

2023

THE LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

(As presented)

(Minister for Human Rights)

Voluntary Assisted Dying Bill 2023

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2023

THE LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

(As presented)

(Minister for Human Rights)

Voluntary Assisted Dying Bill 2023

A Bill for

An Act to regulate access to voluntary assisted dying, and for other purposes

The Legislative Assembly for the Australian Capital Territory enacts as follows:

1 **Part 1 Preliminary**

2 **1 Name of Act**

3 This Act is the *Voluntary Assisted Dying Act 2023*.

4 **2 Commencement**

5 This Act commences 18 months after its notification day.

6 *Note* The naming and commencement provisions automatically commence on
7 the notification day (see [Legislation Act](#), s 75 (1)).

8 **3 Dictionary**

9 The dictionary at the end of this Act is part of this Act.

10 *Note 1* The dictionary at the end of this Act defines certain terms used in this
11 Act, and includes references (*signpost definitions*) to other terms defined
12 elsewhere in this Act.

13 For example, the signpost definition ‘*health record*—see the [Health
14 Records \(Privacy and Access\) Act 1997](#), dictionary.’ means that the term
15 ‘health record’ is defined in that dictionary and the definition applies to
16 this Act.

17 *Note 2* A definition in the dictionary (including a signpost definition) applies to
18 the entire Act unless the definition, or another provision of the Act,
19 provides otherwise or the contrary intention otherwise appears (see
20 [Legislation Act](#), s 155 and s 156 (1)).

21 **4 Notes**

22 A note included in this Act is explanatory and is not part of this Act.

1 **5 Offences against Act—application of Criminal Code etc**

2 Other legislation applies in relation to offences against this Act.

3 *Note 1 Criminal Code*

4 The [Criminal Code](#), ch 2 applies to all offences against this Act (see
5 Code, pt 2.1).

6 The chapter sets out the general principles of criminal responsibility
7 (including burdens of proof and general defences), and defines terms used
8 for offences to which the Code applies (eg *conduct*, *intention*,
9 *recklessness* and *strict liability*).

10 *Note 2 Penalty units*

11 The [Legislation Act](#), s 133 deals with the meaning of offence penalties
12 that are expressed in penalty units.

- 1 **Part 2** **Objects, principles and important**
2 **concepts**
- 3 **6** **Objects of Act**
- 4 The objects of this Act are to—
- 5 (a) give individuals who are suffering and dying the option of
6 requesting assistance to end their lives; and
- 7 (b) establish a process for individuals to exercise the option to
8 request assistance to end their lives if they have been assessed
9 as meeting the requirements to access voluntary assisted dying
10 under this Act; and
- 11 (c) establish mechanisms to—
- 12 (i) ensure that voluntary assisted dying is accessed only by
13 individuals who—
- 14 (A) want to exercise the option to request assistance to
15 end their lives; and
- 16 (B) have been assessed as meeting the requirements to
17 access voluntary assisted dying under this Act; and
- 18 (ii) protect individuals from coercion and exploitation; and
- 19 (d) provide protection for health practitioners who choose to assist,
20 or not assist, individuals to exercise the option of ending their
21 lives in accordance with this Act; and
- 22 (e) provide for the monitoring and enforcement of compliance with
23 this Act.

1 **7 Principles of Act**

2 The following principles are to be taken into account by a person in
3 exercising a function under this Act:

- 4 (a) human life is of fundamental importance;
- 5 (b) every individual has inherent dignity and should be treated with
6 compassion and respect;
- 7 (c) an individual’s autonomy, including autonomy in relation to end
8 of life choices, should be respected;
- 9 (d) every individual approaching the end of their life should be
10 provided with high quality, person-centred care and treatment,
11 including palliative care, to minimise their suffering and
12 maximise their quality of life;
- 13 (e) an individual should be supported in making informed decisions
14 about treatment and end of life choices;
- 15 (f) individuals should be protected from coercion and exploitation;
- 16 (g) an individual’s personal, cultural and religious beliefs and
17 values should be respected.

