



VADANZ
Voluntary Assisted Dying Australia and New Zealand

VADCON24 tickets

Dear <<First Name>>

[Early bird tickets are now on sale](#) for the [2024 Trans-Tasman Voluntary Assisted Dying Conference](#), in Brisbane.

Following the success of last year's inaugural conference, VADCON24 is returning bigger and better, with a program focused on the themes of Equity and Access.

As a VADANZ member, you have the chance to [secure your discounted first-release tickets](#) before general release on 1 July.

How do I access my discount?

- Click on the [registration link](#).
- Use access code: **EARLYBIRD** for 10% off the price of conference passes.
- Enter discount code **VAD24ANZ** at checkout for your **ADDITIONAL member 10% discount**.

Conference details

Where: Queensland University of Technology - QUT Gardens Point, Brisbane

When: Monday 28 & Tuesday 29 October 2024. **Please note the VADANZ Annual General Meeting will be held in Brisbane on the afternoon of Sunday 27 October.**

Program: [Click here to view the draft program](#). Please note, this is subject to change.

More information about the speaker lineup and accommodation recommendations coming soon.

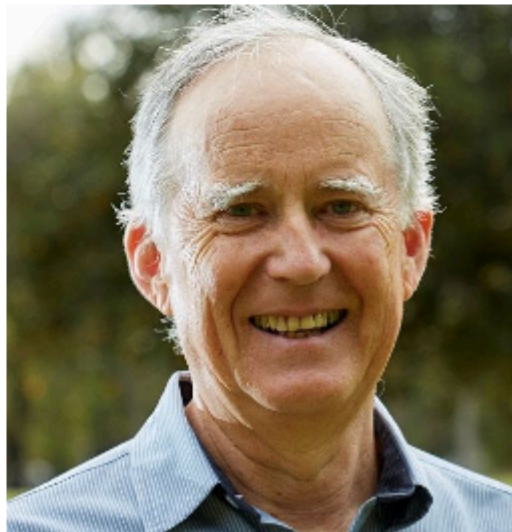


Last call for abstracts

We invite you to submit an abstract for presentation at VADCON24. The **deadline for submissions has been extended to June 9.**

The offered **format** is 10 minute oral presentations. Please [submit your abstracts](#) here.

What are the **top three issues you are hoping to see featured** at this year's conference? [Email us](#) and let us know what your priorities are, and what matters most to your work.

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VADANZ Webinar series

Join us for a one-hour webinar on **June 13** to explore how VAD clinicians approach **prognostication in non-malignant presentations** such as neurological, respiratory, renal and other, less common conditions.

The FREE webinar will be held on **Thursday June 13**, 5.30pm AEST, 7.30pm NZST

Our expert panel will discuss, among other issues:

- the role of prognostication tools and literature vs clinical experience
- the challenges of VAD prognostication in the context of comorbidities or frailty
- how does VAD prognostication change when a patient either ceases or continues life-sustaining treatment?

On the panel will be:

- **Dr Peter Allcroft** Clinical Lead for the Statewide Palliative Care Network for SA and a Clinical Advisor for VAD for the SA Department of Health.
- **Dr Margaret Fraenkel** Consultant renal and general physician, Victoria
- **Emeritus Professor Dr John Willoughby** Consultant neurologist and academic, South Australia

The webinar will be hosted by **Dr Harriet Beevor**, Consultant anaesthetist, Victoria.



VAD in the news

NZ: The assisted death of [New Zealand woman Tracy Hickman](#) this month generated considerable media interest in the UK, where she was also a citizen. Much attention was placed on the fact she chose a 'secluded beach' to end her life. Statistics contained in the [2023 yearly report of the Assisted Dying - Ngā Ratonga Mate Whakaahuru service](#) show the home or another private property is overwhelmingly the most common place, accounting for 80 per cent of assisted deaths, with 9 per cent in an aged care facility, 8 per cent in a public hospital, 2 per cent in hospice facilities and 1 per cent in an 'other community facility'.

QLD: The [Australian Medical Association's Queensland branch](#) has urged the government to make further investments in palliative care and VAD ahead of the June state budget. Queensland AMA president Maria Boulton said doctors and health services needed VAD-specific funding, particularly for community-based services, longer GP consultations and for practitioners to travel to outer-area patients. "VAD must have its own separate funding stream in the budget that does not reduce funding for other end-of-life services."

