

Voluntary assisted dying

FAQs for GPs


Voluntary assisted dying gives people who are suffering and dying, and who meet eligibility criteria, the option of requesting medical assistance to end their lives. It will be available to eligible Queenslanders from 1 January 2023.

For many people who have questions about voluntary assisted dying and may be considering it as an end-of-life option, their GP will be their first contact. It is important that GPs understand their roles, responsibilities and legal obligations with respect to voluntary assisted dying.

This fact sheet is intended to answer frequently asked questions (FAQs) and provide GPs with essential information about voluntary assisted dying.

FAQs

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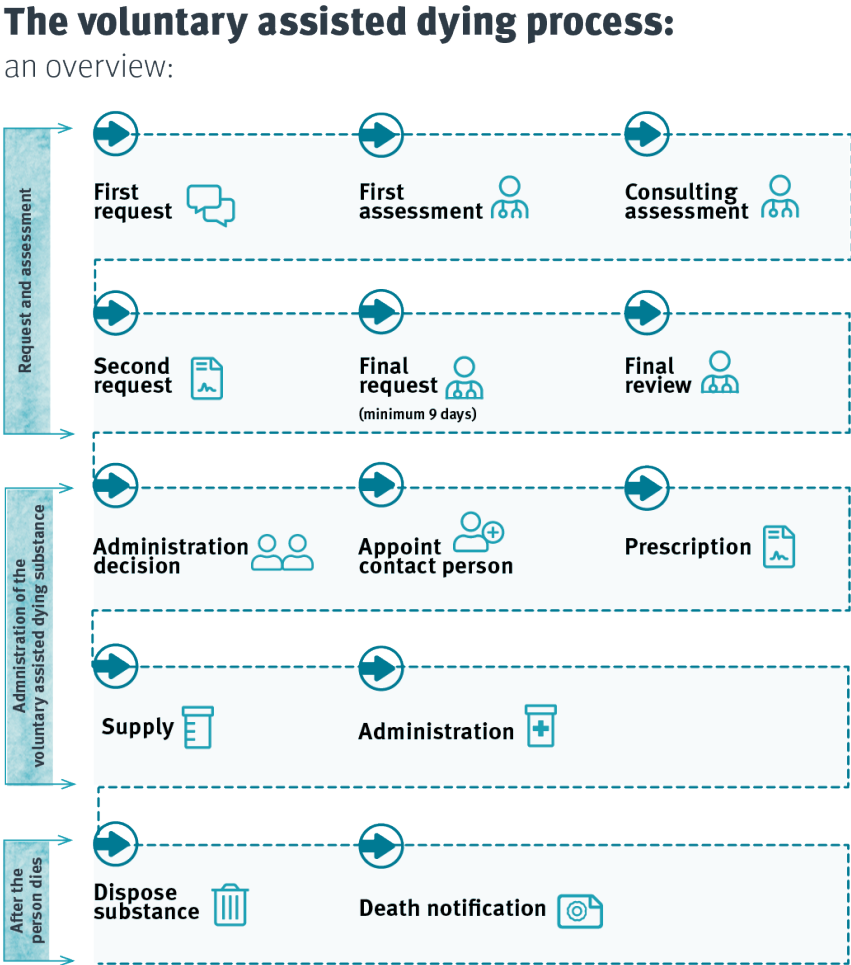
What is the voluntary assisted dying process in Queensland?

Voluntary assisted dying gives eligible people diagnosed with a life-limiting condition, who are suffering intolerably and dying, an additional end-of-life choice by allowing them to choose the timing and circumstances of their death. It involves the administration of a substance prescribed by a medical practitioner, with the purpose of bringing about the person’s death. It is instigated by the person’s voluntary request and follows a process of requests and assessments.

The person must be independently assessed as eligible by two medical practitioners to be able to access voluntary assisted dying. The operation of voluntary assisted dying in Queensland is underpinned by the [Voluntary Assisted Dying Act 2021](#) ('the Act').

Figure 1 provides an overview of the voluntary assisted dying process. GPs may become involved at any stage and will often be the first point of contact for a person who has questions about, or wishes to access, voluntary assisted dying.

