



Voluntary Assisted Dying Review Board Annual Report

July 2025 to June 2026

Voluntary Assisted Dying Review Board

Annual Report

July 2025 to June 2026



To receive this publication in an accessible format phone 1300 758 551, using the National Relay Service 13 36 77 if required, or [email Voluntary Assisted Dying](mailto:VADBoard@health.vic.gov.au) <VADBoard@health.vic.gov.au>

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

© State of Victoria, Australia, September 2026

ISSN 2652-1962 – Print

ISSN 2652-1970 – Online (PDF/Word)

Available at the [Department of Health website](https://www.health.vic.gov.au) <<https://www.health.vic.gov.au>>

Acknowledgement of Country

The Voluntary Assisted Dying Review Board acknowledges the Traditional Owners of the many lands and waters across Victoria and pay our respects to Elders past and present. We honour the deep and ongoing connections that First Peoples hold to Country, community, and culture.

Within zh, we recognise the cultural responsibilities, practices, and collective obligations that guide Sorry Business. These practices continue to support families, communities, and Nations in caring for loved ones; remembering those who have passed; and upholding the spiritual, cultural, and relational continuity that has existed for thousands of generations.

We acknowledge the resilience and sovereignty of First Peoples and the cultural knowledge and teachings that shape understandings of life, death, grief, and the journeys that follow. We also recognise the ongoing contributions of Aboriginal communities to the health and wellbeing of all Victorians.

We extend this respect to all First Peoples and to the families and communities who carry cultural obligations, knowledge, and care across generations.

Contents

4	Acknowledgement of Country
6	Foreword
9	Introduction
10	Snapshot
11	People who applied for voluntary assisted dying
19	Applications and assessments
26	Statewide services
29	Permit outcome and substance dispensing
34	Deaths
38	Medical practitioner engagement and participation
45	Reflections
47	Compliance reviews
49	Quality and safety: Board response to a recent incident
51	Future improvement priorities
53	Voluntary assisted dying across Australia
55	Research and data
56	Looking ahead
59	Appendices

Foreword

On behalf of the Voluntary Assisted Dying Review Board (the Board) it is my pleasure to present the Board's 2025–26 annual report.

Voluntary assisted dying (VAD) has now been part of Victoria's healthcare landscape for more than 7 years. It has become an established, and proven safe and compassionate end-of-life care option for eligible Victorians. It is also clear from those accessing VAD, and from their families and loved ones, that the availability of VAD has quickly, though not unexpectedly, become highly valued and treasured by Victorians at a most vulnerable time in their life. Autonomy and choice remain the hallmarks of Victoria's VAD program, a program that all Victorians should be rightly proud of.

Now in its seventh year of operation, the Board continues to be satisfied that over the past 12 months the program has provided safe access to VAD. However, accessing VAD remains difficult for some. In particular, the inability to use telehealth for VAD consultations, because of Commonwealth legislation, both imposes unnecessary pain and suffering on many Victorians nearing the end of their life and is out of step with public expectations. This restriction is readily remedied.

The 2025–26 reporting year also falls at a meaningful moment in the program's continued evolution. Amendments to the *Voluntary Assisted Dying Act 2017* (the Act), passed in 2025 and scheduled to commence in 2027, represent the outcome of sustained reflection on how the program operates and how it can be strengthened. Across 2025, the Board has been pleased to advise and support both the Department of Health and Government on the shaping of the amendments and congratulates the Victorian Government on the improvements encompassed by the amendments to the Act. The Board now looks forward to reporting on the impact of those improvements in future years, expecting meaningfully better access and more timely decisions. In the meantime, this year's report documents activity under the original legislative settings and provides a useful baseline from which to measure what comes next.

The year in review

2025–26 has been the program's busiest year to date. The Board received 1,156 applications for VAD, an increase of almost 40% from 2024–25. It is expected that last year's projection of 1,300 requests by 2028 will be reached, if not exceeded, next year. The increasing number of requests likely reflects growing community awareness of VAD. This is reassuring. However, the number of requests from culturally and linguistically diverse Victorians remains much lower than expected. This suggests that more needs to be done to share information about VAD more equitably across our population, particularly with those who do not speak English at home.

About 40% of requests for VAD come from Victorians who live in regional Victoria. This is more than expected given that only 1 in 4 Victorians live outside of metropolitan Melbourne. The reason(s) for this are not clear. Whatever the explanation(s), it is reassuring

that regional Victorians appear to have good access to VAD.

VAD deaths accounted for 1.1% of all deaths in Victoria in 2025–2026. This is slightly higher than last year and almost 4 times higher than in the first year of operation in 2019–20.

In 2025–26, the number of both self-administration and practitioner administration permits increased by over 43% compared to 2024–25, reflecting the increase in applications. Of those applicants dying by administration of a VAD substance, 27% died following practitioner administration, an increase from 23% in 2024–25. The progressive increase, year by year, in the proportion of applicants dying by practitioner administration reflects the increasing number of applicants whose clinical condition requires it. A little over a third of applicants with an approved permit died from their condition without administration of a VAD substance.

As in previous years, a significant number of applications were withdrawn before a VAD substance was dispensed. In 2025–26, 401 applications were withdrawn. The most common reason for an application being withdrawn is the death of the applicant. In 39% of cases the applicant died within 2 weeks of making their first request. This has been a stubbornly stable proportion over several years now. The Board remains concerned that consideration of VAD continues to be made too late for many individuals. The Board is hopeful that the amendment to the Act allowing healthcare practitioners to raise VAD as an end-of-life care choice may enable more timely access to VAD for those who would choose it.

Amendments to the *Voluntary Assisted Dying Act* (2017)

The Board was pleased to note that the Victorian Parliament passed the *Voluntary Assisted Dying Amendment Act 2025* (the Amendment Act) on 18 November 2025. Among the legislative changes provided for by the Amendment Act are several that will improve timely access to VAD. These include:

- *removal of the “gag clause”.* In the Act, health practitioners were legally prohibited from initiating discussions about VAD with patients. The patient had to raise the topic first. The Amendment Act allows health practitioners, including medical practitioners, nurse practitioners, registered nurses, psychologists, and Aboriginal health practitioners, to begin discussions as part of their end-of-life care.
- *extending medical prognosis timeframe.* The Act required a prognosis of less than 6 months to live, or 12 months for a neurodegenerative condition. The Amendment Act extends the prognosis timeframe to 12 months for all eligible conditions.
- *reduced minimum waiting period.* The minimum period of 9 days from an applicant’s first request to final request has been reduced to 5 days.

- *providing choice of administration of VAD substance.* The Act required applicants to self-administer the VAD substance unless they were unable to do so. The Amendment Act empowers applicants to choose either self-administration or practitioner administration, and to change method of administration more easily.
- *removal of the need for a third assessment.* There will no longer be a requirement for a third prognosis assessment for applications with a neurodegenerative condition.
- *stronger conscientious objection obligations.* The Amendment Act clarifies that health practitioners who conscientiously object to providing VAD services must still inform the applicant that another practitioner can assist them and provide referral information.
- *changes to practitioner eligibility.* At least one of the medical practitioners assessing a person’s eligibility to access VAD must have practised for at least one year following specialist or vocational registration (instead of 5 years post-fellowship as currently required). A new role of administering practitioner will be created, extending the authority to administer VAD substances to registered nurses (with at least 5 years registration) and nurse practitioners.
- *more flexible residency eligibility.* While the requirement for an applicant to have been resident in Victoria for 12 months remains, the Amendment Act creates an exemption application process to the Secretary of the Department of Health.

These changes, and the other amendments to the Act will greatly improve the safe and timely provision of VAD to Victorians when implemented in April 2027. The Board looks forward to reporting on improved outcomes in future annual reports.

A safe and high-quality program

The Board is required to ensure that VAD is provided safely and in accordance with the Act. It discharges this responsibility diligently, reviewing every completed case to ensure compliance. The rate of non-compliance remains low – at about 2% of applications – and typically involves administrative errors that do not present material risks to applicants. The Board is also privileged to receive feedback from applicants, contact persons, and medical practitioners on all aspects of the operations of the VAD program. This feedback is used to inform continuous improvements to the program.

Recognising the contributions of the Board

In June 2026, the Board farewelled the last 2 inaugural members, individuals who joined the Board in July 2018 at its establishment. Mr John Clements and Ms Paula Shelton have both served the Board with distinction for

almost 8 years. In particular, John provided the Board with skilled consumer expertise, ensuring that the needs of Victorians facing end-of-life decisions always remained paramount. Thank you, John. And Paula provided deep health law experience and chaired the Board's Risk Working Group. Thank you, Paula.

In July, the Board welcomed 2 new members – Ms Jen Morris and Ms Eleanore Fritze – and looks forward to working with them both.

The Board is supported by a number of teams within the Department of Health. I express my appreciation and that of the Board to them. We could not function effectively without their diligence and professionalism.



Euan Wallace

**Chairperson
Voluntary Assisted Dying Review Board**

Introduction

This is the fifth annual report of the independent Voluntary Assisted Dying Review Board (the Board), covering the period 1 July 2025 to 30 June 2026.

The report sets out:

- activity from 1 July 2025 to 30 June 2026
- cumulative activity since the *Voluntary Assisted Dying Act 2017* (the Act) commenced on 19 June 2019
- the Board's reflections drawn from case reviews and feedback received during the reporting period
- the Board's recommendations for future improvements to the program.

Content advisory

This content includes material that some readers may find distressing.

Contact details for support organisations are provided in **Appendix 3** should you wish to seek support.

As with previous annual reports, this report includes quotes and feedback from:

- people who have voluntarily chosen to die by taking the assisted dying substance
- those who were present with them towards the end of life and at the time of death
- trained medical practitioners involved in voluntary assisted dying (VAD) requests.

Quotes have been deidentified to protect the privacy of individuals.

Data sources

Data in this report have been drawn from the Voluntary Assisted Dying Portal (the Portal), the information management system used to record and manage required information at each stage of the VAD process. The Board receives approved forms through the Portal at each stage of the VAD process.

Additional data have been obtained from the Department of Health, the Victorian Registry of Births, Deaths and Marriages, the Statewide Pharmacy Service (Bayside Health – Alfred), and the Statewide Care Navigator Service (Peter MacCallum Cancer Centre).

More information

Further information is available on the:

- [Voluntary Assisted Dying Review Board web page](https://www.health.vic.gov.au/voluntary-assisted-dying/voluntary-assisted-dying-review-board) <<https://www.health.vic.gov.au/voluntary-assisted-dying/voluntary-assisted-dying-review-board>>
- [About voluntary assisted dying web page](https://www.health.vic.gov.au/voluntary-assisted-dying/about) <<https://www.health.vic.gov.au/voluntary-assisted-dying/about>>

Snapshot

Figure 1. Year in review – 1 July 2025 – 30 June 2026

VOLUNTARY ASSISTED DYING APPLICATIONS

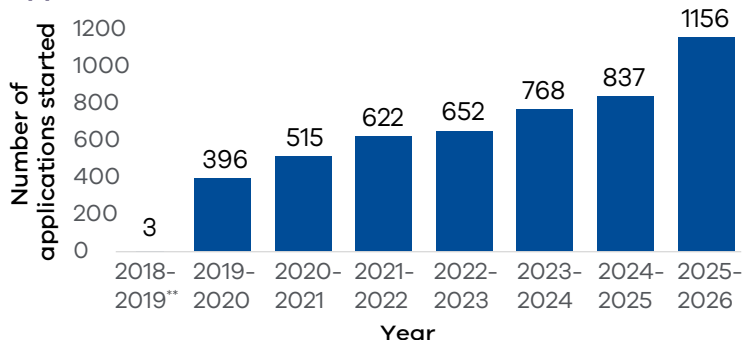
Applications started*

1,156



Applications withdrawn
401

Applications started



Permits issued

908



Self-administration permits
705

Practitioner administration permits
203

Substance dispensed

702



For self-administration
541

For practitioner administration
161

* 'Applications started' counts new VAD cases created in the Portal each year. Not all cases result in a form being submitted or completed in the same financial year, but this indicates the maximum number of applications commenced.

** Voluntary assisted dying became available on 19 June 2019. In the last 12 days of the 2018-19 year, 3 applications were started.

PEOPLE WHO APPLIED FOR VOLUNTARY ASSISTED DYING



Deaths by self-administration

372



Deaths by practitioner administration

140

Female

46%



Male

54%

Metro-politan

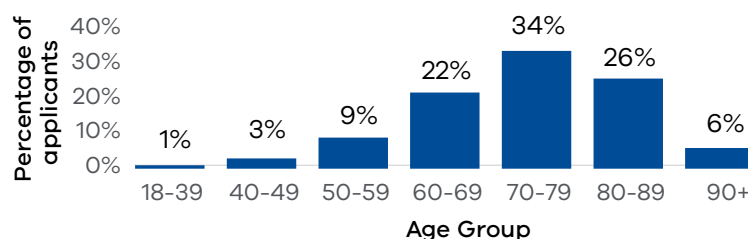
60%



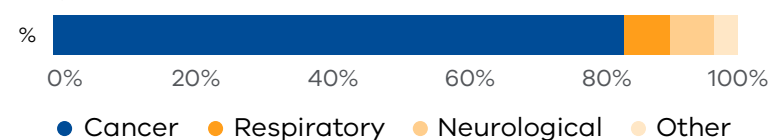
Regional Victoria

40%

Age of applicants



Diagnosis



VOLUNTARY ASSISTED DYING MEDICAL PRACTITIONERS

Metro-politan

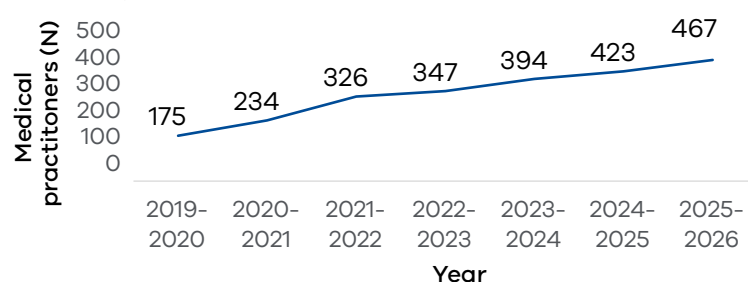
63%



Regional Victoria

37%

Medical practitioners with active profiles at end of reporting year



People who applied for voluntary assisted dying

An applicant is a person who has chosen to seek access to VAD by making a first request to a trained medical practitioner. From that point, applicants, along with their families and support networks, are supported through the process by their medical practitioners, the Statewide Care Navigator Service, and the Statewide Pharmacy Service.

Since the the Act came into effect in 2019, 4,790 people across Victoria have applied for access to VAD. Across the whole life of the program, the median age of applicants was 73 years with half of all applicants aged between 65 and 81 years. Fifty-four per cent of applicants were male and 46% were female. Just over a third of applicants lived in regional Victoria (38%), and 62% lived in metropolitan Melbourne.

In 2025–26, 1,138 people applied for access to VAD.¹ This is an increase of about 38% from 2024–25.

The median age of applicants was 74 years. Half of all applicants were aged 66 to 81 years. More applications were received from men (54%) than women (46%).

The demographic characteristics of people who applied for VAD have remained broadly consistent across the 7 years of the program's operation. Table 1 summarises applicant demographics.

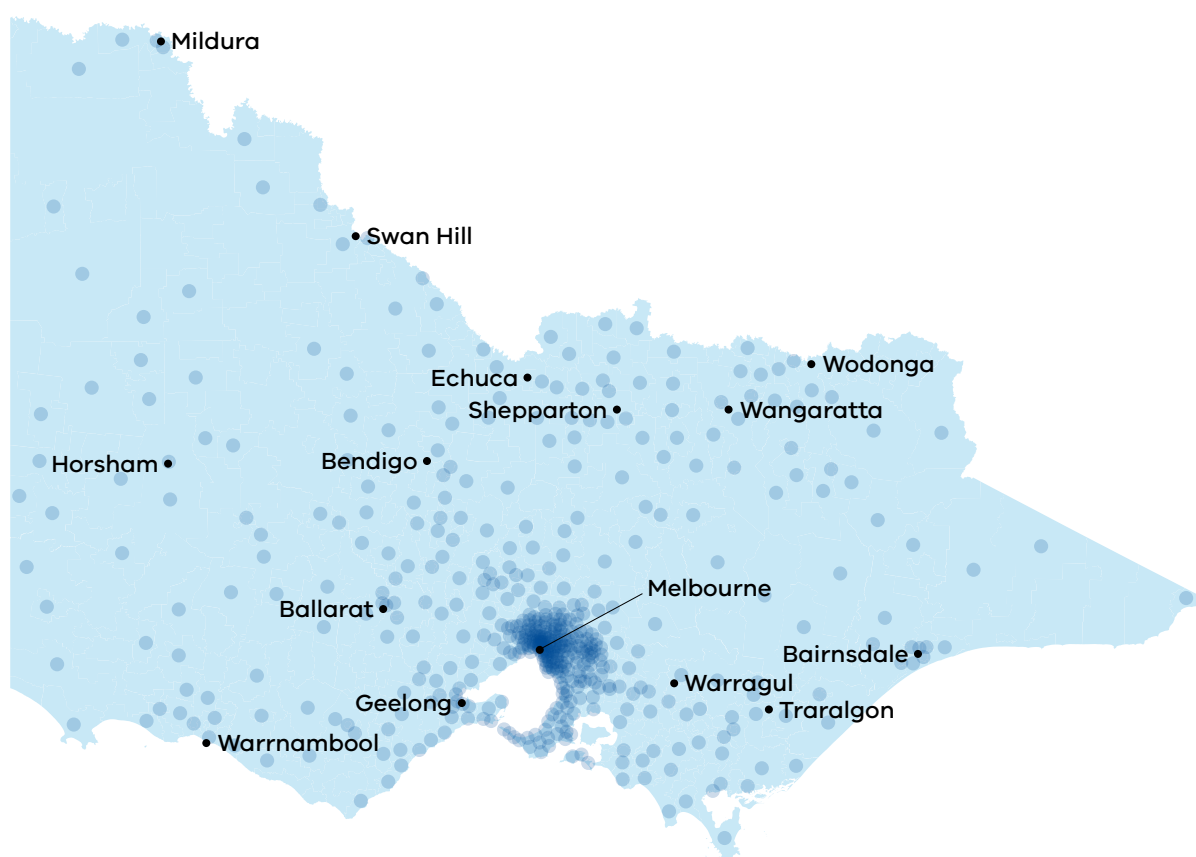
Table 1. Applicant demographics 1, 1 July 2025 – 30 June 2026 and 19 June 2019 – 30 June 2026

Characteristics	Number (%) 1 July 2025 – 30 June 2026	Number (%) 19 June 2019 – 30 June 2026
Sex		
Female	524 (46.0%)	2,202 (46.0%)
Male	614 (54.0%)	2,586 (54.0%)
Self-described	0 (0.0%)	2 (0.0%)
Age		
18–39	15 (1.3%)	86 (1.8%)
40–49	29 (2.5%)	155 (3.2%)
50–59	102 (9.0%)	453 (9.5%)
60–69	247 (21.7%)	1,150 (24.0%)
70–79	386 (33.9%)	1,608 (33.6%)
80–89	296 (26.0%)	1,057 (22.1%)
90+	63 (5.5%)	281 (5.9%)
Area of residence		
Metropolitan Melbourne	679 (59.7%)	2,985 (62.3%)
Regional Victoria	459 (40.3%)	1,805 (37.7%)

¹ An applicant may have more than one application associated with them, which is why this number differs from the number of applications started.

