Group and serves on the committee of SA Statewide Clinical Support Services. Michele is an experienced CEO and Health Consultant, Fellow of the Australasian College of Health Service Managers, and a Fellow of the Australian Institute of Company Directors.



Ms Helen Stone

A Registered Pharmacist, Ms Stone is the current State and Territory Manager (SA/NT Branch) for the Pharmaceutical Society of Australia. She has received grants, published articles, and led projects about the role of pharmacists in palliative care, COVID-19 management, and quality use of medicines in rural communities.



Mr Robert Zadow

As a proud Arrernte man, born and raised in South Australia and as former Executive Director of Aboriginal Health for Country Health SA, Mr Zadow's personal and professional experience has provided him with a high level of compassion for and understanding of the needs of the Aboriginal community. Over the past two decades, Mr Zadow has had extensive experience in holding previous Board positions, as well as Aboriginal healthcare design and delivery; governance and risk management; safety and quality; health policy and legislation; community engagement and law and ethics.

Overview of the Review Board

The Review Board is an independent statutory body established under the Act to monitor matters related to voluntary assisted dying, promote compliance with the Act and promote continuous improvement regarding the quality and safety of voluntary assisted dying in South Australia.

The inaugural Review Board was appointed by the Minister for Health and Wellbeing on 1 September 2022. The Review Board meets monthly.

The Review Board engages with registered health practitioners, relevant groups and organisations, government agencies and the South Australian community to ensure a safe, accessible pathway for voluntary assisted dying that gives South Australians with a terminal illness choice at the end of life and ensures the integrity of the safeguards embedded in the Act.

The Review Board operates within a government context and is responsible for providing reports and advice regarding voluntary assisted dying to the South Australian Parliament, the Minister for Health and Wellbeing (the Minister) and the Chief Executive of SA Health. Terms and conditions of membership and board procedures are documented in the Review Board Charter endorsed by the Minister for Health and Wellbeing.

Since their appointment in September 2022 the members of the Review Board have worked closely with the voluntary assisted dying teams in SA Health to establish and refine the governance, systems and processes required to enable the Board to effectively execute its functions and powers outlined under section 113 of the Act.

As with any newly established Statutory Board, this has involved continuous improvement due to the new concept and practice of voluntary assisted dying within the community, for the medical community and the health system as a whole.

Statutory role and function

The Review Board has the following functions as prescribed in section 113 of the Act:

- (a) to monitor matters related to voluntary assisted dying;
- (b) to review the exercise of any function or power under this Act;
- (c) to provide reports to Parliament on the operation of this Act and any recommendations for the improvement of voluntary assisted dying;
- (d) to promote compliance with the requirements of this Act by the provision of information in respect of voluntary assisted dying to registered health practitioners and members of the community;
- (e) to refer any issue identified by the Board in relation to voluntary assisted dying that is relevant to the following persons or bodies:
 - (i) the Commissioner of Police;
 - (ii) the Registrar;
 - (iii) the Chief Executive;
 - (iv) the State Coroner;
 - (v) the Australian Health Practitioner Regulation Agency;
- (f) to promote continuous improvement in the quality and safety of voluntary assisted dying to those who exercise any function or power under this Act;

- (g) to conduct analysis of, and carry out research in relation to, information or forms given to the Board in accordance with this Act;
- (h) to provide information about voluntary assisted dying, and other matters identified by the Board in the performance of a function under this Act;
- (i) to collect, use and disclose forms and information provided in accordance with this Act for the purposes of carrying out a function of the Board;
- (j) to consult and engage with any of the following persons and groups in relation to voluntary assisted dying:
 - (i) the South Australian community;
 - (ii) relevant groups or organisations;
 - (iii) government departments and agencies;
 - (iv) registered health practitioners who provide voluntary assisted dying services;
- (k) to provide advice to the Minister or the Chief Executive in relation to the operation of this Act;
- (l) to provide reports to the Minister or the Chief Executive in respect of any matter relevant to the functions of the Board as requested.

