COMMUNITY
LEGAL CENTRES
TASMANIA

3 July 2026

Voluntary Assisted Dying Independent Review
Office of the Secretary
Department of Health
Level 10, 22 Elizabeth St
Hobart TAS 7000
via email: VADReview@health.tas.gov.au

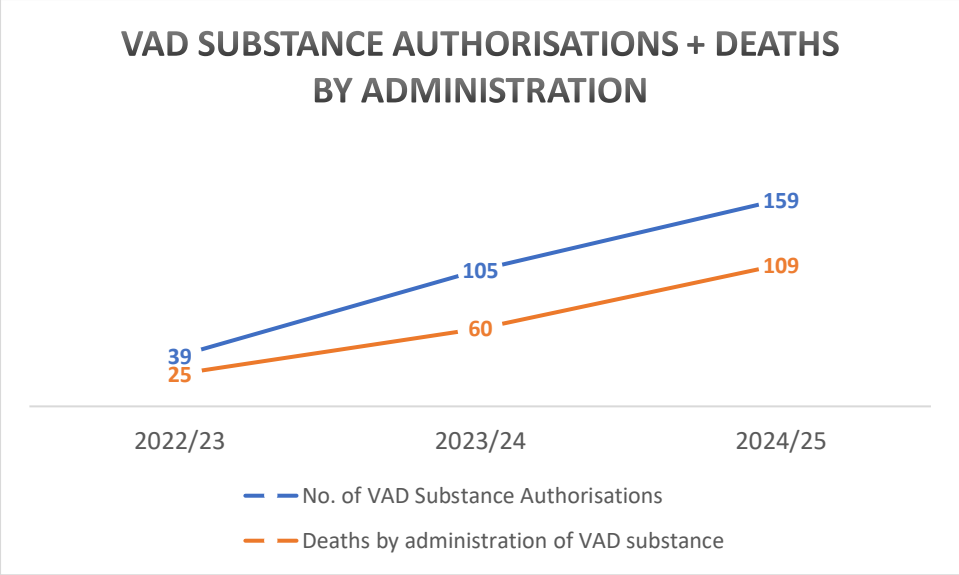
To the VAD Independent Reviewers,
Re: *Voluntary Assisted Dying Review*

Community Legal Centres Tasmania (CLC Tas) welcomes the opportunity to provide comment on the *Voluntary Assisted Dying Independent Review* ('the Review).[1] The commencement of the *End-of-Life Choices (Voluntary Assisted Dying) Act 2021* (Tas) ('the Act') has clarified the law, making it significantly easier for persons suffering from terminal medical conditions to legally, safely and compassionately choose to end their life. Nevertheless, the third anniversary of the Act provides an opportunity for review and to consider how the Act could be improved.

CLC Tas is the peak body representing the interests of nine community legal centres (CLCs) located throughout Tasmania. We are a member-based, independent, not-for-profit and incorporated organisation that advocates for law reform on a range of public interest matters aimed at improving access to justice, reducing discrimination and protecting and promoting human rights.

The voluntary assisted dying navigation service and VAD Pharmacy Service
The number of Tasmanians accessing voluntary assisted dying has risen steadily over the last three years with a four-fold increase in both the number of participants obtaining VAD Substance Authorisation as well as the number of participants dying following administration of the VAD substance (see graph below).

[1] CLC Tas would like to acknowledge those persons and organisations who gave freely of their time in assisting with our submission.



Source: Voluntary Assisted Dying Annual Reports 2022/23 - 2024/25

The four-fold surge in VAD substance authorisations points to a significant increase in the workload of the voluntary assisted dying navigation service and VAD Pharmacy Service ('the VAD services') including initial enquiries, request coordination, home visits, patient/health workforce education, death planning and medication storage and supply. However, it is our understanding that there has been no increase in the staffing levels of the VAD services since its inception. Given the significant increase in demand for access to VAD, we strongly recommend that consideration be given to an increase in FTE staff levels to ensure sustainable workloads, timely responsiveness and safe institutional practices.

Recommendation
That consideration be given to an increase in FTE staff levels within the voluntary assisted dying services.

