

Voluntary Assisted Dying in Residential Aged Care Homes

A NATIONAL REPORT CARD





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Go Gentle Australia is an expert advisory and health promotion charity founded by Andrew Denton to advocate for better end-of-life choices, including the legal option of voluntary assisted dying. The information we produce is backed by evidence and peer-reviewed research.

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Introduction

This report is about residential aged care and the quality of information the sector provides to the public about the legal choice of voluntary assisted dying (VAD).

The report’s purpose is twofold: to investigate what information providers make publicly available to residents and potential residents about VAD access, and to encourage transparency so that older Australians can make informed choices about their care.

This report finds that, despite VAD being legal in every state and the ACT, the majority of Australia’s residential aged care providers are yet to give VAD the same support and visibility as other end-of-life choices.

Older people have a legal right to know their options at the end of life, including VAD.¹ And they have a right to this information *before* they choose the facility that will become their home. They can rightly expect that the people who run residential aged care facilities will adhere to statutes and guidelines put in place to protect their choices and consumer rights.

The findings in this report are disappointing. The principle of person-centred care, so commonly quoted in residential aged care mission statements, is only meaningful when it translates into practice.

In compiling this report we have consistently referred to the legislative and regulatory frameworks contained in the Aged Care Act 2024 (Cth). This is the document that will set expectations and assist providers’ policies and preparations for decades to come, and is effective from November 2025. The Act draws from the Charter of Aged Care Rights, which applies to all recipients of Australian Government-funded aged care services.

Under this Charter residents have the right to:

- be informed about their care and services in a way they understand
- access all information about themselves, including information about their rights, care, and services, and
- have control over and make choices about their care and personal life.

Our intention in publishing these findings is not to condemn but to encourage and support the RAC sector to bridge the gap between obligations and reality. Our goal is to raise awareness of VAD choice, highlight best practice and work constructively with providers so older Australians can have the clear, accurate and accessible information they need.

To foster trust and goodwill we have chosen not to include the names of providers in this report. We understand that the sector is undergoing change and we want to give individual providers time to respond and make improvements. With their permission, we have named those providers who have demonstrated best practice, and we hope their approach will inform and inspire.

Our intention is to repeat this research within a year, at which time all providers – and their results – will be made public. This identifiable version will form the basis of a consumer tool to help older people compare providers by understanding the end-of-life care they offer.

We acknowledge and thank the many providers and organisations who have contributed information, case studies and feedback.

Foreword from OPAN

OPAN welcomes this national report by Go Gentle Australia, which highlights the lack of transparency around access to VAD within the majority of residential aged care homes.

It should not be controversial to state that all of us, no matter where we live, are entitled to choose the end-of-life care that is right for us. Where legal, this includes VAD.

This basic right extends to those of us living in residential aged care, a fact acknowledged by the Aged Care Quality and Safety Commission in its fact sheet ‘Voluntary Assisted Dying: The role of aged care providers’:

Living in a residential aged care service does not impact a person’s right and ability to choose to access VAD. Residents have the right to choose to access VAD even where the provider has made the decision not to participate in the VAD process.

This report documents a current lack of transparency around access to VAD within residential aged care homes (RACHs) and shows there is still a long way to go before older people have the information they need to make informed decisions about their care.

The report’s findings suggest that most residential aged care homes are routinely not providing older people the information they need about VAD in a publicly accessible manner, resulting in the person entering a service without knowing if their end-of-life decisions will be respected.

This cannot continue. When someone enters residential aged care, that place becomes the person’s home. While a RACH is entitled to object to VAD in principle, it does not have the right to deny any resident access to information or to the health professionals who can support them in their choice.

Making residents have to consider relocating to access VAD is also not acceptable. People have a right to take their end-of-life medications within a familiar home environment, just as they would if they were living in the community.

This is especially important for people in remote, rural and regional communities where access to alternative accommodation is often limited and, if available at all, a significant distance away. Even a short journey can severely harm a dying person and attempting it risks stress and trauma for the person and their loved ones.

Go Gentle’s report comes at a time when the sector is continuing its transformation journey. The new Aged Care Act 2024, effective from 1 November 2025, stipulates that older people have a right to:

- exercise choice and make decisions that affect the individual’s life
- be supported (if necessary) to make those decisions and have those decisions respected
- palliative care and end-of-life care when required
- be treated with dignity and respect; and
- safe, fair, equitable and non-discriminatory treatment.

With this new Act comes an opportunity for RACHs to start afresh and put these principles into action. This is the transformation we want to see.

By providing information about VAD that is free from judgement, easy to find and written in language that is easy to understand, the aged care sector will be giving older people the dignity and respect they deserve; and the safe, fair, equitable and non-discriminatory treatment they are entitled to. And it will empower them to make informed decisions about their future.

OPAN congratulates those providers highlighted in this report who are leading the way in best practice. We look forward to seeing many more join their ranks.

Older people and supporters can contact OPAN on **1800 700 600** to discuss their rights to all forms of support at end of life. We will also refer to the appropriate support organisations as needed.

www.opan.org.au

Executive summary

End-of-life care is an integral part of residential aged care and, where legal, this includes VAD services.²

VAD is an end of life choice that allows a dying person who is suffering intolerably to apply for help from health professionals to end their life, subject to strict eligibility criteria.

VAD is available in all states and, from November 2025, also in the ACT. Although each jurisdiction has its own VAD legislation, laws are broadly consistent nationwide.

Across Australia more than 8000 people have applied for access to VAD since it first became legal in Victoria in 2019, and all states report an increase in the number of applications over time.³

The median age of Australians seeking VAD is 73.⁴ The overwhelming majority are dying of cancer and 80% have also accessed palliative care.⁵

Guidance from the Aged Care Quality and Safety Commission, the federal regulator of aged care, is explicit that eligible residents have the right to choose to access VAD; even where the provider has made the decision not to participate in the VAD process.⁶ This right is reinforced by the Aged Care Act 2024 (Cth) which stipulates that care should be person-centred and tailored to the person.⁷

... a provider that decides not to take part will still have to meet its provider responsibility to support residents' right to exercise choice to access the VAD process.

– Aged Care Quality and Safety Commission.⁸

This report raises questions about how the public can access quality information about a residential aged care provider's approach to VAD. The results in this report highlight the need for a tool to help consumers find this information.

The aims of this report are to establish:

- 1


What information about VAD providers are made publicly available, and what is the quality of that information
- 2

The level of VAD access that providers allow for eligible residents.

To compile this report we contacted:


- 25 largest providers of residential aged care nationally.⁹
- 20 largest service providers in each state.¹⁰

This report covers:



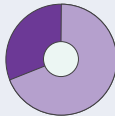
72

unique providers of residential aged care



130,000

beds ¹¹



~70%

of residential aged care in Australia ¹²


Research methodology

Over a three month period, we contacted each provider directly at least three times. Providers were then given an opportunity to respond to our findings. Over a further three month period we engaged in many longer conversations and met with providers to discuss this research. Throughout, our guiding principle has been *'what does the experience of trying to access VAD at this institution look like from an older person's point of view?'*

Results were translated into 'traffic light' ratings of **red**, **amber** and **green** (see next page). Find further details of our methodology on [p34](#).


Key insights

Of the 72 providers featured in this report:




5%

(Only four) provided comprehensive information and full access to VAD



70%

do not offer any public information about VAD, even though it is a legally available treatment option in every state¹³



85%

do not offer VAD access to residents, or there is no public information about the level of access¹⁴

These results call into question how some providers are complying with the requirements of their duties under state VAD law or the existing and new Aged Care Act.

Recommendations

As a consequence, this report makes three recommendations for providers, consistent with the principles and rights outlined in guidance from the Aged Care Quality and Safety Commission and the Aged Care Act 2024 (Cth):

- 1

Recommendation 1:
Provide publicly accessible VAD information that is clear, up-to-date and tailored to older people's needs
- 2

Recommendation 2:
Provide a clear public explanation of the level of VAD access supported on the providers' premises
- 3

Recommendation 3:
Implement an appropriate VAD policy, including procedures, practices and adequate training for all staff

This report also makes a further recommendation for state and federal governments and relevant agencies:

- 4

Recommendation 4:
State and federal governments to investigate and encourage residential aged care providers' compliance with relevant legislative and regulatory obligations.

Ratings criteria

In consultation with key stakeholders, we established the following ratings and criteria by which to measure aged care providers' performance in the provision of VAD information and access. Our ratings are based on the publicly available information provided by aged care providers about VAD, to reflect an older person's experience.

In the interests of fairness and to provide clarity for consumers, the ratings apply in the same way to all providers. A provider must meet all criteria to get that rating.

| Quality of VAD information | Level of VAD access |
|---|--|
| Based on public information | Based on public information |
| Comprehensive information: Easily available information about VAD and VAD access in the facility is written in clear, plain language* and publicly available on their website or sent in writing upon request. | Full access: Facility supports VAD and allows entire VAD process to take place in the facility. |
| Limited information: Some public information on VAD and VAD provision in the facility is available, but it is <ul style="list-style-type: none">not written in clear, easily understood language, and/orit is inaccurate and/orit is hard to find. | Secondary access: Facility does not allow staff to provide any services related to VAD, however if a resident asks about VAD the facility provides: <ul style="list-style-type: none">information and contact details for the relevant VAD service or a VAD practitioner; andaccess for external VAD health professionals to provide all aspects of the VAD process; andtransfer only if medically necessary, or at resident's request. |
| No public information on VAD access provided. | No / restricted access: Facility does not support VAD on its premises. Residents cannot access VAD administration in the facility. No public information or unclear information. |

***Plain language:** A communication is in plain language if its wording, structure, and design are so clear that the intended audience can easily find what they need, understand what they find, and use that information.¹⁵ See the Australian Government's Style Manual.¹⁶



What it means to be supported by your aged care facility

OneCare Tasmania - an example of best practice

Kelvin was a self-reliant man, often described as a "bushman," who lived independently and valued autonomy throughout his life. When he became increasingly incapacitated with terminal blood cancer and a stroke, he made the considered decision to pursue VAD.

