
NSW Voluntary
Assisted Dying Board

Annual Report: 2023–24

28 November 2023 to 30 June 2024



Acknowledgement of traditional owners and custodians

The NSW Voluntary Assisted Dying Board acknowledges Aboriginal people as the traditional custodians of the lands and waters of NSW and pays respect to Elders past, present and future. In this report, Aboriginal and Torres Strait Islander people are referred to as Aboriginal people in recognition that Aboriginal people are the original inhabitants of NSW.

Statement of compliance

The Honourable Ryan Park MP
Minister for Health, Minister for Regional Health
GPO Box 5341
SYDNEY NSW 2001

Dear Minister

In accordance with section 173 of the *Voluntary Assisted Dying Act 2022*, I am pleased to submit to you, for presentation to each House of Parliament, the Voluntary Assisted Dying Board's 2023–24 Annual Report.

Yours sincerely



Professor Jenni Millbank
Chairperson, Voluntary Assisted Dying Board

8 November 2024

Contents

Message from the Chair	2
About the NSW Voluntary Assisted Dying Board	3
About this report	4
Voluntary assisted dying framework in NSW	4
Overview of voluntary assisted dying in NSW	6
People accessing voluntary assisted dying (at first assessment)	7
Sociodemographic characteristics	7
Geographical distribution	8
Residency	9
Primary diagnosis	9
Palliative care	10
Practitioners providing voluntary assisted dying services	11
Authorised voluntary assisted dying practitioners	11
NSW Voluntary Assisted Dying Support Services	12
Voluntary assisted dying process	13
First and consulting assessments	13
Final requests	15
Final reviews	15
Administration decisions	15
Substance authorisation applications	16
Deaths reported to the Board	16
Process timeframes	17
Voluntary assisted dying substance	17
Appendices	18
Appendix 1 – Principles of voluntary assisted dying in NSW	18
Appendix 2 – Eligibility criteria for voluntary assisted dying in NSW	18
Appendix 3 – Key safeguards in the voluntary assisted dying process	19
Appendix 4 – LGA of residence for patients who had a first assessment	20
Appendix 5 – Additional matters	23

Message from the Chair

Professor Jenni Millbank

I am pleased to present the first annual report of the NSW Voluntary Assisted Dying Board (the Board). This report provides an overview of voluntary assisted dying in NSW from 28 November 2023 to 30 June 2024.

The commencement of the *Voluntary Assisted Dying Act 2022* (the Act) in NSW on 28 November 2023 provides eligible people who are at end of life and suffering the option to choose the timing and circumstances of their death.

The first seven months following commencement of the Act demonstrated that voluntary assisted dying is accessible across NSW and that the systems and safeguards put in place during implementation are effective. In 2024-25 we will continue to focus on ensuring voluntary assisted dying is accessible across the state to diverse populations, where it aligns with their goals of care.

During the reporting period, 1,141 people made a first request to access voluntary assisted dying and 398 people died due to administration of the voluntary assisted dying substance. Similar to other Australian states, our data indicates that people accessing voluntary assisted dying in NSW are more likely to be male, in their mid-seventies, live in a major city, have a cancer diagnosis, and be receiving palliative care.

The Board continues to undertake a high volume of work in relation to its decision-making functions and expects that this demand will continue. The Board has established processes to ensure timely review of applications for voluntary assisted dying, including in urgent circumstances where eligible people are at end of life or at risk of losing decision-making capacity.

As noted in the Board's interim report, the Commonwealth Criminal Code Act 1995 significantly restricts voluntary assisted dying service delivery in NSW, as it does elsewhere in Australia. In conjunction with other Voluntary Assisted Dying Boards (or equivalent), we will continue to advocate for federal legislative changes to enable state and territory voluntary assisted dying laws to operate as they were designed to do.

The Board acknowledges the significant amount of work that authorised practitioners and staff at the NSW Voluntary Assisted Dying Support Services undertake to support eligible people to access voluntary assisted dying in NSW. These dedicated health professionals and their commitment to providing person-centred care make this new end of life option possible. The Board also wishes to extend its thanks to all healthcare workers involved in providing high-quality end of life care to patients in NSW.

We express our sincere appreciation to the Secretariat and other staff at the NSW Ministry of Health for their professional work to support the Board and our various functions.

In my capacity as Chairperson, I note my appreciation of my colleagues on the Board for their thoughtful and professional contributions and commitment to our twice weekly meeting schedule. On behalf of the Board, I thank outgoing Board member Dr Philip Hungerford, whose term will conclude on 28 November 2024. Dr Hungerford has been particularly dedicated to ensuring equity of access to voluntary assisted dying in regional NSW during his time on the Board.



Professor Jenni Millbank

Chairperson, Voluntary Assisted Dying Board

About the NSW Voluntary Assisted Dying Board

The NSW Voluntary Assisted Dying Board (the Board) was established under the Voluntary Assisted Dying Act 2022 (the Act), which outlines the legal framework for voluntary assisted dying in NSW. The Board is an independent oversight and decision-making body with a range of functions, including:

- making decisions to approve or refuse applications for voluntary assisted dying substance authorities for individual patients
- making decisions to approve or refuse applications for residency exemptions for individual patients
- providing annual reports on the operation of the Act to the Minister for Health
- collecting statistical information about voluntary assisted dying in NSW
- conducting analysis and research in relation to information given to the Board under the Act
- making referrals for investigations of suspected breaches of the Act.

A full list of Board functions is available in section 136 of the [Act](#).

Under the Act, forms completed by practitioners and patients throughout the process must be submitted to the Board. The Board receives forms via the NSW Voluntary Assisted Dying Portal (the Portal), a secure online platform used for the management of requests and submission of required documentation for voluntary assisted dying in NSW.

The Board meets twice-weekly and undertakes additional out-of-session activity as needed to fulfil their responsibilities.

The Board is supported by a secretariat team (the Board Secretariat) situated within the Ministry of Health.

Members of the Board

As required by the Act, the Board comprises five members, jointly appointed by the Minister for Health and the Attorney General.

Professor Jenni Millbank (Chairperson) is a Distinguished Professor at the Faculty of Law at the University of Technology Sydney. Professor Millbank is also a legal practitioner and an experienced tribunal decision-maker.

Mr Patrick Knowles SC (Deputy Chairperson) is a Barrister at Tenth Floor Chambers. He was admitted as a legal practitioner in 2004, became a Barrister in 2009 and was appointed Senior Counsel in 2022. He specialises in administrative law.

