



SA Health

# VOLUNTARY ASSISTED DYING REVIEW BOARD

Annual Report 2022-23



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**

PO Box 287 Rundle Mall, Adelaide SA 5000  
SA Voluntary Assisted Dying Review Board | SA Health

Contact phone number: 08 8226 8859  
Contact email: [Health.VADReviewBoard@sa.gov.au](mailto:Health.VADReviewBoard@sa.gov.au)

Date approved by the Board: 13 October 2023  
Date presented to Minister: 27 October 2023

# CONTENTS

1. Message from the Minister for Health and Wellbeing.....	4
2. Message from the Presiding Member.....	5
3. Overview.....	6
4. Voluntary assisted dying in the context of end of life care .....	7
5. Personal reflections on voluntary assisted dying.....	8
6. Our voluntary assisted dying teams .....	10
7. Voluntary assisted dying activity 2022-23 .....	12
8. Conversations with voluntary assisted dying medical practitioners .....	27
9. Continuous improvement .....	30
10. Our focus for the coming year .....	33
Appendix 1. Voluntary Assisted Dying Review Board Performance.....	34

# 1. MESSAGE FROM THE MINISTER FOR HEALTH AND WELLBEING



Following the passing of the *Voluntary Assisted Dying Act 2021* (the Act) the Voluntary Assisted Dying (VAD) Pathway was made available to eligible South Australians from 31 January 2023. The Pathway provides safe, accessible and compassionate voluntary assisted dying to eligible South Australians with a terminal illness choice at the end of life.

The implementation of the VAD Pathway covers the 70 safeguards included in the legislation making it one of the safest voluntary assisted dying pathways in the world. A high level of oversight has and continues to be provided by SA Health in administering the VAD Pathway as well as the Voluntary Assisted Dying Review Board in their oversight role ensuring any application to access the Pathway is conducted in a considered, careful and safe manner in line with the legislation. This ensures that eligible South Australians that choose to access the Pathway maintain dignity and are supported at the end of life.

The implementation of the Act in South Australia builds on the successful implementation of voluntary assisted dying legislation in Victoria, Western Australia, Tasmania, and Queensland and precedes implementation in New South Wales.

This report offers us an opportunity to reflect on the steps that have been taken in South Australia since the commencement of voluntary assisted dying on 31 January 2023, to ensure that the Act is implemented in a manner that safeguards both the rights of individuals seeking this option and the ethical responsibilities of the medical community.

Of critical importance has been the establishment of a voluntary assisted dying medical practitioner workforce. I would sincerely like to thank those medical practitioners who have registered and undertaken the mandatory training in order to make voluntary assisted dying an end of life option in South Australia. Your commitment to participating in this new area of practice is fundamental to the availability of and trust in our voluntary assisted dying pathway.

I also thank the members of the Voluntary Assisted Dying Review Board for overseeing these first steps and providing this highly informative activity report for 2022-23. In addition I would like to thank the dedicated clinicians and staff of the SAVAD Care Navigator Service, SAVAD Pharmacy, Local Health Network VAD Liaisons and the Department for Health and Wellbeing for their role in establishing and facilitating the voluntary assisted dying pathway with professionalism and compassion.

Importantly, I would like to acknowledge those individuals that have made the choice to access the voluntary assisted dying pathway and extend sincere condolences to the bereaved.

**Chris Picton MP**

*Minister for Health and Wellbeing*

## 2. MESSAGE FROM THE PRESIDING MEMBER



To the South Australian Community,

It is an honour to present the inaugural Annual Report of the Voluntary Assisted Dying Review Board of South Australia.

As the Review Board commences its first annual review, we acknowledge the decades of dedication and community advocacy that have led us to this point. This has enabled 45 South Australians to make this end of life choice within a safe and compassionate legal framework in the first 5 months of voluntary assisted dying being available in South Australia.

Throughout this journey, engagement with patients, their families, healthcare professionals, legal experts and the broader community has been invaluable in shaping the voluntary assisted dying pathway.

We continue to learn, adapt, and refine our approach with all of the valuable feedback and reflections we have received as well as the data that we continue to collect. This has allowed us to continue the outstanding work of the previous Voluntary Assisted Dying Implementation Taskforce which, along with the teams in SA Health, have built the structure for our voluntary assisted dying services in SA.

I am confident that South Australia's voluntary assisted dying pathway remains grounded in the values of compassion, dignity, and respect whilst maintaining the highest standards of care delivered with robust oversight.

This report presents a comprehensive analysis of the key activities, outcomes, and statistics from the first 5 months of delivering voluntary assisted dying in South Australia and outlines how services have already improved and our focus for the coming year.

The Review Board extends sincere gratitude to all those involved in supporting access to voluntary assisted dying and deepest sympathies to those grieving their loved ones. Thank you to the South Australian community for supporting voluntary assisted dying as an option for South Australians.

**Associate Professor, Melanie Turner**

*Presiding Member, Voluntary Assisted Dying Review Board*

# 3. OVERVIEW

This is the first annual report of the Review Board submitted to the Minister for Health and Wellbeing in accordance with the requirements of section 120(1) of the Act. Whilst this annual report is for the period 2022-23, voluntary assisted dying only commenced in South Australia on 31 January 2023, so information and statistics contained herein are reflective of the 5 months from 31 January to 30 June 2023.

The information provided in this report includes:

- > personal reflections on voluntary assisted dying from family members and medical practitioners that have been involved in the pathway
- > an overview of voluntary assisted dying services in South Australia
- > an overview of improvement activities undertaken to date to improve the voluntary assisted dying pathway and those that are planned for the coming year
- > a collection of data and statistics regarding voluntary assisted dying activity in South Australia collected by the Review Board during 2022-23
- > an assessment of the Review Board's performance against its role and functions as described under section 113 of the Act, for the financial year 2022-23 presented in Appendix 1.

## Acknowledgment of Traditional Owners and Custodians

SA Health recognises Aboriginal and Torres Strait Islander peoples as the first Australians and we seek to engage Aboriginal and Torres Strait Islander people in decision making processes for matters that affect their lived experiences in the community and through the health system.

Together we will develop services and practices to be non-discriminatory and inclusive of Aboriginal and Torres Strait Islander people, respectful beliefs and culture, fostering self determination and producing equitable health outcomes for Aboriginal and Torres Strait Islander people in South Australia.

# 4. VOLUNTARY ASSISTED DYING IN THE CONTEXT OF END OF LIFE CARE

Voluntary assisted dying is a deeply personal choice offered within the broader landscape of end of life care which includes palliative care and grief and bereavement care.

Palliative care is dedicated to alleviating suffering, improving quality of life, and supporting patients and their families through the natural course of a terminal illness.

Palliative care focuses on holistic care, preventing and relieving suffering through the early identification and assessment of physical, emotional, and spiritual symptoms. For many, palliative care is a source of comfort and solace, and supports a dignified death. It neither seeks to shorten or extend life but focuses on optimising the quality of remaining life for the dying person and supporting their families/carers.

Approximately 70 percent of those who applied for voluntary assisted dying during the first 5 months of operation were receiving support from a palliative care service at the time. The Review Board is monitoring access to palliative care for people applying for a voluntary assisted dying permit to ensure the full range of services are available to all.

In addition, the Minister for Health and Wellbeing must report annually to Parliament on the total amount spent by South Australians on palliative care during the previous financial year.

Rather than diminishing the importance of palliative care, the availability of voluntary assisted dying expands the range of options available to individuals, recognising the complexity of human experiences, beliefs, and values. For some, the integration of voluntary assisted dying into the end of life care continuum may provide a sense of security and comfort providing a legislated pathway for individuals to exercise autonomy over their own lives and permitting them to make a profoundly personal decision about when and how they will die.

A person's request for voluntary assisted dying is an opportunity to explore their individual concerns and can stimulate broader discussions about end of life care, encouraging healthcare providers to offer more comprehensive, patient-centred support. By emphasising shared decision-making and fostering open dialogues between patients, families, and healthcare teams, it is possible to ensure that the spectrum of end of life care options is safe, well-informed, accessible, and responsive to individual needs.

Whilst palliative care is different from voluntary assisted dying, they can sit comfortably together. It is not one or the other. A person requesting voluntary assisted dying does not need to choose one or the other and palliative care can be continued until the death of the patient from voluntary assisted dying with support for family continuing.



# 5. PERSONAL REFLECTIONS ON VOLUNTARY ASSISTED DYING

The Voluntary Assisted Dying Review Board has been humbled by the many thoughtful personal reflections that have been received from members of the community since voluntary assisted dying came into effect in South Australia.

Living with a life-limiting illness is full of challenges and complex decisions for patients and their families and many emotions such as grief are felt. The impact of this has been richly expressed by family members and friends sharing personal accounts of their loved one's journey.

The voluntary assisted dying legislation stipulates that a person must come to the decision to access voluntary assisted dying voluntarily and free from coercion, however support from close family members or friends can be helpful.

For example, Daryl's brother was living with terminal cancer and was concerned that he may lose his capacity to advocate for himself. Daryl talked about the caution he experienced from health care workers as he attempted to be his brother's advocate in researching access to voluntary assisted dying on his brother's behalf.

Daryl says he went to great pains to make sure that clinical staff understood he was acting under instruction from his brother, whose speech had been compromised and who was very ill. Bridget describes a similar story supporting her sister whose own end of life experience was shrouded with anxiety and complicated further by secondary brain cancer.

In both scenarios, Daryl and Bridget spoke about the value of the voluntary assisted dying support services who not only provided information and support but whose presence enabled a calm and professional environment to explore aspects of the pathway. Bridget described the support they received as:

**“Reassuring, calm, composed and understanding. She was knowledgeable, confident, professional, but also very down to earth and human.”**

Daryl speaks more to the equal partnership that he and his brother encountered with the voluntary assisted dying staff.

**“It was a very even partnership from the first moment, by that I mean that the VAD Liaison Nurse set up a dynamic where we were all on this journey in a partnership, and that the primary person was always my brother”.**

The legislation has safeguards built into it to ensure that the process to access voluntary assisted dying is safe. Daryl describes the ability of the voluntary assisted dying support services to balance the legislation with compassion.

**“It is the humanity shown throughout that is of the foremost importance I think: and the various legal aspects while driving the strict and necessary sequential processes are nevertheless the subordinate parts of the successful implementation of the voluntary assisted dying experience”.**

The voluntary assisted dying team connected Bridget's sister and Daryl's brother with medical practitioners who could assess them for eligibility for voluntary assisted dying. Both Daryl and Bridget describe the doctors as very supportive:

**“The voluntary assisted dying process was really the first time that any medical and allied health practitioners had given such understanding and empathy to my sister's suffering, and that was such a relief.”**

Daryl reflected on how the voluntary assisted dying process empowered his brother at a time in his life where his sense of control was slipping:



**“The fact that my brother might finally have some agency and autonomy in the matter of his own health and his imminent journey to his final days on earth was an empowering moment and one that cannot be overestimated in its effect on the person’s sense of well-being and control over one core thing in their life when all other things seem to be beyond their control”**

Both Daryl and Bridget found the support from the staff at the SA Voluntary Assisted Dying Pharmacy Service to be reassuring.

**“The pharmacists took time to make sure that preparation of the medication was well understood and rehearsed and that any questions were answered”.**

In Daryl’s case, his brother did not die from administration of the voluntary assisted dying substance. His experience with voluntary assisted dying was profound and provided him a sense of control over his illness.

**“In the end, being granted voluntary assisted dying gave my brother and myself comfort. And even though he didn’t use the kit, just knowing it was an option for him was therapeutic and life affirming in a very real way.”**

Bridget described her sister’s final hours as calm with an opportunity to say her goodbyes. Her lounge room was set up like a comfy little nest, with items of significance close by. Following last hugs and some brief words Bridget’s sister administered the medication. There was no anxiety or hesitation, and she was asleep within a minute.

For Bridget being able to sit quietly with her sister in those first couple of hours after she died was comforting. The community nurse was available to declare life extinct, which enabled the funeral directors to come and collect the body. Bridget says the experience of voluntary assisted dying was positive, and she and the family are grateful for the exceptional care provided by

all involved in supporting her sister through the voluntary assisted dying pathway.

Whilst every voluntary assisted dying experience will be different, these first-hand accounts describe the process as providing relief of suffering and demonstrate the benefits of a planned approach and the involvement of voluntary assisted dying support services in supporting a positive, person-centred pathway for each individual.

**Dr Manthorpe was in the final stages of metastatic prostate cancer when he chose to end his life through voluntary assisted dying in March 2023.**

**We all (the five siblings) gathered at Dad’s house around 9am. A bottle of Penfold’s Grange, ordered for the occasion, was opened and we proceeded to drink as we chatted, with Dad giving us last lessons in wine appreciation!**

**Settling into his recliner chair, looking out from the lounge room to the view over the sea, with the five of us around him, Dad gave a short summary of how privileged he felt to have reached a grand age with so few tragedies and with a wonderful big family whom all got along. There were lots of tears, laughter, hugs, and music. And the wine!**

**It was very peaceful, without any trauma or distress. We had plenty of time to be with Dad – a very peaceful and dignified death. He had chosen the time, the place, the music, who to be with and the special wine. We were all in awe of his unwavering courage and determination to follow this through, orchestrating it to perfection.**



**Dr Manthorpe with his wife of 71 years**

# 6. VOLUNTARY ASSISTED DYING SERVICES

The Voluntary Assisted Dying pathway in South Australia is supported by a range of dedicated individuals and teams working across Local Health Networks, in private practises, and in the Department for Health and Wellbeing working in partnership to deliver a safe, accessible, and compassionate pathway for patients in accordance with the Act.