Characteristics	Number (%) 1 July 2025 – 30 June 2026	Number (%) 19 June 2019 – 30 June 2026
Living situation		
Private household	907 (79.7%)	3,941 (82.3%)
Longer term care or assisted living facility	93 (8.2%)	380 (7.9%)
Health service	78 (6.9%)	291 (6.1%)
Not reported	60 (5.3%)	178 (3.7%)
Highest level of education completed		
Did not complete secondary education	221 (19.4%)	1,079 (22.5%)
Completed secondary education	171 (15%)	898 (18.7%)
Completed post-secondary education	330 (29%)	1,593 (33.3%)
Not reported	416 (36.3%)	1,220 (25.5%)

Figure 2. Geographic distribution of applicants*

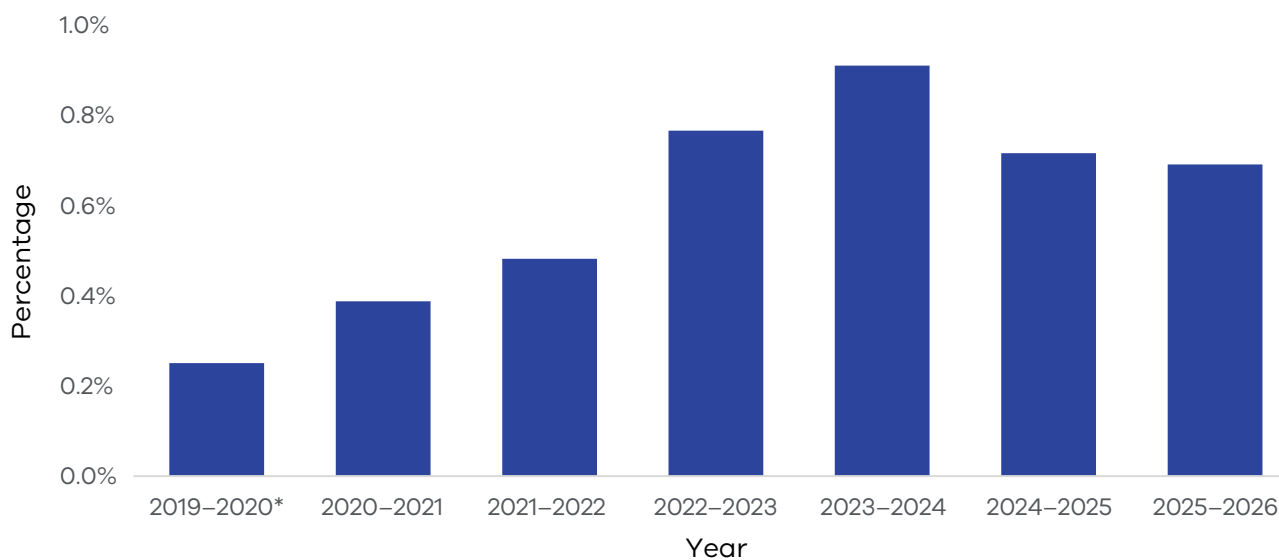


* Locations are approximate, based on the centroid of postcodes.

Aboriginal and Torres Strait Islander applicants

In 2025–26, 0.7% of applicants identified as Aboriginal and Torres Strait Islander. This is slightly lower than the 1% of the Victorian population who identify as Aboriginal and Torres Strait Islander from the Australian Bureau of Statistics (ABS) census data.²

Figure 3. Number of Aboriginal and Torres Strait Islander applicants as a percentage of all applicants, by year



* 2019–2020 includes 12 days of the 2018–19 financial year as the program commenced on 19 June 2019.

Applicants from culturally and linguistically diverse backgrounds

Since VAD commenced in 2019, around 33% of people reported a country of birth other than Australia. Of the applicants born overseas, the most frequently reported countries of birth were England (28.4%), the Netherlands (6.0%), Germany (5.5%), Italy (5.1%) and China (5.0%).

Despite 33% of the Victorian population speaking a language other than English at home, only 7% of applicants since 2019 report speaking a language other than English at home (Table 2).³ Of these, Mandarin (26.5%), Italian (12.0%), Cantonese (11.4%), Greek (9.0%) and Vietnamese (9.0%) were the most reported languages. Two per cent required an interpreter to help facilitate their request and assessment process.

² Australian Bureau of Statistics. (2022). Snapshot of Victoria. Retrieved from <https://www.abs.gov.au/articles/snapshot-vic-2021>.

³ Australian Bureau of Statistics. (2022). Snapshot of Victoria. Retrieved from <https://www.abs.gov.au/articles/snapshot-vic-2021>.

Table 2. Applicant demographics 2, 1 July 2025 – 30 June 2026 and 19 June 2019 – 30 June 2026

Characteristics	Number (%) 1 July 2025 – 30 June 2026	Number (%) 19 June 2019 – 30 June 2026
Identification as Aboriginal or Torres Strait Islander		
Yes	8 (0.7%)	32 (0.7%)
No	1,007 (88.5%)	4,364 (91.1%)
Not reported	123 (10.8%)	394 (8.2%)
Country of birth		
Australia	800 (70.3%)	3,227 (67.4%)
Overseas	338 (29.7%)	1,563 (32.6%)
Language spoken at home		
English	995 (87.4%)	4,295 (89.7%)
Not reported	26 (2.3%)	166 (3.5%)
Other	117 (10.3%)	329 (6.9%)
Interpreter required		
Yes	16 (1.4%)	101 (2.1%)
No	1,045 (91.8%)	4,483 (93.6%)
Not reported	77 (6.8%)	206 (4.3%)

Table 3. Top 10 countries of birth other than Australia, 19 June 2019 – 30 June 2026

Country of birth	Percentage* 19 June 2019 – 30 June 2026
England	28.4%
Netherlands	6.0%
Germany	5.5%
Italy	5.1%
China	5.0%
Scotland	4.3%
New Zealand	3.4%
Greece	2.3%
India	2.2%
Ireland	1.9%

* Percentage of all applicants born overseas

Table 4. Top 10 languages other than English spoken at home, 19 June 2019 – 30 June 2026

Language spoken at home	Percentage* 19 June 2019 – 30 June 2026
Mandarin	26.5%
Italian	12.0%
Cantonese	11.4%
Greek	9.0%
Vietnamese	9.0%
Spanish	4.8%
Russian	3.6%
French	3.0%
German	2.4%
Hungarian	1.8%

* Percentage of all applicants who speak a language other than English

Board reflections on application trends

The number of people applying for VAD continues to increase year on year. The increase in applications in 2025–26 compared to 2024–25 was almost 40%. This suggests an increasing awareness of VAD and improving access to this end-of-life choice.

However, the number of VAD applications in Victoria, per capita, is significantly lower than in other jurisdictions, particularly Western Australia (878 applicants in 2024–25), Queensland (2,039 applicants in 2024–25) and New South Wales (2,146 applicants in 2024–25).⁴ It is likely that the relatively lower numbers of applications in Victoria reflects differences in legislation, particularly the restriction on Victorian healthcare practitioners raising the topic of VAD, a restriction that does not exist in Western Australia, Queensland or New South Wales. In 2027, the legislative amendments to the Victorian Act will see this prohibition lifted. The Board expects further growth in VAD applications following the legislative change.

The higher-than-expected proportion of VAD applications from regional Victorians continued in 2025–26. The reason(s) why 40% of VAD applicants live in regional Victoria while only 25%⁵ of all Victorians live regionally are not clear. The Board believes that this would be a worthy issue for researchers to explore. Whatever the explanation(s), the Board is reassured that, overall, access to VAD does not appear to be more difficult for regional Victorians than it is for those living in metropolitan Melbourne.

The Board notes that the proportion of applicants who spoke a language other than English at home more than doubled in 2025–26 compared to previous years, up from 4% in 2024–25 to over 10% in 2025–26.⁶ However, this is still much lower than would be expected given that a third of all Victorian households speak a language other than English. While there may be cultural reasons to explain why fewer than expected non-English speaking Victorians are accessing VAD, these observations also suggest that awareness and access to VAD for non-English speaking Victorians may be impaired.

Life-limiting conditions

To be eligible for VAD, a person must have a disease, illness or medical condition that is advanced, progressive, and expected to cause death. The Act does not limit eligibility to specific diagnoses.

In 2025–26, 83% of people applying for VAD had a cancer diagnosis. The next most frequent group of people accessing VAD were people living with a neurodegenerative condition, most commonly motor neurone disease (4% of all applicants). Table 5 summarises the number and proportion of applicants with each life-limiting condition, both for 2025–26 and for the VAD program since commencement.

The proportions of life-limiting conditions in this reporting period remain consistent with those recorded in previous reporting years.

⁴ Go Gentle Australia. (2026). State of VAD 2026: Voluntary assisted dying in Australia & New Zealand. Go Gentle Australia.

⁵ Australian Bureau of Statistics. (2021). 'Table 1: Estimated resident population, local government areas (ASGS2021), Australia', Regional population.

⁶ Voluntary Assisted Dying Review Board. (2025). Voluntary Assisted Dying Review Board annual report 2024–25. State of Victoria, Department of Health.

Table 5. Life-limiting conditions of applicants, 1 July 2025 – 30 June 2026 and 19 June 2019 – 30 June 2026

Life-limiting condition	Number (%) 1 July 2025 – 30 June 2026	Number (%) 19 June 2019 – 30 June 2026
Cancer	948 (83.3%)	3,799 (79.3%)
Lung malignancy	160 (14.1%)	683 (14.3%)
Other gastrointestinal tract malignancy*	130 (11.4%)	474 (9.9%)
Colorectal malignancy	107 (9.4%)	421 (8.8%)
Pancreas malignancy	86 (7.6%)	333 (7.0%)
Prostate malignancy	85 (7.5%)	284 (5.9%)
Breast malignancy	76 (6.7%)	313 (6.5%)
Haematological malignancy	54 (4.7%)	207 (4.3%)
Gynaecological malignancy	53 (4.7%)	225 (4.7%)
Other urological malignancy	47 (4.1%)	169 (3.5%)
Central Nervous System malignancy	42 (3.7%)	167 (3.5%)
Head and neck malignancy	32 (2.8%)	159 (3.3%)
Skin malignancy	31 (2.7%)	124 (2.6%)
Bone and soft tissue malignancy	21 (1.8%)	85 (1.8%)
Malignant - not further defined	15 (1.3%)	74 (1.5%)
Other primary malignancy	6 (0.5%)	56 (1.2%)
Unknown primary malignancy	3 (0.3%)	25 (0.5%)
Neurological	73 (6.4%)	411 (8.6%)
Motor Neurone Disease	49 (4.3%)	300 (6.3%)
Other neurological disease	24 (2.1%)	111 (2.3%)
Respiratory	42 (3.7%)	201 (4.2%)
Other[†]	75 (6.6%)	242 (5.1%)
Not reported[#]	0 (0.0%)	137 (2.9%)

* 'Other gastrointestinal tract malignancy' includes primary liver cancers.

[†] 'Other' life-limiting conditions include cardiovascular disease, diabetes, end stage kidney disease, end stage liver disease, HIV/AIDS, multiple organ failure, sepsis, stroke, and other rare non-malignant conditions.

[#] This is fewer than reported in 2024–25 due to continued data consolidation.

Note: ^a Data audits have resulted in improved reporting of figures. Some figures that appeared in past reports have been updated to reflect current data. ^b A life-limiting condition included in this list does not mean an applicant was found eligible for VAD for that condition.

Palliative care

Palliative care is available to all Victorians with a life-limiting illness, delivered through hospital-based services, community-based and home care, or within a residential care facility depending on individual need and circumstance.

The proportion of applicants engaging with palliative care in 2025–26 was broadly consistent with the pattern observed over the past 6 years. Since the commencement of the Act, about 77% of people who applied for VAD had also accessed, or were being cared for by, a palliative care service. In 2025–26, 73% of applicants were engaged with palliative care when they first made a VAD request.

Table 6. Use of palliative care by applicants, 1 July 2025 – 30 June 2026 compared to 19 June 2019 – 30 June 2026

Palliative care services	Number (%) 1 July 2025 – 30 June 2026	Number (%) 19 June 2019 – 30 June 2026
Accessed	826 (72.6%)	3,705 (77.3%)
Yes – currently	814 (71.5%)	3,654 (76.3%)
Yes – previously, not currently	12 (1.1%)	51 (1.1%)
No	179 (15.7%)	708 (14.8%)
Not reported	133 (11.7%)	377 (7.9%)
Duration of engagement with palliative care		
Less than 12 months	511	2,501
Greater than 12 months	113	578
Duration of engagement not reported	202	626
Median months (interquartile range)	3 (1, 7.75)	3 (1,7)

Board reflections on palliative care

Palliative care is a cornerstone of end-of-life care in Victoria. It is important to be clear that VAD is not a substitute for palliative care. Both palliative care and VAD are complementary choices in end-of-life care. Victorians should have confidence that they have access to either or both. Reassuringly, the data consistently support this.

The figures above affirm that palliative care is a critical component of comprehensive care for people living with a life-limiting illness and as they approach end-of-life. Palliative care services also extend support beyond the applicant, providing grief and bereavement support for family members and carers.

Applications and assessments

The VAD process involves defined stages with specific timeframes set out in the *Voluntary Assisted Dying Act 2017* (the Act) and the *Voluntary Assisted Dying Regulations 2018* (the Regulations). The Board recognises that people moving through this process are in the final stages of life and may be experiencing suffering they find intolerable. Efficiency at each stage matters. The services involved in the process aim to respond sensitively and without unnecessary delay at every step.

To access VAD, a person must meet the eligibility criteria, as assessed and attested to by their co-ordinating and consulting medical practitioners. Throughout the application and assessment process, applicants, their families and loved ones, medical practitioners, and health services are supported by 2 dedicated statewide services: the Statewide Care Navigator Service and the Statewide Pharmacy Service. Demand for both statewide services has grown steadily as more Victorians choose to access VAD.

The application and assessment process described in this section reflects the requirements of the Act as in force during 2025–26. Amendments to the Act passed in 2025, to be implemented in April 2027, will change some of these requirements from 2027 onwards. This is noted where relevant.

Application stages and forms

A VAD application involves a series of defined application stages, each requiring the completion and submission of forms in accordance with the Act and the Regulations. Several of these stages have timeframes for completion set out in the Act. The intent of these timeframes was to ensure both the safety of applicants and the timely progress of applications so that VAD may be accessed without undue delay.

The process begins when a person makes a first request to access VAD. The co-ordinating medical practitioner then conducts an eligibility assessment (the first assessment).

If the co-ordinating medical practitioner finds the applicant eligible at that stage, a second independent medical practitioner conducts a further eligibility assessment (the consulting assessment).

Where both assessments confirm eligibility, the applicant makes a written declaration and a final request to the co-ordinating medical practitioner. The applicant then appoints a contact person.

The Act requires that the final request be made at least 9 days after the first request. The requirement for a nine-day interval may be waived if both medical practitioners are satisfied and attest that the applicant's death is likely to occur within 9 days of the first request. The provision of an expedited pathway for VAD care ensures applicants very close to death may still access VAD. Data on expedited cases with a permit is included on page 33.

Note on future change:

The 2025 amendments to the Act reduce the minimum consideration period between first and final request to 5 days and extend the prognosis threshold from 6 months to 12 months for all eligible conditions. These changes, which commence in 2027, will affect the application timeframes and eligibility assessments described above.

Figure 4. Overview of the request and assessment process

Access to VAD has strict eligibility requirements and is a highly controlled process. Figure 4 sets out the simplified steps a person and their medical practitioners must take to apply for and obtain a permit. The full process is detailed in the Act.