Dr Philip Hungerford OAM has been a staff specialist for over 30 years. He has dedicated most of his career to rural health, practicing in a regional centre and taking on Director positions in the emergency, intensive care, medical retrieval and palliative care sectors.

Dr Tamsin Waterhouse is a Barrister in Maurice Byers Chambers specialised in health law. She trained first as a clinical doctor, working as a general practitioner and later in health management. Dr Waterhouse held senior medical leadership positions in hospitals and Local Health Districts from 2013 until being called to the bar in 2021.

Dr Rohan Krishnan is a general dentist who also works in a multi-disciplinary clinic looking after patients with chronic pain. He also has long-standing involvement in the provision of pro-bono care for patients with disability, asylum seekers and refugees.



From left to right: Professor Jenni Millbank (Chairperson), Mr Patrick Knowles SC (Deputy Chairperson), Dr Rohan Krishnan, Dr Philip Hungerford OAM and Dr Tamsin Waterhouse.

About this report

This is the first annual report of the Board. This report includes activity from commencement of the Act to 30 June 2024 that was reported to the Board by 7 October 2024. As the Act commenced on 28 November 2023, this report covers a seven-month period.

Data in this report is obtained from the mandatory forms that practitioners are required to submit to the Board via the Portal.

This report builds on the Board's [Interim Report](#) that was published in June 2024 and covered the period of 28 November 2023 to 29 February 2024. The data reported in the Interim Report is included in this Annual Report.

Not all people who have made a first request to access voluntary assisted dying between 28 November 2023 and 30 June 2024 will progress to the point of applying to the Board for a substance authorisation or administration of the substance within this same period. Many scenarios may occur, including that the:

- patient is found to be ineligible
- patient is still progressing through the process
- patient chooses to stop the process (or pause the process, and they have not resumed within the reporting period)
- patient receives the substance but chooses not to administer within the reporting period
- patient dies of a cause other than voluntary assisted dying.

In circumstances where a patient has had more than one voluntary assisted dying application, only information from the most recent application has been included in the report. For example, a patient may initially be found ineligible due to their prognosis but reapply again in the future if their prognosis changes.

Voluntary assisted dying framework in NSW

Voluntary assisted dying became a lawful end of life option for eligible people in NSW on 28 November 2023, after an 18-month implementation period.

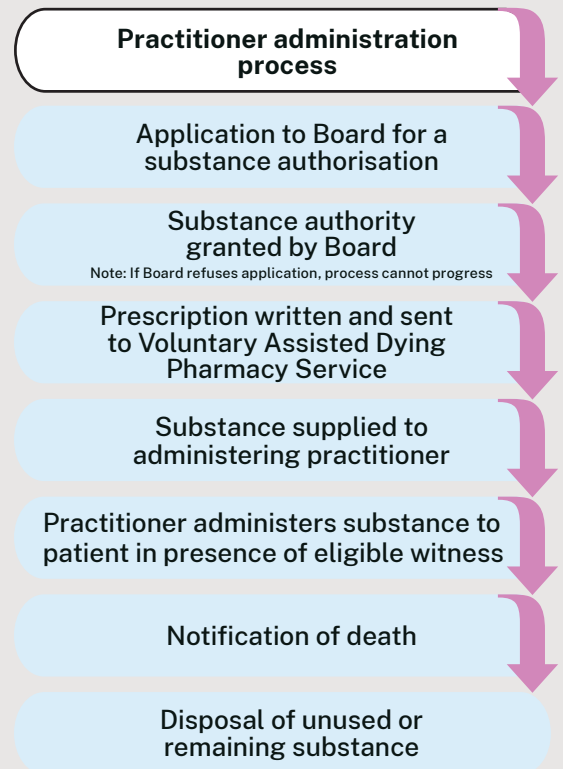
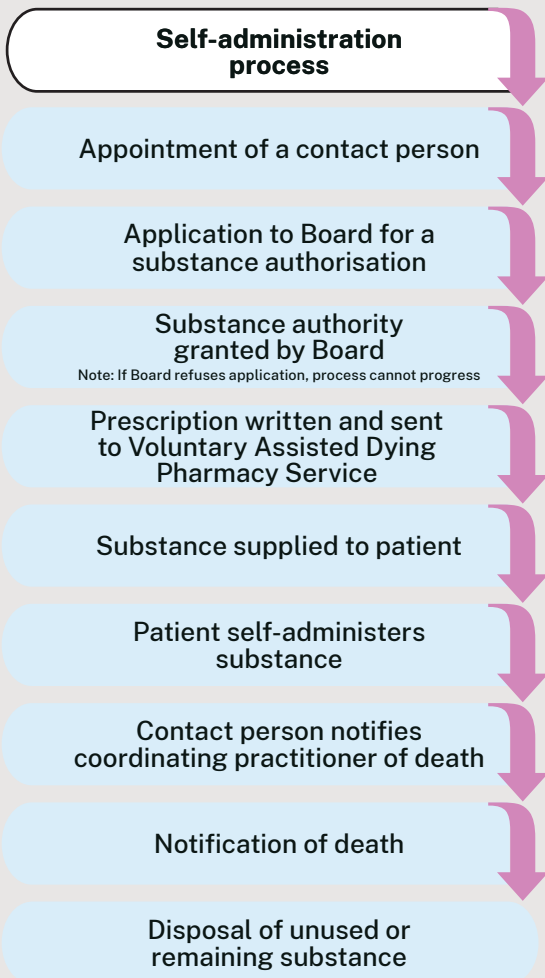
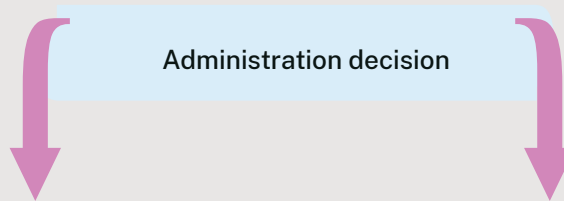
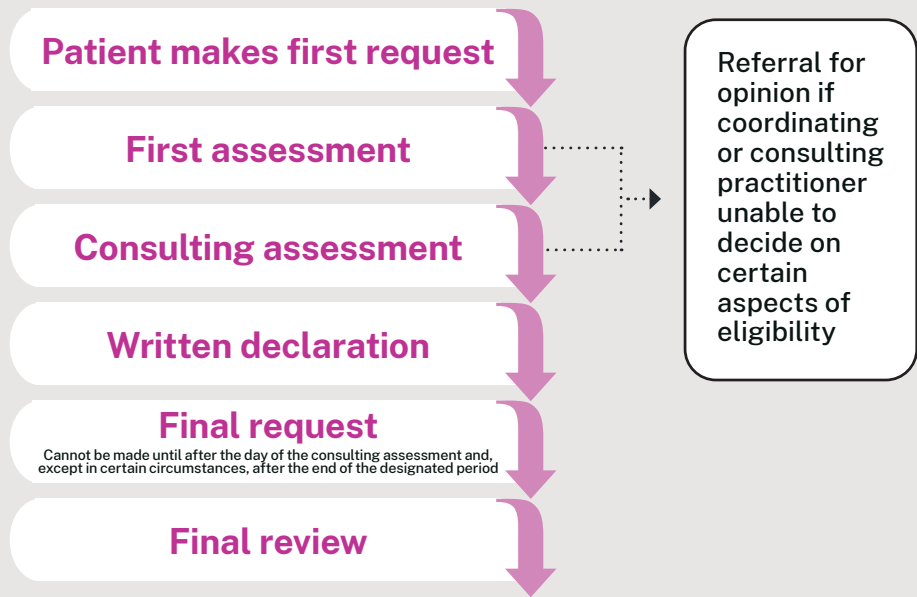
The Act sets out the principles (**Appendix 1**) and framework for voluntary assisted dying in NSW, including the eligibility criteria (**Appendix 2**) that must be met and the process that must be followed for a person to be able to access voluntary assisted dying.

