

Voluntary assisted dying in the ACT

REPORT ON WHAT WE HEARD: JUNE 2023

Canberrans should have access to quality health care, including end of life care, when they need it. However, we know that even with the best end of life care, some Canberrans with an advanced condition, illness or disease experience suffering.

Voluntary assisted dying is a safe and effective medical process that gives an eligible person the option to end their suffering by choosing how and when they die. To promote the autonomy and dignity of eligible people, the ACT Government will introduce legislation in late 2023 to provide them with access to voluntary assisted dying.

The ACT Government acknowledges the many Canberrans who have experienced, or are experiencing, suffering in the face of illness, disease, and medical conditions. We also acknowledge the hardships and grief experienced by their loved ones and carers.

This Listening Report contains information that may be distressing or uncomfortable. If you need support, contact Lifeline on 13 11 14 or Griefline on 1300 845 745.

THE CONVERSATION

From 7 February to 6 April 2023, the ACT Government undertook a public consultation to understand how our community would like to see voluntary assisted dying delivered in the ACT. Knowing that the majority of Australians support voluntary assisted dying with appropriate safeguards in place, the consultation focused on what model should be adopted rather than whether voluntary assisted dying should be lawful.

To ensure we delivered an inclusive and accessible consultation, we worked closely with the ACT Office for Disability, Disability Reference Group, Office for Aboriginal and Torres Strait Islander Affairs, and Aboriginal and Torres Strait Islander Elected Body. To shape our consultation from lived experience within the health system, we also worked closely with organisations representing a wide variety of health consumers in the ACT, and with our Clinical Reference Group of experienced health professionals at Canberra Health Services.

During our consultation, the [YourSay Conversations website](#) provided the community with information about the voluntary assisted dying initiative including; a detailed Discussion Paper containing 36 questions for comment, a series of shorter Discussion Guides translated into Easy English and five common languages for the ACT community, and an invitation for people to have their say. The Discussion Paper was also available in ACT libraries, and by mail on request.

Community members were able to have their say by making a submission on the YourSay Conversations website, posting their submission by mail, sending us an email, or leaving a voicemail. We received 366 'short answer' submissions from individuals wanting to share their own experience and views.

In addition, 2,937 Canberrans who were part of the ACT Government's YourSay Panel completed a survey on voluntary assisted dying. You can [read the survey results on the YourSay Panel website](#).

We reached out to 200+ stakeholders to learn from their expertise and experience to help us design a voluntary assisted dying model. We received formal submissions from 106 individuals and organisations, including voluntary assisted dying academics and advocates, health, disability and social services, legal and religious bodies.

We held more than 30 meetings with stakeholders to hear their views, including eight roundtables and workshops with key organisations representing health professionals, health consumers, residential aged care, disability, mental health, and First Nations communities. We met with the Disability Reference Group, Ministerial Council on Ageing, Multicultural Advisory Council, Youth Advisory Council, LGBTIQ+ Advisory Council, and members of the Aboriginal and Torres Strait Islander Elected Body to hear from Canberrans with lived experience. We consulted closely with a Clinical Reference Group of health professionals, and held a workshop on clinical considerations attended by over 150 health professionals at Canberra Health Services.

We would like to thank all contributors for their involvement in this consultation process. We are especially grateful to those who were willing to share their personal stories. We heard from people who have cared for loved ones near the end of their lives, who live with terminal illness, or who anticipate they might suffer near the end of their lives. We also heard from health professionals who care for these people. We appreciate that so many people had the courage to share these powerful stories with us, to help shape better policy and outcomes for the ACT community.

