

Annual Report

2022–2023





Interpreter accessibility

The Queensland Government is committed to providing accessible services to Queenslanders from all culturally and linguistically diverse backgrounds. If you have difficulty in understanding the Voluntary Assisted Dying Review Board Annual Report, you can free call 13 QGOV (13 74 68) and we will arrange an interpreter to communicate the report to you. www.qld.gov.au/languages

Acknowledgement of Traditional Owners and Custodians

The Voluntary Assisted Dying Review Board (Review Board) acknowledges the Traditional and Cultural Custodians of the lands, waters, and seas across Queensland, pays respect to Elders past and present, and recognises the role of current and emerging leaders in shaping a better health system. We recognise the First Nations peoples in Queensland are both Aboriginal and Torres Strait Islander peoples, and support the cultural knowledge, determination, and commitment of Aboriginal and Torres Strait Islander communities in caring for the health and wellbeing of our peoples for millennia.

The terms ‘First Nations peoples’ and ‘Aboriginal and Torres Strait Islander peoples’ are used interchangeably in this report. Acknowledging First Nations peoples’ right to self-determination, the Review Board respects the choice of Aboriginal and Torres Strait Islander peoples to describe their own cultural identities which may include these or other terms, including sovereign peoples or traditional place names.

Aboriginal and Torres Strait Islander peoples should be warned that this document refers to the sensitive issue of death and dying.



Acknowledgement

The Voluntary Assisted Dying Review Board (Review Board) acknowledges and respects that end-of-life options are extremely complex, with many holding deeply personal views for reasons that are important to them. Respect for all views is central to voluntary assisted dying in Queensland.

This report contains information about the number of individuals who have accessed voluntary assisted dying in Queensland. The deaths of these individuals have been felt deeply by their family, friends and community and the Review Board expresses their sincere condolences.

About this report

This is the first Annual Report from the independent Voluntary Assisted Dying Review Board in Queensland.

This report fulfils the requirement of section 134 of the *Voluntary Assisted Dying Act 2021* (the Act) (www.legislation.qld.gov.au/view/html/asmade/act-2021-017).

As this is the first report of the Review Board it includes substantial detail about the operation of voluntary assisted dying in Queensland, including processes that have been developed. Subsequent reports will not include such detail.

The report details:

- activity since the commencement of the Act on 1 January 2023 to 30 June 2023*
- implementation activities to prepare for the commencement of the Act
- the Review Board's reflections drawn from completed request reviews, as well as feedback from families of those who accessed voluntary assisted dying and authorised voluntary assisted dying practitioners. The report contains personal insights from people involved in voluntary assisted dying. These quotes have been de-identified to protect the privacy of individuals.

This content may be upsetting to some readers. Contact details for support organisations can be found on [page 32](#).

For those seeking more information about how to access voluntary assisted dying, or support relating to voluntary assisted dying, please refer to the contacts on [page 32](#) or the website link below.

More information

www.health.qld.gov.au/vad

*** Note:** *the data in this report have been obtained from the Queensland Voluntary Assisted Dying Review Board Information Management System (QVAD Review Board IMS) developed specifically for reporting and management of required information related to voluntary assisted dying in Queensland. As this is the first report, the details presented are of six months of activity only. More detailed analysis of data is beyond the scope of this report.*

Letter of compliance

29 August 2023

The Honourable Shannon Fentiman MP
Minister for Health, Mental Health and Ambulance Services and Minister for Women
PO Box 48
Brisbane QLD 4001

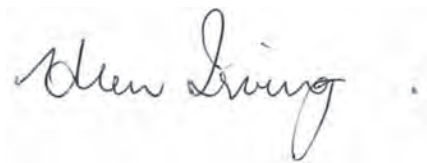
Dear Minister

I am pleased to submit for presentation to the Parliament, the Annual Report 2022–2023 for the Voluntary Assisted Dying Review Board.

I certify this Annual Report complies with:

- the prescribed requirements of the *Voluntary Assisted Dying Act 2021*
- the prescribed requirements detailed in the *Voluntary Assisted Dying Regulation 2022*; and
- Queensland Parliament Tabling Procedures and Guidelines.

Yours sincerely

A handwritten signature in black ink, reading "Helen Irving". The signature is written in a cursive, flowing style.

Professor Helen Irving
Chairperson
Voluntary Assisted Dying Review Board

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Foreword from the Chair

I am pleased to present the first Annual Report of the Queensland Voluntary Assisted Dying Review Board. The commencement of the *Voluntary Assisted Dying Act 2021* (the Act) on 1 January 2023 was a significant and historic milestone for Queenslanders, providing further choice to eligible people at the end of their life.

In the first six months of voluntary assisted dying in Queensland, 591 people commenced the process and 245 people died from administration of a voluntary assisted dying substance, as their end-of-life choice.

The Voluntary Assisted Dying Review Board thanks those who have shared their experiences over the past six months, including stories about why people have accessed voluntary assisted dying, the relief this end-of-life option has provided them, and the care and sensitivity shown by family, friends and others who have supported them. Members of the Review Board express our sincere condolences to the family and friends of those who have died and acknowledge your loss as you grieve.

The effective rollout of voluntary assisted dying across Queensland has been founded on the quality of the implementation process over the 15 months from passage of the enabling legislation to 1 January 2023, when the Act commenced (see [Appendix A](#)). The Review Board acknowledges the knowledge, skills and commitment of the Queensland Health staff and many others across the state that made this possible. We acknowledge the contribution of colleagues from interstate, particularly from Victoria and Western Australia, and overseas who generously shared their experience and expertise to inform the implementation process in Queensland.

The Act places positive obligations on individuals and entities to respect a person's autonomy in relation to end-of-life choices and access to quality care to minimise suffering, regardless of where they live in Queensland. The legislation protects the right of individual clinicians who conscientiously object to participating, while also requiring them to provide people wishing to access voluntary assisted dying with sufficient information for them to do so. Finally, the legislation prohibits attempts to coerce individuals to participate or not to participate in voluntary assisted dying, whether as clinicians or as individuals.

Role of the Review Board

The Review Board is the independent oversight body for voluntary assisted dying in Queensland and was appointed in October 2022. The Review Board reviews each completed voluntary assisted dying request to ensure that those involved comply with the requirements of the Act.¹ These comprehensive reviews enable the Review Board to understand who is accessing voluntary assisted dying and how the process is working in Queensland. In addition to promoting compliance, the Review Board identifies opportunities for continuous improvement in the compassionate and practical operation of voluntary assisted dying in Queensland. Details of the Review Board members are in [Appendix B](#) of this report.

1. A completed request is defined in the Monitoring and Review section of this report. The process of review is outlined on page 25.

Recommendations

As a result of the first six months of operation, the Review Board makes the following recommendations:

1. Continuous review of how voluntary assisted dying is working in practice to ensure sustainability of services. This requires ensuring **adequate, ongoing funding and resources** to support the needs of people accessing voluntary assisted dying and practitioners in private and public health services.
2. **Amendments to the *Criminal Code Act 1995 (Cth)*** to enable carriage services (such as telehealth) to be used for the provision of voluntary assisted dying services.
3. The **Medicare Benefit Schedule should be reviewed** to include the addition of appropriate item numbers to ensure remuneration is sufficient to reflect the task undertaken by practitioners.
4. **Adequate resourcing for research and engagement** with stakeholders to allow the Review Board to conduct research and develop the evidence base needed to inform continuous improvement of voluntary assisted dying.
5. Continue **community and stakeholder engagement** to improve awareness of voluntary assisted dying in Queensland with a particular focus on supporting individual choice; equity of access to voluntary assisted dying; and individual and organisational obligations under the Act.

These recommendations are discussed in further detail in this report.

Acknowledgement and thanks

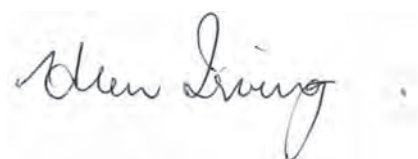
Voluntary assisted dying in Queensland is underpinned by a cohort of committed and compassionate authorised practitioners who work tirelessly to enable timely and considered access by eligible Queenslanders. The Review Board acknowledges the significant work of Queensland Voluntary Assisted Dying Support and Pharmacy Service (QVAD SPS) and the enormity and impact of their role in supporting health practitioners and people considering voluntary assisted dying.

We thank **all** healthcare workers in Queensland who are involved in caring for people who access voluntary assisted dying, including Primary Health Networks, project officers, leads and coordinators in Hospital and Health Services, to ensure eligible Queenslanders have access to local voluntary assisted dying services. We also recognise the critical work of the palliative care community across the state delivering high quality, integrated and accessible services for people with life-limiting conditions.

The Review Board thanks all stakeholders who supported the implementation of voluntary assisted dying in Queensland as part of the Implementation Taskforce, committees, working groups and forums for their significant contributions.