The voluntary assisted dying process (**Figure 1**) is person-centred. Patients can move through the process as slowly as they wish, and they can also pause or stop the process at any time. At each stage of the process, patients must confirm they wish to continue.

The process includes numerous safeguards (**Appendix 3**) which are designed to ensure the process is safe and that voluntary assisted dying can only be accessed by those who are eligible and provided by those who are appropriately qualified and trained.

Figure 1. Summary of the key steps of the voluntary assisted dying process




A patient can pause or stop the voluntary assisted dying process at any time



This is a summary of the key steps of the voluntary assisted dying process under the Voluntary Assisted Dying Act 2022. This summary is indicative only and does not cover all the scenarios that might arise during a patient's individual voluntary assisted dying process.

Overview of voluntary assisted dying in NSW

Figure 2. Overview of voluntary assisted dying in NSW, 28 November 2023 – 30 June 2024

Voluntary assisted dying process				
	First requests			1141 Total people
	First assessments	912 Eligible	80 Ineligible	992 Total patients
	Consulting assessments	794 Eligible	20 Ineligible	814 Total patients
	Substance authorisation application outcomes	673 Approved	2 Refused	675 Total patients
	Voluntary assisted dying deaths reported to the Board*	83 Self-administration	315 Practitioner administration	398 Total patients
People accessing voluntary assisted dying (at first assessment)				
	Gender	55% Male	45% Female	
	Age	19-99 Range	75 years Median	
	Location**	36.1% Greater Sydney	63.8% Regional	
	Primary diagnosis	72.7% Cancer	9.6% Respiratory	
		9.9% Neurodegenerative	7.9% Other	
Receiving palliative care	85%			
Practitioners providing voluntary assisted dying services				
	Authorised practitioners	272 Medical practitioners	24 Nurse practitioners	296 Practitioners
	Authorised practitioners that have acted as a coordinating, consulting or administering practitioner	138 Medical practitioners	2 Nurse practitioners	140 Practitioners

Notes:

*Due to separate and independent notification processes, at any point in time there may be differences between the number of deaths reported to the Board and relevant deaths notified to the NSW Registry of Births, Deaths and Marriages.

**In accordance with the NSW Voluntary Assisted Dying Act 2022, for the purposes of voluntary assisted dying reporting for NSW, Greater Sydney Region has the same meaning as in the Greater Sydney Commission Act 2015 and “regional” means an area of NSW that is outside the Greater Sydney Region.

People accessing voluntary assisted dying (at first assessment)

Demographic information about patients seeking to access voluntary assisted dying is collected during their first assessment. All patients who undergo a first assessment will have already made a first request that has been accepted by an authorised practitioner.

Sociodemographic characteristics

Table 1: Sociodemographic characteristics, patients who had a first assessment for voluntary assisted dying, NSW, 28 November 2023 – 30 June 2024

	Number	Per cent
Gender		
Male	546	55.0
Female	446	45.0
Aboriginality		
Aboriginal*	24	2.4
Non-Aboriginal	929	93.6
Not stated or unknown	39	3.9
Age**		
18-29	4	0.4
30-39	4	0.4
40-49	27	2.7
50-59	65	6.6
60-69	210	21.2
70-79	357	36.0
80-89	237	23.9
90+	88	8.9
Country of birth		
Australia	734	74.0
Overseas	258	26.0
First language		
English	961	96.9
Language other than English	31	3.1
Interpreter required as part of first assessment		
Yes	29	2.9
No	963	97.1
Highest level of education achieved		
Did not complete high school	311	31.4
Completed high school	413	41.6
Completed tertiary education	268	27.0
Total first assessments		
Patients	992	100.0

Notes:

*Aboriginal includes people who identified as either Aboriginal or Torres Strait Islander or both Aboriginal and Torres Strait Islander.

**Age is calculated at the time of first request.

Table 1 describes sociodemographic characteristics of patients who had a first assessment. Of the 992 patients who had a first assessment between 28 November 2023 (commencement of the Act) and 30 June 2024:

- 546 (55.0%) identified as male and 446 (45.0%) identified as female.
- 24 (2.4%) identified as Aboriginal, 929 (93.6%) identified as non-Aboriginal and 39 (3.9%) either did not specify or indicated that this was unknown.
- The most common age group was 70 – 79 years (357, 36.0%), with the next most common age group being 80 – 89 years (237, 23.9%), followed by 60 – 69 years (210, 21.2%), 90 years or older (88, 8.9%), 50 – 59 years (65, 6.6%), 40 – 49 years (27, 2.7%), 30 – 39 years (4, 0.4%) and 18 – 29 years (4, 0.4%).
- 734 (74.0%) were born in Australia and 258 (26.0%) were born overseas.
- 961 (96.9%) identified English as their first language and 31 (3.1%) identified a language other than English as their first language.
- 963 (97.1%) did not require an interpreter as part of the first assessment and 29 (2.9%) did require an interpreter as part of the first assessment.
- 311 (31.4%) did not complete high school, 413 (41.6%) completed high school and 268 (27.0%) completed tertiary education.

