



VADANZ

Voluntary Assisted Dying Australia and New Zealand

Dear <<First Name>>

As the end of the calendar year approaches many of us will be working straight through the traditional holiday season and some may miss out on sharing special days with family and friends. As health care workers we tend to put ourselves last. We just keep going. However, I hope you can find time to spend with those you love, as well as finding time to do something you enjoy.

Each VAD jurisdiction has a Community of Practice set up to debrief with colleagues and support the work you do. If you are not aware of the Community of Practice in your jurisdiction, your state's VAD Care Navigator service should be able to give you information. Thank you for your passion and commitment to end-of-life care in 2024.



Dr Sally Cockburn | VADANZ President



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2025 VADANZ Webinar series

Completing a VAD assessment

Time: 6pm AEDT, 8pm NZST

Date: Wednesday 19 February 2025

2025 Webinar series

Completing a VAD assessment such as decision-making capacity, potential coercion, ensuring an enduring request, and complex family or social dynamics. This free webinar is only for VADANZ members.

On the panel are:

Clinical Associate Professor Peter Lange, an academic clinician geriatrician who has been involved in research, implementation and assessment for VAD in Victoria.

Dr Matthew Loft, a medical oncologist working in both public and private health care.

He combines clinical practice with academic research at the Walter and Eliza Hall Institute and University of Melbourne.



[Register for the webinar on VAD assessment](#)



Review of the End of Life Choice Act

A mandatory three-year review of New Zealand's **End of Life Choice Act 2019** by the Ministry of Health has made 25 recommendations including:

- Requiring minimum years of experience and mandatory training for practitioners.
- Expanding nurse practitioner roles for continuity of care.
- Mandating care facilities to provide reasonable access for assisted dying services.
- Removing the need to choose a date and time for an assisted death.

VADANZ is cited in the [Summary of Online Submissions](#), which was the second part of the Review, on issues such as Eligibility and Conscientious Objection. VADANZ's NZ sub-committee is of the opinion that the review has made generally sensible suggestions but notes there is no obligation to make changes. [Read more on the VADANZ website.](#) [Read the NZ review findings.](#)

Meet the VADANZ board

This month, we meet new VADANZ board member **Dr Keith McArthur**, GP and Clinical Lead of the Voluntary Assisted Dying Statewide Clinical Service, Tasmania.

How did you come to be practising VAD?

I have been a GP since 1988, firstly in a rural community with a small hospital and later in a regional town. I have spent much time in Aged Care facilities and managed many deaths. In spite of the best palliative care available, some deaths were not as my patients, or I, would like. When VAD became possible I knew I wanted to work in this space, but was concerned about what it would feel like and what it might emotionally cost me. However my first case left me with a profound sense of peace. This was a person who had been suffering immensely. They looked me in the eyes, asked me to administer the medication and went to sleep. I then truly understood how important it is to allow dying people to meet death on their terms.

What skills are you bringing to the board of VADANZ?

Nearly four decades of working in the community as a GP, 15 years working as a General Practice Liaison Officer in North West Tasmania, two years of regular VAD clinical practice and 18 months as a Clinical Lead developing the Tasmanian Voluntary Assisted Dying Clinical Service.

Where would you like to see VAD practice in five years' time?

I'd like to see VAD as an equitable and generally accepted option for people who are dying and suffering. And I'd like to see VADANZ as the organisation that is the "go to place" for knowledge, support and leadership concerning VAD in Australia and New Zealand.

Outside of work, what are we likely to find you doing?

Enjoying the outdoors in many activities, making things, doing stuff with the kids or snuggling up with family and a dog (who also counts as family), watching a good movie.