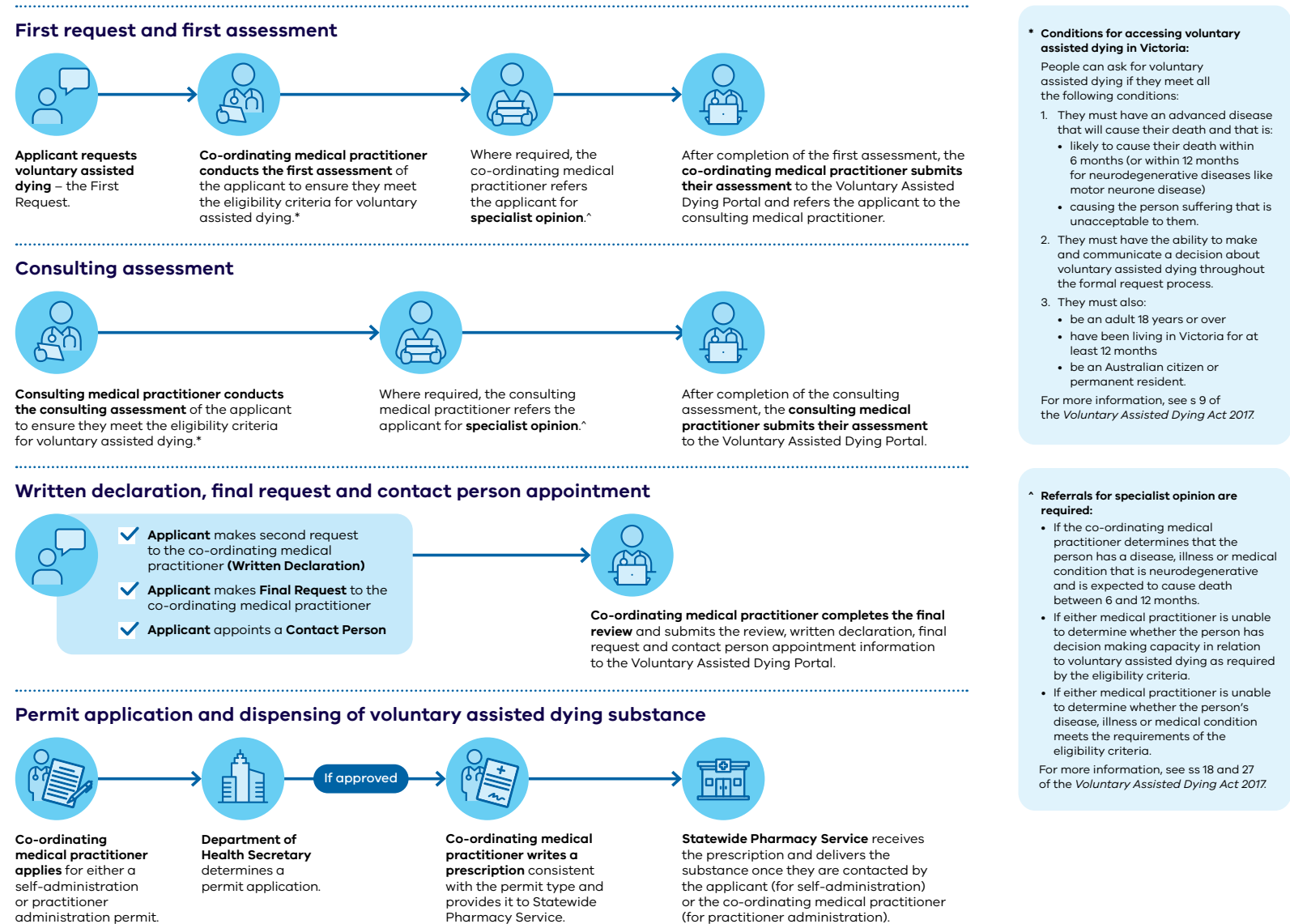
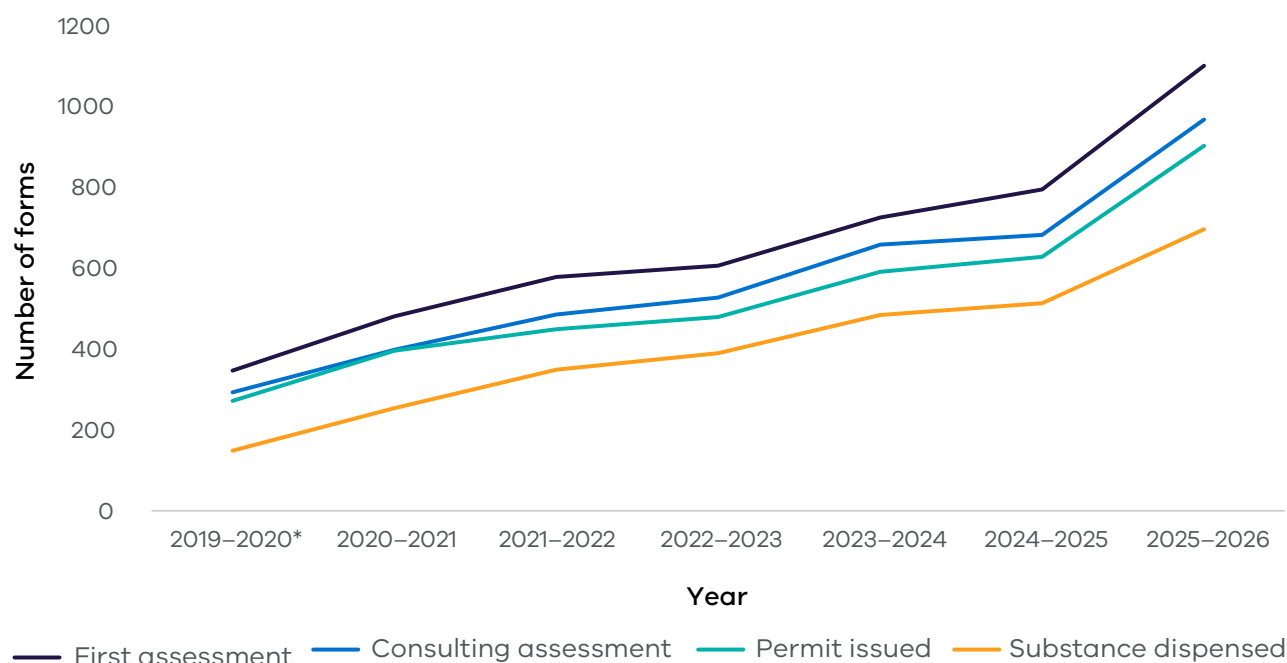


Figure 5 shows the total number of assessments completed, permits issued, and substance dispensing events since the commencement of operations in June 2019.

Figure 5. Applications over time – assessments, permits and substance dispensing by year, 19 June 2019 – 30 June 2026



* 2019-2020 includes 12 days of the 2018-19 financial year as the program commenced on 19 June 2019.

Table 7 below summarises the number of forms submitted at each stage and their outcome, by year and in total. It shows that in 2025-26, 2,079 assessment forms were submitted to the Board through the Portal. Since the Act commenced, a total of 8,726 assessment forms have been submitted. Since commencement, applications started have grown at an average rate of 20% per year.

Board reflections on application stages

The proportion of applications that were determined to be ineligible, at either the first or consulting assessment, has fallen across the duration of the VAD program. In 2025-26, fewer than 1% of applications were determined to be ineligible at first assessment, compared to about 4% in 2019-2021. There is no requirement for medical practitioners to record ineligible applications. It is likely that the trend of a falling proportion of ineligible applications over time reflects increasing medical practitioner proficiency with VAD requirements.

The Board also notes the progressive changes in the proportions of self-administration and practitioner administration permits issued. Of permits issued, the proportion that were self-administration permits has fallen from 87% in 2019-20 to 78% in 2025-26.

Table 7. Outcomes of each application stage for voluntary assisted dying*

Stage	2019–2020**	2020–2021	2021–2022	2022–2023	2023–2024	2024–2025	2025–2026	Total to date#	Change from previous year
First assessment completed	353	487	585	612	732	799	1,106	4,674	+38.4%
Eligible	346	465	552	601	728	791	1,097	4,580	+38.7%
Ineligible##	7	22	33	11	4	8	9	94	+12.5%
Consulting assessment completed	299	404	491	533	664	688	973	4,052	+41.4%
Eligible	297	398	486	528	663	682	971	4,025	+42.4%
Ineligible##	2	6	5	5	1	6	2	27	-66.7%
Self-administration permit	239	350	390	403	486	492	705	3,065	+43.3%
Permit Issued^	207	323	379	403	486	492	705	2,995	+43.3%
Permit Not Issued	32	27	11	0	0	0	0	70	
Substance dispensed for self-administration†	155	260	328	343	407	418	541	2,452	+29.4%
Practitioner administration permit	39	52	65	82	111	142	203	694	+43%
Permit Issued^	30	43	60	82	111	142	203	671	+43%
Permit Not Issued	9	9	5	0	0	0	0	23	
Substance dispensed for practitioner administration^^	20	29	40	53	84	101	161	488	+59.4%
Medical practitioner administration form††	20	31	38	50	71	97	146	453	+50.2%

* This table counts form submissions by unique application. A single individual may be linked to more than one application, and some applications may have the same form submitted multiple times.

** This column includes 12 days of the 2018–19 financial year as the program commenced on 19 June 2019.

Total figures are from the commencement of the Act in June 2019 to 30 June 2026.

There is no requirement in the Act for a medical practitioner to record a case that is considered ineligible. Therefore, this number is not considered an accurate reflection of true ineligible assessments conducted.

^ There are circumstances where one applicant is issued with 2 permits; firstly, for self-administration and subsequently if there is a changeover to practitioner administration.

† 'Substance dispensed for self-administration' is reported by counting the number of substance dispensing forms for self-administration permit submitted to the Portal.

^^ 'Substance dispensed for practitioner administration' is reported by counting the number of substance dispensing forms for practitioner administration submitted to the Portal. There is no obligation for a medical practitioner to submit a substance dispensing form for practitioner administration as this is an optional form.

†† As the substance dispensing form for practitioner administration is optional, the number of medical practitioner administration forms, which are mandatory according to the legislation, are also reported.

Note: Data audits have resulted in improved reporting of figures. Some figures that appeared in past reports have been updated to reflect current data.

Additional assessments

As part of the assessment process, additional specialist opinion may be sought by a co-ordinating or consulting medical practitioner to confirm a diagnosis or prognosis, or to determine whether a person has decision-making capacity. Under certain circumstances, the Act requires a further specialist opinion. For example, applicants with a neurodegenerative condition and a prognosis of 6 to 12 months were required to have a further specialist opinion sought by the co-ordinating practitioner at the first assessment stage.

Note on future change:

The requirement for a third specialist opinion for applicants with a neurodegenerative condition and a prognosis of 6 to 12 months applied throughout the 2025–26 reporting period. The 2025 amendments to the Act will remove this requirement from 2027, aligning the assessment requirements for neurodegenerative conditions with those for all other eligible conditions: two independent practitioner assessments only. The data in this section therefore reflect requirements that will not apply in future reporting years.

Table 8. Referrals for additional assessments, 1 July 2025 – 30 June 2026 and 19 June 2019 – 30 June 2026

Referrals for additional assessments	Number (%*) 1 July 2025 – 30 June 2026	Number (%†) 19 June 2019 – 30 June 2026
Applicants with a neurodegenerative condition and a prognosis of 6–12 months	40 (3.5%)	251 (5.1%)
Decision-making capacity	3 (0.3%)	38 (0.8%)

* As a percentage of all applications started in 2025–26.

† As a percentage of all applications started since 19 June 2019.

Contact person

The Act requires that a contact person is appointed once a final request is made. Under the Act, the contact person has a duty to return any unused or remaining VAD substance to the Statewide Pharmacy Service within 15 days after the date of death of the applicant. This also applies if the applicant needs to change from a self-administration to a practitioner administration permit.

Following notification of an applicant's death, the Act requires the Board to, within 7 days, provide the contact person with information to assist them to return any unused substance to the dispensing pharmacy.

Contact persons are invited to share their experience of supporting an applicant through the VAD process. The Board is grateful to all

those who offered their reflections during 2025–26. This feedback is a valued source of insight that informs the Board's quality and safety reviews and has been drawn on throughout this report.

Withdrawal of applications

Since the commencement of the Act, 1,699 applications (representing 34% of all applications) were withdrawn before the substance was dispensed. In 2025–26, 401 applications were withdrawn. The most common reason for the withdrawal of an application was the death of the applicant (Table 9).

Of all withdrawn applications, 39% were because the applicant died within 2 weeks of making the first request, representing 13% of all applications.

Table 9. Reason for withdrawal, 1 July 2025 – 30 June 2026 and 19 June 2019 – 30 June 2026

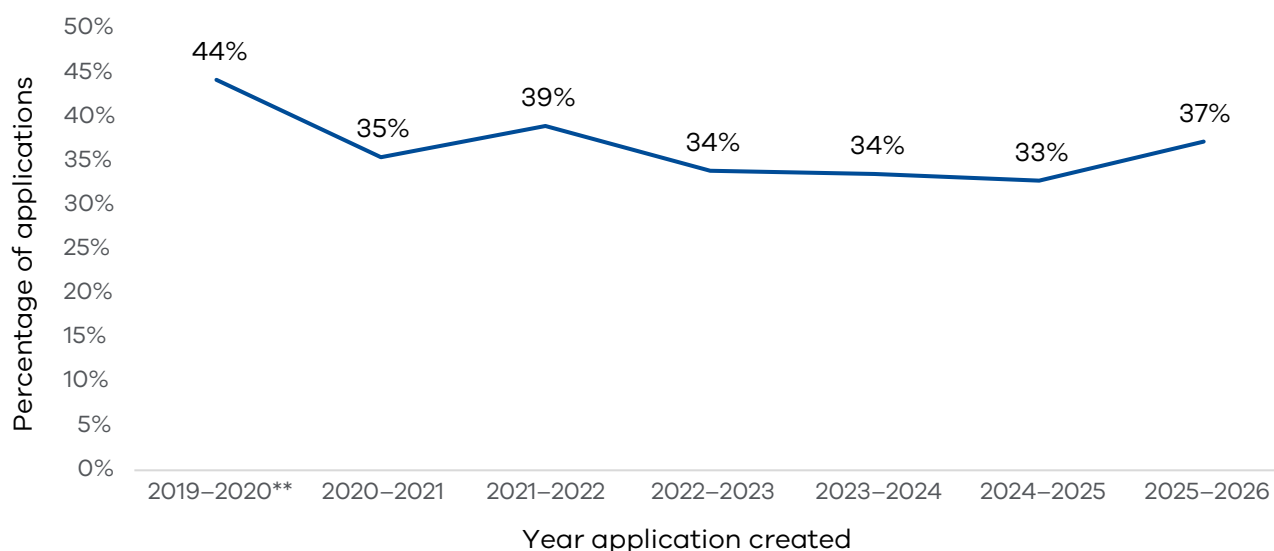
Reason for withdrawal	Number (%*) 1 July 2025 – 30 June 2026	Number (%**) 19 June 2019 – 30 June 2026
Applicant died	360 (89.8%)	1,398 (82.3%)
Applicant is too unwell to proceed	14 (3.5%)	49 (2.9%)
Applicant is too unwell to proceed AND no longer has decision making capacity	14 (3.5%)	46 (2.7%)
Other	8 (2%)	60 (3.5%)
Applicant no longer has decision-making capacity	3 (0.7%)	35 (2.1%)
Applicant decided not to proceed	2 (0.5%)	16 (0.9%)
Not reported[†]	0 (0)%	95 (5.6%)

* As a percentage of all withdrawn cases from 01 July 2025 to 30 June 2026.

** As a percentage of all withdrawn cases since 19 June 2019.

[†] 'Not reported' accounts for cases that were withdrawn when the Portal did not have option to provide a reason, from 19 June 2019 to 16 January 2020.

Figure 6. Percentage of applications withdrawn before permit issued, by year application was created*



* Applications may not have been withdrawn in the year they were created.

** 2019–2020 includes 12 days of the 2018–2019 financial year as VAD became available in Victoria on 19 June 2019.

Board reflections on withdrawal of applications

Since the commencement of the Act, the total proportion of applications created that were subsequently withdrawn prior to a permit being issued has remained relatively stable (Figure 6 above).

However, the Board notes the relatively high proportion of withdrawn applications that were due to the applicant dying within 2 weeks of making the first request. This suggests that many patients may be beginning the application process late in the course of their illness.

With amendments to the Act, Victorian health practitioners will be able to proactively provide information about VAD rather than requiring the individual with a life-limiting condition to ask about VAD. This change, along with a prognosis of less than 12 months for all conditions, may result in more timely access to VAD and fewer application withdrawals. The Board will report on withdrawal trends in future reports..

Statewide services

Two statewide services support Victorians accessing VAD, and the health professionals, families and carers involved in their care. The Statewide Care Navigator Service provides information and support to people considering or accessing VAD, while the Statewide Pharmacy Service dispenses the VAD substance once a permit has been issued, delivering it to applicants at a time and place of their choosing.

Statewide Care Navigator Service

The Statewide VAD Care Navigator Service (VADCNS) is the primary source of information and support for people considering or seeking access to VAD, as well as for their families and carers. The service also assists health practitioners and works in collaboration with Victoria's health, aged care, and palliative care sectors. Where needed, it can connect people seeking VAD with medical practitioners who have completed the required training.

Care navigators are highly skilled and experienced nurses and allied health professionals. Five care navigators service metropolitan Melbourne and provide statewide support, while a further 7 care navigators are based at 5 regional health service sites across Victoria.

In the 2025–26 reporting period, 1,806 new referrals were made to the VADCNS. This is a 29% increase to the year prior (1,401 new referrals) and a 68% increase over 2 years (1,074 in 2023–24). This increase in referral activity, as well as an overall increase in people seeking to access VAD, resulted in a 34% increase in the number of patients engaged with the service at any given time, from an average of 100 to 134.

The increased use of the VADCNS is expected to continue with the commencement of the Amendment Act.

Of the referrals in 2025–26:

- 32% were from people applying for VAD
- 24% were from a family member or friend

- 16% were from the applicant's usual treating doctor
- 12% were from a VAD medical practitioner or coordinator
- 14% were from another healthcare professional
- 0.4% were from facility management or administration.

Individuals found out about the care navigator service in the following ways:

- 12% through community palliative care
- 19% from their usual doctor or inpatient team
- 5% themselves via an internet search
- 4% from their VAD medical practitioner
- 3% from a friend or family member
- 5% another way
- 52% were not documented.

In the 2025–26 reporting period, people reported a range of reasons for contacting the service:

- 66% were requests for information from people considering VAD
- 20% were requests for support for people who were planning to apply or were in the process of applying for VAD
- 4% were for people seeking help in locating a second trained medical practitioner to complete an eligibility assessment
- 2% were for other reasons
- 6% were not documented.