The team at OneCare Rubicon Grove, located in Tasmania's Port Sorell, went above and beyond to ensure Kelvin's final days were peaceful, dignified and aligned with his wishes.

Kelvin's longtime family friend Dinah Ross supported him through the VAD process.

She expressed deep gratitude for the calm and respectful environment OneCare provided, which allowed Kelvin to retain choice and control at the end of life.

"It was his time to go, and on his terms," Dinah said.

"It was so good he didn't have to be moved, he was in a familiar place with familiar people. It was very professional and dignified."

Although Dinah had worked in aged care, she initially felt apprehensive and was unfamiliar with VAD. However, she found the OneCare staff to be well-informed, compassionate, and accommodating. They ensured she could be present for key moments in the process.

"It went smoothly and no one was left guessing," Dinah said. "Staff would pop in regularly to see Kelvin, and were just mindful of the situation. Kelvin was relaxed in his familiar surroundings and knew they were supporting me as well."

On the day, Kelvin had his last requested meal of fish and chips, and VAD was administered by a practitioner. Dinah held his hand and reminisced with him about cherished memories.

OneCare Rubicon Grove's Clinical Operations Manager Amber Stephens arrived early for her shift and stayed throughout the process.

"It was surreal but also very empowering to watch a resident get their wish and be no longer in pain," she said.

Dinah stayed afterwards to help staff prepare and dress Kelvin's body, ensuring he was handled with care and dignity. "I couldn't fault OneCare," she said.

"It was what Kelvin would have wanted."

Glen Williams, Chief Clinical Officer at OneCare, explained that following the implementation of VAD legislation in Tasmania in October 2022, OneCare proactively developed systems to support residents who choose this path. The organisation worked closely with Tasmania's VAD Commissioner and the Care Navigator team to establish best practices and foster ongoing communication between residents and staff.

Clear communication and transparency are central to OneCare's approach. Staff across all five residential facilities are educated about the VAD process, with fact sheets readily available. In cases involving VAD, staff are offered pre- and post-event briefings, access to Employee Assistance Program (EAP) support, and counselling services for both residents and families.

While OneCare staff do not administer VAD, they play a critical role in creating a calm, supportive environment and ensuring continuity of care. A select group of senior staff have been trained specifically to manage VAD cases with sensitivity and professionalism.

"It shouldn't be a clinical event, it's part of life. So we provide a natural, home-like environment for residents who choose VAD," Glen said.

"And we're mindful that we're not only caring for the residents, but their loved ones as well."

Key Insights

Quality of VAD information

Nationally

7 in 10 providers do not provide any public information about VAD access in their facilities

| | |
|-----|--|
| 18% | provide comprehensive information available to the public (13 providers) |
| 13% | provide limited VAD information available to the public (9 providers) |
| 69% | provide no VAD information available to the public (50 providers) |

- 44% of residential aged care providers did not respond to requests for information about VAD access in their facilities - even after three direct requests.
- Faith-based providers are four times more likely than other providers to refer to VAD on their websites.¹⁷ However, this information was usually very limited and focused on their non-participation in VAD.

What it can mean to be denied VAD access

Colin’s story, Victoria: Told to leave his aged care home without farewelling his friends

Despite having been assessed by two doctors and found eligible for VAD in 2020, the Catholic aged care institution in which Colin lived refused to let the VAD Statewide Pharmacy Service into the facility to deliver the VAD substance.

To make matters worse, they left Colin – whose every day was filled with fear that he would die painfully of a bowel obstruction before the substance arrived – waiting for nine days before informing him of their refusal.

‘Having been instructed that he couldn’t talk to anyone at the home in which he lived about his VAD choice, Colin was forced to leave his friends there without saying goodbye and be transferred to Royal Melbourne where he knew no-one. Once there, it was arranged for the Statewide Pharmacy Service to visit

within 24 hours, and Colin took the VAD substance two hours after receiving it.

‘I don’t understand how people can think that that’s a good or an ethical thing to do to someone. Physically and emotionally, to put people through that suffering. They’d seen his decline, and were intimately aware of how difficult it was for him, and the impact that it had had on his mental health. I couldn’t understand why it is better for someone to suffer and have a horrible death. It just seemed to make no sense to me at all.’ – Deb M, Colin’s sister.

‘A man at the end of his life, experiencing very difficult symptoms. I think he certainly felt abandoned.’ – Associate Professor, Peter Lange, head of acute medical unit, Royal Melbourne Hospital, where Colin was eventually admitted for VAD.

By State

| State | Year VAD became available | Quality of VAD information | | |
|-------|---------------------------|----------------------------|---------|------|
| VIC | 2019 | 10% | 0% | 90% |
| WA | 2021 | 10% | 15% | 75% |
| TAS | 2022 | 50% | 5% | 45% |
| SA | 2023 | 25% | 5% | 65% |
| QLD | 2023 | 30% | 20% | 50% |
| NSW | 2023 | 30% | 30% | 40% |
| | | compre-hensive | limited | none |

Almost half of the VAD information published by aged care providers was not of a high quality

30% of providers in this report supplied publicly available information about VAD, but 40% of these received an amber rating. By our definition, an amber rating means the VAD information supplied is ‘limited’; not written in clear, easily understandable language; inaccurate; and/or hard to find.

For example, one provider has a buried blog post from July 2021 as the only VAD information on its website and declined to share anything further. Another provider’s position statement, not updated since 2019, refers only to Victoria’s legislation despite the organisation also operating in Western Australia, Queensland and New South Wales (all of whom also have operational VAD legislation).

It is common for VAD information to appear in the governance sections of websites, rather than alongside information about end-of-life care.

Some providers reported that they do not have VAD policies.

One of the largest providers of aged care nationally told us they do not yet have a VAD policy, despite operating in Victoria where VAD has been available for six years and in WA where VAD has been available for four years.

Victoria and Western Australia, the first two states to pass VAD legislation, show the lowest quality of VAD information. Their VAD laws do not place any explicit obligations on aged care providers, either for provision of access or information.

In contrast Tasmania performs better with 50% of providers making comprehensive VAD information available, despite no explicit obligation to do so in their law.

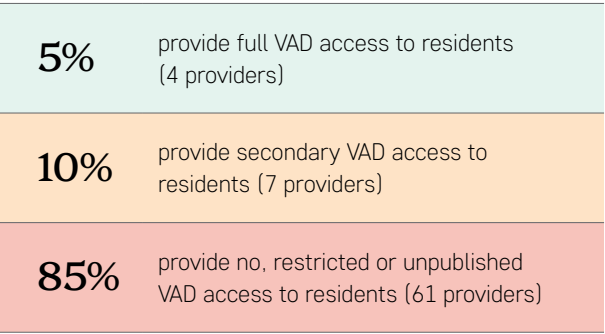
In South Australia, Queensland and New South Wales, many providers have poor quality information despite an obligation in their VAD laws to inform the public if VAD is not available in their facilities.

Key Insights

Level of VAD access

Nationally

Nationally, 8 in 10 providers offer no or restricted VAD access

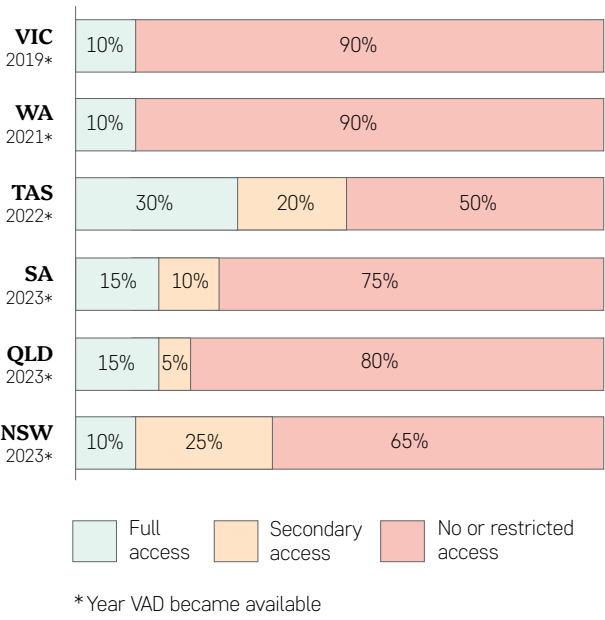


Legislation in Victoria, Western Australia and Tasmania is silent on residential aged care and VAD access.

South Australia, Queensland and NSW, however, must allow access to VAD for permanent residents. For non-residents, if the facility does not provide VAD, they must arrange transfer to a suitable facility. In the event that transfer may cause harm, delays or financial cost, the facility must provide access to VAD assessment and administration.

See [p36](#) for more information on providers' obligations.

By state



Significant variations occur between different jurisdictions in the level of VAD access available in aged care facilities. Of the providers in this report:

- 90% of Victorian and WA providers either deny access to VAD in their facilities or do not provide any public information about VAD access
- Tasmania had the highest proportion of providers with public information confirming full access to VAD (30%)
- Tasmania and NSW had the highest proportion of providers confirming either full or secondary VAD access (50% and 35% respectively).

