

Position statement on the use of electronic communications (Carriage Service) in VAD care

Summary: VADANZ supports in-person care as the preferred standard in voluntary assisted dying (VAD), yet recognises that telehealth and other electronic communications may be necessary where in-person care is not feasible to support equitable access and person-centred care.

Where in-person care is not feasible, VADANZ supports the use of telehealth for the delivery of VAD services; including VAD eligibility assessments. If in-person support for telehealth VAD assessments is required, a registered health professional could be made available in the room to be with the patient throughout the consultation.

Decisions about the mode of care should be made by clinicians in partnership with patients, based on the patient's best interests and where equivalent clinical outcomes can be achieved. The use of telehealth does not alter professional standards, legal safeguards, or the integrity of the VAD assessment process.

1. Definitions and scope

1.1 Voluntary assisted dying (VAD) is a lawful end-of-life option in all Australian territories, the ACT and New Zealand to allow eligible, terminally ill adults to request and receive life-ending medication.

1.2 Electronic communications (Carriage Service) include phone, email, fax and text messages, and telehealth by phone and/or videoconference.

2. Electronic communications in healthcare

2.1 Electronic communications, including telehealth, are well established in health care and support high-quality, person-centred care across settings and specialties.

2.2 Evidence from Australia demonstrates that telehealth can deliver equivalent outcomes to in-person care, while improving flexibility and continuity of care.¹

2.3 In Australia, VAD is recognised as part of high-quality end-of-life care.² Electronic communications support VAD by enabling specialist input, multidisciplinary care, access where in-person care is not possible, electronic prescribing and follow-up care between appointments.

3. VAD and the Australian Criminal Code

3.1 The *Criminal Code Act 1995* (Cth), as interpreted by the Federal Court of Australia, restricts the use of electronic communications in VAD care.³ Health professionals who use electronic communications to 'counsel, promote or provide instruction' for VAD may be exposed to criminal liability under federal law.

3.2 Australian jurisdictions have adopted different interpretations of the Criminal Code, causing uncertainty for health professionals and patients.

¹ [Telehealth Post-Implementation Review Final Report](#) (2024) MBS Review Advisory Committee

² [Position statement on voluntary assisted dying](#) (2025) Australian Medical Association

³ Carr v Attorney-General (Cth) [2023] FCA 1500

3.3 Health professionals should be able to provide lawful care under state and territory legislation without fear of breaching federal law.

3.4 VAD is legally distinct from suicide under state and territory legislation, and should be treated consistently under the federal law.

3.5 No clear policy rationale supports stricter communication limits for VAD compared with other complex clinical decisions, such as refusal of treatment and palliative care.

3.6 Mandating in-person care at every stage of the VAD process disadvantages people in regional areas (including the smallest jurisdictions), people with limited mobility or advanced illness, and causes unnecessary suffering.

4. VADANZ position on the use of telehealth and other electronic communications in VAD care

4.1 In-person care is the preferred standard for end-of-life and VAD care.

4.2 Where in-person care is not feasible, including where a patient cannot travel due to location or illness, telehealth and other electronic communications may be necessary to support equitable access and person-centred care.

4.3 Where in-person care is not feasible, VADANZ supports the use of telehealth for the delivery of VAD services; including VAD eligibility assessments.

4.4 If in-person support for telehealth VAD assessments is required, a registered health professional could be made available in the room to be with the patient throughout the consultation.

4.5 Decisions regarding the suitability of telehealth should be made in partnership with patients, based on the patient's best interests and where equivalent clinical outcomes can be achieved,⁴ consistent with principles of person-led and person-centred care.⁵

4.6 Video consultations are preferred to telephone consultations.⁶

4.7 The VADANZ position is consistent with the Australian Medical Association view that prohibiting telehealth for VAD disadvantages regional and limited mobility patients: 'Legislation should not prohibit the use of telehealth to provide VAD services as this may severely disadvantage patients living in regional, rural and remote communities and those who are physically unable to travel for face-to-face consultations'.⁷

⁴ [Telehealth use in Voluntary Assisted Dying: a systematic review](#) (2025) Summers I, Reymond E, Haydon HM. Australian Health Review 49 AH25113.

⁵ [Person-centred Care](#) Australian Commission on Safety and Quality in Health Care

⁶ [Guidelines - Telehealth Consultations with Patients](#) (2025) Australian Health Practitioner Regulation Agency

⁷ [Position statement on voluntary assisted dying](#) (2025) Australian Medical Association

5. Electronic communication and standards of health care

5.1 The mode of care does not alter professional standards, legal safeguards, or the integrity of the VAD assessment process.

5.2 VAD practitioners should comply with the AHPRA [Telehealth guidance for practitioners](#) which sets expectations for all registered health practitioners.⁸

5.3 Health professionals must comply at all times with relevant Codes of Conduct: Medical Board of Australia,⁹ AHPRA's Shared Code of Conduct,¹⁰ the Nursing and Midwifery Board of Australia¹¹ and the Pharmacy Board of Australia.¹²

6. The Code's prohibition in practice

6.1 The VAD process requires sustained engagement over weeks or months, involving eligibility assessments, multiple requests, prescription handling, pharmacy services and multidisciplinary input.

6.2 At a minimum, VAD eligibility requires three in-person appointments; two eligibility assessments and a VAD pharmacy team visit. Follow up care is frequently required between appointments.

6.3 In practice, the prohibition results in:

- No use of telehealth for any part of the VAD assessment process, even where patients are housebound or unable to travel;
- Delays caused by requirements to post or hand-deliver prescriptions, in some cases resulting in patients dying before receiving medication;
- Inability of pharmacists to follow-up patient queries by phone or email, instead requiring further in-person visits;
- Ongoing legal uncertainty for VAD Care Navigator services when responding to patient queries or coordinating care.

7. Impact of Code's prohibition for patients and health professionals

7.1 Any prohibition on the use of electronic communications in VAD adds complexity, delays and risks for patients and health professionals.

7.2 For patients, it causes inequity of access for those too unwell or geographically distant to attend in-person care. The inability to use telehealth can render VAD inaccessible for some patients.

7.3 For health professionals, it requires frequent long distance travel to rural and remote areas, creating safety risks and limiting capacity to care for other patients.

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⁸ *ibid.*

⁹ [Good Medical Practice: a code of conduct for doctors in Australia](#) Medical Board of Australia

¹⁰ [Shared Code of Conduct](#) AHPRA

¹¹ [Professional Codes and Standards for Registered Nurses and Nurse Practitioners](#) Nursing and Midwifery Board AHPRA

¹² [Code of Conduct for Pharmacists](#) Pharmacy Board of Australia