A description of each of the services involved in the pathway is provided in Table 1 below:

**Table 1. Voluntary Assisted Dying Services in South Australia**

Service	Description
<b>Participating Medical Practitioners</b>	<p>In order to access voluntary assisted dying in South Australia, a person must have their eligibility for voluntary assisted dying assessed by two independent medical practitioners who have both undertaken the mandatory practitioner training.</p> <p>A medical practitioner who has undertaken the mandatory training is eligible to undertake either of the following roles:</p> <p><b>Coordinating Practitioner:</b> A participating practitioner who accepts a person’s first request for voluntary assisted dying and coordinates the person’s progress along the voluntary assisted dying pathway.</p> <p><b>Consulting Practitioner:</b> A participating practitioner who accepts a consulting referral from a Coordinating Practitioner and provides the second independent assessment of eligibility.</p> <p>Participating practitioners are from a wide range of medical specialities including General Practice and work across South Australia both in public health services and in private practise.</p>
<b>SA Voluntary Assisted Dying Care Navigator Service (SAVAD-CNS)</b>	<p>The South Australian Voluntary Assisted Dying Care Navigator Service (SAVAD-CNS) and VAD Liaison Officers provide a service to assist people considering voluntary assisted dying, their family, friends and carers, health practitioners and health service providers to navigate the voluntary assisted dying pathway.</p> <p>Care Navigators and VAD Liaison Officers are nursing and allied health professionals with experience in complex and end of life care who manage queries related to voluntary assisted dying, facilitate connections between services, and support referrals to participating medical practitioners.</p> <p>Care Navigators work primarily with patients requesting information or support to access voluntary assisted dying in the community. The SAVAD CNS is located at Marion GP Plus in the Southern Adelaide Local Health Network.</p> <p>VAD Liaison Officers within South Australian Local Health Networks support patients seeking information or access to voluntary assisted dying whilst they are being treated as a patient in a public hospital.</p> <p>Both Care Navigators and VAD Liaisons provide:</p> <ul style="list-style-type: none"> <li>&gt; general information about end of life care services, including voluntary assisted dying and bereavement support</li> <li>&gt; individualised support for people accessing voluntary assisted dying</li> <li>&gt; assistance connecting people accessing voluntary assisted dying with appropriate medical practitioners and health services participating in voluntary assisted dying</li> <li>&gt; support for medical practitioners and health services</li> <li>&gt; education and training for health services.</li> </ul>

Service	Description
<b>SA Voluntary Assisted Dying Pharmacy (SAVAD-PS)</b>	<p>The South Australian Voluntary Assisted Dying Pharmacy Service (SAVAD-PS) provides the safe supply, education, and disposal of voluntary assisted dying medication. Forming part of SA Pharmacy, the SAVAD-PS works with the South Australian Voluntary Assisted Dying Care Navigator Service and medical practitioners to ensure continuity of care and support for people accessing voluntary assisted dying in South Australia.</p> <p>SAVAD-PS is available statewide and can visit people who have a self-administration permit or medical practitioners with a practitioner administration permit anywhere in South Australia to provide necessary information and supply the voluntary assisted dying medication. SAVAD-PS is responsible for:</p> <ul style="list-style-type: none"> <li>&gt; supply of the voluntary assisted dying medication kit</li> <li>&gt; educating a person accessing voluntary assisted dying about the administration process</li> <li>&gt; educating the Contact Person about their responsibilities to return the medication</li> <li>&gt; educating medical practitioners about the medication-related aspects of the pathway</li> <li>&gt; facilitating the return and safe disposal of any unused voluntary assisted dying medication</li> <li>&gt; preparing and maintaining medication-related resources</li> <li>&gt; supporting healthcare services in the preparation and maintenance of medication-related governance</li> </ul>
<b>Voluntary Assisted Dying Operations Team</b>	<p>The Voluntary Assisted Dying Operations Team in the Department for Health and Wellbeing is responsible for the management of the day-to-day mechanisms that support the voluntary assisted dying pathway.</p> <p>The team provides support to medical practitioners to help them to:</p> <ul style="list-style-type: none"> <li>&gt; register for and undertake the mandatory clinical training to become a participating practitioner;</li> <li>&gt; submit forms and information to the Voluntary Assisted Dying Clinical Portal in support of a voluntary assisted dying permit application in accordance with the Act.</li> </ul> <p>The Voluntary Assisted Dying Operations Team is also responsible for developing and maintaining up to date information, education, and resources regarding voluntary assisted dying for medical practitioners, clinicians, patients, and the community.</p>
<b>Voluntary Assisted Dying Review Board Secretariat</b>	<p>The Voluntary Assisted Dying Review Board Secretariat team in the Department for Health and Wellbeing provides secretariat support to the Voluntary Assisted Dying Review Board.</p> <p>This includes support for Board members to enable them to carry out their role; administration of monthly Board meetings; preparation of detailed compliance reviews for each completed voluntary assisted dying application; and development of voluntary assisted dying reports.</p>

# 7. VOLUNTARY ASSISTED DYING STATISTICS 2022-23

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:





1.

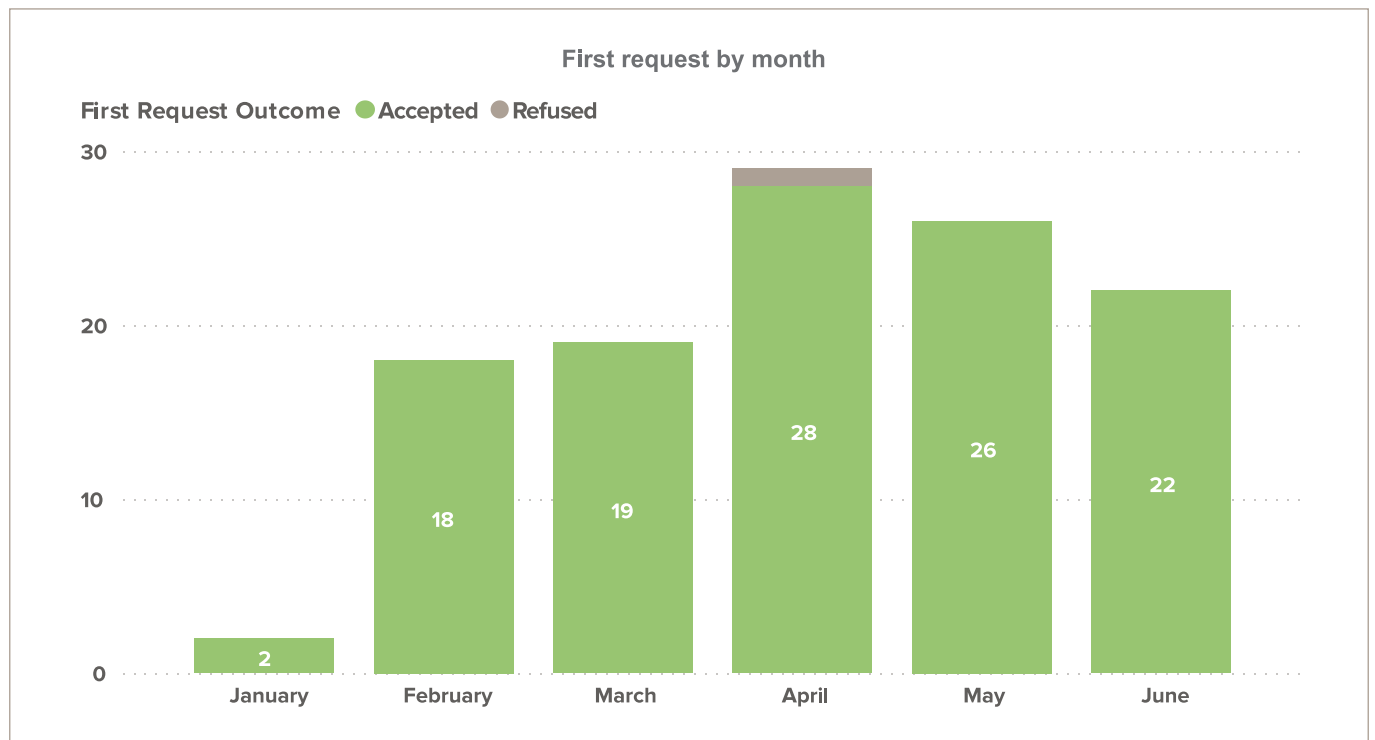
## Make a first request for voluntary assisted dying



The first step in the voluntary assisted dying pathway is when a person makes a first request to their medical practitioner.

### First requests

Between 31 January and 30 June 2023, a total of 116 people made a valid first request for voluntary assisted dying submitted to the Voluntary Assisted Dying Clinical Portal. Of these, 115 people had their first request accepted by an eligible medical practitioner and 1 person had their first request refused.



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. 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.

A person who had a first request refused may make another first request.



2.

## Doctor completes a first assessment

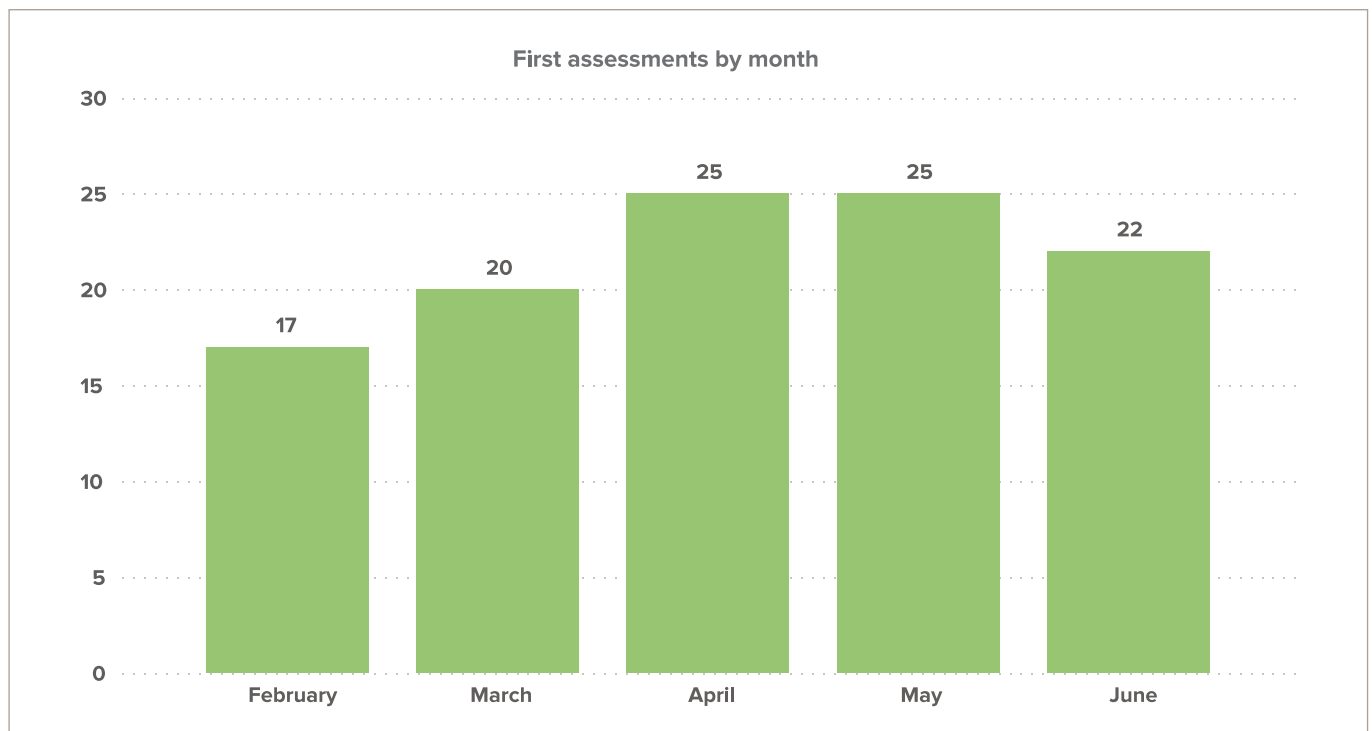


Once a person has had their first request accepted by a participating medical practitioner, that practitioner becomes the Coordinating Practitioner for the patient.

The Coordinating Practitioner must undertake 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 115 people who had a first request to access voluntary assisted dying accepted, 109 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 109 people who had a first assessment, 101 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.