Non-compliance

65% of South Australian providers, 50% of Queensland providers, and 40% of New South Wales providers do not supply any public information about VAD, despite state laws in these jurisdictions requiring providers to inform the public of the non-availability of VAD. Those providers who do not provide public information and do not provide access to VAD are non-compliant with their state legislation.

An example is a facility in New South Wales. When contacted, the manager confirmed that they do not provide any information to the public about VAD. Further, that any person seeking access to VAD in their facility would need to be transferred elsewhere: *"It cannot happen in our homes"*, they told us. This is contrary to the providers' legal obligations in New South Wales.

This raises questions about the proportion of aged care providers meeting the requirements of VAD legislation in their jurisdiction. Providers have an obligation to understand and implement the legislated requirements in their state. State governments should be encouraged to undertake further investigation to ensure legislative compliance.

See [p36](#) for information about providers' obligations and [p42](#) for template VAD information resources to support residential aged care providers to meet their obligations.

Incomplete implementation

Even where VAD policies are available, it does not guarantee they have been understood and implemented.

Our initial enquiries about VAD information and access were frequently directed to a sales representative or a reception desk, as this was the only contact method available. These contacts were often unable to answer our enquiries and we were passed onto other departments to seek an answer.

We were referred to a wide variety of different departments to try and get responses including legal, public affairs, strategy, marketing and community relations.

One provider sent us a VAD policy which still contained placeholder text (i.e. it was likely that it was generated using a template and not reviewed properly).

This experience suggests that even if internal VAD policies exist, the staff are unaware of them, they are not easy to locate, or the staff have not been adequately trained about the policy's content.

Refusal to recognise VAD as medical treatment

Some of the country's largest providers of faith-based care – offering 10,000 beds between them – continue to reinforce harmful stigma around VAD with public statements that they do not recognise VAD as a 'medical treatment'.

This statement is incorrect and contrary to agreed definitions of VAD, and potentially causes distress and harm to individuals seeking VAD information or access:

- Voluntary assisted dying (VAD) is when someone has medical assistance to end their life because they have an advanced medical condition that causes intolerable suffering.*
Health Direct, national public health information service¹⁸
- VAD is when a medical practitioner, nurse practitioner or registered nurse helps a person with a terminal disease, illness or medical condition to use medication to end their life.*
Aged Care Safety and Quality Commission¹⁹
- VAD in Australia is when an adult with a terminal illness requests and receives medication from a health practitioner which they take or have administered to end their life.*
End of Life Law, Queensland University of Technology (QUT)²⁰

Key Insights

It also runs counter to the Australian Medical Association's public position that VAD is part of end-of-life care:

In Australia, end-of-life care encompasses a variety of health services, including palliative care services and, where legal, voluntary assisted dying (VAD) services.²¹

The conflation of VAD and suicide

Some providers conflate VAD with suicide even though most Australian laws explicitly distinguish between the two. This can appear in public information or position statements. For example: We don't support VAD, including physician-assisted suicide.

In 2023, a joint statement from Australian leaders in suicide prevention including Lifeline and Beyond Blue, emphasised the need for this distinction, and the potential damage caused by a failure to do so:

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.²²

A false binary between palliative and VAD care

The language used by some providers gives the impression that people can access either palliative care or VAD, but not both. Examples include providers who define palliative care and VAD separately in position statements and state that they participate in the former but not VAD. This language can also suggest that VAD is not part of end-of-life care.

This is contrary to the evidence of VAD in practice which shows that four out of five people who access VAD have also accessed palliative care.²³

The Australian Medical Association's position statement on VAD makes it clear that VAD is one of a range of treatment options available to eligible people at the end of life.²⁴

Reasons for non-provision of information and/or access

Reasons given as to why VAD information and/or access are not provided include that the provider:

- Has faith-based objections to providing VAD care
- Lacks the resources to write and implement VAD policies and procedures
- Is yet to receive any enquiries about VAD from residents.

Misconceptions about what information providers are permitted to provide

Legislation in Victoria and South Australia currently prohibits registered health professionals from initiating conversations about VAD with their patients; the laws say a conversation can only happen if a patient raises the topic first.²⁵ Our research has found a misconception by some aged care providers that this also prevents them from displaying information about VAD provision on their website, which is not the case. The End of Life Directions for Aged Care project (ELDAC), a partnership between academic institutions and partners organisations such as Palliative Care Australia, Ageing Australia and Catholic Health Australia to produce health information, clarifies this:

Residential facilities that choose not to provide VAD services should inform all residents and families of this. This information should also be published e.g. on the facility's website, to enable prospective residents to make an informed choice about whether to live there. If a resident requests VAD the facility should advise the person as soon as possible that they do not provide VAD.²⁶

Restrictions on conversations between health professionals and their patients is broadly regarded as contrary to good clinical care²⁷ and at the time of publication the Victorian government is moving to remove this restriction from their legislation.²⁸

What it means to be supported in aged care

Uniting NSW.ACT – an example of best practice

Uniting NSW.ACT is committed to delivering person-centred care to all residents, including those who elect to access Voluntary Assisted Dying (VAD).

The family of a resident who chose VAD at Uniting Nareen Gardens Bateau Bay, on the NSW Central Coast, in 2025, expressed deep gratitude for the compassionate support provided by staff, describing the experience as peaceful and dignified.

The resident's extended family visited Nareen Gardens for a final farewell and returned on the day our resident had chosen as the day of his passing.

In preparation, staff were thoroughly briefed by the VAD Care Navigator team regarding the process and were offered opportunities to debrief afterwards.

Additional staff were rostered to ensure the resident received dedicated care throughout the day.

To assist the family and staff, Nareen Gardens arranged onsite catering and made chaplaincy and pastoral care services available for emotional and spiritual support.

Staff members who chose not to participate were respectfully assigned to other areas of Nareen Gardens.

"These measures contributed to a serene and supportive environment for the resident's final moments," said Service Manager, Elaine McRory.

"It was a good death for him and his family was so grateful," she said. "It was calm, beautiful and respectful."

Ms McRory said Nareen Gardens has developed learnings by reflecting on the experience of people choosing VAD and these have since been shared across other Uniting residential aged care sites.

She emphasised the importance of preparing staff well, particularly given the diversity of religious and cultural beliefs among team members.

"It is essential VAD Care Navigators clearly communicate that VAD is a legal end-of-life option for residents," she said.

"At the same time, staff must be supported to opt out if they want to."

Despite differing personal beliefs, staff united in prioritising the resident's wishes.

"We were so proud to be there for that resident," she added.

We also recognise VAD occurs at the date and time chosen by the resident, not the residential aged care home.

"On the day, it is all-consuming," Ms McRory reflected. "But it's the last thing you'll ever do for that person. It must be done with dignity, because it is their choice. I feel very strongly that people should have the right to make their own decision."

While VAD remains relatively uncommon, prevalence may increase as awareness grows among eligible, terminally ill individuals considering this end-of-life option.

What it can mean to be denied VAD access

Margaret’s story, Victoria: Forced to sneak out of her nursing home to die

“It would have been much easier to have done it just at the nursing home.”

After an exhausting four-month assessment process, Margaret Hogg was found eligible for VAD. Entirely debilitated by an aggressive neurological condition, it would have been far kinder for her to take the medication in the aged care facility where she lived. However, Margaret – herself a former nurse – had fears that staff of a Catholic nursing home in Victoria would block her from leaving once they realised her choice to access VAD. Lisa, Margaret’s daughter, told us:

‘We didn’t tell any of the nursing staff we were planning to do this because Mum was absolutely terrified that somebody would stop her because she knew she was in a Catholic nursing home. She was worried that someone would stop her

going through the process or would stop us taking her out on the day it was to happen. It was very stressful for her.’

Instead, in secret, the family located a facility which would support VAD choice. There, Margaret would meet the pharmacists and take the medication. On the morning that news came that the pharmacists were on their way the last day of her life Margaret left her home without saying goodbye to her friends, in a state of anxiety and distress. Lisa continued:

‘It was just this rush to get mum out of there before anybody asked too many questions. My sister had to pop her into the shower and get her into the car and then transfer her to someone else. Get her admitted and all that stuff before they could start the process with the pharmacist. ... it was very stressful, and it would have been much easier to have done it just at the nursing home.’

Robert’s story, Victoria: Dying in his aged care home, yet denied VAD choice at every turn

“Dad had enough on his plate with terminal MND, without having to fight for his right to a peaceful death”

Robert Bethune, who had motor neurone disease, was refused VAD on the premises of his Catholic residential aged care home in Victoria. His daughter Renée shares his experience:

“Dad was a pragmatic person and always very vocal about the right to VAD. But the facility made it clear that he would not be able to have VAD on the premises.

Whilst this did not come as a surprise, it did create great stress and difficulty; I offered up my home as I felt Dad was being denied at every turn, at his greatest time of need.

In the end, Dad passed away – without VAD – at the facility, the day before coming to my house for his planned VAD death.

While I’m grateful for the care Dad received, I’m saddened and angered that he was denied his wish to have VAD where he was living. How could they say no to someone in their greatest time of need and urgency? If any institution takes someone in to care for them, they should comply with their wishes. You can’t kick someone out on their deathbed.

Logistically, physically, mentally and emotionally, it was the wrong thing for my Dad to face this upheaval at the end of his life.”

Harm caused by providers restricting access to VAD

Researchers White and Willmott of Queensland University of Technology’s Australian Centre of Health Law Research conducted 28 interviews with Victorian VAD patients and caregivers. They identified three ways that a provider placing restrictions on access to VAD access affects dying people:²⁹

- 1

Delays in accessing VAD

either by the provider prohibiting access to VAD clinicians, or by making patients leave their premises to receive or take the VAD medication.
- 2

Reduced choice for residents

particularly about where and when the VAD medication will be administered.