Figure 1: Overview of the voluntary assisted dying process



More information about the voluntary assisted process is available:

- on the [Queensland Health website](#)
- in the [Queensland Voluntary Assisted Dying Handbook](#) (QVAD Handbook)
- at [HealthPathways: pathway on voluntary assisted dying](#)
- Queensland Voluntary Assisted Dying Support Service (QVAD-Support)

QVAD-Support is the statewide support service for anyone who requires information about voluntary assisted dying and can be contacted at QVADSupport@health.qld.gov.au and on 1800 431 371 (Mon-Fri, 08.30-16.00, excluding public holidays - available from 1 January 2023).

How will GPs be involved in voluntary assisted dying?

GPs may become involved in voluntary assisted dying in a number of ways, including but not limited to:

- providing information about voluntary assisted dying to a person
- initiating a discussion about voluntary assisted dying in the course of informing the person about all treatment options available to them and the likely outcomes of that treatment and the palliative care and treatment options available and the likely outcomes of that care and treatment (there are strict requirements in the Act regarding when a medical practitioner may initiate discussion about voluntary assisted dying)
- receiving a first request for voluntary assisted dying
- acting as an authorised voluntary assisted dying practitioner (coordinating practitioner, consulting practitioner or administering practitioner) if eligible, trained and authorised
- providing clinical information to the person's coordinating practitioner and consulting practitioner to inform the assessment process for access to voluntary assisted dying
- accepting a referral from the person's coordinating and/or consulting practitioner to determine whether the person meets certain eligibility criteria for voluntary assisted dying
- continuing to provide other care to a person and their family, knowing they are accessing voluntary assisted dying
- certifying the death of a person who has died after administration of a voluntary assisted dying substance.

What are the eligibility criteria for people accessing voluntary assisted dying?

There are strict eligibility criteria to access voluntary assisted dying. The Act requires that a person must meet **all** the following criteria to be eligible for voluntary assisted dying.

A person must:

- be diagnosed with a disease, illness or medical condition that:
 - is advanced, progressive and will cause death
 - is expected to cause death within 12 months
 - is causing suffering that the person considers to be intolerable
- have decision-making capacity in relation to voluntary assisted dying
- be acting voluntarily and without coercion
- be at least 18 years of age
- be an Australian citizen, permanent resident, or have been ordinarily resident in Australia for at least three years immediately before making their first request (or granted an Australian residency exemption by Queensland Health)
- have been ordinarily resident in Queensland for at least 12 months immediately before the person makes the first request (or granted an Australian residency exemption by Queensland Health).

More information regarding the eligibility criteria for voluntary assisted is available:

- on the [Queensland Health website](#)
- in the [QVAD Handbook](#).

Can I conscientiously object to participating in voluntary assisted dying?

Yes. Any healthcare worker can choose whether or not to participate in voluntary assisted dying. Deciding whether to participate in voluntary assisted dying, and if so, the extent of participation, can be ethically and emotionally complex. The position of a healthcare worker's employer or workplace may also impact the healthcare worker's decision.

Healthcare workers are expected to:

- demonstrate a willingness to listen carefully, empathise with, and support people to make an informed decision about their end-of-life care and treatment
- respect their patient's autonomy, beliefs, values, and the choices they make about end-of-life care, including voluntary assisted dying, even if it conflicts with their own values or religious beliefs
- provide routine and other care unrelated to voluntary assisted dying.

All registered health practitioners who refuse to participate in any part of the process due to a conscientious objection must:

- inform the person that other healthcare workers, health service providers or services may be able to assist the person
- provide information about where the person can get further information or support, such as a colleague or the details of QVAD Support (QVADSupport@health.qld.gov.au)

- continue to support a person and be involved in their care in other ways, including as part of a treating team for underlying conditions—a person’s access to care and treatment must not change or be compromised due to their decision to ask questions about or access voluntary assisted dying.

More information regarding conscientious objection is available:

- on the [Queensland Health website](#)
- in the [QVAD Handbook](#)
- at [HealthPathways: pathway on voluntary assisted dying](#).

How do I respond to questions about voluntary assisted dying?

Conversations about death and dying can be complex. If a person raises voluntary assisted dying, it is important to respond appropriately and in a person-centred manner. GPs will often be the first point of contact for people who raise questions and request information about voluntary assisted dying. All GPs can provide information about voluntary assisted dying to a person who requests it if they feel comfortable and informed to do so.

A person raising voluntary assisted dying presents an opportunity to explore their care needs, symptom management, palliative care options, support for their family and their priorities as they approach the end-of-life.