Geographical distribution

Equity of access regardless of a person’s geographic location is a key principle of voluntary assisted dying in NSW. In light of this, the Board has analysed the geographic distribution of patients seeking to access voluntary assisted dying in line with requirements of the Act and by remoteness areas.

The Act defines a regional resident for the purposes of voluntary assisted dying reporting as a person who resides in an area of NSW that is outside the Greater Sydney Region according to the [Greater Sydney Commission Act 2015](#). According to this definition, sizable cities such as Wollongong and Newcastle are considered regional.

Table 2 describes the geographic distribution of patients who had a first assessment according to the definition in the Act. Of the 992 patients that had a first assessment between 28 November 2023 and 30 June 2024, 358 (36.1%) lived in Greater Sydney, 633 (63.8%) lived in regional NSW and 1 (0.1%) lived outside NSW (noting that patients with a residency exemption granted by the Board may have a residential address outside NSW).

The population of regional NSW tends to be older than that of Greater Sydney. In June 2022, 39.4% of the NSW population aged 18 years and over lived in regional areas (with the remaining 60.6% in Greater Sydney) while 48.7% of those aged 60 years and over lived in regional NSW (the remaining 51.3% in Greater Sydney).

Table 2: Geographical distribution, patients who had a first assessment for voluntary assisted dying, NSW, 28 November 2023 – 30 June 2024

			NSW population aged 60+ years***	NSW population aged 18+ years***
	Number	Per cent	Per cent	Per cent
Location* (according to residential address)				
Greater Sydney	358	36.1	51.3	60.6
Regional	633	63.8	48.7	39.4
Outside NSW**	1	0.1		
Total first assessments				
Patients	992	100.0		

Notes:
 *In accordance with the NSW Voluntary Assisted Dying Act 2022, for the purposes of voluntary assisted dying reporting for NSW, Greater Sydney Region has the same meaning as in the Greater Sydney Commission Act 2015 and “regional” means an area of NSW that is outside the Greater Sydney Region.
 **Patients with a residency exemption granted by the Board may have a residential address within or outside NSW.
 ***NSW estimated resident population for 30 June 2022 by local government area produced by the Australian Bureau of Statistics (Australian Bureau of Statistics, Customised Data Services, received 7/11/2023).

Table 3 describes the geographic remoteness of patients who had a first assessment, based on relative distance to services. Of the 992 patients who had a first assessment between 28 November 2023 and 30 June 2024, 607 (61.2%) lived in a major city, 309 (31.1%) lived in inner regional areas and 76 (7.7%) lived in outer regional, remote and very remote areas.

The population in regional and remote areas of NSW tends to be older than in major cities. In June 2022, 24.4% of the NSW population aged 18 years and over lived in regional and remote areas (with the remaining 75.5% in major cities) compared to 32.0% of those aged 60 years and over who lived in regional and remote areas (the remaining 68.0% in major cities).

The number of patients who had a first assessment by local government area of residence is available in **Appendix 4**.

Table 3: Remoteness, patients who had a first assessment for voluntary assisted dying, NSW, 28 November 2023 – 30 June 2024

			NSW population aged 60+ years**	NSW population aged 18+ years**
	Number	Per cent	Per cent	Per cent
Remoteness* (according to residential address)				
Major cities	607	61.2	68.0	75.5
Inner regional	309	31.1	25.3	19.4
Outer regional, remote and very remote	76	7.7	6.7	5.0
Total first assessments				
Patients	992	100.0		

Notes:
 *As defined by the Australian Statistical Geography Standard (ASGS) Edition 3 Remoteness Structure <https://www.abs.gov.au/statistics/standards/australian-statistical-geography-standard-asgs-edition-3/jul2021-jun2026/remoteness-structure/remoteness-areas>
 **NSW estimated resident population for 30 June 2022 by remoteness areas produced by the Australian Bureau of Statistics (Australian Bureau of Statistics, Customised Data Services, received 7/11/2023).

Residency

One of the eligibility criteria to access voluntary assisted dying in NSW is that the person must have been ordinarily resident in NSW for at least 12 months at the time of making a first request. However, people who do not meet this criterion may still be eligible to access voluntary assisted dying in NSW if they are granted an exemption from this requirement by the Board.

The Board must grant the exemption if they are satisfied that the person has a substantial connection to NSW, and there are compassionate grounds for granting the exemption.

In order to seek a residency exemption, the patient or a person on the patient’s behalf must submit the required documentation to the Board. Documentation includes a Residency Exemption Application Form, evidence of the patient’s substantial connection to NSW and evidence of the compassionate grounds on which the exemption is sought. The Board considers each application as soon as possible.

Between 28 November 2023 and 30 June 2024, the Board considered and approved 14 residency exemptions. The Board is grateful to patients and their families for sharing their stories as part of their residency exemption application.

Primary diagnosis

Table 4 reports the primary diagnosis as recorded at the patient’s first assessment. Of the 992 patients who had a first assessment between 28 November 2023 and 30 June 2024, the majority had cancer as a primary diagnosis (721, 72.7%), followed by a neurodegenerative condition such as motor neurone disease (98, 9.9%), a respiratory condition such as chronic obstructive pulmonary disease (95, 9.6%) and ‘other’ diagnosis (78, 7.9%).

Many patients applying for voluntary assisted dying have complex presentations that involve multiple comorbid conditions.

Table 4: Primary diagnosis, patients who had a first assessment for voluntary assisted dying, NSW, 28 November 2023 – 30 June 2024

	Number	Per cent
Primary diagnosis at first assessment		
6 months prognosis: cancer	721	72.7
6 months prognosis: respiratory	95	9.6
6 months prognosis: other	78	7.9
12 months prognosis: neurodegenerative	98	9.9
Total first assessments		
Patients	992	100.0

Palliative care

In NSW, palliative care includes treatments, care and support to help people with a life-limiting illness or condition live as fully and comfortably as possible. Palliative care focuses on managing symptoms to relieve suffering and maintain quality of life. This includes physical, social, emotional, and spiritual care provided within a cultural context.

Palliative care can be provided in hospitals, people's homes, hospices, and other care facilities. It usually involves a range of health professionals including medical practitioners (for example, palliative care physicians and general practitioners), nurses and allied health workers.

One of the key principles of voluntary assisted dying in NSW is that a person has the right to be supported when making informed decisions about their own medical treatment. This requires providing information about treatment options and the likely treatment outcomes such as palliative care and other comfort approaches, to every person seeking access to voluntary assisted dying.