Participants described transfers or patients getting “shipped to a completely different hospital” or facility, including away from staff who had been caring for the patient. This often meant waiting until a bed was available in the transferring facility ... Sometimes a transfer was needed back to a patient’s or family’s home to take the medication, which was not the patient’s preferred place to die.

– White & Willmott, Australian Centre for Health Law Research
- 3

Emotional costs for dying people and caregivers

either due to a fear they would miss out on their VAD choice, or a sense that they were doing something wrong because of the way the institution’s position reinforced harmful stigma around VAD.

The potential impact of restrictive VAD policies and practice on staff also needs to be considered. Some staff expressed regret to us that they could not participate in VAD.

Several staff members from different providers told us they had supported patients with VAD in other organisations but regretted that they were not permitted to provide support in their current employment.

Recommendations

The results in this report are unacceptable. Older people have a legal right to know about VAD, where it is available and what support will be offered at the end of life.³⁰ If this is not standard practice, it must rapidly become so.

It is also a reasonable expectation that publicly funded aged care providers will, wherever possible, provide access to legally available health care.

The following three recommendations for residential aged care providers are aligned with the Guidance from the Aged Care Quality and Safety Commission, and the Aged Care Act 2024 (Cth).

This report supports providers to implement these recommendations by providing information on their obligations and a suggested template to create comprehensive, plain language VAD information (see [p42](#)).

1

Recommendation 1
Provide publicly accessible VAD information that is clear, up-to-date and tailored to older people’s needs

VAD information should be:

- Written in clear, plain language*
- Included on websites and other informational resources
- Displayed alongside other end-of-life care information
- Subject to an annual review and update process, including the removal of information that is incorrect, harmful or reinforces negative stigma around VAD
- Available both online and in printed form.

***Plain language:** A communication is in plain language if its wording, structure, and design are so clear that the intended audience can easily find what they need, understand what they find, and use that information.³¹ See the Australian Government’s Style Manual.³²

Information should be displayed in the same place as other information about end-of-life care. Policy or governance website sections should be avoided as they may not be intuitive places to look. Blogs or ‘News’ sections are inappropriate as they quickly date and may become hard to find.

It should also include:

- Contact details for the relevant person / VAD Lead within the facility or organisation
- Links to the relevant state health department’s website and VAD information
- Phone number and web address for the relevant state VAD Care Navigation Service
- A statement about a resident’s right to privacy and confidentiality which explains that residents do not have to discuss their VAD choice with facility staff if this is not their wish.

2

Recommendation 2
Provide a clear public explanation of the level of VAD access supported on the providers’ premises

Providers should make available to the public practical information to explain what parts of the VAD process can happen on the providers’ premises, clearly answering the following:

- What happens if a resident asks for VAD information?
- What role, if any, may the providers’ staff play in provision of VAD?
- How do you support residents who wish to discuss or access VAD?
- Do you allow external VAD clinicians to come on-site to provide VAD care?
- Do you allow VAD eligibility assessments to take place on-site?
- Can the VAD substance be delivered to the facility and stored on-site?
- Can the VAD substance be administered on-site? If not, is the resident expected to transfer to another facility to access VAD, and how does the facility support this process?

3

Recommendation 3
Provide a clear public explanation of the level of VAD access supported on the providers’ premises

VAD policies and procedures should be:

- Written in clear language
- Explicit in their expectations of staff supporting a resident with VAD
- Shared with all staff (including sales and reception staff who are likely the first contact for many consumer enquiries)
- Stored in a place readily accessible to all staff
- Subject to an annual review and update process
- Accompanied by training appropriate to the staff member’s role
- Publicly available on request.

This report also makes a further recommendation for state and federal governments and relevant agencies.

4

Recommendation 4
State and federal governments to investigate and encourage residential aged care providers’ compliance with relevant legislative and regulatory obligations

This includes adherence to:

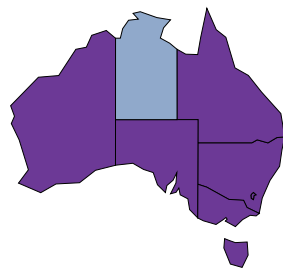
- State and territory VAD legislation and regulatory frameworks
- The Aged Care Act 2024 (Cth)

And alignment with:

- Aged Care Quality and Safety Commission guidance on VAD in residential aged care facilities.

RESULTS

National



We contacted the 25 largest providers nationally, and the 20 largest services in each state. For this reason, some providers appear in this report more than once.

| Provider name ⁺ | Places available | Operating in | Quality of public VAD info [*] | Level of VAD access [*] | Response | |
|----------------------------|------------------|--------------------------------|---|----------------------------------|---|---|
| AUS-01 | 9487 | VIC, WA, SA, QLD, NSW | | | Provider advised that they do not impede VAD access. | ✓ |
| AUS-02 | 8841 | VIC, WA, SA, QLD, NSW | | | Provider advised that a policy is in development. | ✓ |
| AUS-03 | 7266 | VIC, WA, TAS, SA, QLD, NSW, NT | | | Open and clear communication | ✓ |
| AUS-04 | 6852 | VIC, SA, QLD, NSW | | | No response | ✗ |
| AUS-05 | 7302 | VIC, SA, QLD, NSW | | | Provider advised that they support full VAD access, and are considering adding VAD information to their website by September 2025. Rating remains red as no public information to confirm this. | ✓ |
| AUS-06 | 6037 | NSW, ACT | | | Open and clear communication | ✓ |
| AUS-07 | 5765 | VIC, TAS, SA, NSW, ACT | | | No response | ✗ |
| AUS-08 | 4852 | QLD | | | No response | ✗ |
| AUS-09 | 4814 | VIC, QLD, NSW | | | No response | ✗ |
| AUS-10 | 3088 | QLD, NSW | | | Provider has updated the VAD information available to the public. The information still lacks clarity about the level of access available. They have advised that further changes may take place. | ✓ |
| AUS-11 | 3056 | WA, NSW, ACT | | | No response | ✗ |

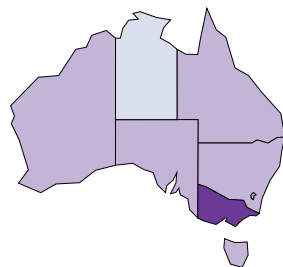
⁺ Ranked by % of national market share, largest at the top
^{*} Based on public information

| Provider name ⁺ | Places available | Operating in | Quality of public VAD info [*] | Level of VAD access [*] | Response | |
|----------------------------|------------------|-------------------|---|----------------------------------|--|---|
| AUS-12 | 2840 | VIC | | | No response | ✗ |
| AUS-13 | 2677 | WA | | | Provider advised that they allow eligible residents to access VAD clinicians, and that residents do not have to leave their facilities to access VAD. Rating remains red as no public information to confirm this. | ✓ |
| AUS-14 | 2598 | VIC, QLD, NSW | | | No response | ✗ |
| AUS-15 | 2469 | NSW | | | No response | ✗ |
| AUS-16 | 2401 | VIC, WA, QLD, NSW | | | No response | ✗ |
| AUS-17 | 2356 | NSW, ACT | | | No response | ✗ |
| AUS-18 | 2247 | WA, NSW, ACT | | | Provider advised they have a VAD policy but it is not public. Rating remains red as no public information to confirm this. | ✓ |
| AUS-19 | 2114 | QLD, NSW, ACT | | | No response | ✗ |
| AUS-20 | 2105 | QLD | | | No response | ✗ |
| AUS-21 | 1994 | QLD | | | No response | ✗ |
| AUS-22 | 1926 | VIC | | | No response | ✗ |
| AUS-23 | 1909 | SA, QLD, NSW | | | No response | ✗ |
| AUS-24 | 1896 | QLD, NSW | | | No response | ✗ |
| AUS-25 | 1742 | NSW | | | No response | ✗ |

⁺ Ranked by % of national market share, largest at the top
^{*} Based on public information

RESULTS

Victoria



| Service name ⁺ | Places available | Quality of public VAD info [*] | Level of VAD access [*] | Response | |
|---------------------------|------------------|---|----------------------------------|--|---|
| VIC-01 | 260 | | | No response | ✗ |
| VIC-02 | 231 | | | Open and clear communication | ✓ |
| VIC-03 | 220 | | | Provider advised that a policy is in development. | ✓ |
| VIC-04 | 217 | | | Provider advised that they do not impede VAD access. | ✓ |
| VIC-05 | 215 | | | Provider advised that they do not impede VAD access. | ✓ |
| VIC-06 | 207 | | | Provider advised they support secondary VAD access. Rating remains red as no public information to confirm this. | ✓ |
| VIC-07 | 202 | | | Open and clear communication | ✓ |
| VIC-08 | 198 | | | No response | ✗ |
| VIC-09 | 193 | | | No response | ✗ |
| VIC-10 | 190 | | | No response | ✗ |
| VIC-11 | 190 | | | Provider advised that they support full VAD access. Rating remains red as no public information to confirm this. | ✓ |
| VIC-12 | 187 | | | Provider advised that they have a VAD policy in place, do not impede access and support residents to access VAD information and healthcare practitioners. Rating remains red as no public information to confirm this. | ✓ |
| VIC-13 | 185 | | | Provider advised they do not provide VAD information and 'if questioned about it, we will refer [the person]. Our organisation also does not support VAD in the facility.' | ✓ |