Also in the news: Ben White & Lindy Willmot, professors at the Australian Centre for Health Law Research at QUT, consider the question: [Should people with dementia be eligible for VAD?](#) As the NT undertakes community consultation on the issue, the authors discuss the difficulties in widening eligibility, and how it currently works in Canada and the Netherlands.



ACT VAD bill debate

The ACT Government will provide a clearer definition of the terms 'advanced' and 'last stages of life' in its voluntary assisted dying bill, with a view to providing more flexibility for VAD assessing practitioners.

The ACT bill is expected to be debated and pass during the June 4 sitting week, with the scheme to come into effect on November 3, 2025.

The ACT bill allows a person to be eligible for VAD even if they don't have a 12-month timeframe to death. However, they must still have a condition that is 'advanced, progressive, and expected to cause the person's death'.

This month, the [government responded to a Legislative Assembly inquiry](#), which asked for better definitions of the "subjective and ambiguous" eligibility terms, among other recommendations.

The government has agreed to increase the time period in which practitioners must accept and lodge a VAD request in the system, from two working days to four. There was also agreement in principle to consider remuneration for health practitioners who undertake mandatory VAD training, but the government response noted that was "subject to future budget consideration".

Labor's [Marisa Paterson is considering an amendment to the bill](#) to allow an eligible person to access VAD if they have lost capacity in the period after the final assessment and before ending their life. Under the proposal, a person could elect a VAD attorney and carry out their wishes. Ms Paterson is consulting with the community on the proposal.

[Read the VADANZ submission to the inquiry into the Voluntary Assisted Dying Bill 2023 \(ACT\) here](#)



Case of the month

Margaret (pseudonym), a 73-year-old widow, was diagnosed with adenocarcinoma consistent with metastatic gallbladder cancer after presenting with right upper quadrant pain, cholestatic LFTs, and an ultrasound suggestive of choletlithiasis without cholecystitis.

She was referred to a medical oncologist for palliative treatment. Margaret raised her wish to pursue VAD in her first meeting. She had supported her husband through bowel cancer only two years prior and did not want the same experience, either for herself or her family.

She was reluctant to embark upon chemotherapy, but agreed, and was commenced on palliative cisplatin and gemcitabine.

Margaret had a period of disease control of almost a year before rising tumour markers and return of right upper quadrant pain prompted a CT scan that showed disease progression.

She underwent a repeat biopsy that was sent for next-generation sequencing and was found to have a CDK4 amplification. She developed recurrent pleural effusions requiring drainage, and she was referred back to her oncologist to discuss third-line palliative treatment.

At this time, Margaret had an ECOG performance score of 1, was still cooking and shopping for herself, and cleaning her own house. Margaret's oncologist discussed third-line FOLFOX chemotherapy with Margaret, however she declined this, and again requested to pursue VAD.

- How would you assess Margaret's capacity?
- How would you estimate Margaret's life expectancy?
- What more do you want to know?
- Are there any other issues about this case that stand out to you?

Go to the **VADANZ practising members forum** for the [full case presentation](#), and to add to



Calling all nurses

Legal Roles for nurses in voluntary assisted dying are currently limited and underdeveloped in Australia, says Griffith University researcher Dr Jayne Hewitt.

“This is despite research demonstrating nurses have the required skills to participate.”

More participation of nurses in VAD programs may improve access to services.

If you are a registered nurse or nurse practitioner, you're invited to complete a short survey as part of research into willingness to participate in VAD.

The researchers conducting this study are nurses from the School's of Nursing and Midwifery at Griffith University and Monash University, and the Princess Alexandra Hospital (Qld).

[Click here to take the five-minute survey.](#)



VAD and organ donation

What are your attitudes, beliefs, and experiences in Organ and Tissue donation? VAD clinicians are invited to take part in a survey by the Royal Melbourne Hospital Organ and Tissue Donation Team (DonateLife), and Voluntary Assisted Dying Navigators at Peter Mac.

The survey is anonymous and takes five minutes. [Click here to take the survey.](#)



World watch

Jersey | [Jersey politicians have agreed to establish an assisted dying service](#) on the island after a landmark vote. It will be similar to the Australian model, available to those with a terminal illness 6/12 months, with health workers having the right to opt out. The law won't come into effect until 2027.

France | [France's parliament has started debating its assisted dying bill](#). One key question is whether patients who are not able to take the substance are able to have it administered by

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US | Next month, the state of [New York will consider a revised assisted dying bill](#). Versions of this bill have failed to pass for the past decade. However there is some momentum this time, with the bill being supported by the Medical Society of the State of New York.

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