THANK YOU FOR YOUR FEEDBACK

7,476 people reached via our YourSay Conversations website	106 formal submissions received from organisations and individuals	8 roundtables and workshops with key stakeholder groups	300+ people engaged in roundtables, workshops and meetings
366 ‘short answer’ submissions received from individuals	32,438 people reached though ACT Government social media channels, with 2,295 engaging across 4 posts	200+ stakeholders invited to contribute	2,937 Members from the YourSay Panel completed our survey

WHAT WE HEARD

Our starting point for consultation was that voluntary assisted dying in the ACT would be usefully informed by the ‘Australian model’. The Australian model refers to the general approach taken in Victoria, Western Australia, Queensland, South Australia, Tasmania, and that will commence operating in New South Wales from November 2023. You can read more about the Australian model, and the varying approaches taken in each Australian state, in the [Discussion Paper](#).

Overall, most contributors supported the ACT adopting the main features of the Australian model:

- Strict eligibility criteria**, including that a person must be suffering unbearably from a terminal illness, disease or condition.
- Thorough request process**: three requests, including one in writing, with accessibility options, witnessed by independent witnesses.
- Provision of support and information** through a government-run Care Navigator Service and pharmacy service.
- Two health professionals**, who meet training and eligibility requirements to independently assess a person’s eligibility, at least one of whom is responsible for ensuring the person is informed and supported regarding all of their end-of-life and care options.
- Strict requirements for prescription, management and administration of a voluntary assisted dying substance** with criminal offences for mismanagement;
- Health professionals and health services may object** to being actively involved in facilitating voluntary assisted dying, as long as they do not hinder access; and

- g. **An independent oversight body** monitors compliance, records data, and exercises other oversight functions.

We heard strong support for some aspects of the Australian model, and for some adjustments to this model to build on the experiences of other jurisdictions and meet the unique needs of the ACT.

There was clear support from a diverse range of contributors to ensure that voluntary assisted dying does not detract from the availability of quality palliative care. We consistently heard support for palliative care and for existing support services to be well resourced and promoted to ensure voluntary assisted dying represents a genuine end of life choice for eligible people. We also heard of the need to increase public awareness and understanding of palliative care.

A small number of contributors – particularly pro-voluntary assisted dying advocates – felt the Australian model was not best practice. They recommended the ACT adopt a model more aligned with European countries, particularly Switzerland.

While the majority of contributors supported voluntary assisted dying, we acknowledge the contributors who shared deeply held views that voluntary assisted dying should not be legalised in the ACT. We appreciate that voluntary assisted dying is an important ethical and moral issue for many in our community. The ACT Government is committed to respecting and upholding all Canberrans' rights to equality, non-discrimination and freedom of religion, conscience and belief. The ACT Government is also committed to quality end of life choices in the ACT and learning from people who have experienced intolerable suffering near the end of their life, as well as their carers, families and health professionals.

CONSULTATION TOPICS

ELIGIBILITY: WHO SHOULD HAVE ACCESS TO VOLUNTARY ASSISTED DYING?

Advanced, progressive and terminal

Our starting point for consultation was that voluntary assisted dying will only be available in the ACT for people approaching death because of an advanced terminal condition, illness or disease – consistent with Australian states.

There were mixed views on this approach. Some contributors representing people with disability felt strongly that the scope of voluntary assisted dying should not be extended to those who are not near death. On the other hand, many contributors with views on this matter felt that voluntary assisted dying should address intolerable suffering arising from conditions other than terminal illness - for example, advanced age or a non-terminal condition.

Suffering

We heard strongly that intolerable end of life suffering is complex, and that narrow definitions of suffering in some Australian states may unfairly exclude people from accessing voluntary assisted dying.

Contributors with views on this matter almost unanimously supported the broader Tasmanian approach, which makes voluntary assisted dying available to eligible people who are persistently and intolerably suffering because of an incurable and irreversible illness, condition or disease, or other relevant medical conditions. It also makes voluntary assisted dying available to eligible people whose intolerable suffering is caused by the anticipation of further suffering which might arise from their condition, its treatment, and/or complications.

Timeframe to expected death

In other Australian states, an otherwise eligible person is generally not eligible to access voluntary assisted dying until a doctor assesses that they are expected to die within six months (except Queensland), or within 12 months for neurological conditions. Most contributors with views on this matter felt that voluntary assisted dying in the ACT should not be restricted by a similar timeframe to death.