In addition, the Review Board expresses its gratitude to the Office of the Review Board, the Voluntary Assisted Dying Program Unit and the Practitioner Eligibility Panel who so ably manage the behind-the-scenes work and reflect the highest standards of public service conduct. The Review Board specifically wishes to thank the Office of the Review Board for its professional, timely and consistent support to the Board over the preceding busy six months.

Finally, the Review Board acknowledges the work of the many individuals and groups whose advocacy formed the basis of this legislative change in Queensland.



Professor Helen Irving

Chairperson – Voluntary Assisted Dying Review Board

Six-month snapshot

In the first six months of operation, voluntary assisted dying has provided an additional end-of-life choice to Queenslanders who meet eligibility criteria and seek medical help to end their life.

During this period 591 people had a first assessment. Of those, 245 people received assistance to die through administration of the voluntary assisted dying substance (either by self-administration or practitioner administration).

Table 1: Overview of voluntary assisted dying in Queensland from 1 January – 30 June 2023

Stage in the process		1 January – 30 June 2023
Completed first assessments	Eligible	562
	Ineligible	29
	Gender	Male: 331 Female: 260 X or non-binary: 0
	Aboriginal and Torres Strait Islander peoples	Aboriginal: 7 Torres Strait Islander: 0 Both Aboriginal and Torres Strait Islander: 1
	Median age	73
	Region	Metropolitan: 296 Regional, rural or remote: 295
	Accessing palliative care	459
Deaths	Self-administration	106
	Practitioner administration	139
	Substance not administered	130
Withdrawn requests		30

Table 2: Authorised practitioners at 30 June 2023

Type of healthcare worker	30 June 2023
Medical practitioners	155
Nurse practitioners	19
Registered nurses	144

Six months in review

The phrase ‘voluntary assisted dying’ means decisions to request, access and continue with the process must be **voluntary** and without coercion; the process is **assisted** by authorised voluntary assisted dying practitioners (authorised practitioners); and the person must be suffering and **dying**.

Safeguards

The *Voluntary Assisted Dying Act 2021* includes safeguards, so only eligible people can access voluntary assisted dying and vulnerable people are protected from coercion, abuse and exploitation. The safeguards include:

- strict eligibility criteria for accessing voluntary assisted dying
- qualification and training requirements for authorised practitioners
- a staged request and assessment process, which is driven by the person at every step
- requiring the person to make their administration decision in consultation with their coordinating practitioner
- specific requirements for prescribing, supplying and disposing of the voluntary assisted dying substance
- requiring authorised practitioners to record information in the person’s medical record and provide information to the Review Board at specific points in the process
- independent oversight by the Review Board
- offence provisions within the Act.

“He was kept in the loop at all times and controlled everything. He was insistent that this was his decision.”

—Contact person

Eligibility

To access voluntary assisted dying, a person must meet **all** the eligibility criteria:

1. Have an eligible disease, illness, or medical condition, which is one that is:
 - advanced, progressive and will cause death
 - expected to cause death within 12 months
 - causing suffering that the person considers to be intolerable.
2. Have decision-making capacity for voluntary assisted dying.
3. Be acting voluntarily and without coercion.
4. Be at least 18 years of age.
5. Fulfil Australian and Queensland residency requirements.

“People are very determined and sure about their voluntary assisted dying decision – they are not ambivalent, and they have hope for a ‘good death’ despite often being in pain and suffering.”

—QVAD SPS care coordinator

“I have never had even the tiniest doubt when I am sitting with the reality of someone’s suffering. Giving people that small comfort, and the opportunity to have some autonomy and dignity at a time when the disease has taken away so much, is a blessing and a privilege.”

—Authorised practitioner

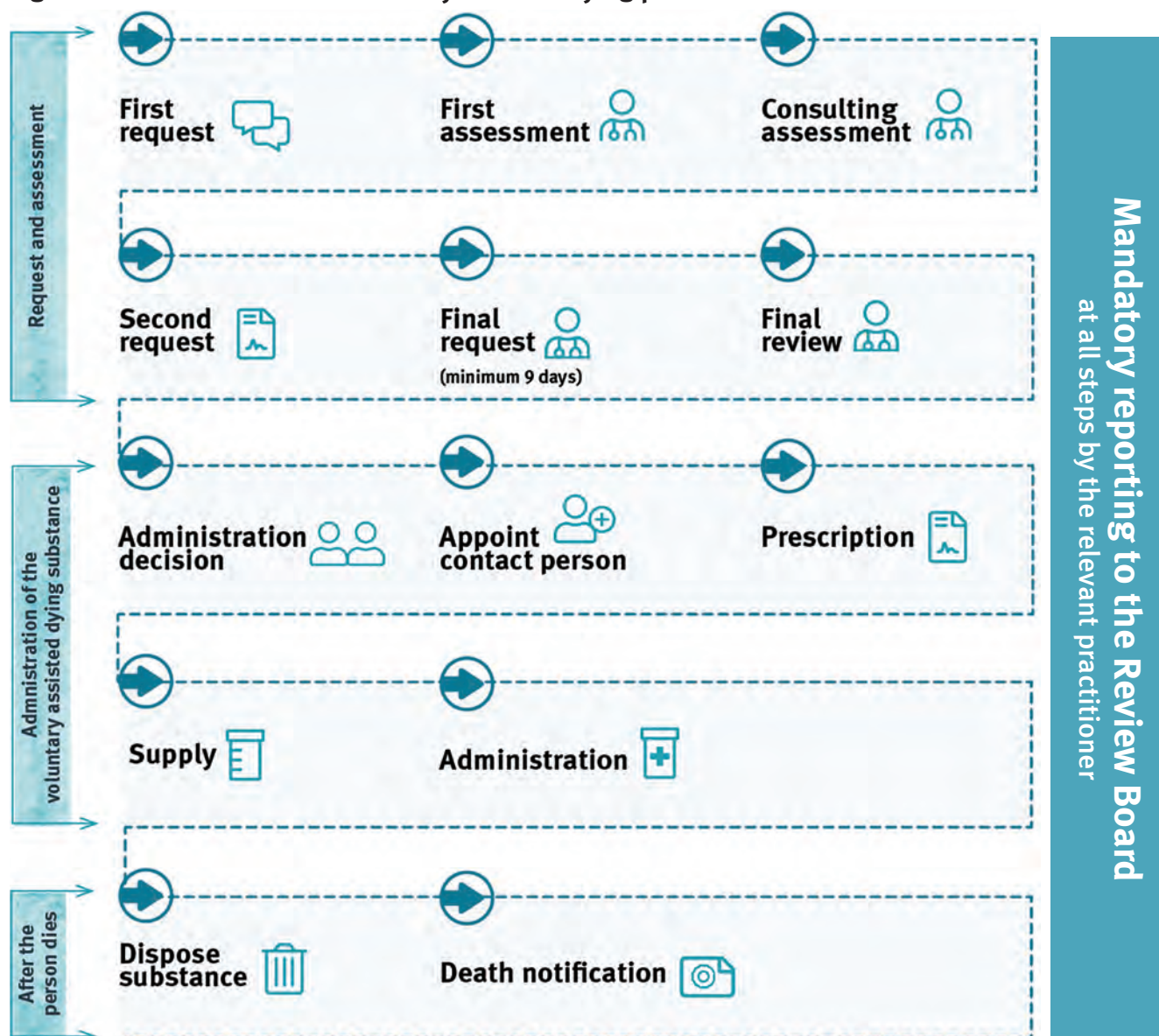
The process

Figure 1 provides a high-level overview of the steps the person and those supporting the process must take, including witnesses, the nominated contact person, authorised practitioners and pharmacists. There are three key phases, and each phase has a number of steps. A person can stop this process at any time.

The Review Board reviews each completed request for voluntary assisted dying for compliance with the legislation. A request for voluntary assisted dying is completed if a first assessment has been carried out and:

- the person is assessed as not eligible to access voluntary assisted dying; or
- the person has died (either following administration of a voluntary assisted dying substance or from another cause); or
- the person withdraws from the process.

Figure 1: An overview of the voluntary assisted dying process



Authorised practitioners are required to submit approved forms to the Review Board via the QVAD Review Board IMS at each step, from the first assessment to completion.

The full process is detailed in the Act and the Queensland Voluntary Assisted Dying Handbook (www.health.qld.gov.au/clinical-practice/guidelines-procedures/voluntary-assisted-dying/information-for-healthcare-workers/handbook).

“The majority of people express that it has been a very smooth process and they have felt extremely well supported throughout. My involvement is always met with extreme gratitude that voluntary assisted dying is now an option for them.”

—Authorised practitioner

Authorised practitioners

Eligible medical practitioners, nurse practitioners and registered nurses can apply to become authorised voluntary assisted dying practitioners in Queensland.

