



21 May 2026

The Hon Michelle Rowland MP  
PO Box 6022  
House of Representatives  
Parliament House  
Canberra ACT 2600

By online contact form: [ministers.ag.gov.au/hon-michelle-rowland-mp/contact](https://ministers.ag.gov.au/hon-michelle-rowland-mp/contact)

Dear Attorney

**RE: Your response to the public about the Criminal Code and voluntary assisted dying**

We write to you as President and Chair of VADANZ, the peak body for voluntary assisted dying (VAD) health professionals practising in Australia and New Zealand, to express alarm regarding your department's response to members of the public who are concerned about the Criminal Code's application to VAD.

VADANZ has been made aware of several occasions where the Attorney-General's department has included the following wording in correspondence to members of the public:

The Government understands there are a range of complex issues arising out of the interaction between Commonwealth legislation and state and territory voluntary assisted dying schemes. These interactions include the impact of offences in the Criminal Code on medical professionals' ability to use telehealth for voluntary assisted dying consultations with terminally ill patients. **These offences are important to deter ill-intentioned individuals from encouraging vulnerable people to self-harm** and any amendments to these provisions, including their relationship with state and territory voluntary assisted dying laws, requires careful consideration.

The statement highlighted above reveals an unfortunate lack of understanding of the VAD process or, at worst, a deliberate attempt to mislead the public who, as polling has revealed, are in the majority supporters of VAD, and who have embraced the use of telehealth, especially in regional Australia.

VADANZ strongly disputes the suggestion that the Criminal Code's restrictions on VAD communication are necessary to prevent malicious actions by health professionals. Not only does this inference lack evidence, but it also risks undermining public confidence in Australia's health system and misrepresents VAD care as self-harm. We ask you to withdraw this statement with immediate effect and consider your role in perpetuating stigma around legally available health care.

**There is no evidence of ill-intention among VAD health professionals.** The VAD process is scrutinised by dedicated oversight bodies in each jurisdiction and there is close to 100% compliance with state and territory VAD legislation. Rare cases of non-compliance are administrative in nature and none has involved eligibility nor impacted patient safety. No VAD deaths have been referred to police or a Coroner anywhere in Australia. Instead, the oversight bodies have unanimously called for reform where the Criminal Code impacts VAD care delivery. The Commonwealth's imposition of criminal liability should be proportionate to risk. Almost seven years of VAD practice in Australia find no evidence of this risk; VAD clinicians work within safeguarded and legal VAD frameworks.

**Second, statements of this nature undermine public confidence in Australia's health system** and do great injustice to the hardworking health professionals who provide high-quality and timely VAD care to dying people across Australian states and territories *in spite of* significant and persistent impediments imposed by the Criminal Code's restrictions on communication. VADANZ believes the department's statement is defamatory to Australia's multi-disciplinary and dedicated VAD workforce.

**Third, the chosen wording misrepresents VAD as self-harm.** The professional use of the term "self-harm" is restricted to behaviours engaged in by persons under extreme emotional distress and rarely associated with the intention to commit suicide. As such, the use of this term in the context of VAD is incorrect and misleading. VAD provides choice to people who have a terminal illness and are approaching the end-of-life with a documented limited prognosis about the manner and timing of their death. It should not be equated with self-harm or suicide, which can both be treated with the right support and care.

In 2023 Lifeline, Beyond Blue, Black Dog Institute and Everymind issued a joint statement to this effect that highlighted that 'the words we choose ... matter'. It said:

Suicide prevention and VAD should be discussed separately. Confusing these terms can delay access to suicide prevention services for people in distress, and complicate or delay care for people with terminal illness who are seeking an additional choice at the end of life.

In any public communication, it is important that we refrain from talking about VAD as suicide or using language that associates the two.

We ask all governments, people working in suicide prevention, commentators and the media to uphold this distinction in the language we use about VAD to ensure our communities get the right information and support.


Equating VAD and self-harm does the same damage. In an age of misinformation, the wording issued by your department does not meet the high standards of accuracy, consideration and care that we would expect of government communications.

Moreover, important safeguards embedded in the VAD process (such as multiple assessments, separated in time) ensure that the applicant is not in a state of emotional distress. In fact, any sign of distress makes them ineligible to proceed.

Preventing the use of carriage services to discuss VAD continues to unnecessarily disadvantage a significant number of people in Australia. Telecommunications, and in particular telehealth, have an important role to play in ensuring equitable access and person-centred care where in-person care is not feasible. Telehealth is used routinely in the assisted dying process in New Zealand. Australia is the only jurisdiction worldwide to criminalise the use of telehealth.

As President and Chair of VADANZ, we would be delighted to meet to address any misunderstanding by you or those in your department about VAD and discuss the impacts of the Criminal Code on VAD care delivery. We also point you towards the [VADANZ position statement](#) on this issue.

Yours faithfully



Dr Andrea Bendrup  
President, VADANZ

Julian Gardner AM  
Chair, VADANZ