Of all contacts to the VADCNS, 44% were from regional Victoria. These numbers are consistent with the previous reporting year.

The VADCNS continued to provide a variety of education and training sessions across Victoria during the 2025–26 period, including:

- training days, available both in person and online, to support medical practitioners to complete the online VAD training in a group environment
- a health practitioner community of practice, offering webinars and education sessions tailored to specific clinical contexts including aged care and palliative care settings.

In total, the VADCNS delivered 132 webinars, education sessions, 1:1 upskilling support and other capacity building activities across Victoria in 2025–26.

I simply wish to tell you that your expertise, patience, and guidance made a world of difference before and during my appointments with [my doctors] ...

Service user

I hope you know that you have added to my life in many considerable ways. I will always remember you with caring thoughts. You no doubt chose your career path because you had a passion for helping people to continue to be better individuals. Someone who is caring, considerate and brutally honest when that is required! Someone who truly sees me, heard me, and valued me as I see, hear and value you.

Service user

Thank you so very much for your help and ... thank you for what you do to help people in this situation you are an angel.

Service user

More information on locations and upcoming dates of training days, or information on how to join the health practitioner community of practice, can be found by contacting the service via email at vadcarenavigator@petermac.org.

Board reflections on the Statewide Care Navigator Service

Based on the feedback from contact persons (applicant family members and friends) and medical professionals, it is clear to the Board that the VADCNS continues to be one of the most valued parts of Victoria's VAD program. At every meeting the Board is privileged to read the rich and glowing feedback on the care navigators, their skill, kindness and humanity. A short selection of feedback, typical of all feedback, is provided below.

I can't express my appreciation and thanks to you enough. From the first meeting to yesterday. You are so amazing at what you do. I felt so genuinely supported. I will never forget it. With love and thanks.

Service user

We very much enjoyed meeting you and thank you for making the occasion so pleasant and natural under the circumstances. All the VAD personnel were exceptional and I can only speak highly of you and your team.

Service user

Felt very blessed to have this option and the processes could be sped up for the applicant's sudden decrease in health. Very glad there was flexibility in the system to deal with his deterioration and appreciative of the fast process.

Service user

Contact the Statewide Care Navigator Service:

- phone 03 8559 5823
- vadcarenavigator@petermac.org

Statewide Pharmacy Service

The Statewide Pharmacy Service provides responsive, patient-centred care to people who have been issued a permit to access the VAD substance, as well as to their families, carers, medical practitioners and care providers. It works closely with the Statewide Care Navigator Service where an applicant has chosen to seek that support.

The Statewide Pharmacy Service dispenses the substance, as per the medical practitioner prescription, at a time and location of the applicant's choosing. Pharmacists travel throughout Victoria to meet applicants wherever they are. They also provide education and support to applicants, their families, and medical practitioners, and safely dispose of any unused substance returned by the applicant, contact person, or medical practitioner.

In 2025–26, 702 occasions of substance dispensing occurred, 541 (77%) for self-administration and 161 (23%) for practitioner administration (Table 7). Of these:

- 97% of applicants received the substance on their requested delivery day

- 99.6% of applicants received the substance within 2 business days of their preferred delivery day
- 58% of occasions of substance dispensing were to metropolitan applicants, and 42% to regional applicants.

Board reflections on the Statewide Pharmacy Service

The Board collects feedback on the Statewide Pharmacy Service to support continuous performance monitoring and evaluation. In 2025–26:

- 97% of respondents reported excellent service from the pharmacist(s)
- 90% said the pharmacist visited at a time that suited them.

As for the VADCNS, based on the feedback from contact persons, applicants, and medical practitioners, the Board continues to be impressed by the quality of the care provided by the Statewide Pharmacy Service. A short selection, typical of their feedback, is included below:

Both pharmacists who visited with the medication were so very kind, warm and caring. There was no hurry, everything was explained clearly and there was a moment or two of humour. My daughter and I, and the patient thought them both lovely and understanding and we were confident the process would be smooth and peaceful.

Service user

I would like to thank the pharmacists for making an uncomfortable conversation, very comfortable and warm, they were wonderful. They made us feel comfortable and confident in using the medication and they put dad at ease. Thank you for a wonderful service. Dad was able to go out with dignity and on his own terms.

Service user

We were initially nervous before meeting the pharmacists who assisted us. However, they quickly built a rapport with us, which helped us relax and made it easier to focus and absorb the information they provided. By the time they left we felt confident in our ability to manage the medication and support Dad. We also knew who to contact for assistance and we wouldn't have hesitated to reach out if needed. We felt very supported! Thank you!

Service user

Fantastic response by pharmacy in terms of rapid provision of medication.

Medical practitioner

Contact the Statewide Pharmacy Service:

- phone 03 9076 5270
- statewidepharmacy@alfred.org.au

Permit outcome and substance dispensing

Once the assessment process has been completed and the applicant has made a final request, the co-ordinating medical practitioner may apply for a permit to prescribe the VAD substance. The Secretary of the Victorian Department of Health, or their delegate, determines all permit applications. The permit, once issued, authorises the co-ordinating medical practitioner to prescribe the substance for dispensing by the Statewide Pharmacy Service. The applicant then decides if, and when, they wish to request access to the substance. The Statewide Pharmacy Service visits applicants anywhere in Victoria to dispense the substance.

Permit outcomes

Between 1 July 2025 and 30 June 2026, the Secretary issued 908 permits for either self-administration or practitioner administration (see Table 7).

In this reporting period, there were no permit applications with an outcome of 'permit not issued'.

The Regulations allow the Secretary a maximum of 3 business days to determine the outcome of a permit application. In 2025–26, 99.9% of permit applications were determined within this timeframe. This high rate of performance is consistent with that of previous years.

Delays to a permit application may occur when incomplete paperwork is provided as part of the assessment process, or when the Secretary seeks further information. An administrative check on all assessment forms as they are lodged is performed and, where necessary, feedback is provided to medical practitioners to promote compliance with the Act. It remains a matter for the medical practitioner to act on that feedback. The Secretary considers the application for a permit when it is complete, and all administrative checks have been carried out.

Table 10. Permit outcome timeframes reported in prior annual reports

Period	Percentage of permit outcomes within 3 business days
2020–2021	>99%
2021–2022	99%
2022–2023	99%
2023–2024	99.7%
2024–2025	99.4%
2025–2026	99.9%

Timeframes

There is no maximum timeframe under Victorian law for completing a VAD application or for dispensing the prescribed substance. An applicant is under no obligation at any stage to continue their request, and may decide when, or whether, the substance is dispensed. For this reason, the interval between permit issue and substance dispensing reflects applicant choice and does not serve as a measure of the Statewide Pharmacy Service's timeliness.

In 2025–26, the median timeframe from first request to permit issue was 21 days.

For metropolitan applications, the median duration was 19 days, and for regional applications the median duration was 24 days.

The median timeframe from first request to dispensing of the substance was 31 days for self-administration and 22 days for practitioner administration.

For metropolitan applications, the median duration between first request and dispensing was 29 days and 17 days for self-administration and practitioner administration, respectively. For regional applications, the median duration for dispensing was 34 days and 37 days for self-administration and practitioner administration, respectively.

In 2025–26, the median time from first request to permit issue was consistent with recent years, suggesting the program has maintained processing capacity despite continued growth in application volumes. The gap between metropolitan and regional applications remained stable at approximately 5 days, though regional applicants continued to experience longer median timeframes than their metropolitan counterparts.

Table 11. Timeframes – first request to key events, 1 July 2025 – 30 June 2026

Timeframes	Days elapsed (all applicants)	Days elapsed (applicants from metropolitan Melbourne)	Days elapsed (applicants from regional Victoria)
First request to final request			
Median	14	14	17
Interquartile range	10, 24	9, 21	13, 29
First request to permit issue			
Median	21	19	24
Interquartile range	15, 33	14, 28	18, 37
First request to dispensing for self-administration*			
Median	31	29	34
Interquartile range	23, 49	21, 48	26, 49
First request to dispensing for practitioner administration†			
Median	22	17	37
Interquartile range	11, 42	9, 40	21, 64

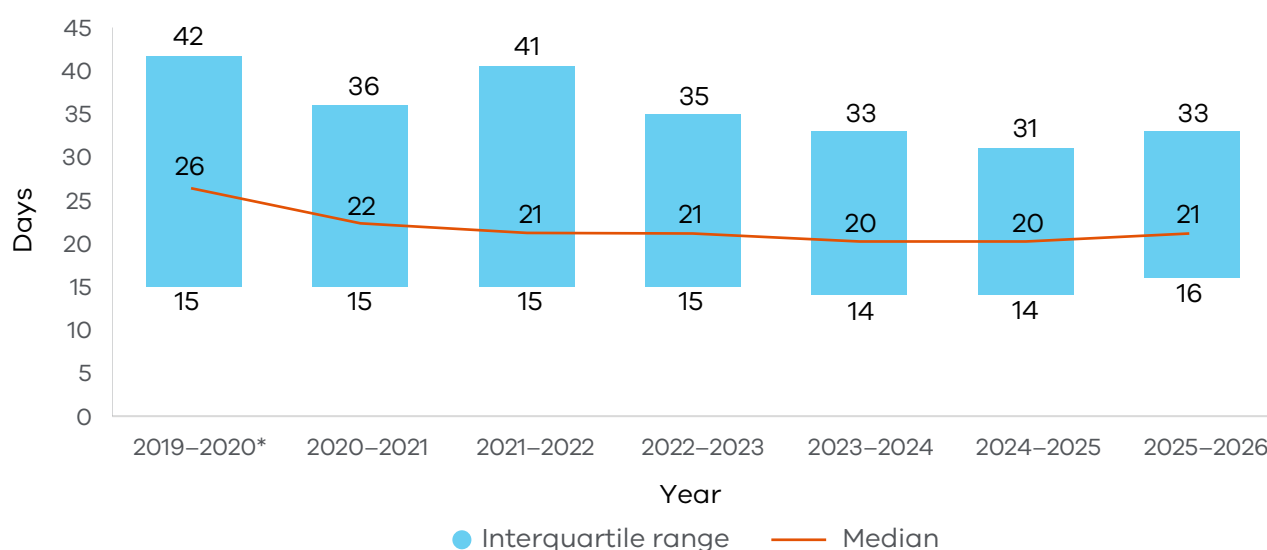
* Once issued a permit to dispense the substance, an applicant must make a request to the Statewide Pharmacy Service. Many applicants choose not to make a request immediately or at all. Therefore, the figures for the time from first request to the dispensing of substance for self-administration are extended by personal choice.

† There is no obligation for a medical practitioner to submit a substance dispensing form for practitioner administration as this is an optional form, so these timeframe calculations are restricted to cases where a dispensing form for practitioner administration was submitted.

The median time from first request to permit issue fell over the first years of the program, from 26 days in 2019–20 to 21 days in 2021–22. In 2025–26, the median time from first request to permit issue was 21 days. This was slightly higher than in 2024–25 but consistent with overall performance of the program over the past 5 years (Figure 7).

However, the time taken to reach a permit outcome continues to be significantly longer, by 5 days on average, for regional applications than metropolitan applications (Table 11).

Figure 7. Time between first request and permit issue date, median days and interquartile range, 19 June 2019 – 30 June 2026



* 2019-2020 includes 12 days of the 2018-19 financial year as the program commenced on 19 June 2019.

Board reflections on VAD permits and program timeliness

The lack of permit applications with an outcome of 'permit not issued' is likely a result of the growing experience of medical practitioners in completing the application forms, better understanding of VAD eligibility criteria, and ongoing enhancements to the Portal.

In the past, a significant proportion of permit applications have been affected by date discrepancies or other errors in the regulated forms. These errors have, at times, delayed permit determinations, creating an additional administrative burden for practitioners and, more importantly, avoidable delays for applicants.

To specifically address this, across this past year the Board has worked with the Department of Health to implement process improvements. In June 2026, a revised Portal workflow was introduced to improve efficiency and better manage administrative errors. Medical practitioners are now required to have the Written Declaration, Contact Person Appointment and Final Review forms

finalised before a permit application can be submitted. This change is expected to reduce errors, streamline the permit determination process, and improve the experience for both practitioners and applicants. The Board will watch timeliness performance over the coming year with interest and report on the impact of this change in future annual reports.

In 2025-26, the Board was pleased to note that the median time from first request to permit issue was broadly consistent with recent years, despite significant growth in application numbers. This suggests that the program has continued to improve efficiency and effectiveness. However, the Board notes with concern that the time to permit issue and substance dispensing continues to be materially longer for regional applications than for metropolitan applications. The reasons for this are not immediately clear but may be due to differences in practitioner availability or simply due to applicant choice. Improving timely permit and substance dispensing for regional applicants will be an improvement focus for the Board in 2026-27.

Permits where the final request was made less than 9 days after first request

The Act includes a provision that allows for the nine-day interval between first and final request to be waived if both medical practitioners are satisfied that the applicant's death is likely to occur within 9 days of the first request. In 2025–26, 11% of cases where a permit was issued involved a final request made less than 9 days after the first request. Since VAD commenced, this constitutes 8% of cases where a permit was issued.

Permit changeovers

Under the Act as it operated during this reporting period, self-administration was the default in Victoria. Practitioner administration was available only where an applicant was assessed as physically unable to self-administer or digest the substance.

An applicant's clinical circumstances may change after a self-administration permit has been issued. If the co-ordinating medical practitioner assesses that the applicant can no longer self-administer the substance, they

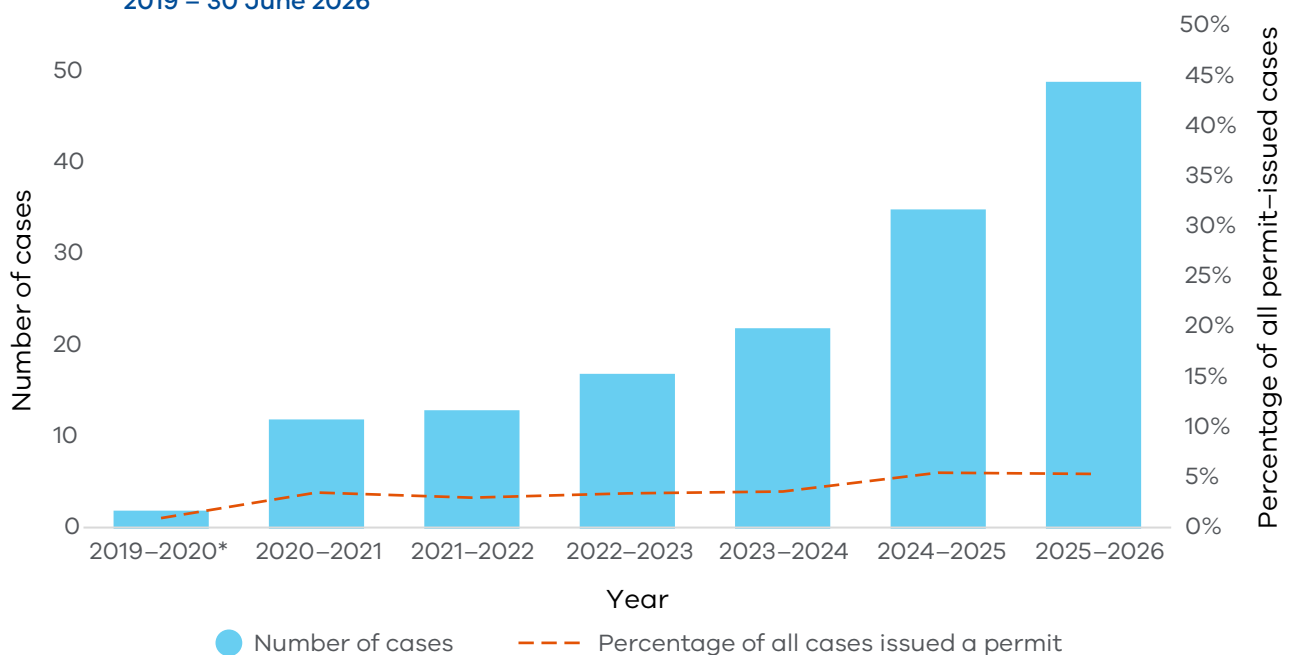
may determine that practitioner administration is required. Under the Act as it applied during the 2025–26 reporting period, this requires the co-ordinating medical practitioner to cancel the existing self-administration permit and apply for a new practitioner administration permit.

Since the Act commenced, 4% of cases that were issued at least one permit included a permit changeover. In 2025–26, 6% of cases involved a changeover.

Note on future change:

The Amendment Act will remove the requirement to nominate an administration method on a permit application from 2027. The administration decision will instead be made in consultation with the co-ordinating medical practitioner at any time during or after the final request. A change in an applicant's circumstances or preference will no longer require a new permit. The Board expects permit changeovers to no longer be included in future reporting as a result.

Figure 8. Permit changeover cases, number and percentage of all permit-issued cases, by year 19 June 2019 – 30 June 2026



* 2019–2020 includes 12 days of the 2018–19 financial year as the program commenced on 19 June 2019.

Deaths

Since the commencement of the Act, 3,235 applicants who were issued with a self-administration or practitioner administration permit subsequently died.

In 2025–26, 780 applicants who held a permit subsequently died. Of these, 372 (48%) died after self-administration of a VAD substance, 140 (18%) died after practitioner administration of a VAD substance, and 268 (34%) died of causes unrelated to the administration of a VAD substance.

Since commencement of the program in 2019, about 32% of applicants with a permit died unrelated to administration of a VAD substance. This rate has been fairly stable over the 7 years of the program.

Under the Act as it applied during the 2025–26 reporting period, practitioner administration permits may be applied for only when an applicant is physically unable to self-administer or digest the substance and not simply by choice or preference of the applicant.

In 2025–26, the proportion of deaths from a VAD substance that involved practitioner administration was 27%, an increase from 23% in 2024–25 and 18% in 2023–24.

While self-administration remains the most common method under Victoria’s current legislative settings, the steady growth in practitioner administration reflects the increasing number of applicants whose clinical circumstances require it.