To become authorised, practitioners must meet eligibility criteria as defined in the Act; be confirmed as eligible by the Practitioner Eligibility Panel; undertake and pass the mandatory online training; and be authorised by the Chief Medical Officer, Queensland Health.

Medical practitioners can act as coordinating, consulting, and administering practitioners. Nurse practitioners and registered nurses can act as administering practitioners.

- **Coordinating practitioners** are the primary medical practitioners who undertake the first assessment and coordinate the voluntary assisted dying process with the person.
- **Consulting practitioners** are medical practitioners who conduct the required independent second assessment.
- **Administering practitioners** are authorised medical practitioners, nurse practitioners, or registered nurses who administer the voluntary assisted dying substance where self-administration by the person is not appropriate.

Applications for authorisation opened in September 2022, ensuring an available workforce from 1 January 2023.

The **Practitioner Eligibility Panel** comprises clinicians from a range of disciplines and specialities. Each member has the necessary experience to provide independent, high quality clinical advice to the Queensland Health Chief Medical Officer regarding recommendations for authorisation.

The Practitioner Eligibility Panel first met on 29 September 2022. As at 30 June 2023, the panel has reviewed 498 applications and 318 practitioners have been authorised.

The majority of the voluntary assisted dying caseload is managed by a small number of authorised practitioners.

As at 30 June 2023, 61 per cent of authorised medical practitioners have been involved in at least one request.

The Review Board will continue to monitor workforce management.

“It is an extremely rewarding role to support patients and families at this incredibly significant time in their life. The practitioners I work with could not be more supportive and obliging. This area of practice is truly patient focused, and it is evident that everyone working in this space believes the same.”

—Authorised practitioner

Table 3: Participation of authorised practitioners from 1 January – 30 June 2023 (N=318)

Authorised practitioners	1 January – 30 June 2023
Total medical practitioners	155
Total nurse practitioners	19
Total registered nurses	144
Medical practitioners involved as coordinating practitioner	65
Medical practitioners involved as consulting practitioner	80
Medical practitioners involved as administering practitioner	35
Nurse practitioners involved as administering practitioner	2
Registered nurses involved as administering practitioner	12
Total number of medical practitioners and nurses involved in at least one request	108

Table 4: Authorised practitioners who completed a first assessment, consulting assessment or were an administering practitioner for a case from 1 January – 30 June 2023 (N=108)

Number of patients per practitioner	Number of practitioners	Percentage of authorised practitioners
1 patient	24	7.5%
2–10 patients	47	14.7%
11–20 patients	23	7.2%
More than 20 patients	14	4.4%

Table 4: Distinct count of practitioner involvement per voluntary assisted dying case. Practitioners may perform multiple roles for a single voluntary assisted dying case. Percentage of total authorised practitioners (N=318).

“This work can be challenging but it is also highly rewarding and you are constantly reassured by patients and families that what you are doing is significant and you are making a very positive impact in perhaps the worst time of people’s lives.”

—Authorised practitioner

“[Authorised practitioners should] be very firm with their boundaries and ensure they have good support and self-care.”

—Authorised practitioner

“All of [the authorised practitioners] were extremely professional. The right amount of empathy and concern. I think it would take a toll on them after a while if they had to do too many voluntary assisted dying deaths. I hope they are well supported.”

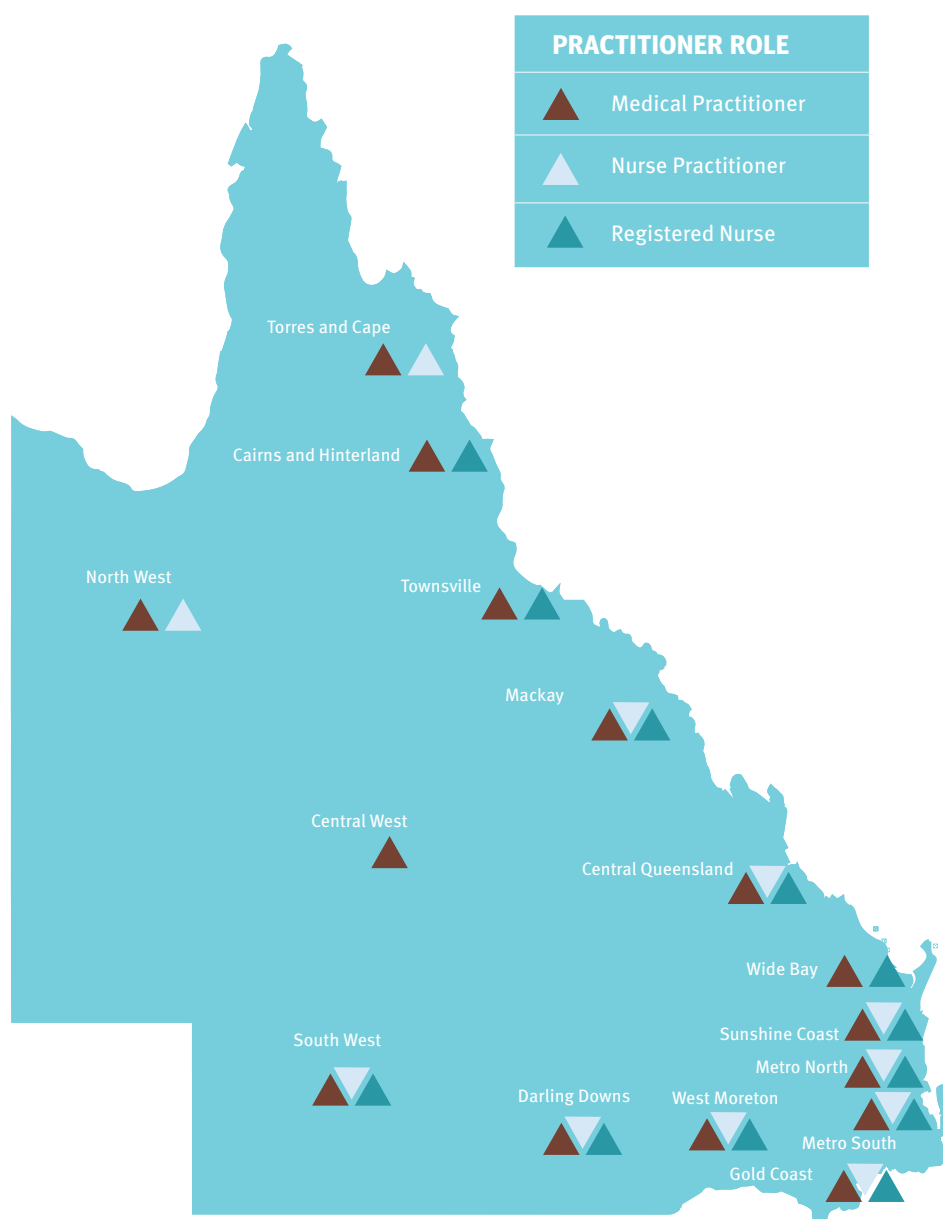
—Contact person

Location of authorised practitioners

Queensland's population of over 5.3 million is dispersed over an area of 1,727,000 square kilometres.^{2, 3} A higher proportion of the population lives outside the greater capital city area than most Australian states and territories.⁴ Despite this geographic dispersion, in 2021 almost three-quarters of Queensland's population lived in the southeast corner of the state.⁴

As at 30 June 2023, 49 per cent of authorised practitioners were located in South East Queensland. The majority of authorised practitioners located in regional areas are concentrated in larger cities such as Toowoomba, Townsville, Mackay and Cairns. There are fewer practitioners in the Torres and Cape and western Queensland. There are 12 authorised medical practitioners across the Central West, North West, South West and Torres and Cape regions.

Figure 2: At a glance: Location of authorised practitioners. Locations are approximate.



2. Queensland Government Statistician's Office. Population growth, Queensland, December quarter 2022. Accessed 19 June 2023: www.qgso.qld.gov.au/issues/3091/population-growth-qld-202212.pdf.

3. Queensland Government. Interesting facts about Queensland. Accessed 19 June 2023: www.qld.gov.au/about/about-queensland/statistics-facts/facts.

