SSM - Qualitative Research in Health 10 (2026) 100857

Contents lists available at ScienceDirect

SSM - Qualitative Research in Health

journal homepage: www.journals.elsevier.com/ssm-qualitative-research-in-health

Did doctors' moral experiences of providing assisted dying align with their expectations? A qualitative longitudinal study of doctors in Queensland, Australia

Laura Ley Greaves *, Rachel Feeney, Lindy Willmott, Ben P. White

Australian Centre for Health Law Research, Faculty of Business and Law, Queensland University of Technology, Brisbane, Qld, Australia

ARTICLE INFO

Keywords:
Euthanasia
Physicians
Suicide
Assisted
Assisted dying
Moral distress
Medical Aid in dying
Moral injury
End of life care

ABSTRACT

Rationale: Assisted dying (AD) is now legal in all Australian states, joining a growing number of countries internationally which permit the practice. Limited studies have investigated the moral impact of AD participation on doctors, despite their essential role in the process.

Objective: This study aims to establish whether there is alignment between doctors' expectations of providing AD and their experiences one year into practice.

Methods: Qualitative longitudinal research methods were used to conduct and analyse semi-structured interviews with 14 participants in Queensland, Australia. Interviews were conducted at two time points: during the implementation phase and then one year after AD was available.

Results: Longitudinal analysis identified three main themes comparing provider expectations with the experiences over the first year of AD: expectations and experiences of moral distress; positive moral expectations and experiences; and experiences of moral uncertainty. Participation in AD was experienced as more positive than expected with appropriate support in place. Moral distress resulted from barriers to patient access to AD and the prolongation of their suffering, rather than from participation or administration of AD.

Conclusion: These findings highlight what could prevent or reduce moral distress for those involved in AD. This includes removing system barriers to patient access to AD; improving moral dialogue around AD and providing support for those involved. This may assist in workforce sustainability and implementation of AD in jurisdictions considering AD reform.

* Corresponding author. Australian Centre for Health Law Research, Queensland University of Technology, GPO Box 2434, Brisbane, Qld, 4001, Australia.
E-mail address: laurafiona.leygreaves@hdr.qut.edu.au (L. Ley Greaves).

https://doi.org/10.1016/j.ssmqr.2026.100857
Received 19 May 2026; Received in revised form 1 August 2026; Accepted 21 August 2026
Available online 17 September 2026
2667-3215/© 2026 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY license (http://creativecommons.org/licenses/by/4.0/).