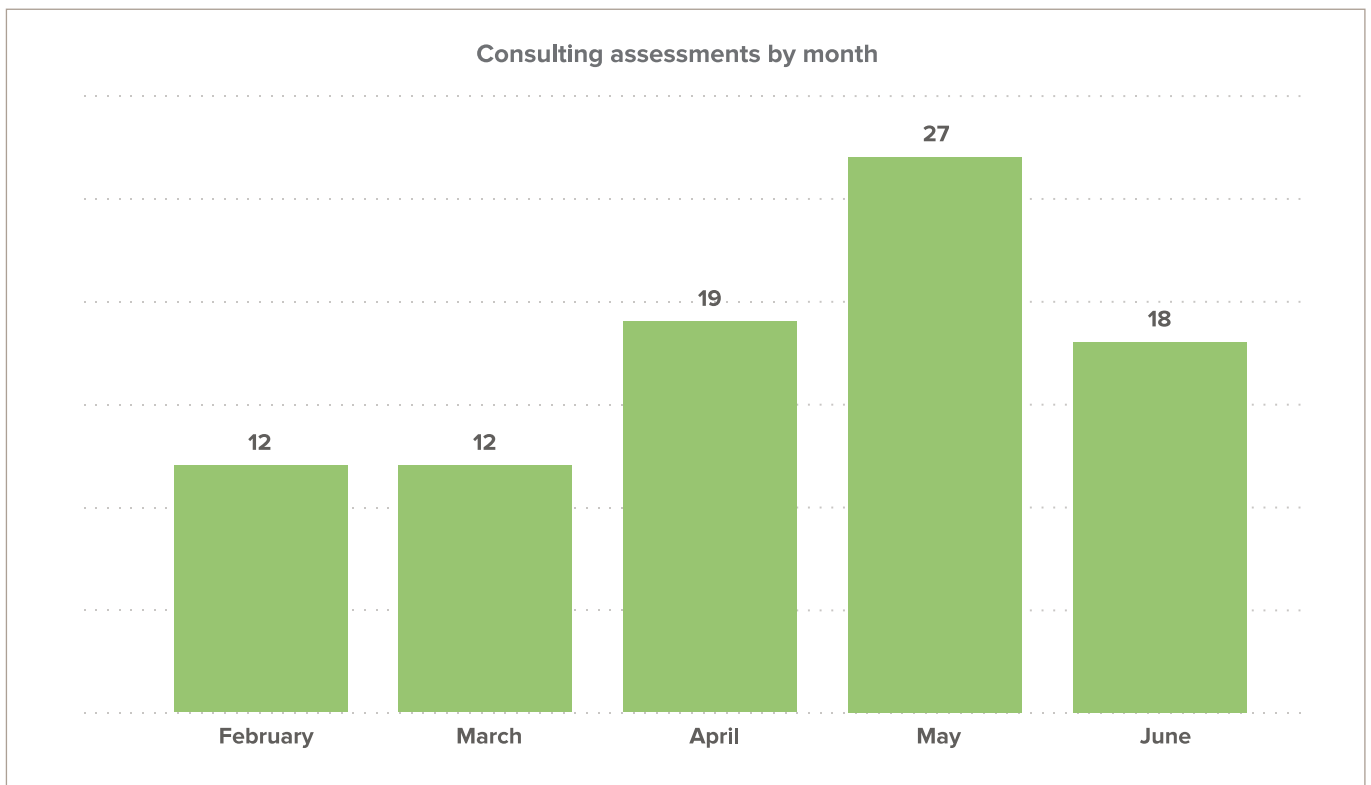
### 3.

## 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 101 people who were assessed as eligible for voluntary assisted dying at a first assessment, 88 people went on to have a consulting assessment. Of these, 87 were assessed as eligible for voluntary assisted dying after the consulting assessment.

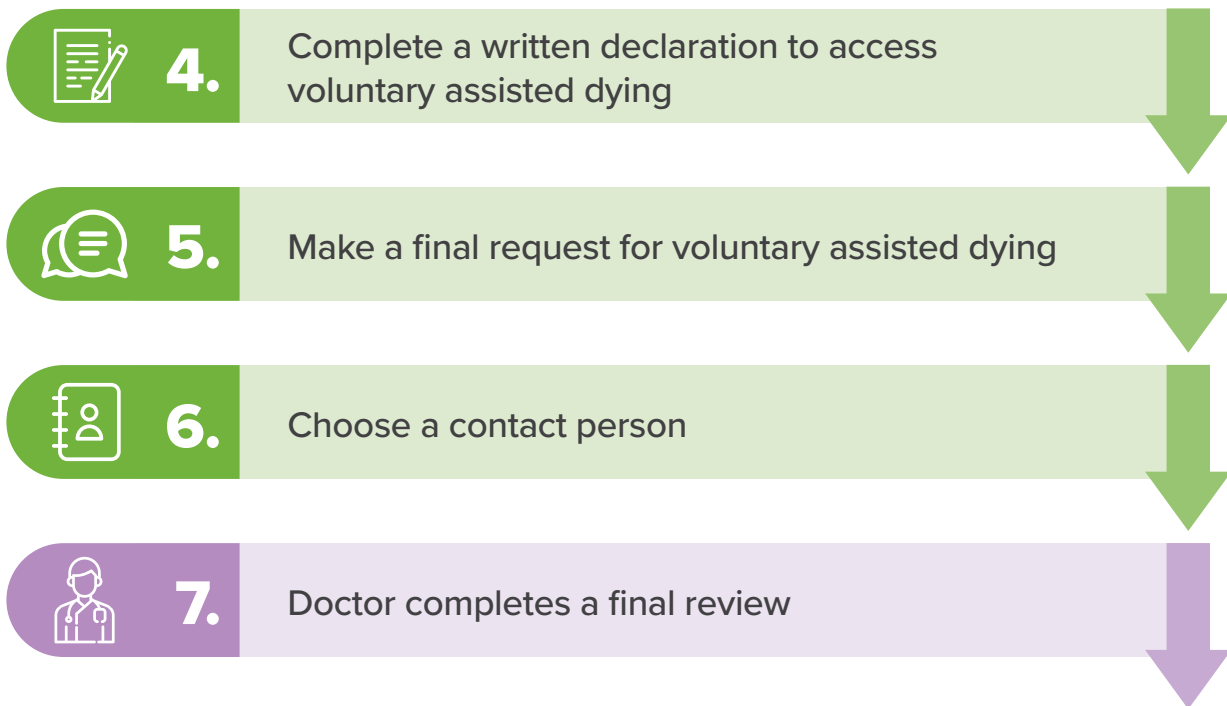


Reasons for not progressing from a first assessment to a consulting assessment include:

- > 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:

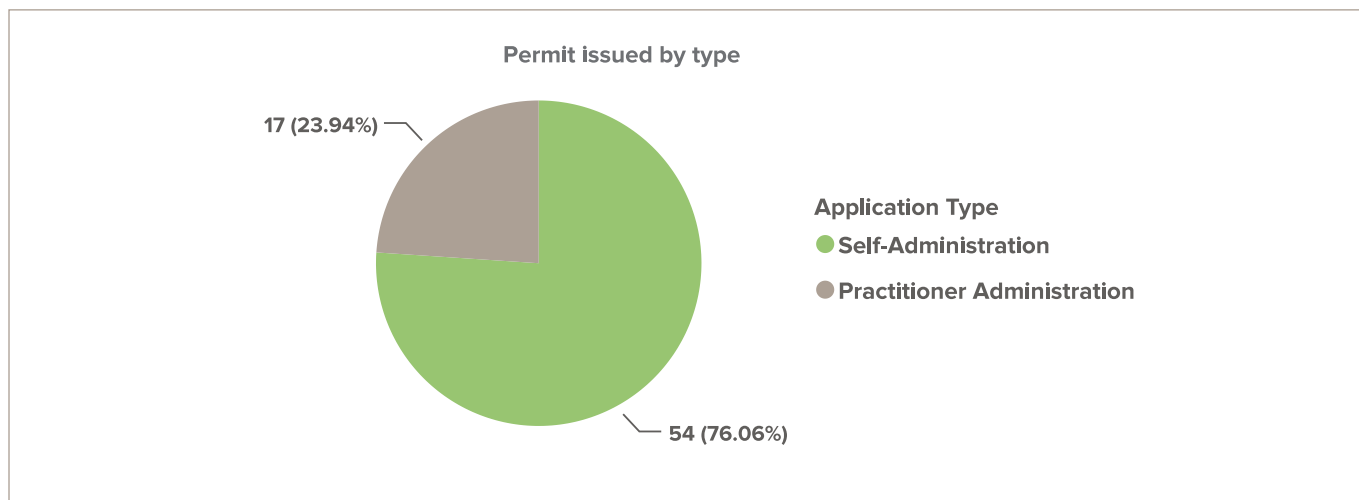


### Voluntary assisted dying permits

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 77 permit applications submitted by a Coordinating Practitioner to SA Health between 31 January and 30 June 2023 a total of 71 voluntary assisted dying permits were issued to 68 people.



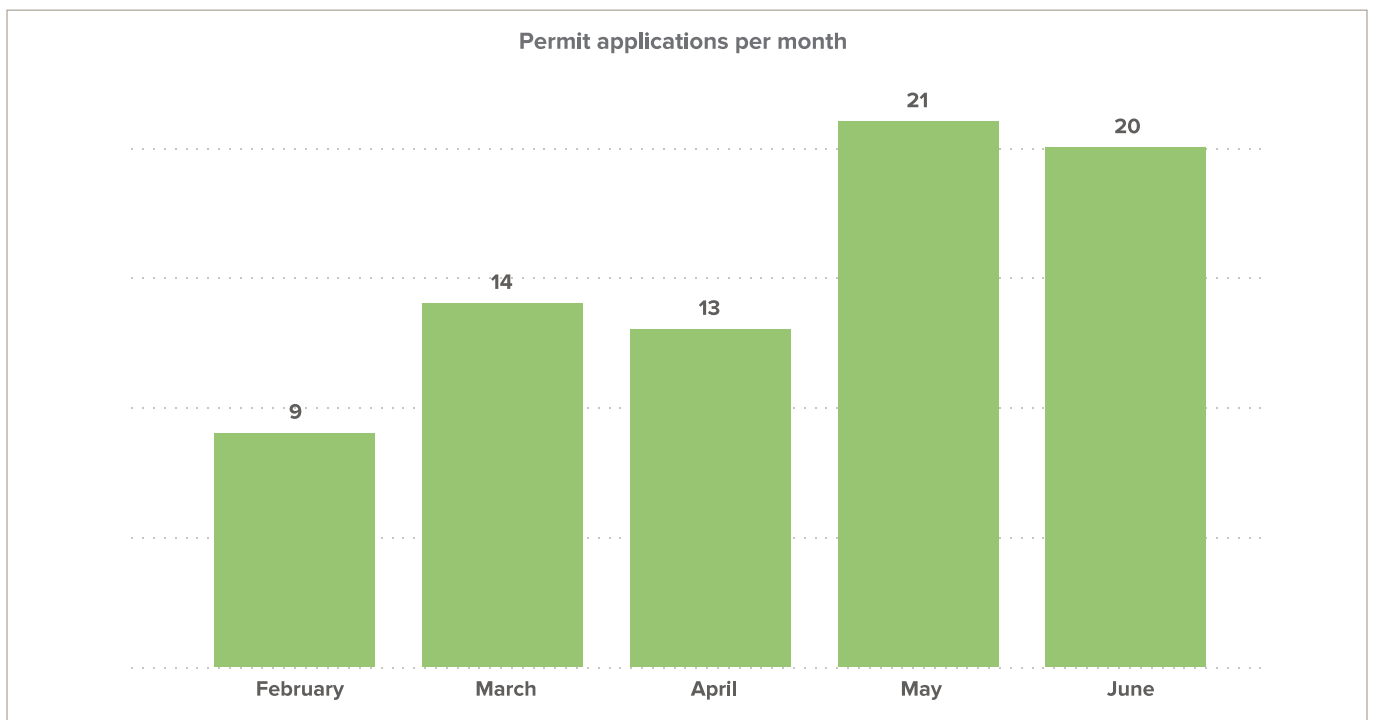
Reasons why a person may not be issued with a voluntary assisted dying permit include:

- > The person died prior to the permit being issued
- > The person withdrew from the pathway
- > The person 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 68 people who were issued with a permit, 51 people were issued with a self-administration permit and 17 were issued with a practitioner administration permit.