We heard that such timeframes can unnecessarily limit access to voluntary assisted dying for people who would like to have it as an option, especially because it can become increasingly difficult for people to navigate the voluntary assisted dying process as they become more unwell near the end of their lives.

We also heard evidence, both academic and anecdotal, that it is challenging for health professionals to accurately assess six to 12 month life expectancy, which can contribute to unpredictable and unfair outcomes. A substantial number of contributors also viewed requirements around timeframe to death as being a barrier to people with dementia or similar conditions which are slow progressing and often lead to loss of decision-making capacity being able to access voluntary assisted dying.

Some contributors, primarily health professionals, felt that timeframe restrictions were useful to provide clarity for practitioners. For example, when discussing voluntary assisted dying with patients and families. These health professionals thought that a 12 month timeframe for all conditions was reasonable. Some contributors supported the Tasmanian approach which allows a person to apply for an exemption to the timeframe requirement.

Decision-making capacity and advance care directives

The Discussion Paper outlined that a person should have decision-making capacity at all stages of the voluntary assisted dying process. This is a safeguard aimed at ensuring that voluntary assisted dying is truly voluntary, and is consistent with the approach in Australian states. This emerged as the strongest area for discussion across our consultation.



Many contributors felt strongly that a person should be able to request voluntary assisted dying in advance care planning documents, so that voluntary assisted dying could take place once the person had lost capacity (for example, because of advanced dementia). Many contributors pointed out that dementia causes significant suffering as well as being a leading cause of death in Australia.

As such, we heard that restricting voluntary assisted dying to people with decision-making capacity would exclude a large proportion of people near the end of their lives. Many contributors reflected on their own experiences caring for friends, family and partners who had suffered for a long time because of advanced dementia, expressing frustration that there were few options to end this suffering. We also heard from organisations representing people with disabilities that consideration should be given to how people can have ongoing support to access voluntary assisted dying if suffering from a degenerative condition.

The consultation also revealed considerable complexity on this matter. We heard from health professionals who told us about the challenges posed by, among other things, potentially having to administer a voluntary assisted dying substance to a person who has lost the capacity to understand and agree that this substance would end their life. We also heard from voluntary assisted dying experts who considered this issue had not yet been sufficiently researched and considered in Australia, particularly as no Australian voluntary assisted dying laws currently deal with this matter.

On the issue of defining decision-making capacity, we heard support for providing clear guidance around decision-making capacity, particularly given that capacity is currently defined in various ways in different contexts in the ACT, alongside strong support for the mode of assessment of decision-making capacity to be left to health professionals, supported by flexible guidance rather than rigid legislation.

Age restrictions

While Australian jurisdictions limit people who can access voluntary assisted dying to 18 years and older, we heard some strong support for the view that that mature young people suffering intolerably near the end of their lives should have the same end of life choices as adults.

Many contributors with views on this issue felt that imposing an age restriction of over 18 years old is arbitrary, and ignores the reality that teenagers who are suffering intolerably from terminal illness may have decision-making capacity. We heard this particularly strongly from people who have cared for young people who suffered intolerably near the end of their lives.

We heard support for allowing young people to choose voluntary assisted dying if they are 'Gillick competent'. This is the current legal test used by health professionals in deciding whether a young person can consent to health treatment, rather than have their parent or guardian consent on their behalf. This requires a case-by-case assessment of whether the young person has a sufficient understanding to enable them to understand fully what is proposed.

Contributors felt strongly that there should be additional, tailored safeguards and supports for young people seeking to access voluntary assisted dying. We heard that this was important to ensure that the rights of a young person to autonomy and dignity are balanced with the young person's right to special protections, and the rights of families. Suggestions included requiring parental agreement, requiring intensive counselling and support for young people and their families and carers, and imposing approval or review processes over and above those required for adults.