Table 5 reports whether patients were receiving palliative care at the time of first assessment. Of the 992 patients who had a first assessment between 28 November 2023 and 30 June 2024, 843 (85.0%) were currently accessing palliative care, 19 (1.9%) were not receiving palliative care at the time of the first assessment but had received palliative care within the preceding 12 months, and 130 (13.1%) were not receiving palliative care at the time of first assessment nor within the preceding 12 months.

While the Act includes a definition for palliative care, this is a broad term that may hold a different meaning for different people, including clinicians. This may affect reporting of whether patients are currently, or have previously, received palliative care. For example, some authorised practitioners may record that a patient is accessing palliative care only if they have been seen by a specialist, while others may record palliative care services provided by a patient's existing treatment and care team.

The Board closely reviews the palliative care information that is provided in each patient's application to ensure the patient is aware of their options and has access to palliative care if this aligns with their goals of care.

Table 5: Palliative care, patients who had a first assessment for voluntary assisted dying, NSW, 28 November 2023 – 30 June 2024

	Number	Per cent
Receiving palliative care at time of first assessment		
Yes	843	85.0
No	130	13.1
Not at time of first assessment, but had received palliative care within the preceding 12 months	19	1.9
Total first assessments		
Patients	992	100.0

Practitioners providing voluntary assisted dying services

Authorised voluntary assisted dying practitioners

There are three formal roles for eligible practitioners under the Act, including that of a:

- **Coordinating practitioner:** The authorised voluntary assisted dying practitioner who accepts a patient's first request for voluntary assisted dying and is responsible for assessing and supporting the patient throughout the voluntary assisted dying process.
- **Consulting practitioner:** The authorised voluntary assisted dying practitioner responsible for undertaking the consulting assessment for the patient, a second, independent eligibility assessment.
- **Administering practitioner:** The authorised voluntary assisted dying practitioner responsible for administering the voluntary assisted dying substance to a patient who has chosen practitioner administration and has followed all the required steps in the process, including obtaining a substance authority from the Board.

Medical practitioners and nurse practitioners must meet professional qualifications and eligibility requirements to provide formal voluntary assisted dying services under the Act. They must also successfully complete the approved voluntary assisted dying training. These practitioners are collectively referred to as authorised voluntary assisted dying practitioners (authorised practitioners).

Eligible medical practitioners can apply to become an authorised practitioner and can act in the coordinating, consulting or administering practitioner roles. Eligible nurse practitioners can apply to become an authorised practitioner and act in the administering practitioner role.

Eligible practitioners have been able to register in the Portal and begin the process to become an authorised practitioner since 14 August 2023.

At 30 June 2024, a total of 296 practitioners were authorised voluntary assisted dying practitioners in NSW (**Table 6**). Of these 296 authorised practitioners, 140 (47.3%) have supported a patient seeking to access voluntary assisted dying.

Of the 296 authorised voluntary assisted dying practitioners at 30 June 2024:

- 272 (91.9%) were medical practitioners and 24 (8.1%) were nurse practitioners.
- 259 (87.5%) were eligible to act in a coordinating, consulting and administering practitioner role and 37 (12.5%) were eligible to act in an administering practitioner role only.

NSW Health continues to implement strategies to support and build the authorised practitioner workforce. This includes delivery of face-to-face training to become an authorised practitioner and funding for local health districts to provide voluntary assisted dying services to eligible people who choose to access this end of life option.

Table 6: Authorised voluntary assisted dying practitioners, NSW, at 30 June 2024

	Number	Per cent
Healthcare worker type		
Medical practitioner	272	91.9
Nurse practitioner*	24	8.1
Role type		
Coordinating, consulting, and administering	259	87.5
Administering only	37	12.5
Total authorised voluntary assisted dying practitioners		
Practitioners	296	100.0

Notes:

*Nurse practitioners are only eligible to act in the administering practitioner role.

NSW Voluntary Assisted Dying Support Services

NSW Voluntary Assisted Dying Care Navigator Service

The Care Navigator Service provides support and assistance to people considering voluntary assisted dying, including to patients, families and carers. The service also provides support and information to health practitioners and health service providers in relation to voluntary assisted dying.

To contact the Care Navigator Service, please call 1300 802 133 between Monday to Friday, 8:30am to 4:30pm (excluding public holidays).

NSW Voluntary Assisted Dying Pharmacy Service

The Pharmacy Service coordinates the safe procurement, supply and disposal of the voluntary assisted dying substance across NSW. The Pharmacy Service supports patient access to the voluntary assisted dying substance, including outreach medication delivery services to enable equitable access to voluntary assisted dying across NSW.

The Pharmacy Service also provides expert pharmaceutical information, advice and support for eligible patients, and their carers. This support extends to health practitioners, including coordinating and administering practitioners, who may be involved in the provision of services to patients accessing voluntary assisted dying substances.

NSW Voluntary Assisted Dying Access Service

The Access Service is a pool of authorised practitioners who provide medical outreach support across the state. These authorised practitioners support equity of access to voluntary assisted dying in NSW, particularly in regional and rural locations, if a local authorised practitioner is not available.

Authorised Practitioner Community of Practice

The NSW Voluntary Assisted Dying Support Services hosts a community of practice for authorised practitioners. It offers a forum to continually improve practice through interactive case-based discussions, mentoring, structured education, and confidential peer support.

Voluntary assisted dying process

The voluntary assisted dying process is comprised of multiple requests and assessments. Each patient needs to make three separate requests for voluntary assisted dying (a first request, a written declaration, and a final request) and be assessed by two independent medical practitioners (a coordinating and consulting practitioner) against each of the eligibility criteria. Patients can pause or stop the voluntary assisted dying process at any time and must decide to continue at each stage of the process.

If a person is found ineligible, or has previously decided to stop the process, they may choose to seek access to voluntary assisted dying again at a later stage. For example, if the patient's prognosis changes, they may then become eligible for voluntary assisted dying. If circumstances do change, the patient may commence the process again by making a new first request to an authorised practitioner. In circumstances where a patient has had more than one voluntary assisted dying application, only information from the most recent application has been included in the report.

First and consulting assessments

The first assessment is the first of two independent assessments to determine if the patient is eligible to access voluntary assisted dying. It is completed by the patient's coordinating practitioner. **Table 7** describes patient eligibility at first assessment. Of the 992 patients who had a first assessment between 28 November 2023 and 30 June 2024, 912 (91.9%) were found eligible for voluntary assisted dying and 80 (8.1%) were found ineligible.