18 **8 Voluntary assisted dying not suicide**

19 For the purposes of a territory law, and for the purposes of a contract,
20 deed or other instrument entered into in the ACT or governed by a
21 territory law, an individual who dies as the result of the administration
22 of an approved substance by or to the individual in accordance with
23 this Act—

- 24 (a) does not die by suicide; and
- 25 (b) is taken to have died from the condition mentioned in
26 section 11 (1) (b).

- 1 **9** **No obligation to continue with request to access**
2 **voluntary assisted dying**
- 3 (1) If an individual starts a request to access voluntary assisted dying, the
4 individual may, at any time, decide not to take any further steps in
5 relation to the request.
- 6 (2) However, the individual does not need to start a new request if the
7 individual later decides to take further steps in relation to the request.
- 8 **10** **When individual may access voluntary assisted dying**
- 9 An individual may access voluntary assisted dying only if—
- 10 (a) the individual has made a first request; and
- 11 (b) the individual’s coordinating practitioner has decided that the
12 individual meets the eligibility requirements; and
- 13 (c) the individual’s consulting practitioner has decided that the
14 individual meets the eligibility requirements; and
- 15 (d) the individual has made a second request; and
- 16 (e) the individual has made a final request; and
- 17 (f) the individual’s coordinating practitioner has decided that the
18 individual meets the final assessment requirements; and
- 19 (g) the individual has made an administration decision; and
- 20 (h) if the individual has made a self-administration decision—the
21 individual’s contact person appointment has taken effect.

- 1 **11 Meaning of *eligibility requirements***
- 2 (1) For this Act, an individual meets the *eligibility requirements* if—
- 3 (a) they are an adult; and
- 4 (b) they have been diagnosed with a condition that, either on its own
- 5 or in combination with 1 or more other diagnosed conditions, is
- 6 advanced, progressive and expected to cause death (the *relevant*
- 7 *conditions*); and
- 8 (c) they are suffering intolerably in relation to the relevant
- 9 conditions; and
- 10 (d) they have decision-making capacity in relation to voluntary
- 11 assisted dying; and
- 12 (e) their decision to access voluntary assisted dying is made
- 13 voluntarily and without coercion; and
- 14 (f) they have—
- 15 (i) lived in the ACT for at least the previous 12 months; or
- 16 (ii) been granted an exemption under section 151.
- 17 (2) However, an individual does not meet the eligibility requirement
- 18 mentioned in subsection (1) (b) only because they have a disability,
- 19 mental disorder or mental illness.
- 20 (3) For subsection (1) (c), an individual is *suffering intolerably* in
- 21 relation to their relevant conditions if—
- 22 (a) persistent suffering (whether physical, mental or both) is being
- 23 caused to them by—
- 24 (i) 1 or more of the following matters:
- 25 (A) the relevant conditions;
- 26 (B) the combination of the relevant conditions and any
- 27 other condition or conditions they have been
- 28 diagnosed with (the *other conditions*);

- 1 (C) treatment they have received for the relevant
2 conditions;
- 3 (D) the combination of treatments they have received for
4 the relevant conditions and the other conditions; or
- 5 (ii) the anticipation or expectation, based on medical advice,
6 of suffering that will or might be caused by a matter
7 mentioned in subparagraph (i); or
- 8 (iii) a medical complication that will or might result from, or be
9 related to, a matter mentioned in subparagraph (i); and
- 10 (b) the persistent suffering is, in their opinion, intolerable.
- 11 (4) In this section:
- 12 **advanced**—an individual’s relevant conditions are **advanced** if—
- 13 (a) the individual’s functioning and quality of life have declined;
14 and
- 15 (b) any treatments that are available and acceptable to the individual
16 lose any beneficial impact; and
- 17 (c) the individual is in the last stages of their life.
- 18 **condition** means a disease, illness or other medical condition.
- 19 **disability**—
- 20 (a) has the same meaning as it has in the *Discrimination Act 1991*,
21 section 5AA (1); but
- 22 (b) does not include the meaning in that Act, section 5AA (2).
- 23 **mental disorder**—see the *Mental Health Act 2015*, section 9.
- 24 **mental illness**—see the *Mental Health Act 2015*, section 10.
- 25 **progressive**—an individual’s condition is **progressive** if their
26 condition is deteriorating and will continue to deteriorate.

