

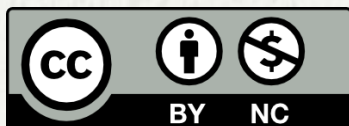
First request accepted

Queensland Health approved
information



Queensland
Government


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Acknowledgment of Country

Queensland Health 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 peoples 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.

Acknowledgment of codesign

Queensland Health acknowledges the significant contributions of all stakeholders who have supported the implementation of voluntary assisted dying as part of the Implementation Taskforce, committees, working groups, and forums. This includes doctors, nurses, pharmacists, allied health professionals, consumers, and content experts from across Queensland. The authors extend their sincere thanks to these contributors for generously providing their advice and feedback.

Your honesty and courage in sharing your experiences, hopes and insights has been invaluable in ensuring the best outcomes for Queenslanders. Thank you for helping make voluntary assisted dying in Queensland high quality, safe, accessible and compassionate.

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First request accepted

You have received this booklet as you have made a first request for voluntary assisted dying to a doctor, and the doctor has accepted your first request. This doctor is now your coordinating doctor, also referred to as your coordinating practitioner. Your coordinating doctor will assist you through the voluntary assisted dying process.

What happens next

The voluntary assisted dying process

There are three key phases in the voluntary assisted dying process.

1. Request and assessment process
2. Administration of the voluntary assisted dying substance
3. After the person dies

The voluntary assisted dying process: an overview:

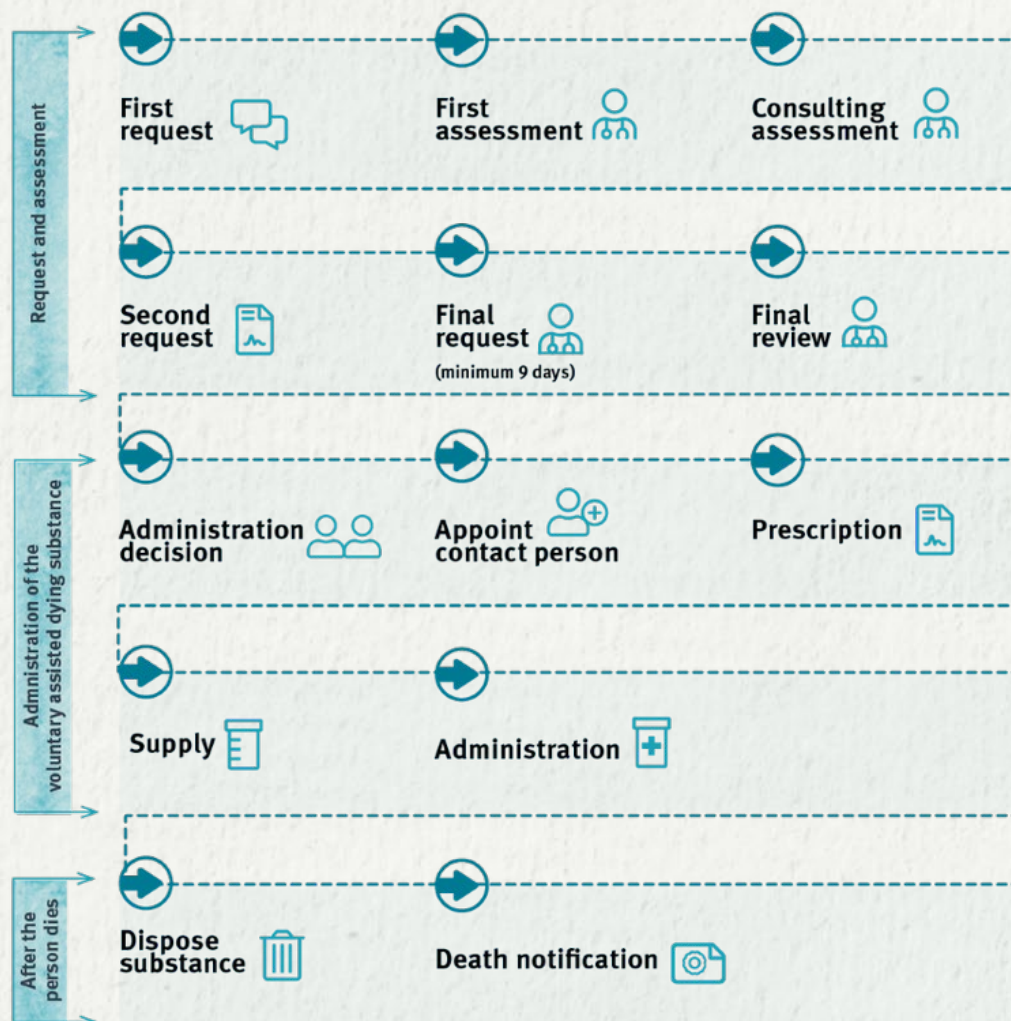


Figure 1: The voluntary assisted dying process

Timeframe

Voluntary assisted dying is not emergency healthcare. You may take weeks or months to work your way through the process and make the final decision to administer the substance.

Once you are deemed eligible, there is no maximum timeframe. You will not be pressured to make decisions. You can decide to stop the process at any point.

Throughout the process you need to make three separate requests. There is a nine-day minimum timeframe between the first and final request and the earliest you can make

your final request is the tenth day after your first request was made and accepted, as shown in Figure 2.

The nine-day timeframe is to safeguard access to voluntary assisted dying and ensure that your decision is well thought through.

This nine-day period can be shortened if both your coordinating doctor and consulting doctor believe you are likely to die or lose decision-making capacity for voluntary assisted dying before the nine-day period elapses.

First request – final request timeframe

Example: If the person made the first request on the **17 April**, the earliest they could make the final request is on the **26 April** (i.e., **nine** days later).

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10
17 April	18 April	19 April	20 April	21 April	22 April	23 April	24 April	25 April	26 April
First request made								Last day consulting assessment can occur if final request occurs on Day 10	Final request can be made

v3 SC2200190 7/22

Figure 2: First request - final request timeframe. This is the minimum timeframe.

The request and assessment process

Before you can access voluntary assisted dying, you must make three separate requests.



First request

You have already completed this step.



First assessment

Your coordinating doctor assesses if you are eligible for voluntary assisted dying.

To be eligible for voluntary assisted dying, your coordinating doctor will assess you against each of the eligibility criteria.

You must meet **all** the eligibility criteria to access voluntary assisted dying. You must:

1. Have an eligible disease, illness or medical condition

An eligible disease, illness or medical condition is one that that is:

- advanced, progressive and will cause death
- expected to cause death within 12 months
- causing suffering that you consider to be intolerable. Suffering can include:
 - physical suffering
 - mental suffering
 - suffering caused by treatment provided for the disease, illness or medical condition.

Note: You can refuse medical treatment or symptom management and still be eligible to access voluntary assisted dying.

2. Have decision-making capacity

To access voluntary assisted dying, you must have decision-making capacity. This means:

- you cannot request voluntary assisted dying in advance care planning documents
- a substitute decision-maker cannot request voluntary assisted dying on your behalf.

Decision-making capacity refers to your ability to independently make decisions about voluntary assisted dying.