Note on future change:

The Amendment Act will allow applicants to choose their method of administration in consultation with their co-ordinating medical practitioner from 2027. This removes the current requirement that an applicant be physically unable to self-administer before practitioner administration can be considered. The Board anticipates this change will affect the balance of self-administration and practitioner administration deaths reported in future years.

Figure 9 shows the manner of death for these applicants and how this is changing over time.

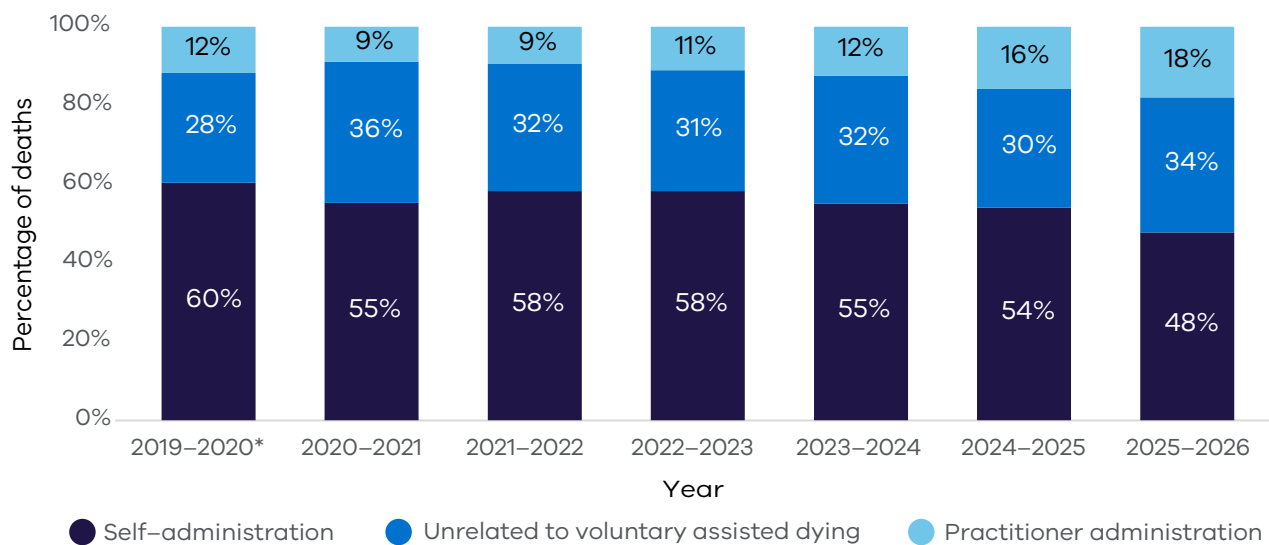
Table 12. Deaths of applicants issued with permits by manner of death, 19 June 2019 – 30 June 2026*

Manner of death	2019–2020**	2020–2021	2021–2022	2022–2023	2023–2024	2024–2025	2025–2026	Total to date	Change from previous year
Deaths from administration of VAD substance	129	202	275	307	374	389	512	2,188	+31.6%
Self-administration	108	174	237	258	305	301	372	1,755	+23.6%
Practitioner administration	21	28	38	49	69	88	140	433	+59.1%
Deaths of permit holder not from VAD substance	50	113	132	136	180	170	268	1,047	+59.5%
Total deaths	179	315	407	443	554	559	780	3,235	+40.0%

* A data audit was performed this year and figures in this table may differ to prior reports.

** This column includes 12 days of the 2018–19 financial year as the program commenced on 19 June 2019.

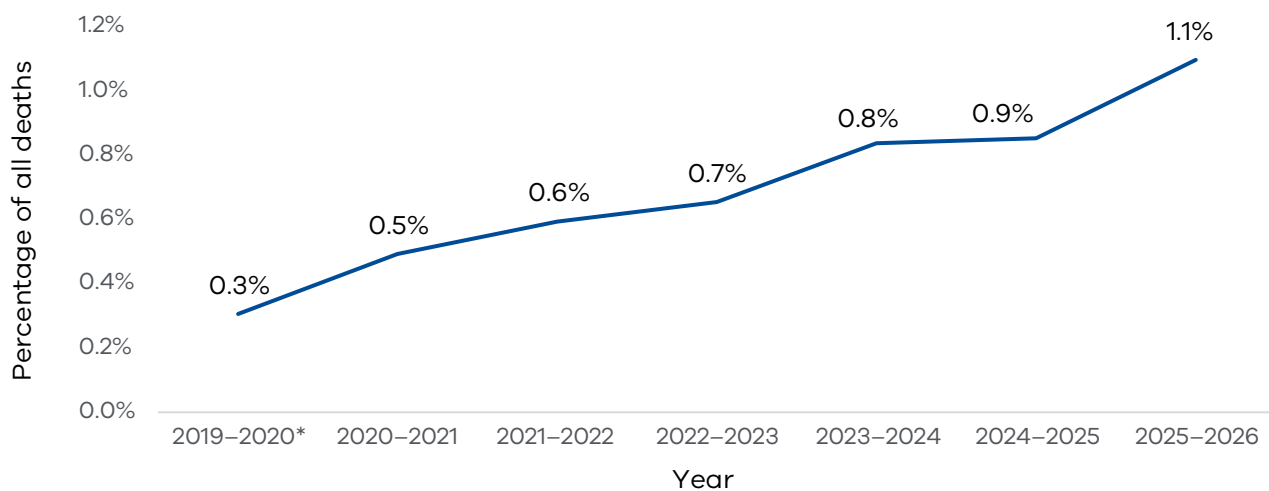
Figure 9. Percentage of deaths of permit holders by manner of death and reporting year, 19 June 2019 – 30 June 2026



* 2019-2020 includes 12 days of the 2018-19 financial year as the program commenced on 19 June 2019.

Over the past 12 months, deaths from the administration of the VAD substance (VAD deaths) accounted for 1.1% as a proportion of all deaths registered in Victoria.

Figure 10. VAD deaths as a proportion of all deaths registered in Victoria, 19 June 2019 – 30 June 2026



* 2019-2020 includes 12 days of the 2018-19 financial year as the program commenced on 19 June 2019.

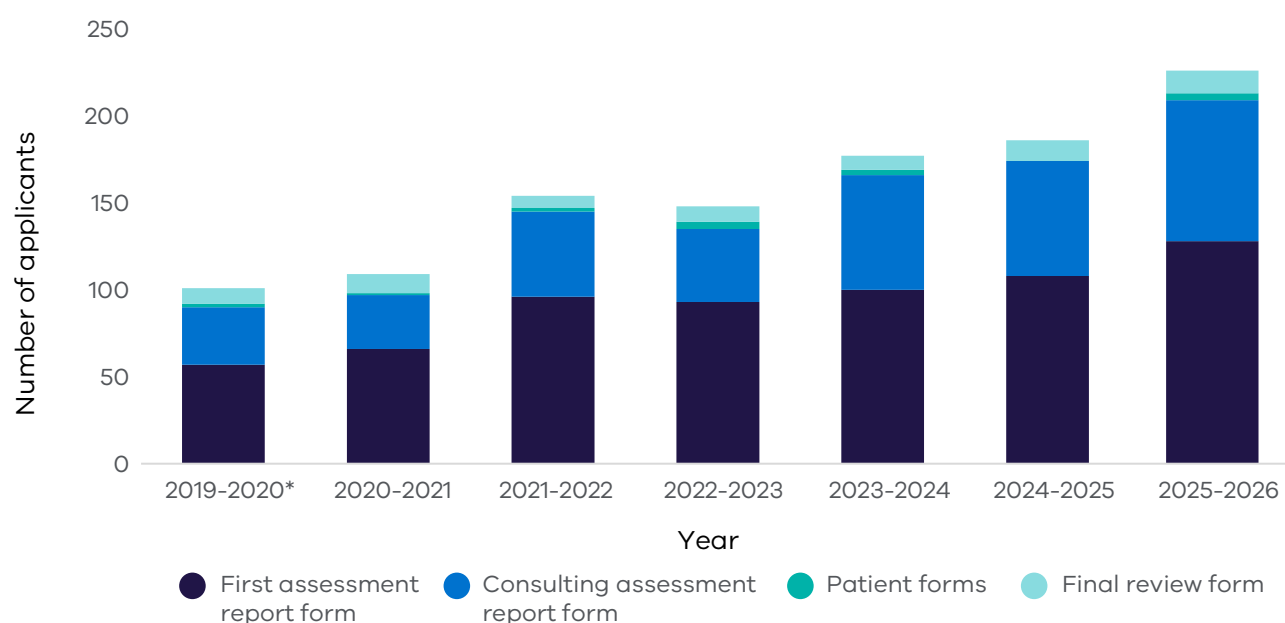
Deaths during the application process

Since the commencement of the Act, 1,101 applicants died before being issued a permit.

In 2025–26, 226 applicants died during the application process. The majority had completed only a first or consulting assessment before their death, a pattern that has remained stable across all reporting years and suggests that many applicants begin the VAD process late in the course of their illness. Whilst the number of applicants who died prior to receiving a permit appears to be increasing (Figure 11), this reflects the increasing number of people seeking to access VAD.

For all applicants who died unrelated to VAD and had a permit application submitted for consideration, 23% intended to have practitioner administration and 77% intended to self-administer.

Figure 11. Applicants who died prior to receiving a permit and application stage completed, by date of death, 19 June 2019 – 30 June 2026



* 2019–2020 includes one death that occurred at the end of June 2019.

Place of death

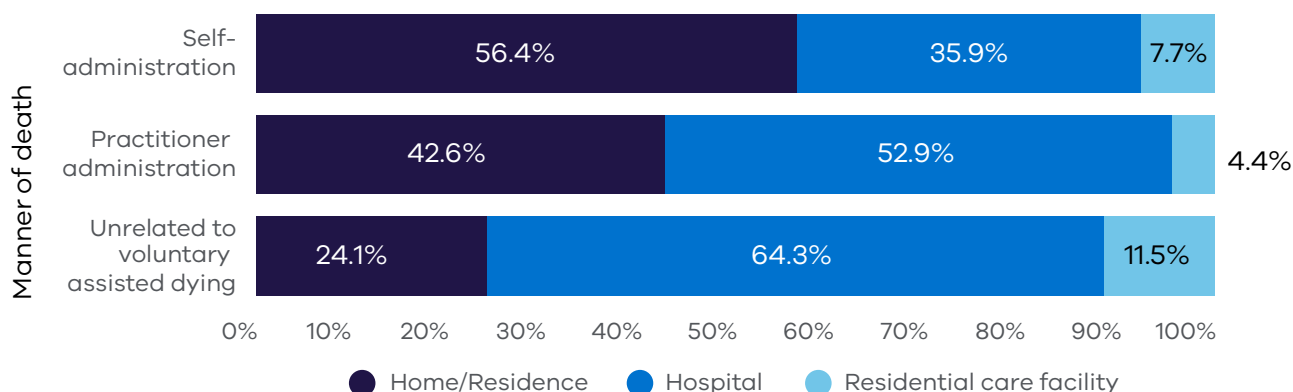
VAD provides applicants with a choice about when and how they die and, where medically appropriate, the location of their death.

In 2025–26, for all deaths:

- 38% of applicants died at home
- 51% of applicants died in hospital
- 9% of applicants died in a residential care facility
- 2% of applicants' place of death was not reported.

For applicants who died from administration of a VAD substance, 53% died at home. Of these, over three-quarters died via self-administration and just under a quarter died via practitioner administration.

Figure 12. Manner of death by place of death, 1 July 2025 – 30 June 2026*



* Where place of death was reported.

Board reflections on applicant deaths

Overall, the pattern of deaths of VAD applicants holding a permit has remained stable over the 7 years of the program. About a third of applicants with a permit do not die from the administration of a VAD substance. This is consistent with the experiences elsewhere and suggests good access to end-of-life care choices.

The Board notes the progressive increase in the proportion of deaths by practitioner administration. The number of practitioner administration deaths in 2025–26 increased by almost 60% compared to 2024–25. In contrast, the number of self-administration deaths increased by 24%.

The Board expects that the legislative changes to be implemented in 2027 that will allow Victorian VAD applicants the choice of self-administration or practitioner administration of the VAD substance will result in a further increase in the proportion of practitioner administration deaths. In other Australian jurisdictions where applicants currently have the choice, practitioner administration of a VAD substance accounts for 70–90% of VAD deaths.⁷

It is useful to note that Victoria has the largest patient experience of self-administration of VAD substance in the world. This experience was recently published by the Statewide Pharmacy Service, showing that self-administration is safe and effective.⁸ These results should give confidence to future users of the VAD program, and their families, that self-administration of the VAD substance remains an appropriate choice for them.

⁷ Go Gentle Australia. (2026). State of VAD 2026: Voluntary assisted dying in Australia & New Zealand. Go Gentle Australia.

⁸ Dooley, M., Nguyen, T., Phan, P., & Seymour, D. (2026). Self-administration of oral voluntary assisted dying medication in Victoria, Australia: The first 6 years. *BMJ Supportive & Palliative Care*.

Medical practitioner engagement and participation

Medical practitioners are central to how VAD operates in Victoria, taking on the role of a co-ordinating or consulting practitioners once they complete the required specialist VAD training. Practitioners provide compassionate care to people who seek VAD, supporting applicants through the assessment process and consistently delivering safe, high-quality care. Meeting the growing number of VAD requests, including across regional Victoria, depends on a well-trained and sustainable group of VAD practitioners.

Training and registration

Medical practitioners must complete Victoria's mandated online training program before they can conduct VAD eligibility assessments.

Practitioners complete the training in their own time and at their own pace, or at one of the in-person training days hosted throughout the year by the Statewide Care Navigator Service at health service sites across Victoria. Practitioners most commonly complete the training in response to a patient request, though many also register in anticipation of future patient need.

There has been continued growth in the number of medical practitioners registering to complete the online training program. During 2025–26, 47 new medical practitioners completed training and registered in the Portal. Since the program commenced, 513 medical practitioners have registered in total.

General practitioners make up 52% of all registered VAD practitioners, and 67% of practitioners registered to provide VAD in regional Victoria.

Note on future change:

The Amendment Act will allow Ahpra-registered medical practitioners, nurses, nurse practitioners, psychologists and Aboriginal and Torres Strait Islander health practitioners to raise VAD with their patients during end-of-life care conversations. Previously, the Act prohibited practitioners from raising the topic with their patients.

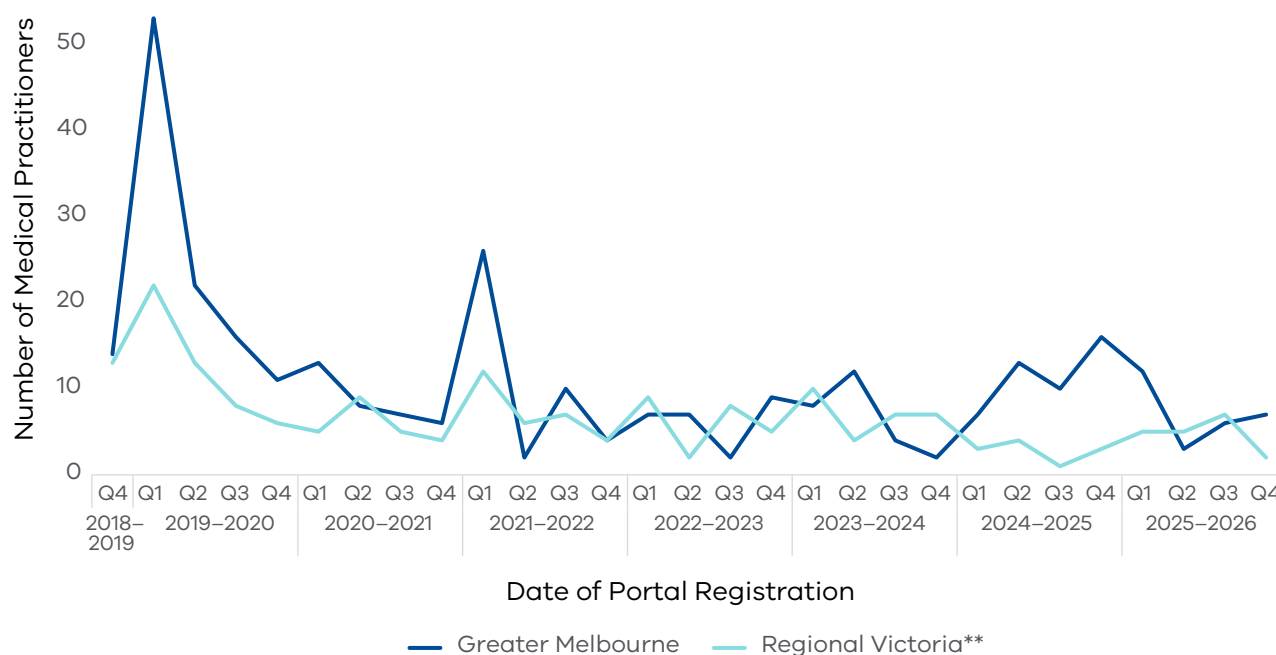
Table 13. Medical practitioner training and involvement since commencement of training availability

Stage	Description	Total as of 30 June 2021	Total as of 30 June 2022	Total as of 30 June 2023	Total as of 30 June 2024	Total as of 30 June 2025	Total as of 30 June 2026	Change from previous year (%)
Online training	Medical practitioners registered for the online training program*	511	618	734	822	938	1,063	+13.3%
Portal registration	Trained medical practitioners registered in the Portal**	234	326	347	394	423	467	+10.4%
Case participation	Participation by the medical practitioner in at least one case as either the co-ordinating or consulting medical practitioner*	154	185	208	318	365	406	+11.2%

* These are cumulative counts that show, at the end of each financial year, the total number of medical practitioners who have completed training to date and the total number of medical practitioners who have participated in at least one case, to date.

** This is a static count that shows, at the end of each financial year, the total number of medical practitioners with an active profile in the VAD Portal at the time.

Figure 13. Number of medical practitioners newly registered in the Portal, by Portal registration date*



* Includes medical practitioners that have since deactivated.