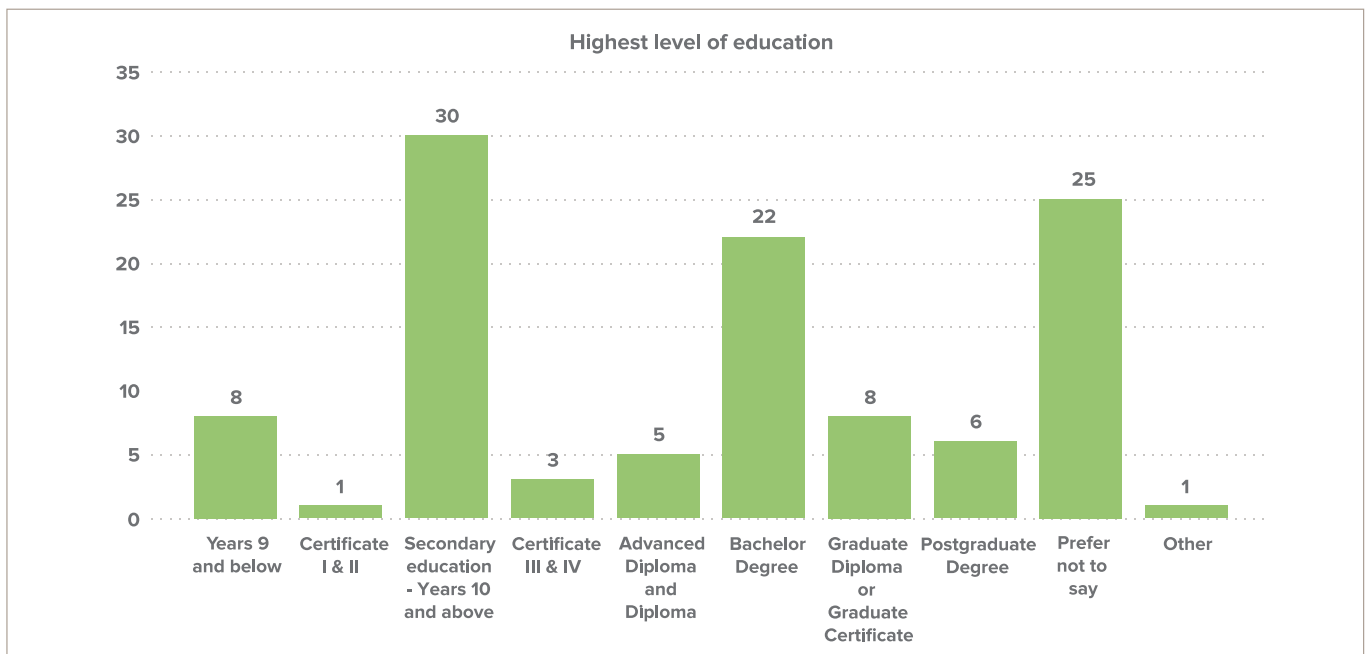
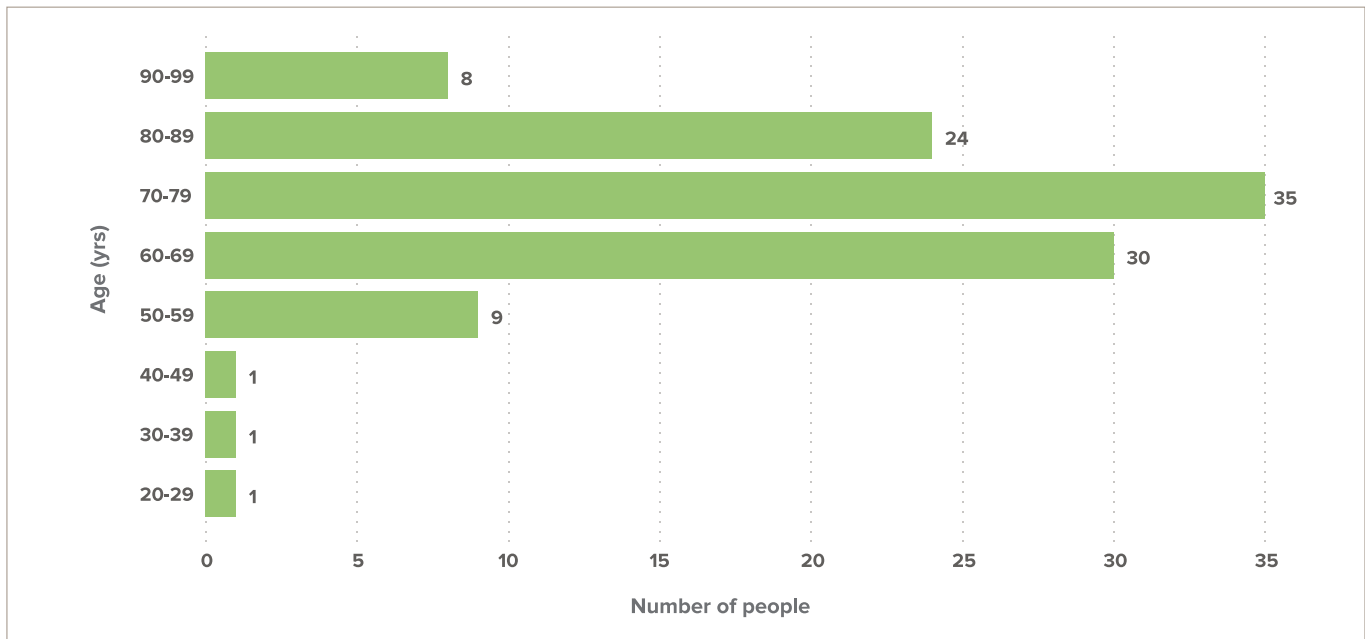
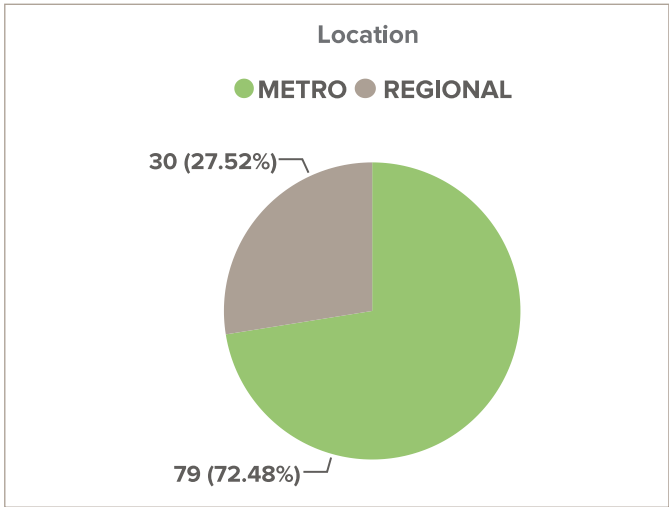
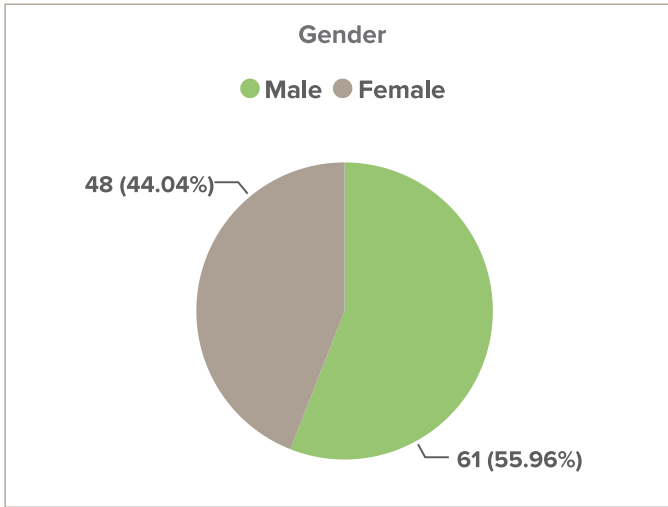
The number of permit applications per month is shown below:



## Demographics of people who made an application for voluntary assisted dying

Of the 109 people who underwent a first assessment for voluntary assisted dying between 31 January and 30 June 2023:

- > 82 (75%) were aged 65 years or older
- > 61 were male and 48 were female
- > 72% lived in metropolitan Adelaide and 28% lived in regional South Australia
- > 73% were born in Australia
- > 72% were currently accessing palliative care
- > 1 person accessed an interpreter





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.



9.

## Arrange supply of substance with pharmacist

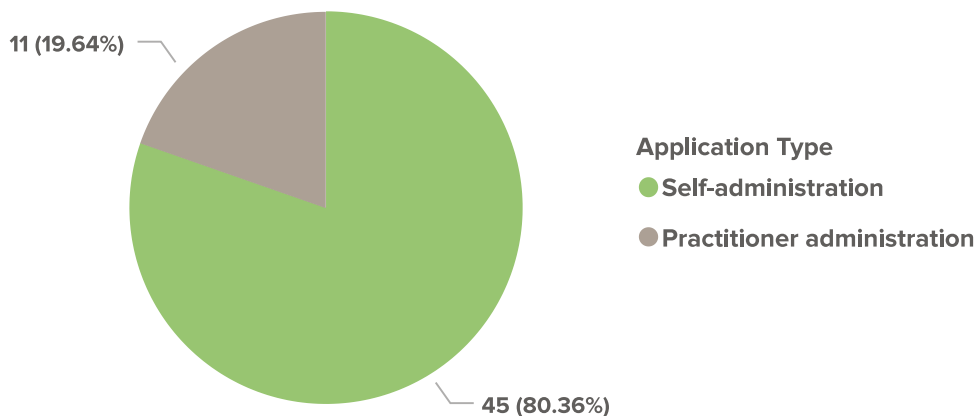


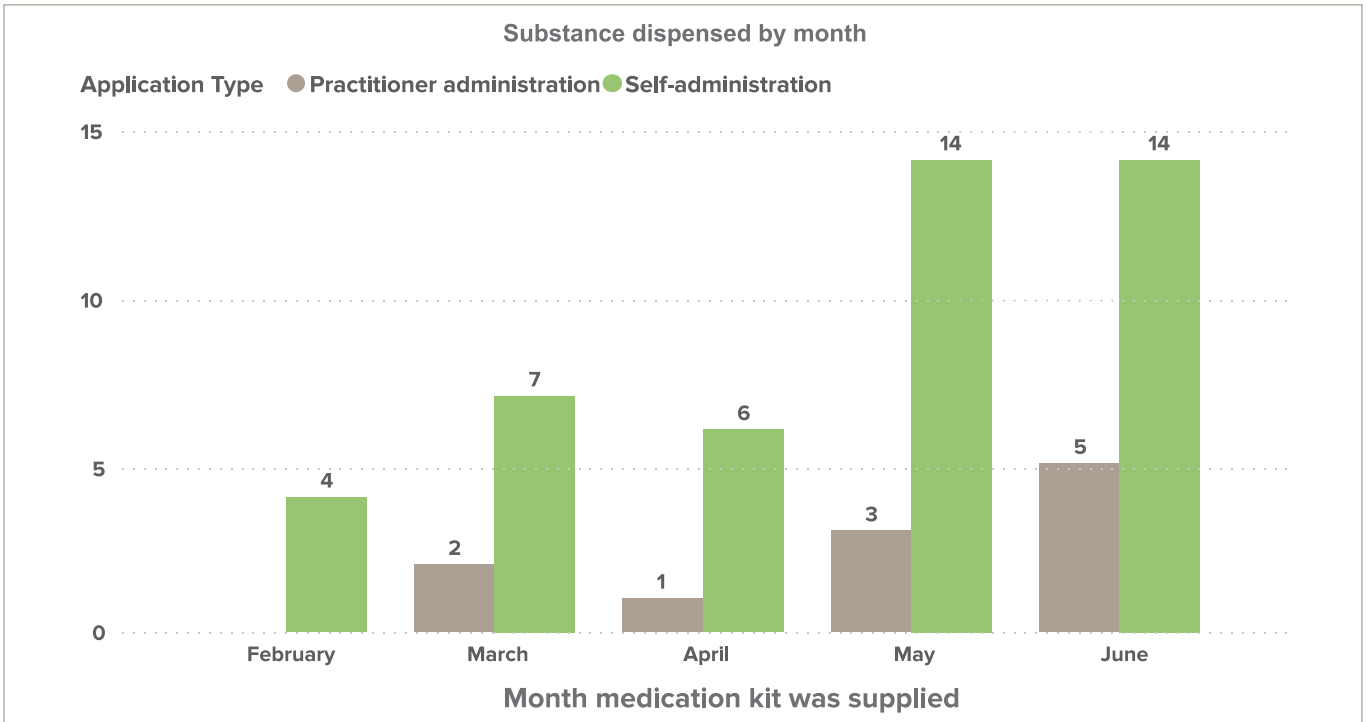
In order to take delivery of the substance after the prescription has been sent to the SAVAD-PS, a person who is the subject of a self-administration permit must contact the SAVAD-PS to arrange for a supply visit from the pharmacy team. During the supply visit the pharmacist provides comprehensive education regarding the storage and administration of the substance, as well as the role of the contact person in returning the locked box and its contents after the person has self-administered.


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.

Between 31 January and 30 June 2023, the SAVAD-PS completed 56 visits across South Australia to supply the voluntary assisted dying substance. 100% of these visits were completed within two days of the persons preferred day of supply.