You are considered to have decision-making capacity for voluntary assisted dying if you can:

- understand the nature and effect of decisions about access to voluntary assisted dying
- freely and voluntarily make decisions about access to voluntary assisted dying
- communicate decisions about access to voluntary assisted dying in some way (verbally, or by other means of communication such as hand gestures).

You are presumed to have decision-making capacity for voluntary assisted dying unless there is evidence that you do not.

To determine if you have decision-making capacity, your coordinating doctor will consider the following:

- you may have decision-making capacity to make some decisions but not others
- capacity can change or vary
- you may temporarily lose and later regain capacity

- whether you have enough and suitable support.

It should not be presumed that you do not have decision-making capacity because:

- of a personal characteristic
- you have a disability
- you make a decision that other people don't agree with.

3. Be acting voluntarily and without coercion

You must want to access voluntary assisted dying yourself.

You must be acting without force or persuasion by another person. No one can make you access voluntary assisted dying.

4. Be at least 18 years of age

Voluntary assisted dying will only be available to adults (people aged 18 years or older).

5. Meet residency and citizenship requirements

To be able to access voluntary assisted dying you must either:

- be an Australian Citizen, or
- be a permanent resident of Australia (this includes New Zealand citizens who hold a special category visa as defined by the *Migration Act 1958 (Commonwealth)*), or
- have been ordinarily resident in Australia for at least three years immediately before making the first request:
 - 'ordinarily resident' is someone who regularly or normally lives in Australia. It does not include people who temporarily live in a place, for example, for a holiday, business or education, or
- have been granted an Australian residency exemption by Queensland Health.
- You must also have been either:

- ordinarily resident in Queensland for at least 12 months immediately before making a first request, or
- granted a Queensland residency exemption by Queensland Health.

Queensland Health can grant an exemption:

- where there are compassionate grounds, and
- you have a substantial connection to Queensland. Examples include people who:
 - are long-term residents of a place close to the Queensland border, who work in Queensland and receive medical treatment in Queensland. For example, someone who lives on the northern New South Wales border
 - live outside of the state but are a former Queensland resident and whose family live in Queensland.

All steps must occur in Queensland for the protections under the Act to apply.

Applying for a residency exemption

If you need to apply for a residency exemption your coordinating doctor will provide you with information on how to do this, if they assess you as meeting the other four eligibility criteria.

If your coordinating doctor wants a second opinion

If your coordinating doctor cannot determine if you:

- have a disease, illness or medical condition that is advanced, progressive, and is expected to cause death within 12 months, that is causing intolerable suffering
- have decision-making capacity in relation to voluntary assisted dying
- are acting voluntarily or without coercion

they **must** refer you to another registered health practitioner, or person with appropriate skills and training, to determine if you do.

Once you have been to your referral appointment and your coordinating doctor has received the report, they can choose to:

- adopt the determination in the report
- rely on their own determination
- seek a further determination (there is no limit on the number of times this can occur).

Your coordinating doctor will use their clinical judgement and expertise in making this decision.

Understand specific information provided

If your coordinating doctor believes you meet all the eligibility criteria they will give you information, about:

- your diagnosis and prognosis
- the treatment options available to you and the likely outcomes of that treatment
- the palliative care and treatment options available to you and the likely outcomes of that care and treatment
- the potential risks of self-administering or being administered the voluntary assisted dying substance likely to be prescribed
- that the expected outcome of self-administering or being administered the voluntary assisted dying substance is death
- the method by which the voluntary assisted dying substance is likely to be self-administered or practitioner administered
- the request and assessment process, including the requirement for a written request (the second request) signed in the presence of two witnesses
- the need to appoint a contact person if you make an administration decision

- the fact that you can decide at any time not to continue the request and assessment process or not to access voluntary assisted dying
- if you are receiving ongoing health services from other healthcare workers you might wish to tell them about your request to access voluntary assisted dying.

Before you can be assessed as eligible to access voluntary assisted dying your coordinating doctor must be satisfied that you understand the information you are given.

What happens next

If your coordinating doctor assesses you as eligible

You will be assessed as eligible and meeting the requirements of the first assessment, if your coordinating doctor is satisfied you:

- meet all the eligibility criteria
- understand the information provided.

Your coordinating doctor will then refer you to another doctor for a second assessment—called the consulting assessment.

If the other doctor accepts the referral, they become your consulting practitioner (consulting doctor).

If your coordinating doctor assesses you as ineligible

Your coordinating doctor can assess you as ineligible for voluntary assisted dying if they are not satisfied you:

- meet all the eligibility criteria
- understand the information given to you about voluntary assisted dying.

If your coordinating doctor assesses you as ineligible, the voluntary assisted dying process ends.

If your coordinating doctor decides that you are ineligible, they will:

- explain why you are not eligible

- if relevant, they may explain that your eligibility might change, if your circumstances change in the future. They may also explain that if your eligibility changes in the future, you may start the process again by making a new first request with them or a different doctor. For example, if your prognosis changes, you may become eligible for voluntary assisted dying at a later date
- if the decision is reviewable by the Queensland Civil and Administrative Tribunal (QCAT), give you information about the decision, the reasons for the decision and your right to have the decision reviewed by QCAT
- give you a written copy of their decision.

Your coordinating doctor may also talk to you about other care and support available to you. This could include:

- discussing how your treating healthcare team may help ease any physical symptoms, psychological, social or spiritual distress you may be experiencing
- updating your care plan

- providing you with alternate referrals to relevant healthcare workers
- organising additional support from a specialist palliative care team (if one is not already involved in your care)
- discussing your ineligibility for voluntary assisted dying with other members of your healthcare team and family, if you do not want this to happen though they will respect your privacy.

What can you do

If your coordinating doctor assesses you as ineligible you can:

- make a new first request to a different doctor
- if your situation changes, make a new first request to the same doctor at a different time.

If you do this the voluntary assisted dying process will start from the beginning.

You can also apply to have certain decisions of the coordinating doctor reviewed by QCAT.



Questions you might want to ask your doctor

- 'What is the process?'
- 'Can I change my mind?'
- 'What costs should I expect?'
- 'Who should I tell about my decision?'
- 'I would like help to talk to my family. Can you suggest some information I could use?'
- 'How can I talk to my family or friends who disagree with my decision?'
- 'Where can I find other information about voluntary assisted dying? Are there organisations I can speak to?'
- 'What are the risks? How can we make the process go as smoothly as possible?'
- 'How can I prepare myself?'
- 'Are there any legal considerations?'
- 'When is the right time?'
- 'What is the experience of other people?'
- 'Can my future assessments occur via telehealth?'
- 'What will happen with my other healthcare treatment?'
- 'How do I protect my family from the opinions of others?'
- 'What support is available for my family?'



Checklist for the first assessment

☒ Check items off as you complete them
You do not have to use this checklist, it is optional.