- 1 **12** **Meaning of *decision-making capacity***
- 2 (1) For this Act, an individual has *decision-making capacity* in relation
3 to voluntary assisted dying if they can—
- 4 (a) understand the facts that relate to a decision about accessing
5 voluntary assisted dying; and
- 6 (b) understand the main choices available to them in relation to the
7 decision; and
- 8 (c) weigh up the consequences of the main choices; and
- 9 (d) understand how the consequences affect them; and
- 10 (e) on the basis of paragraphs (a) to (d), make the decision; and
- 11 (f) communicate the decision in whatever way they can.
- 12 (2) An individual must be assumed to have decision-making capacity in
13 relation to voluntary assisted dying unless it is established that they
14 do not have decision-making capacity in relation to voluntary assisted
15 dying.
- 16 (3) In deciding whether an individual has decision-making capacity in
17 relation to voluntary assisted dying, the following must be taken into
18 account:
- 19 (a) an individual’s decision-making capacity is particular to the
20 decision they are to make;
- 21 (b) an individual is capable of making a decision if they are capable
22 of making the decision with adequate and appropriate support;
- 23 (c) an individual must not be treated as not having decision-making
24 capacity unless all practicable steps to support them to make
25 decisions have been taken;

- 1 (d) an individual must not be treated as not having decision-making
2 capacity only because they—
- 3 (i) make an unwise decision; or
- 4 (ii) have impaired decision-making capacity under another
5 Act, or in relation to another decision;
- 6 (e) an individual who moves between having and not having
7 decision-making capacity must, if practicable, be given the
8 opportunity to consider matters requiring a decision at a time
9 when they have decision-making capacity.

- 1 **Part 3** **Request and assessment**
2 **process for access to voluntary**
3 **assisted dying**
- 4 **Division 3.1** **First request, coordinating**
5 **practitioner and first assessment**
- 6 **13** **Making first request**
- 7 (1) An individual may make a request for access to voluntary assisted
8 dying to a health practitioner (a *first request*).
- 9 (2) The request must be—
- 10 (a) clear and unambiguous; and
- 11 (b) made personally by the individual.
- 12 (3) The request may be made in writing or orally, or by communicating
13 in any other way the individual can.
- 14 **14** **Health practitioner must accept or refuse to accept first**
15 **request**
- 16 (1) Within 2 working days after the day an individual makes a first
17 request, the health practitioner must—
- 18 (a) decide to accept or refuse to accept the request; and
- 19 (b) tell the individual about the decision.
- 20 (2) The health practitioner—
- 21 (a) must refuse to accept the first request if they do not meet the
22 coordinating practitioner requirements under section 92
23 (Requirements for acting as coordinating practitioner,
24 consulting practitioner or administering practitioner); and

- 1 (b) may refuse to accept the first request if they are unable or
2 unwilling to exercise the functions of a coordinating
3 practitioner.
- 4 *Note* A health practitioner may refuse to accept a first request if they have a
5 conscientious objection (see s 94).
- 6 (3) When telling the individual about the health practitioner’s decision,
7 the health practitioner must—
- 8 (a) if the health practitioner accepts the first request—give the
9 individual any information prescribed by regulation; and
- 10 (b) if the health practitioner refuses to accept the first request—
- 11 (i) tell the individual that other health practitioners may be
12 able to assist the individual with their request; and
- 13 (ii) give the individual information about—
- 14 (A) another health practitioner who they believe is likely
15 to be able to assist the individual with their request;
16 or
- 17 (B) the approved care navigator service.
- 18 (4) If the health practitioner accepts the first request, they become the
19 coordinating practitioner for the individual.

