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When patients seek information about voluntary assisted dying in an institutional non-participating specialist palliative care service: outcomes and learnings

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Abstract

Background: Voluntary assisted dying (VAD) legislation has been implemented across all Australian states iteratively since 2019, yet the interface between VAD and palliative care remains contentious, particularly within healthcare organisations that hold policies of institutional non-participation (INP). A paucity of data exists on the experience of patients who pursue VAD when under the care of specialist palliative care services (SPCSs) operating under INP.

Aim: To determine the incidence, characteristics and outcomes of patients accessing VAD information within a SPCS with a policy of INP.

Methods: This single-centre retrospective cohort study included adult patients who enquired about or engaged with VAD between 1 January 2023 and 31 December 2025.

Results: Of 2647 deaths of SPCS patients, 208 (8%) enquired about VAD and 85 (3%) died via VAD. Patients dying via VAD were predominantly older (median 76 years), male (61%), with malignant disease (80%) and died at home (62%). Motivations for VAD were multifactorial, most commonly being poor quality of life and autonomy. Documentation and communication of VAD assessments and administration methods were incomplete. Where known, the VAD process was often rapid: median of 9 days from first assessment to death, 36% using an expedited pathway and 37% having VAD on the day of final assessment.

Conclusions: INP SPCS play a meaningful role in providing palliative care to patients who seek information on the VAD process. These findings demonstrate a need to improve documentation and communication frameworks, explore clinician experiences in INP settings and clarify the relationship between palliative care needs and VAD engagement.

Keywords: assisted suicide; end-of-life; euthanasia; palliative care; voluntary assisted death.

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