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Ask a family member or carer to be with you during the first assessment, if you want them there.
<i>Your doctor may need to talk to you on your own for part of the assessment.</i> |
| <input type="checkbox"/> | Ask your doctor to arrange a qualified interpreter or speech pathologist to attend, if needed.
Be ready to talk about: <ul style="list-style-type: none">• voluntary assisted dying• your disease and prognosis• other treatment and palliative care options available to you. Your doctor may ask questions such as: <ul style="list-style-type: none">• 'How long have you been feeling like this?' |
| <input type="checkbox"/> | <ul style="list-style-type: none">• 'What are your main concerns?'• 'What do you know about your disease and how it is progressing?'• 'What do you know about your treatment options? How do you feel about these options?'• 'What help for your symptoms would make your life more comfortable?'• 'What practical help would make your life more comfortable?'• 'Are you aware of other end-of-life options?' |
| <input type="checkbox"/> | Take proof of your Australian citizenship or permanent residency. |
| <input type="checkbox"/> | Take proof that you have been a resident of Queensland for at least the last 12 months. |
| <input type="checkbox"/> | Complete the first assessment with your coordinating doctor. |
| <input type="checkbox"/> | Go to any appointments your coordinating doctor refers you to. |
| <input type="checkbox"/> | Discuss the results of the first assessment with your coordinating doctor. |
| <input type="checkbox"/> | Get a copy of your first assessment record form and any accompanying documents from your coordinating doctor. |



Consulting assessment

Your consulting doctor will do a second, independent assessment, to decide if you are eligible. Your consulting doctor will assess you against the same eligibility criteria your coordinating doctor assessed you against.

Your consulting doctor can also refer you for a second opinion to determine if you:

- have a disease, illness or medical condition that is advanced, progressive, and is expected to cause death within 12 months, that is causing intolerable suffering
- have decision-making capacity in relation to voluntary assisted dying
- are acting voluntarily or without coercion.

What happens next

If your consulting doctor assesses you as eligible

You will be assessed as eligible and meeting the requirements of the consulting assessment. If your consulting doctor is satisfied you:

- meet all the eligibility criteria
- understand the information provided.

They will advise your coordinating doctor that they have assessed you as eligible. You can then make a second request to your coordinating doctor.

If your consulting doctor assesses you as ineligible

Your consulting doctor can assess you as ineligible for voluntary assisted dying if they are not satisfied you:

- meet all the eligibility criteria
- understand the information given to you about voluntary assisted dying.

If your consulting doctor assesses you as ineligible, your coordinating doctor may refer you to another doctor for another consulting assessment. There is no limit on the number of times this can happen. However, if your coordinating doctor does not think it is appropriate to refer you, the process ends.

You can also apply to have certain consulting and coordinating doctors' decisions reviewed by QCAT.

What can you do

If your coordinating doctor decides not to refer you for another consulting assessment you can:

- make a new first request to a different doctor
- if your situation changes, make a new first request to the same doctor at a different time.

If you do this the voluntary assisted dying process will start from the beginning.



Checklist for consulting assessment

☒ Check items off as you complete them

You do not have to use this checklist, it is optional.

☐

Ask a family member or carer to be with you during the consulting assessment, if you want them there.

Your doctor may need to talk to you by yourself for part of the assessment.

☐

Ask your doctor to arrange a qualified interpreter or speech pathologist to attend, if needed.

Be ready to talk about:

☐

- voluntary assisted dying
- your disease and prognosis
- other treatment and palliative care options available to you.

☐

Take proof of your Australian citizenship or permanent residency.

☐

Take proof that you have been a resident of Queensland for at least the last 12 months.

☐

Complete the consulting assessment with your consulting doctor.

☐

Go to any appointments your consulting doctor refers you to.

☐

Discuss the results of the consulting assessment with your consulting doctor.

☐

Get a copy of your consulting assessment form and any accompanying documents from your consulting doctor.



Second request

If you are assessed as eligible and you want to continue, you can make a second request, in

writing, to your coordinating doctor to access voluntary assisted dying.

The second request can be made at any time after the consulting assessment is completed, and you have been assessed as eligible.

To make a second request you must complete the *Second Request Form* in writing. Your coordinating doctor will give you a copy of this form.

To complete the form, you must:

- sign the *Second Request Form* in front of two eligible witnesses
- physically sign the form, this means you and your two witnesses cannot use a digital signature
- if you need an interpreter, they can sign the form electronically.

You do not need to complete the *Second Request Form* in front of your coordinating doctor.

Your witnesses will need to certify that

- you signed the request in front of them
- you appeared to sign the request freely and voluntarily.

Your witnesses must also state in the form that they are not knowingly an ineligible witness.

A witness cannot be:

- someone who knows or believes that they are a beneficiary under your will or may benefit from your death
- the owner or responsible for the management of any health facility where you are being treated or live
- your coordinating or consulting doctor.

If you cannot find anyone to be your witnesses, you can:

- speak to your coordinating doctor who may be able help you find witnesses
- contact the Queensland Voluntary Assisted Dying Support Service (QVAD-Support) who may be able to help you find witnesses.

You do not need to fill in any forms to appoint someone as your witness. However, you should let your coordinating doctor know who is going to act as your witnesses.

If you are unable to write, you can ask someone else to sign the *Second Request Form* on your behalf. They must sign this front of you and your two witnesses. To be able to sign the request on your behalf the person must:

- be at least 18 years of age
- not be a witness to the signing of the request
- not be your coordinating or consulting doctor.

You must give the signed *Second Request Form* to your coordinating doctor.

Further information

The following resources are available on the Queensland Health website (health.qld.gov.au/vad) for you and your witnesses when completing the second request:

- Choosing your witnesses to the second request
- Being a witness to the second request
- Checklist for being a witness to the second request
- Completing the Second Request Form

What happens next

If you wish to continue with the request process, the next step is to make a third and final request to your coordinating doctor.



Questions you might want to ask your doctor

- 'Do I need to choose my witnesses? Can you choose them for me?'
- 'How do I pick my witnesses?'
- 'How do I ask someone to be my witness?'
- 'What if I don't know anyone that will meet the criteria who I can ask to be my witness?'
- 'How can I give you the completed Second Request Form?'



Checklist for second request



Check items off as you complete them

You do not have to use this checklist, it is optional.



Ask your doctor to arrange a qualified interpreter, if needed.

Ask two people to be your witnesses. A witness must be 18 years of age or older. A witness cannot be:



- someone who knows or believes that they are a beneficiary under your will or may benefit from your death
- the owner or person responsible for the management of any health facility where you are being treated or live
- your coordinating or consulting doctor.



Sign the *Second Request Form* in front of two eligible witnesses.

If you are unable to write, you can ask someone else to sign the *Second Request Form* on your behalf. They must sign this in front of you and your two witnesses.



To be able to sign the request on your behalf the person must:

- be at least 18 years of age
- not be a witness to the signing of the request
- not be your coordinating or consulting doctor.



Final request

After the second request is completed, signed, witnessed, and given to your coordinating doctor, you may make a third and final request for access to voluntary assisted dying.

If you decide to make a final request, you must make this request yourself to your coordinating doctor. This request can be made verbally, or by other means of communication such as hand gestures.

You should make the final request when you are ready. However, there is a nine-day

minimum timeframe between your first and final request and the earliest you can make your final request is the tenth day after your first request was made and accepted, unless there are exceptional circumstances.

You must also wait until the day after your consulting assessment to make a final request.

What happens next

Your coordinating doctor may start the final review process after you have made a valid final request.



Questions you might want to ask your doctor

- 'Can the timeframe for making a final request be shortened for me?'



Checklist for final request

☒ Check items off as you complete them

You do not have to use this checklist, it is optional.



Make a time to see your coordinating doctor. The appointment must occur at least nine days after your first request (unless there are exceptional circumstances) and the day after your consulting assessment.