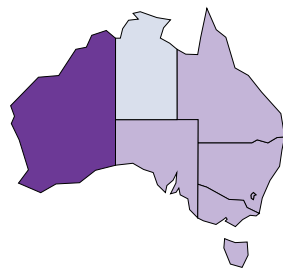
⁺ Listed by no. of operational aged care places as of June 2024, largest at the top
^{*} Based on public information

| Service name ⁺ | Places available | Quality of public VAD info [*] | Level of VAD access [*] | Response | |
|---------------------------|------------------|---|----------------------------------|--|---|
| VIC-14 | 182 | | | Provider advised that they do not impede VAD access. | ✓ |
| VIC-15 | 180 | | | Provider advised that they do not impede VAD access. | ✓ |
| VIC-16 | 180 | | | No response | ✗ |
| VIC-17 | 180 | | | No response | ✗ |
| VIC-18 | 180 | | | No response | ✗ |
| VIC-19 | 180 | | | No response | ✗ |
| VIC-20 | 180 | | | No response | ✗ |

⁺ Ranked by % of national market share, largest at the top
^{*} Based on public information

RESULTS

Western Australia



| Service name ⁺ | Places available | Quality of public VAD info [*] | Level of VAD access [*] | Response |
|---------------------------|------------------|---|----------------------------------|--|
| WA-01 | 238 | | | Provider advised that they allow eligible residents to access VAD clinicians, and that residents do not have to leave their facilities to access VAD. Rating remains red as no public information to confirm this. ✓ |
| WA-02 | 213 | | | Provider advised that they allow eligible residents to access VAD clinicians, and that residents do not have to leave their facilities to access VAD. Rating remains red as no public information to confirm this. ✓ |
| WA-03 | 192 | | | Provider advised that they do not impede VAD access. ✓ |
| WA-04 | 178 | | | Provider advised that a policy is in development. ✓ |
| WA-05 | 169 | | | Provider advised that they allow eligible residents to access VAD clinicians, and that residents do not have to leave their facilities to access VAD. Rating remains red as no public information to confirm this. ✓ |
| WA-06 | 164 | | | No response ✗ |
| WA-07 | 162 | | | Provider advised they have a VAD policy but it is not public and they do not wish to share it. ✓ |
| WA-08 | 160 | | | Provider advised that they provide VAD access. Rating remains red as no public information to confirm this. ✓ |
| WA-09 | 160 | | | Provider advised that they provide secondary VAD access. Rating remains red as public information does not confirm this. ✓ |
| WA-10 | 160 | | | Provider advised that they provide secondary VAD access. Rating remains red as public information does not confirm this. ✓ |

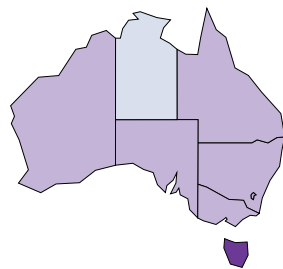
⁺ listed by no. of operational aged care places as of June 2024, largest at the top
^{*} Based on public information

| Service name ⁺ | Places available | Quality of public VAD info [*] | Level of VAD access [*] | Response |
|---------------------------|------------------|---|----------------------------------|--|
| WA-11 | 160 | | | Provider advised that they provide secondary VAD access. Rating remains red as public information does not confirm this. ✓ |
| WA-12 | 156 | | | Provider advised that they allow eligible residents to access VAD clinicians, and that residents do not have to leave their facilities to access VAD. Rating remains red as no public information to confirm this. ✓ |
| WA-13 | 153 | | | No response ✗ |
| WA-14 | 145 | | | Provider advised that they do not impede VAD access. ✓ |
| WA-15 | 144 | | | No response ✗ |
| WA-16 | 141 | | | Open and clear communication ✓ |
| WA-17 | 141 | | | Provider advised that they do not impede VAD access. ✓ |
| WA-18 | 140 | | | Provider advised that they allow eligible residents to access VAD clinicians, and that residents do not have to leave their facilities to access VAD. Rating remains red as no public information to confirm this. ✓ |
| WA-19 | 139 | | | Open and clear communication ✓ |
| WA-20 | 138 | | | Provider advised that they allow eligible residents to access VAD clinicians, and that residents do not have to leave their facilities to access VAD. Rating remains red as no public information to confirm this. ✓ |

⁺ Ranked by % of national market share, largest at the top
^{*} Based on public information

RESULTS

Tasmania



| Service name ⁺ | Places available | Quality of public VAD info [*] | Level of VAD access [*] | Response | |
|---------------------------|------------------|---|----------------------------------|---|---|
| TAS-01 | 178 | | | Open and clear communication | ✓ |
| TAS-02 | 171 | | | No response | ✗ |
| TAS-03 | 140 | | | Provider advised they have a VAD policy but it is not public. | ✓ |
| TAS-04 | 137 | | | No response | ✗ |
| TAS-05 | 136 | | | Open and clear communication | ✓ |
| TAS-06 | 134 | | | No response | ✗ |
| TAS-07 | 132 | | | No response | ✗ |
| TAS-08 | 126 | | | No response | ✗ |
| TAS-09 | 119 | | | No response | ✗ |
| TAS-10 | 112 | | | No response | ✗ |
| TAS-11 | 111 | | | No response | ✗ |
| TAS-12 | 106 | | | Open and clear communication | ✓ |
| TAS-13 | 100 | | | Provider advised contradictory information and that information would be added to their website. At this time no change has been made. Rating remains red as no public information available. | ✓ |
| TAS-14 | 99 | | | No response | ✗ |
| TAS-15 | 98 | | | No response | ✗ |
| TAS-16 | 98 | | | Open and clear communication | ✓ |

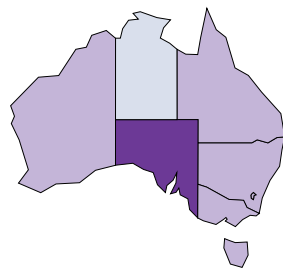
⁺ listed by no. of operational aged care places as of June 2024, largest at the top
^{*} Based on public information

| Service name ⁺ | Places available | Quality of public VAD info [*] | Level of VAD access [*] | Response | |
|---------------------------|------------------|---|----------------------------------|--|---|
| TAS-17 | 98 | | | Open and clear communication | ✓ |
| TAS-18 | 97 | | | Provider advised that they have a VAD policy in place, do not impede access and support residents to access VAD information and healthcare practitioners. Rating remains red as no public information to confirm this. | ✓ |
| TAS-19 | 95 | | | Open and clear communication | ✓ |
| TAS-20 | 94 | | | Provider advised that they have a VAD policy in place, do not impede access and support residents to access VAD information and healthcare practitioners. Rating remains red as no public information to confirm this. | ✗ |

⁺ Ranked by % of national market share, largest at the top
^{*} Based on public information

RESULTS

South Australia



| Service name ⁺ | Places available | Quality of public VAD info [*] | Level of VAD access [*] | Response | |
|---------------------------|------------------|---|----------------------------------|--|---|
| SA-01 | 225 | | | Open and clear communication | ✓ |
| SA-02 | 191 | | | Open and clear communication | ✓ |
| SA-03 | 184 | | | Provider advised that they provide secondary access to VAD. Rating remains red as no public information to confirm this. | ✓ |
| SA-04 | 180 | | | Provider advised they have a VAD policy but it is not public. | ✓ |
| SA-05 | 173 | | | Provider advised that a policy is in development. | ✓ |
| SA-06 | 170 | | | Provider advised that they do not impede VAD access. | ✓ |
| SA-07 | 168 | | | Provider advised that they provide secondary access. | ✓ |
| SA-08 | 163 | | | Provider advised they provide secondary access to VAD. Rating remains red as no public information to confirm this. | ✓ |
| SA-09 | 159 | | | No response | ✗ |
| SA-10 | 153 | | | No response | ✗ |
| SA-11 | 153 | | | Provider advised that a policy is in development. | ✓ |
| SA-12 | 147 | | | Provider advised that they do not impede VAD access. | ✓ |
| SA-13 | 145 | | | Provider advised that a policy is in development. | ✓ |
| SA-14 | 144 | | | Provider advised that they do not impede VAD access. | ✓ |

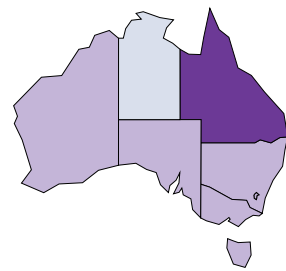
⁺ listed by no. of operational aged care places as of June 2024, largest at the top
^{*} Based on public information

| Service name ⁺ | Places available | Quality of public VAD info [*] | Level of VAD access [*] | Response | |
|---------------------------|------------------|---|----------------------------------|--|---|
| SA-15 | 144 | | | No response | ✗ |
| SA-16 | 140 | | | Provider advised they have a VAD policy but it is not public. Rating remains red as no public information to confirm this. | ✓ |
| SA-17 | 137 | | | No response | ✗ |
| SA-18 | 137 | | | Open and clear communication | ✓ |
| SA-19 | 136 | | | No response | ✗ |
| SA-20 | 134 | | | No response | ✗ |

⁺ Ranked by % of national market share, largest at the top
^{*} Based on public information

