

Queensland Voluntary Assisted Dying Review Board Annual Report

2025–2026



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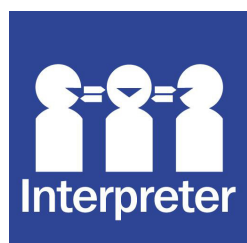
Data in this report

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.

Feedback

You can provide feedback on the Voluntary Assisted Dying Review Board Annual Report 2025–2026 by emailing: VADReviewBoard@health.qld.gov.au

Published by the Voluntary Assisted Dying Review Board on the Review Board publications website: www.health.qld.gov.au/vadreviewboard



Interpreter accessibility

The Queensland Government is committed to providing accessibility 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 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.

The terms ‘First Nations peoples’ and ‘Aboriginal peoples 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 peoples 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 peoples 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 fourth 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).

The report details:

- activity from 1 July 2025 to 30 June 2026*
- the Review Board's reflections drawn from reviews of completed requests, as well as feedback from families of those who accessed voluntary assisted dying and authorised voluntary assisted dying practitioners.

For a glossary of key terms used in this report, see [Appendix A \(page 29\)](#).

The report contains personal insights from people involved in voluntary assisted dying. These quotes are from responses to Queensland Voluntary Assisted Dying Support and Pharmacy Service consumer surveys and have been de-identified to protect the privacy of individuals.

*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 for reporting and management of required information related to voluntary assisted dying in Queensland. Where percentages are shown, some may add up to slightly more or slightly less than 100 per cent due to rounding. Data in the published Quarterly Reports may not always add up to the same number as the annual reports due to late form submissions.

More information and support

For those seeking more information about voluntary assisted dying in Queensland, please refer to the voluntary assisted dying website: www.health.qld.gov.au/vad. For those seeking support relating to voluntary assisted dying, please refer to the [Key contacts \(page 28\)](#).

This content may be upsetting to some readers. Contact details for support organisations can be found on [page 28](#).

Letter of compliance

31 August 2026

The Honourable Timothy Nicholls MP
Minister for Health and Ambulance Services
PO Box 48
Brisbane QLD 4001

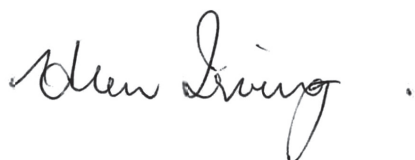
Dear Minister

I am pleased to submit for presentation to the Parliament, the Annual Report 2025–2026 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.

Associate Professor Helen Irving
Chairperson
Voluntary Assisted Dying Review Board

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Foreword from the Chair

I am pleased to present the fourth annual report of the Queensland Voluntary Assisted Dying Review Board (the Review Board). This report provides an overview of the operation of voluntary assisted dying in Queensland during the reporting period and reflects the Review Board's ongoing statutory role in monitoring the operation of the *Voluntary Assisted Dying Act 2021* (the Act) and identifying matters for improvement.

During this reporting period, 2092 people were assessed by authorised practitioners as eligible for voluntary assisted dying, and 1082 people died following administration of a voluntary assisted dying substance. These numbers are similar to those from the prior 12 months and represent approximately 3 per cent of total deaths in Queensland.

The Review Board acknowledges that behind the data presented in this report are people managing deeply personal end-of-life choices, as well as their families, carers, loved ones and health practitioners who are supporting them through these decisions. On behalf of the members of the Review Board, I express sincere condolences to the family and friends of those who have died.

The Review Board is especially grateful to all authorised practitioners across the State who are providing trusted and compassionate care. We continue to be impressed by their dedication and commitment to people seeking to access voluntary assisted dying.

Reflecting on three and a half years

This year, the Review Board thought it timely to reflect on the recommendations provided in previous annual reports and how the scheme has grown and matured since inception in January 2023. These recommendations have been summarised by the Review Board into four themes:

- Education and awareness
- Evidence based research
- Service sustainability and enhancements
- Commonwealth legislation.

We commend Queensland Health for their work in implementing a range of activities to fulfil these recommendations, many of which are now embedded as core business.

The Review Board recommends that the four themes continue to be the focus of Queensland Health and others involved in providing voluntary assisted dying services.

This year the Review Board makes the following four new recommendations:

1. Continue to improve education and awareness of voluntary assisted dying as an end-of-life option for those eligible throughout Queensland.
2. Work with the Review Board to support identified research priorities and questions, including working with other Australian jurisdictions to best enable safe and equitable operation of the scheme in Queensland.
3. Continue working with the Primary Health Networks to promote the engagement of general practitioners with local Hospital and Health Services voluntary assisted dying service models, to ensure awareness, continuity of care and sustainability.
4. In the Minister's review of the Act, there should be broad consultation with the public and other stakeholders to determine the desirability and feasibility of amending existing eligibility criteria.

Additional acknowledgement and thanks

In addition to the authorised practitioners, the Review Board extends its sincere thanks to all healthcare workers who support Queenslanders to access end-of-life care, including voluntary assisted dying and palliative care.

We also acknowledge the important role of the Queensland Voluntary Assisted Dying Support and Pharmacy Service in assisting health practitioners and people who are accessing, or considering, voluntary assisted dying. The consistent feedback received by the Review Board is that the voluntary assisted dying workforce supports people and their families and carers with kindness, dignity and respect at a profoundly significant time in their lives.

The Review Board further thanks the Office of the Review Board, the Voluntary Assisted Dying Program Unit and the Practitioner Eligibility Panel for their ongoing professionalism providing support to the Review Board.

As Chairperson, I acknowledge the ongoing commitment and professionalism of Review Board members, who bring considerable expertise, consideration and care to this important work. I wish to particularly acknowledge Professor Eleanor Milligan and Dr Jennifer Brown, whose terms on the Review Board concluded in October 2025. On behalf of the Review Board, I thank them for their valuable contribution, dedication and service during a significant period in the establishment and early operation of the scheme in Queensland.

As always, the Review Board welcomes feedback and improvement suggestions to ensure that voluntary assisted dying in Queensland is safe, equitable, accessible and of high quality.

A handwritten signature in black ink, reading "Helen Irving". The signature is fluid and cursive, with a small dot at the end.

Associate Professor Helen Irving
Chairperson
Voluntary Assisted Dying Review Board

Summary of voluntary assisted dying activity

Voluntary assisted dying has been available for Queenslanders who meet eligibility criteria and seek medical help to end their life since the 1st of January 2023. A summary of the first three and a half years of activity is outlined in Table 1 below.

From 1 July 2025 to 30 June 2026, 2256 people had a first assessment. In the same period, 1082 people received assistance to die through administration of a voluntary assisted dying substance (either by self-administration or practitioner administration). This represents approximately three per cent of the 38,795 total deaths in Queensland.¹

Table 1: Overview of voluntary assisted dying activity in Queensland

Activity	1 January to 30 June 2023*	1 July 2023 to 30 June 2024	1 July 2024 to 30 June 2025	1 July 2025 to 30 June 2026
Assessments and requests	Number of people			
Completed first assessments	591	1560	2039	2256
Diagnosis and palliative care	Number of people (%)			
Accessing palliative care either currently or previously at first assessment	459 (77.7%)	1178 (75.5%)	1545 (75.8%)	1714 (76.0%)
Primary diagnosis of underlying disease at consulting assessment: cancer	394 (78.2%)	991 (75.5%)	1331 (76.3%)	1517 (77.3%)
Eligibility	Number of people (%)			
Assessed as eligible at first assessment	562 (95.1%)	1456 (93.3%)	1906 (93.5%)	2092 (92.7%)
Assessed as eligible at consulting assessment	499 (99.0%)	1313 (98.4%)	1745 (98.9%)	1963 (98.9%)
Deaths	Number of people (%)			
Self-administration	106 (28.3%)	261 (21.0%)	293 (17.4%)	246 (13.0%)
Practitioner administration	139 (37.1%)	532 (42.8%)	779 (46.2%)	836 (44.3%)
Substance not administered	130 (34.7%)	451 (36.2%)	612 (36.4%)	805 (42.7%)

*Note: This is six months of activity.

As at 30 June 2026, there were 380 authorised voluntary assisted dying practitioners in Queensland. Just over half (53 per cent) are medical practitioners, and the remaining 47 per cent are nurse practitioners and registered nurses (Table 2).