Relevant medical condition

Eligibility for Voluntary Assisted Dying in Tasmania currently requires that a person have an advanced, incurable, and irreversible disease, illness, injury, or medical condition that is expected to cause their death within six months, or within 12 months if the condition is neurodegenerative.[2]

In Queensland, there is a standard 12-month prognosis requirement regardless of whether the participant has a disease, illness, injury or medical condition or the condition is neurodegenerative.[3] Until recently, Victoria had the same 6-12-month prognosis requirement as Tasmania with the Victorian Voluntary Assisted Dying Review Board

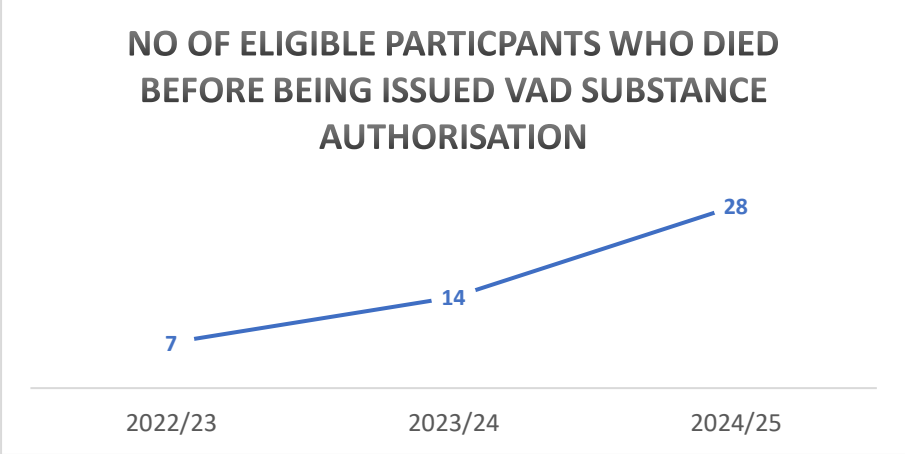
[2] Section 6 of the *End-of-Life Choices (Voluntary Assisted Dying) Act 2021* (Tas). A neurodegenerative disease is not defined in the Act but commonly includes Parkinson's disease, Alzheimer's disease, Motor Neurone disease and Huntington's disease.
[3] Section 10(1)(a)(ii) of the *Voluntary Assisted Dying Act 2021* (Qld).

noting its concern that the short timeframe meant that some applicants were dying before a permit could be issued:[4]

> *During 2024–25, 171 applicants died before receiving a permit. The majority of these applicants had only completed a first or consulting assessment before their death. Additionally, 28% of applications were withdrawn before the substance was dispensed, and in 40% of these cases, the applicant died within 2 weeks of their first request.*
>
> *This is consistent with what we have seen over the past 6 years. This pattern suggests that many patients begin the application process very late in the course of their illness. The Board remains concerned about the significant proportion of individuals who request VAD but die before they can access it.*
>
> *Several factors may contribute to this. Many people may underestimate the complexity and duration of the VAD process. They may expect to receive a prescription shortly after consulting their doctor. Others may delay initiating a request due to the emotional difficulty and time needed to confront a terminal diagnosis.*

Taking on board the Voluntary Assisted Dying Review Board's concerns, the Victorian Parliament recently passed an amendment Bill with a consistent 12-month prognosis requirement now in place for all applicants.[5]

In Tasmania, the number of participants eligible at First Request but dying before being issued a VAD Substance Authorisation has risen four-fold as the following graph highlights.



Source: Voluntary Assisted Dying Annual Reports 2022/23 - 2024/25

[4] Voluntary Assisted Dying Review Board, *Annual Report 2024-25* (October 2025) at 6. As found at https://content.health.vic.gov.au/sites/default/files/2025-10/voluntary-assisted-dying-review-board-annual-report-2024-25.pdf (accessed 3 July 2026).

[5] The Voluntary Assisted Dying Amendment Bill 2025 (Vic) received Royal Assent on 25 November 2025. However, the amendments will probably not commence until April 2027 after an 18-month implementation period: Department of Health, 'Voluntary Assisted Dying Act'. As found at https://www.health.vic.gov.au/legislation/voluntary-assisted-dying-act (accessed 3 July 2026).