RESULTS

Queensland



| Service name ⁺ | Places available | Quality of public VAD info [*] | Level of VAD access [*] | Response | |
|---------------------------|------------------|---|----------------------------------|--|---|
| QLD-01 | 272 | | | Open and clear communication | ✓ |
| QLD-02 | 246 | | | Provider advised they support secondary VAD access. Rating remains red as no public information to confirm this. | ✓ |
| QLD-03 | 225 | | | No response | ✗ |
| QLD-04 | 209 | | | No response | ✗ |
| QLD-05 | 194 | | | Open and clear communication | ✓ |
| QLD-06 | 189 | | | No response | ✗ |
| QLD-07 | 185 | | | Open and clear communication | ✓ |
| QLD-08 | 185 | | | No response | ✗ |
| QLD-09 | 180 | | | No response | ✗ |
| QLD-10 | 179 | | | No response | ✗ |
| QLD-11 | 179 | | | No response | ✗ |
| QLD-12 | 178 | | | Provider advised that they do not impede VAD access. | ✓ |
| QLD-13 | 176 | | | No response | ✗ |
| QLD-14 | 175 | | | Provider advised that they do not impede VAD access. | ✓ |
| QLD-15 | 175 | | | No response | ✗ |
| QLD-16 | 172 | | | No response | ✗ |

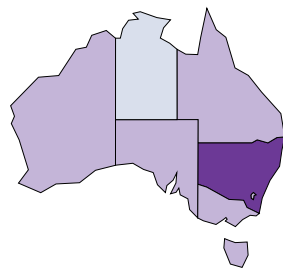
⁺ listed by no. of operational aged care places as of June 2024, largest at the top
^{*} Based on public information

| Service name ⁺ | Places available | Quality of public VAD info [*] | Level of VAD access [*] | Response | |
|---------------------------|------------------|---|----------------------------------|--|---|
| QLD-17 | 171 | | | Provider advised that they support full VAD access. Rating remains red as no public information to confirm this. | ✓ |
| QLD-18 | 167 | | | No response | ✗ |
| QLD-19 | 167 | | | Provider advised that they support full VAD access. Rating remains red as no public information to confirm this. | ✓ |
| QLD-20 | 167 | | | No response | ✗ |

⁺ Ranked by % of national market share, largest at the top
^{*} Based on public information

RESULTS

New South Wales



| Service name ⁺ | Places available | Quality of public VAD info [*] | Level of VAD access [*] | Response | |
|---------------------------|------------------|---|----------------------------------|---|---|
| NSW-01 | 333 | | | Provider advised that they support secondary VAD access. | ✓ |
| NSW-02 | 317 | | | No response | ✗ |
| NSW-03 | 314 | | | Provider advised they have a VAD policy but it is not public. | ✗ |
| NSW-04 | 296 | | | No response | ✗ |
| NSW-05 | 285 | | | Open and clear communication | ✓ |
| NSW-06 | 276 | | | Provider advised that they support secondary VAD access. | ✗ |
| NSW-07 | 253 | | | No response | ✗ |
| NSW-08 | 250 | | | No response | ✗ |
| NSW-09 | 250 | | | No response | ✗ |
| NSW-10 | 238 | | | No response | ✗ |
| NSW-11 | 232 | | | Provider advised VAD is not supported in their facility and if someone asks about VAD they will refer them to someone else. | ✗ |
| NSW-12 | 221 | | | No response | ✗ |
| NSW-13 | 216 | | | No response | ✗ |
| NSW-14 | 213 | | | No response | ✗ |
| NSW-15 | 203 | | | No response | ✗ |
| NSW-16 | 201 | | | No response | ✗ |

⁺ listed by no. of operational aged care places as of June 2024, largest at the top
^{*} Based on public information

| Service name ⁺ | Places available | Quality of public VAD info [*] | Level of VAD access [*] | Response | |
|---------------------------|------------------|---|----------------------------------|------------------------------|---|
| NSW-17 | 195 | | | Open and clear communication | ✓ |
| NSW-18 | 195 | | | No response | ✗ |
| NSW-19 | 194 | | | No response | ✗ |
| NSW-20 | 191 | | | No response | ✗ |

⁺ Ranked by % of national market share, largest at the top
^{*} Based on public information

Methodology

Objective

This Report Card rates aged care providers' performance in two areas:

- 1. The quality of public VAD information they provide; and
- 2. The level of VAD access available in their facilities.

Sample

Our sample consists of the 25 largest providers nationally and the 20 largest facilities in each state, with 72 unique providers represented.

The 25 largest Australian aged care providers are drawn from KPMG's aged care market analysis, based on the providers' FY23 market share.³³ Together, the top 25 providers received 40% of total government funding in FY23.³⁴

The 20 largest aged care facilities in each Australian state are drawn from GEN Aged Care data, provided by the Australian Institute of Health and Welfare.³⁵ Size is determined by the number of residential places available at 30 June 2024.

The Territories were not included in the sample. At the time of writing, the ACT's VAD legislation is not yet in effect, and the Northern Territory does not have VAD legislation.

Data collection

We completed our data collection over a period of three months. We made a minimum of six attempts to ascertain the level of VAD access permitted by each provider; often many more. Our research into each provider consisted of:

- **Desktop research:** A website review and Google Search to look for available information about VAD published by the provider
- **Phone calls:** A minimum of two attempts to contact them by phone (the provider's headquarters where possible, or the main contact number listed online).

- **Emails:** A minimum of three separate emails to each provider to inform them of our research, ask about the VAD information and access they provide, and to invite them to a meeting with us. Each of these three contact attempts by email were at least two weeks apart to allow providers time to respond.

We recorded all data in a spreadsheet, including outcomes of phone calls, details of conversations during meetings, and responses received by email. All providers have been given the opportunity to ask questions, respond and have been made aware in advance of the publication of this report.

Data analysis

We collated the information made available by each provider and applied our criteria to give them two ratings, represented as traffic light scores of green, amber, or red. (See full Ratings Criteria on [p8](#))

Ethics

Our research relies only on publicly available information and has not accessed any sensitive or personal information. We have not obtained formal ethics approval.³⁶

Strengths and limitations

Strengths of this Report Card include that it is the first of its kind and will be a resource for current and prospective aged care residents and families who wish to know if they can access VAD within their chosen aged care facility. It also aids privacy, as a person may wish to know a provider's stance on VAD without disclosing that VAD is something they or their loved one may consider.

Limitations of this Report Card include that it only looks at a sample of aged care providers in Australia, selected on the basis of data correct to June 2024 which may have changed by the date of publication. At the time of publication, any proposed changes by providers that we have been made aware of are represented in the Comments column.

Residential aged care in Australia

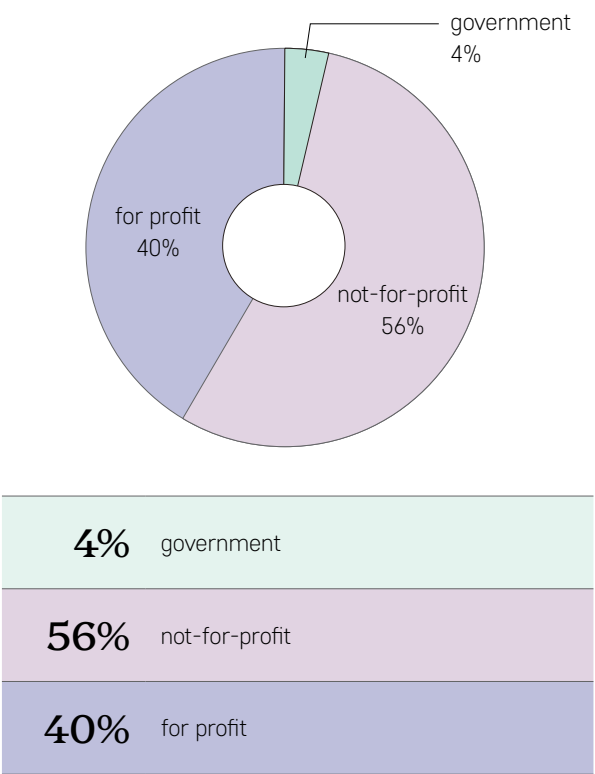
- **190,000 people** live in permanent residential aged care³⁷
- **Almost half of Australia's residential aged care places (44%)** are provided by the country's 25 largest providers³⁸
- **Religious providers offer 20%** of Australia's residential aged care places³⁹

Residential aged care is provided by government, not-for-profit, and for-profit providers. All approved providers – that is, those who meet standards set by the regulator, the Aged Care Quality and Safety Commission – receive subsidies from the federal government to deliver residential aged care services to older people who can no longer live in their own home. These subsidies amounted to almost \$16 billion in FY 2023/4.⁴¹

Residential aged care services include accommodation and round-the-clock personal care, as well as access to nursing and health care services,⁴² such as palliative and end-of-life care.

The sector has experienced significant legislative and regulatory change with the Aged Care Act 2024 (Cth), as well as the introduction of federal subsidies to support the workforce.

736 residential aged care providers in Australia⁴⁰



Providers’ obligations

Providers’ federal obligations regarding VAD

Australian law recognises that a person living in residential aged care has the same legal and consumer rights as anyone else.⁴³

A person who seeks information about, or access to, VAD should not be treated differently because they live in an aged care facility.⁴⁴

Providers have obligations in statute and regulation to make sure that older people’s choices are protected. These duties are contained in the Aged Care Act 2024 (Cth), effective 1 November 2025, guidance from the national aged care regulator and state VAD laws.

Aged Care Act 2024 (Cth)

While there is no Australia-wide VAD legislation, the federal Aged Care Act contains a rights framework and regulatory model that governs aged care in Australia. It covers all aspects of aged care, including VAD services where it is legally available.