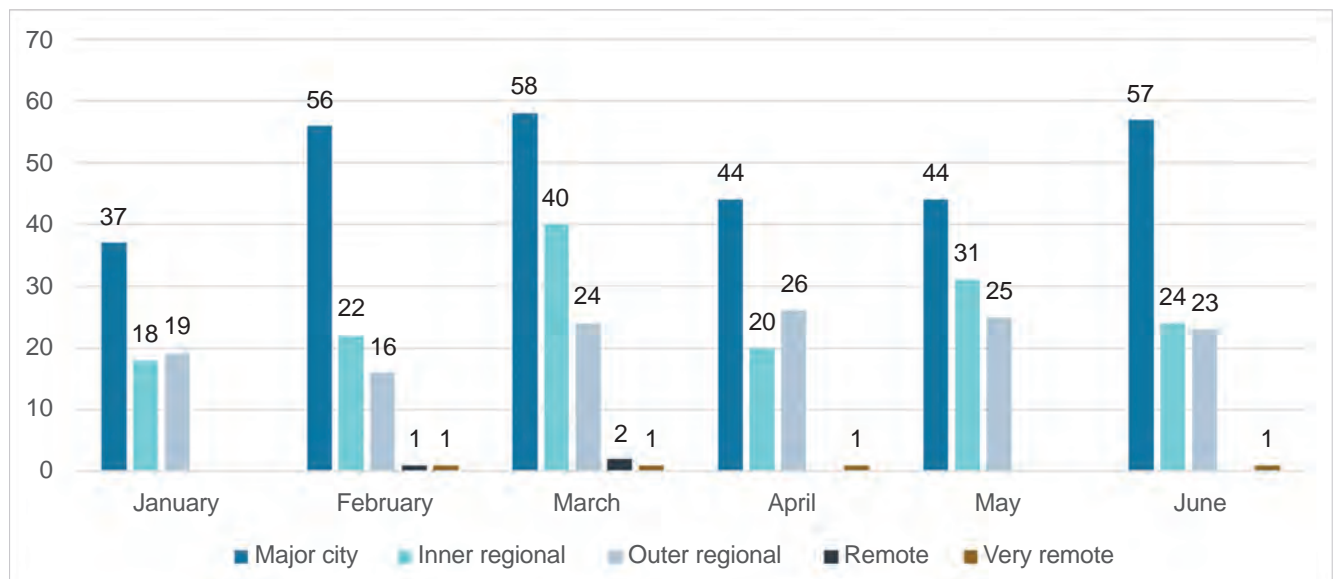
4. Queensland Health. 2023. The health of Queenslanders Report of the Chief Health Officer Queensland: Demography. Accessed 22 May 2023: www.choreport.health.qld.gov.au/our-people/demography.

Who accessed voluntary assisted dying in Queensland

Geographical distribution

The figure below depicts locations of people accessing voluntary assisted dying based upon the Australian Statistical Geography Standard (ASGS) which determines remoteness on population and distance to services ([Appendix D](#)). All remoteness areas are represented.

Figure 3: Location of people who have requested access to voluntary assisted dying and received a first assessment from 1 January – 30 June 2023 (N=591)



Demographics

The following table describes the people who requested access to voluntary assisted dying in Queensland. Data is obtained from the mandatory forms that authorised practitioners are required by the Act to upload into the QVAD Review Board IMS.

Table 5: Characteristics of people who requested access to voluntary assisted dying and received a first assessment from 1 January – 30 June 2023 (N=591)

Characteristics		N	%
Sex	Male	331	56.0%
	Female	260	44.0%
	X or non-binary	0	0.0%

Characteristics		N	%
Age	18–29	3	0.5%
	30–39	10	1.7%
	40–49	28	4.7%
	50–59	50	8.5%
	60–69	145	24.5%
	70–79	192	32.5%
	80–89	130	22.0%
	90+	33	5.6%
	Median age (age range)	73 years	26–95 years
Country of birth	Australia	450	76.1%
	Other	141	23.9%
Aboriginal and Torres Strait Islander identification	Yes – Aboriginal	7	1.2%
	Yes – Torres Strait Islander	0	0.0%
	Yes – both Aboriginal and Torres Strait Islander	1	0.2%
	No	577	97.6%
	Unknown/not stated	6	1.0%
Preferred language	English	584	98.8%
	Other	7	1.2%
Interpreter required	Yes	3	0.5%
	No	588	99.5%
Speech pathologist required	Yes	0	0.0%
	No	591	100%
Living situation (at first assessment)	Private residence	489	82.7%
	Retirement village	18	3.0%
	Residential aged care facility	45	7.6%
	Other (including public hospitals, private hospitals and hospices)	39	6.6%

Diagnosis

Cancer was the most common diagnostic category for people accessing voluntary assisted dying. Other diagnoses included end stage renal and liver disease and cardiovascular diseases. This is similar to the data from other Australian jurisdictions.

Table 6: Primary diagnosis recorded for people who were assessed as eligible to access voluntary assisted dying in a first and consulting assessment from 1 January – 30 June 2023 (N=504)

Diagnostic category	N	%
Cancer	394	78.2%
Disease of the respiratory system	44	8.7%
Neurological disorder	42	8.3%
Other	24	4.8%

Palliative care

Access to high-quality palliative care is a right that all Queenslanders should expect. Palliative care is holistic care that focuses on improving the quality of life and quality of care for people with a life-limiting illness and their family, friends and carers.

78 per cent of people who requested access to voluntary assisted dying have also accessed, or are currently receiving, palliative care services.

More information about palliative and end-of-life care services in Queensland is available in Queensland Health's *Palliative and End-of-Life Care Strategy* (www.health.qld.gov.au/__data/assets/pdf_file/0026/1183544/palliative-care-strategy-queensland-health.pdf).

Table 7: Engagement with palliative care services by people who requested access to voluntary assisted dying and received a first assessment from 1 January – 30 June 2023 (N=591)

Palliative care services		N	%
Accessed	Yes – currently	443	75.0%
	Yes – previously	16	2.7%
No		123	20.8%
Unknown		9	1.5%

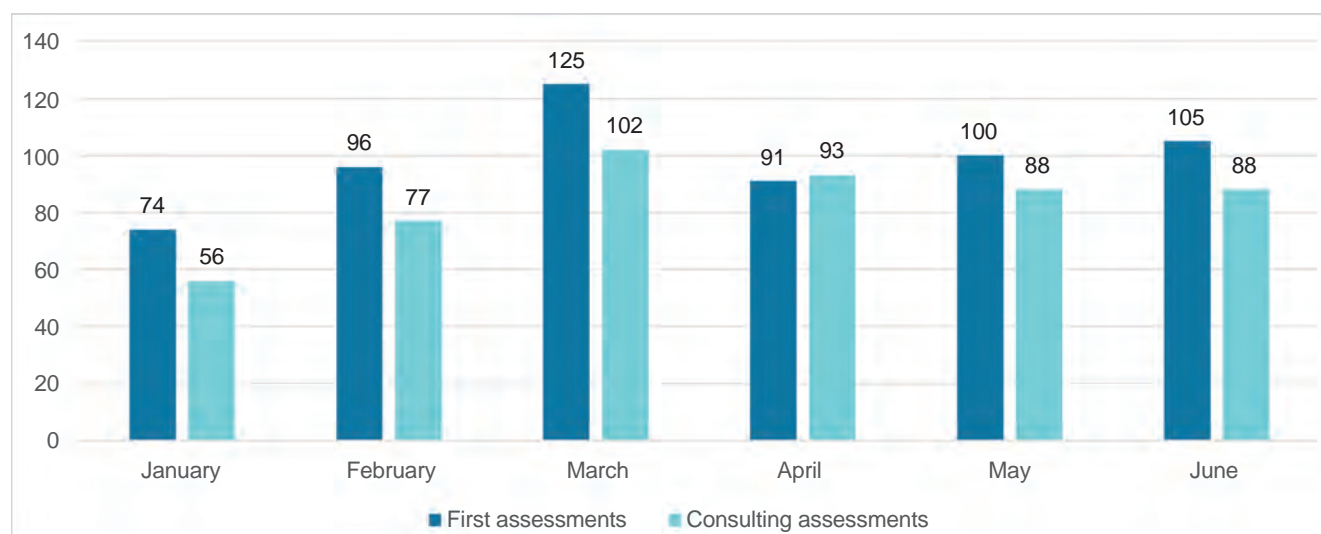
How voluntary assisted dying is being accessed in Queensland

Requests and assessments

First and consulting assessments

There were 591 first assessments and 504 consulting assessments from 1 January to 30 June 2023.

Figure 4: First and consulting assessments completed from 1 January – 30 June 2023 (N=591 first assessments, 504 consulting assessments)



“When people with significant chronic disease or mental health conditions contact us, and we have to explain they are unlikely to be eligible. These can be difficult conversations, as they all describe significant suffering.”

—QVAD SPS care coordinator

“Where somebody doesn’t actually get that opportunity to complete the process. That can be quite challenging for families.”

—Authorised practitioner

Table 8: Number of people assessed as eligible to access voluntary assisted following first and consulting assessments from 1 January – 30 June 2023 (N=591 first assessments, 504 consulting assessments)

Assessment		N	%
First assessment	Eligible	562	95.1%
	Ineligible	29	4.9%
	Total	591	100.0%
Consulting assessment	Eligible	499	99.0%
	Ineligible	5	1.0%
	Total	504	100.0%

Table 8: Reasons for why people assessed as eligible at a first assessment have not completed a consulting assessment can vary. For example, they may still be working through the process at 30 June 2023 or may have decided to stop the process.