** Three trained and registered medical practitioners whose principal place of practice is in NSW are included in the Regional Victoria count for this figure. They registered in Q3 2023-2024, Q2 2024-25 and Q4 2024-2025.

Participation

Not all practitioners who complete training go on to participate in a VAD request.

As of 30 June 2026, 467 medical practitioners were registered to provide assessments for applicants seeking VAD. This is 0.3% of all registered medical practitioners in Victoria. Of these, 246 (57%) were active during the reporting period, meaning that they participated as a co-ordinating or consulting medical practitioner in at least one VAD application during 2025-26. Together, those practitioners submitted 2,079 first and consulting assessments, averaging about 8 assessments per practitioner.

The remaining 221 (43%) of practitioners did not actively participate during the 2025-26 year. Practitioner profiles may become inactive if a practitioner retires or chooses to cease involvement in the program.

Of the 47 practitioners who registered for the first time during 2025-26, 18 (38%) submitted their first assessment during the reporting period.

The Board is reassured that since 2020-21 the number of active VAD practitioners has almost doubled, a rate of growth that matches the rate of growth of permits issued over the same timeframe.

Geographic distribution

In 2025–26, there were 9 medical practitioners registered to provide VAD per 100,000 adults in Victoria.⁹ As of 30 June 2026, 63% of registered VAD practitioners were based in metropolitan Melbourne and 37% primarily practised in regional Victoria.

The ratio of VAD-trained medical practitioners to applicants is 1 to 10 in both metropolitan and regional Victoria.

Thirty-two per cent of VAD requests are made by people living in regional Victoria, and the rate of death by VAD is consistently higher in regional areas than in metropolitan areas. There are 40% more VAD deaths in regional Victoria compared to metropolitan areas.

Board reflections on medical practitioner numbers and geographic distribution

The Board is reassured that the number of medical practitioners trained and registered for VAD in Victoria continues to increase and is broadly in line with the rate of growth of applications and permits. Victoria has more VAD trained doctors than any other Australian jurisdiction and, apart from Tasmania, has the highest rate of VAD trained doctors as a proportion of all doctors in the state.¹⁰

However, the Board continues to see too many Victorians, particularly those living in regional Victoria, who have difficulty in accessing VAD because of the lack of local practitioners with the required experience or expertise. This is particularly apparent for applicants with a neurological disorder or uncommon cancer.

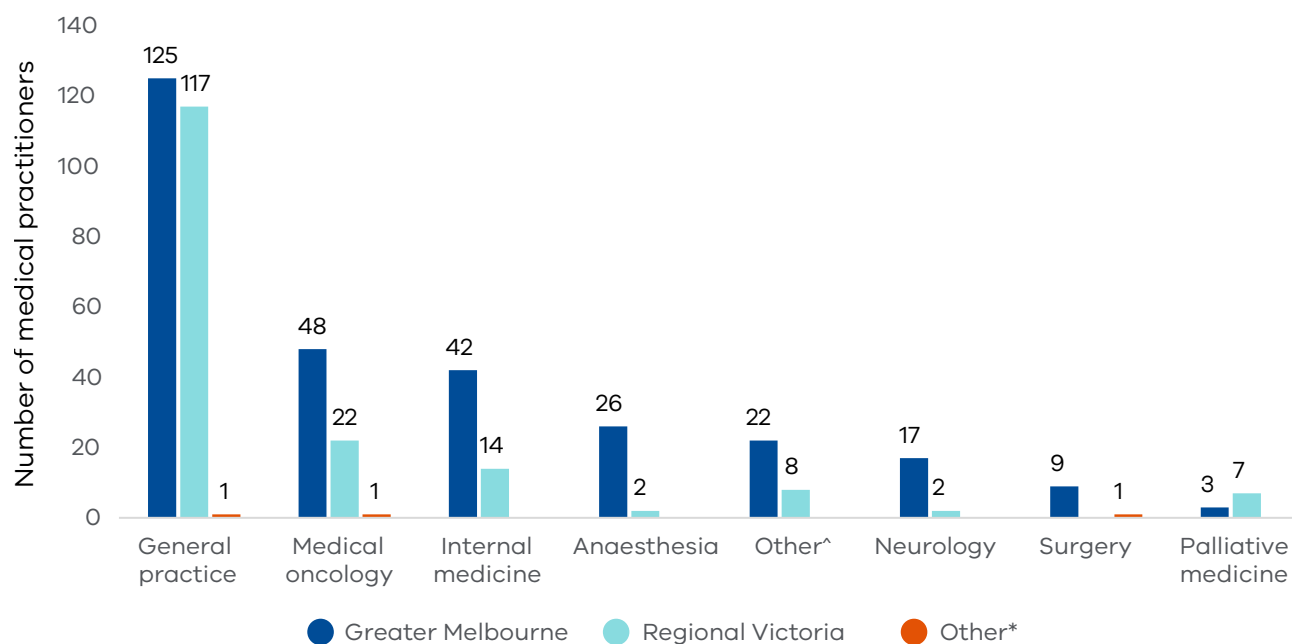
Currently, the Commonwealth's *Criminal Code Act 1995* (the Criminal Code) prohibits medical practitioners from using electronic communications, such as telehealth, for VAD assessments. VAD is the only aspect of healthcare affected by this prohibition. In 2025–26, the Board has seen many cases where the VAD applicant has had to travel many hundreds of kilometres to access specialist care, travel that is often undertaken in pain or great discomfort or requiring the provision of supportive care such as transit oxygen. It has been the Board's enduring view that this is both unnecessary and inhumane. Accordingly, the Board continues to advocate for the removal of the limitations imposed by the Criminal Code for VAD when provided under a legislated program. It is the Board's view that there are no safety concerns with such removal. In this way, VAD could be provided equitably to all eligible applicants, regardless of who they are or where they live.

Related, but separate, to the geographic challenges faced by some VAD applicants, the Board continues to hear from many practitioners that the lack of specific VAD funding is making participation difficult, especially for those practitioners who are required to travel considerable distances to attend applicants. In 2025–26 the Board learned from more than one practitioner that they have had to either cease providing VAD services altogether or have limited the number of applicants they can provide care for. This is of great concern. The Board continues to advocate for specific Medicare item numbers for VAD.

⁹ Australian Bureau of Statistics (2021) Age (AGEP) by state (UR) [Census TableBuilder], accessed 16 July 2026.

¹⁰ Go Gentle Australia. (2026). State of VAD 2026: Voluntary assisted dying in Australia & New Zealand. Go Gentle Australia.

Figure 14. Clinical specialities of medical practitioners by primary location of practice†

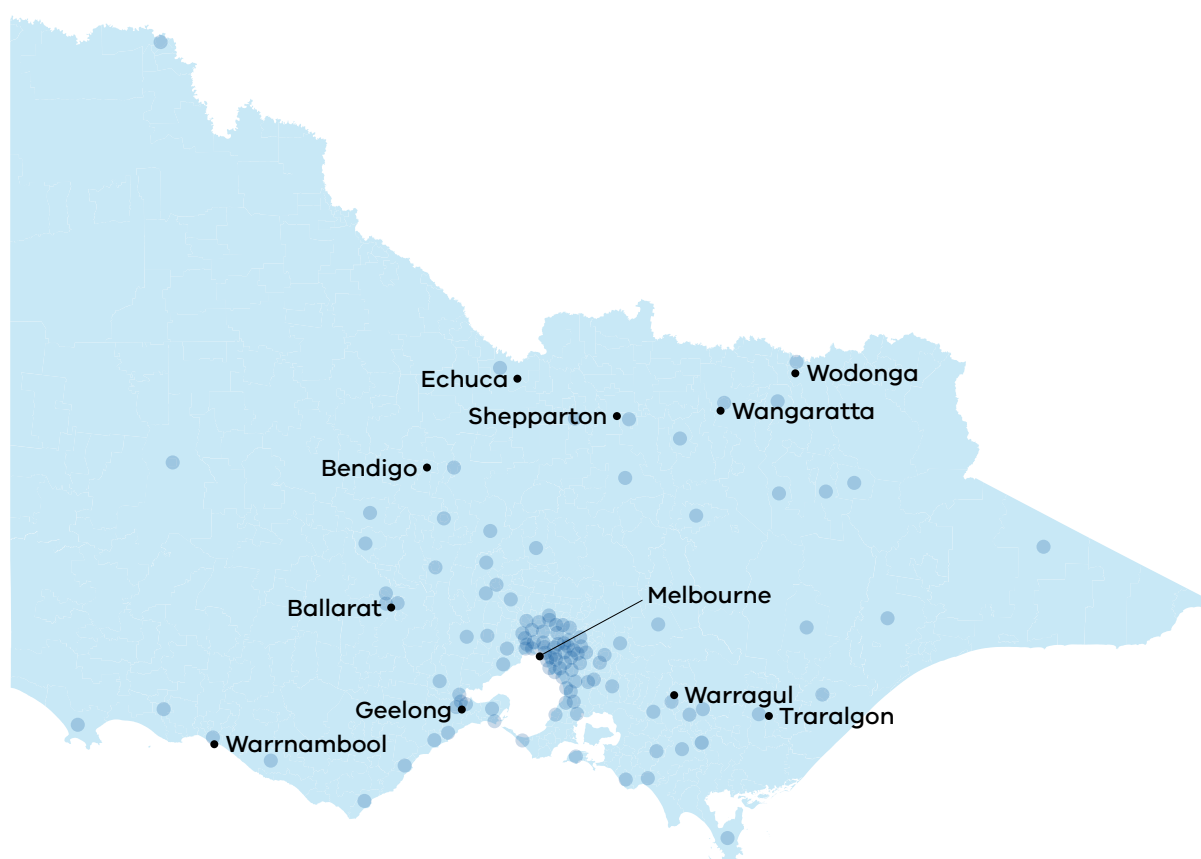


† A medical practitioner may have more than one medical specialisation featured in this list.

^ 'Other' specialities include: haematology, emergency medicine, psychiatry and radiation oncology.

* There are 3 medical practitioners whose principal place of work is registered in NSW.

Figure 15. Geographic distribution of registered VAD medical practitioners*



* Locations are approximate, based on the centroid of postcodes.

Engagement and sustainability

Since the program commenced in June 2019, a small number of practitioners has consistently undertaken the majority of assessments. In its 2024–25 annual report, the Board identified this over-dependency on a small number of practitioners as a risk to the program's long-term capacity and equity. Similar concerns were also recognised in the five-year review of the operation of the Act.¹¹

Practitioner assessment activity patterns in 2025–26 were no different. Assessments continued to be concentrated among a small number of practitioners. Half of all assessments submitted during 2025–26 were completed by just 37 practitioners, 8% of the registered cohort. The 10 practitioners with the highest assessment load submitted 23% of all assessments, averaging 46 each. Of these, only 3 practise in regional Victoria. At the other end of the distribution, 19% of active practitioners submitted only one assessment during the reporting period.

Several of the 2025 amendments are designed to ease pressure on the existing workforce. The new administering practitioner role will expand the types of health practitioners who can support VAD delivery, enabling nurse practitioners and registered nurses alongside medical practitioners. The removal of the requirement for a third specialist opinion for applicants with neurodegenerative conditions will also reduce demand on a particularly scarce specialist cohort. Lastly, the revised qualification requirements, which replace the five-year post-fellowship threshold with a one-year post-specialist registration requirement, will enable more medical practitioners to undertake VAD training and become registered.

Note on future change:

The Amendment Act introduces a new administering practitioner role from 2027. This role is specifically designed to expand the workforce able to support VAD delivery, with a focus on improving access in regional Victoria. The Board will report on the impact of this change in future annual reports.

However, other changes may increase demand on the workforce. The welcomed removal of the restriction on health practitioners initiating VAD discussions is expected to support earlier conversations about end-of-life care options. This will likely increase referrals to practitioners active in the program. The introduction of applicant choice over VAD substance administration method is also likely to increase the number of applicants seeking practitioner administration. As outlined earlier in this report, the experience from other Australian states suggests that where applicants can choose, a majority prefer practitioner administration. If this pattern is replicated in Victoria, the need for practitioners to be present at the time of administration will increase.

The Board is aware of these various imminent changes to the Victorian VAD program and will carefully monitor any impact on timely accessibility to VAD as they commence in 2027.

¹¹ Department of Health, Victorian Government. (2024). Review of the operation of Victoria's Voluntary Assisted Dying Act 2017. Victorian Government.

Community of practice

Medical practitioners who have completed Victoria's VAD online training program are encouraged to join the community of practice. This is an online forum and peer support network that meets formally 4 times a year.

The community of practice currently has 102 members,¹² and supports practitioners and specialists in the fields of:

- general practice
- oncology
- anaesthesia
- geriatrics
- palliative care
- nephrology
- intensive care

- psychiatry
- rheumatology
- general surgery
- respiratory medicine
- haematology
- emergency medicine
- gastroenterology.

Practitioners wishing to join can email vadcommunity@westvicphn.com.au

Further information about VAD training and registration for practitioners is available on the Department of Health web page for VAD medical practitioner training. To find out about in-person and online training, email vadcarenavigator@petermac.org or phone 03 8559 5823.

¹² As of 30th June 2026

Reflections

Applicants are invited to provide a personal statement when they submit a written declaration. The Board also invites contact persons and medical practitioners to provide feedback on the program following the death of an applicant.

Below are examples of such feedback.

I'm not sure why but having the option of taking the medication gives me comfort and less fear when the time comes to die. VAD gives me the choice to pass at a time of my choosing and hopefully in a less distressful state for not only me but those around me. If I choose to use VAD I wish to do with close family around me, if they wish, in a hospital environment and not at home.

Applicant

For me, voluntary assisted dying is not about giving up, but about choosing peace. It's about taking back a little control from a disease that has stolen so much from me. I want to leave this life with dignity, on my own terms, and spare my loved ones the trauma of watching me suffer. This choice is my way of saying goodbye with love, not despair.

Applicant

We were located in the Echuca region at the time and needed to travel to Bendigo for appointments with doctors recommended by the Navigator team. This was hard on [applicant] as he was [in the late stages of illness]. Approachable doctors closer to home would have made this exercise easier for him at this time. The Navigator team were excellent and also those doctors we came in contact with. It was just the lack of medical practitioners locally that was a strain for him and me as the carer.

Contact Person

It was the most dignified way for Dad to go out, with complete control and peace of mind. It meant the world to him that he could have some control over his death after many years of having no/little control with his health.

Contact person

It was a gift to my sister to be able to decide when to end her suffering on her own terms. This is a most important service for people to have so they can die with dignity and be supported in their decision. The process from start to finish was done respectfully and responsibly so that the process was clear and transparent.

Contact person

The only barrier was travel — needing to undertake a 40-minute drive (one way) to get to the patient for face-to-face contact.

Medical practitioner

The access to respiratory specialists completing VAD consulting assessments is limited in rural areas. Fortunately, a respiratory specialist drove [over 4 hours from a regional centre]. Perhaps increased remuneration may help offset this issue for participating doctors.

Medical practitioner

The lack of a structured remuneration model is making me increasingly disinclined to practice VAD. I have instructed the VAD navigators to decrease referrals in 2026...

Medical practitioner

[The applicant] was an inpatient admitted to a hospital with a policy that does not allow inpatient self administration. Hospital prompted withdrawal [of the application].

Medical practitioner

I believe [the applicant] and her family were very happy with how the process worked for her. She was grateful it was an option for her, and how smooth and "easy" the process was. As always, the Navigators are a wonderful help both during the process, and this time with the administration, which was my first doctor administration. The pharmacists were also excellent with both their support and flexibility throughout the process.

Medical practitioner

I believe the applicant and his family were all very grateful to have access to this end-of-life option, and they were most appreciative of the timely manner in which his permit was able to be assessed and granted. My own personal experience has been a very positive one as well, in that it has been a very humbling, but very fulfilling contribution that I feel I am making to a patient's and their families, end-of-life options, and an opportunity to give back some control to patients, who have had little or no control over their lives for a considerable period of time as a result of their illness.

Medical practitioner

Compliance reviews

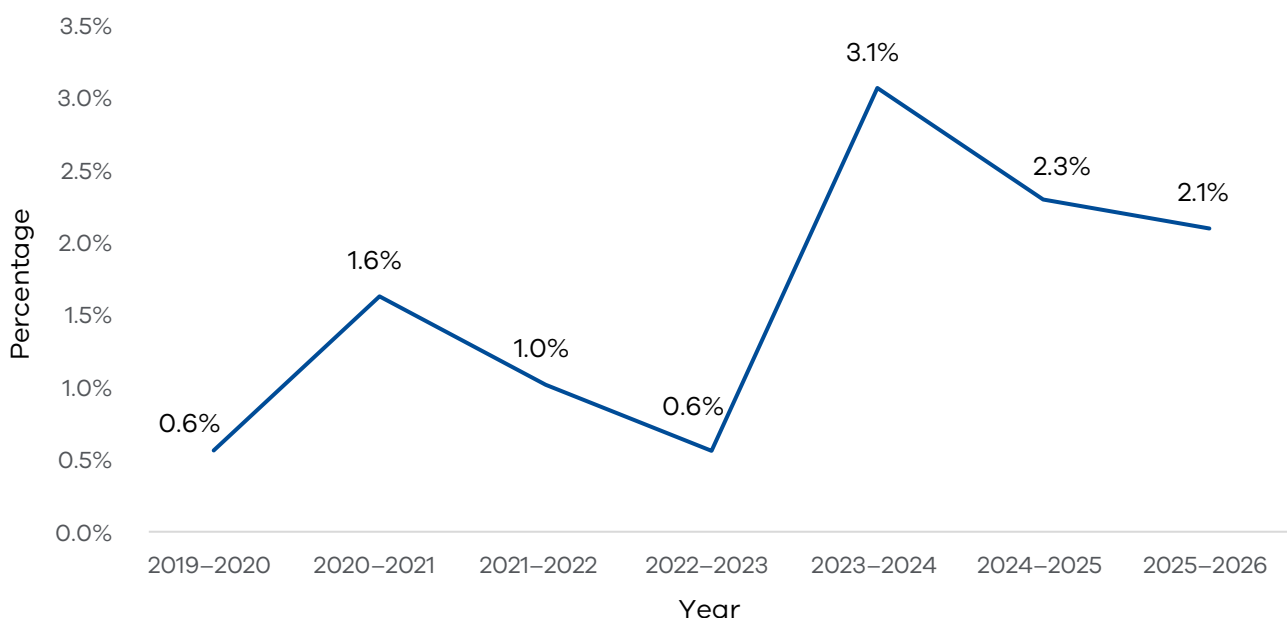
The *Voluntary Assisted Dying Act 2017* (the Act) has several safeguards and a rigorous oversight framework to support the safe operation of VAD in Victoria. The Act is interpreted strictly, consistent with maintaining public safety and confidence. The Board conducts compliance reviews of all completed applications to monitor the program and promote compliance with the legislation.