Other recommended sources of information to inform conversations about voluntary assisted dying include:

- the [Queensland Health website](#)
- the [QVAD Handbook](#)
- conversation guides, which have been developed to support all healthcare workers to engage effectively with people who have questions about voluntary assisted dying (see the [Queensland Health website](#))
- [healthcare worker education](#), which is provided via iLearn and is accessible online to all healthcare workers internal and external to Queensland Health
- mandatory training for authorised voluntary assisted dying practitioners, which is only accessible to medical practitioners, nurse practitioners and registered nurses who are eligible and apply to become authorised voluntary assisted dying practitioners
- at [HealthPathways: pathway on voluntary assisted dying](#)
- QVAD-Support (QVADSupport@health.qld.gov.au).

Am I permitted to initiate a discussion with a patient about voluntary assisted dying?

Yes. Under the Act, only medical practitioners and nurse practitioners are permitted to initiate a discussion about voluntary assisted dying and only if, at the same time, the practitioner also informs the person about:

- treatment options available to the person and the likely outcomes of that treatment, and
- palliative care treatment and support options available to the person and the likely outcomes of that care.

Responding to questions or initiating a discussion about voluntary assisted dying does not constitute a first request for voluntary assisted dying unless the person clearly and unambiguously requests voluntary assisted dying.

How do I respond to a first request?

Recognising a first request

The GP will often be the first contact for a person who wishes to access voluntary assisted dying. A first request may be received after previous discussions with the person about end-of-life care and treatment options or may arise spontaneously. GPs need to be aware of how to recognise and respond to a first request to ensure that they act in accordance with their obligations under the Act.

A first request for assistance to die through access to voluntary assisted dying must be:

- clear and unambiguous
- made by the person
- made to a medical practitioner.

A first request can be made through any of the following means:

- verbally
- by gestures
- by other means of communication available to the person.

A person must make the first request themselves (directly, through a certified interpreter, or with the support of a relevant healthcare worker such as a speech pathologist or occupational therapist). The first request cannot be made by another person on the person's behalf or via an advance health directive.

The person does not have to use the term 'voluntary assisted dying', but the request must be clear and unambiguous. Examples of a first request include:

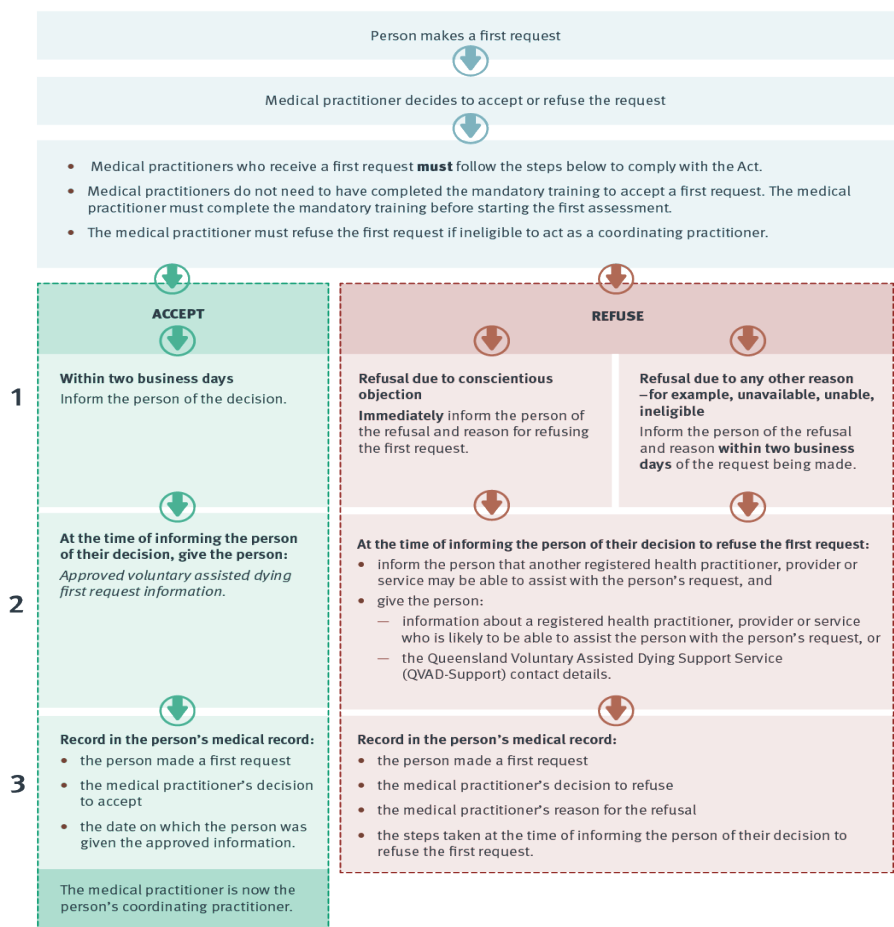
- *'Can you help me die?'*
- *'I want to access voluntary assisted dying.'*