Current Voluntary Assisted Dying Review Board membership

Name	Position	Start date	End date
Associate Professor Melanie Turner	Presiding Member	1 September 2022	30 June 2025
Helen Walker	Deputy Presiding Member	1 September 2022	30 June 2025
Dr Roger Hunt	Member	1 September 2022	30 June 2025
Rainer Jozeps	Member	1 September 2022	30 June 2025
Helen Stone	Member	1 September 2022	30 June 2025
Michele Smith	Member	1 September 2022	30 June 2025
Greg May	Member	1 September 2022	30 June 2025
John Dawkins	Member	1 September 2022	30 June 2025
Robert Zadow	Member	1 October 2023	30 September 2026

Changes to the agency in 2023-24

The inaugural eight-member Voluntary Assisted Dying Review Board was appointed by the Minister for Health and Wellbeing on 1 September 2022. During 2023-24 there were no changes to the Review Board's structure and objectives as a result of internal reviews or machinery of government changes. In October 2023 Mr Robert Zadow was appointed as an additional Board Member to represent the needs of Aboriginal and Torres Strait Islander people in relation to voluntary assisted dying.

Legislation administered by the agency

The Voluntary Assisted Dying Act 2021.

Risk management

The Voluntary Assisted Dying Review Board approach to risk management is underpinned by the Department for Health and Wellbeing *Risk Management Framework* and *Risk Appetite Statement*.

The intent of risk management is to ensure the safety, continuity, sustainability, and communication of voluntary assisted dying in South Australia. Accordingly, the Review Board has a focus on ensuring adequate treatments and controls to mitigate identified risks.

To identify and monitor risk the Review Board monitors:

- The community's ability to access voluntary assisted dying in a timely manner, considering geographical spread, participation by health practitioners, access to medication and disadvantaged population groups.
- The integrity of the legislative safeguards, including safe and appropriate health practitioner conduct, coercion and safe use of the medication
- The appropriate prescribing and administration of the medication to maintain medication safety and effectiveness
- The provision of information, resources and training regarding end of life care services that is readily accessible to the community and enables informed choice
- Policies and education within health services and related organisations in aged care, disability, and other accommodation services
- Recruiting, retaining and sustaining medical practitioners and support service staff to meet the need for voluntary assisted dying, considering burnout and fatigue, administrative burden, training and remuneration

Controls and treatments are monitored on a quarterly basis to ensure that assessed risks are within the risk appetite framework. Controls and treatments focus on how the voluntary assisted dying operational and support services are establishing and improving statewide support services, funding to support access, health service policies, education of practitioners and the community, communications and awareness raising, data monitoring and systems approaches to operational processes.

Feedback and complaints

The Review Board welcomes feedback and personal reflections from patients, families, clinicians, and others involved in the voluntary assisted dying pathway. To support this, a [Voluntary Assisted Dying Personal Reflection form](#) is available for download from the SA Health webpage.

All feedback regarding voluntary assisted dying provided to the Review Board and to the voluntary assisted dying teams by members of the community is entered into the SA Health Safety Learning System and is managed in accordance with the SA Health Consumer, Carer and Community Feedback and Complaints Management Strategic Framework.

During this reporting period there were 74 compliments, 39 suggestions, and 13 complaints submitted to the SA Health Safety Learning System regarding voluntary assisted dying. This feedback was provided by members of the community including patients, family members and medical practitioners and was submitted by the SAVAD Pharmacy Service, Care Navigator Service, VAD Liaisons and via Personal reflection forms submitted directly to the Review Board.

Feedback regarding voluntary assisted dying is monitored at monthly Review Board meetings and informs continuous improvement in the delivery of voluntary assisted dying in South Australia.

In 2023-24 one person who had been convicted of a crime and another who was awaiting sentencing commenced the voluntary assisted dying process. Both of these cases received significant media attention and access to the VAD pathway prompted feedback from members of the public.

The VAD Review Board are aware that access for prisoners is of interest to the community and we will consider this as part of the review of the operation of the Act that will occur prior to January 2028.

The Voluntary Assisted Dying Review Board is compliant with Premier and Cabinet Circular 039 – complaint management in the South Australian public sector	Y
The Voluntary Assisted Dying Review Board has communicated the content of PC 039 and the agency's related complaints policies and procedures to employees.	Y

Appendix 2. Miscellaneous

Glossary of terms

Premiers Circular 013 Annual Reporting Requirements

Glossary of terms

Act: throughout this report ‘the Act’ is used to refer to the [Voluntary Assisted Dying Act 2021](#).