Case compliance

Of completed applications reviewed from 1 July 2025 to 30 June 2026, the Board found 21 (2.1%) cases to be non-compliant with the Act.

Over time, the rate of non-compliance has remained low (Figure 16).

Figure 16. Cases deemed non-compliant, as a percentage of all cases reviewed by the Board, by year



Six of the 21 cases were deemed non-compliant due to a delay in the return of the unadministered substance by the contact person to the Statewide Pharmacy Service. The contact person is required by s 39(2)(a) of the Act to return any outstanding substance within 15 days of the death of an applicant, or when a substance has been dispensed for self-administration and then a practitioner administration permit request commences (s 55).

Eleven cases were deemed non-compliant due to late submission of Form 1: First assessment

report form, Form 2: Consulting assessment report form, or Form 8: Co-ordinating medical practitioner administration form (ss 21(2), 30(2), and 66(2) of the Act respectively).

Three cases were deemed non-compliant due to the final request being taken less than 9 days after the first request where s 38(1)(a) was not requested to be waived by the medical practitioners at the time of their assessments.

One case was deemed non-compliant because the final request was taken on the same day as the consulting assessment (ss 38(1)(b) of the Act).

Return of substance

Occasional delays in the notification of VAD deaths to the Board can affect timely follow-up with the appointed contact person under s 106 of the Act. This follow-up serves to remind contact persons of their obligation to return unused substance to the dispensing pharmacy within the legislated timeframe.

In the 6 instances of delayed substance return, for 5 cases the substance was returned shortly after the legislated period, a reason for the delay was provided and no further action was taken. In one case, substance was not returned. Further details can be found in the next section *Quality and safety: Board response to a recent incident*. It is important to note that the penalty associated with not returning unused substance after an applicant's death can be severe. Practitioners involved in the assessment process should ensure that the contact person understands this responsibility when they are appointed.

If substance is returned to the Statewide Pharmacy Service before the applicant's death for any reason, it will be disposed of by the pharmacy and cannot be re-dispensed.

Late submission of forms

Section 90 of the Act creates an offence for failing to provide copies of prescribed forms to the Board in accordance with the Act. A fine may apply for non-compliance. Where a practitioner does not meet this requirement, the Board writes to them seeking an explanation of the circumstances, and reminds them of their obligations under the Act. In 2025–26, no penalties were applied.

Referrals to other agencies

During this reporting period, the death of one contact person required further investigation and was referred to the State Coroner. A further description is included in the following section of the report.

No referrals were made to the Chief Commissioner of Police or Ahpra.

Quality and safety: Board response to a recent incident

In this section, the Board reports the death by suicide of a person who was providing care or support to a VAD applicant. This is separate from the applicant's own choice to access VAD under the Act. This content may be distressing for some readers. **Appendix 3** provides contact details for support organisations.

Incident overview

In early 2026, the Board received notification that the contact person of a VAD applicant had taken the VAD substance and subsequently died.

The contact person was the partner of a VAD applicant who had a cancer diagnosis and a prognosis of less than 6 months. The applicant made their first request for VAD in December 2025, and a self-administration permit was issued in February 2026.

In April 2026, the VAD applicant died in hospital, without having taken the substance. The contact person, the applicant's partner, is assumed to have consumed the VAD substance at some point over the subsequent 2 days. Three days after the applicant's death the Board and the Department of Health were notified of both the applicant's death through usual reporting processes, and, at the same time, the death of the contact person.

Process assurance and system lessons

The Board is committed to transparency in reporting incidents of this nature. Identifying where the system can be strengthened is central to the Board's oversight role and to maintaining public confidence in the safe delivery of VAD in Victoria.

The Board and the Department of Health have undertaken a thorough investigation of the case, examining the circumstances and the operation of relevant processes. The Board is satisfied that the notification and follow-up processes operated as intended in this instance. The existing pathway, through which the Victorian Registry of Births, Deaths and Marriages notify the Department of Health of a permit holder's death, functioned within its designed parameters and the Department of Health was notified at the first available opportunity.

The Board has found no evidence that any aspect of the VAD request and assessment process, or the dispensing of the substance, contributed to the circumstances that followed. The program continues to operate safely, and this incident does not alter the Board's assessment of the safety and integrity of the VAD framework.

The matter has been referred to the State Coroner.

What this experience has brought into focus is the importance of grief and bereavement support for the partners, family members, and support people of those who access VAD, as with any end-of-life care option.

Grief and bereavement in the context of VAD

Bereavement following the death of a spouse or partner is a recognised risk factor for adverse mental health outcomes, including suicide. Suicide of a bereaved partner shortly after the death of their loved one is a well recognised and reported event.¹³ It is not specific to any particular cause of death. The Board is conscious of this broader context when considering the experience of contact persons, families, and loved ones following a VAD death.

Dedicated grief and bereavement support services for VAD remain a recognised gap in the community. The circumstances of this incident reinforce the need for the program to strengthen the support available to contact persons and family members, both during the VAD process and after the applicant's death. The Board continues to investigate ways to improve information and referral pathways provided to contact persons at key points in the process. Please see **Appendix 3** for contact details of support services.

¹³ Guldin, M-B., Kjaersgaard, M. I. S., Fenger-Grøn, M., et al. (2017). Risk of suicide, deliberate self-harm and psychiatric illness after the loss of a close relative: A nationwide cohort study. *World Psychiatry*, 16(2), 193–199.

Future improvement priorities

Promoting continuous improvement in the quality and safety of VAD is one of the Board's core functions. Through its case reviews, engagement with practitioners, and analysis of program data and feedback, the Board identifies areas where the program can be strengthened and barriers to equitable and timely access reduced.

Commonwealth telehealth prohibition

The Commonwealth's Criminal Code continues to prohibit the use of electronic carriage services for communications that counsel or incite suicide, without distinguishing VAD from suicide.

A 2023 Federal Court judgment confirmed that health practitioners using electronic communications for VAD activities risk breaching the Criminal Code. This prevents the use of telehealth for VAD assessments, creating hardship for applicants (who are often seriously unwell) and practitioners in regional Victoria who must travel significant distances, to attend face-to-face consultations.

The Board continues to advocate, alongside the Trans-Tasman VAD Board Chairs Forum and other Australian jurisdictions, for a change to Commonwealth law to enable telehealth for VAD consultations. While some public commentary has raised concerns about using telehealth for VAD consultations, these risks can be managed through existing and additional safeguards.

Workforce sustainability

The Board continues to monitor workforce capacity trends to ensure the VAD program can meet current and anticipated future demand. While the amendments to the Act will expand the pool of eligible practitioners by creating the new administering practitioner role and easing qualification requirements, structural challenges remain.

The program continues to rely on a comparatively small cohort of committed practitioners who carry substantial caseloads alongside their existing clinical responsibilities.

The demanding nature of VAD work, which involves sustained engagement with patients

at the end of life and the emotional weight that accompanies it, underscores the need for adequate support structures for participating practitioners.

The Board continues to encourage investment in peer support, professional development and sustainable workload models.

The Board also notes that there continues to be no Medicare Benefits Schedule (MBS) item numbers specifically for the provision of VAD services in the federal funding model. This means that much of the work practitioners undertake to support applicants through the request and assessment process is unpaid. Adequate and appropriate remuneration remains a priority in supporting VAD medical practitioners to ensure a sustainable workforce that can provide the Victorian community with equitable access to VAD.

The Board recognises the compassion and commitment of medical practitioners who support people seeking VAD and continues to advocate for re-evaluation of the current federal funding model.

Access barriers at service and facility level

The Act recognises the right of individual medical practitioners to conscientiously object to involvement in VAD. In previous reporting periods, the Board has identified instances where health services and residential aged care facilities have restricted access to VAD, whether by limiting staff engagement with applicants, refusing entry to VAD practitioners on site, or requiring applicants to leave the facility to pursue their request. The Board continues to liaise directly with facilities where concerns are raised and highlight opportunities for strengthened sector guidance.

Health services and aged care facilities are expected to develop and maintain internal policies and procedures for how they respond to VAD requests and participation. In preparation for the amendments to come into effect in 2027, services are strongly encouraged to review these policies and procedures to ensure they provide clear advice on how the service handles patient or resident requests, what VAD services can be accessed, and how staff will be supported to provide or conscientiously object to providing VAD services.

Grief and bereavement support

Grief and bereavement associated with a VAD death can be a complex and challenging experience for families, support people, and practitioners.

The Board's response to a specific incident during the reporting period, discussed in the previous section, has reinforced the importance of strengthening grief and bereavement support for contact persons and families.

Dedicated grief and bereavement support services for VAD remain a recognised gap in the community. The five-year review identified this need and specifically called for enhanced community awareness of grief and bereavement supports alongside broader awareness of VAD itself. While general bereavement services exist, feedback from contact persons and families consistently indicates that grief following a VAD death can carry unique dimensions, including stigma and feelings of isolation where VAD is not well understood or accepted within a person's community.

The Board continues to investigate ways to improve the information and referral pathways provided to contact persons at key points in the process, including at the time of substance dispensing and following the applicant's death. This includes working closely with groups such as Dying with Dignity Victoria on VAD-specific grief referral pathways. A list of grief and bereavement services is provided in **Appendix 3**.

Engagement, consultation and community awareness

During 2025–26, the Board continued to engage with the Victorian community, government departments and agencies, medical practitioners, and organisations with an interest in VAD. This engagement supports the Board's oversight role and helps ensure the program remains responsive to the needs of patients, practitioners and the broader community.

The Board also continued to work with the Department of Health to improve the presentation and accessibility of public information about VAD, including through the department's dedicated website.

The removal of the restriction on health practitioners initiating VAD discussions, which takes effect with the commencement of the amendments in 2027, is expected to be the most significant step toward improving community awareness of VAD as an end-of-life option. This has been evidenced in this reporting period by the growth in demand for access to VAD due in part to the public discourse surrounding the debate and passage of the legislated amendments.

Voluntary assisted dying across Australia

When Victoria's *Voluntary Assisted Dying Act 2017* (the Act) commenced in June 2019, it established the first state-based legal framework for VAD in Australia. All other Australian states, the Australian Capital Territory, and New Zealand have since introduced their own legislation, and the Northern Territory is set to introduce legislation for VAD in 2026. VAD is now an established part of end-of-life care across the country.

Victoria's position as the first Australian jurisdiction whose VAD legislation has remained in effect means it was necessarily drafted without the benefit of observing other Australian models in practice. As the national evidence base matures, it provides an increasingly robust foundation for the kind of considered, evidence-informed refinement that the Amendment Act represents.

With almost all Australian jurisdictions now operating VAD programs, cross-jurisdictional comparison offers a valuable lens through which to consider Victoria's program and its impacts. The value in this comparison lies in identifying where different legislative settings, service models, and resourcing choices produce different outcomes for the people these programs are designed to serve. Direct comparison requires some caution: each state's legislation reflects different policy choices, and reporting practices are not yet fully harmonised despite ongoing work through the Trans-Tasman VAD Board Chairs Forum to refine a national minimum dataset. The most recent cross-jurisdictional data, as reported by Go Gentle Australia in its 2026 State of VAD report, covers the 2024–25 reporting period across all states. The observations in this section are drawn from that dataset and from data published by each jurisdiction's oversight body.

Uptake

VAD accounts for a small proportion of all deaths in every Australian jurisdiction. In 2024–25, the national figure was about 2%. Victoria's rate was the lowest among the states at 0.9%, compared with 2.8% in Queensland, 2.6% in Western Australia, 2.1% in Tasmania, 1.7% in New South Wales and 1.6% in South Australia.¹⁴

Victoria also recorded more modest growth in activity than other states during 2024–25. Applications increased by 9% and VAD deaths by 4%, while several other jurisdictions saw year-on-year increases of between 30 and 70%. This disparity is notable given that Victoria's legislation is closely modelled by South Australia, which recorded growth of 46% in applications and 61% in deaths over the same period. It is notable that in 2025–26 activity in Victoria grew by almost 40% compared to 2024–25.

Method of administration

One of the most marked differences between jurisdictions relates to how the VAD substance is administered. Under the Act as it operated during this reporting period, self-administration was the default in Victoria. Practitioner administration was available only where an applicant was assessed as physically unable to self-administer or digest the substance. Several other states take a different approach: Queensland, New South Wales and Tasmania allow applicants to choose their preferred method in consultation with their care team, and the Australian Capital Territory provides a fully independent choice.

These legislative settings produce starkly different outcomes. In 2024–25, 77% of VAD deaths in Victoria involved self-administration. In jurisdictions offering greater choice, the pattern is reversed: practitioner administration accounted for 94% of deaths in Western Australia, 82% in New South Wales and 73% in Queensland. Nationally, excluding Tasmania (which uses different definitions), practitioner administration accounted for 58% of all VAD deaths.

¹⁴ Go Gentle Australia. (2026). State of VAD 2026: Voluntary assisted dying in Australia & New Zealand. Go Gentle Australia.

Under the amendments commencing in 2027, applicants will be able to choose their preferred method of administration in consultation with their medical practitioner, and the current distinction between self-administration and practitioner administration permits will be replaced by a single permit type. These changes will bring Victoria closer to the approach operating in most other jurisdictions.

Palliative care engagement

Across all jurisdictions, the large majority of people who apply for VAD are accessing or have recently accessed palliative care services. In 2024–25, this ranged from 75% of applicants in Victoria and 76% in Queensland to 88% in New South Wales, with a national average of approximately 82%. These figures are consistent with the evidence, reinforced across all jurisdictions and over successive reporting periods, that VAD operates alongside palliative care, rather than as an alternative to it.

The Board notes that the number of Palliative Care specialists who are registered as a VAD medical practitioner in Victoria remains low, at 10 (Figure 14).

Workforce

The sustainability and distribution of the clinical workforce is a shared challenge. Across Australia, a substantial proportion of practitioners who complete VAD training do not go on to participate in a case. In Victoria in 2024–25, 54% of the state's 423 registered practitioners were active during the year, and assessment activity remained concentrated among a relatively small number of clinicians.

Caseload distribution varies considerably across jurisdictions. In 2024–25, Victoria recorded 3.5 applicants per registered VAD practitioner, the lowest (best) ratio among the states reporting comparable data. Queensland recorded 13.1 and Western Australia 11.4. These figures reflect the relationship between the size of each jurisdiction's practitioner workforce and the volume of applications received in that jurisdiction. Victoria's overall application numbers are set out earlier in this report.

Research and data

Under the Act, the Board has the function of conducting analysis and research in relation to information provided to it in accordance with the Act. As VAD becomes an established component of end-of-life care in Australia, the research environment continues to develop, and the Board is committed to contributing to and facilitating this work.

The Board's Research Working Group oversees and co-ordinates VAD-related research, including leading collaborations with external research groups.

Publications

The Board did not author any research publications in 2025–26.

However, in April 2026, the Board presented at the International Conference on Assisted Dying and Other End of Life Care (ICEL5). The presentation explored differences in VAD uptake between metropolitan and regional Victoria, including whether the distribution of VAD medical practitioners across the state may contribute to inequitable access and that this warrants further research.

Data governance

The Board endorses requests for data under an established framework for data sharing. Under the Act, the Board is authorised to undertake research with data and to share de-identified data for research purposes. Board members continued to contribute to research collaborations over the past year.

This year, the Board endorsed 5 external requests for data, relating to service improvement, workforce planning and research.

Voluntary assisted dying minimum dataset

The Board continued to work with other Australian jurisdictions and New Zealand to refine a nationally agreed minimum dataset. This dataset supports the harmonisation of recording and reporting practices and underpins the cross-jurisdictional comparisons presented in the *Voluntary assisted dying across Australia* section of this report.

Looking ahead

The 2025–26 reporting year marks the final full year of the VAD program's operation under the original legislative settings. The *Voluntary Assisted Dying Amendment Act 2025* (the Amendment Act) introduces significant changes to the *Voluntary Assisted Dying Act 2017* (the Act) that will commence in 2027. The Board welcomes these reforms.

Changes under the amended Act

The Amendment Act covers a range of matters, relating largely to 3 areas: expanding who can access VAD, and when; expanding choice in how the substance is administered; and strengthening the workforce and reducing barriers to participation.

Several of these changes respond to matters the Board and the five-year review have identified over successive reporting periods, including access barriers for applicants with shorter prognoses, participation constraints affecting regional practitioners, and the point in a person's illness at which they become aware of VAD as an end-of-life care option.

A summary of the individual changes is set out in Figure 17 below.

What the Board expects to report on in 2026–27

The Board's sixth annual report in 2027 will be the first to cover a reporting period in which the amended Act comes into effect. The Board anticipates reporting on the early impact of the amendments, including changes in the balance of self-administration and practitioner administration following the introduction of applicant choice, the uptake of the administering practitioner role, any shifts in practitioner engagement, application timing or regional access patterns, and the practical effects of removing the restriction on health practitioners initiating VAD discussions during end-of-life care conversations.

The Board will also continue to monitor and report on the areas of ongoing focus outlined in this report, including workforce sustainability, access barriers, the Commonwealth prohibition on the use of telehealth communications for VAD, and community awareness.

A program that continues to grow

Seven years after the Act came into effect, VAD is an established and trusted part of Victoria's end-of-life care landscape. The program has grown in every reporting year, supported by the dedication of medical practitioners, care navigators, pharmacists, families, carers and loved ones who walk alongside applicants through the process.