Table 2: Authorised practitioners as at 30 June 2026

Type of healthcare worker	Number
Medical practitioners	200
Nurse practitioners	21
Registered nurses	159

1. Australian Bureau of Statistics. *Provisional Mortality Statistics* (total deaths for 2025, from the 29 May 2026 release, have been used): www.abs.gov.au/statistics/health/causes-death/provisional-mortality-statistics/latest-release

2025–2026 reporting period in review

This report provides activity data for voluntary assisted dying in Queensland from 1 July 2025 to 30 June 2026. As there are many steps in the process, a person may be included in more than one reporting period. For example, someone who has died within this 2025–2026 reporting period will not be listed in the assessment numbers if their assessment was conducted before 1 July 2025. Likewise, if someone has not made a second request by 30 June 2026, they will only be counted in the number of people who have made a first request.

People accessing voluntary assisted dying

Sociodemographic characteristics

Table 3 presents sociodemographic characteristics for the people who requested access to voluntary assisted dying in Queensland over the past 12 months. Data is obtained from the mandatory forms that authorised practitioners are required by the Act to submit to the Review Board.

Table 3: Characteristics of people who requested access to voluntary assisted dying and received a first assessment from 1 July 2025 to 30 June 2026 (n=2256)

Characteristics		Number of people	Proportion of total
Gender	Male	1263	56.0%
	Female	993	44.0%
	X or non-binary	0	—
Age group	18–29	5	0.2%
	30–39	9	0.4%
	40–49	51	2.3%
	50–59	179	7.9%
	60–69	462	20.5%
	70–79	762	33.8%
	80–89	612	27.1%
	90+	176	7.8%
	Median age (age range)	75 (18–103)	
First Nations status	Aboriginal and/or Torres Strait Islander peoples*	40	1.8%
	Non-Indigenous	2197	97.4%
	Unknown	19	0.8%
Country of birth	Australia	1729	76.6%
	Other	527	23.4%
Preferred language	English	2230	98.8%
	Other	26	1.2%

*Note: Due to small counts, First Nations status was unable to be disaggregated further.

Highest level of education

Highest level of education is not a mandatory reporting field and was recorded for less than 50 per cent of people who received a first assessment from 1 July 2025 to 30 June 2026. Of those, 691 people had a year 12 certificate or completed some high school; 152 people had completed an Advanced Diploma, Diploma or Trade Certificate; 132 people had completed a Postgraduate or Bachelor's Degree; and the remaining 76 people had completed primary school (Table 4).

Table 4: Highest level of education recorded for people who requested access to voluntary assisted dying and received a first assessment from 1 July 2025 to 30 June 2026 (n=2256)

Highest level of education	Number of people	Proportion of total
Postgraduate Degree	36	1.6%
Bachelor's Degree	96	4.3%
Advanced Diploma or Diploma	58	2.6%
Trade Certificate	94	4.2%
Year 12 senior certificate/high school	691	30.6%
Primary school	76	3.4%
Not recorded	1205	53.4%

Diagnosis

Over three quarters of those who accessed voluntary assisted dying from 1 July 2025 to 30 June 2026 had cancer recorded as their primary diagnosis (Table 5). A further nine per cent had a disease of the respiratory system and six per cent had a neurological disorder. The remaining eight per cent had other diagnoses including end stage renal and liver disease, peripheral and cardiovascular diseases. This data is similar to that reported in other Australian jurisdictions, and previous reporting periods in Queensland.

Table 5: Primary diagnosis recorded for people who were assessed as eligible to access voluntary assisted dying in first and consulting assessments from 1 July 2025 to 30 June 2026 (n=1963)

Diagnostic category	Number of people	Proportion of total
Cancer	1517	77.3%
Disease of the respiratory system	177	9.0%
Neurological disorder	121	6.2%
Other	148	7.5%

“The best thing about voluntary assisted dying is that it allowed my husband to leave this world of pain in his home on the lounge looking at the trees with us holding his hands and he was surrounded by love in a place he loved.”

—Contact person

Palliative care

The World Health Organisation has described palliative care as a human right, delivered through person-centred, and integrated health services.² Access to such care is a right that all Queenslanders should expect. Palliative care is holistic care, provided across health services and in the community, 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. 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*.³

Of those people who completed a first assessment from 1 July 2025 to 30 June 2026, 76 per cent were currently accessing or had previously accessed palliative care services (Table 6).

Table 6: Engagement with palliative care services by people who requested access to voluntary assisted dying and received a first assessment from 1 July 2025 to 30 June 2026 (n=2256)

Palliative care services	Number of people	Proportion of total
Yes, currently	1686	74.7%
Yes, previously	28	1.2%
No	503	22.3%
Unknown	39	1.7%

“We are incredibly grateful to the voluntary assisted dying team and Palliative Care for their understanding support. They helped us navigate this decision with compassion, clarity and unwavering support, making an overwhelming process feel manageable.”

—Contact person

Living situation

At the time of first assessment, 87 per cent of people were living in a private residence, six per cent of people were living in a residential aged care facility and four per cent of people were living in a retirement village (Table 7).

Table 7: Living situation of people who requested access to voluntary assisted dying and received a first assessment from 1 July 2025 to 30 June 2026 (n=2256)

Living situation	Number of people	Proportion of total
Private residence	1951	86.5%
Residential aged care facility	141	6.3%
Retirement village	89	3.9%
Other	75	3.3%

2. World Health Organization. (2021). *Quality health services and palliative care: Practical approaches and resources to support policy, strategy and practice*. www.who.int/publications/i/item/9789240035164

3. Queensland Health, Palliative care investment and reform. *Palliative and End-of-Life Care Strategy*: www.health.qld.gov.au/system-governance/strategic-direction/improving-service/palliative-care-investment

Geographical distribution

People across Queensland, including some in very remote areas, are accessing voluntary assisted dying. Table 8 describes the geographical distribution in terms of the Australian Bureau of Statistics standard classification of ‘remoteness areas’. For a map detailing geographical remoteness areas in Australia, see [Appendix B \(page 32\)](#).⁴

Most Queenslanders (66 per cent) live in major city areas (Table 8). A further 19 per cent live in inner regional areas, and 13 per cent live in outer regional areas. The remaining two per cent of Queenslanders live in remote and very remote areas.

Just less than half (46 per cent) of people who have requested access to voluntary assisted dying and received a first assessment from 1 July 2025 to 30 June 2026 live in major city areas. Over one quarter (28 per cent) live in inner regional areas, and the remaining quarter (26 per cent) live in outer regional, remote or very remote areas.

Table 8: Location of residence of people who requested access to voluntary assisted dying and received a first assessment from 1 July 2025 to 30 June 2026 (n=2256)

Location of residence	Number of people	Proportion of total	Proportion of total QLD population ⁵
Major city	1047	46.4%	65.6%
Inner regional	626	27.8%	19.1%
Outer regional	521	23.1%	13.0%
Remote	33	1.5%	1.3%
Very remote	20	0.9%	1.0%
Outside of Queensland*	9	0.4%	—

*Note: See residency section for detail.

*“My husband was able to decide when the time was right for him,
and to die at home in his own bed with family.”*

—Contact person

Residency

People who do not meet Queensland or Australian residency eligibility requirements to access voluntary assisted dying can apply to Queensland Health for an exemption if they have a substantial connection to Queensland and where there are compassionate grounds. A total of 35 exemptions from the residency requirements were granted from 1 July 2025 to 30 June 2026. Nine of these exemptions were granted to people who reside outside of Queensland (Table 8). Regardless of place of residence, all steps in the voluntary assisted dying process were completed in Queensland.

4. The Australian Statistical Geography Standard (ASGS) Remoteness Structure defines five classes of geographic remoteness across Australia. These classes are characterised by a measure of relative geographic access to services. More information about the ASGS classification system is in [Appendix B](#).

5. Australian Bureau of Statistics. *Regional population, 2024–25 financial year* (Queensland estimated resident population by remoteness area): www.abs.gov.au/statistics/people/population/regional-population/latest-release#data-downloads

How voluntary assisted dying is being accessed

There are many steps a person, and those supporting the person and the process, must take to comply with voluntary assisted dying legislation in Queensland. For an overview of the process, see [Appendix C \(page 33\)](#). The person must make three separate requests for voluntary assisted dying, be assessed as eligible by two independent authorised medical practitioners and proceed through a series of additional steps supported by their healthcare team and appointed contact person. The steps and time taken will vary according to the person's underlying condition, needs and wishes. The person can choose to withdraw from the process at any time and for any reason.

This section details the 12-month activity figures for people who have engaged in at least one or more aspects of the voluntary assisted dying process in Queensland from 1 July 2025 to 30 June 2026. As there are many steps in the process, individual people may cross over reporting periods.