- 'I don't want to go on like this. I am in too much pain. Can I get medicine to die?'
- 'I would like to die on my own terms. How can I access voluntary assisted dying?'
- 'I want euthanasia.'

Responding to a first request – an overview

Figure 2: Responding to a first request

How to respond to a first request



You do not need to be an authorised voluntary assisted dying practitioner to accept a person's first request. However, if you agree to act as the person's coordinating practitioner you must have completed the mandatory training and received authorisation from the Chief Medical Officer of Queensland Health before you undertake the first assessment.

If, for any reason, you refuse a person's first request, you are not obliged to specifically seek out another registered health practitioner to assist the person or make a direct referral, although you may do so if you wish. QVAD-Support will hold a list of all authorised voluntary assisted dying practitioners in Queensland and can assist people seeking access to voluntary assisted dying to link with an appropriate practitioner.

More information regarding responding to a first request is available:

- on the [Queensland Health website](#)
- in the [QVAD Handbook](#)
- at [HealthPathways: pathway on voluntary assisted dying](#)
- via the online [healthcare worker education](#)
- via the mandatory training for authorised voluntary assisted dying practitioners
- QVAD-Support (QVADSupport@health.qld.gov.au).

How will access to voluntary assisted dying be enabled for all people across Queensland?

QVAD-Support is responsible for QVAD-Access, a travel subsidiary arrangement which enables equitable access to voluntary assisted dying for people living in regional, rural and remote areas of Queensland. QVAD-Access may support the travel costs of a voluntary assisted dying practitioner (and interpreter if required) or a person accessing voluntary assisted dying if there is no suitable local practitioner and telehealth is not appropriate.

What are the costs for patients and how are voluntary assisted dying services remunerated?

There are no costs to the person or the practitioner for accessing QVAD-Support or for the prescription and supply of the assisted dying substance.

Costs and fees associated with consultations which may include discussion of voluntary assisted dying, or the provision of voluntary assisted dying services, are a matter for the practitioner and the person to agree on.

There are no specific item numbers in the Medical Benefits Schedule for VAD. [Note GB13.33](#) states that "euthanasia and any service directly related to the procedure" will not attract benefits. "However, associated services such as counselling and assessment will attract benefits".

What are the roles and responsibilities of authorised voluntary assisted dying practitioners?

Table 1: Authorised voluntary assisted dying practitioner roles

Role	Functions	Who can act in this role
Coordinating practitioner	<ul style="list-style-type: none"> • Coordinates the voluntary assisted dying process • Primary voluntary assisted dying clinician contact for the person • Conducts eligibility assessment (first assessment) • Prescribes the voluntary assisted dying substance • As a default, acts as administering practitioner (if practitioner administration) 	Eligible medical practitioner who has successfully completed mandatory training and has been approved as an authorised voluntary assisted dying practitioner
Consulting practitioner	<ul style="list-style-type: none"> • Conducts eligibility assessment (consulting assessment) 	Eligible medical practitioner who has successfully completed mandatory training and has been approved as an authorised voluntary assisted dying practitioner

Administering practitioner	<ul style="list-style-type: none"> • Only involved in practitioner administration (not self-administration) • Administers the voluntary assisted dying substance • Disposes of any unused or remaining voluntary assisted dying substance 	<p>As a default, this will be the coordinating practitioner.</p> <p>The role can be transferred to another eligible medical practitioner, nurse practitioner, or registered nurse who has successfully completed mandatory training and has been approved as an authorised voluntary assisted dying practitioner.</p>
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More information regarding the roles and responsibilities of authorised voluntary assisted dying practitioners is available:

- on the [Queensland Health website](#)
- in the [QVAD Handbook](#)
- via the mandatory training for authorised voluntary assisted dying practitioners.

How do I become an authorised voluntary assisted dying practitioner?