Residency

People who do not meet the residency requirements can apply to Queensland Health for an exemption if they have a substantial connection to Queensland and where there are compassionate grounds. Ten exemptions from the residency requirements were granted between 1 January and 30 June 2023.

Second and final requests

Of the 499 people assessed as eligible following the consulting assessment:

- 439 people (88 per cent) proceeded to a second request
- 414 people (83 per cent) made a final request.

Timing of the final request

The Act requires that a final request cannot be made until the end of nine days after the first request.

However, the final request can be made before this time period if both the coordinating and consulting practitioners are of the opinion that the person is likely to die or lose capacity before the end of the designated period.

From 1 January to 30 June 2023, the median time from first to final request was 17.5 days.

Prescriptions

Between 1 January and 30 June 2023, 417 prescriptions for a voluntary assisted dying substance were issued in Queensland. Of these, 338 voluntary assisted dying substance kits were delivered by QVAD Pharmacy.

Pharmacists from QVAD Pharmacy travel across Queensland to supply the voluntary assisted dying substance at an appropriate time and location. The substance is only supplied at the person's request.

In all instances, the voluntary assisted dying substance was supplied within four business days of receipt of a request for supply and a valid prescription. In South East Queensland, all requests were fulfilled within three business days.

Feedback about the pharmacy service from people accessing voluntary assisted dying, nominated contact persons and authorised practitioners has been consistently positive.

The Review Board monitors all voluntary assisted dying substance in the community to ensure it is returned to an authorised disposer by the contact person or disposed of by the administering practitioner.

“The staff that come out to deliver the voluntary assisted dying substance have been a very useful resource. It is beneficial to the patients, and their families appreciate the support and explanations.”

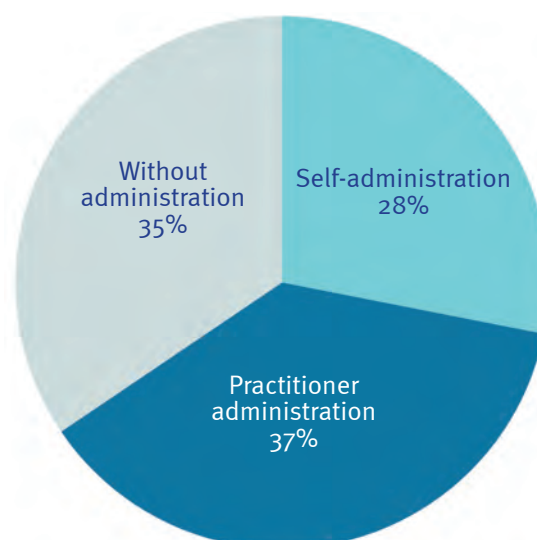
—Authorised practitioner

Voluntary assisted dying deaths

From 1 January to 30 June 2023, 375 people assessed as eligible at a first assessment, and who did not withdraw from the process have died:

- 28 per cent (106 people) died following self-administration of a voluntary assisted dying substance
- 37 per cent (139 people) died following practitioner administration of a voluntary assisted dying substance
- 35 per cent (130 people) died without administration of a voluntary assisted dying substance.

Figure 5: Deaths of people assessed as eligible at a first assessment from 1 January – 30 June 2023 (N=375)



Supporting access to voluntary assisted dying

A person who has a life-limiting illness will often seek information about treatment options, including end-of-life options.

To start the voluntary assisted dying process, a person makes what is known as a ‘first request’, which is a clear and unambiguous request for voluntary assisted dying. Prior to making a first request, a person may have questions or want more information about voluntary assisted dying. The family and friends of someone with a life-limiting illness may also wish to find out more about voluntary assisted dying.

QVAD Support and Pharmacy Service

QVAD SPS is a statewide service with three interrelated streams—clinical, pharmacy and administration—providing support, education, and coordination of care. They work collaboratively with health care services to connect people with authorised practitioners, and aid coordination of care. They also manage QVAD Access, which supports equitable access to voluntary assisted dying across Queensland.

QVAD SPS also facilitates communities of practice, which are inclusive forums offering practical and emotional support for authorised practitioners and other healthcare workers.

QVAD Support

QVAD Support is staffed by medical, nursing, psychology, social work and administrative professionals who help people navigate the voluntary assisted dying process. QVAD Support complements QVAD Pharmacy by providing support to families, carers, contact persons and services. QVAD Support works to proactively prepare people for the loss they are about to experience. Further, QVAD Support responds to anyone experiencing distress and provides links with local services to ensure appropriate support networks are in place, where needed.

From 1 January to 30 June 2023, QVAD SPS received 1,882 contacts from people seeking information and support. These requests were received via phone, email, in person, video conference and other forms of contact. All enquiries were responded to within two business days.

In addition to providing support to families, carers and contact persons, QVAD SPS responds to requests and queries from authorised practitioners. Between 1 January and 30 June 2023, QVAD SPS received 165 enquiries from authorised practitioners, all of which were responded to within one business day of receipt.

“Majority of people I have worked with have family that are supportive of their decision to access voluntary assisted dying and although they are obviously sad to be losing a loved one, they are grateful they have the choice to do it on their terms.”

—Authorised practitioner

“People are very determined and clear in their wish to engage with voluntary assisted dying. It has been humbling to witness peoples’ strength and resilience at such a distressing time in their lives. People are very appreciative and relieved when we are able to assist.”

—QVAD SPS care coordinator

QVAD Access

QVAD Access supports access to services for people living in regional, rural and remote areas of Queensland by assisting with the travel costs of practitioners and people accessing voluntary assisted dying. Between 1 January and 30 June 2023, QVAD Access supported 15 people requesting access to voluntary assisted dying.

QVAD Access is vital to the sustainability of voluntary assisted dying services because of Queensland's geographical distribution and the *Criminal Code Act 1995* (Cth) (Commonwealth Criminal Code), which makes it an offence to use a carriage service (for example, telephone, telehealth or email) to transmit suicide-related material.⁵ These restrictions require certain conversations between the person and the authorised practitioner to occur in person.

The implications of the Commonwealth Criminal Code are discussed further in the Recommendations section of this report.

“People in rural and remote areas are often forgotten and have a difficult time accessing healthcare. With voluntary assisted dying there has been consideration for rural areas...QVAD SPS has been very good at bridging that gap.”

—Authorised practitioner

5. The *Voluntary Assisted Dying Act 2021* provides that for the purposes of the law of Queensland, voluntary assisted dying is not suicide. However, the Act cannot override Commonwealth legislation, and there is a risk that aspects of the Queensland voluntary assisted dying process would amount to an offence under the Commonwealth Criminal Code if conducted over a carriage service.

Monitoring and review

The Review Board takes an educative and supportive approach to monitoring compliance, with a focus on ensuring the safety and wellbeing of people who access voluntary assisted dying and the practitioners who provide these services.

The Review Board reviews every completed request for voluntary assisted dying to ensure the actions of everyone involved are compliant with the Act. From 1 January to 30 June 2023, the Review Board reviewed 319 completed requests for voluntary assisted dying.⁶

How the Review Board monitors compliance

A request for voluntary assisted dying is determined as completed if a first assessment has been carried out and:

- the person is assessed as not eligible to access voluntary assisted dying; or
- the person has died (either following administration of a voluntary assisted dying substance or from another cause); or
- the person withdraws from the process.

For each completed request, the Review Board checks that:

- all information required by the Act to be given to the Review Board is contained in the approved forms submitted to the QVAD Review Board IMS
- timeframes specified in the Act for providing required information to the Review Board have been met
- steps in the voluntary assisted dying process have been undertaken in the correct order, as set out in the Act
- any complaints about the process have been received by the Review Board.

In reviewing 319 completed requests, the Review Board provided education to practitioners about:

- witnessing requirements of approved forms
- substance disposal requirements
- how to withdraw cases from the process and the QVAD Review Board IMS
- timeframes for providing required information to the Review Board
- ensuring steps in the process occurred in the order specified in the Act
- transferring authorised practitioner roles.

6. This includes all completed request reviews as at the Review Board's last meeting before 30 June 2023, which was held on 29 June 2023.

Supporting compliance with the Act

The Review Board proactively engages with authorised practitioners and others by:

- providing communication to raise awareness of common themes that arise from completed request reviews
- receiving regular updates from the QVAD SPS about how the Act is working in practice and using this feedback to inform continuous improvement
- inviting feedback from authorised practitioners to inform improvements to approved forms and the QVAD Review Board IMS
- through the Office of the Review Board, responding to queries from authorised practitioners, suppliers and disposers and other medical practitioners regarding the functions of the QVAD Review Board IMS, how to submit approved forms and their obligations under the Act.