Ask a family member or carer to be with you for the final request, if you want them to be there.



Ask your doctor to arrange a qualified interpreter or speech pathologist to come to the appointment, if needed.



Make the final request to your doctor, verbally, or by other means of communication such as hand gestures.



Final review

In this step your coordinating doctor will confirm if the request and assessment process has been completed correctly.

Your coordinating doctor must confirm that:

- the request and review process was completed correctly
- you still have decision-making capacity
- you are acting voluntarily and without coercion.

What happens next

If your coordinating doctor is satisfied that the requirements of the final review have been met

If you wish to continue with the voluntary assisted dying process, the next step is to make an administration decision.

You do not have to continue the voluntary assisted dying process after the request and assessment phase has been completed. You can stop the process at any time.

If your coordinating doctor is not satisfied that the requirements of the final review have been met they will not move you onto the next stage.

Your coordinating doctor will:

- explain their decision
- if relevant, they may explain that your eligibility might change, if your circumstances change in the future and you may start the process again by making a new first request with them or a different doctor. For example, if your decision-making capacity changes, you

may become eligible for voluntary assisted dying at a later date

- if the decision is reviewable by QCAT, give you information about the decision, the reasons for the decision and your right to have the decision reviewed by QCAT.

Your coordinating doctor will also talk to you about other care and support available to you. This could include:

- discussing how your treating healthcare team may help ease any physical symptoms, psychosocial or spiritual distress you may be experiencing
- updating your care plan
- providing you with alternate referrals to relevant healthcare workers.

What can you do

If your coordinating doctor is not satisfied that you still have decision-making capacity and are acting voluntarily, you can:

- make a new first request to a different doctor
- if your situation changes, make a new first request to the same doctor at a different time.

If you do this the voluntary assisted dying process will start from the beginning.

You can also apply to have the decision reviewed by QCAT.



Checklist

You do not have to do anything at this stage. Your doctor will complete the final review after you make your final request. Your doctor will give you a copy of the *Final Review Form*.

Administration of the voluntary assisted dying substance



Administration decision

Once your coordinating doctor has completed the final review you may make an administration decision or you may decide not to make an administration decision. This decision is made in consultation with, and on the advice of, your coordinating doctor.

Your administration decision must be made in person with your coordinating doctor. QVAD-Support may be able to assist you with arranging this, if needed.

There are two methods:

- **self-administration:** you administer the voluntary assisted dying substance yourself
- **practitioner administration:** your administering doctor or nurse administers the voluntary assisted dying substance.

A practitioner administration decision can only be made if your coordinating doctor advises that self-administration is not suitable for you. To make this decision your coordinating doctor will consider the following:

- your ability to self-administer the substance
- your concerns about self-administering the substance
- which method of administration is most suitable for you.

If a practitioner administration decision is made, an administering doctor or nurse will be appointed.

Your coordinating doctor can be your administering doctor. However, your coordinating doctor can transfer the role to another eligible doctor, nurse practitioner, or registered nurse who must accept or refuse the role. Your coordinating doctor can choose to transfer the role for any reason. They will tell you if this happens.

Your coordinating doctor will give you written information about the substance and administration of the substance.

Revoking your decision

You can revoke your administration decision and make a new administration decision at any time. You can tell your coordinating doctor of your decision in writing, verbally, using gestures or in another way (for example, through a decision aid).

For example, if you make a self-administration decision but lose the ability to physically self-administer the voluntary assisted dying substance, you can revoke your decision and make a practitioner administration decision in consultation with your coordinating doctor. If you later regain your ability, you could decide to revoke your practitioner administration decision and again choose self-administration.

You can also revoke an administration decision at any time, if you do not wish to proceed.

What happens next

If you make an administration decision you must appoint a contact person before a prescription can be written by your coordinating doctor.



Questions you might want to ask your doctor

- 'Which option suits me?'
- 'What can I expect to feel?'
- 'How long will it take to die after administering the voluntary assisted dying substance?'
- 'What is involved?'
- 'Can anything go wrong? What happens then?'
- 'What do I need to do for each option?'
- 'How is each option administered?'
- 'Can I change my mind after I have made an administration decision?'
- 'If my health gets worse and I can no longer self-administer, can I change my decision?'
- 'How long will it take for the voluntary assisted dying substance to work?'
- 'What is the voluntary assisted dying substance?'
- 'How will I keep the voluntary assisted dying substance safe from other people?'
- 'When and where might the substance be administered?'



Checklist for the administration decision



Check items off as you complete them

You do not have to use this checklist, it is optional.



Make a time to see your coordinating doctor face-to-face. You cannot discuss your administration decision over the phone, via telehealth or the internet.



Ask a family member or carer to come with you, if you want them to be there.



Ask your doctor to arrange a qualified interpreter or speech pathologist to come to the appointment, if needed.



Make your administration decision, verbally, or by other means of communication such as hand gestures.



Appointing a contact person

If you have made an administration decision you must appoint a contact person before the voluntary assisted dying substance can be prescribed by your coordinating doctor. Your contact person has an important role, and you should choose someone who you think can handle the responsibility prior to your death and after you die.

Your contact person doesn't need to be present when you administer the substance.

Your contact person must:

- be 18 years of age or over
- agree to take on this role.

You contact person can be a:

- carer
- family member
- partner or spouse
- friend
- a healthcare worker involved in your care
- any person you trust to take on the role.

If you cannot find someone, you should speak to your coordinating or consulting doctor.

To appoint a contact person, you must:

- fill in the *Contact Person Appointment Form* with your contact person
- give the completed *Contact Person Appointment Form* to your coordinating doctor.

Your coordinating doctor will give you a copy of this form. You do not need to complete the *Contact Person Appointment Form* in the presence of your coordinating doctor.

You can choose to change your contact person, or your contact person can refuse to continue in the role. If this happens you will have to appoint a new contact person.

The role of the contact person is different based on whether you make a self-administration or practitioner administration decision.

Self-administration decision

For a self-administration decision your contact person must:

- tell the coordinating doctor when you have died
- if there is any unused or remaining substance, give it to an authorised disposer (pharmacist)
- if asked, provide information to the Voluntary Assisted Dying Review Board (the Review Board).

The Review Board will send your contact person information via email on how to complete their role.

Practitioner administration decision

For a practitioner administration decision your contact person must:

- tell your coordinating doctor if you die by a cause other than the administration of the voluntary assisted dying substance
- if asked, provide information to the Review Board.

Further information

If possible, it would be useful for your contact person to accompany you to an appointment to ask any questions they have.

The following resources are available on the Queensland Health website (health.qld.gov.au/vad) to help you and your contact person:

- *Completing the Contact Person Appointment Form*
- *Choosing your contact person*
- *Being a contact person*
- *Checklist for being a contact person*

What happens next

The next step in the process is the prescription of the voluntary assisted dying substance by your coordinating doctor.



Questions you might want to ask your doctor

- 'How do I pick my contact person?'
- 'Who is eligible to be my contact person?'
- 'How do I ask someone to be my contact person?'
- 'Can someone refuse to be my contact person? What do I do if they refuse?'
- 'What if I don't know anyone that will be my contact person?'
- 'Can I change my mind once I've picked a contact person?'
- 'What support will my contact person be given?'
- 'What does my contact person have to do?'