“Our experience has been nothing but supportive, easy and full of compassion! What a wonderful team of caring individuals, who are helping to provide a much-needed service.”

—Contact person

Requests and assessment phase

To access voluntary assisted dying in Queensland a person must be independently assessed as eligible by two authorised medical practitioners. A coordinating practitioner assesses the person's eligibility at a first assessment, and, if determined eligible, the person is then referred to the second authorised practitioner for a consulting assessment.

First assessments

From 1 July 2025 to 30 June 2026, 2256 people received a first assessment. Seven per cent (n=164) of persons having a first assessment were assessed as ineligible. A person assessed as ineligible at a first assessment may choose to make another first request.

Consulting assessments

From 1 July 2025 to 30 June 2026, 1984 people received a consulting assessment. One per cent (n=22) of people were found ineligible.

Being assessed as ineligible at a consulting assessment does not prevent a person from requesting a further consulting assessment. One of these people had a subsequent consulting assessment and was assessed as eligible, meaning a total of 21 people were found ineligible at the consulting assessment stage and did not proceed further.

Second and final requests

During the reporting period, 1752 people made a second request and 1706 people made a final request.

Withdrawn requests

During the reporting period, 27 people withdrew their request for voluntary assisted dying or discontinued the process.

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 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 July 2025 to 30 June 2026, the median time from first to final request was 15 days. 360 people (21 per cent) had an expedited request where the final request was within nine days of the first request. This is consistent with previous reporting periods.

Administration phase

Prescription

Pharmacists from QVAD Pharmacy travel across Queensland to supply the voluntary assisted dying substance at an appropriate time after the required steps in the process have been completed, and the coordinating practitioner has issued a prescription. Some people have more than one prescription issued because there may be a change to their administration decision, or the substance may expire before the person is ready to use it. However, only one substance can be supplied to a person at any given time. Some people who had a prescription issued between 1 July 2025 to 30 June 2026 will not yet have had their substance supplied because the substance is only supplied at the person's request.

From 1 July 2025 to 30 June 2026, 1827 people were issued a prescription for a voluntary assisted dying substance, and 1308 people were supplied with a voluntary assisted dying substance by QVAD Pharmacy.

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.

If the substance has not been used 11 months after supply, QVAD Pharmacy follow up with the person. The QVAD pharmacist provides refresher education, checks the expiry date of the substance, and assesses the suitability of the self-administration method. This is only relevant for a very small number of people accessing voluntary assisted dying.

The Review Board monitors all voluntary assisted dying substance in the community and whether it is returned to an authorised disposer by the contact person or disposed of by the administering practitioner within the required time period, if not used by the person accessing voluntary assisted dying.

“My experience with the voluntary assisted dying process was wonderful. [Patient]’s death was dignified, simple, private, loving and purposeful. [Patient] died at home, in my arms, without anyone else present. We had planned for this, and I am so happy and thankful we achieved it. I am deeply saddened that [patient] is no longer with me, but the only good part was using voluntary assisted dying.”

—Contact person

Voluntary assisted dying deaths

From 1 July 2025 to 30 June 2026, 1082 people died from administration of a voluntary assisted dying substance. Of these people:

- Three quarters (77 per cent, n=836) died following practitioner administration of a voluntary assisted dying substance.
- One quarter (23 per cent, n=246) died following self-administration of a voluntary assisted dying substance.

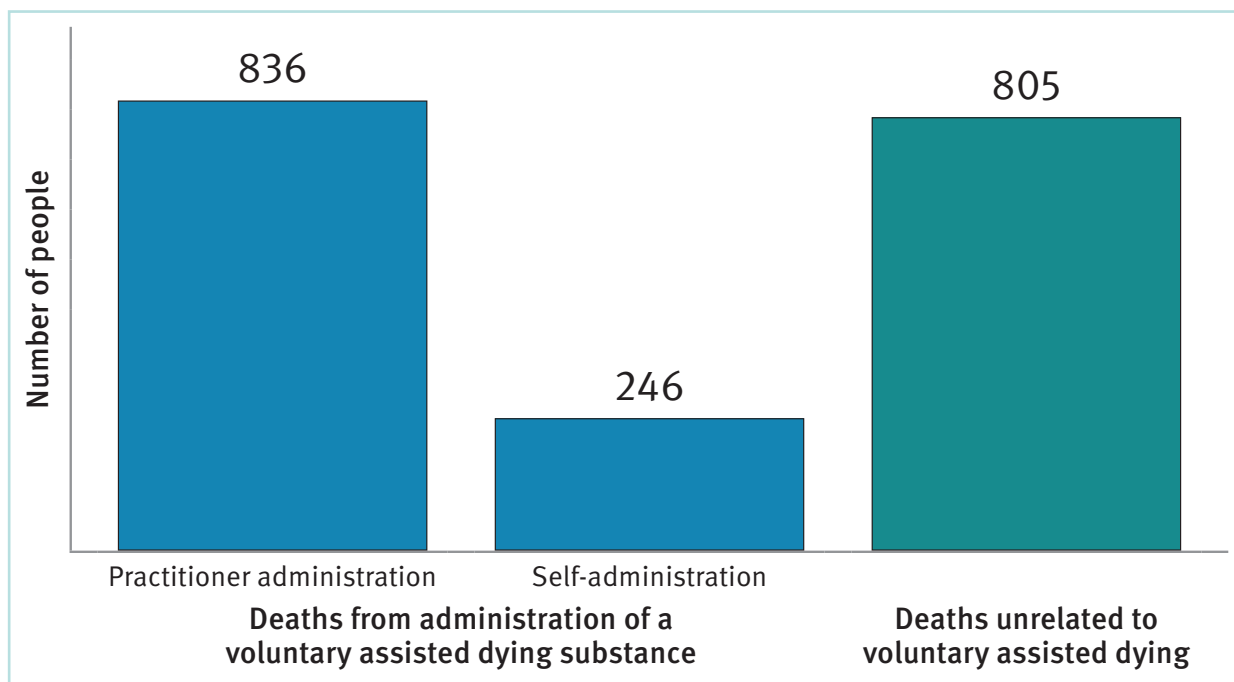
The proportion of people who chose to have a doctor or nurse administer the substance to them (practitioner administration), rather than to administer it themselves (self-administration), increased in 2025–26 compared with the previous 12 months of voluntary assisted dying in Queensland. Seventy three per cent of voluntary assisted dying deaths were practitioner administration from 1 July 2024 to 30 June 2025.

Deaths unrelated to voluntary assisted dying

From 1 July 2025 to 30 June 2026, 805 people who were undertaking the voluntary assisted dying process died without administration of the substance. Reasons for this may include:

- an individual's choice to not use a supplied substance, for whatever reason
- the loss of capacity to continue with voluntary assisted dying because of the underlying disease.

Figure 1: Deaths of people who were undertaking the voluntary assisted dying process from 1 July 2025 to 30 June 2026 (n=1887)



“Providing my mother with the dignity she deserved. Mum’s sense of control, agency, independence and choice were fundamental to who she was. Having this choice brought her so much peace. She was able to leave this life exactly as she wished. Thank you.”

—Contact person

Supporting access to voluntary assisted dying

Voluntary assisted dying workforce

There are three key roles in Queensland's voluntary assisted dying process—coordinating, consulting, and administering practitioners—collectively referred to as authorised voluntary assisted dying practitioners. Medical practitioners, nurse practitioners and registered nurses who meet eligibility requirements, have completed the mandatory training, and are approved by the Chief Medical Officer of Queensland Health as an authorised voluntary assisted dying practitioner, can be involved in the process.

In Queensland, only authorised medical practitioners can take on the role of coordinating or consulting practitioner. The role of administering practitioner can be performed by an authorised medical practitioner, a nurse practitioner or a registered nurse. See [Appendix A \(page 29\)](#) for more detail about authorised practitioner roles.

Between 1 July 2025 to 30 June 2026, there were 515 authorised voluntary assisted dying practitioners in Queensland (Table 9). Just under half (48 per cent; n=245) were medical practitioners, six per cent (n=32) are nurse practitioners and 46 per cent (n=238) are registered nurses.