In contrast, some contributors felt there should be no access to voluntary assisted dying for people under 18. Reasons given included 18 is the age of majority in the ACT, and voluntary assisted dying for young people has not yet been explored in other Australian jurisdictions.

Connection to the ACT

We also heard that some contributors felt that if the purpose of voluntary assisted dying is to reduce intolerable suffering, it would be unfair to limit – as Australian states have done – voluntary assisted dying to people who have lived in, or have some other substantial connection to, the ACT.

We heard strongly that we need to consider access for regional NSW residents who rely on the ACT health system. We heard in particular that there should be no barriers to an eligible person 'going home to die', for example by completing most of the voluntary assisted dying process in the ACT but returning to their home in regional NSW to take the substance. We also heard from First Nations communities that it is important for many First Nations people to have the option to return to Country when they die.



That said, many contributors acknowledged that if the ACT's model was significantly broader than other Australian states, this may encourage 'VAD tourism' from interstate. A significant number of contributors felt that it would be necessary to limit access to locals, or those with some substantial connection to the ACT, to reduce additional burden on the ACT health system.

Australian citizenship or permanent residency



We heard that the requirements in some Australian states for a person to be an Australian citizen or permanent resident to access voluntary assisted dying can unfairly exclude some people. For example, we heard New Zealand citizens who reside in Australia and people on temporary visas who have lived in Australia long-term might not meet the formal citizenship or residency requirement. There was very little support for adopting such a formal requirement in the ACT, particularly if a person must have some substantial connection to the ACT.

If there was to be no requirement for a person to have a connection to the ACT, we heard support for restricting access to people with a long-term connection to Australia, to reduce the risk of 'VAD tourism' from overseas.

PROCESS: WHAT PROCESS SHOULD A PERSON FOLLOW TO ACCESS VOLUNTARY DYING?

Most contributors were generally supportive of the ACT adopting a request and assessment process similar to the Australian model, particularly the model in Western Australia and Queensland, with adjustments to ensure that the process is suited to the ACT.

Contributors also shared a range of views on what considerations should inform that process in the ACT:

- If a health professional is unable or unwilling to assist a person with voluntary assisted dying, the large majority of contributors felt strongly that the health professional must provide the person with the contact details of a Care Navigator Service so that access to voluntary assisted dying is not hindered.
- We heard support for the requirement, as in Australian states, that an independent witness should witness an eligible person's formal request for voluntary assisted dying.
- We heard mixed views on whether an independent witness should be present while the voluntary assisted dying substance is administered to a person. Some contributors felt that if a qualified health professional is asked to administer the substance, an independent witness would provide peace of mind both for the health professional and the person's family, friends or carers. Others felt there should be no mandatory requirement to have a third party in the room while a person is dying.
- We heard views that a 'cooling off' period between the first and final request, as is required in Australian states, was not necessary. Those with strong views on this matter felt that the voluntary assisted dying process already required enduring, repeated requests made over a number of days, such that a formal requirement to wait was not necessary, and that the five to nine days cooling off period imposed by Australian states was arbitrary. We heard from some health professionals involved with voluntary assisted dying around Australia that patients rarely, if ever, change their mind during the cooling off period.
- We heard almost unanimous support for an eligible person to have the dignity to choose whether the voluntary assisted dying substance would be self-administered or administered by a qualified health professional. We heard strong views that this is ultimately a clinical and personal matter that should be determined between an eligible person and their health professionals. We heard a preference by some health professionals for self-administration.
- We heard strong support for ensuring that the person's underlying illness, disease or condition was recorded as the cause of death on their death certificate.
- We heard that voluntary assisted dying should be equitable, and that access to voluntary assisted dying should not be limited by people's ability to access and pay for health services.