Although the population of Victoria (7.07M) is about twelve times larger than Tasmania's population (576,000), only about six times as many people died before receiving a voluntary assisted dying permit/Substance Authorisation (171 in Victoria versus 28 in Tasmania). Adjusting for population size, Tasmania therefore had a substantially higher rate of people dying before a VAD Substance Authorisation was issued. Expressed in another way, in 2024-25 if Tasmania had experienced the same per-capita rate as Victoria, it would have recorded around 14 such deaths rather than 28. This suggests that, relative to its population, Tasmanians were around twice as likely as Victorians to die before receiving a permit.[6]

To ensure that Tasmanian participants have access to VAD when they need it, we strongly recommend an amendment to the Act so that there is a consistent 12-month prognosis requirement for all applicants. A standardised 12-month prognosis has the added advantage that urgency is reduced for participants living in regional, remote and rural areas of Tasmania who face increased travel challenges in complying with the requisite legislative requirements.

Recommendation:
Section 6 of the Act be amended so that there is a consistent 12-month prognosis requirement for all applicants.

Authorised medical practitioners

Tasmania's population is dispersed. According to the most recent Census, the majority of Tasmanians do not live in Hobart.[7] And yet, it is our understanding that there are no authorised medical practitioners located in the Midlands, the North-East (between St Helens and Launceston) and Tasmania's West Coast. As well, anecdotally we are aware that even in bigger towns and cities such as Hobart there is a wait list of months to see an authorised medical practitioner.

The lack of authorised medical practitioners means that participants, many of whom are unable to travel cannot make a First Request. Without a First Request, there can be no VAD authorisation. Reform is needed so that there are more accessible authorised medical practitioners.

- ***The threshold for authorised medical practitioners should be lowered***

The Act currently provides that an authorised medical practitioner must have "practised as a medical practitioner for at least 5 years after vocational registration as a general practitioner or after completing a fellowship with a specialist medical college".[8] This can be contrasted with Victoria where medical practitioners must either hold a fellowship with a specialist medical college or are vocationally registered general practitioners.[9]

[6] Australian Bureau of Statistics, 'Regional population'. As found at https://www.abs.gov.au/statistics/people/population/regional-population/latest-release (accessed 3 July 2026).
[7] According to the Australian Bureau of Statistics, 44 per cent of Tasmanians live in Hobart with the 2021 Census reporting 247,086 people living in Hobart and 557,571 living in Tasmania: Australian Bureau of Statistics, 'Quickstats'. As found at https://www.abs.gov.au/census/find-census-data/quickstats/2021/6 (accessed 3 July 2026).
[8] Section 9 of the *End-of-Life Choices (Voluntary Assisted Dying) Act 2021* (Tas).
[9] Section 10(1) of the *Voluntary Assisted Dying Act 2017* (Vic). Section 10(2) of the Act goes on to prescribe that participants are required to obtain two medical assessments and at least one of the

Lowering the threshold for authorised medical practitioners by adopting the Victorian standard may increase the number of authorised general practitioners and is recommended.

Recommendation
That the threshold requirement for an authorised medical practitioner be lowered to a vocationally registered general practitioner.

- ***Broadening VAD-related communications beyond face-to-face***

Tasmania's dispersed population means that communications with authorised medical practitioners would be improved through the utilisation of telehealth services (including telephone, email, video conferencing and smartphones). This view is reinforced in the most recent Australian Bureau of Statistics data, which reported that in 2024-25 almost one-quarter of Australians aged 15 years or over had at least one telehealth consultation.[10] However, following a recent Federal Court case, telehealth services are unable to be used for VAD-related communications.

The Federal Court decision of *Carr v Attorney-General (Cth),*[11] concerned the interaction between Australia's federal criminal law and state VAD regimes. The applicant, an authorised medical practitioner, sought a declaration that the term 'suicide' in the *Criminal Code Act 1995* (Cth) did not include deaths occurring lawfully under state-based VAD legislation. Relevantly, section 474.29A of the *Criminal Code Act 1995* (Cth) makes it an offence to use a 'carriage service' (such as a telephone, email, or telehealth) to counsel, incite, or provide instructions for suicide:[12]