Table 9: Number of authorised medical practitioners, nurse practitioners and registered nurses between 1 July 2025 to 30 June 2026 (n=515)

Authorised practitioners	Number of practitioners	Proportion of total
Medical practitioners	245	47.6%
Nurse practitioners	32	6.2%
Registered nurses	238	46.2%

From 1 July 2025 to 30 June 2026, 53 per cent of authorised medical practitioners (n=130) were involved in at least one voluntary assisted dying request as a coordinating practitioner, or a consulting practitioner (Table 10). Of the authorised practitioners who performed the role of administering practitioner for at least one person accessing voluntary assisted dying, 60 were medical practitioners, four were nurse practitioners and 30 were registered nurses (Table 10).

Table 10: Participation of authorised practitioners from 1 July 2025 to 30 June 2026 (n=515)

Authorised practitioners	Authorised practitioner activity	Number of practitioners
Medical practitioners	Medical practitioners involved as coordinating practitioner	105
	Medical practitioners involved as consulting practitioner	105
	Medical practitioners involved as administering practitioner	60
	Total number of medical practitioners involved in at least one request	130
Nurse practitioners and registered nurses	Nurse practitioners involved as administering practitioner	4
	Registered nurses involved as administering practitioner	30
All practitioners	Total number of authorised practitioners involved in at least one request	171

Coordinating and consulting practitioners

As mentioned above, only authorised medical practitioners can take on the role of coordinating or consulting practitioner to assess the eligibility of the person wanting to access voluntary assisted dying.

From 1 July 2025 to 30 June 2026, 53 per cent of authorised medical practitioners supported more than one patient as coordinating or consulting practitioner. One fifth (23 per cent) supported more than 20 patients (Table 11).

Table 11: Coordinating and consulting practitioner workload: number of voluntary assisted dying patients as coordinating or consulting practitioner for authorised medical practitioners from 1 July 2025 to 30 June 2026 (n=245)

Number of voluntary assisted dying patients	Number of practitioners	Proportion of total
0 patients	116	47.3%
1 patient	17	6.9%
2–10 patients	40	16.3%
11–20 patients	15	6.1%
21+ patients	57	23.3%

Administering practitioners

The role of administering practitioner can be performed by an authorised medical practitioner, a nurse practitioner or a registered nurse. As a default, the administering practitioner will be the coordinating practitioner. This allows for continuity of care for the person accessing voluntary assisted dying. As needed, in accordance with the Act, this role can be transferred to another authorised practitioner.

From 1 July 2025 to 30 June 2026, one in four authorised medical practitioners and approximately one in seven authorised nurses acted as the administering practitioner for at least one patient (Table 12).

Table 12: Administering practitioner workload: number of voluntary assisted dying patients as administering practitioner for authorised medical practitioners (n=245), and authorised nurses (n=270) from 1 July 2025 to 30 June 2026

Number of voluntary assisted dying patients as administering practitioner	Medical practitioners		Nurse practitioners and registered nurses	
	Number of practitioners	Proportion of total	Number of practitioners	Proportion of total
0 patients	185	75.5%	230	85.2%
1–4 patients	31	12.7%	16	5.9%
5+ patients	29	11.8%	24	8.9%

Authorised practitioner renewals

Practitioner authorisation is valid for a period of three years. The authorisation renewal process commenced in mid-September 2025. Authorised practitioners are prompted to renew their authorisation at regular intervals commencing four months prior to expiry. To be re-authorised, practitioners complete mandatory online renewal training and submit an application to the Queensland Voluntary Assisted Dying Practitioner Eligibility Panel to verify the practitioner continues to meet the eligibility criteria.

As of 30 June 2026, a total of 300 authorised practitioners have had their initial authorisation expire. The majority of these practitioners (60 per cent) chose to renew their authorisation. The remaining 119 practitioners (37 medical practitioners, nine nurse practitioners and 73 registered nurses) chose not to renew and allowed their authorisation to expire. Practitioners were asked to detail why they chose not to renew, but the majority did not give a reason.

Other reasons for discrepancies between the number of practitioners who were authorised during the financial year versus as of 30 June 2026 include practitioners who had their authorisation revoked or suspended.

As of 30 June 2026, there were 380 authorised voluntary assisted dying practitioners in Queensland (Table 13). Just over half (53 per cent; n=200) were medical practitioners, six per cent (n=21) are nurse practitioners and 42 per cent (n=159) are registered nurses.

Table 13: Number of authorised medical practitioners, nurse practitioners and registered nurses as of 30 June 2026 (n=380)

Authorised practitioners	Number of practitioners	Proportion of total
Medical practitioners	200	52.6%
Nurse practitioners	21	5.5%
Registered nurses	159	41.8%

“All voluntary assisted dying staff who looked after my husband were very compassionate, my family and I couldn’t have asked for anything or anyone better. Thank you.”

—Contact person

Location of authorised practitioners

Queensland’s population of over 5.7 million people⁶ is dispersed over an area of 1,727,000 square kilometres.⁷ A higher proportion of the population lives outside of the greater capital city area than most other Australian states and territories. Despite this dispersion outside of the Brisbane metropolitan area, almost three-quarters of Queensland’s population lives in the southeast corner of the state.⁸

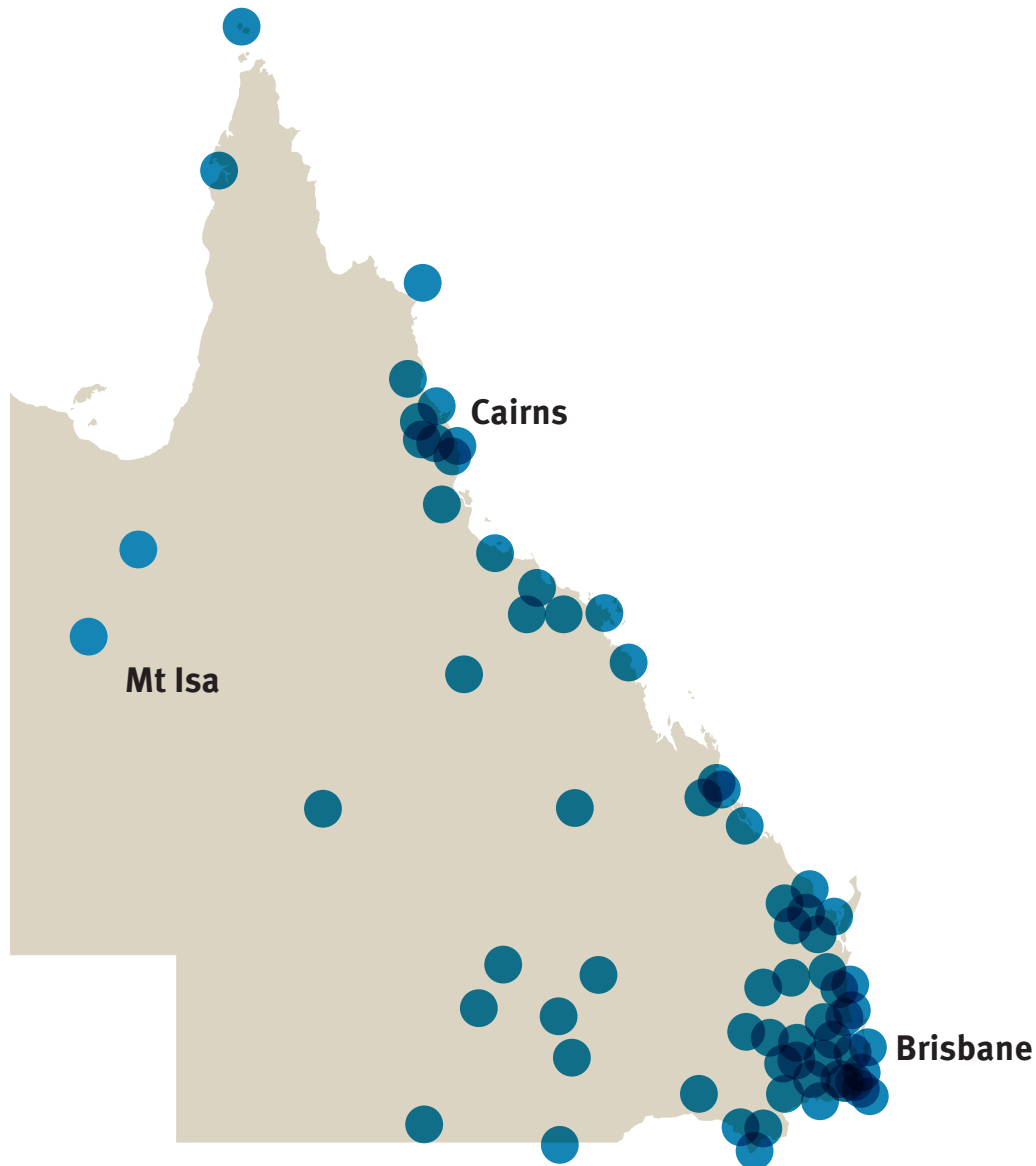
6. Queensland Government Statistician's Office. *Population growth Queensland, December quarter 2025*: www.qgso.qld.gov.au/statistics/theme/population/population-estimates/state-territories#current-release-population-growth-qld

7. Queensland Government Statistician's Office. *Queensland*: www.qgso.qld.gov.au

8. The health of Queenslanders: Report of the Chief Health Officer Queensland, 2025. *Demography*: www.choreport.health.qld.gov.au/our-people/demography

Figure 2 shows the approximate locations of authorised practitioners in Queensland, with each circle representing one or more practitioners. Overall, practitioner availability aligns with population density. For example, most authorised practitioners are in southeast Queensland and larger cities along the east coast, such as Toowoomba, Townsville, Mackay and Cairns. Despite there being fewer practitioners in the west and remote far north, due to lower population numbers, the number of practitioners per capita is higher than or equal to that in other regions.