- We heard strongly that the carers, family and friends of an eligible person should have access to compassionate, specialised supports, including counselling for grief and bereavement. Significantly, we heard about the importance of culturally sensitive supports that recognise diverse cultural understandings of death and dying. We also heard positive experiences from interactions with Care Navigator Services in Victoria and Western Australia.
- We heard almost overwhelmingly – from the community and health professionals – that it is crucial to minimise bureaucratic processes associated with the voluntary assisted dying process.
- We heard that suffering and complex grief for a person and their friends, family and carers can be compounded if access to voluntary assisted dying is overly complicated or slow. There was strong support from a wide range of stakeholders for the role of a well-resourced Care Navigator Service and a central pharmacy service in addressing these barriers.
- We heard that it will be important to have a process that is compatible with New South Wales, and that the community would not like to see the ACT-New South Wales border posing unnecessary barriers to access.

Suggestions were made in relation to other consultation questions, including what kind of safeguards might be necessary to determine whether or not a person has taken the voluntary assisted dying substance, to ensure the timely return of the voluntary assisted dying substance if it has not been taken, and to safeguard the substance. Contributors with views on this matter generally supported the Australian model.

WHAT ROLE SHOULD HEALTH PROFESSIONALS HAVE IN VOLUNTARY ASSISTED DYING?

Scope of practice

Contributors were generally supportive of the approach taken in Queensland, where two trained and qualified doctors (a general practitioner and/or medical specialist) assess a person's eligibility for voluntary assisted dying; and a trained and qualified doctor, nurse practitioner, or registered nurse can assist a person by administering a voluntary assisted dying substance to end their life.



Many contributors commented on limited access to doctors – GPs and specialists – as the ACT as a small jurisdiction. We also heard that in some Australian states, relatively few doctors had completed voluntary assisted dying training, and how nurses had played important roles in supporting a person through the process.

Many contributors were open to nurse practitioners and registered nurses having some role in the voluntary assisted dying process. While there was strong support for nurse practitioners and registered nurses assisting with administration of the substance, some also supported suitably experienced nurse

practitioners being permitted to assess a person's eligibility for voluntary assisted dying and/or for coordinating the person's voluntary assisted dying application.

A minority of contributors with views on this matter felt that only doctors should be permitted to be a coordinating health professional or consulting health professional.

Contributors did not express strong views on what specific training, qualification and experience requirements should be. Those with views on this matter generally supported the approach taken in other Australian jurisdictions and felt that health professionals involved in voluntary assisted dying should be highly experienced. First Nations contributors felt it was important to ensure culturally sensitive training for voluntary assisted dying is available to health professionals.

Discussing voluntary assisted dying



We heard that health professionals should be empowered to provide, where appropriate, support and accessible and culturally appropriate information about voluntary assisted dying to eligible people and their families, friends and carers. We heard that education, training, and awareness about the Care Navigator Services has been beneficial in other jurisdictions.

We also heard strongly that health professionals should not be restricted from initiating discussions with a person about voluntary assisted dying, where clinically appropriate. We heard both anecdotal and academic evidence that restrictions on health professionals initiating discussions about voluntary assisted dying in other states are restricting both health professionals and eligible people from having informed discussions about end-of-life choices.

We heard concerns, particularly from voluntary assisted dying experts and health professionals, about how the Commonwealth Criminal Code is limiting access to voluntary assisted dying. The Commonwealth Criminal Code makes it an offence to use a carriage service (including the telephone or internet) to counsel, promote or provide instruction on suicide. We heard both anecdotal and academic evidence that this is significantly restricting access to voluntary assisted dying, particularly in regional and rural parts of Australia.

Conscientious objection

We heard almost unanimously that health professionals should be able to conscientiously object to being actively involved in voluntary assisted dying, as long as this did not hinder a person's access to quality end of life care.

Most contributors felt comfortable with the Australian approach that a health professional who conscientiously objects to voluntary assisted dying should connect the person with the Care Navigator Service, which can provide the contact details for health professionals who are trained to assist with voluntary assisted dying.

