

VAD Quality Care Principles

Introduction

Voluntary assisted dying (VAD) is a legally available end-of-life option for eligible adults across Australia and Aotearoa New Zealand.

VADANZ, in conjunction with VADANZ members, has developed ten VAD Quality Care Principles to guide the practice of safe, high-quality and person-centred VAD care by clinicians. VAD clinicians include health professionals across medicine, nursing, pharmacy and allied health.

Although VAD care relies on a range of operational and administrative support, these principles are intended for clinicians providing VAD care in Australia and New Zealand.

Statement of underlying principles

The VAD Quality Care Principles support care that is safe, person-centred, aligns with a person's values, is accessible and equitable, integrates with other end-of-life and palliative care services, and continues after a person dies.

The VAD Quality Care Principles support a workforce that strives towards sustainable VAD services, clinical improvement and prioritises compassionate care, clinical safety and compliance with relevant legislation.

VAD care operates within a framework that recognises every human life has equal value and that every individual possesses inherent dignity. Clinicians must deliver care with absolute compassion, respect, and a commitment to minimising suffering while maximising quality of life.

VAD Quality Care Principles

The *VAD Quality Care Principles* provide VAD clinicians with a consensus-based best practice approach to providing safe, high-quality and person-centred VAD care for people who are approaching the end of life and have requested VAD.

Safe, high quality and person-centred VAD care should:

1 Prioritise clinical safety and best practice

VAD care must be clinically sound and aligned with recognised professional standards to ensure that all VAD practice is safe and consistent.

Clinicians must:

- Use the best available evidence, clinical judgement and recognised clinical guidance to support safe, consistent care
- Provide the person with all the necessary information, in a way the person understands, to support free and informed decision-making at every stage of the VAD process



- Maintain clear and contemporaneous clinical documentation covering assessments and decision-making.

2 Be person-centred and person-led

VAD care should respect a person's choices and right to direct their own care.

Clinicians should:

- Acknowledge the person as an expert in their own life and experience
- Support the person to set goals of care that guide clinical decision-making
- Encourage the involvement of the person's family, carers and health professionals, if appropriate.

3 Respect a person's cultural values, needs and wishes

VAD care should respect a person's individual values, preferences, needs and cultural context.

Clinicians should:

- Be sensitive and respond to cultural safety, inclusivity and individual needs to ensure equitable access to VAD
- Accommodate the person's wishes about the place and circumstances of their death, as far as practicable and safe
- Recommend to the person appropriate support and counselling as needed, ideally achieved in consultation with other treating clinical teams and/or family
- In Aotearoa New Zealand, actively uphold the principles of Te Tiriti o Waitangi to achieve equitable health outcomes, cultural safety, and self-determination for Māori throughout the VAD process.

4 Be available to eligible people who choose it

VAD care should be accessible to all and should not discriminate on the basis of a person's protected characteristics under applicable Commonwealth, state and territory anti-discrimination legislation, ethnicity, socioeconomic status, rurality or residential situation.

Clinicians should:

- Make every effort to ensure equitable access to VAD, irrespective of where a person lives or is cared for
- Provide information in accessible language and formats where available
- Ensure interpreters and/or additional supports are engaged where needed
- Provide timely referrals to support services if unable or unwilling to support a person's VAD request, including in cases where a person is found to be ineligible for VAD
- Provide timely eligibility reviews if clinically appropriate.

5 Ensure continuity of VAD care

VAD care should ensure continuity and timely transition between services, health professionals, care settings and episodes of care, irrespective of individual facilities and



professionals' beliefs regarding VAD.

Clinicians must:

- Remain timely and responsive throughout the VAD process
- Have a clear plan in place with the person, and their caregivers where appropriate, in the event that a VAD clinician is unavailable or the process is delayed
- Appropriately plan and manage the person's care, including the transfer of care between VAD clinicians and provision of clinical handover where appropriate, in line with a person's wishes.

6 Integrate VAD with end-of-life care, palliative care and support services

VAD care is an integral part of high-quality end-of-life care and should be an available choice alongside other end-of-life and palliative options.

Clinicians should:

- Discuss all available end-of-life and palliative care options with a person as part of the assessment process, and provide referrals in line with the person's wishes
- Make use of dedicated staff and VAD support services, such as Care Navigators and Clinical Advisors, to ensure people have consistent access to information and relevant services
- Foster communication and collaboration with multidisciplinary care, in recognition of the key role it plays in achieving high-quality care for people and their family and caregiver.

7 Consider the needs of the person's family and carers

VAD care ensures that the person's family and carers have access to appropriate counselling and bereavement support, where needed, both during the VAD process and after the person's death.

Clinicians should:

- Seek to understand the cultural and spiritual values of family and carers where relevant, and how these may impact how they experience of VAD
- Offer culturally appropriate information about grief and bereavement support services to families and carers, where available and appropriate
- Check for support needs among family and carers of the dying person throughout the VAD process and recommend pathways for on-going care as necessary.

8 Strive to continuously improve

VAD care should evolve over time in response to feedback, clinical best practice and emerging evidence to ensure continuous improvement.

Clinicians should, where feasible:

- Participate and collaborate in relevant VAD research and data collection
- Play a proactive role in the development of VAD-related education, training and professional guidelines to support best practice.



9 Prioritise the wellbeing of clinicians

VAD care is emotionally and professionally demanding. Organisations and teams should actively support reflection, debriefing, supervision, mentoring and access to confidential support to support clinicians to manage distress, maintain resilience and continue providing safe, compassionate care.

Clinicians should:

- Be supported when involvement with any aspect of VAD causes emotional, moral or professional distress
- Be confident to inform colleagues and/or Care Navigator teams if they need to take a break from VAD work for a period
- Be encouraged and supported by colleagues and organisations to participate in opportunities that facilitate reflection, debriefing, professional/clinical supervision and mentorship.
- Have access to prompt confidential supportive services, relevant to individual need, role and scope of practice.

10 Be lawful and compliant

All VAD care must be lawful and comply with relevant territory, state and federal law and regulation.

Clinicians must:

- Practice within the requirements of their jurisdiction's VAD legislation, and follow all relevant laws and regulations
- Meet all applicable legislative and professional requirements for the role, including undertaking mandatory VAD training and refresher training as required
- Complete required documentation, notifications and reporting accurately and within prescribed timeframes
- Comply with relevant requirements for prescribing, supplying, storing, administering and disposing of VAD substances
- Maintain records and handle personal information in accordance with applicable legal, regulatory and professional requirements.

Alignment

The principles have been mapped against and align with:

- [Australian Commission on Safety and Quality in Health Care, Guiding principles for safe and high-quality end-of-life care](#) (2023)
- [Australian Medical Association, Position Statement on VAD](#) (2025)
- [Palliative Care Australia, VAD in Australia: Guiding Principles for those providing care to people living with a life-limiting illness](#) (2022)
- [Palliative Care Australia, National Palliative Care Standards](#) (2022)
- [Aged Care Quality and Safety Commission, Strengthened Aged Care Quality Standards](#) (2025)
- [Ministry of Health, Te Ara Whakapiri: Principles and guidance for the last days of life](#) (2nd edn) (2017)
- [Health Quality & Safety Commission Te Tāhū Hauora, Standards of Palliative Care](#) (2019)
- Principles contained in relevant Australian and New Zealand legislation.
- Principles contained in relevant jurisdictions' VAD clinical guidelines.



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Disclaimer

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