Figure 2: Geographical distribution of authorised practitioners



Note: Each circle represents one or more practitioners, locations are approximate.

Additional supports

From 1 July 2025 to 30 June 2026, 18 people required an interpreter to support them through the voluntary assisted dying process.

QVAD Support and Pharmacy Service

QVAD Support and Pharmacy Service (QVAD SPS) is a statewide service with three interrelated streams—clinical, pharmacy and administrative—providing support, education, and coordination of care when indicated. QVAD SPS works collaboratively with health care services to connect people with authorised practitioners, and aid coordination of care. Additionally, QVAD SPS facilitate communities of practice for authorised practitioners and other healthcare workers providing practical and emotional support.

QVAD Support is staffed by medical, nursing, psychology, social work and administrative professionals who help people throughout Queensland navigate the voluntary assisted dying process. QVAD Support provides information and support to families, carers, contact persons and facilities and linkage with local services to ensure appropriate support networks are in place, where needed.

QVAD Support

If there is no local authorised practitioner nor private practitioner available to travel to a person seeking to access voluntary assisted dying, QVAD Support can coordinate for a Queensland Health-employed authorised practitioner to provide voluntary assisted dying services in a location outside of their employing Hospital and Health Service. These authorised practitioners may be employed by QVAD Support or in another role in one of Queensland's sixteen Hospital and Health Services.

From 1 July 2025 to 30 June 2026, QVAD Support coordinated this process to support 246 people requesting access to voluntary assisted dying.

QVAD Access

QVAD Access, managed by QVAD Support, supports equitable access to voluntary assisted dying 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. From 1 July 2025 to 30 June 2026, QVAD Access supported eight people requesting access to voluntary assisted dying by funding travel costs and stipends for private practitioners who were required to travel for a consultation.

“All the staff, nurse, doctors, pharmacist, were beyond exceptional. We were treated with the utmost kindness, dignity and respect, and were given full and frank information about the whole process. Their compassion was absolutely beyond all expectations, and I cannot speak highly enough of everyone in the VAD team. They were and are an incredible team of people.”

—Contact person

Review Board activities

The Review Board is an independent oversight body 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 carries out a range of activities as part of this oversight role, including the retrospective review of voluntary assisted dying requests; education and engagement with healthcare workers, health system leaders and the community; and analysing information submitted by authorised practitioners, to inform research, gain insights and report to the Government and the public about voluntary assisted dying.

Further detail about the Review Board's activities throughout 2025–2026 is outlined below. Information about the members of the Review Board is in [Appendix D \(page 34\)](#).

Monitoring and review

The process of providing voluntary assisted dying as an end-of-life choice occurs within a highly regulated legal framework. Completed requests for voluntary assisted dying are reviewed for compliance with the Act to ensure the safe, practical and transparent operation of voluntary assisted dying in Queensland.

Each of these reviews is undertaken to ensure compliance with the Act, by people with a legislated role in the voluntary assisted dying process. These roles are the coordinating, consulting and administering practitioners, the authorised suppliers and disposers of substances, and the contact person appointed by each person accessing voluntary assisted dying.

From 1 July 2025 to 30 June 2026 the Review Board reviewed 1558 completed requests. Throughout this period the Review Board has streamlined the retrospective review process to be robust and consistent, as the number of requests increases.

Referrals to relevant entities

The *Voluntary Assisted Dying Act 2021* requires the Review Board to refer relevant issues identified under its monitoring and review functions to relevant entities, including the Commissioner of Police, the Registrar-General, Chief Executive of Queensland Health, State Coroner and Health Ombudsman.

From 1 July 2025 to 30 June 2026, the Review Board referred two issues to the Registrar-General, Registry of Births, Deaths and Marriages, requesting amendment of a cause of death certificate to remove the reference to voluntary assisted dying as a cause of death. Section 81(3) of the Act requires that a medical practitioner must not include any reference to voluntary assisted dying in the cause of death certificate for the person. The cause of death is to specify the disease, illness or medical condition from which the person suffered.

No other referrals were made to any other of the entities specified in the Act.

In September 2024, the Central Coroner delivered findings of an inquest into the death in the community, related to the ingestion of a voluntary assisted dying substance by someone other than the eligible person. The Review Board notes that following notification of the incident, Queensland Health took rapid risk mitigation actions, including regulatory amendment as well as earlier notification and follow up about disposal of the substance. At the time of the writing of this report, the coronial recommendation is under consideration by Queensland Health.

On 1 July 2024, changes to the Voluntary Assisted Dying Regulation 2022 commenced. The amendments require that a previously supplied substance must be returned for disposal before another substance can be supplied for the same person. The Review Board monitors compliance with the Regulation, and the Act, when reviewing completed requests for voluntary assisted dying.

Education and training

The Review Board seeks to inform authorised practitioners about their obligations under the Act and to enhance the delivery of voluntary assisted dying services across Queensland by:

- notifying individual authorised practitioners about minor errors (that do not require referral) to promote continuous improvement and compliance with the Act
- attending professional communities of practice to inform and educate authorised practitioners and support staff about compliance matters and other issues of concern.

The Review Board worked closely with the Department of Health to review education and training materials provided to authorised practitioners and participated in the review of and update to the mandatory training for healthcare workers seeking to become an authorised practitioner.

Engagement

Over the past 12 months the Review Board has engaged with a range of people and organisations through in person events, meetings and email. The Review Board welcomes correspondence from practitioners, public and private entities and members of the public. Engagement activities conducted from 1 July 2025 to 30 June 2026 included:

- engaging with representatives of Hospital and Health Services to learn about their specific models of care and how they are working in practice
- attending the launch of the second *Go Gentle State of VAD* report at Parliament House, Canberra in April 2026
- collaboration with Trans-Tasman Voluntary Assisted Dying Review Boards
- presenting at conferences and symposiums
- attendance at voluntary assisted dying authorised medical practitioners' professional community of practice
- regular meetings with QVAD Support and Pharmacy service
- engaging with private organisations
- publishing quarterly reports providing key demographic and activity data to keep the community informed about voluntary assisted dying in Queensland.⁹

“The best thing about VAD is the ability to have some control over the way we will die. To go peacefully without prolonging suffering and pain. To also not prolong anguish of loved ones watching us die slowly.”

—Contact person

9. Quarterly reports of voluntary assisted dying activity in Queensland: www.health.qld.gov.au/vadreviewboard

Recommendations

This year, the Review Board made the decision to reflect on the recommendations made in previous years. There have been 13 previous recommendations across the first three annual reports, all of which remain current. [Appendix E \(page 36\)](#) summarises these recommendations into four themes:

- Education and awareness
- Evidence based research
- Service sustainability and enhancements
- Commonwealth legislation.

The Review Board recommends that these four themes continue to be the focus of Queensland Health and others involved in providing voluntary assisted dying services.

2025–2026 recommendations

Along with reiterating all 13 previous recommendations made in previous years, the Review Board makes four new recommendations to the Minister for Health and Ambulance Services and Queensland Health.

Recommendation 1: Continue to improve education and awareness of voluntary assisted dying as an end-of-life option for those eligible throughout Queensland.

A cross-sectional survey of 1000 adults found that one-third of community members living in Queensland correctly identified that voluntary assisted dying is legal and 26 per cent knew how to access voluntary assisted dying if they wished to.¹⁰ These findings indicate a continued need to strengthen community education and awareness of voluntary assisted dying. Limited awareness may affect people's ability to make informed end-of-life choices and to access the scheme in a timely way. Delayed referrals may reduce the likelihood of a person being able to complete the process or may require the process to be expedited.