Substance dispensed by type

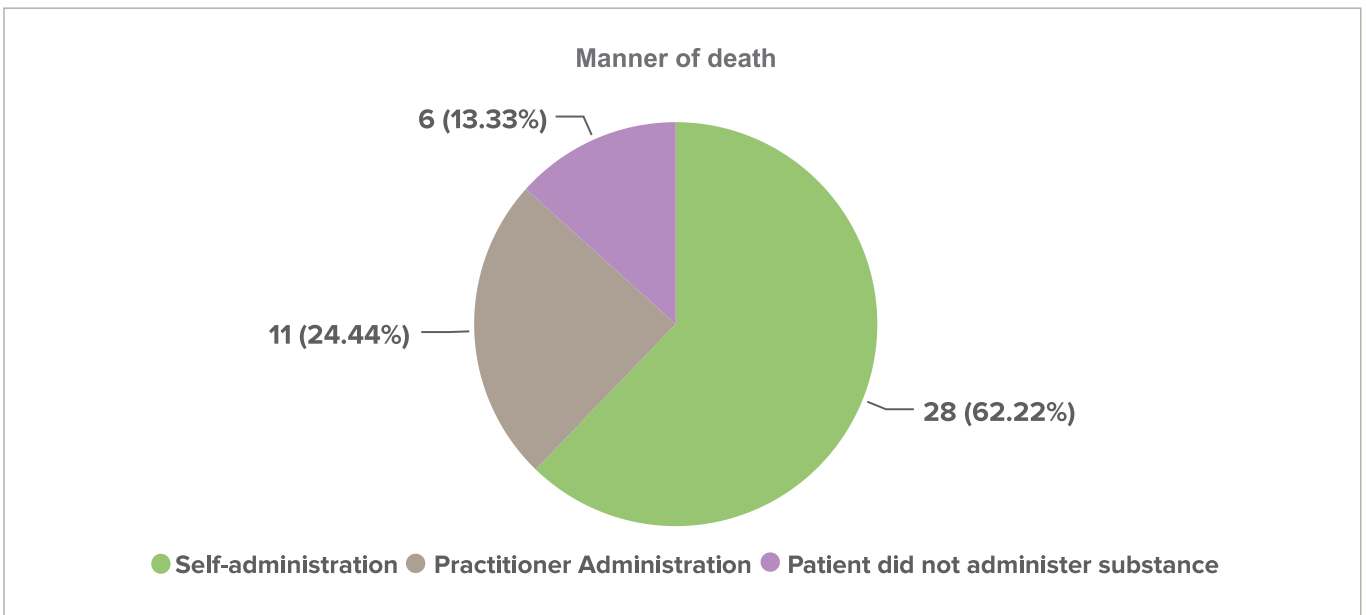




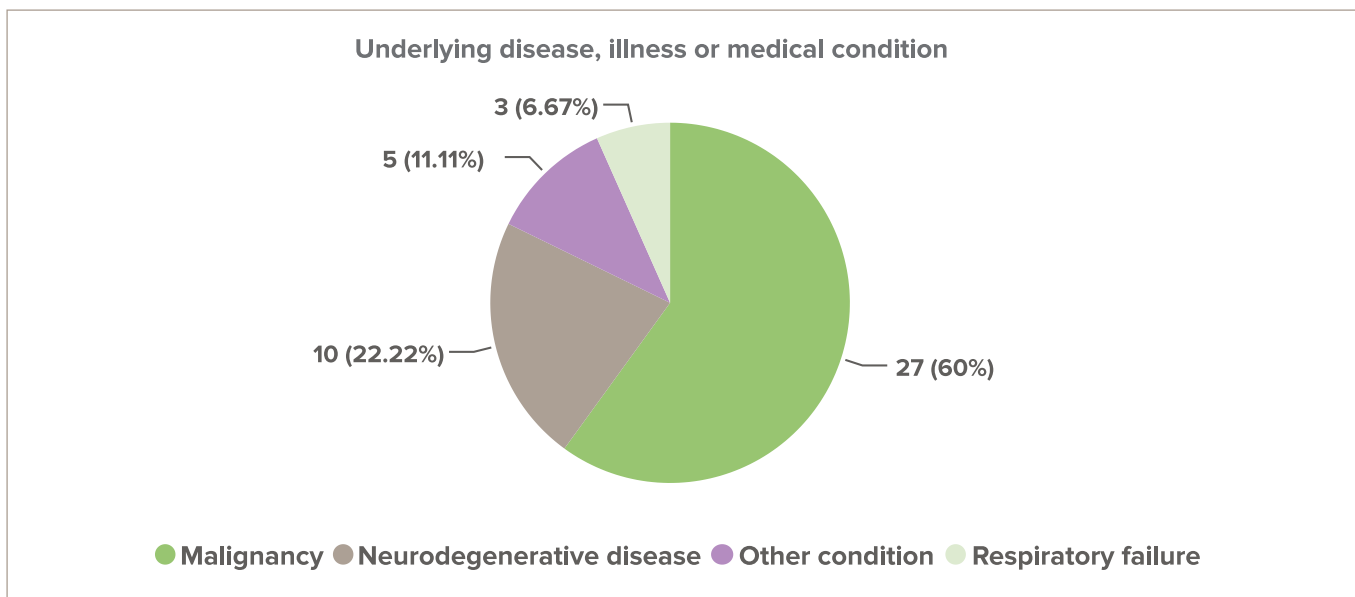
 **10.** Decide to administer substance

Between 31 January and 30 June 2023, 45 of the 68 people who were issued with a voluntary assisted dying permit died for one of the following reasons:

- > 28 died from self-administration of the voluntary assisted dying substance
- > 11 died from practitioner administration of the voluntary assisted dying substance
- > 6 died without taking the voluntary assisted dying substance

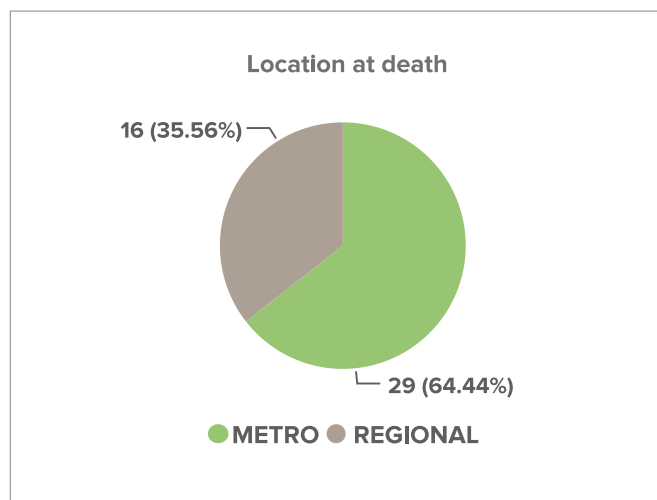
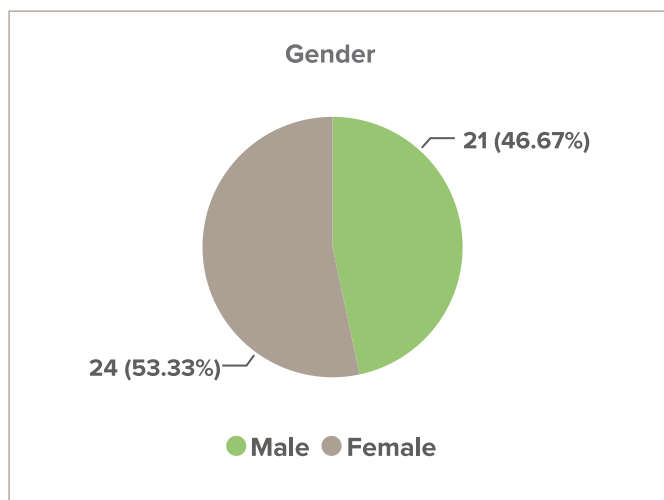


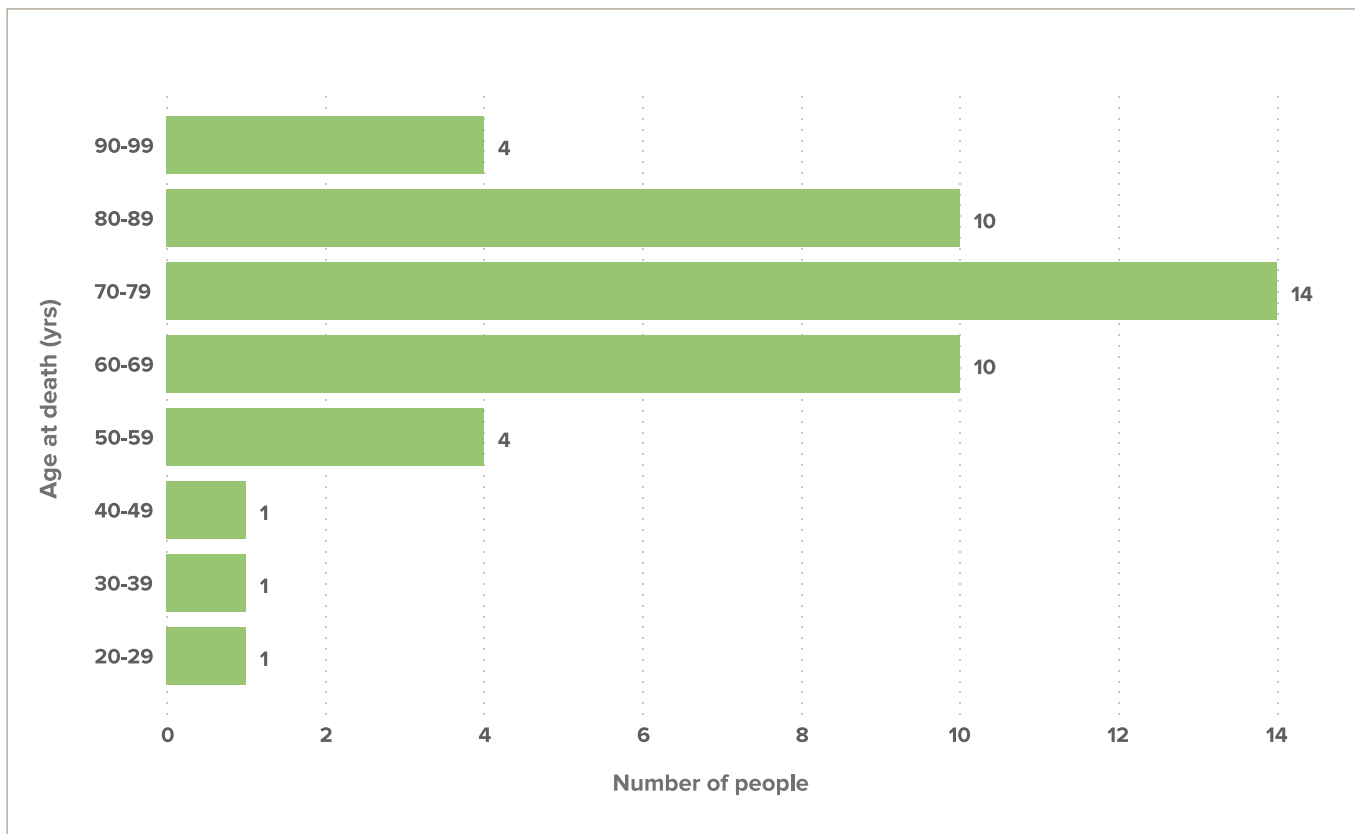
Of the 45 people who died who were the subject of a permit, 27 had cancer as the disease, illness or medical condition for which they were eligible for voluntary assisted dying and 10 had a neurodegenerative disease.



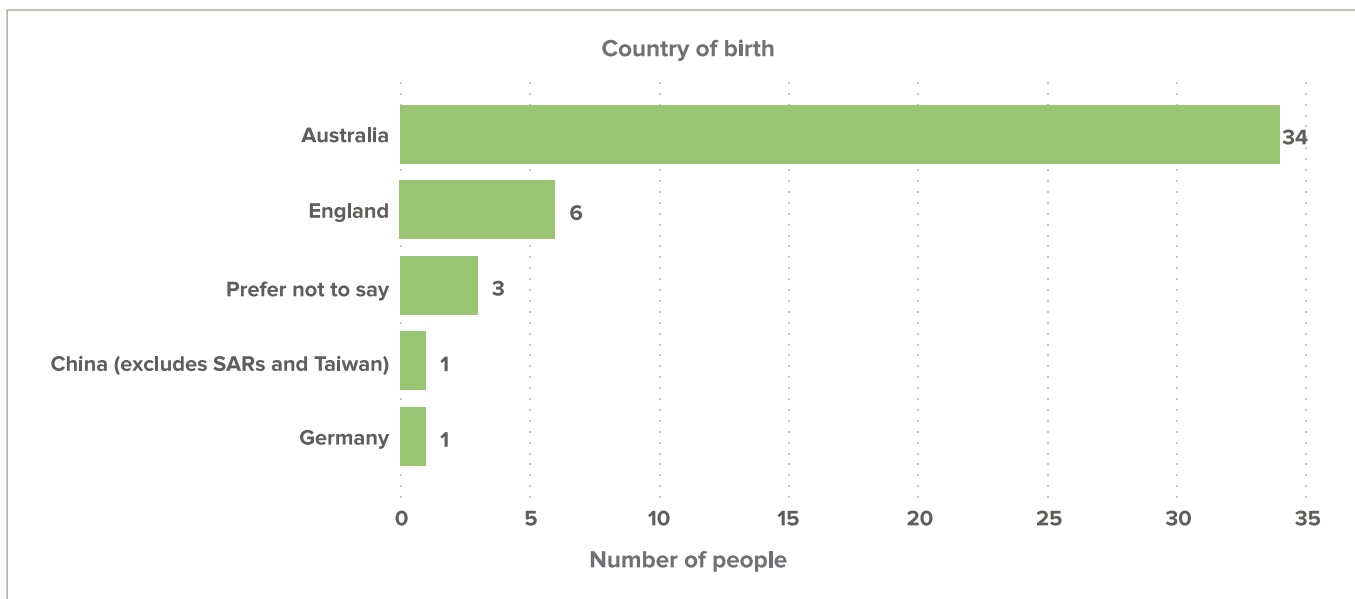
Of the 45 people who died who were the subject of a permit between 31 January and 30 June 2023:

- > 24 were female and 21 were male
- > 29 lived in metropolitan Adelaide and 16 lived in regional South Australia

