



VADANZ
Voluntary Assisted Dying Australia and New Zealand

How is the telehealth ban affecting you?

Dear <<First Name>>

One of the challenges for VAD practitioners in Australia is an anomaly in the Commonwealth Criminal Code Act 1995, which **prohibits the use of electronic communications** including telehealth in VAD processes. Practitioners risk criminal prosecution and a \$300,000 fine.

This affects not only doctors conducting VAD assessments, but also nurses and social workers who provide information about VAD, and pharmacists who cannot receive scripts or communicate via fax or email.

It's always preferable to see patients in-person. However, **there are circumstances where telehealth is appropriate**. A case comes to mind where one of my patients with metastatic breast cancer had to travel to see me for a VAD assessment lying in the boot space of a 4WD car with no seatbelt, as she was too unwell to sit up.

The case for using telehealth should be decided by the person and their health practitioner. Telehealth and electronic communications are used for VAD assessment **in New Zealand, the US and Canada**, with no evidence that patient safety is being compromised.

VADANZ has supported **West Australian Independent MP Kate Chaney** to [introduce a bill to the House of Representatives](#) to amend the Commonwealth Criminal Code to fix this issue.

For our Australian members: How have you been affected by the telehealth ban? We understand that VAD practitioners are going to extraordinary lengths to provide care to their patients, including travelling long distances. Documenting these experiences is important as we continue to advocate for change. [Email us](#), and **tell us your story**. Details will be de-identified if you prefer and we will always protect privacy.

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Dr Cam McLaren
VADANZ President



Thank you

Last month, we asked you for **expressions of interest** for closer involvement in VADANZ to help the organisation grow, and you responded in heartening numbers.

Thank you to all those who have contacted us so far. To anyone who would still like to **express interest in working with VADANZ** - whether it be on the Board of Directors or as part of our working groups, presenting webinars or helping formulate policy - email us [here](#).

Let us know your area of expertise, your capacity and how you'd like to be involved.



VAD and Advance Care Planning

The [Australian Centre for Health Law Research](#) and [Advance Care Planning Australia](#) have released **Guiding Principles for health professionals** to assist them in navigating the topic of **VAD during advance care planning** (ACP) discussions.

Though ACP is conceptually different from VAD, **the topic of VAD may arise during ACP conversations**. There are important issues such as legal restrictions on raising VAD during discussions (in New Zealand, South Australia and Victoria), and conscientious objection.

Health professionals also need to be aware of the time and planning needed to access VAD, during ACP discussions. [The guiding principles](#) draw on research in the Medical Journal of Australia by Ben White and colleagues, [Implications of voluntary assisted dying for advance care planning](#).



VADANZ NZ sub-committee invites members

Dr Laura Chapman and **Dr Annemarie Mitchell** have established a VADANZ **Sub-Committee** to look at Kiwi-specific issues, including the VADANZ submission to the review of the **End of Life Choice Act**. If you are interested in joining, please email [here](#).

The six-month timeframe to death requirement, which many feel is too restrictive, and the 'gag clause', which prevents health practitioners raising assisted dying with their patients, have been flagged as issues in the media.

Tōtara Hospice CEO Tina McCafferty has said the latter is "at odds with the actual responsibilities of healthcare professionals, where there's an obligation to inform patients of all choices they can have in their care". [Tōtara Hospice](#) is the only NZ hospice to offer assisted dying on their premises. Architect of the Act **David Seymour** is also [advocating](#) for the scrapping of the six-month timeframe.

As of 31 January, there had been 1775 applications for assisted dying in NZ - 980 were approved and 681 of those followed through.

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SA Review Board update

South Australia's VAD [Review Board](#) has released its quarterly update. In Q1 of 2024:

- **67 permits** were issued. It took an average of 24 days to get through the VAD process. 70% were self-administered.
- **Place of death:** 44% public hospital, 39% private residence, 11% residential aged care, 5% hospice, 2% private hospital.
- **Practitioners:** Of the **122 practitioners who registered** to undertake the mandatory training, 74 (61%) have completed the training and are eligible to deliver VAD in SA.



Seeking NZ research participants

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- formally applied with the Ministry of Health who were assessed as eligible, ineligible or changed their mind, or
- asked for assisted dying from a health professional but were told that they couldn't or shouldn't apply for some reason.

Interviews over Teams or phone. All information is confidential. This research aims to produce an evidence-based submission to the upcoming Act review and create resources that will support people using or providing the service.

Email assisteddyingresearch@vuw.ac.nz, phone 04 887 3140, or find more information on our [website](#). Alternatively, complete this [short survey](#).



Call for abstracts

This year, VADANZ is again co-hosting the **Trans-Tasman Voluntary Assisted Dying Conference** and we invite you to **submit an abstract for presentation**.

The theme for this year's conference is **Access and Equity**. The offered **format** is 10 minute oral presentations. Please [submit your abstracts](#) by **30 May 2024**. And [register your interest in attending the conference here](#).



VAD and dementia

VAD for people with dementia **is available in some overseas jurisdictions**, including in the Netherlands, Belgium, Luxemburg, Switzerland, and Canada; but remains controversial.

An [article in the Medical Journal of Australia](#) discusses extending the existing VAD legislative framework to include people with dementia and concludes it presents **fundamental social, ethical and clinical challenges**. These include lack of decision-making capacity in the patient, lack of precise criteria for diagnosis, as well as the potential to increase social stigma for those living with dementia.

However the authors say debate about the issue should continue. **Read the full article** [here](#).



World watch

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supported by the New York State Academy of Family Physicians.

France | An [assisted dying bill](#) has been introduced. It states the patient must have a grave and incurable illness, is suffering from unbearable pain and is acting of their own free will; however the bill gives no timeframe to death.

Scotland | A leading [Scottish surgeon](#), who operates on patients with advanced head and neck cancers, is backing the country's [assisted dying bill](#).

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