Recommendation 2: Work with the Review Board to support identified research priorities and questions, including working with other Australian jurisdictions to best enable safe and equitable operation of the scheme in Queensland.

Currently, voluntary assisted dying is available across each Australian State and the Australian Capital Territory. The Northern Territory parliament made voluntary assisted dying legal on 27 August 2026 and their scheme is expected to begin in early 2028 following an 18 month implementation period. The Review Board acknowledges and values the opportunity to learn, engage and partner across jurisdictions to ensure further development of an evidence-based, patient-centered and compassionate scheme.

The Review Board will identify research priorities and key questions relating to the operation of the voluntary assisted dying scheme to strengthen knowledge, inform continuous improvement, and support the ongoing robustness of the scheme in Queensland.

10. White, B., Feeney, R., & Willmott, L. (2025). Community knowledge of voluntary assisted dying: A cross-sectional survey of the public in Queensland, Australia. *Death Studies*, 1–9. <https://doi.org/10.1080/07481187.2025.2452490>

Recommendation 3: Continue working with the Primary Health Networks to promote the engagement of general practitioners with local Hospital and Health Service voluntary assisted dying service models, to ensure awareness, continuity of care and sustainability.

Queensland Health provides strong support to the Queensland voluntary assisted dying scheme by providing services through the Health Service Directive in place across all Hospital and Health Services (HHSs). A more patient-centered experience could be supported through greater engagement with general practitioners to improve awareness of voluntary assisted dying, facilitate earlier referral of patients to the HHS system, and strengthen collaboration between general practitioners and HHSs to promote continuity of care and support to patients.

Recommendation 4: In the Minister's review of the Act, there should be broad consultation with the public and other stakeholders to determine the desirability and feasibility of amending existing eligibility criteria.

The Act requires the Minister to undertake a review of the effectiveness of the Act after the first three years of operation. When the review of the effectiveness of the Act opens for consultation, the Review Board will submit commentary around the practical operation of the scheme.

Since the Act's commencement, the Review Board is aware of community opinion about the eligibility criteria including the anticipated time to death/prognosis and the implications for individuals living with dementia and other medical conditions. Broad consultation would help ensure these issues are considered carefully and informed by a range of clinical, legal, ethical and community perspectives.

Update on previous annual report recommendations

Since the commencement of voluntary assisted dying in Queensland, substantial work has been undertaken across each theme. A summary of progress to date, within each of the four themes that the recommendations have been grouped by in [Appendix E \(page 36\)](#) is provided below.

1. Education and awareness

Several previous recommendations have fallen under this theme, with the intention of using education to improve awareness of voluntary assisted dying in Queensland amongst healthcare workers, health care providers and the public.

Over the past three years, Queensland Health and the Review Board have supported several activities to progress these recommendations, including:

- commissioning a community knowledge survey to inform future stakeholder engagement strategies
- developing key publications, such as:
 - » consumer resources available to the general public¹¹
 - » regular reports for Hospital and Health Services to assist in monitoring their models of care
 - » quarterly reports providing key data to keep the community informed¹²
- promoting an online learning module available for all healthcare workers in Queensland that provides a general overview of the voluntary assisted dying legislation in Queensland along with registered health practitioners' legal obligations
- creating an online education model on voluntary assisted dying specifically targeted at general practitioners.

11. Queensland voluntary assisted dying resources: www.qld.gov.au/health/support/voluntary-assisted-dying

12. Quarterly reports of voluntary assisted dying activity in Queensland: www.health.qld.gov.au/vadreviewboard

2. Evidence-based research

Two previous recommendations fell under the theme of supporting evidence-based research to inform continuous improvement of voluntary assisted dying. A range of activities have been conducted to progress these, including:

- surveys of healthcare workers
- a Clinical Practice Symposium for authorised practitioners and healthcare workers providing voluntary assisted dying services across Queensland
- establishment of the Review Board's Research and Quality Improvement committee and publication of the associated Research and Quality Improvement Strategy¹³
- supporting a national Australian Research Council Linkage project currently underway titled *Assessing the operation of voluntary assisted dying laws in Australia*.

The Review Board views ongoing research and quality improvement as imperative to the success of voluntary assisted dying in Queensland and Australia more broadly. It will continue to support research into voluntary assisted dying and will develop further research priorities over the coming year.

3. Service sustainability and enhancements

Several previous recommendations fall within the theme of service sustainability and enhancements.

Queensland Health has continued to work with Hospital and Health Services to refine models of care, strengthen local education and engagement, and support healthcare workers to understand their rights, responsibilities and obligations in delivering voluntary assisted dying services. This work has been supported by statewide review and engagement activities, Review Board visits to regional Hospital and Health Services, and ongoing one-to-one support to service providers to promote sustainable and equitable access across Queensland.

Queensland Health has also progressed longer-term system improvements, including extending the *Access to Voluntary Assisted Dying Health Service Directive* for a further three years from 1 January 2026 and continuing the Pharmacy Review. This review considers voluntary assisted dying substance service delivery options to improve sustainability and access, particularly in regional, rural and remote communities and is due for completion by the end of 2026.

4. Commonwealth legislation

Two previous recommendations relate to changes to Commonwealth legislation. The first recommendation was amendment to the *Criminal Code Act 1995* (Cth) to enable carriage services (such as Telehealth) to be used for the provision of all steps with the voluntary assisted dying process. While advocacy efforts around this matter have been unsuccessful to date, the Review Board and Queensland Health will continue to support advocacy efforts.

The second recommendation was for the Medicare Benefit Schedule to be reviewed to include the addition of appropriate item numbers to ensure remuneration is sufficient to reflect the task undertaken by practitioners. This remains a recommendation for the Commonwealth to consider going forward.

13. Queensland Voluntary Assisted Dying Review Board. *Research, quality improvement and data requests*: www.health.qld.gov.au/clinical-practice/guidelines-procedures/voluntary-assisted-dying/review-board/research-data-requests

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 Support, 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, 7 days a week)
- Queensland Transcultural Mental Health Centre: (07) 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: Glossary of key terms

Term	Definition
Administering practitioner	The authorised practitioner (doctor or nurse) who administers the voluntary assisted dying substance if the person has chosen practitioner administration. This practitioner will also dispose of any unused or remaining voluntary assisted dying substance. As a default, this will be the coordinating practitioner, but the role can be transferred to any other authorised practitioner.
Administration decision	The decision a person makes in consultation with, and on the advice of, their coordinating practitioner to either self-administer the voluntary assisted dying substance or have it administered by an administering practitioner.
Authorised practitioner	A medical practitioner (doctor), nurse practitioner or registered nurse who is authorised to participate in the voluntary assisted dying process as a coordinating, consulting, or administering practitioner. An authorised voluntary assisted dying practitioner has been verified as eligible to participate by Queensland Health, has completed mandatory training, and been approved by the Chief Medical Officer Queensland Health.
Completed request	A request for voluntary assisted dying is considered completed if a first assessment has been conducted and: • the person is assessed as ineligible 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.
Consulting assessment	A second, independent, assessment conducted by the consulting practitioner to determine whether the person satisfies each of the eligibility criteria for voluntary assisted dying.
Consulting practitioner	The authorised medical practitioner (doctor) who independently completes a consulting assessment for the person. This practitioner is always different to the coordinating practitioner.
Contact person	The person appointed by the person accessing voluntary assisted dying to carry out specific activities under the Act and act as a point of contact for the Review Board. If the person accessing voluntary assisted dying makes a self-administration decision, these obligations include notifying the coordinating practitioner of the person's death and returning any unused or remaining voluntary assisted dying substance for safe disposal.
Coordinating practitioner	The authorised medical practitioner (doctor) who accepts a person's first request and supports the person through the voluntary assisted dying process. The coordinating practitioner usually conducts the first assessment, prescribes the voluntary assisted dying substance, and may act as administering practitioner.