The amendments that will take effect in 2027 reflect what has been learned over those 7 years. They are designed to make the program more accessible, more sustainable, and better aligned with the patient-centred care that has always been its goal. The Board looks forward to supporting that transition and to reporting on its effects in the years ahead.

Voluntary Assisted Dying Amendment Act 2025, summary of key changes

Figure 17. *Voluntary Assisted Dying Amendment Act 2025, summary of key changes*

Amendments to Victoria's *Voluntary Assisted Dying Act 2017* passed parliament in November 2025 and will take effect from 19 April 2027.



Initiating discussions around voluntary assisted dying

Ahpra-registered medical practitioners, nurse practitioners, nurses, psychologists, and Aboriginal and Torres Strait Islander health practitioners will be allowed to raise voluntary assisted dying with their patients during discussion about end-of-life care options.



A new duty for conscientious objectors

A registered medical practitioner or nurse practitioner who conscientiously objects to voluntary assisted dying must advise the person that another practitioner may be able to help, and provide contact details for the Statewide Care Navigator Service and the Department of Health.



Broader eligibility, with a new exemption pathway

Eligibility now extends to people who have been ordinarily resident in Australia for at least 3 years, as well as those who are citizens or permanent residents of Australia, in addition to the existing Victorian residency requirement. A person unable to meet the Victorian residency criteria may apply to the Secretary for an exemption on the basis of a substantial connection to Victoria and compassionate grounds.



A 12-month prognosis timeframe for all conditions

The requirement that a person's condition be expected to cause death within a set period is now standardised at 12 months, replacing the previous distinction between 6 months for most conditions and 12 months for neurodegenerative conditions.



One less specialist opinion required

The requirement for a third specialist opinion in certain neurodegenerative condition cases has been removed. All eligible conditions are now assessed through the standard two-practitioner pathway.



A shorter wait between first and final request

The minimum period between a person's first request and final request has been reduced from 9 days to 5 days.



Reduced experience requirement for co-ordinating and consulting practitioners

At least one of the medical practitioners assessing VAD eligibility will need to have practised for at least one year following specialist or vocational registration, instead of 5 years post-fellowship as currently required. A new administering practitioner role also extends authority to administer VAD substances to registered nurses (with at least 5 years' registration) and nurse practitioners.



Health practitioner eligibility to provide voluntary assisted dying

A health practitioner who provides voluntary assisted dying will be prohibited from being a family member or beneficiary of the person who is accessing voluntary assisted dying.



A new administering practitioner role

Practitioner administration can now be carried out by a registered medical practitioner, a nurse practitioner, or a registered nurse with at least 5 years' registration, widening the workforce able to support this pathway.



Choice over method of administration at any time

A person may decide, in consultation with their co-ordinating practitioner, whether to self-administer the substance or have an administering practitioner administer it. This decision can be made or changed at any point after the final request, including after a permit is issued.



A single permit for administration

Separate self-administration and practitioner administration permits have been replaced with one voluntary assisted dying permit, which authorises the method the person has chosen. This means that administration method and contact person changes can occur without the need for a new permit.



A new exemption for interpreter accreditation

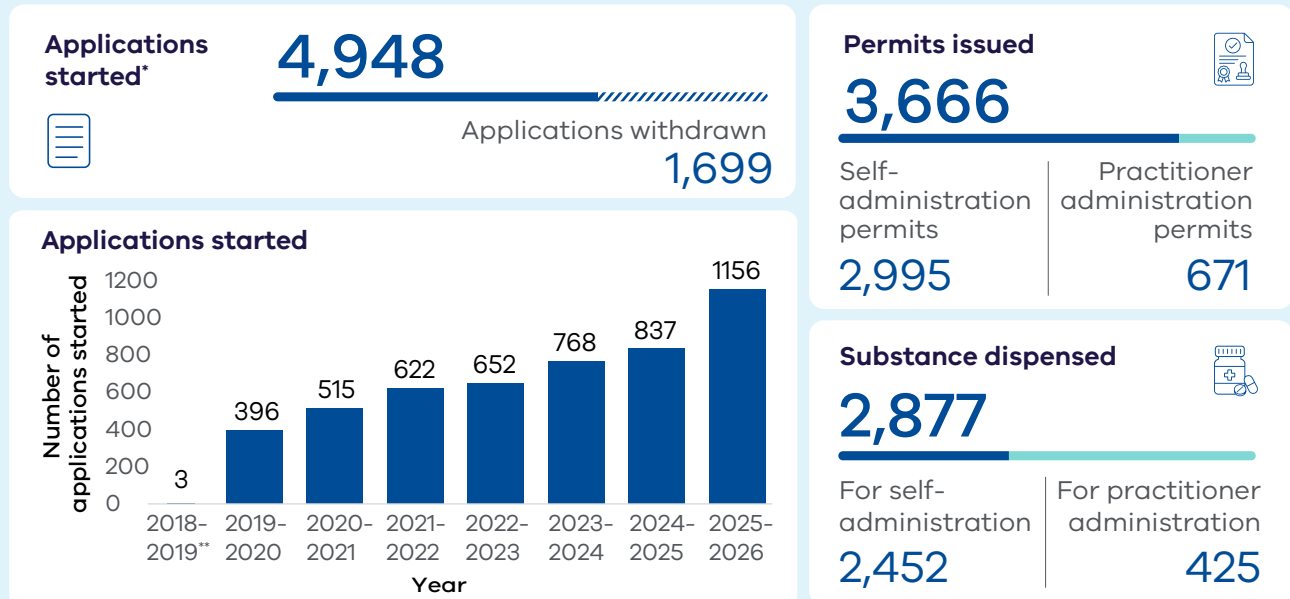
A person can apply to the Secretary of the Department of Health for an exemption to the requirement that an interpreter be accredited, in exceptional circumstances.

Appendices

Appendix 1: Minimum dataset since commencement of the legislation

Figure 18. Voluntary assisted dying minimum dataset 19 June 2019 – 30 June 2026

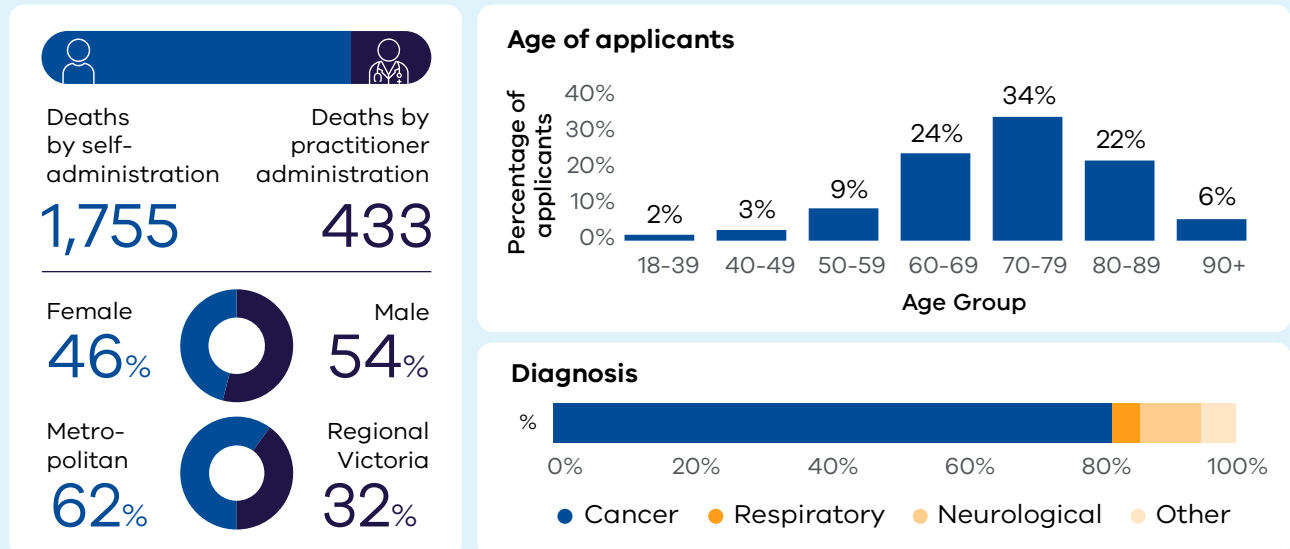
VOLUNTARY ASSISTED DYING APPLICATIONS



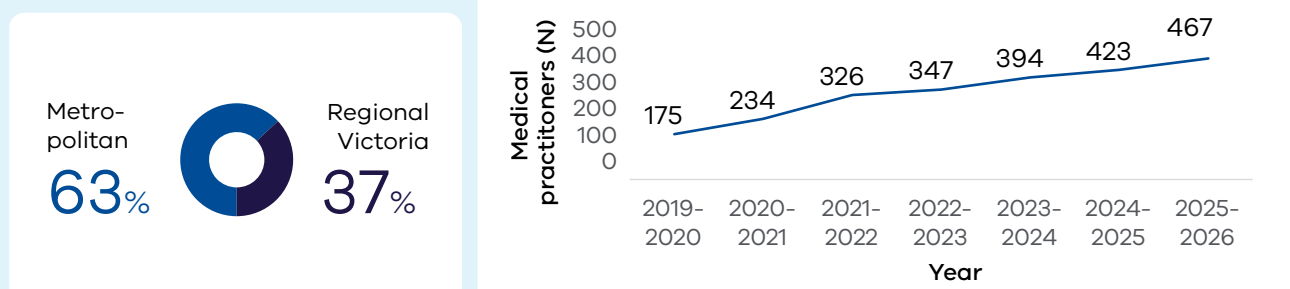
* 'Applications started' counts new VAD cases created in the Portal each year. Not all cases result in a form being submitted or completed in the same financial year, but this indicates the maximum number of applications commenced.

** Voluntary assisted dying became available on 19 June 2019. In the last 12 days of the 2018-19 year, 3 applications were started.

PEOPLE WHO APPLIED FOR VOLUNTARY ASSISTED DYING



VOLUNTARY ASSISTED DYING MEDICAL PRACTITIONERS



Appendix 2: Applying for voluntary assisted dying

How to access VAD

A person interested in VAD can ask their doctor to help them to access VAD.

The Statewide Care Navigator Service can provide information and support to find a trained medical practitioner to discuss the process with you.

Email the service on vadcarenavigator@petermac.org or call 03 8559 5823.

Currently, a potential applicant must ask a medical practitioner directly about VAD to commence a conversation on the subject. Throughout 2025 and 2026, medical practitioners, by law, are unable to start a conversation about the process without a direct request from a person who wishes to make an application.

From April 2027, Ahpra-registered medical practitioners, nurses, nurse practitioners, psychologists and Aboriginal and Torres Strait Islander health practitioners will be able to raise voluntary assisted dying in end-of-life care discussions.

You can ask for support from an interpreter or speech pathologist. They can help you with your application.

Who can access VAD

The Act outlines the eligibility criteria. A medical practitioner who has completed VAD training will conduct an assessment to determine eligibility to proceed with a request.

The medical practitioner will assess both demographic and medical information. They must determine that an applicant is:

- over 18
- an Australian citizen or permanent resident
- has ordinarily been a resident of Victoria for at least 12 months at the time of the first request.

From April 2027, a person with a substantial connection to Victoria will be able to apply to the Secretary for an exemption from the Victorian residency requirement on compassionate grounds.

The applicant must have decision-making capacity. They must be diagnosed with a disease, illness or medical condition that is:

- incurable
- advanced, progressive and will cause death within 6 months (or 12 months for a neurodegenerative condition)
- is causing suffering to the person that cannot be relieved in a manner that the person considers tolerable.

From April 2027, the prognosis requirement will be 12 months for all eligible conditions, removing the current distinction between neurodegenerative and other conditions.

What you need before you make a first request

You should prepare your identity documentation. Applicants need to show that they are over 18 years of age, that they are an Australian citizen or permanent resident, and that they have resided in Victoria for 12 months or more prior to the first request date.

Medical practitioners need to see this documentation and keep a copy of it as part of the process.

What medical practitioners assess

The Act requires that co-ordinating and consulting medical practitioners must assess that the applicant meets the eligibility criteria outlined in the Act.

They must also assess whether a person is acting voluntarily and without coercion, and that their request is enduring.

How long the process will take

The VAD process requires time and thoughtful planning. On average, once a first request is made, it takes about 20 days to receive a permit.

The VAD assessments can take time to complete, even if all the documentation and information is available at the initial appointment.

There is provision in the Act to shorten the process. However, this is only for a patient unlikely to survive more than 9 days after their first request.

Once the application process is complete, the permit can take up to 3 business days to be approved, after which the substance can be prescribed by the co-ordinating medical practitioner and a booking with the Statewide Pharmacy Service for delivery of the substance can be made.

If you are unable to access information or support for progressing an application, contact the Statewide Care Navigator Service to discuss your options. In some cases, you may need to move to another hospital or palliative care setting to complete the process.

The Board supports the right of practitioners to conscientiously object to the process. Currently, the Board encourages practitioners who do not wish to be involved to provide information about the Statewide Care Navigator Service to people who ask about accessing VAD.

From April 2027, medical practitioners who conscientiously object will be legally required to tell patients that another practitioner of health service may be able to assist, and to provide information on the Statewide Care Navigator Service and Department of Health website.

Why you need to provide a contact person

Applicants must appoint a contact person if self-administering the substance. The person is responsible for returning any unused substance to the Statewide Pharmacy Service.

Applicants may wish to have the contact person support them in preparing the substance before it is administered.

The Board invites contact people to provide feedback on the application process and their experience.

Access to VAD in aged care or palliative care

VAD is a legislated process in Victoria. However, individual medical practitioners have the right to conscientiously object to involvement in the process.

Why applicants need to see more than 2 medical practitioners

Applicants with a neurodegenerative disease, illness or medical condition with a prognosis of 6–12 months will be referred by the co-ordinating medical practitioner for a third specialist opinion as part of the assessment process.

A specialist medical opinion may be sought by either medical practitioner to ascertain decision-making capacity. This may be necessary due to the applicant's medical condition or history.

If an applicant has a disease, illness or medical condition that is rare, or that the assessing medical practitioner does not have the relevant experience or expertise to assess in relation to eligibility to access VAD, the medical practitioner may refer the person for a specialist opinion to inform their assessment process.

From April 2027, the mandatory third opinion for neurodegenerative conditions will no longer be required. All applicants will be assessed by 2 medical practitioners only, though referral for a specialist opinion can still occur if needed.

Why applicants need to see medical practitioners in person

Commonwealth law prohibits the use of a carriage service (such as telephone or telehealth) for suicide-related material. This definition may include VAD. This means that in states where VAD is legal, medical practitioners must see an applicant in person to complete the assessment process.

The Board, alongside our peers in other Australian jurisdictions, understands that this affects regional patients and those unable to travel due to advanced illness, limited mobility or other reasons.

The Board has raised this issue with the Commonwealth Attorney-General and discussed the impact with other jurisdictions.

Although we are confident a resolution to this restriction will be reached, we empathise that this currently has an adverse impact on applicants.

People unable to travel to see a medical practitioner in person are encouraged to contact the Statewide Care Navigator Service to discuss other options to complete an assessment.

Appendix 3: Statewide services and support organisations

Voluntary Assisted Dying Review Board Secretariat

VADBoard@health.vic.gov.au

Statewide Care Navigator Service

vadcarenavigator@petermac.org

03 8559 5823

Statewide Pharmacy Service

statewidepharmacy@alfred.org.au

Palliative Care and Voluntary Assisted Dying, Department of Health

EndofLifecare@health.vic.gov.au

Join a community of practice

For healthcare professionals who support people to access voluntary assisted dying.

vadcarenavigator@petermac.org

For medical practitioners who have completed the voluntary assisted dying training.

vadcommunity@westvicphn.com.au

Grief and bereavement services

Grief Australia (call 1800 642 066) provides a statewide specialist bereavement service (including counselling and support groups) for individuals, children, and families.

Griefline (call 1300 845 745) provides free and confidential counselling, resources and information to people experiencing grief and loss across Australia.

Palliative Care Victoria

(www.pallcarevic.asn.au) provides information and resources about grief and loss, including details for grief and bereavement services.

Lifeline (call 13 11 14) provides telephone or online support and counselling 24 hours a day, 7 days a week.

13YARN (www.13yarn.org.au) offer a one-on-one yarning opportunity with Lifeline-trained Aboriginal & Torres Strait Islander Crisis Supporters 24 hours a day, 7 days a week.

Beyond Blue (call 1300 224 636) provides support 24 hours a day, 7 days a week, with options including telephone, online, email and forums.

Appendix 4: Voluntary Assisted Dying Review Board membership

Board Members

At the end of the 2025–26 reporting year, the Board had 9 members representing a wide range of expertise and skills to help perform the functions and duties of the Board.

The Board farewelled Paula Shelton and John Clements at the conclusion of this reporting period, both inaugural members of the Board, and welcomed the appointment of new members Jennifer Morris and Eleanore Fritze to commence in July 2026.

Photograph from left to right: Euan Wallace, Greg Mewett, Geraldine Goss, Nerina Harley, Paula Shelton, Peter Lange. (Absent: Donna Goldsmith, John Clements, Emma Felman)



Chairperson

Euan Wallace AM

Clinical academic

Deputy Chairperson

Paula Shelton

Lawyer

Members

John Clements

Consumer representative
and IT consultant

Donna Goldsmith

Registered nurse, researcher
and consumer representative

Nerina Harley AM

Intensivist, nephrologist and
general physician

Greg Mewett

Palliative care physician

Emma Felman

Lawyer

Geraldine Goss

Medical oncologist and
palliative care physician

Peter Lange

Geriatrician and general
medicine physician

Table 14. Record of 2025–26 attendance for Board membership on 30 June 2026

Board Member	Euan Wallace AM	Paula Shelton	John Clements	Emma Felman	Donna Goldsmith	Geraldine Goss	Nerina Harley AM	Peter Lange	Greg Mewett
Attendance record	100%	92%	100%	67%	83%	83%	92%	67%	92%