Table 7: First assessments for voluntary assisted dying, NSW, 28 November 2023 – 30 June 2024

	Number	Per cent
Eligibility at first assessment		
Eligible	912	91.9
Ineligible	80	8.1
Total first assessments		
Patients	992	100.0

The consulting assessment is the second independent assessment to determine if the patient is eligible to access voluntary assisted dying. It is completed by the patient's consulting practitioner. Only patients who are found to be eligible for voluntary assisted dying at the first assessment can progress to a consulting assessment. **Table 8** describes patient eligibility at consulting assessment. Of the 814 patients who had a consulting assessment between 28 November 2023 and 30 June 2024, 794 (97.5%) were found eligible for voluntary assisted dying and 20 (2.5%) were found ineligible.

Table 8: Consulting assessments for voluntary assisted dying, NSW, 28 November 2023 – 30 June 2024

	Number	Per cent
Eligibility at consulting assessment		
Eligible	794	97.5
Ineligible	20	2.5
Total first assessments		
Patients	814	100.0

Table 9 and 10 report reasons for ineligibility at first and consulting assessment, noting that coordinating and consulting practitioners are required to make a decision about each eligibility criterion and patients may be found to be ineligible for more than one reason.

Table 9: Reasons for ineligibility at first assessment for voluntary assisted dying, NSW, 28 November 2023 – 30 June 2024

	Number
Reason for ineligibility*	
Does not have a diagnosis that meets the eligibility criteria	64
Does not have decision-making capacity	19
The request is not enduring	8
Is acting because of pressure or duress	3
Not a citizen or permanent resident	1
Not ordinarily resident in NSW	1
Not an adult	0
Is not acting voluntarily	0
Total ineligible first assessments	
Patients	80

Notes:

*A patient may be ineligible for more than one reason.

Table 10: Reasons for ineligibility at consulting assessment for voluntary assisted dying, NSW, 28 November 2023 – 30 June 2024

	Number
Reason for ineligibility*	
Does not have decision-making capacity	11
Does not have a diagnosis that meets the eligibility criteria	9
The request is not enduring	5
Is not acting voluntarily	2
Is acting because of pressure or duress	2
Not an adult	0
Not a citizen or permanent resident	0
Not ordinarily resident in NSW	0
Total ineligible consulting assessments	
Patients	20

Notes:

*A patient may be ineligible for more than one reason.

The Board reviewed all instances where a patient was found ineligible due to pressure or duress. Under the Act, authorised practitioners are required to make a decision about each eligibility criterion. The Board is aware that in some of these matters practitioners have been unable to fully assess all criteria because the patient has lost decision-making capacity. This is highly likely to affect reporting of why people are found ineligible for voluntary assisted dying. This is because practitioners have been unable to determine whether the patient is acting voluntarily, not acting because of pressure or duress, or has an enduring request for access to voluntary assisted dying but have been required to indicate whether the patient does or does not meet all criteria as part of the assessment.

Where a patient is found ineligible, authorised practitioners are encouraged to discuss the outcome of the assessment with the patient and make suitable referrals in line with usual clinical best practice and the patient's goals of care.

Final requests

The final request is the patient's third formal request for voluntary assisted dying (after the first request and written declaration). The final request can only be made after the end of the designated period, unless there are grounds for exemption, and at least one day after the consulting assessment.

The designated period starts on the day of the first request and ends five days after that day. The designated period can be waived if both the coordinating and consulting practitioners agree that the patient is likely to die or to lose decision-making capacity in relation to voluntary assisted dying before the end of the designated period.

A total of 699 patients made a final request between 28 November 2023 and 30 June 2024. Of these, 95 patients (13.6%) made their final request within the designated period.

Final reviews

The final review is the last step in the voluntary assisted dying request and assessment process. The coordinating practitioner completes the final review to ensure the process has been followed in line with the Act in relation to that patient and to confirm they are satisfied the patient's request is enduring, the patient has decision-making capacity, and the patient is acting voluntarily and not because of pressure or duress.

A total of 698 patients had a final review between 28 November 2023 and 30 June 2024. Of these, 697 patients (99.9%) were able to proceed with their request to access voluntary assisted dying and 1 (0.1%) patient was not able to proceed.

Administration decisions

Following completion of the request and assessment process, the patient can make an administration decision. A patient can choose to either self-administer the voluntary assisted dying substance or have it administered to them by an administering practitioner. The patient makes this decision in consultation with their coordinating practitioner. A patient may choose to change their administration decision at any time.

If a patient chooses self-administration, they must also appoint a contact person who is required by the Act to inform the patient's coordinating practitioner if the patient dies and return any unused or remaining voluntary assisted dying substance to an authorised disposer.

Table 11 reports the administration decisions made during the reporting period. A total of 695 patients made an administration decision between 28 November 2023 and 30 June 2024, of whom 524 (75.4%) patients made a practitioner administration decision and 171 (24.6%) made a self-administration decision.

Table 11: Administration decisions for voluntary assisted dying, NSW, 28 November 2023 – 30 June 2024

	Number	Per cent
Administration type		
Self-administration	171	24.6
Practitioner administration	524	75.4
Total administration decisions		
Patients	695	100.0

Substance authorisation applications

After a patient has made an administration decision, the coordinating practitioner can apply to the Board for a substance authorisation for the patient. The Board must consider applications for voluntary assisted dying as soon as practicable after they are received. The Board must approve an application unless they have not received all the documents relating to the request and assessment process, or they suspect the requirements of the Act have not been met in relation to the patient.

Table 12 describes the outcomes of substance authorisation applications that have been considered by the Board. A total of 675 applications were considered by the Board between 28 November 2023 and 30 June 2024, of which 673 (99.7%) were approved and 2 (0.3%) were refused.

Table 12: Substance authorisation application outcomes for voluntary assisted dying, NSW, 28 November 2023 – 30 June 2024

	Number	Per cent
Application outcome		
Approved	673	99.7
Refused	2	0.3
Total substance authorisation application outcomes		
Patients	675	100.0

Deaths reported to the Board

Table 13 describes the number of patients who died from administration of a voluntary assisted dying substance. A total of 398 patients died following the administration of a voluntary assisted dying substance between 28 November 2023 and 30 June 2024, of whom 315 (79.1%) died following practitioner administration of the voluntary assisted dying substance and 83 (20.9%) died following self-administration of the voluntary assisted dying substance.