Referrals to relevant entities

Between 1 January and 30 June 2023, the Review Board did not refer any issues regarding non-compliance to any of the referral entities specified in the Act.

The Review Board is aware of an incident that has separately been referred to the coroner. While the coronial investigation is ongoing it is not appropriate for the Review Board to comment further.

Education, research and quality improvement

The Review Board is tasked with analysing information and research matters related to the operation of the Act. The Review Board has identified education and research as an important future focus, including the development of a research strategy.

The Review Board is a member of the Voluntary Assisted Dying Policy and Advisory Group, Australian Research Council Future Fellowship - Optimal Regulation of Voluntary Assisted Dying. This group is led by Professor Ben White, Queensland University of Technology.

Review and analysis of data will be a crucial component of ongoing work for members of the Review Board and the Office of the Review Board to identify areas for improvement with respect to awareness of and access to voluntary assisted dying in Queensland. Raising awareness and understanding in the community of voluntary assisted dying will enable eligible people to make informed decisions around end-of-life care.

The Review Board will continue to work closely with colleagues across Australia to further education, research and opportunities for comparative data analysis.

Recommendations

Following the first six months of operation of the *Voluntary Assisted Dying Act 2021*, the Voluntary Assisted Dying Review Board provides the following five recommendations.

1. Sustainability of services

Demand for voluntary assisted dying in Queensland has been significant and is expected to continue to increase as public awareness and acceptance grows. It is a credit to everyone involved that current demand is being met within existing resources. The clinical and administrative workload of providing voluntary assisted dying is demanding and time consuming for practitioners, but necessary to ensure a compassionate approach to care and to comply with the safeguards and other requirements of the Act.

Many authorised practitioners are employed by Queensland Health Hospital and Health Services and should be provided with dedicated and funded time to enable provision of voluntary assisted dying services. To date, Hospital and Health Services have met demand for voluntary assisted dying services from within existing resources, resulting in some variation in the models of service delivery across the state.

Dedicated funding for provision of voluntary assisted dying services will allow Hospital and Health Services to continue to provide timely, high quality, person-centred voluntary assisted dying services.

QVAD SPS provides critical support across the state and its resources should be monitored in accordance with demand.

The Review Board recommends ongoing review of funding for voluntary assisted dying services to ensure they are sustainable, can meet demand, and that authorised practitioners are supported.

Recommendation 1

Continuous review of how voluntary assisted dying is working in practice to ensure sustainability of services. This requires ensuring adequate, ongoing funding and resources to support the needs of people accessing voluntary assisted dying and practitioners in private and public health services.

2. Interactions with the *Criminal Code Act 1995* (Cth)

The *Criminal Code Act 1995* (Cth) (Commonwealth Criminal Code) contains offences relating to the use of a carriage service to access and transmit suicide-related material. A carriage service is an electronic means of communication, including telehealth, telephone, fax, email, internet, and videoconference.

The *Voluntary Assisted Dying Act 2021* provides that for the purposes of the law of Queensland, voluntary assisted dying is not suicide. However, there is a risk that aspects of the Queensland voluntary assisted dying process would amount to an offence under the Commonwealth Criminal Code if conducted over a carriage service. This directly influences how particular parts of the voluntary assisted dying process can be communicated.

Queensland has utilised telehealth for many decades, with a significant expansion because of the COVID-19 pandemic and its extension into general practice and other specialty care. Telehealth is used extensively by people living in regional, rural and remote areas and provides timely access to healthcare. However, concern around the Commonwealth Criminal Code is impacting the use of telehealth for some steps in the voluntary assisted dying process, including discussion around decisions about how the voluntary assisted dying substance will be administered. As a result, practitioners or people accessing voluntary assisted dying are required to travel, at times long distances, to be able to access the service without risk of breaching the Commonwealth Criminal Code.

To avoid risk of breaching the Commonwealth Criminal Code, prescriptions for the voluntary assisted dying substance cannot be sent electronically. This can result in delays for people who are suffering and at the end of their life, as they wait for the prescription to be posted or hand delivered to QVAD SPS.

The Review Board is aware that this issue has been considered at State and Territory Health Minister Meetings, Attorney General Meetings and Health Chief Executive meetings. The Trans-Tasman Voluntary Assisted Dying Board Chairs continue to discuss this challenge.

Recommendation 2

Amendments to the *Criminal Code Act 1995* (Cth) to enable carriage services (such as telehealth) to be used for the provision of voluntary assisted dying services.

3. Review of Medicare Benefits Schedule

Currently, the majority of the voluntary assisted dying caseload is managed by a small number of authorised practitioners. This largely reflects what is occurring in Victoria and Western Australia. While the number of applications from medical practitioners to become authorised practitioners has been relatively strong, the availability of practitioners to provide services requires attention.

Practitioners employed by Queensland Health may not have capacity to provide voluntary assisted dying services in addition to their usual role if they are not allocated dedicated time for voluntary assisted dying work.

While practitioners may bill Medicare for counselling and assessment services related to voluntary assisted dying, the significant administrative requirements that must be undertaken by practitioners do not attract Medicare benefits. Neither does the administration of a voluntary assisted dying substance. Private practitioners may be reluctant to provide voluntary assisted dying services due to insufficient Medicare funding.

As voluntary assisted dying is a lawful medical service across most of Australia, a uniform funding approach would enable equitable remuneration to support a sustainable workforce.

Recommendation 3

The Medicare Benefit Schedule should be reviewed to include the addition of appropriate item numbers to ensure remuneration is sufficient to reflect the task undertaken by practitioners.

4. Effective and collaborative research

The level of community knowledge and understanding about voluntary assisted dying in Queensland is largely unknown.

The Review Board considers there are a number of valuable research topics that should be explored, including rates of access across various regions and rates per capita compared with morbidity and mortality data.

Patients, carers, clinicians, QVAD SPS, health service leaders and community groups will have a range of personal experiences and perspectives of voluntary assisted dying. Understanding, reflecting on, and learning from these firsthand experiences is critical in developing a robust evidence base.

This is a key component of the Review Board's legislated functions—to analyse information and research matters related to the operation of the Act. Doing this effectively requires buy-in from key stakeholders and partners, as well as adequate resourcing.

Building on the Review Board's already strong relationships with key stakeholders across the health and research sectors will enable the capacity to develop and conduct a relevant and robust research program. This is vital to ensure continuous improvement of voluntary assisted dying.

Recommendation 4

Adequate resourcing for research and engagement with stakeholders to allow the Review Board to conduct research and develop the evidence base needed to inform continuous improvement of voluntary assisted dying.

5. Community engagement and awareness

Raising awareness and understanding of voluntary assisted dying in Queensland is integral to enabling a high-quality, safe, accessible and compassionate scheme.

It is important that community and stakeholder engagement around this additional end-of-life option for eligible Queenslanders continues to occur and evolve.

This is vital to supporting individual choice and helping eligible Queenslanders understand their rights. This will allow people to make timely, informed decisions about their end-of-life care. Supporting individuals and organisations to comply with their obligations under the Act is also a priority.

The Review Board will work with QVAD SPS and the Department of Health to continue to raise awareness and build understanding of voluntary assisted dying across the state.

Recommendation 5

Continue community and stakeholder engagement to improve awareness of voluntary assisted dying in Queensland with a particular focus on supporting individual choice; equity of access to voluntary assisted dying; and individual and organisational obligations under the Act.

Key contacts

Office of the Review Board

Email: VADReviewBoard@health.qld.gov.au

QVAD Support and Pharmacy Service

Phone: 1800 431 371

Email: QVADSupport@health.qld.gov.au

Voluntary Assisted Dying Program Unit

Email: VAD@health.qld.gov.au

Join a community of practice

Community of practice for health professionals

Facilitated by QVAD SPS, the community of practice for health professionals is open to people who work in health and aged care and are involved in voluntary assisted dying in a professional capacity.

Email: QVADSupport@health.qld.gov.au

Support services

Call one of the helplines below for support and counselling:

24/7 crisis services

- Mental Health Access Line: 1300 64 22 55 (24/7)
- Lifeline: 13 11 14 (24/7)

Support services

- Beyond Blue: 1300 22 4636 (24/7)
- Griefline: 1300 845 745 (8am to 8pm AEST, Monday to Friday)
- Queensland Transcultural Mental Health Centre: 3317 1234 or 1800 188 189 (outside Brisbane) or 1300 64 22 55 (24/7)
- World Wellness Group (multicultural support): 1300 079 020
- 13YARN for Aboriginal and Torres Strait Islander peoples: 13 92 76

For more information and support visit www.qld.gov.au/health/mental-health/help-lines.

Feedback

The Review Board welcomes feedback and improvement suggestions to ensure voluntary assisted dying in Queensland is high-quality, safe, accessible and compassionate. Please email VADReviewBoard@health.qld.gov.au.