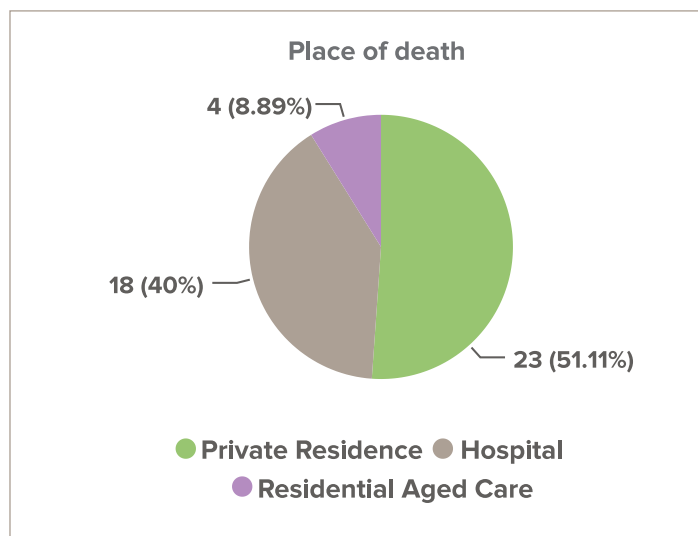
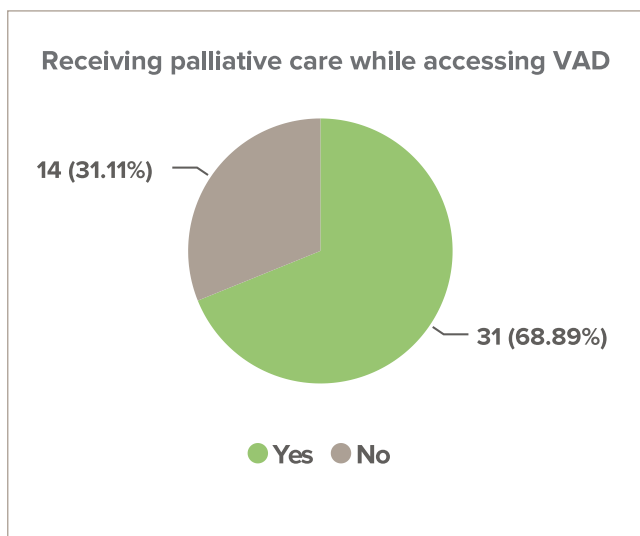




- > 39 were aged over 60 years at the time of their death
- > 34 were born in Australia
- > 23 died at home, 18 died in a hospital and 4 died in a residential aged care facility
- > 31 were receiving a palliative care service while accessing voluntary assisted dying







## People who commenced but did not complete the voluntary assisted dying pathway

For a range of reasons some people commence but do not complete the voluntary assisted dying pathway prior to the issue of a permit. Of the 109 people who underwent a first assessment for voluntary assisted dying between 31 January and 30 June 2023, 41 did not complete the voluntary assisted dying pathway prior to the issue of a permit for one of the following reasons:

- > 18 died prior to the issue of a permit
- > 9 were assessed as ineligible for voluntary assisted dying prior to the issue of a permit
- > 14 people withdrew from the pathway prior to the issue of a permit.

## 11. Death certification

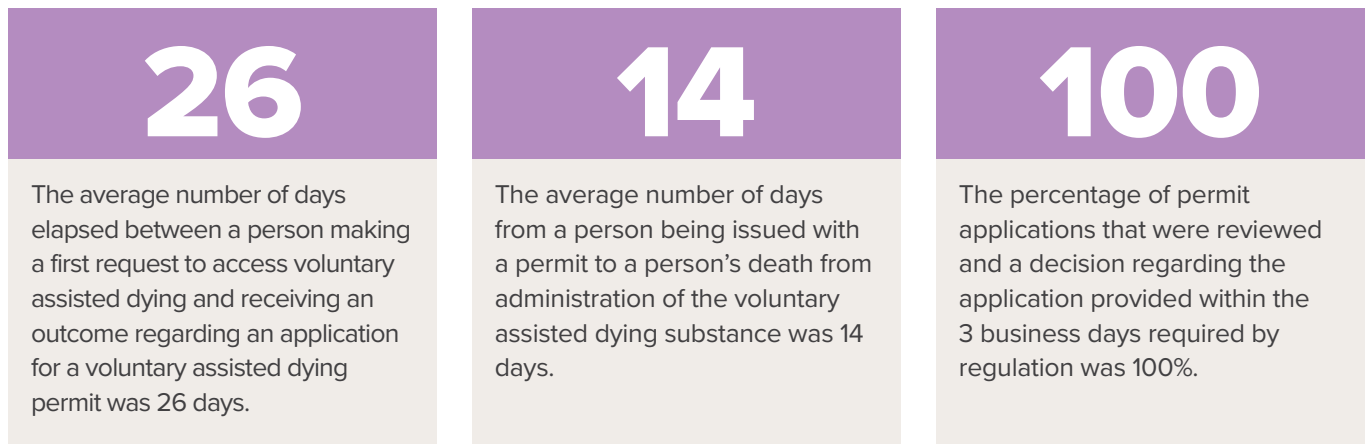
The Registrar of Births Deaths and Marriages notifies the Review Board of all voluntary assisted dying deaths on receipt of a Doctors Certificate of Cause of Death (Certificate).

The Doctors Certificate of Cause of Death now 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 Report that is provided to the Review Board. This ensures that data is kept up to date and supports accurate record keeping.

## How long does the voluntary assisted dying application process take?

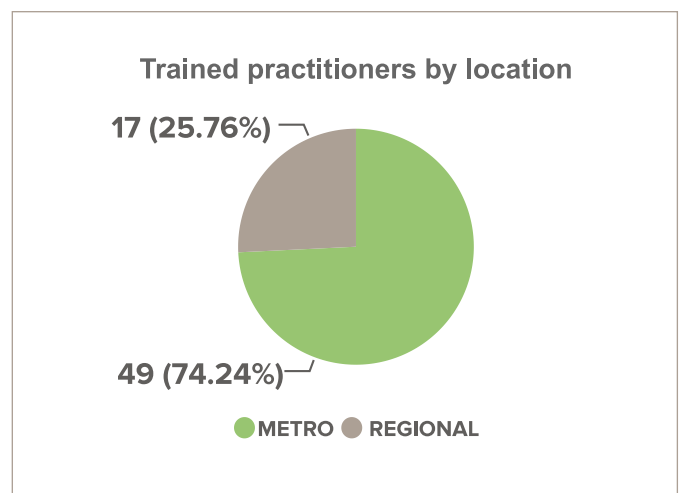
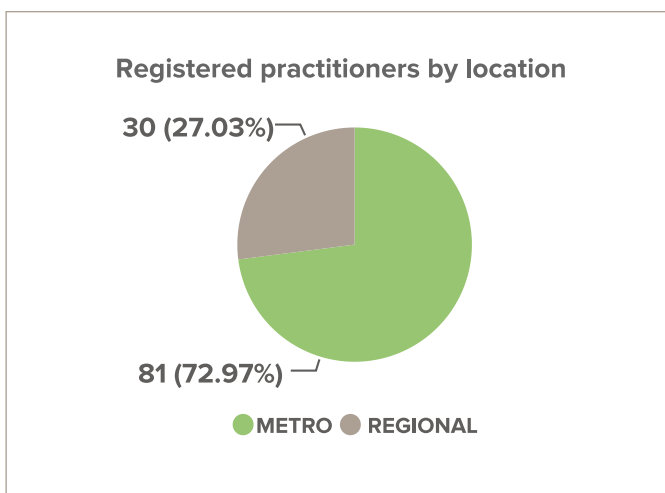
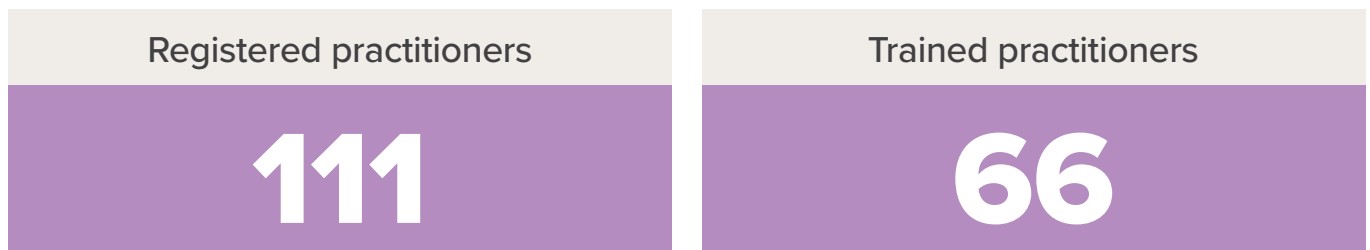


A person seeking to access voluntary assisted dying maintains control over the timing within which they proceed along the pathway. Once a person has been issued with a voluntary assisted dying permit, that person has full autonomy and control over the timing of the next steps on the pathway. This means 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.

Between 31 January and 30 June 2023, the average length of time between a person being issued with a permit and choosing to administer the substance was 14 days.

## Medical practitioner involvement in voluntary assisted dying

As of 30 June 2023, a total of 111 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 111 practitioners who registered to undertake the mandatory training, 66 (59%) had completed the training by 30 June 2023 becoming eligible to support access to voluntary assisted dying in South Australia. Of those 74 percent reside in metropolitan Adelaide and 26 percent reside in regional South Australia.

### 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 registered medical practitioners are actively engaged in providing access to voluntary assisted dying.

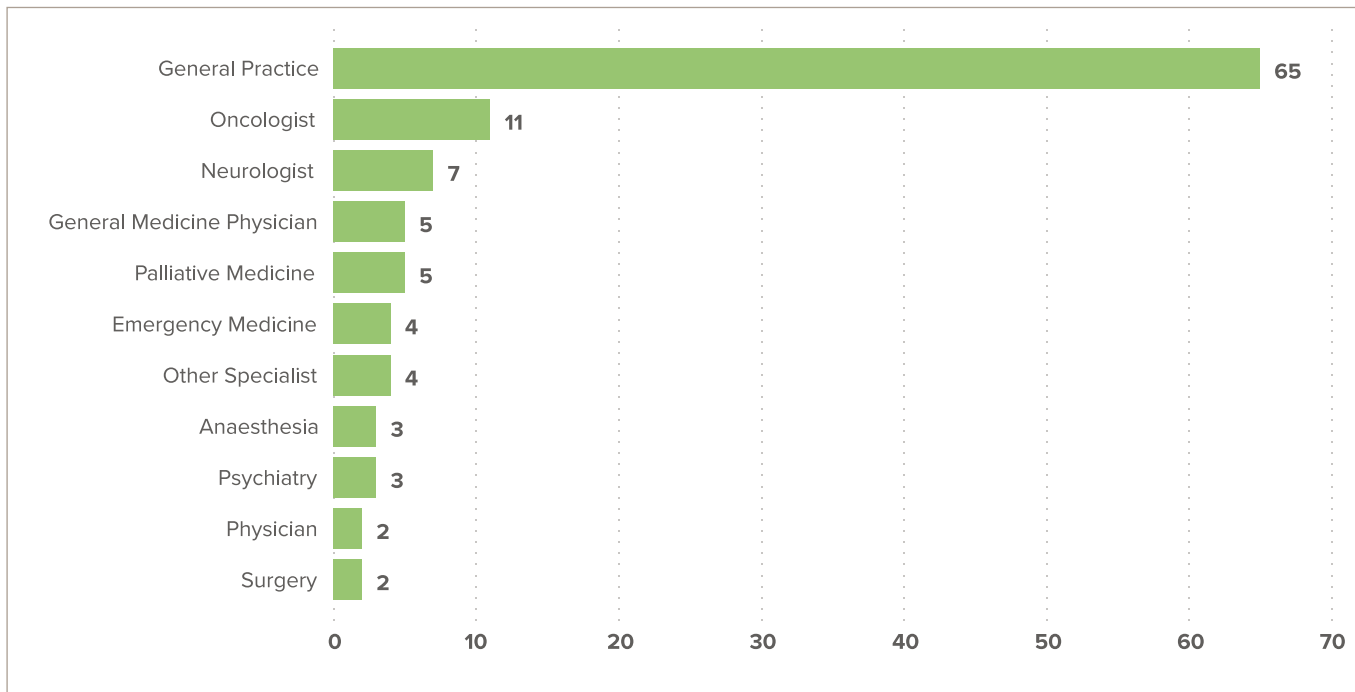
For the period 31 January – 30 June 2023:

- > 32 of the 66 trained medical practitioners accepted a first request from a person seeking access to voluntary assisted dying becoming the Coordinating Practitioner for that person.
- > 36 of the 66 trained medical practitioners accepted a referral from a Coordinating Practitioner to be a Consulting Practitioner.

Some practitioners have undertaken both roles for different patients.