Of the 398 patients who died following the administration of a voluntary assisted dying substance between 28 November 2023 and 30 June 2024, 201 (50.5%) died in a hospital or other health facility, 157 (39.5%) died in a private residence, 38 (9.5%) died in a residential aged care or residential disability care facility and 2 (0.5%) died in another setting.

Table 13: Voluntary assisted dying deaths reported to the Board, NSW, 28 November 2023 – 30 June 2024

	Number	Per cent
Details of death		
Self-administration of voluntary assisted dying substance	83	20.9
Practitioner administration of voluntary assisted dying substance	315	79.1
Total voluntary assisted dying deaths reported to the Board*		
Patients	398	100.0

Notes:
*Due to separate and independent notification processes, at any point in time there may be differences between the number of deaths reported to the Board and relevant deaths notified to the NSW Registry of Births, Deaths and Marriages.

In addition, between 28 November 2023 to 30 June 2024, 281 patients who were undertaking the voluntary assisted dying process died from a cause other than voluntary assisted dying. This includes patients who died at any stage of the voluntary assisted dying process following an accepted first request.

Process timeframes

Between 28 November 2023 and 30 June 2024:

- the median timeframe from first request to final request was 8 days
- the median timeframe from first request to substance authorisation was 12 days
- the median timeframe from first request to death following administration of a voluntary assisted dying substance was 20 days
- the median timeframe from the coordinating practitioner submitting the substance authorisation application to decision by the Board was 2 days.

Voluntary assisted dying substance

The Board receives notifications of all supplies and disposals of the voluntary assisted dying substance. As voluntary assisted dying is a patient-led process, some patients may have the substance supplied to them but decide not to use it for various reasons.

A total of 483 substance kits were supplied between 28 November 2023 and 30 June 2024. Of these, 346 (71.6%) were practitioner administration kits and 137 (28.4%) were self-administration kits.

In certain cases, a patient may have more than one substance supplied. For example, this may occur where a patient has changed their administration decision after the substance has been supplied. If this occurs, the Voluntary Assisted Dying Pharmacy Service ensures that a patient would not have access to two voluntary assisted dying substance kits simultaneously (see **Appendix 3** for further information regarding safeguards).

Between 28 November 2023 and 30 June 2024, there were 13 instances where an unused voluntary assisted dying substance was given to an authorised disposer because the patient died before taking the substance and 4 instances where remaining voluntary assisted dying substance was given to an authorised disposer after the patient died. A further 11 substances were disposed for other reasons, including, for example, where a person has changed their administration decision after a substance has been supplied.

Not all substances that have been supplied in the reporting period will be disposed of in the reporting period. For example, a patient may have received the substance but decided not to take it during the reporting period, or the patient may have taken the substance and there was no unused or remaining substance requiring disposal.

More information

Visit the NSW Health website for information about voluntary assisted dying including in-language resources: health.nsw.gov.au/vad

Contact the free NSW Voluntary Assisted Dying Care Navigator Service for information about voluntary assisted dying. The service is available to everyone including people considering voluntary assisted dying, patients, loved ones, health practitioners and providers.

- Call: 1300 802 133 Monday to Friday, 8:30am to 4:30pm (excluding public holidays)
- Email: NSLHD-VADCareNavigator@health.nsw.gov.au

People considering voluntary assisted dying should also speak to their usual treating team.

Appendices

Appendix 1 – Principles of voluntary assisted dying in NSW

The Act sets out principles of voluntary assisted dying in NSW. A person exercising a power or performing a function under the Act must have regard to the following principles:

- every human life has equal value,
- a person's autonomy, including autonomy in relation to end of life choices, should be respected,
- a person has the right to be supported in making informed decisions about the person's medical treatment and should be given, in a way the person understands, information about medical treatment options, including comfort and palliative care and treatment,
- a person approaching the end of life should be provided with high quality care and treatment, including palliative care and treatment, to minimise the person's suffering and maximise the person's quality of life,
- a therapeutic relationship between a person and the person's health practitioner should, wherever possible, be supported and maintained,
- a person should be encouraged to openly discuss death and dying, and the person's preferences and values regarding the person's care, treatment and end of life should be encouraged and promoted,
- a person should be supported in conversations with the person's health practitioners, family, carers and community about care and treatment preferences,
- a person is entitled to genuine choices about the person's care, treatment and end of life, irrespective of where the person lives in NSW and having regard to the person's culture and language,
- a person who is a regional resident is entitled to the same level of access to voluntary assisted dying and high quality care and treatment, including palliative care and treatment, as a person who lives in a metropolitan region,
- there is a need to protect persons who may be subject to pressure or duress,
- all persons, including health practitioners, have the right to be shown respect for their culture, religion, beliefs, values and personal characteristics.

Appendix 2 – Eligibility criteria for voluntary assisted dying in NSW

The Act outlines strict eligibility criteria for access to voluntary assisted dying. A person must meet all criteria to be considered eligible.

To be eligible for access to voluntary assisted dying, the person must:

- be an adult (18 years and older) who is an Australian citizen, permanent resident of Australia, or who has been resident in Australia for at least three continuous years,
- at the time of making a first request, have been ordinarily resident in NSW for a period of at least 12 months (or have a residency exemption granted by the Voluntary Assisted Dying Board),
- have at least one disease, illness or medical condition that:
 - a) is advanced and progressive
 - b) will, on the balance of probabilities, cause their death within six months (or within 12 months for neurodegenerative diseases), and
 - c) is causing the person suffering that cannot be relieved in a way the person considers tolerable,
- have decision-making capacity in relation to voluntary assisted dying,
- be acting voluntarily and without pressure or duress, and
- have an enduring request for access to voluntary assisted dying.

