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Australia New Zealand Society of Palliative Medicine

ANZSPM position statement on Assisted Dying (AD) / Voluntary Assisted Dying (VAD) 2026

Context / preamble

In the period since 2017, Assisted Dying (AD) (New Zealand) or Voluntary Assisted Dying (VAD) (Australia) has been legalised in all jurisdictions other than the Northern Territory, where at the time of writing, it is still being considered. There has been widespread public consultation and debate over the introduction of this legislation in all of these jurisdictions, in which members of the Palliative Medicine specialty have participated actively. The legislative changes have been introduced with consistently high levels of public support.

The legalisation of AD/VAD represents a very significant change in the shared understanding about death and dying in Australian and New Zealand communities, and is a major legal, ethical and sociological shift. As the medical specialty most closely involved with the care of dying people, Palliative Medicine needs to address the implications of these changes for patients and their families, for the providers of Palliative Medicine, and for the continuing provision of high-quality, equitable and accessible palliative care.

This position statement updates ANZSPM's previous position statement [November 2021]. In order to inform the redrafting of the position statement, ANZSPM's Council undertook an online survey of its members and has carefully considered the results.

This position statement reflects current legislation and guidance provided is therefore only applicable to people > 18yrs.

Purpose & scope

This position statement provides guidance for ANZSPM members, and for the general public about the approach of Palliative Medicine to AD/VAD. It does not provide legal advice, and we acknowledge the different legislative contexts in which AD/VAD is being implemented. Members must comply with relevant legislation, institutional policies and professional standards.

About ANZSPM

ANZSPM is a specialty medical society that facilitates professional development and support for its members. ANZSPM promotes the discipline and practice of Palliative Medicine in order to improve the quality of care of patients with life-limiting illnesses and support their families. ANZSPM members are medical practitioners. Our members include Palliative Medicine specialists as well as other medical practitioners who either practise or have an interest in Palliative Medicine.

ANZSPM acknowledges the range of its members' perspectives and supports its members who either conscientiously choose not to participate, or to participate in, the AD/VAD process.

The core principles of palliative care

Palliative care provides management from pain and other distressing symptoms. According to the WHO definition of palliative care (1), it:

- Affirms life and regards dying as a normal process
- Intends neither to hasten nor postpone death
- Integrates the psychological and spiritual aspects of patient care
- Offers a support system to help patients live as actively as possible until death
- Offers a support system to help the family cope during the patient's illness and in their own bereavement
- Uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated
- Enhances quality of life, and may also positively influence the course of illness
- Is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications

Palliative care is also profoundly patient-centred, with a focus on supporting and respecting the personhood, autonomy and choice of people who are at the end of life.

Eligibility criteria in the AD/VAD legislation in New Zealand and Australia show that people who are eligible to access AD/VAD are also people for whom palliative care is both necessary and appropriate, given that they are facing an expected death and dealing with the associated suffering and distress.

This statement will focus on how to maintain and promote the core values of Palliative Medicine and promote equity of access to high-quality palliative care for all who need it, including those who may also consider accessing AD/VAD.

As indicated by the standard definition of palliative care, the ethical tension for Palliative Medicine practitioners is that AD/VAD does seek to hasten death, should a patient wish to do so.

- For some Palliative Medicine practitioners, the statement about not hastening death represents a fundamental value, and an essential part of the professional identity of Palliative Medicine, which is not negotiable for them.
- For others, the legalised availability of AD/VAD is seen as an additional opportunity to provide patient-centred care, to respect people's choices and their wish for control over the end of their life, and as offering another way to relieve suffering.

ANZSPM acknowledges that this divergence of ethical perspectives is present within its membership and has played a significant part in the response of the Palliative Medicine specialty to assisted dying hitherto. It respects the right of all its members to their ethical views. It seeks to promote an environment that will not contribute to moral injury for Palliative Medicine practitioners, whilst responding to the changing legal and cultural expectations around death and dying in our community.

Position statement

High-quality palliative care and AD/VAD are not the same

Palliative care directly addresses the suffering of people approaching the end of life, and of their families. The culture of Palliative Medicine is not to turn away from suffering and to explore all possible opportunities to address that suffering. Care is provided within a framework that is holistic and multidisciplinary. High-quality palliative care can make an enormous difference to the experience of people at the end of their lives, by acknowledging and relieving physical, psychosocial and spiritual distress, and by helping people and their families to prepare for death. It is an assumption of palliative care that the final part of a person's life is meaningful and has great potential value.

The role of the Palliative Medicine specialist involves helping patients and families to weigh up the benefits and burdens of the person's medical treatments, and assisting other clinicians to make these assessments, in order to give people the best possible quality time as they approach the end of their life. Appropriately de-escalating treatment is a core part of the specialty of Palliative Medicine, with the intention of improving the dying person's comfort, not prolonging the dying process, and giving them more choices about where and how they are cared for. It is not done in order to hasten the person's death.