Checklist for appointing a contact person

☒ Check items off as you complete them

You do not have to use this checklist, it is optional.

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Complete the <i>Contact Person Appointment Form</i> with your contact person. |
| <input type="checkbox"/> | If possible, it would be useful for a contact person to accompany you to an appointment with your coordinating doctor to ask any questions they have. |
| <input type="checkbox"/> | Give the completed <i>Contact Person Appointment Form</i> to your coordinating doctor. Your doctor will tell you if you can email this. |
| <input type="checkbox"/> | <p>If you have made a self-administration decision, the Review Board will give your contact person information about:</p> <ul style="list-style-type: none">• how to dispose of any unused or remaining voluntary assisted dying substance• the support services available to them <p>They will supply this information within two business days of receiving your <i>Contact Person Appointment Form</i>.</p> |



Prescription

After you have appointed a contact person, your coordinating doctor can

prescribe the voluntary assisted dying substance.

Your coordinating doctor will give the prescription directly to the Queensland Voluntary Assisted Dying Pharmacy Service (QVAD-Pharmacy) not to you.

Your coordinating doctor must give you information in writing, including:

- information about the voluntary assisted dying substance
- the risks and expected effects of administration of the voluntary assisted dying substance.

This information must be given in a face-to-face consultation or posted to you after the consultation.

The voluntary assisted dying substances can only be supplied by pharmacists employed by QVAD-Pharmacy.

What happens next

Your coordinating doctor will make a request for supply of the voluntary assisted dying substance to QVAD-Pharmacy.



Checklist

You do not have to do anything at this stage. Your coordinating doctor will write the script and

give it to QVAD-Pharmacy.



Supply of the voluntary assisted dying substance

QVAD-Pharmacy will:

- authenticate the prescription
- confirm the identity of your coordinating doctor who issued the prescription
- check a photographic ID document to confirm the identity of the person to whom the voluntary assisted dying substance is to be supplied.

Self-administration

You or your coordinating doctor must contact QVAD-Pharmacy to request them to supply the voluntary assisted dying substance to you. You can request that it be supplied at a time of your choosing. You can decide not to take the substance, even if it has been supplied to you. Pharmacists employed by QVAD-Pharmacy will supply the voluntary assisted dying substance directly to you, your contact person or agent. In the majority of cases a pharmacist employed by QVAD-Pharmacy will supply the substance to you directly.

They will also supply the voluntary assisted dying substance kit and written information about the substance, including:

- that you do not have to administer the voluntary assisted dying substance
- what the voluntary assisted dying substance is
- how to store the voluntary assisted dying substance safely
- how to prepare and self-administer the voluntary assisted dying substance
- the expected effects of self-administering the voluntary assisted dying substance
- the period within which you are likely to die after self-administration of the voluntary assisted dying substance

- the potential risks of self-administration of the voluntary assisted dying substance
- the responsibilities of your contact person to give any unused or remaining voluntary assisted dying substance to an authorised disposer for disposal.

The pharmacist employed by QVAD-Pharmacy will check during the supply of the voluntary assisted dying substance for self-administration if you:

- have decision-making capacity
- are acting freely and voluntarily
- are able to administer the substance yourself.

If the pharmacist employed by QVAD-Pharmacy believes you do not meet one of these criteria, they will not supply you with the voluntary assisted dying substance. The pharmacist will tell your coordinating doctor that they have not supplied you with the substance.

What you can do

If a pharmacist employed by QVAD-Pharmacy does not supply you with the substance for a self-administration decision, you can:

- ask to reschedule the supply of the substance, if you regain capacity

- ask your coordinating doctor if you can revoke your self-administration decision and make a new practitioner administration decision, if you cannot physically administer the substance.

Practitioner administration

Your administering doctor or nurse will make a plan with you for when practitioner administration of the voluntary assisted dying substance will occur. When a date and time has been confirmed, they will arrange for the supply of the voluntary assisted dying substance from QVAD-Pharmacy to be supplied to them, in a timely manner.

Once supplied, your administering doctor or nurse will be responsible for the safe storage of the substance until you request for it to be administered.

What happens next

Once the voluntary assisted dying substance has been supplied the next step is administration, if you choose to continue.

You can decide at any time not to continue to access voluntary assisted dying process.



Questions you might want to ask your pharmacist or doctor

Self-administration

- 'What proof do I, my contact person or agent need to give to be able to be supplied the voluntary assisted dying substance?'
- 'How will the substance be supplied to me?'
- 'How long will it take for me to get the substance once I am ready?'
- 'When should I ask for the voluntary assisted dying substance to be supplied?'
- 'How do I prepare the substance?'
- 'Can someone prepare the voluntary assisted dying substance for me?'
- 'Can someone help me to administer the substance?'
- 'Where do I need to store the voluntary assisted dying substance?'
- 'Can a health service store the voluntary assisted dying substance for me? How would I get it back from them if I decide I want to administer the substance?'

Practitioner administration

- 'Will my administering doctor or nurse be able to store the substance after it has been supplied or do they need to wait for supply of the substance until I'm ready for it to be administered?'
- 'What happens if my administering doctor or nurse is supplied the substance, but when I'm ready they are unavailable (e.g. sick or on leave)? Can it be supplied to another doctor or nurse?'
- 'How long will it take for my doctor or nurse to get the substance once I tell them I am ready?'



Checklist for supply of the substance

☒ Check items off as you complete them

You do not have to use this checklist, it is optional.

Self-administration

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Decide if you want to proceed with self-administration. |
| <input type="checkbox"/> | If you decide to go ahead with self-administration, arrange for supply of the voluntary assisted dying substance by a pharmacist employed by QVAD-Pharmacy. |
| <input type="checkbox"/> | Store the voluntary assisted dying substance as directed. |

Practitioner administration

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Decide if you want to proceed with practitioner administration. |
| <input type="checkbox"/> | Your administering doctor or nurse will collect and store the voluntary assisted dying substance for you. |



Administration and death

You can choose your preferred date, time, and place to take the substance.

You should discuss with your coordinating doctor or administering doctor or nurse your expectations and assumptions about administration of the voluntary assisted dying substance, so they may help you consider how best to support your plans for death.

These discussions could involve:

- when and where in Queensland administration of the voluntary assisted dying substance might occur:
 - in your own home
 - in another home environment
 - on country
 - in a hospital
 - in a palliative care unit or hospice
 - in a residential aged care facility
- religious, cultural, spiritual, or other aspects of death that are important to you
- discussing ongoing symptom management and other palliative care needs
- identifying who you would like to be present during administration of the voluntary assisted dying substance
- supports to navigate family conflict (if any arises in relation to voluntary assisted dying)
- how to help prepare those who will be present during voluntary assisted dying administration
- providing instruction about comfort care to family, carers and friends
- preparing for what happens immediately after your death has occurred
- broader aspects of planning for death, if appropriate, including funeral arrangements.

It is recommended that you include a support person in these discussions.

Self-administration

If you have made a self-administration decision you will be encouraged not to self-administer alone. However, if you choose to be alone, an appropriate plan should be put in place to ensure your contact person can complete their role. This role includes:

- giving any unused or remaining voluntary assisted dying substance to an authorised disposer
- notifying your coordinating doctor that you have died.