### Registered practitioners by specialty

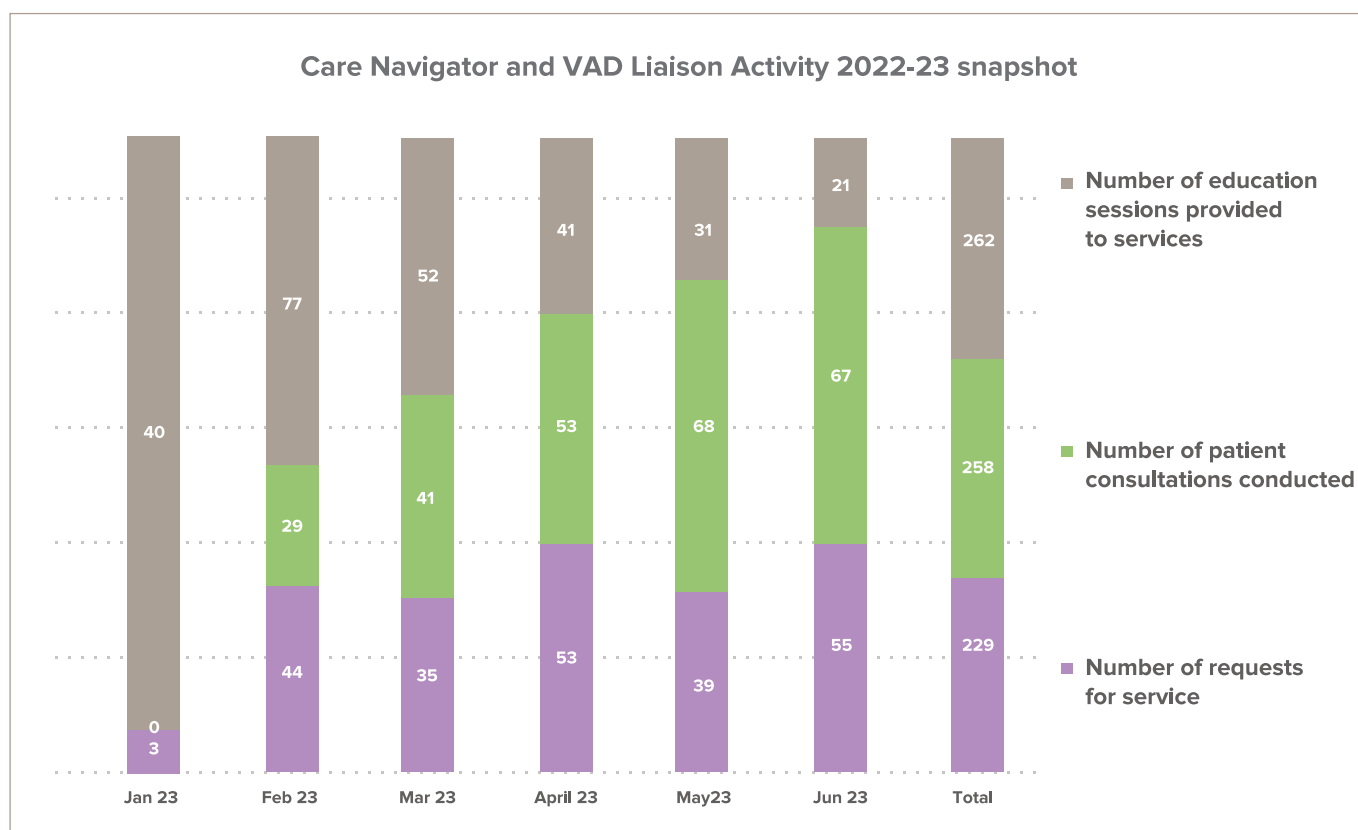
Of the 111 medical practitioners who registered to complete the mandatory training to support access to voluntary assisted dying in South Australia by 30 June 2023, 65 are General Practitioners with the remaining 67 from a range of medical specialties including Oncology (11), Neurology (7), General medicine(5), Palliative medicine (5), Emergency medicine (4), and other specialties (14).



## Support provided to patients on the voluntary assisted dying pathway

During 2022-23 Care Navigators and VAD Liaisons provided individualised support to each person on the voluntary assisted dying pathway, from providing information to assisting them to identify a suitable medical practitioner, and providing assistance and support for family and loved ones. In addition, the Care Navigator Service and VAD Liaisons provided a significant number of education sessions to service providers to support them to understand and engage with the voluntary assisted dying pathway.

Requests for service, patient consultations and education sessions provided to health services by the Care Navigator Service and the VAD Liaisons during 2022-23 are shown in the figure below:



# 8. CONVERSATIONS WITH VOLUNTARY ASSISTED DYING MEDICAL PRACTITIONERS

Deciding to participate in voluntary assisted dying as a medical practitioner is a personal and professional decision. Since the commencement of voluntary assisted dying in South Australia over 100 medical practitioners have registered to participate and more than 60 have completed the mandatory training to support access to voluntary assisted dying.



**Dr Cuong Do, Medical Oncologist, Regional South Australia**

Dr Cuong Do came to South Australia from Victoria where he had previously acted as a Coordinating Medical Practitioner in the Victorian voluntary assisted dying scheme. Cuong works across Whyalla and Pt Lincoln, and he says that his reason for choosing Oncology as his specialty was his desire to treat and cure people. Cuong is realistic however and recognises the limitations of medicine, and the importance of patient choice.

**“I see it as an important service to people in the community.”**

Voluntary assisted dying provides another end of life choice, which in his experience is used as an option when suffering is intolerable to the person. Cuong says he feels empathy for patients who seek this service from him.

**“We cannot judge someone’s suffering, there are different levels of suffering and tolerance to suffering”.**

While Cuong is happy to support patients who are seeking to self-administer the voluntary assisted dying medication, to date he has not engaged in practitioner administration. Not every medical practitioner will become a voluntary assisted dying practitioner and the Act makes this provision by respecting an individual health practitioners right to conscientiously object to participating in any or all of voluntary assisted dying. So how does Cuong manage this?

**“I respect my colleagues views” I do, however, feel that voluntary assisted dying should be openly discussed. I do not want to make patients feel that it is a secret that they have to hide”**

Honesty between health professionals and patients contributes to best outcomes for both parties. Cuong is happy to accept referrals from his colleagues to support regional patients seeking voluntary assisted dying.

When considering the positives and negatives of being a voluntary assisted dying practitioner, Cuong says that this legislation is all about providing choice at end of life. It is more than the prescribing and taking of a medication, it is the process that he believes patients find most rewarding. People feel listened to and that goes a long way to alleviating anxiety.

Cuong recognises that people may find the actual process of voluntary assisted dying challenging. The time required to support a person on the voluntary assisted dying pathway is significant. Managing the expectation of the person, whilst navigating the rules of the legislation and meeting the administrative requirements are challenges that the Coordinating Practitioner must juggle.

**“People feel empowered and in control of their own destiny”**

When considering the support services to assist the Coordinating Practitioner, Cuong is very complimentary of the Care Navigators, VAD Liaisons, Pharmacy Service and VAD Operations Team. These services provide a critical function in assisting medical practitioners to chase up documents, arrange telehealth appointments, support the practitioner with medication related questions and guiding both patients and medical practitioners through the voluntary assisted dying pathway.

Cuong's final reflection is on the goodwill that exists for him to be able to support patients to access voluntary assisted dying. He sees the support from his employer as a key enabler to his involvement in being able to assist people seeking voluntary assisted dying as an end of life choice.



**Dr Chloe Furst, Voluntary Assisted Dying Clinical Advisor**



**Dr Carolyn Lawlor-Smith General Practitioner, Adelaide**

Dr Carolyn Lawlor-Smith, General Practitioner, is a valued voluntary assisted dying medical practitioner who is supporting patients to access choice at end of life. Carolyn encourages fellow GPs to consider adding voluntary

assisted dying to their scope of practice.

‘Supporting patients who are exploring voluntary assisted dying is both a privilege and professionally stimulating. It is quite unlike routine general practice. There is a depth to the doctor patient relationship that emerges quickly as you explore the impact of a terminal illness on the patient’s life. Your obligation to explore and assess suffering means you really meet the person before you.’

Carolyn appreciates being part of a team. She works very closely with the SAVAD Care Navigator Service and Pharmacy Service and cannot rate their support highly enough.

Carolyn is clear that more medical practitioners are needed to support this valuable work. While the training is rigorous it is enjoyable. There is emphasis on the legislation, and the training uses case studies to illustrate the learning needs, and this makes the education real.



**Dr Peter Allcroft, Voluntary Assisted Dying Clinical Advisors**

Dr Chloe Furst is a Geriatric Medicine Physician who also specialises in Palliative Medicine. Chloe works as the Head of Geriatrics at the Royal Adelaide Hospital.

Dr Peter Allcroft is Senior Staff Specialist at Southern Adelaide Palliative Service and is trained in respiratory/ sleep medicine and palliative medicine. Peter has worked with the Southern Adelaide Palliative Care Service for over 20 years and was instrumental in setting up the Statewide Motor Neurone Disease Clinic.

Both Peter and Chloe have been actively involved in the implementation of voluntary assisted dying. They were jointly appointed in their role as Voluntary Assisted Dying Clinical Advisors in July 2023.



### **Q. What is it like to support patients through the Voluntary Assisted Dying pathway?**

Both Peter and Chloe refer to the privilege of providing support to patients and their families as they explore an autonomous end of life journey. Chloe reflects on the transition from patient to person and describes how she at times encounters a vulnerable patient who is worried that their application for voluntary assisted dying will not be supported. When she confirms a patient's eligibility, she sees them visibly relax and transform to a person who regains their strength and control.

Peter supports this by saying that providing voluntary assisted dying is the ultimate in providing person centred care. He expands this to capture the essence of non-abandonment in being able to support people along the full continuum of their end of life journey.

### **Q. What have you found surprising about supporting patients to access voluntary assisted dying?**

Chloe has been surprised by the diversity of people accessing voluntary assisted dying and inspired by how rewarding the work is and the strength that individuals show. Of significance for Chloe is seeing families who didn't think they would be able to support voluntary assisted dying, change their mind in response to their loved one's experience.

Peter has said he is pleasantly surprised at how well hospital staff have adapted to incorporating voluntary assisted dying into end of life care. Despite some nervousness at the beginning, clinicians are adapting to the availability of voluntary assisted dying as an end of life choice.

### **Q. What have you found helpful?**

Both Peter and Chloe mention the positive relationships between all voluntary assisted dying support services. The Care Navigator Service, VAD Liaisons, Pharmacy Service and VAD Operations Team all work together to ensure the person on the pathway progresses as smoothly as possible and their care aligns with the person's wishes.

### **Q. If you were able to change something what would it be?**

Chloe and Peter both refer to the limitation on medical practitioners raising voluntary assisted dying as an end of life option with patients. Peter says that if a person is coming to him after they have been seen by a Care

Navigator or VAD Liaison it is easier as he can speak directly about voluntary assisted dying, but for those that might approach him directly the conversation can be cumbersome and difficult.

Chloe says that this restriction means that the person may not be adequately informed. Chloe emphasises the importance of informed consent within the health system, and the requirement on medical practitioners to explore all options with a patient, noting this is not permissible under the legislation.

### **Q. What advice would you give to medical practitioners considering adding voluntary assisted dying to their scope of practice?**

Chloe says, 'Do it, it might seem scary and strange to start with, but it is very rewarding.' The assessment process gets shorter as you become familiar with the Voluntary Assisted Dying Clinical Portal and there are now Clinical Advisors here ready and willing to support new practitioners. Peter echoes this view and says that the support from the Care Navigators, Liaisons, Pharmacists, and the VAD Operations Team means that help and assistance is never far away.

### **Q. Can you share your thoughts about the Community of Practice?**

Chloe and Peter Co-Chair the Voluntary Assisted Dying Community of Practice in their role as Clinical Advisors. The Community of Practice is a safe place to share concerns and any learnings with a group of peers. It is an important forum to gain support and discuss difficult cases. It also offers the opportunity to take time to reflect on the important work and the relationships forming between the medical practitioners is supportive and proving to be very important.

### **Q. Do you have any final thoughts you would like to share?**

Chloe believes South Australia was set up well for voluntary assisted dying through the implementation process. There was extensive stakeholder engagement which meant a balanced view was always represented. Having committed clinicians available to support people to access voluntary assisted dying as an end of life choice is the foundation of a successful program.

The Review Board is grateful to Cuong, Carolyn, Chloe and Peter for sharing their thoughts, and recognises all clinicians involved in supporting people and commends them for the work they are doing to provide South Australians with this end of life choice.



# 9. CONTINUOUS IMPROVEMENT OF VOLUNTARY ASSISTED DYING

Improvement activities are undertaken by all clinical and operational staff supporting voluntary assisted dying in South Australia.

## Building community awareness and understanding

To promote awareness of and engagement with voluntary assisted dying in the community and understanding of the requirements of the Act, SA Health continues to engage with a range of people and organisations in South Australia.

### Release of quarterly voluntary assisted dying reports

The release of two voluntary assisted dying quarterly reports on 7 June and 22 August 2023 provided the Board with an early 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 the reports visit the [VAD Review Board website](#).

### Voluntary assisted dying communique

SA Health releases a regular voluntary assisted dying communique to health practitioners and the community to keep people informed of activities and changes in voluntary assisted dying. The communique is distributed to over 800 people. To join the mailing list email [Health.VoluntaryAssistedDying@sa.gov.au](mailto:Health.VoluntaryAssistedDying@sa.gov.au) with the subject 'Join the mailing list'.

### Aboriginal and/or Torres Strait Islander Review Board member

To help establish and maintain equitable access to a culturally safe and appropriate voluntary assisted dying pathway, the Minister for Health and Wellbeing approved a process to appoint a new Aboriginal member to the Board. As a result an expression of interest process was conducted to identify a suitable candidate and an appointment process is underway.