It is also important to note that the following are standard, traditional parts of Palliative Medicine and do not constitute AD/VAD:

1. **Patient refusal of life-sustaining treatments including the provision of medically assisted nutrition and/or hydration.**

2. **Withholding or withdrawing treatments that are not benefitting the patient;**

3. **Treatment that is appropriately titrated to relieve symptoms at the end of life, even at the risk of causing foreseen but unintended consequence of hastening death.**

Assisted dying is an End-of-Life choice

ANZSPM acknowledges that it is a valid choice for an eligible person to seek AD/VAD. It is consistent with respect for patients' choice and autonomy, and it is legal[1]

No person should be precluded from receiving palliative care because they are considering or have chosen AD/VAD. During assessment processes for AD/VAD, health care practitioners should ensure that treatable sources of suffering are identified and addressed, including timely access to specialist palliative care where appropriate.

ANZSPM recognises that palliative care and AD/VAD are distinct. Some clinicians may participate in AD/VAD, while others may not; access to palliative care remains essential for all patients whether or not they choose to consider AD/VAD.

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[1] At the time of writing, AD/VAD is legal in Aotearoa New Zealand and all Australian States and Territories except the Northern Territory

As a diverse group of clinicians, who often do not have access to an experienced multidisciplinary team, AD/VAD practitioners may not always have capacity or expertise to make an assessment of the complex palliative care needs or options for a person who is requesting AD/VAD, nor the capacity to provide the appropriate palliative support or treatment where it is needed. It will therefore be important that there are close relationships between palliative care and AD/VAD services to enable cross-referral to happen.

Conscientious objection by Palliative Medicine practitioners is upheld

ANZSPM recognises that Palliative Medicine practitioners hold a spectrum of conscientious positions regarding AD/VAD, including participation (where lawful), discussion only without prescribing, through to complete non-participation, which may include declining to discuss AD/VAD.

We uphold the right of Palliative Medicine practitioners to conscientiously object to participation in the provision of AD/VAD.

All these positions are to be respected. However Palliative Medicine specialists, like all health care professionals, have an ethical obligation to ensure non-abandonment of patients, and to plan for the provision of ongoing care and appropriate referrals, including to AD/VAD where appropriate. The legal obligation of Palliative Medicine specialists to provide information on AD/VAD varies between jurisdictions and may change over time. Members are encouraged to review the relevant law of their jurisdiction.

As the peak body for Palliative Medicine practitioners in Australia and Aotearoa New Zealand, ANZSPM is committed to ensuring that we represent the breadth and diversity of our membership. Our primary focus remains on Palliative Medicine, including where it interfaces with AD/VAD. However, noting that AD/VAD and Palliative Medicine are distinct and different, ANZSPM will not take on the role as a peak body to represent AD/VAD providers and services.

Access to palliative care not to be affected/ reduced by implementation of AD/VAD

A minority of people approaching an expected death will use AD/VAD, but the clinical, administrative and assessment processes associated with accessing assisted dying are significant. It is important that the development of services providing AD/VAD do not divert resources from existing palliative care services, or place additional unfunded demands on their staff, compromising their ability to meet patients' needs.

ANZSPM will continue to advocate for health reform programmes in Australia and New Zealand to strengthen end of life care, including addressing current shortages in the palliative care workforce (including in the specialist medical, nursing, and allied health fields), increasing community based supports for dying people in order to enable them to have real choices about their place of death, and ensuring improved access to appropriate palliative care facilities.

The interface of palliative care and AD/VAD is an area of contention

ANZSPM recognises that Palliative Medicine practitioners hold differing views on whether AD/VAD activities should be organisationally separated from palliative care services.

The potential benefits of collocation or shared service arrangements are to facilitate access to AD/VAD for people referred to palliative care, and to reduce barriers to accessing palliative care for patients requesting AD/VAD.

However, the potential risk of this approach is that being involved in the management of VAD will take scarce resources from palliative care service delivery. Furthermore, it leads to the misidentification of palliative care with AD/VAD, thus reinforcing community misperceptions that palliative care medications and treatments are often given with the covert intent of ending patients' lives. This misunderstanding is a very real barrier for some people, who are afraid to access palliative care or accept symptom management and suffer unnecessarily as a consequence.

Whatever model is adopted locally, ANZSPM recommends that Palliative Medicine practitioners who are willing to do so contribute to the development of governance, policies and clinical pathways for AD/VAD, to ensure high quality support for patients, appropriate support and training for the clinicians providing AD/VAD, and mitigation of unintended consequences for their own community.

Monitoring the impact of AD/VAD and the evolution of community expectations around death and dying

We recognise the expertise and commitment of the specialty of Palliative Medicine in all aspects of End-of-Life care, as it affects individual patients, their families, the healthcare system, and the community as a whole. We will therefore promote the contribution of ANZSPM members to the development of AD/VAD policies and services, to monitoring the outcomes and impacts of AD/VAD, and to making improvements in relevant legislation.

ANZSPM will provide ongoing advocacy for people approaching the end of life, support for their choices, and understanding of how palliative care can improve the quality of remaining life and address suffering.

We will also advocate for, and where appropriate contribute to, research into the impact of AD/VAD on the community, on health services and healthcare practitioners, and on the specialty of Palliative Medicine.

Reference

1. World Health Organization (2002) *National cancer control programmes: policies and managerial guidelines* (2nd ed). Geneva: World Health Organization. ISBN: 9241545577