VADANZ Submission to the Inquiry into Access to and Affordability of Medical Specialists in Australia
October 2026

About VADANZ

Voluntary Assisted Dying Australia and New Zealand (VADANZ) is the peak body representing multidisciplinary health professionals providing voluntary assisted dying (VAD) care in Australia and Aotearoa New Zealand. We are an independent, member-based, not-for-profit registered charity in Australia. VADANZ supports high-quality, equitable and sustainable VAD care.

VADANZ thanks the Committee for the opportunity to contribute to this inquiry. We would be pleased to provide further information, including practitioner perspectives on how specialist availability, geographic access and affordability affect people seeking VAD.

Executive Summary

A lack of appropriately qualified specialists is a barrier to VAD access for some terminally ill people.

- In both Victoria and South Australia, state VAD legislation requires at least one of the eligibility assessments to be conducted by a specialist in the person's disease, illness or medical condition.[1, 2]
- The availability, distribution and affordability of specialists in these states therefore directly affects whether a person can access VAD.
- What's more, eligible VAD applicants have advanced and progressive illnesses; even relatively short delays or travel requirements can be the difference between someone accessing VAD, or not.

VADANZ Recommendations

- **Amend the outdated Commonwealth Criminal Code so that virtual care can be used in VAD care.** This would allow better access to specialist assessment for VAD applicants who are too unwell to travel to metropolitan centres.
- **Upskill and incentivise regional specialists to provide end-of-life care and support**, including undertaking VAD training.
- **Amend the MBS Explanatory Notes to allow the VAD process to be claimed under existing MBS items.** This would encourage regional specialists to provide VAD care, much of which they currently provide without any remuneration.

[1] *Voluntary Assisted Dying Act 2017* (Vic) s 10 (2)
[2] *Voluntary Assisted Dying Act 2021* (SA) s 27

The Victorian experience

The most recent data shows that, of the 459 VAD applicants in regional Victoria in the period of 2025/6,[3] many struggle to find a specialist who is qualified to assess them for VAD, as is required by the Victorian legislation. If you have a neurological condition, there are just two VAD-trained neurologists able to provide a VAD assessment in regional Victoria. Given 8.6% of applicants in July 2024-June 2025 had a neurological condition, this means two neurologists conducted all the VAD assessments for around 40 people in a one year period.

The picture is similar for people with a cancer diagnosis. There are only 22 VAD-trained medical oncologists in regional Victoria, compared to 48 in Greater Melbourne,[3], who between them provided VAD care for 3799 VAD applicants. Usually, their VAD workload is assumed on top of their usual case load.

The difficulty in accessing VAD-trained specialists in regional Victoria means delays or that regional VAD applicants must travel to metropolitan areas to access specialist care. Unfortunately, for some dying people who have very short prognoses, this can prevent their VAD access altogether.

The data show that it takes regional VAD applicants five days longer to get through the VAD process than metropolitan applicants due to difficulty accessing specialists.[4] For a person at the end of life, this can mean they die while waiting to complete the VAD process. In Victoria in 2025–26, 1097 applicants were found eligible at first assessment, while only 973 consulting assessments were completed.[5]

The Victorian VAD Review Board, the state's legislated independent oversight body, has identified the difficulty in accessing a consulting practitioner with appropriate medical specialisation as a reason some applications were withdrawn; this is even more relevant in regional areas. "Regional patients and practitioners may have to travel significant distances to facilitate the required in-person assessments and discussions about VAD. In some instances, coordinating medical practitioners have been unable to progress an applicant's request because there were no consulting medical practitioners who could practicably travel to the applicant's location".[6]

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[3]Victorian Voluntary Assisted Dying Review Board, 'Voluntary assisted dying review board annual report July 2025 to June 2026' Victoria State Government, 7 September 2026, https://www.health.vic.gov.au/voluntary-assisted-dying/voluntary-assisted-dying-review-board

[4] The median time taken to complete the process from first request to permit issue is 24 days for regional Victorians compared to 19 days for metropolitan applicants. Victorian Voluntary Assisted Dying Review Board 2026

[5]Victorian Voluntary Assisted Dying Review Board 2026

[6] Victorian Voluntary Assisted Dying Review Board, 'Voluntary assisted dying review board annual report July 2024 to June 2025' Victoria State Government, 21 October 2025, https://www.health.vic.gov.au/sites/default/files/2025-10/voluntary-assisted-dying-review-board-annual-report-2024-25.pdf

The South Australian experience

VAD applicants in South Australia face similar difficulty in accessing VAD-trained specialists as those in Victoria. In South Australia, there are only three VAD-trained neurologists and nine VAD-trained medical oncologists in the entire state. Just 28% of South Australian VAD practitioners are based within regional local health networks[7]. This means dying people in South Australia face the same choices as those in regional Victoria; travel to a metropolitan doctor or delay their care until a doctor can visit them. This is represented in the data; regional access relies in part on metropolitan practitioners, with around 12% of first assessments for regional patients undertaken by practitioners in metropolitan areas.[7]

Compounded by a lack of remuneration

VAD practitioners face inadequate remuneration, unable to claim the full costs of the care they provide through existing MBS items. For example, medical specialists are not able to claim MBS reimbursement for any home visits with limited exceptions. 27% of VAD practitioners report providing unpaid care.[8] This discourages practitioners from participating in VAD care and contributes to an unsustainable workforce.

Further compounded by Telehealth restrictions

Geographic barriers are compounded by Commonwealth restrictions on the use of carriage services for aspects of VAD care[8]. These restrictions limit the use of virtual care for most VAD care, and require practitioners and patients to travel for appointments that could otherwise occur remotely.

Kind regards,



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Julian Gardner AM
Chair, VADANZ

[7] South Australian Voluntary Assisted Dying Review Board, 'Voluntary assisted dying review board annual report 2024–25', SA Health, 31 October 2025, https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/resources/voluntary+assisted+dying+review+board+annual+report+2024-25

[8] *Criminal Code Act 1995* (Cth) s 474.29A