> ***474.29A - Using a carriage service for suicidal related material***
> *(1) A person commits an offence if:*
> *(a) the person:*
> *(i) uses a carriage service to access material; or*
> *(ii) uses a carriage service to cause material to be transmitted to the person; or*
> *(iii) uses a carriage service to transmit material; or*
> *(iv) uses a carriage service to make material available; or*
> *(v) uses a carriage service to publish or otherwise distribute material; and*
> *(b) the material directly or indirectly counsels or incites committing or attempting to commit suicide; and*
> *(c) the person:*
> *(i) intends to use the material to counsel or incite committing or attempting to commit suicide; or*
> *(ii) intends that the material be used by another person to counsel or incite committing or attempting to commit suicide.*

authorised medical practitioners "must have practiced as a registered medical practitioner for at least five years after completing a fellowship with a specialist medical college or vocational registration".
[10] Australian Bureau of Statistics, 'Patient Experiences 2024-25'. As found at https://www.abs.gov.au/statistics/health/health-services/patient-experiences/latest-release (accessed 3 July 2026).
[11] [2023] FCA 1500.
[12] Also see section 474.29B of the *Criminal Code Act 1995* (Cth).

The applicant argued that VAD was a regulated medical process and should not be characterised as suicide meaning that the offences set out in the *Criminal Code Act 1995* (Cth) would not apply to VAD-related communications.

The Federal Court rejected the argument, ruling that for the purposes of the *Criminal Code Act 1995* (Cth), suicide refers broadly to the intentional ending of one's own life, regardless of whether it occurs within a lawful medical framework such as VAD.[13] As a result, the Court found that authorised medical practitioners providing VAD-related information that amounts to counselling or instructing a person about ending their life via a carriage service may constitute a criminal offence. This in turn created a direct inconsistency between the *Criminal Code Act 1995* (Cth) and state-based VAD legislation with section 109 of the Constitution providing that a federal law prevails to the extent of the inconsistency. The importance of the decision is that it clarified a previously uncertain area of law and means that authorised medical practitioners in all Australian States and Territories are unable to use telephone, email or other telehealth services to convey certain VAD information, despite VAD being lawful at the state level.

The current review of the Act provides Tasmania with an opportunity to advocate for law reform of the *Criminal Code Act 1995* (Cth) and ensure that authorised medical practitioners and VAD pharmacy staff can access carriage services to deliver VAD-related communications.

Recommendation
That the Tasmanian Government be encouraged to advocate for an amendment to the definition of 'suicide' in sections 474.29A and 474.29B of the *Criminal Code Act 1995* (Cth) so that authorised medical practitioners and pharmacists can utilise carriage services to deliver VAD-related communications.

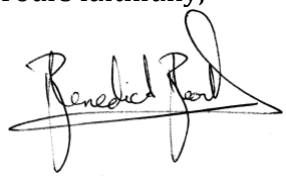
Eligibility and Age
We strongly believe that VAD eligibility should not be limited to adults aged 18 years or older.[14] In our opinion the Netherlands model should be adopted which allows doctors to act on the request of patient over the age of 12 provided they are 'considered capable of a reasonable understanding of his [or her] interests'. For those aged between the age of 12 and 16, both parents (or guardian/s) must also agree with the individual's decision. For those aged 16 or 17, parents (or guardian/s) must be consulted, but do not necessarily need to give their consent.[15] As well, it is our understanding that in Tasmania anyone over the age of 16 is able to refuse treatment. It would therefore be inconsistent to allow patients to refuse treatment that will hasten death but not allow them to access assistance for their death.

[13] *Carr v Attorney-General (Cth)* [2023] FCA 1500 at [paragraph 73].
[14] Section 7(a) of the *End-of-Life Choices (Voluntary Assisted Dying) Act 2021* (Tas).
[15] Louise Bazalgette and William Bradley: "The legal and ethical status of assisted dying in our society continues to be an unresolved public policy issue ...", The Commission on Assisted Dying Briefing Paper: Key Research Themes, (London: Demos, November 2010) at 59. It should also be acknowledged that adoption of the Netherlands model would be consistent with Tasmanian law with patients aged 12-15 requiring the consent of both parents or guardian or a court finding that the decision is in the best interests of the patient and patients aged 16-17 having to consult their parents or guardian but where the decision remains solely with the patient.

Recommendation
Section 7 of the Act be amended to ensure that eligibility is available from 12 years of age (with parental consent) and with parental consultation at 16-17 years of age.

If you have any queries, please do not hesitate to contact us.

Yours faithfully,



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