Administration permit: a permit issued under the Act permitting the prescription, supply, and administration of the voluntary assisted dying medication. The permit may allow self-administration or practitioner administration.

Care Navigator: a health practitioner working for the [South Australian Voluntary Assisted Dying Care Navigator Service \(SAVAD-CNS\)](#) who provides information and support regarding voluntary assisted dying.

Coercion: persuading someone to do something by using dishonesty, force, or threats. The term abuse is intended to include coercion. Under the Act, a patient’s choice to access voluntary assisted dying must be free from coercion.

Conscientious objection: when a registered health practitioner or health service declines to participate in a treatment or procedure due to religious, moral, or ethical beliefs.

Consulting assessment: an independent assessment conducted by a Consulting Medical Practitioner to determine if a patient meets the eligibility criteria for voluntary assisted dying.

Consulting Medical Practitioner: a registered medical practitioner who accepts a referral to conduct a consulting assessment of the patient.

Contact Person: an individual appointed by a patient accessing voluntary assisted dying who takes responsibility for returning any unused or remaining voluntary assisted dying medication to the [South Australian Voluntary Assisted Dying Pharmacy Service \(SAVAD-PS\)](#).

Coordinating assessment: a first independent assessment conducted by a Coordinating Medical Practitioner to determine if a patient meets the eligibility criteria for voluntary assisted dying.

Coordinating Medical Practitioner: a registered medical practitioner who accepts a patient’s first request or a Consulting Medical Practitioner for the patient who accepts a transfer of the role of Coordinating Medical Practitioner.

Decision-making capacity: a patient’s ability to make decisions about their life. For the purposes of the Act, a patient has decision-making capacity in relation to voluntary assisted dying if they can understand the information relevant to the decision, retain that information to the extent necessary to make the decision, use that information to make the decision and communicate the decision verbally or by gestures or other means of communication available to the person. A person must continue to have decision-making capacity at all relevant stages throughout the entire voluntary assisted dying pathway.

Eligibility criteria: the set of requirements that a patient must meet to access voluntary assisted dying.

End of life: the time leading up to a patient’s death, when it is expected that they are likely to die soon from an illness, disease, or medical condition. A patient at end of life will likely die within the next 12 months.

End of life care: includes physical, spiritual, and psychosocial assessment, care and treatment delivered by health professionals. It also includes the support of families and carers, and care of the patient's body after their death.

Final request: the final request for access to voluntary assisted dying that a patient makes to the Coordinating Medical Practitioner after completing the written declaration. This is the last of three requests a patient must make to access voluntary assisted dying.

Final review: a review conducted in respect of a patient by their Coordinating Medical Practitioner that certifies that the voluntary assisted dying request and assessment process has been completed in accordance with the Act.

First assessment: an assessment completed by the Coordinating Medical Practitioner to determine if a patient meets the eligibility criteria for access to voluntary assisted dying. If assessed as eligible, this would be followed by the Consulting Assessment.

First request: a clear and unambiguous request for access to voluntary assisted dying made personally to a registered medical practitioner.

Health practitioner: A person who is qualified and registered under the [Health Practitioner Regulation National Law \(South Australia\) Act 2010 \(SA\)](#) to practice a health profession, including medical practitioners, nurses, allied health practitioners, pharmacists, and paramedics.

Health service: a broad range of metropolitan, regional, rural, and remote settings delivering acute, palliative care, and residential care and primary/ community health care.

Interpreter: a person who translates speech orally into another language or into sign language.

Life-limiting: describes a disease, illness or medical condition that is expected to cause death.

Mandatory Voluntary Assisted Dying Training for Medical Practitioners: this training must be completed before a Medical practitioner can conduct a Coordinating assessment or a Consulting assessment

Medical practitioner: a person who is registered with the Medical Board of Australia through the [Australian Health Practitioner Regulation Agency \(Ahpra\)](#). Also known as a doctor.

Neurodegenerative condition: a condition characterised by degeneration of the nervous system, especially the neurons in the brain. For example, motor neurone disease, Parkinson's disease, Huntington's disease.