Appendices

Appendix A: Implementation

The Act was developed through significant Parliamentary consideration and community consultation over a three-year period.

In November 2018, the Queensland Legislative Assembly referred an inquiry into aged care, end-of-life and palliative care, and voluntary assisted dying to the former Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee (HCDSDFVP Committee).

The Committee:

- received 4,719 written submissions
- conducted 34 public hearings across Queensland
- heard from 502 invited witnesses.⁷

In March 2020, the HCDSDFVP Committee tabled Voluntary assisted dying (Report No. 34, 56th Parliament). This report noted that “on balance, the Queensland community and health practitioners are supportive of voluntary assisted dying and for it to be legislated in Queensland”.

In May 2020, the Queensland Government referred the development of an appropriate legislative scheme for voluntary assisted dying in Queensland and the preparation of draft legislation to the Queensland Law Reform Commission (QLRC).

In October 2020, the QLRC published *A legal framework for voluntary assisted dying – Consultation paper* calling for submissions.

On 18 May 2021, the QLRC report, *Report No. 79: A legal framework for voluntary assisted dying*, was tabled in the Legislative Assembly.

On 25 May 2021, the Queensland Government introduced the Voluntary Assisted Dying Bill 2021 into the Queensland Parliament based on the draft Bill prepared by the QLRC.

The Bill was referred to the Health and Environment Parliamentary Committee (HEP Committee) during which time extensive consultation was undertaken.

The HEP Committee recommended the Bill pass. Following a three-day debate and a conscience vote by Members of Parliament, the Bill was passed on 16 September 2021.

Table 9: Voluntary Assisted Dying Act 2021 development timeline

Nov 2018	Voluntary assisted dying referred to the HCDSDFVP Committee
Mar 2020	Voluntary Assisted Dying (Report No. 34, 56th Parliament) tabled
Mar 2021	QLRC Report No. 79: <i>A legal framework for voluntary assisted dying</i> tabled
May 2021	Voluntary Assisted Dying Bill 2021 introduced to Parliament
Aug 2021	HEP Committee report recommending Bill be passed tabled in Parliament
Sept 2021	<i>Voluntary Assisted Dying Act 2021</i> passed

7. Queensland Parliament, Developing a law for voluntary assisted dying in Queensland (www.health.qld.gov.au/system-governance/legislation/specific/voluntary-assisted-dying-background#:~:text=On%2016%20September%202021%20the,voluntary%20assisted%20dying%20in%20Queensland).

From September 2021 to 31 December 2022, Queensland Health implemented the clinical and administrative arrangements required for voluntary assisted dying to be safe, accessible and compassionate.

The Queensland Health Voluntary Assisted Dying Implementation Taskforce was established to provide specialist knowledge and leadership. Figure 6 notes the various committees and networks which contributed to the implementation of voluntary assisted dying.

Figure 6: Voluntary assisted dying implementation governance structure

Queensland Health Voluntary Assisted Dying Implementation Taskforce					
Voluntary Assisted Dying Subcommittees					
First Nations engagement	Information communications technology solution	Pharmacy (+ expert clinical panel)	Clinical engagement and training	Regional, rural and remote access	Community and consumer engagement
Voluntary Assisted Dying Committees and Networks					
Advocacy groups	Hospital and Health Services (executive leads, Implementation Network, local steering groups)	Private hospital committee	Residential aged care committee	Hospice committee	Unions and representative groups
Queensland Health Voluntary Assisted Dying Unit					
Committee representatives included doctors, nurses, pharmacists, allied health professionals, consumers and content experts from all areas of health in Queensland including Hospital and Health Services, private hospitals, residential aged care, hospices, community care providers, unions and professional groups, specialist medical colleges, advocacy groups, Queensland Ambulance Service, Royal Flying Doctor Service, peak bodies, Primary Health Networks, Health Consumers Queensland and consumer support organisations, and the Queensland Aboriginal and Islander Health Council.					

Supporting structures, resources, and activities developed in preparation for commencement of the Act included:

- **Voluntary Assisted Dying Review Board** members appointed to oversee, monitor and report on the operation of voluntary assisted dying in Queensland.
- **QVAD Review Board IMS**, supporting documentation and compliance framework for the completion and submission of forms to the Voluntary Assisted Dying Review Board.
- **QVAD Support and Pharmacy Service** to support delivery of voluntary assisted dying around Queensland.
- **Access to Voluntary Assisted Dying Health Service Directive** requiring every Queensland Health Hospital and Health Service to establish services that provide voluntary assisted dying to eligible people.
- **Voluntary assisted dying practitioner application, training, and authorisation process** ensuring Queensland had a trained and authorised workforce ready to deliver voluntary assisted dying services.
- **Clinical resources, policies, and consumer resources** guiding the safe delivery of voluntary assisted dying.
- **QVAD Access**, a travel support scheme that supports access for people living in regional, rural and remote Queensland.

Appendix B: Voluntary Assisted Dying Review Board

The Voluntary Assisted Dying Review Board is an independent oversight body. The Review Board's role is to oversee, monitor and report on the operation of voluntary assisted dying in Queensland.

On 24 October 2022, the Minister for Health and Ambulance Services appointed the nine members of the Review Board. Members come from diverse backgrounds and have specialist expertise across a range of clinical, legal and other professional areas.

Review Board members

Chairperson

Associate Professor Helen Irving

Pre-Eminent Specialist Paediatric Oncology

Associate Professor, Faculty of Medicine, University of Queensland

Expertise in paediatric and adolescent oncology, and palliative medicine and clinical (bio-medical) ethics.

Deputy Chairperson

Professor Eleanor Milligan

School of Medicine and Dentistry, Griffith University

Expertise in clinical and research ethics, health practitioner regulation and health systems governance.

Members

Dr Jennifer Brown

Consultant physician in general medicine

Former Chief of Medical Staff of the Mater Health Services and clinical Associate Professor in Medicine (University of Queensland). Extensive experience in general medicine and medical education.

Dr Brown set up the palliative care service and the obstetric medicine service at the Mater. She is deeply committed to the compassionate care of people at the end of life and respect for their personal autonomy.

Dr Will Cairns OAM

Consultant Emeritus palliative medicine

Founding Director of the Townsville Palliative Care Service from 1992 to 2016.

Leader in the development of palliative medicine and palliative care services in Queensland and Australia. Dr Cairns has written extensively on end-of-life care and the relationship between palliative care and voluntary assisted dying.

Ms Donisha Duff

First Nations health advocate and community representative

Aboriginal and Torres Strait Islander with expertise in primary health care, community engagement and community-based research.

Dr Bav Manoharan

Medical leadership and administration

Deputy Executive Director Medical Services and Clinical Governance at Gold Coast Health. Expert in medicines regulation and scheduling, digital health, medicolegal and professional matters. Dr Manoharan is the former Queensland Health clinical lead for the implementation of voluntary assisted dying and led the Australian Medical Association Queensland's submission in response to the Voluntary Assisted Dying Bill Parliamentary Inquiry.

Professor Lisa Nissen

Health educator, researcher and pharmacist

Director of Health Workforce Optimisation at the Centre for the Business and Economics of Health at the University of Queensland. Professor Nissen's focus is on the safe and effective prescribing and use of medicines in the community. She has a clinical background in pain management and palliative care.

Mr Geoff Rowe

Aged and disability advocate

Chief Executive Officer of Aged & Disability Advocacy (ADA) Australia. Extensive experience in the delivery of human services across the government and non-government sectors, with expertise in human rights, social justice, decision making and elder abuse.

Professor Lindy Willmott

Professor of Law, Queensland University of Technology (QUT)

Member of the Australian Centre for Health Law Research in the Faculty of Business and Law at QUT, and researcher in the field of voluntary assisted dying. Professor Willmott developed the mandatory voluntary assisted dying training that is used in Victoria, Western Australia and Queensland (with colleagues at QUT).

Functions

The Review Board provides an important safeguard for Queenslanders by reviewing each completed request for voluntary assisted dying to ensure the process complies with the *Voluntary Assisted Dying Act 2021*. The Review Board supports the safe, practical and transparent operation of voluntary assisted dying in Queensland.

The Act sets out the following functions for the Review Board:

- monitor the operation of the Act
- review, for each completed request for voluntary assisted dying, whether the following people complied with the Act:
 - » coordinating, consulting and administering practitioners
 - » authorised suppliers
 - » authorised disposers
 - » contact persons
- refer to the following entities if issues are identified:
 - » the commissioner of police
 - » the registrar-general
 - » the state coroner
 - » the health ombudsman
 - » the chief executive, Queensland Health
- record and keep information prescribed by regulation about voluntary assisted dying
- analyse information and research matters related to the operation of the Act
- provide information, reports and advice to the Minister or the chief executive of Queensland Health in relation to —
 - » the operation of the Act
 - » the board's functions
 - » the improvement of the processes and safeguards of voluntary assisted dying
- promote compliance with the Act, including by providing information about the operation of the Act to registered health practitioners and members of the community
- promote continuous improvement in the compassionate, safe and practical operation of the Act
- consult and engage with the community and any entity the Review Board considers appropriate in relation to voluntary assisted dying
- any other function given to the board under the Act.