The Act’s centrepiece is the **Statement of Rights**,⁴⁵ which outlines the rights that older people will have when accessing aged care services. The Statement includes rights to:

- exercise choice and make decisions that affect the individual’s life
- be treated with dignity and respect
- receive safe, fair, equitable and non-discriminatory treatment
- have privacy respected and personal information protected
- equitable access to palliative and end-of-life care when required.⁴⁶

The Act’s regulatory framework also contains seven **strengthened Quality Standards**.⁴⁷ The Aged Care Quality and Safety Commission, the national regulator of Commonwealth-funded aged care services, is responsible for monitoring providers’ compliance with the Standards and accrediting residential aged care services.

Each of the seven Standards has expected ‘outcomes’ or ‘results’. Those most relevant to VAD are:

Standard 1: The individual

Outcome 1.2: Dignity, respect and privacy

1.2.2 Individuals are treated with kindness, dignity and respect.

Outcome 1.3: Choice, independence and quality of life

1.3.1 The provider ensures information given to individuals to help them make informed decisions about their funded aged care and services:

- a) is current, accurate and timely
- b) is plainly expressed and presented in a way the individual understands.

Outcome 1.4: Transparency and agreements

1.4.1 Prior to entering into any agreement or commencing funded aged care services (whichever comes first), the provider gives individuals information to enable them to make informed decisions about their funded aged care services.

Standard 3: The care and services

Outcome 3.1: Assessment and planning

3.1.6 The provider has processes for advance care planning that:

- a) support the individual to discuss future medical treatment and care needs, in line with their needs, goals and preferences, including beliefs, cultural and religious practices and traditions.

Standard 5: Clinical care

Outcome 5.7: Palliative care and end-of-life care

5.7.2 The provider supports the individual to:

- a) continue end-of-life planning conversations
- b) discuss requesting or declining aspects of personal care and life-prolonging treatment
- c) review advance care planning documents to align with their current needs, goals and preferences.

5.7.3 The provider plans and delivers palliative care that:

- a) prioritises the comfort and dignity of the individual
- f) facilitates access to specialist palliative care and end-of-life health professionals when required

5.7.4 The provider implements processes in the last days of life to:

- e) minimise unnecessary transfer to hospital, where this is in line with the individual’s preferences.

Guidance about handling VAD requests from the aged care regulator

In May 2024 the Aged Care Quality and Safety Commission published a factsheet to help providers ‘handle a situation where an older person requests access to, or information about VAD’.⁴⁸ It says:

‘Living in a residential aged care service does not impact a person’s right and ability to choose to access VAD. Residents have the right to choose to access VAD even where the provider has made the decision not to participate in the VAD process. This also applies to states (such as Victoria) where there is no obligation for a provider to directly facilitate access to VAD services ... a provider that decides not to take part will still have to meet its provider responsibility to support residents’ right to exercise choice to access the VAD process.’

An individual’s legal and consumer rights are also important. The fact sheet references Section 9A of the User Rights Principles 2014, which states that a residential aged care provider mustn’t act in a way that is inconsistent with the legal and consumer rights of a resident (which include a resident’s right to access VAD). The fact sheet also refers to the Quality of Care Principles 2014 and the Charter of Aged Care Rights. It says:

‘Importantly, a person receiving aged care shouldn’t be disadvantaged if they live in an aged care facility and want information about and/or access to VAD. Enabling a person receiving aged care to access VAD under state laws is consistent with a provider’s responsibilities under Commonwealth law to support a person’s choice.’

The fact sheet also highlights that:

- Care and support should continue, no matter a person’s VAD choice
- VAD guidance and training should be provided to staff
- A resident’s privacy should always be respected, including in relation to VAD
- Policies and procedures are important for all aspects of the VAD process
- VAD may not be used as a reason to ask a resident to leave a residential service.

Obligations of residential aged care and retirement villages in state and territory VAD legislation

Providers’ state and territory obligations

State VAD laws grant individual health professionals the right to object to the provision of VAD services. However, the same rights do not extend to aged care providers.

The extent to which aged care residents’ VAD choice is protected by state legislation differs between jurisdictions.

While laws in Victoria, Western Australia and Tasmania do not define aged care providers’ duties towards residents seeking VAD information and access, later laws provide direction.

South Australia’s parliament was the first to recognise that residential aged care can be a person’s permanent home, and as such a provider’s objection to VAD should not prevent a person’s access to VAD; the person is entitled to freedom and privacy in their own home, the same as anyone else.

Queensland and New South Wales reinforced this sentiment, stating that aged care providers must provide reasonable access to VAD for residents and must not hinder their access to VAD information.

Crucially, South Australia, Queensland and New South Wales all require providers to inform the public if VAD is not available in their facilities.

The law in the Australian Capital Territory (ACT), effective November 2025, provides the greatest protection for older people. Doing away with complex distinctions in state laws, the ACT affords everyone the same right to access VAD information and services, no matter the type of care they receive. This reflects a much-needed prioritisation of the needs of dying people, recognising the power imbalance between an entire institution and a person in the final months of life.

| | VIC | WA | TAS | SA | QLD | NSW | ACT* |
|---|-----|----|-----|----|-----|-----|------|
| Facility must not hinder a person’s access to VAD information | | | | | | | |
| Facility must inform the public of non-availability of VAD | | | | | | | |
| Facility must provide permanent residents with access to VAD assessment and administration for permanent residents | | | | | | | |
| Facility may ask non-residents to transfer to another suitable facility to access VAD. However, if this would cause harm, delays or financial loss to the person, they must provide access to VAD assessment and administration. | | | | | | | |
| Facility must provide a person who asks for VAD information with contact details for the VAD Care Navigation Service within 2 working days | | | | | | | |
| Facility must have a VAD policy displayed in a place easily discoverable by the public, and provide it on request within 2 working days | | | | | | | |
| Facility must not withdraw or refuse care because it knows the person is accessing or likely to access VAD | | | | | | | |
| Facility faces penalties for non-compliance | | | | | | | |

- Laws are silent on aged care providers’ obligations
- Law gives equal protection to permanent residents & non-residents

*Comes into effect November, 2025

Resources

Legislation

- Voluntary Assisted Dying Act 2017 (Vic)
<https://www.legislation.vic.gov.au/in-force/acts/voluntary-assisted-dying-act-2017/006>
- Voluntary Assisted Dying Act 2019 (WA)
[https://www.legislation.wa.gov.au/legislation/prod/filestore.nsf/FileURL/mrdoc_42491.pdf/\\$FILE/Voluntary%20Assisted%20Dying%20Act%202019%20-%20%5B00-00-00%5D.pdf?OpenElement](https://www.legislation.wa.gov.au/legislation/prod/filestore.nsf/FileURL/mrdoc_42491.pdf/$FILE/Voluntary%20Assisted%20Dying%20Act%202019%20-%20%5B00-00-00%5D.pdf?OpenElement)
- End-of-Life Choices (Voluntary Assisted Dying) Act 2021 (Tas)
<https://www.legislation.tas.gov.au/view/whole/html/asmade/act-2021-001>
- Voluntary Assisted Dying Act 2021 (SA)
https://www.legislation.sa.gov.au/_legislation/lz/c/a/voluntary%20assisted%20dying%20act%202021/current/2021.29.auth.pdf
- Voluntary Assisted Dying Act 2021 (Qld)
<https://www.legislation.qld.gov.au/view/pdf/asmade/act-2021-017>
- Voluntary Assisted Dying Act 2022 (NSW)
<https://legislation.nsw.gov.au/view/html/inforce/current/act-2022-017>

Aged Care Regulator

- Aged Care Quality and Safety Commission fact sheet. *Voluntary assisted dying: The role of aged care providers*
<https://www.agedcarequality.gov.au/sites/default/files/media/voluntary-assisted-dying-provider-factsheet.pdf>

Further resources

- ELDAC (End of Life Directions for Aged Care) has published several helpful factsheets on the roles, and legal rights and obligations of residential facilities in relation to VAD.⁴⁹
 - Residential facilities in South Australia, Queensland and New South Wales
<https://www.eldac.com.au/Portals/12/Documents/Factsheet/Legal/VAD-aged-care-RACFs-SA-QLD-NSW.pdf>
 - Residential facilities in Victoria, Western Australia and Tasman
<https://www.eldac.com.au/Portals/12/Documents/Factsheet/Legal/VAD-aged-care-Victoria-WA-TAS.pdf>
- The End of Life Law for Clinicians training program provides training on VAD for medical practitioners, nurses and allied health professionals. <https://palliativecareeducation.com.au/course/index.php?categoryid=5>
- Palliative Care Australia’s Guiding Principles for VAD.
<https://palliativecare.org.au/statement/voluntary-assisted-dying-in-australia-guiding-principles-for-those-providing-care-to-people-living-with-a-life-limiting-illness-2/>
- Australian Medical Association’s position statement on voluntary assisted dying (2025).
<https://www.ama.com.au/articles/ama-position-statement-voluntary-assisted-dying-2025>

Notes

1 Charter of Aged Care Rights, Aged Care Act 1997 (Cth) Schedule 1 and User Rights Principles 2019 (Cth) s9A

2 Position statement on voluntary assisted dying (2025) Australian Medical Association. <https://www.ama.com.au/articles/ama-position-statement-voluntary-assisted-dying-2025> Accessed 7 May 2025.

3 State of VAD: Voluntary Assisted Dying in Australia and New Zealand: 2025 Update, Go Gentle Australia [in print].

4 State of VAD: Voluntary Assisted Dying in Australia and New Zealand, Go Gentle Australia, 2024 https://assets.nationbuilder.com/gogentleaustralia/pages/3038/attachments/original/1723682650/GGA_StateOfVAD_Report_2024_DIGITAL_Aug24.pdf?1723682650 p9. Accessed 8 July 2025.

5 ibid.