We heard mixed views on whether a health professional who conscientiously objects should be required to disclose this objection. Some felt health professionals should disclose this information publicly, while others were concerned about the potential impacts of this on health professionals' privacy.

WHAT ROLE SHOULD HEALTH AND AGED CARE SERVICES HAVE IN VOLUNTARY ASSISTED DYING?



One of the strongest concerns arising from our consultation was how an eligible person might access voluntary assisted dying if they rely on health services, residential aged care facilities, or accommodation providers that have, for example, a faith-based objection to voluntary assisted dying.

We heard that there is significant apprehension in our community, particularly organisations representing health consumers, that faith-based service providers might obstruct or hinder access to voluntary assisted dying. We also heard both academic and anecdotal evidence from Australian states that eligible people have experienced challenges in accessing voluntary assisted dying if they are living or staying in the care of faith-based health services. In particular, we heard concerns about the distress caused if people living in residential facilities needed to be transferred to other premises, away from their home, to access voluntary assisted dying.

Many contributors accepted that faith-based health and aged care services should be able to operate in accordance with their values. That said:

- Most contributors with views on this matter felt that health and aged care services should be required to facilitate an eligible person's access to voluntary assisted dying.
- A common suggestion was that health and aged care services should be required to allow an eligible person's health professionals access to the premises to assist the person to progress through the voluntary assisted dying process.
- Most contributors expected that health and aged care services should be transparent and disclose public information about their organisational position on voluntary assisted dying.
- Many contributors felt strongly that publicly funded health services should not be permitted to hinder access to voluntary assisted dying.

HOW COULD WE MONITOR VOLUNTARY ASSISTED DYING TO MAKE SURE THE PROCESS IS SAFE AND EFFECTIVE

Contributors with views on this matter generally felt:

- Like Australian states, the ACT should have an independent oversight body that monitors compliance and gathers data about voluntary assisted dying.

- Most contributors felt the ACT should adopt a similar approach to that taken in Western Australia and Queensland, which requires health professionals to report at each stage of the voluntary assisted dying process and conducts retrospective reviews of health professional compliance. Some ACT doctors felt a prospective review process – that signs off on compliance before a person can move to the next stage of the voluntary assisted dying process – would be a preferable safeguard. In contrast, we heard academic and anecdotal evidence that the prospective review approach taken in Victoria can unnecessarily restrict or slow access to voluntary assisted dying for eligible people.
- There should be some mechanism for accessible, efficient review of health professionals' decisions about eligibility. Some health professionals raised that it might be useful to have professionals on hand to consult in the event they were struggling with eligibility determinations.
- Health professionals should be protected from liability for lawfully assisting with voluntary assisted dying, as in Australian states. We heard consideration should be given to how these protections might interact with professional codes of conduct.
- Offences for non-compliance should generally align with those in the Australian states.



WHAT'S NEXT?

We are now in the process of developing a model for voluntary assisted dying that works for the ACT community.

We intend to introduce a Bill to legalise voluntary assisted dying in the Legislative Assembly in late 2023. It is anticipated that a parliamentary committee would review the draft legislation before the law is debated. If legislation is debated and passed in the Legislative Assembly, it will take time for voluntary assisted dying to become available to eligible people in the ACT, with the necessary systems, safeguards and processes needing to be developed and put in place.

You can register to receive project updates at [YourSay.act.gov.au/VAD](https://yoursay.act.gov.au/VAD).

To find out more about this and other ACT Government initiatives, policies and projects happening across Canberra visit www.yoursay.act.gov.au or follow us on social media.

APPENDIX A: LIST OF ORGANISATIONS THAT ENGAGED IN CONSULTATION

Please note that for privacy reasons, individuals who engaged in our consultation have not been identified.