Office of the Review Board

The Office of the Review Board provides secretariat and strategic support to the Review Board.

Responsibilities of the Office of the Review Board include:

- managing the provision of information required by the Act to each contact person appointed by the person accessing voluntary assisted dying
- identifying completed requests for review by the Review Board
- managing the QVAD Review Board IMS, including responding to requests for assistance from users of the system
- preparing for monthly Review Board meetings and attending to post-meeting administration.

Appendix C: Teams involved in voluntary assisted dying

Voluntary assisted dying is delivered by multidisciplinary teams across Queensland.

The Act identifies specific roles and responsibilities for medical practitioners, nurse practitioners, registered nurses, and other registered health practitioners including pharmacists.

Figure 7: Queensland voluntary assisted dying operational structure

Group	Voluntary Assisted Dying Review Board	Voluntary Assisted Dying Program Unit	QVAD Support (Support Service)	QVAD Pharmacy (Pharmacy Service)	Authorised Voluntary Assisted Dying Practitioners
Role	<p>Independent Review Board established under the Act</p> <p>Monitor compliance with the Act</p> <p>Deliver annual and other reports</p> <p>Liaise with stakeholders, the community and referral agencies as required</p> <p>Identify opportunities and develop quality improvement initiatives and research</p> <p>Work with the Office of the Review Board</p>	<p>Provide statewide strategic direction and program management</p> <p>Coordinate practitioner authorisation process for Chief Medical Officer approval</p> <p>Manage residency and interpreter exemptions</p> <p>Develop and implement quality improvement initiatives and research with the Review Board and other agencies</p> <p>Develop statewide clinical policy and resources</p> <p>Develop and distribute statewide consumer resources</p>	<p>Inform, educate and support patients, families and clinicians</p> <p>Work collaboratively with health services to enable best patient outcomes</p> <p>Aid coordination of care across public and private hospitals, residential aged care, hospices and primary care as required</p> <p>Manage communities of practice</p> <p>Develop and implement quality improvement initiatives and research</p>	<p>Authorised supplier of voluntary assisted dying substances</p> <p>Central hub for information about prescribing, storage, administration and disposal of voluntary assisted dying substances</p> <p>Provide support and education to patients, families, administering and coordinating practitioners</p>	<p>Eligibility verified, mandatory training completed, authorised by Chief Medical Officer</p> <p>Act as coordinating, consulting, administering practitioners</p> <p>Provide voluntary assisted dying services in settings including Hospital and Health Service facilities, private hospitals, residential aged care, hospices, primary care and community</p>
Responsibility	Independent oversight	Department of Health	QVAD Support and Pharmacy Service		Health services

Appendix D: Remoteness areas

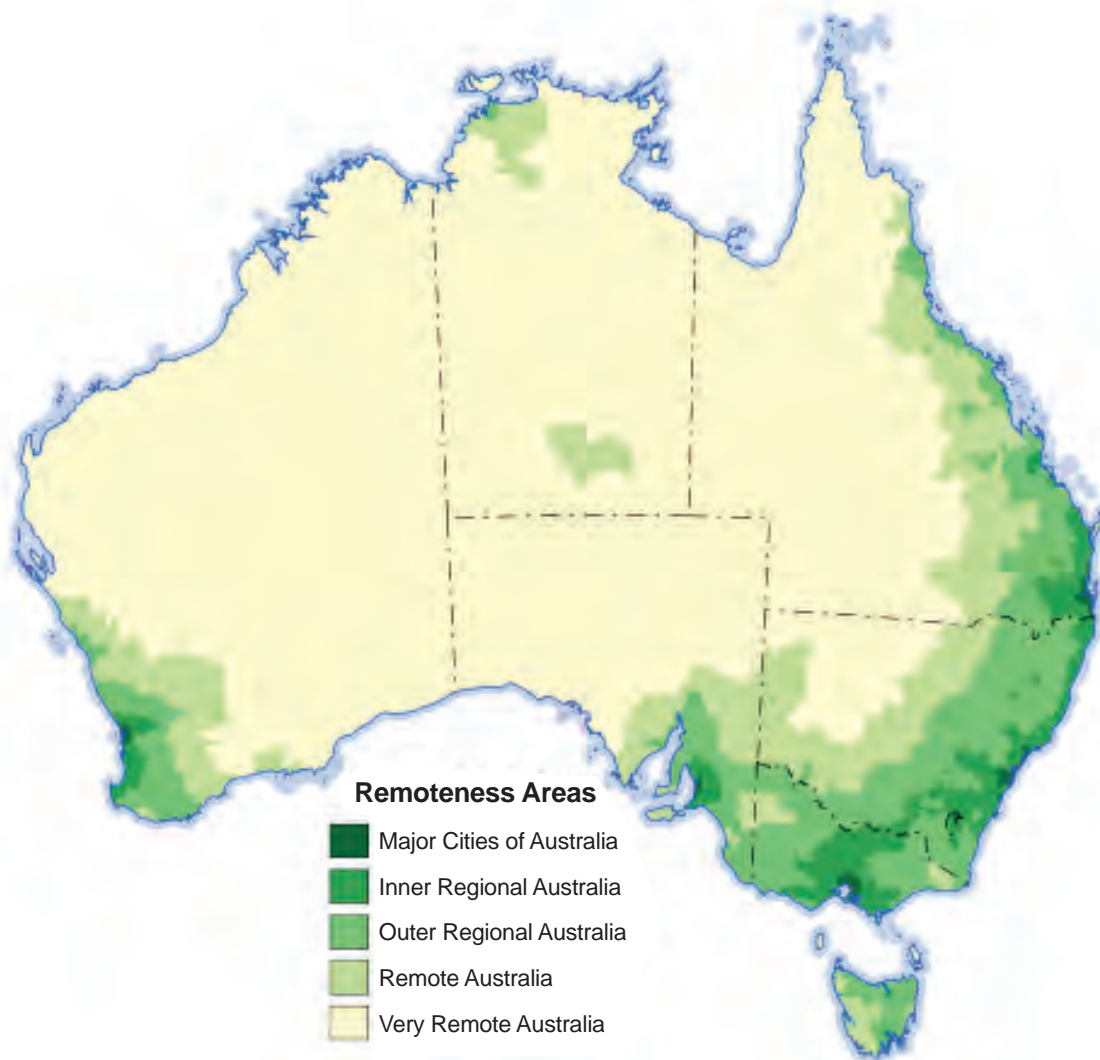
The Australian Statistical Geography Standard Remoteness Structure is developed by the Australian Bureau of Statistics and defines Remoteness Areas for the purpose of statistical analysis.

Five classes of relative geographic remoteness in Australia are defined based on data gathered during the Census:

- Major Cities of Australia
- Inner Regional Australia
- Outer Regional Australia
- Remote Australia
- Very Remote Australia.

Remoteness is based on population and distance to services.

Figure 8: Areas defined as regional or remote by the Australian Bureau of Statistics



More information regarding the Australian Statistical Geography Standard Remoteness Structure is available at www.abs.gov.au/statistics/standards/australian-statistical-geography-standard-asgs-edition-3/jul2021-jun2026/remoteness-structure/remoteness-areas.

Appendix E: Compliance

Financial statements

In accordance with the *Financial Accountability Act 2009*, the Department of Health is the accountable authority for the financial management of the Voluntary Assisted Dying Review Board. The financial activity of the Voluntary Assisted Dying Review Board, including the remuneration of Board members, is provided within the Department of Health's Annual Report.

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The Queensland Voluntary Assisted Dying Review Board Annual Report 2022–2023.

Data in this report

The Queensland Voluntary Assisted Dying Review Board Information Management System (QVAD Review Board IMS) is a purpose-built online platform to manage voluntary assisted dying in Queensland.

Approved forms are submitted to the QVAD Review Board IMS at each stage of the voluntary assisted dying process. The data in this report has been extracted from the QVAD Review Board IMS.

Data pertaining to QVAD SPS activity is collected by QVAD SPS staff using secure data capture tools that are hosted on Queensland Health servers and comply with relevant Department of Health policies.

Feedback

You can provide feedback on the Voluntary Assisted Dying Review Board Annual Report 2022-2023 by emailing VADReviewBoard@health.qld.gov.au.

Published by the Voluntary Assisted dying Review Board on the Queensland Health website: www.health.qld.gov.au/clinical-practice/guidelines-procedures/voluntary-assisted-dying/review-board/about.

**VOLUNTARY ASSISTED DYING
REVIEW BOARD**



Queensland
Government