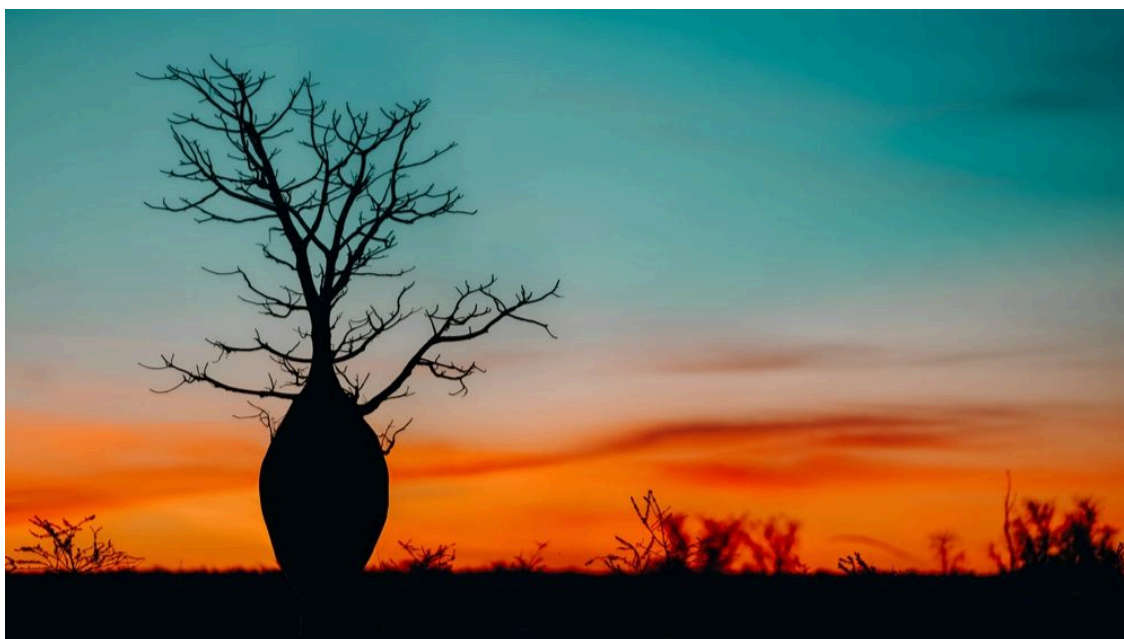




NSW VAD Board annual report

More than 1100 people in NSW made a request for VAD in the first seven months of operation, the latest **NSW VAD Board annual report** shows. During the reporting period from 28 November 2023 to 30 June 2024, 1141 people made a first request to access VAD and 398 people died due to administration of the substance.

Similar to other Australian states, people accessing VAD were more likely to be male, in their mid-seventies, live in a major city, have a cancer diagnosis, and be receiving palliative care. Almost two in three applicants (63.8%) were located outside the greater Sydney region. [Read the report here](#)



WA: 10 recommendations to improve VAD

The panel review said introducing MBS items for VAD would “expand workforce capacity, mitigating the risk of practitioner burnout and attrition” as well as improving equity of access for those who can’t afford privately billed medical care.

The review panel made 10 recommendations, aiming to address gaps in awareness, education and regional access, and looking at issues such as institutional conscientious objection. The panel found the ban on telehealth in VAD service provision was also affecting practitioners and their patients in rural and regional areas. [Read the review report here](#)



NZ's Flying VAD Doctor

NZ assisted dying practitioner and VADANZ member **Dr Katie Ben** got her NZ pilots' licence because she was fed up with long car commutes going to see patients in remote areas of the West Coast region in the South Island. “I said to my husband, there has got to be a better way of getting to my patients. And he said, ‘you used to fly in England, why don't you pick up flying again?’,” she said.

Dr Ben, a consultant anaesthetist, learned to fly in the UK on a TB-9 Tampico (pictured) and started flying the same model to see her patients last year, while training for her NZ license. “It absolutely changed my practice; instead of taking at least 10 hours to drive from Nelson to the West Coast and back to see a patient, I can do the return trip in about two hours or less, depending on the winds. And it’s a lovely way to travel.”

Since getting her NZ license, she has upgraded to a faster PA-28R Arrow. Dr Ben lets her patients know she’ll be flying in and that appointments are weather dependent as she can’t take out the plane with certain levels of cloud, wind, or low visibility.

rough ETA," she said. "So far it's all worked out well. They seem to like the idea of a flying doctor!"



UK assisted dying bill

The **UK Terminally Ill Adults (End of Life) Bill** passed second reading on November 29 by a wider than expected margin, 330 to 275. In the lead up, VADANZ board member **Dr Clare Fellingham** was invited by Dying With Dignity UK to give evidence at the English and Scottish parliamentary inquiries into assisted dying . (Read Clare's interviews in the [Daily Express](#) and [The Scotsman](#)). The Bill, based on the Oregon model, features:

- 6 month timeframe to death
- Each application is subject to High Court approval
- Substance must be self-administered but can be prepared by the co-ordinating practitioner.

What's next? The bill will now be scrutinised, and it's likely several amendments will be tabled. It will return for third reading April 2025 at the earliest. [Read more on the next steps](#)



World Watch

A study has been published in the [JAMA Internal Medicine](#) comparing assisted deaths around the world in jurisdictions where it is legal, with five Australian states included in the study. Assisted deaths accounted for 1.4% of all deaths, with the highest incidence in the Netherland, followed by Canada and then Queensland, Belgium and WA. The US states had the lowest incidences of assisted deaths. It found cancer was the underlying disease for 66.5% of assisted deaths followed by MND (8.1%), circulatory system disease (6.8%) and respiratory system disease (4.9%).

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