ORGANISATIONS THAT ATTENDED ROUNDTABLES, WORKSHOPS AND MEETINGS

Disability and mental health communities roundtable

ACT Disability Aged and Carer Advocacy Service (ADACAS)	Carers ACT
ACT Disability Reference Group	Health Care Consumers' Association
Advocacy for Inclusion	Mental Health Community Coalition
	Women with Disabilities ACT

Health professionals roundtable

Australian and New Zealand Society of Palliative Medicine	Community Care Program, Palliative Care, Canberra Health Services
Australian Association of Psychologists	Nursing and Midwifery Board of Australia
Australian College of Nurse Practitioners	Palliative Care Nurses Australia
Australian College of Nursing	Pharmaceutical Society of Australia
Australian Healthcare and Hospitals Association	Pharmacy Board of Australia
Australian Medical Association, ACT Branch	Pharmacy Guild of Australia, ACT Branch
Australian New Zealand College of Anaesthetists	Royal Australasian College of Surgeons
Australian Nursing and Midwifery Foundation ACT	Royal Australian and New Zealand College of Psychiatrists
Australian Society of Anaesthetists	Royal Australian College of General Practice, NSW
Cancer and Ambulatory Support Division, Canberra Health Services	Society of Hospital Pharmacists Australia
Cancer Nursing Society of Australia	

Health and aged care service providers roundtable

Aged & Community Care Providers Association	National Capital Private Hospital
Baptist Care	Royal Free Masons Benevolent institution
Clinical and Health Services Goodwin	RSL LifeCare
Health Care Consumers' Association	Salvation Army
IRT Group	Southern Cross Care
Jindalee Aged Care Residence	

First Nations roundtables

Aboriginal and Torres Strait Islander Children and Young People Advocate	Office of Aboriginal and Torres Strait Islander Affairs, ACT Government
Aboriginal and Torres Strait Islander Elected Body	United Ngunnawal Elders Council
National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners	Whole of Government Cultural Advisor, ACT Government
Office for ACT Aboriginal and Torres Strait Islander Children and Young People	

Key health sector non-government-organisations workshop

Cancer Council ACT	Health Care Consumers' Association
Carers ACT	Palliative Care ACT

Health consumer workshop

End-of-Life and Palliative Care Consumer Reference Group
Cancer Consumer Reference Group

Clinicians at Canberra Health Services workshop

157 participants representing clinicians and other health professionals from Canberra Health Services

Local primary care practitioner workshop

Eight participants representing experienced general practitioners in the ACT.

ORGANISATIONS THAT MADE FORMAL SUBMISSIONS

1. ACT Council of Social Service
2. ACT Human Rights Commission
3. ACT Law Society
4. Advocacy for Inclusion
5. Archdiocese of Canberra and Goulburn
6. Australia21
7. Australian Care Alliance
8. Australian Christian Lobby
9. Australian College of Nursing
10. Australian Lawyers Alliance
11. Australian Psychological Society
12. Calvary Health Care
13. Capital Health Network
14. Carers ACT
15. Christians Supporting Choice for Assisted Dying
16. Civil Liberties Australia
17. Community Options
18. Dementia Australia
19. DIGNITAS
20. Dying with Dignity ACT
21. Dying with Dignity NSW
22. Dying With Dignity Victoria Inc
23. Dying With Dignity WA
24. End-of-Life Choice Society NZ
25. Ethical Rights
26. Exit ACT
27. Go Gentle Australia
28. Health Care Consumers' Association
29. Humanists Australia
30. KidneyLife
31. Legal Aid ACT
32. Meridian ACT
33. National Seniors Australia (ACT Policy Advisory Group)
34. Palliative Care ACT
35. Parliament of Tasmania
36. Pro-Life Victoria
37. Public Issues Commission, Anglican Diocese of Canberra and Goulburn
38. Public Trustee and Guardian ACT
39. Royal Australasian College of Surgeons
40. Speech Pathology Australia
41. The Clem Jones Group
42. The Pharmaceutical Society of Australia
43. The Right to Life Australia Inc
44. The Society of Hospital Pharmacists of Australia
45. Ukrainian Orthodox Church
46. University of Southern Queensland
47. VAD Australia and New Zealand