### Engagement with key stakeholders including Voluntary Assisted Dying SA (VADSA)

As the peak non-government representative body for voluntary assisted dying in South Australia, VADSA are an important and valued stakeholder. In addition to their involvement on the Voluntary Assisted Dying Implementation Taskforce, SA Health has continued to meet with 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 looks forward to continuing the collaboration between SA Health and VADSA in the future.

## Education, training, and support for medical practitioners

### Establishment of a Voluntary Assisted Dying Community of Practice

The Commission on Excellence and Innovation in Health (CEIH) convenes 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.

**'Professionally there is real equality experienced across all medical practitioners. GPs and specialists all come together as a united group working in this new and challenging space'**

**'The extended community of practice group further reinforces that you are part of a multi-disciplinary community offering unique perspectives and valuable insights.'**

### **Voluntary Assisted Dying HealthPathways for GPs**

HealthPathways SA has developed a new pathway to assist health professionals to understand their potential role in voluntary assisted dying as well as their legal rights and obligations in relation to voluntary assisted dying. This new pathway is being promoted to General Practitioners through the Country and Adelaide Primary Health Networks.

## **Improving systems and processes in response to practice**

### **The use of telehealth in voluntary assisted dying**

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 (Cth) 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, including the provision of medication and distribution of information to patients.

Medical practitioners are understandably concerned about inadvertently breaching the Act and the risk of prosecution while this legislation remains in place.

While assessments for eligibility for voluntary assisted dying can already be conducted via telehealth in South Australia, removing further legislative barriers will allow for better education for patients, their families and medical practitioners when seeking advice and support for the administration of voluntary assisted dying medication.

SA Health continues to work with State and National colleagues to support the use of telehealth for voluntary assisted dying to ensure equity of access to patients at end of life, in a safe manner.

### **Interpreting the legislation in real time**

To ensure the delivery of safe, timely and accessible services in accordance with legislation, the VAD Operations team work closely with SA Health's Legal team to interpret the legislation in a range of real-life scenarios.

This has driven a number of changes to systems and processes and supported timely decision-making in line with the intention of the Act.

For example, some General Practitioners had expressed concerns that they were unsure whether restrictions on initiating a discussion about voluntary assisted dying extended to having communications materials about voluntary assisted dying displayed in their waiting rooms.

In response to these requests, SA Health was able to confirm that providing general information in a common area, for example webpages or notices or flyers located in a health practice waiting room, is not considered to be initiating a discussion about or suggesting voluntary assisted dying to a patient and the Clinical Guidelines were updated accordingly.

### **Updates to the Voluntary Assisted Dying Clinical Portal and mandatory forms**

In response to day-to-day practice and lessons learned, a range of system enhancements to the Voluntary Assisted Dying Clinical Portal forms have been deployed to promote compliance with the requirements of the Act, better streamline services and provide clearer communication to practitioners. This includes the following updates:

- > an additional field to allow practitioners to record greater detail on the patient's life expectancy within the assessment form, allowing for greater transparency where a person's Final Request is made in less than nine days from the First Request, in line with the requirements of the Act
- > an additional field to allow practitioners to record greater detail on a patient who has a neurodegenerative disease that will cause their death in 6-12 months, to provide an additional reminder to Coordinating Practitioners that they must refer the patient for a specialist opinion
- > an additional field for people who witness a Written Declaration to be able to record their relationship to the patient, to monitor safeguards against coercion
- > non-SA Health medical practitioners can choose to upload a National Police Check when they register to participate in voluntary assisted dying, streamlining credentialing processes in public hospitals.

SA Health will continue to make improvements to the system and forms in response to lessons learned.

### **Patient support module**

The Voluntary Assisted Dying Clinical Portal was designed to capture information and facilitate access to voluntary assisted dying for people upon a making a First Request. In the first five months of operation, voluntary assisted dying support services identified there was a gap in information gathering and sharing about prospective patients who may be seeking to make a First Request but had not yet done so.

To resolve this, a Patient Support module is being developed in the Voluntary Assisted Dying Clinical Portal that will allow Care Navigators and VAD Liaison Nurses to record and track support services provided to patients who contact them.

The Patient Support module will streamline information sharing between voluntary assisted dying support services and enable greater monitoring and oversight of the number of patients seeking to access voluntary assisted dying before making a formal first request.

### **Credentialling**

General Practitioners and other private medical practitioners are an important part of care for many patients who may be in a public hospital and on the voluntary assisted dying pathway. The [SA Health Credentialling Policy](#) requires practitioners who work privately, including General Practitioners, to be credentialled to provide services if they are operating within a public hospital.

Credentialling is a process that health service organisations use to verify the qualifications of a clinician to determine their ability to provide safe, high quality health care services. This is an important process for patients who are supported to access voluntary assisted dying by a private practitioner and require an assessment or other service while admitted at a public hospital.

To support this process, the VAD Operations Team works closely with Local Health Network credentialling teams to proactively credential medical practitioners who participate in voluntary assisted dying.

# 10. OUR FOCUS FOR THE COMING YEAR

## **Grief and bereavement support**

The Review Board has received feedback regarding the limited bereavement services available for families after someone has died on the voluntary assisted dying pathway. This is particularly an issue for the small number of patients accessing voluntary assisted dying who are not receiving palliative care services prior to their death. SA Health has two statewide bereavement projects currently underway. This work will look at bereavement needs across the whole system, and any resources developed will be inclusive of and available to people whose family member has accessed voluntary assisted dying.

## **Development of a culturally appropriate Aboriginal voluntary assisted dying model of care**

Work has commenced on engaging Aboriginal stakeholders to have open conversations regarding death and dying with a particular focus on how to support conversations regarding voluntary assisted dying. SA Health will continue to work with the Aboriginal Health Council of SA (AHCSA) and South Australian Aboriginal Community Controlled Health Organisations (ACCHO) to co-design a voluntary assisted dying model of care. SA Health will work with the Aboriginal Controlled Health sector on access to culturally safe and appropriate voluntary assisted dying, recognising that this is a complex area to work through. This will include building knowledge of voluntary assisted dying and training for Aboriginal Liaison Officers, Aboriginal Health Workers, and ACCHO staff.

## **Medical practitioner recruitment and sustainment**

Medical practitioners play an essential role in ensuring access to voluntary assisted dying in South Australia as the only healthcare professionals able to facilitate access for eligible South Australians to voluntary assisted dying.

To ensure a safe, sustainable, equitable, and accessible voluntary assisted dying pathway in South Australia, a Medical Practitioner Education and Training Strategy is being developed. The Strategy will promote increased medical practitioner registration, training and participation in voluntary assisted dying and outline actions to ensure the sustainment of the existing, invaluable workforce.

Medical practitioners involved in voluntary assisted dying understand their role in supporting people through this significant end of life choice. They respect this by being as flexible and available as possible for those on the voluntary assisted pathway. This can incur significant time and travel to provide care to patients and families.

Participating medical practitioners in the primary care sector have expressed concerns about the limitations of seeking remuneration under the Medicare Benefits Schedule as there are currently no Medicare rebates specifically related to voluntary assisted dying. To further support practitioners, SA Health can provide funding to facilitate regional access for patients through travel and time reimbursement for practitioners where no suitable mechanism exists, for example when a practitioner travels to a rural community to see a patient for a first assessment.

SA Health will continue to advocate with the Federal Government for remuneration for voluntary assisted dying to promote the sustainable provision of voluntary assisted dying in Australia and will consider a local remuneration framework for medical practitioners in the next year.

## **Improvements to voluntary assisted dying resources**

A range of written resources were released prior to the commencement of voluntary assisted dying to support patients, families, medical practitioners, and staff to understand and engage with voluntary assisted dying.

In response to practice and learnings gained from the operation of voluntary assisted dying since it commenced, the following resources are now being updated:

- > [Knowing your choices: information for people considering voluntary assisted dying patient information booklet](#) a resource designed to inform consumers of the requirements and law that governs access to the voluntary assisted dying pathway.
- > [The SA Health Voluntary Assisted Dying Policy](#) which outlines requirements for SA Health services and staff to comply with the Act appropriately, safely, and effectively.
- > [Voluntary Assisted Dying Clinical Guidelines](#): an extensive written resource to support health professionals to understand the voluntary assisted dying pathway and their obligations when providing care and support to people accessing voluntary assisted dying. A number of process improvements are being embedded into the Clinical Guidelines to provide additional guidance.

# APPENDIX 1 VOLUNTARY ASSISTED DYING REVIEW BOARD

## Meet the Voluntary Assisted Dying Review Board



### **Associate Professor Melanie Turner – Presiding Member**

(1 September 2022 - 30 June 2025)

As a Psychiatrist in Inspections and Investigations for the Office of the Chief Psychiatrist, 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 and the SA Medical Board. Associate Professor Turner 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**

(1 September 2022 - 30 June 2025)

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**

(1 September 2022 - 30 June 2025)

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**

(1 September 2022 - 30 June 2025)

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**

(1 September 2022 - 30 June 2025)

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**

(1 September 2022 - 30 June 2025)

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. He has recently retired after more than eight years in the role of Legal Profession Conduct Commissioner, an independent statutory agency of the Crown that helps to regulate the South Australian legal profession.



### **Ms Michele Smith OAM**

(1 September 2022 - 30 June 2025)

Ms Smith is a Certified Healthcare Executive and Professional Company Director with 37 years' experience in the health and human services industry. She is the inaugural Governing Board Chair of the Eyre Far North Local Health Network in SA, a Non-Executive Director of The Healthy Communities Foundation Australia, member of the SA State-wide Clinical Services Committee, and Non-Executive Director of Unity Housing Company. Ms Smith is also a Registered Nurse, Fellow of the Australasian College of Health Service Management, and member of the Australian Institute of Company Directors.



### **Ms Helen Stone**

(1 September 2022 - 30 June 2025)

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.



## Introduction to 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 and met monthly as a shadow board until its full powers came into effect on 31 January 2023. The Board continues to meet 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 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.

## Organisational structure

The Voluntary Assisted Dying Review Board reports to the Minister for Health and Wellbeing, and is supported by a team and secretariat based in the Health Services Programs Branch in the Clinical System Support & Improvement Division in the Department for Health and Wellbeing.

## Changes to the agency in 2022-23

The inaugural eight-member Voluntary Assisted Dying Review Board was appointed by the Minister for Health and Wellbeing on 1 September 2022. During 2022-23 there were no changes to the Review Board's structure and objectives as a result of internal reviews or machinery of government changes. Early in 2023-24 an additional Board member will be appointed 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.*

## Board Performance

The eight member Review Board meets once per month to monitor matters related to voluntary assisted dying in South Australia. During this reporting period the Review Board met 10 times including 5 times as a shadow board prior to commencing in their formal role on 31 January 2023. For this reporting period all Review Board meetings were fully attended or had one member absent.

The Review Board monitors matters related to voluntary assisted dying at monthly meetings through a comprehensive review of every closed patient episode in the Voluntary Assisted Dying Clinical Portal for compliance with the Act. During this reporting period the Review Board undertook a total of 39 compliance reviews.

The Review Board monitors the numbers of medical practitioners, feedback and complaints, media, communications, and engagement activities, data and statistics and risks and emerging issues.

To promote compliance the Act, the Review Board publishes quarterly reports containing information about voluntary assisted dying, feedback from the community and statistics for that quarter. Quarterly reports are available to view from the VAD Review Board webpage on the SA Health website. There has been a strong commitment to transparency, whilst protecting the privacy of individual patients.

The Review Board also has a role to refer any issue identified by the Board in relation to voluntary assisted dying that is relevant to the following persons or bodies: the Commissioner of Police; the Registrar; the Chief Executive; the State Coroner; the Australian Health Practitioner Regulation Agency. During this reporting period there were no issues identified by the Board referred to these bodies.

The Review Board identifies areas for improvement in the quality and safety of voluntary assisted dying through review of individual patient episodes at monthly Board meetings, review of data and statistics, and review of patient, family, and health practitioner feedback as well as contemporaneous information from staff working in voluntary assisted dying.

The Voluntary Assisted Dying Clinical Portal produces a range of reports based on data entered via mandatory forms submitted to the Board via the Portal by Medical Practitioners, Pharmacists, and the VAD Review Board Secretariat. As a new area of practice, research during this reporting period was limited however the Review Board was proud to see some research interest emerging and encourages the use of published data to support this.

## 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 23 compliments, 6 suggestions, and 3 complaints submitted to the 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 SA VAD 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.

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

## Premiers Circular 13 (PC013) – Annual Reporting requirements

This Annual Report aligns with the circular where applicable, which sets out the requirement for annual reporting. These requirements are mandated for all South Australian Government agencies and entities which are presenting annual reports to the South Australian Parliament.

## 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> .

## 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](mailto:Health.VADReviewBoard@sa.gov.au).

## For more information

Health Services Programs Branch  
Department for Health and Wellbeing  
[Health.VADReviewBoard@sa.gov.au](mailto:Health.VADReviewBoard@sa.gov.au)

Voluntary Assisted Dying in South Australia | SA Health



<https://creativecommons.org/licenses>

© Department for Health and Wellbeing, Government of South Australia. All rights reserved. ISSN: 2981-9482 FIS: 23116.1 October 2023.