6 Aged Care Quality and Safety Commission (2024) *Voluntary assisted dying: The role of aged care providers, Aged Care Quality and Safety Commission, Australian government*. Accessed 17 April 2025.

7 Aged Care Act 2024 (Cth)

8 Aged Care Quality and Safety Commission (2024) *Voluntary assisted dying: The role of aged care providers, Aged Care Quality and Safety Commission, Australian government*. Accessed 17 April 2025.

9 KPMG 2024, *Aged care market analysis 2024*. Accessed 9 April 2025.

10 Aged care service list: 30 June 2024, GEN Aged Care Data, Australian Institute of Health and Welfare, Australian government. <https://www.gen-agedcaredata.gov.au/resources/access-data/2024/september/aged-care-service-list-30-june-2024> Accessed 12 May 2025.

11 ibid. Number = 130,228

12 ibid. Number = 69%

13 50 / 72 providers. The Territories are not included in this report; in the ACT, VAD legislation is not yet in effect at the time of publication; in the NT, there is no VAD law.

14 61 / 72 providers. This includes providers where we were unable to ascertain the level of VAD access provided.

15 What is plain language? 2025, Plain Language Association International website, <https://plainlanguagenetwork.org/plain-language/what-is-plain-language/> Accessed 23 June 2025.

16 Australian Government 2024, Style Manual, <https://www.stylemanual.gov.au/writing-and-designing-content/clear-language-and-writing-style/plain-language-and-word-choice> Accessed 23 June 2025.

17 29 of the 72 providers in this report are faith-based (40%). Of these 29 faith-based providers, 55% provided some VAD information to the public.

18 Voluntary Assisted Dying 2023, Health Direct, <https://www.healthdirect.gov.au/voluntary-assisted-dying> Accessed 30 June 2025.

19 Aged Care Quality and Safety Commission (2024) *Voluntary assisted dying: The role of aged care providers, Aged Care Quality and Safety Commission, Australian government*. Accessed 17 April 2025.

20 End of Life Law 2022, Queensland University of Technology (QUT), End of Life Law in Australia. <https://end-of-life.qut.edu.au/assisteddying> Accessed 30 June 2025.

21 Position statement on voluntary assisted dying (2025) Australian Medical Association. <https://www.ama.com.au/articles/ama-position-statement-voluntary-assisted-dying-2025> Accessed 7 May 2025.

22 Joint statement by Australia's suicide prevention leaders https://assets.nationbuilder.com/gogentleaustralia/pages/2982/attachments/original/1702513241/Joint_statement.pdf?1702513241 Accessed 12 May 2025.

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24 Position statement on voluntary assisted dying (2025) Australian Medical Association. <https://www.ama.com.au/articles/ama-position-statement-voluntary-assisted-dying-2025> Accessed 7 July 2025.

25 Voluntary Assisted Dying Act (2017) (Vic) s8 and Voluntary Assisted Dying Act 2021 (SA) s12.

26 Voluntary assisted dying in aged care: Residential facilities in Victoria, Western Australia and Tasmania (2024) End of Life Directions for Aged Care (ELDAC). <https://www.eldac.com.au/Portals/12/Documents/Factsheet/Legal/VAD-aged-care-Victoria-WA-TAS.pdf> Accessed 30 June 2025.

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28 Voluntary Assisted Dying Laws Still The Compassionate Choice, Premier of Victoria Hon Jacinta Allan MP, 20 February 2025. <https://www.premier.vic.gov.au/voluntary-assisted-dying-laws-still-compassionate-choice> Accessed 9 July 2025.

29 The impact on patients of objections by institutions to assisted dying: a qualitative study of family caregivers' perceptions (2023) <https://bmcmethics.biomedcentral.com/articles/10.1186/s12910-023-00902-3> p7. Accessed 13 May 2025.

30 Charter of Aged Care Rights, *Aged Care Act 1997* (Cth) Schedule 1 and User Rights Principles 2019 (Cth) s9A

31 What is plain language? 2025, Plain Language Association International website <https://plainlanguagenetwork.org/plain-language/what-is-plain-language/> Accessed 23 June 2025.

32 Australian Government 2024, Style Manual, <https://www.stylemanual.gov.au/writing-and-designing-content/clear-language-and-writing-style/plain-language-and-word-choice> Accessed 23 June 2025.

33 KPMG 2024, *Aged care market analysis 2024*. Accessed 9 April 2025.

34 ibid p6.

35 Australian Institute of Health and Welfare 2024, *GEN Aged Care Data: Aged Care Service List*. Accessed 9 April 2025.

36 National Health and Medical Research Council 2025, National Statement on Ethical Conduct in Human Research s5.1.17 Research that may be eligible for a grant of exemption, <https://www.nhmrc.gov.au/about-us/publications/national-statement-ethical-conduct-human-research-2025#block-views-block-file-attachments-content-block-1>. Accessed 8 June 2025.

37 Aged Care Data Snapshot 2024 (Third release 003) <https://www.gen-agedcaredata.gov.au/resources/access-data/2024/october/aged-care-data-snapshot-2024> Accessed 7 May 2025. Number = 189884.

38 KPMG 2024, *Aged care market analysis 2024*, p20. Accessed 9 April 2025. Number = 44 %

39 Aged Care Data Snapshot 2024 (Third release 003) <https://www.gen-agedcaredata.gov.au/resources/access-data/2024/october/aged-care-data-snapshot-2024> Accessed 9 July 2025. Number = 21%

40 Providers, services and places in aged care, GEN Aged Care Data website. <https://www.gen-agedcaredata.gov.au/topics/providers,-services-and-places-in-aged-care> Accessed 7 May 2025.

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42 About residential aged care, Department of Health and Aged Care, Australian Government. <https://www.health.gov.au/our-work/residential-aged-care/about-residential-aged-care> Accessed 7 May 2025.

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44 Aged Care Quality and Safety Commission (2024) *Voluntary assisted dying: The role of aged care providers, Aged Care Quality and Safety Commission, Australian government*. Accessed 17 April 2025.

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48 Aged Care Quality and Safety Commission (2024) *Voluntary assisted dying: The role of aged care providers, Aged Care Quality and Safety Commission, Australian government*. Accessed 17 April 2025.

49 End of Life Directions for Aged Care (ELDAC), Factsheets for residential facilities, October 2024. <https://www.eldac.com.au/Our-Toolkits/End-of-Life-Law/Voluntary-Assisted-Dying/Factsheets> Accessed 14 May 2025.

Template VAD information for providers

There are different ways to provide comprehensive VAD information. We have made a suggested template for a fictional provider called GreenGrass Care Homes, based in Victoria, to display on its website.

Ideally this information will be available in the same place that information is provided on palliative and other end-of-life options, or otherwise featured on an FAQ page.

Voluntary Assisted Dying at GreenGrass

At GreenGrass Care Homes, we are committed to supporting the choices, dignity, and wellbeing of our residents. This includes providing compassionate and lawful responses to residents who may want to use the option of voluntary assisted dying.

Our commitment is to ensure that all residents and families feel supported, safe, and heard — no matter their decisions.

What is Voluntary Assisted Dying?

Voluntary assisted dying (VAD) means a person in the late stages of advanced disease can take a substance prescribed by a doctor that will bring about their death at a time they choose.

Only people who meet all the conditions and follow the process can access the voluntary assisted dying substance. A person's decision to ask for voluntary assisted dying must be:

- voluntary (the person's own decision)
- enduring (the person makes three separate requests for voluntary assisted dying during the process)
- fully informed (the person is well-informed about their disease, and their treatment and palliative care options).

For more information, visit the [Victorian Dept of Health website](#).

Our approach at GreenGrass

GreenGrass and its staff do not provide VAD services or care. However, we respect the right of our residents to make informed decisions about their care, including VAD, and will not hinder access to VAD information. We will never discriminate against or withdraw support from a resident who is exploring or accessing VAD.

We will always respect resident's privacy and confidentiality.

If a GreenGrass resident wishes to explore VAD, we will:

- Allow external VAD clinicians such as medical practitioners, VAD Care Navigation Service and the VAD Statewide Pharmacy Service to GreenGrass facilities to provide VAD care and services, including for assessments and administering the VAD substance
- Receive delivery of an eligible resident's VAD substance, and allow storage where necessary
- Not ask residents to transfer to another place for any part of the VAD process
- Respect patient confidentiality and resident privacy at all times.

Talking to us about VAD

A GreenGrass resident considering VAD should speak with our Facility Manager in confidence. We will always listen with empathy. We will supply the resident with a print-out of this information. If you have any questions, please don't hesitate to contact the GreenGrass Facility Manager on greengrass@carehomes.org.au or call 012 345 678.

Support and information

For more information, please contact [Victoria's VAD Care Navigation Service](#).

Phone: (03) 8559 5823 **Email:** vadcarenavigator@petermac.org

Information should have a clear title which includes the words 'voluntary assisted dying' and appear if this term is typed into the website's 'search' function

Include a definition of VAD for readers who do not know what it is, or may know it by another name. Use the wording from your jurisdiction's health department and include a link to the webpage.

This is the minimum commitment a provider could make in respect of access. It would get a **GREEN LIGHT** for VAD information if the information was clearly displayed and publicly available, but a **RED LIGHT** for access.

This is the detail and approach required for an **AMBER LIGHT** for access. It should set out which parts of the process can and cannot happen within the facility in a way that is easy for consumers to understand.

Designate a 'VAD Lead' within your organisation. Everyone in the organisation should know who this is. Also supply printed information that will be given to residents on request. It could be a print-out of this webpage.

Whatever your organisation's stance on VAD, information should include contact details for your state's VAD Care Navigation Service.