A GP can become an authorised voluntary assisted dying practitioner by:

- applying to Queensland Health, and submitting evidence to demonstrate that they meet the eligibility requirements (the practitioner eligibility requirements for medical practitioners are available on the [Queensland Health website](#))
- having their application verified by Queensland Health as meeting the eligibility requirements
- successfully completing mandatory online training
- acknowledging receipt and understanding of the *Queensland Voluntary Assisted Dying Prescription and Administration Protocols*
- completing a declaration agreeing to act in accordance with policies and procedures for voluntary assisted dying in Queensland, including any specific organisational requirements
- receiving authorisation by the Chief Medical Officer of Queensland Health.

GPs who are eligible and decide to become authorised voluntary assisted dying practitioners can choose to act in all roles or selected roles. For example, a GP may opt to act only as a coordinating or consulting practitioner but not an administering practitioner.

Further information regarding eligibility and mandatory training to become an authorised voluntary assisted dying practitioner is available via the [Queensland Voluntary Assisted Dying Review Board Information Management System \(QVAD-IMS\)](#) and the [Queensland Health website](#).

What are my obligations and responsibilities regarding sharing information about a patient who is participating in voluntary assisted dying?

A GP may be asked to share information for use by a coordinating or consulting practitioner when determining a person's eligibility for voluntary assisted dying. For example, a coordinating practitioner may need background clinical information to inform their assessment of diagnosis and prognosis. GPs should ensure that they have appropriate policies and procedures in place to facilitate the sharing of medical information for purposes relating to voluntary assisted dying.

Privacy and confidentiality under the Act

The Act protects the privacy of people accessing voluntary assisted dying, as well as the healthcare workers involved in providing these services. GPs may be aware that a person is accessing or has accessed voluntary assisted dying due to:

- their role in the process (for example, a GP may be the person's coordinating practitioner)
- a request from the person's coordinating and/or consulting practitioner for background clinical information about the person to inform a first and/or consulting assessment
- providing treatment and care to the person for their underlying condition
- supporting the person's carers, family and friends after their death.

If you obtain personal information while exercising a function or a power under the Act, it is an offence to record that information, or to disclose it to anyone (unless one of the below exceptions applies). **'Personal information'** means information that is not publicly available, that is about an individual who is identified (or whose identity can reasonably be ascertained) from the information. It is not an offence to make a record or disclose personal information:

- for a purpose under the Act, for example, where information is recorded in an approved form or in the person's medical record in accordance with requirements under the Act
- if the person to whom the personal information relates gives consent
- if a court or tribunal requires a person to produce documents or give evidence
- if a person is authorised or required by law to record or disclose the information.

The offences under the Act are in addition to the obligations of non-disclosure of personal information imposed on health practitioners under other laws, such as the *Information Privacy Act 2009* (QLD), the *Privacy Act 1988* (Cth), and the *Hospital and Health Boards Act 2011* (QLD) (for

services provided in the public health system). The [RACGP Code of Conduct](#) also contains provisions regarding confidentiality of personal information.

Permitted recording and disclosure

The Act requires that particular steps in the voluntary assisted dying process be documented in the person's medical record, such as when a first request is received. Where a particular step is required to be recorded in the medical record, this is required 'for a purpose under the Act' and is therefore permitted.

Making a record in a public or private health facility is also permitted by the Act, as this is authorised under other laws (the *Hospital and Health Boards Act 2011*, if making such a record is for the person's care and treatment and the Information Management Standard made under the *Private Health Facilities Act 1999*, which requires the keeping of medical records in private health facilities).

Complying with your obligations under the Act

The safeguards in the Act which restrict the recording and disclosure of the personal information of people who are accessing voluntary assisted dying may impact on how you receive and share information about a patient's access to voluntary assisted dying. For example, your patient may be accessing voluntary assisted dying services from another practitioner and have requested that information about these services is not disclosed to other members of their healthcare team, including you. In terms of sharing information, if you are acting as a patient's coordinating practitioner, you may become aware through the first assessment of information related to voluntary assisted dying that you consider could be helpful to the person's treating healthcare team.

You must seek the person's consent whenever there is uncertainty about whether communication or correspondence with a third party (including other healthcare workers) may constitute an unlawful disclosure under the Act. This includes where clinical documentation is shared to electronic information management systems such as The Viewer or My Health Record, which would constitute a disclosure.