Palliative care: an approach that improves the quality of life of patients (adults and children) and their families who are facing problems associated with a life-limiting illness. It prevents and relieves suffering through early identification, correct assessment and treatment of pain and other problems, whether physical, psychosocial, or spiritual. A Medical practitioner can administer medical treatment under section 17(1) of the [Consent to Medical Treatment and Palliative Care Act 1995 \(SA\)](#) to a patient with the intention of relieving pain or distress.

Patient: a person who requests information about or access to voluntary assisted dying.

Practitioner administration: the process whereby the Coordinating Medical Practitioner administers the voluntary assisted dying medication to the patient.

Practitioner Administration Permit: permit that allows Coordinating Medical Practitioner to administer voluntary assisted dying medication to a person in whose name the permit is issued. This permit is only issued if the person applying for voluntary assisted dying is physically incapable of self-administering or digesting the medication.

Self-administration: the process whereby a patient administers the voluntary assisted dying medication themselves.

Self-administration Permit: permit that allows a person in whose name the permit is issued to self-administer the voluntary assisted dying medication

South Australian Civil and Administrative Tribunal (SACAT): an independent legal entity that helps people in South Australia resolve issues within specific areas of law. SACAT can review certain decisions related to voluntary assisted dying assessments.

South Australian Voluntary Assisted Dying Care Navigator Service (SAVAD-CNS): The Care Navigator Service provides care coordination, education and support for people accessing voluntary assisted dying as they live with a life-limiting illness.

South Australian Voluntary Assisted Dying Operations Team: the Voluntary Assisted Dying Operations Team is responsible for the management of the day-to-day mechanisms that support the Voluntary Assisted Dying Pathway.

South Australian Voluntary Assisted Dying Pharmacy Service (SAVAD-PS): The Pharmacy Service provides clinical resources to facilitate supply, education, and safe disposal of voluntary assisted dying medications.

South Australian Voluntary Assisted Dying Review Board (the Review Board): the statutory Board established to ensure compliance with the Act and to recommend safety and quality improvements relating to voluntary assisted dying.

Telehealth: the use of communication technology to provide healthcare over a distance, for example through a phone call, or videoconference.

VAD: voluntary assisted dying

Voluntary: when a patient acts of their own free will. Under the Act, a patient is not obliged at any stage of the process, even after completion of the request and assessment process, to take any further action in relation to voluntary assisted dying.

Voluntary assisted dying: the legal process that enables an eligible patient to access, administer or be administered the voluntary assisted dying medication for the purpose of causing their death.

Voluntary Assisted Dying Act 2021 (the Act): the legislation that regulates voluntary assisted dying in South Australia.

Voluntary Assisted Dying Clinical Portal (the VAD Clinical Portal): the secure online system used to manage requests for voluntary assisted dying in South Australia.

Voluntary Assisted Dying Local Health Network Liaison Officers (VAD Liaisons): a LHN appointed health practitioner providing support to people receiving healthcare from a public health service regarding voluntary assisted dying.

Voluntary assisted dying medication: a poison or controlled medication or a drug of dependence specified in a voluntary assisted dying permit for the purpose of causing a patient's death also referred to as **voluntary assisted dying substance**.

Voluntary assisted dying pathway: an outline of all processes and assessments involved in voluntary assisted dying in South Australia.

Written declaration: a formal written request for access to voluntary assisted dying made by a patient after they are assessed as eligible by the Coordinating Medical Practitioner and the Consulting Medical Practitioner. This is the second of three requests a patient must make to access voluntary assisted dying.

Voluntary Assisted Dying Act 2021 – Annual Reporting Requirements

Requirement	Report Section
Section 120(1), the Board must on or before 31 October in each year, report to the Minister on the performance of the Boards functions during the preceding financial year. Section 120(2) the Minister must, within 6 sitting days after receiving a report from the Board, have copies of the report laid before both Houses of Parliament.	This report constitutes delivery of the annual report under Section 120 of the <i>Voluntary Assisted Dying Act 2021</i> .

Data for previous years is available at: [Data.SA](#)

Contact us or provide feedback

For further information and updates about voluntary assisted dying please visit the [Voluntary Assisted Dying Webpage](#) on the SA Health website.

If you are a patient, family member or clinician who would like to provide feedback about your experience of the voluntary assisted dying pathway the Review Board invites you to complete a [personal reflection form](#) or email the Review Board directly at Health.VADReviewBoard@sa.gov.au.