No one else can administer the substance to you—you must self-administer the substance yourself. Unauthorised administration of a voluntary assisted dying substance can result in criminal prosecution and imprisonment.

Your contact person must dispose of any unused or remaining substance in line with the disposal requirements. These requirements will be provided to them by the Review Board and QVAD-Pharmacy.

Practitioner administration

Your administering doctor or nurse must administer the substance to you in front of a witness. The witness to practitioner administration must be at least 18 years of age. There are no other eligibility requirements for the witness. You may have other people present for administration if you wish.

Before administering the voluntary assisted dying substance to you, your administering doctor or nurse must be satisfied that you:

- still have decision-making capacity
- are acting voluntarily and without coercion.

Your administering doctor or nurse must dispose of any unused substance in line with the disposal requirements.

Role of your witness

The purpose of a witness for practitioner administration is to provide a safeguard to ensure that:

- your request for voluntary assisted dying is voluntary
- you are not being pressured into accessing voluntary assisted dying by someone else.

Your witness for practitioner administration must be 18 years or older.

Your witness can be:

- your partner or spouse
- a family member
- a friend
- a carer
- your contact person
- a healthcare worker involved in your care
- any person you trust to take on the role.

Your witness cannot be your administering doctor or nurse.

Your witness will need to fill in the witness section of the *Practitioner Administration Form*. This form is for your administering doctor or nurse to make a record of the administration of the voluntary assisted dying substance to you. This form is completed after you die. Your witness will need to certify in the form that:

- you appeared to be acting voluntarily and without coercion
- they were present when the doctor or nurse administered the substance to you.

Further information

The following resources are available on the Queensland Health website (health.qld.gov.au/vad) for you and your witness for practitioner administration:

- *Completing the Practitioner Administration Form*
- *Choosing your witness for practitioner administration*
- *Being a witness for practitioner administration*
- *Checklist for being a witness for practitioner administration.*

If administration cannot proceed

If your administering doctor or nurse is not satisfied you have decision-making capacity or are acting voluntarily and without coercion, they will not administer you the substance.

Your coordinating doctor, or administering doctor or nurse will talk to you about other care and support available to you, this could include:

- discussing how your treating healthcare team may help ease any physical symptoms, psychosocial or spiritual distress you may be experiencing
- updating your care plan
- providing you with alternate referrals to relevant healthcare workers
- organising additional support from a specialist palliative care team (if one is not already involved in your care)
- discussing their decision with other members of your healthcare team and family—however, if you do not want this to happen, they will respect your privacy.

What you can do

If your administering doctor or nurse does not administer you the substance because you don't have capacity, if you regain capacity you can ask to reschedule the administration of the substance for another time.



Questions you might want to ask your doctor or nurse

- *'How do I ask people to be there for administration?'*
- *'When will I know when the right time is?'*
- *'What will happen on the day?'*
- *'How can I say goodbye?'*
- *'How do I organise a last goodbye with my family and friends?'*
- *'Who can be there when the voluntary assisted dying substance is administered?'*
- *'Where can the substance be administered?'*
- *'How do I reconcile my family and friends?'*

Practitioner administration

- *'Who can be a witness?'*
- *'Do I have to make an appointment in advance? What if I change my mind and I'm not ready when the administering doctor or nurse comes to administer the voluntary assisted dying substance?'*
- *'Can I decide not to go ahead with administration?'*



Checklist for administration



Check items off as you complete them

You do not have to use this checklist, it is optional.

- | | |
|--------------------------|---|
| <input type="checkbox"/> | See the information given to you by the pharmacist employed by QVAD-Pharmacy when they supply you with the voluntary assisted dying substance. |
| <input type="checkbox"/> | Decide where you would like administration to take place. |
| <input type="checkbox"/> | Decide who you want with you. |
| <input type="checkbox"/> | Consider if there are any religious, spiritual or cultural considerations you may wish to have incorporated. |
| <input type="checkbox"/> | Consider if there is an outfit you would like to be wearing. |
| <input type="checkbox"/> | Are there any smells or sounds you would like incorporated. For example, a particular song playing, a perfume sprayed. |
| <input type="checkbox"/> | Choose the date and time. |
| <input type="checkbox"/> | You can change the date and time or change your mind about accessing voluntary assisted dying at any time. |
| <input type="checkbox"/> | You may also wish to consider if you have all of your plans and decisions made for after you die. For example, is your will up to date. The end-of-life resources on the Queensland Health website provide some useful practical guides to consider:
https://clinicalexcellence.qld.gov.au/priority-areas/service-improvement/improving-care-end-life-queensland/resources/bereavement-support |

After you die



Death notification

Your contact person must inform your coordinating doctor if you die from self-administration of the voluntary assisted dying substance or some other cause, within two business days of becoming aware of your death.

Your coordinating doctor and your administering doctor or nurse must notify the Review Board that you have died, within two business days of becoming aware of your death.

If another doctor completes your cause of death certificate, they must also inform the Review Board, if they know you accessed voluntary assisted dying.

The doctor certifying your death must write on the death certificate that your underlying illness, disease, or medical condition was the cause of death. It must not mention voluntary assisted dying.



Disposal of the voluntary assisted dying substance

Self-administration

For self-administration, any unused or remaining voluntary assisted dying substance must be given to an authorised disposer by your contact person and disposed of in line with the disposal requirements.

Practitioner administration

For practitioner administration, the administering doctor or nurse must dispose of the voluntary assisted dying substance in line with the disposal requirements.

Decisions that can be reviewed

The Queensland Civil and Administrative Tribunal (QCAT) is an independent body that makes and reviews a range of administrative, commercial, and personal matters in Queensland.

QCAT can review decisions made by a coordinating doctor or consulting doctor about some of the eligibility criteria for

voluntary assisted dying, see Table 1. These are reviewable decisions. QCAT cannot review decisions about disease-related eligibility criteria (i.e., diagnosis and prognosis), as they are clinical judgement matters best decided by a doctor.

Table 1: QCAT reviewable decisions

Decision-maker	Step in the process	Reviewable decision
Coordinating doctor	First assessment	<ul style="list-style-type: none">• Residency in Australia for at least three years immediately before the person makes the first request• Residency in Queensland for at least 12 months immediately before the person makes the first request• Decision-making capacity in relation to voluntary assisted dying• Acting voluntarily and without coercion
Consulting doctor	Consulting assessment	
Coordinating doctor	Final review	<ul style="list-style-type: none">• Decision-making capacity in relation to voluntary assisted dying• Acting voluntarily and without coercion

Applying for a review by QCAT

An application to review a decision may be made by:

- yourself, as the person seeking to access voluntary assisted dying
- your agent (someone acting on your behalf)

- any other person who has a sufficient interest in your rights and interests in relation to voluntary assisted dying. For example, another member of your healthcare team, a spouse or other close family member, or carer.

It is up to QCAT to decide if the person making the application for review is eligible to do so. Being your family member does not mean they are automatically considered to have a sufficient and genuine interest.

During QCAT review

Once an application has been made to QCAT to review a decision, the voluntary assisted dying request and assessment process is put on hold. No further steps may be taken until the matter is resolved, including:

- conducting further assessments
- prescribing or supplying a voluntary assisted dying substance, or
- administering a voluntary assisted dying substance.