Importantly, if a person does not wish for healthcare workers who are not involved in the person's voluntary assisted dying case to be informed of their circumstances with respect to voluntary assisted dying, this must be upheld to comply with your obligations under the Act.

How is the voluntary assisted dying substance prescribed?

The coordinating practitioner is responsible for prescribing the voluntary assisted dying substance on a specific template and in accordance with the instructions and protocols in the *Queensland Voluntary Assisted Dying Prescription and Administration Protocols*. The prescription is given directly to QVAD-Pharmacy, which is the statewide pharmacy service that is the authorised supplier of voluntary assisted dying substances in Queensland.

The prescription and supply of the voluntary assisted dying substance is managed entirely via QVAD-Pharmacy (QVADPharmacy@health.qld.gov.au). If the person's GP is their coordinating

practitioner, they will be responsible for prescribing the substance via QVAD-Pharmacy. If the person's GP is not their coordinating practitioner, they will not be involved in the prescribing of the voluntary assisted dying substance.

What are my obligations when certifying the death of person who has died following administration of a voluntary assisted dying substance?

Even if you are not undertaking a specified role under the Act, as a GP you may be called upon to certify the death of a person who has died following administration of a voluntary assisted dying substance. When completing the cause of death certificate, a medical practitioner who knows or reasonably believes that a person self-administered or was administered a voluntary assisted dying substance under the Act:

- **must state the cause of death was the disease, illness, or medical condition** that was the basis for the person being eligible for voluntary assisted dying
- **must not refer to voluntary assisted dying** (either as a main cause of death or antecedent).

These provisions are designed to protect a person's privacy and to reflect that the underlying disease, illness, or medical condition would have led to the person's death.

If you are not the person's coordinating or administering practitioner but are required to give a cause of death certificate for a person that you know or reasonably believe self-administered or was administered a voluntary assisted dying substance, you must also inform the QVAD Review Board within two business days of becoming aware of the death via the [Queensland Voluntary Assisted Dying Review Board Information Management System](#) (QVAD Review Board IMS).

If a GP acts as a person's coordinating practitioner or administering practitioner, they have specific obligations under the Act with respect to notifying the QVAD Review Board of the person's death within two business days of becoming aware of the death.

More information about death certification, notification and bereavement support is available on the [Queensland Health website](#) and in the [QVAD Handbook](#).

What are the criminal offences under the Act?

GPs who are participating in voluntary assisted dying should be aware of the offences in the Act. Penalties include monetary fines and imprisonment. These offences cover:

- unauthorised administration of the voluntary assisted dying substance
- inducing another person to request, or revoke a request for, voluntary assisted dying
- inducing self-administration of the voluntary assisted dying substance
- giving the Review Board false or misleading information
- making a false or misleading statement
- falsifying documents

- recording or disclosing personal information if outside the functions of the Act.

More information regarding offences under the Act is available:

- on the [Queensland Health website](#)
- in the [QVAD Handbook](#)
- at [HealthPathways: pathway on voluntary assisted dying](#).

What are the legal protections for practitioners under the Act?

Protections from liability are included in the Act to provide clarity and certainty for people who may act under, or interact with, the legislation. This ensures a person who assists another person to access voluntary assisted dying under the legislation will not be guilty of a criminal offence, including the offences of **'unlawful killing'** and **'aiding suicide'** under the *Criminal Code Act 1899 (Qld)*.

The Act contains protections for:

- assisting a person to access voluntary assisted dying
- being present when a person accesses voluntary assisted dying
- performing roles and functions under the Act without negligence
- not administering life-sustaining treatment to a person who has accessed voluntary assisted dying.

These protections generally apply when a person is acting **'in good faith'**: that is, they are acting in a way which they honestly believe falls within the general purpose of the Act. They are designed to protect healthcare workers and others from criminal liability or civil actions (for example, for breach of the duty of care), which would otherwise arise if a person assisted someone to die.

These protections from liability do not prevent complaints or notifications being made about a GP's performance and conduct or breaches of professional ethics or standards.

More information the legal protections under the Act is available:

- on the [Queensland Health website](#)
- in the [QVAD Handbook](#)
- at [HealthPathways: pathway on voluntary assisted dying](#).

Are there any restrictions on communication with patients and other practitioners as part of the voluntary assisted dying process?

Yes. Under both the Act and the [Criminal Code Act 1995 \(Cth\)](#) (Commonwealth Criminal Code), there are restrictions related to communicating about voluntary assisted dying. These include:

- who can initiate a discussion relating to voluntary assisted dying with a person (the Act), and
- how certain components of the voluntary assisted dying process can be communicated (Commonwealth Criminal Code).