Term	Definition
Eligibility criteria	The requirements a person must meet to access voluntary assisted dying in Queensland. A person must meet all the following eligibility criteria: • Have an eligible condition that is: » advanced, progressive, and will cause death » expected to cause death within 12 months » causing suffering that the person considers to be intolerable. • Have decision-making capacity. • Be acting voluntarily and without coercion. • Be at least 18 years of age. • Fulfil Australian and Queensland residency requirements.
Final request	The last of three requests a person must make to the coordinating practitioner to access voluntary assisted dying. The final request must be made at least nine days after the first request. The request can be made in writing, verbally, by gestures, or other means of communication. The coordinating practitioner then undertakes a review to confirm the request and assessment process has been completed correctly. This stage must be completed before the person can proceed to the administration stage.
First assessment	The first step to assess and determine whether the person satisfies each of the eligibility criteria for voluntary assisted dying. The first assessment will be conducted by the coordinating practitioner.
First request	The clear and unambiguous request a person makes to a medical practitioner for access to voluntary assisted dying. This is the first of three requests a person must make.
Medical practitioner	A person registered under the Health Practitioner Regulation National Law to practise in the medical profession, other than as a student, in Australia. Also known as a doctor.
Nurse practitioner	A person who is a registered nurse and endorsed under the Health Practitioner Regulation National Law as being qualified to practise as a nurse practitioner in Australia.
Practitioner administration	The process whereby a person is administered the voluntary assisted dying substance by an administering practitioner.
Queensland Health's Voluntary Assisted Dying Unit	The voluntary assisted dying unit located within Queensland Department of Health comprising two teams: • The Office of the Review Board (ORB) supports the Voluntary Assisted Dying Review Board to perform its functions, including administering the QVAD Review Board Information Management System. • The Voluntary Assisted Dying Program Unit coordinates the practitioner authorisation process, develops clinical policy and education and training resources, and manages engagement with hospital and health services and QVAD Support and Pharmacy Service.

Term	Definition
Queensland Voluntary Assisted Dying Review Board (Review Board)	The independent oversight body established to monitor the operation of and ensure compliance with the Act.
Queensland Voluntary Assisted Dying Review Board Information Management System (QVAD Review Board IMS)	The online record-keeping system for managing voluntary assisted dying in Queensland. Authorised voluntary assisted dying practitioners use QVAD Review Board IMS to complete and submit approved forms to the Review Board as required by the Act.
QVAD Support	A statewide service providing support, education, and coordination of care.
QVAD Pharmacy Service	The statewide pharmacy service. Staff within QVAD Pharmacy are the authorised suppliers of the voluntary assisted dying substance in Queensland.
Second request	The second of three requests a person must make to access voluntary assisted dying after being assessed as eligible by the coordinating practitioner and the consulting practitioner. The second request must be made in writing and signed in front of two independent witnesses.
Self-administration	The process whereby a person administers the voluntary assisted dying substance themselves.
The Australian Statistical Geography Standard (ASGS) Remoteness Structure	Five classes of geographic remoteness across Australia characterised by a measure of relative geographic access to services. More information about the ASGS classification system is in Appendix B (page 32) .
<i>Voluntary Assisted Dying Act 2021</i> (the Act)	The legislation passed in 2021 to authorise access to voluntary assisted dying in Queensland.
Voluntary Assisted Dying Regulation 2022	The regulation made under the Act to provide prescribing, supplying, storing and disposing requirements for the voluntary assisted dying substance and Review Board administrative matters.

Appendix B: Remoteness areas

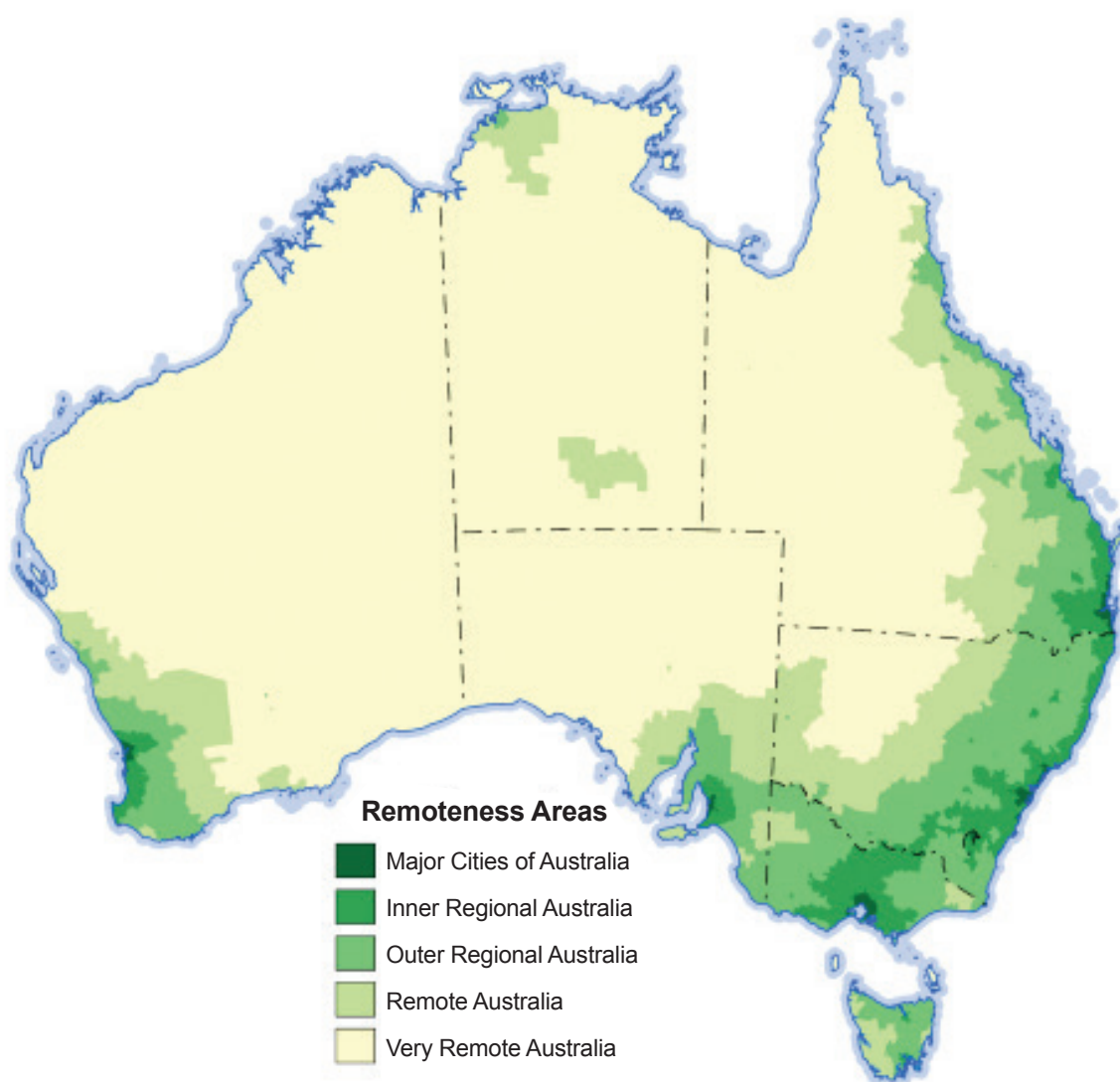
The Australian Statistical Geography Standard Remoteness Structure is developed by the Australian Bureau of Statistics and defines Remoteness Areas for the purpose of statistical analysis.

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 3: Remoteness areas as defined 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.