Timing and process

To review an eligibility decision, an application must be promptly made to QCAT.

The Act requires an application for review to be made within five business days of the 'relevant day'. This means five business days after the day the coordinating doctor or consulting doctor gives you a copy of the relevant form with their decision, or the day any other person making the application becomes aware of the decision—whichever is later.

Within two business days after receiving the application, QCAT must provide a copy of the application to you and any other parties to the application.

QCAT hearings regarding voluntary assisted dying must be held in private. QCAT has the power to keep your details anonymous in QCAT's publicly reported decisions.

There is no prescribed period within which QCAT must make its decision. If you die prior to completion of the review, the QCAT application is withdrawn.

Effect of a decision

QCAT may decide to support or overturn the decision made by the coordinating or consulting doctor.

If the QCAT decision differs to the decision of a coordinating or consulting doctor, the decision is overturned, and the QCAT decision takes its place.

If the decision by the coordinating doctor meant you were ineligible and the QCAT decision means that you are now eligible for voluntary assisted dying, your coordinating doctor may refuse to continue in the role. In this situation your coordinating doctor must transfer their role to another doctor so you can continue the voluntary assisted dying process.



End-of-life care

End-of-life care includes physical, psychosocial, social, cultural and spiritual assessment, care and treatment.

This care is provided by a range of healthcare workers. It includes support for families and carers. People are 'approaching the end of life' when they are likely to die within the next 12 months.

Advance care planning

Advance care planning provides an opportunity for people to think, discuss and plan for the care and treatment they would prefer in the future. It is an ongoing process that requires:

- introducing choices to people about future care
- thinking about values, priorities and preferences for care
- identifying a substitute decision maker
- clearly documenting decisions so they are easily accessible.

Find out more information:

<http://www.mycaremychoices.com.au>

Voluntary assisted dying cannot be included within an Advance Health Directive or Statement of Choices.

Palliative care

Palliative care is an approach that improves the quality of life of people and their families who are living with a life-limiting illness,

through the prevention and relief of suffering by means of early identification and correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual.¹

Access to high-quality palliative care is a right that all Queenslanders should expect. Healthcare workers and services across Queensland provide high-quality, holistic, and compassionate palliative care that many people seeking access to voluntary assisted dying will already receive.

Find out more information:

<https://www.qld.gov.au/health/support/end-of-life/care/palliative>

End-of-life care

End-of-life care includes physical, spiritual, and psychosocial assessment, and care and treatment delivered by health professionals and ancillary staff. It also includes support of families and carers, and care of the patient's body after their death. People are 'approaching the end of life' when they are likely to die within the next 12 months. This includes people whose death is imminent

¹ Australian Government Department of Health. 2018. *National Palliative Care Strategy*.

<https://www.health.gov.au/resources/publications/the-national-palliative-care-strategy-2018>

(expected within a few hours or days) and those with:

- advanced, progressive, incurable conditions
- general frailty and co-existing conditions that mean that they are expected to die within 12 months
- existing conditions, if they are at risk of dying from a sudden acute crisis in their condition
- life-threatening acute conditions caused by sudden catastrophic events.

Palliative care and end-of-life care

Compassionate palliative care and end-of-life care is respectful of a person's cultural, spiritual, and physical needs and preferences. This care is appropriate for anyone living with a life-limiting illness, including cancer, other chronic conditions, dementia, and non-malignant degenerative diseases.

Palliative care and end-of-life care may be required at any age.

Considering people's cultural needs and ensuring culturally safe practices for everyone receiving care is also important. For First Nations peoples, the time before and after death, which may be referred to as Sad News and/or Sorry Business, are subject to customary practices and beliefs, which should be respected and accommodated during the provision of palliative and end-of-life care.

People with a life-limiting illness should be at the heart of their care, surrounded by their family, carers, community and supported by services, which may include one or more of a range of formal and informal supports. This includes supporting relationships between individuals, family, kin and community while providing care, and recognising the importance of connection to land, culture,

spirituality and ancestry, and how these affect an individual.

Voluntary assisted dying

Voluntary assisted dying is one of several choices that people may have at the end of their life. You should talk to your doctor about all the options available to you.

Voluntary assisted dying is distinct from palliative care.

A person's decision to seek information about, or access to, voluntary assisted dying has no impact on their access to palliative care.

Voluntary assisted dying is about choice. It isn't a choice between life and death. It gives people who meet eligibility criteria and who are suffering and dying the option to ask for medical help to end their life. It won't be for everyone.

Voluntary assisted dying is voluntary. People can stop the voluntary assisted dying process at any point, for any reason. People who are assessed as eligible for voluntary assisted dying may never choose to use it.



Support

Only you can decide to have a voluntary assisted death. However, if you are thinking about or going through the voluntary assisted dying process, you will need some support.

People who can support you with your decision include:

- your doctor and your healthcare team
- your family, friends and carers
- community, spiritual or cultural leaders
- support services
- the Queensland Voluntary Assisted Dying Support Service (QVAD-Support)
- the Queensland Voluntary Assisted Dying Pharmacy Service (QVAD-Pharmacy)

Doctor and healthcare team

Any willing doctor or other healthcare worker (for example, nurse or social worker) can support you while you are:

- thinking about voluntary assisted dying
- in the process of asking for voluntary assisted dying.

Your doctor or other healthcare workers can:

- give you information about the voluntary assisted dying process
- help you to think through your options.

If you decide to go through the voluntary assisted dying process, a doctor will need to help you do this (they will be called your coordinating doctor). An eligible and willing doctor, nurse practitioner or registered nurse can help you administer the voluntary assisted dying substance (they will be called your administering doctor/administering nurse).

All healthcare workers can conscientiously object to participating in any stage of the voluntary assisted dying process.

Family and carers

Your family and carers can help you think about voluntary assisted dying or help you through the process, if you want them to.

You do not have to discuss voluntary assisted dying with your family or carers if you do not want to. However, you are encouraged to talk to the people who are important to you. This could be your 'family of choice', those people who are not blood relatives but that play an important part in your life.

The process can be challenging when you are very sick. You may find it easier if you have support from people you trust. Your family and carers may also welcome the opportunity to help you and understand your decision.

Your family and carers can support you through the voluntary assisted dying process by:

- helping you understand and consider your end-of-life options
- being a part of your conversations about voluntary assisted dying
- going to your appointments with you
- asking for more information about voluntary assisted dying
- giving you personal care
- helping you plan for a voluntary assisted death
- providing comfort
- providing spiritual care
- being with you if you decide to administer the voluntary assisted dying substance.

Only you can make a request for voluntary assisted dying, your family and carers cannot request voluntary assisted dying on your behalf.

Talking to your family and carers about death and dying

We all have different relationships with death, shaped by our personal experiences, religious or spiritual beliefs, culture, family history and current life circumstances.

Talking about your preferences for the end of life can be difficult and emotional. Many people do not like to talk about death and dying. Yet, having conversations about your death and how you want it to happen, may help those closest to you understand your wishes and prepare them for your death. It can also make it more likely that you receive the healthcare you would prefer at the end of your life.

There is no right or wrong way to talk about death and dying. Your doctor can support you to have this conversation with those close to you.