The restrictions on initiating a discussion regarding voluntary assisted dying were explained in the section above – [Am I permitted to initiate a discussion with a patient about voluntary assisted dying?](#)

The Commonwealth Criminal Code contains offences which limit the use of a carriage service to access and transmit suicide-related material. A carriage service is an electronic means of communication, including telehealth, telephone, fax, email, internet, videoconference or similar.

Prohibited discussions and activities

There is risk that an offence will be committed if activities related to voluntary assisted dying are conducted over a carriage service and are considered to:

- **advise** a person to access voluntary assisted dying; or
- **encourage** the administration or self-administration of a voluntary assisted dying substance; or
- **provide** instructions on administering the voluntary assisted dying substance.

As a general rule, information of this nature must not be discussed or shared by phone, fax, email, videoconference or internet.

Therefore, some discussions and activities cannot occur over a carriage service including:

- a person's administration decision
- informing a person about how to prepare or administer/self-administer the substance
- prescription of the substance.

Any written information related to these activities must be provided to the person in hard copy (by post or face-to-face). Using email, fax or other electronic means is prohibited.

Acceptable discussions and activities

Discussions and activities that may be undertaken via a carriage service include:

- responding to questions and informing people about the voluntary assisted dying legislation and associated processes in Queensland (either generally or in relation to a person's circumstances)
- a first request
- a first or consulting assessment
- submitting approved forms for any step in the process to the QVAD Review Board
- general communication about voluntary assisted dying with other health services or healthcare workers, for example, QVAD-Support.

It is important to note that to be compliant with the Commonwealth Criminal Code, the activities outlined above must not advocate, encourage, incite, promote, urge or teach about how to undertake the act of administration of a voluntary assisted dying substance.

More information regarding restrictions on communication about voluntary assisted dying and the Commonwealth Criminal Code is available:

- on the [Queensland Health website](#)
- in the [QVAD Handbook](#)
- at [HealthPathways: pathway on voluntary assisted dying](#)

Is voluntary assisted dying covered by medical indemnity insurance?

In other Australian states where voluntary assisted dying has been operating for some time, the major medical defence organisations (MDOs) provide cover for practitioners who are involved in the provision of voluntary assisted dying services as part of their general coverage. As voluntary assisted dying is new to Queensland, GPs are encouraged to contact their MDO for advice specific to their own circumstances and individual medical indemnity insurance requirements.

What support and wellbeing resources are available for GPs who provide services to people accessing voluntary assisted dying?

Caring for people at the end-of-life can be extremely rewarding, but it can also be emotionally challenging. GPs must manage the needs expectations of people accessing voluntary assisted dying, carers and families, and their colleagues. Professional demands, workload pressures, and accumulated grief can cause stress and personal distress, which can escalate to burnout and compassion fatigue.

A Support and Wellbeing Framework for Healthcare Workers (see the [Queensland Health website](#)) has been developed to ensure that all healthcare workers involved in providing services to people who are accessing voluntary assisted dying are appropriately supported. This framework

includes the following mechanisms to holistically support the wellbeing of all practitioners who are involved in voluntary assisted dying in Queensland:

- clear and easily accessible guidelines for practitioners to facilitate understanding of their roles and responsibilities and support compliance with the Act
- formal education and training about voluntary assisted dying
- supporting communities of practice for practitioners who are providing voluntary assisted dying services
- prioritising and supporting self-care for all healthcare practitioners involved in voluntary assisted dying.

More information regarding joining a community of practice and accessing support when working with people who are accessing voluntary assisted dying is available from QVAD-Support (QVADSupport@health.qld.gov.au).

Where can I find more information about voluntary assisted dying in Queensland?

Queensland Health: [*Voluntary assisted dying in Queensland*](#)

Queensland Health: [*QVAD Handbook*](#)

Queensland Health: [Queensland Voluntary Assisted Dying Review Board Information Management System](#) (QVAD Review Board IMS)

Queensland Health: [*Voluntary assisted dying education module for healthcare workers*](#) (available to Queensland Health staff via [iLearn](#) and to staff external to Queensland Health via the [Queensland Health website](#))

QVAD-Support: QVADSupport@health.qld.gov.au

HealthPathways: [pathway on voluntary assisted dying](#)