Appendix 3 – Key safeguards in the voluntary assisted dying process

Key safeguards in the voluntary assisted dying process include that:

- A person can only request voluntary assisted dying for themselves. No one can request voluntary assisted dying on someone's behalf.
- The patient will need to make three separate requests for voluntary assisted dying (a first request, a written declaration, and a final request).
- The patient's decision to request access to voluntary assisted dying must be assessed as voluntary and free from pressure or duress at multiple stages of the process. Their decision-making capacity must also be maintained throughout the process.
- The patient must be assessed by two independent medical practitioners (a coordinating and consulting practitioner) against each of the eligibility criteria.
- A patient's decision to seek information about, or access to, voluntary assisted dying has no impact on their access to high-quality palliative care. Every patient seeking access to voluntary assisted dying must be informed about all palliative care and treatment options available to them, and the likely outcomes of the care and treatment. They must also be provided with information about their diagnosis, prognosis and any available treatment options.
- The patient can be referred to another person with appropriate skills and training to confirm the patient is eligible to access voluntary assisted dying.
- The patient can pause or stop the voluntary assisted dying process at any time.
- It is a criminal offence for anybody to induce another person to request or access voluntary assisted dying.
- Practitioners who provide voluntary assisted dying services must meet professional qualifications and eligibility requirements, including successfully completing mandatory training.
- An authorised voluntary assisted dying practitioner community of practice ensures practitioners are supported with a forum for learning through interactive case-based discussions, mentoring, structured education, and confidential peer support.
- Persons acting in accordance with the Act are protected from liability.
- A healthcare worker is not obliged to participate in the voluntary assisted dying process if they have a conscientious objection. However, they cannot impede or obstruct access to the voluntary assisted dying process.
- The Board has been established to monitor the operation of the Act and make decisions about applications for patients to access voluntary assisted dying.
- In line with the Act, Board membership includes two senior legal practitioners, two medical practitioners and one member with knowledge, skills or experience relevant to the Board's functions.
- The Board must grant a Voluntary Assisted Dying Substance Authority (substance authority) before a prescription for the voluntary assisted dying substance can be issued.
- Prescribing and administration of voluntary assisted dying substances only occurs in accordance with approved NSW protocols.
- NSW Voluntary Assisted Dying Pharmacy Service pharmacists provide in-person information on safe use, storage and disposal of substances directly to patients (self-administration) and administering practitioners (practitioner administration).
- The voluntary assisted dying substance must be stored in a locked box and any unused or remaining substance must be returned and disposed of. The NSW Voluntary Assisted Dying Pharmacy Service supports contact persons and authorised disposers in this role and monitors the safe and timely disposal of unused or remaining substance.
- If a patient changes their administration decision (either from self-administration to practitioner administration or vice versa) and the voluntary assisted dying substance has already been supplied, the NSW Voluntary Assisted Dying Pharmacy Service ensures that a patient would not have access to two voluntary assisted dying substance kits simultaneously.

Appendix 4 – Local government area of residence for patients who had a first assessment

Local government area of patients who had a first assessment for voluntary assisted dying, NSW, 28 November 2023 – 30 June 2024

	Number
Local Government Area	
Albury	11
Ballina	10
Bathurst Regional	15
Bayside	11
Bega Valley	24
Bellingen	6
Berrigan	<5
Blacktown	13
Blue Mountains	14
Broken Hill	<5
Burwood	<5
Byron	11
Cabonne	<5
Camden	13
Campbelltown	17
Canada Bay	16
Canterbury-Bankstown	10
Carrathool	<5
Central Coast	86
Cessnock	10
Clarence Valley	10
Coffs Harbour	21
Coolamon	<5
Coonamble	<5
Cootamundra-Gundagai Regional	<5
Cumberland	<5
Dubbo Regional	<5
Dungog	<5
Eurobodalla	27
Fairfield	5
Federation	<5
Forbes	<5
Georges River	7
Glen Innes Severn	<5
Goulburn Mulwaree	6
Greater Hume	<5
Griffith	<5

	Number
Local Government Area	
Gunnedah	<5
Hawkesbury	8
Hornsby	13
Inner West	21
Junee	<5
Kempsey	<5
Kiama	<5
Ku-ring-gai	15
Kyogle	<5
Lake Macquarie	52
Lane Cove	<5
Leeton	<5
Lismore	7
Lithgow	<5
Liverpool	11
Maitland	12
Mid-Coast	25
Mid-Western Regional	5
Moree Plains	5
Mosman	<5
Murray River	<5
Murrumbidgee	<5
Nambucca Valley	7
Narrabri	<5
Newcastle	35
North Sydney	11
Northern Beaches	36
Oberon	<5
Orange	<5
Parramatta	12
Penrith	14
Port Macquarie-Hastings	11
Port Stephens	16
Queanbeyan-Palerang Regional	<5
Randwick	21
Richmond Valley	<5
Ryde	8
Shellharbour	12
Shoalhaven	27
Singleton	<5
Snowy Monaro Regional	5

	Number
Local Government Area	
Snowy Valleys	<5
Sutherland	22
Sydney	17
Tamworth Regional	17
Temora	<5
Tenterfield	<5
The Hills	8
Tweed	26
Upper Hunter	<5
Upper Lachlan	<5
Wagga Wagga	14
Walgett	<5
Warren	<5
Warrumbungle	<5
Waverley	9
Willoughby	8
Wingecarribee	11
Wollondilly	<5
Wollongong	33
Woollahra	<5
Yass Valley	<5
Outside NSW**	1
Total first assessments	
Patients	992

Notes:

*Counts for local government areas with less than 5 patients have been suppressed to preserve the privacy of individuals.

**Patients with a residency exemption granted by the Board may have a residential address within or outside NSW.

Appendix 5 – Additional matters

Disclosures

Under the Act, Board members are required to disclose any material personal interest in any matter being considered or about to be considered by the Board. The Board has processes in place for members to disclose any potential personal interests for all matters being considered by the Board and be recused from the discussion and decision-making accordingly.

In the reporting period, one material personal interest was declared by a Board member. The Board member was not provided with the relevant application and was not involved in the consideration or decision-making associated with the matter.

Referrals

In the reporting period, the Board made one referral under section 136(1)(f) of the Act.

Financial statements

In accordance with the *Government Sector Finance Act 2018*, the *Government Sector Finance Regulation 2024* and the Treasurer's Directions, the Board, as the accountable authority for the financial management of the Voluntary Assisted Dying Board, is required to prepare financial statements. The Treasurer has determined that the first reporting period for the Voluntary Assisted Dying Board will end on 30 June 2025 and those financial statements will be provided within the Board's 2024-25 Annual Report.

NSW Ministry of Health
1 Reserve Road
ST LEONARDS NSW 2065
Tel. (02) 9391 9000
Fax. (02) 9391 9101
TTY. (02) 9391 9900
www.health.nsw.gov.au

This work is copyright. It may be reproduced in whole or in part for study or training purposes subject to the inclusion of an acknowledgement of the source. It may not be reproduced for commercial usage or sale. Reproduction for purposes other than those indicated above requires written permission from the NSW Ministry of Health.

© NSW Ministry of Health 2024

SHPN (OCHO) 241056
ISBN 978-1-76023-732-5

November 2024