Having open conversations about your end-of-life preferences allows you to consider how you:

- would prefer to live your final days
- want your life to be celebrated and remembered.

Keep in mind that talking about death and dying isn't about having all the answers, in fact, it may open up more questions for you.

If a family member or carer does not support your decision, it may help to talk to them about:

- your values and preferences
- what matters to you most
- why you are making this decision
- what does quality of life mean to you
- what benefits and risks matter most to you
- what role you want them to play.

Even if your family or carers do not agree with your decision, they may still be able to give you the support you need. If needed, you could consider telling them that while they do not have to agree with your decision you would ask them to respect your wishes.

You can also talk to your doctor about additional support if the people important to you do not support your decision.

Support available for your family and carers

When someone is dying or has died it can be a very stressful time. Grief is experienced differently by different people. There is no right way to feel when losing someone. Grief can be complex, and it can also start before a person dies.

Your coordinating doctor will support you and your family and carers throughout the voluntary assisted dying process. Support from your coordinating doctor to your family and carers will normally finish when you die.

If grief or your involvement in voluntary assisted dying is affecting someone's physical or mental wellbeing, they can see their doctor

or another healthcare worker (for example, a psychologist). They may not be able to do this on your own. Asking for help is okay. Different people will need and want different levels of support.

Resources

There are a range of resources available to help your family and carers:

- Information for people supporting someone through the voluntary assisted dying process: health.qld.gov.au/vad
- [When someone dies: A practical guide for family and friends](#)—this booklet has information and practical ideas about things to do before and after an adult family member or friend dies in Queensland.
- [During sad news and sorry business: Information for family](#)—this booklet has information and practical ideas for First Nations peoples about things to do before and after an adult passes away in Queensland.
- [Carer Help](#)—provides support and resources for carers throughout the caring process, including after death.
- [CareSearch](#)—a palliative care knowledge network that has a variety of resources aimed at family, friends and carers.
- [The Australian Centre for Grief and Bereavement](#)—helps family, friends, and carers cope with the death of a person and refers them to resources including information sheets on grief, statewide counselling and support services and bereavement support groups.

QVAD-Support

QVAD-Support provides advice and support about voluntary assisted dying.

QVAD-Support is free for all Queenslanders and is run by care coordinators who are medical, nursing and allied healthcare workers.

QVAD-Support services

Care coordinators provide advice to anyone involved with voluntary assisted dying, including:

- people who want to access voluntary assisted dying
- families
- people providing care
- healthcare workers.

QVAD-Support can:

- provide general and specific information about voluntary assisted dying in Queensland
- help you find a willing and eligible voluntary assisted dying doctor or nurse
- help you access voluntary assisted dying in regional, rural, and remote Queensland
- help coordinate your care across public and private hospitals, aged care facilities, hospices, GPs and community care.

QVAD-Support does not replace medical consultation or your healthcare team and the services they provide to you. QVAD-Support can only provide assistance with voluntary assisted dying. The service is unable to assist with any other health concerns, including your underlying conditions.

Contact QVAD-Support

You can talk to a care coordinator Monday to Friday, 8.30am-4pm, (excluding public holidays).

Email: QVADSupport@health.qld.gov.au

Phone: 1800 431 371

QVAD-Pharmacy

Pharmacists employed by QVAD-Pharmacy are the authorised suppliers of the voluntary assisted dying substance in Queensland. They are responsible for managing the procurement and supply of the voluntary assisted dying substance. The pharmacists may also dispose of unused substance that has been supplied for self-administration.

You can contact QVAD-Pharmacy if you have questions about collecting, preparing, giving, or administering the voluntary assisted dying substance.

Support services

Different people will need and want different levels of support. Some people may become upset when reading about voluntary assisted dying. If this has raised distressing issues for you or someone you know, call one of the helplines below for support and counselling:

- 24/7 crisis services
- Mental Health Access Line call 1300 64 22 55 (24/7)
- Lifeline call 13 11 14 (24/7 – phone, text, online)
- Suicide Call Back Service call 1300 659 467 (24/7 – phone and online)

Support services

- Beyond Blue call 1300 845 745 22 4636 (24/7 – phone, online)
- Griefline call 1300 845 745 (6am to midnight AEST, 7 days a week)
- Queensland Transcultural Mental Health Centre call 3317 1234 or 1800 188 189 (outside Brisbane) or 1300 64 22 55 (24/7)
- World Wellness Group (multicultural support) call 1300 079 020

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



Access



Cost of voluntary assisted dying

You may need to pay for appointments with your coordinating doctor, consulting doctor, administering doctor or nurse or any other healthcare workers, as you usually would, based on your doctor's and nurse's fees. You should discuss any costs you may need to cover with your doctor at the start of the process.

While working through the voluntary assisted dying process, you should continue to discuss your healthcare needs with your healthcare team. This care will be provided as usual.

There are no costs for the voluntary assisted dying substance or for accessing QVAD-Support.



Regional, rural and remote access

QVAD-Access helps people living in regional, rural, and remote parts of the state access voluntary assisted dying. QVAD-Access can:

- help a doctor or nurse travel to you, to access voluntary assisted dying
- help an interpreter to travel to you if required
- help you travel to a doctor or nurse to access voluntary assisted dying (this won't be as common).

QVAD-Access is managed by QVAD-Support.

Personal information

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

The Review Board provides an important safeguard for Queenslanders by reviewing each completed voluntary assisted dying case to ensure the process complied with the Act. The Review Board is committed to protecting the privacy of people, or access to voluntary assisted dying in Queensland.

Approved forms are required to be submitted to the Review Board throughout the voluntary assisted dying process. Information is collected on these forms for, or by Queensland Health through the Review Board and the Office of the Voluntary Assisted Dying Review Board for the purpose of meeting its obligations under the Act and may be shared with other government agencies for that purpose and to enable the Review Board to meet its legislative obligations under other legislation. Information from these forms may be provided to registered health practitioners authorised under the Act, QVAD-Support and your nominated contact person to facilitate operations under the Act. Personal information collected by Queensland Health will be securely stored and handled in accordance with the *Information Privacy Act 2009* (Qld).

More information on how your personal information is managed is available on the Queensland Health website:

www.health.qld.gov.au/global/privacy

To learn about rights to access your own personal information, please visit <https://www.health.qld.gov.au/system-governance/contact-us/access-info/rti-application>.

Complaint information

If you are concerned about your experience of the voluntary assisted dying process you should take the following steps:

Go local first: contact the hospital, facility or service in question. Talking to the nurse manager, doctor or health professional of the area is often the easiest and quickest way to resolve the problem.

Act quickly: talk to someone as soon as possible, as the longer you wait the less clear the facts become and the harder it can be to find a solution.

Make it clear:

- describe the incident
- explain the order which things happened
- include dates where possible
- list any phone calls, letters or meetings
- explain what action you would like the health service to take.

Make a formal complaint: If you do not wish to talk about your concerns with local staff or they have not been able to address your concerns, you can make a formal complaint.

More information about making a complaint about a public or private health service can be found on the Queensland Health website: www.qld.gov.au/health/contacts/complaints

Glossary of terms

A glossary of terms can be found on the Queensland Health website (health.qld.gov.au/vad).

More information

More information can be found on the Queensland Health website (health.qld.gov.au/vad).