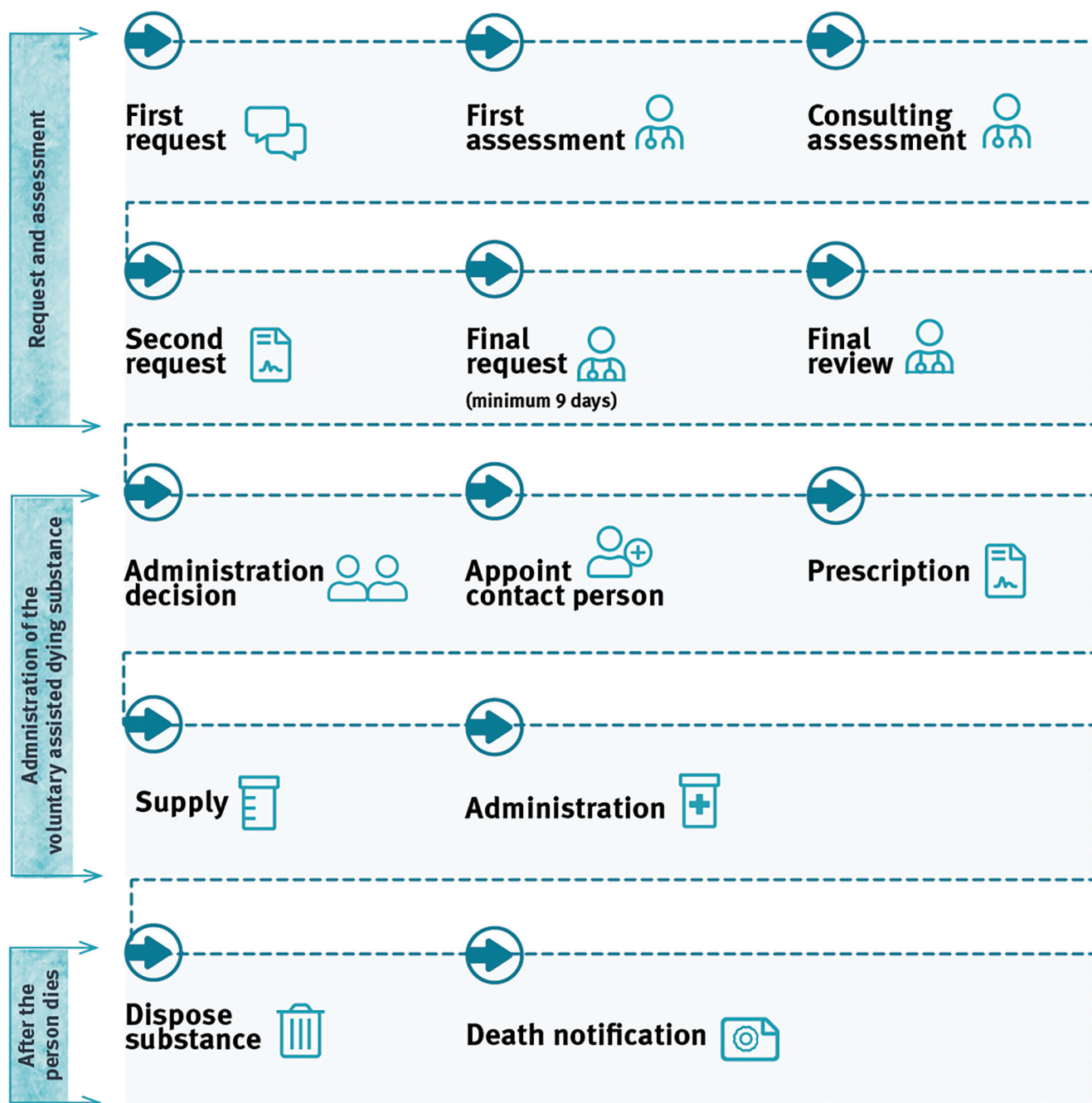
Appendix C: The voluntary assisted dying process

Figure 4 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 4: An overview of the voluntary assisted dying process



Appendix D: 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.

Members are appointed to the Review Board by the Minister for Health and Ambulance Services. Members have specialist expertise across a range of clinical, legal and other professional areas.

Review Board members: July 2025 to June 2026

Chairperson

Associate Professor Helen Irving, PSM

Associate Professor Helen Irving, PSM, is nationally and internationally recognised for her contributions in the fields of paediatric and adolescent oncology, telemedicine, paediatric palliative care and medical ethics. She is Clinical Lead of the Queensland Paediatric Palliative Care Haematology and Oncology Network and established the Centre for Children's Health Ethics and Law.

Deputy Chairperson

Professor Lisa Nissen

Professor Lisa Nissen is an experienced pharmacy practitioner, researcher and educator having worked in hospital and community pharmacies in both metropolitan and rural areas in Australia. Professor Nissen has a specific clinical interest in pain management and palliative care, having worked as a specialist pharmacist in oncology and palliative care before undertaking her PhD with the Multidisciplinary Pain Clinic at the Royal Brisbane and Women's Hospital.

Members

Dr Will Cairns, OAM

Dr John (Will) Cairns, OAM, is a Consultant Emeritus with the Townsville University Hospital who has retired from clinical practice as a palliative medicine consultant. Dr Cairns was the founding Director of the Townsville Palliative Care Service for 25 years and has held a wide range leadership roles supporting the development of palliative care in Australia at local, regional, statewide and national levels. He is both a Fellow of the Royal Australian College of General Practitioners and a Fellow of the Australasian Chapter of Palliative Medicine of the Royal Australasian College of Physicians.

Ms Donisha Duff, OAM

Ms Donisha Duff, OAM, has an extensive career in health, particularly in Indigenous health. Ms Duff has held a range of board positions and is the current Chairperson of Stars Foundation Ltd.

Dr Leith Henry

Dr Leith Henry is an experienced registered psychologist with 25 years of experience as a trauma counsellor, rehabilitation psychologist, health researcher, wellness program director, Australian Army psychologist, board member, and lecturer at The University of Queensland and Queensland University of Technology. Dr Henry holds tribunal positions as well as working in private practice as a consultant focused on developing strategic organisational health and wellbeing frameworks. With expertise in the application of legislation for health-related decision making, Dr Henry is passionate about human rights and identifies respect, integrity, fairness and autonomy as critical professional values.

Mr John Payne

Mr John Payne is an experienced industrial relations and employment lawyer with over 40 years' experience assisting unions and community organisations with complex legal endeavours. Mr Payne is a consultant and former founding partner of Hall Payne Lawyers and has been awarded life membership at the Queensland Industrial Relations Society, Queensland Services Union and Australia Services Union. Mr Payne has previously held board positions within residential aged care and not-for-profit organisations.

Mr Geoff Rowe

Mr Geoff Rowe is the Chief Executive Officer of Aged and Disability Advocacy Australia and brings to the Board more than 40 years' experience in human services, including more than 30 years in senior executive positions in the Queensland Government and not-for-profit sector. His current statutory appointments include the Queensland Public Trustee Advisory & Monitoring Board (Board) and the Australian Health Protection Principal Committee's Aged Care Advisory Group.

Emeritus Professor Lindy Willmott

Emeritus Professor Lindy Willmott is a legal academic who has worked in the field of regulation of end-of-life decision making for more than two decades. Her research focus is on voluntary assisted dying, and she is part of the Queensland University of Technology (QUT) team that developed training programs for health professionals on end-of-life law and mandatory VAD training for participating health professionals. She was the Foundation Director of the Australian Centre for Health Law Research in the Faculty of Business and Law at QUT. Her qualifications include a Bachelor of Commerce, Bachelor of Laws, Master of Laws and a PhD.

Appendix E: Previous recommendations by theme

Recommendation	Year
1. Education and awareness: Authorised practitioners, GPs, private entities, community	
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.	2022 – 2023
Improve healthcare workers' awareness of voluntary assisted dying by engaging with operators of public and private health and aged care services to recommend all healthcare workers complete the available iLearn training course and support other training opportunities.	2023 – 2024
Engage with representatives from local health entities, such as Primary Health Networks, medical colleges, and other peak bodies to ensure general practitioners and rural generalists are aware of their rights and responsibilities under the <i>Voluntary Assisted Dying Act 2021</i> , including knowledge of appropriate referral pathways.	2024 – 2025
Promote education and guidance materials that support healthcare workers to confidently initiate and manage conversations about end-of-life care and voluntary assisted dying in accordance with the Act.	2022 – 2023
2. Evidence-based research	
Adequate resourcing for research and engagement with stake-holders to allow the Review Board to conduct research and develop the evidence base needed to inform continuous improvement of voluntary assisted dying.	2023 – 2024
Continue to support research into voluntary assisted dying including working with other Australian jurisdictions to establish a national minimum dataset.	2023 – 2024
3. Service sustainability and enhancements	
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.	2023 – 2024
Undertake a review to determine the most effective and sustainable model for providing person-centred voluntary assisted dying pharmacy services across Queensland.	2023 – 2024
Review the strengths and limitations of Hospital and Health Service models of care for voluntary assisted dying across Queensland to understand how best to tailor models that are responsive to local needs and accommodate each service's unique characteristics.	2024 – 2025
Engage with authorised practitioners and health service leaders to understand barriers to participation and strategies to support sustainable voluntary assisted dying services and enable equitable access.	2024 – 2025
Consult with the Review Board, clinician stakeholders and the community during the review of the effectiveness of the <i>Voluntary Assisted Dying Act 2021</i> .	2024 – 2025
4. Commonwealth legislation	
Amendments to the <i>Criminal Code Act 1995</i> (Cth) to enable carriage services (such as Telehealth) to be used for the provision of voluntary assisted dying services.	2022 – 2023
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.	2022 – 2023

Appendix F: 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.

**VOLUNTARY ASSISTED DYING
REVIEW BOARD**



**Queensland
Government**