20 **15 Recording first request in individual’s health record**

21 If an individual makes a first request, the health practitioner must
22 record the following information in the individual’s health record:

- 23 (a) that the first request was made;
- 24 (b) the health practitioner’s decision to accept or refuse to accept
25 the first request;
- 26 (c) if the health practitioner refused to accept the first request—the
27 steps taken by the health practitioner to comply with
28 section 14 (3) (b).

- 1 **16 Coordinating practitioner to undertake first assessment**
- 2 (1) An individual’s coordinating practitioner must undertake an
- 3 assessment (a *first assessment*) to decide whether the individual
- 4 meets the eligibility requirements.
- 5 (2) However, the coordinating practitioner must not start the first
- 6 assessment unless the coordinating practitioner is satisfied that the
- 7 individual understands the information given to them under
- 8 section 14 (3) (a).
- 9 (3) For subsection (2), in deciding whether an individual understands
- 10 information given to them, the following must be taken into account:
- 11 (a) an individual is capable of understanding the information if they
- 12 are capable of understanding the information with adequate and
- 13 appropriate support;
- 14 (b) an individual must not be treated as not understanding the
- 15 information unless all practicable steps to support them to
- 16 understand the information have been taken;
- 17 (c) an individual must not be treated as not understanding the
- 18 information only because they have impaired decision-making
- 19 capacity under another Act or in relation to another matter;
- 20 (d) an individual who moves between understanding and not
- 21 understanding information must, if practicable, be given the
- 22 opportunity to consider the information at a time when they are
- 23 most likely to understand it.
- 24 (4) The coordinating practitioner may take the following into account
- 25 when undertaking the first assessment:
- 26 (a) any relevant information about the individual that has been
- 27 prepared by another person who has the appropriate skills and
- 28 training to provide the information;

- 1 (b) if the coordinating practitioner refers the individual to another
2 person for advice under section 17—any advice given by the
3 other person.

4 **17 Referral for advice about eligibility requirements**

- 5 (1) If an individual's coordinating practitioner is unable to decide
6 whether the individual meets an eligibility requirement, the
7 coordinating practitioner must refer the individual to another person
8 who has the appropriate skills and training to provide advice about
9 whether the individual meets the eligibility requirement.
- 10 (2) The coordinating practitioner must not refer the individual to a person
11 who the coordinating practitioner knows or believes—
- 12 (a) is a family member of the individual; or
13 (b) is a beneficiary under the will of the individual; or
14 (c) may otherwise benefit financially or in any other material way
15 (other than by receiving reasonable fees for the provision of
16 services relating to the referral) from—
- 17 (i) assisting the individual to access voluntary assisted dying;
18 or
19 (ii) the death of the individual.

20 **18 Notifying individual and board about outcome of first**
21 **assessment**

- 22 (1) Within 2 working days after the day the coordinating practitioner
23 decides whether the individual meets the eligibility requirements, the
24 coordinating practitioner must—
- 25 (a) prepare a written report of the first assessment (a *first*
26 *assessment report*) that includes—
- 27 (i) the coordinating practitioner's decision in relation to the
28 first assessment; and

- 1 (ii) any other information prescribed by regulation; and
2 (b) give the board a copy of the first assessment report; and
3 (c) tell the individual about their decision and give the individual a
4 copy of the first assessment report.

5 Maximum penalty (paragraph (b)): 20 penalty units.

- 6 (2) The coordinating practitioner may attach a copy of any document
7 relevant to their decision to the first assessment report.
8 (3) An offence against this section is a strict liability offence.

9 **19 Referral for consulting assessment**

- 10 (1) If an individual's coordinating practitioner decides that the individual
11 meets the eligibility requirements, the coordinating practitioner must
12 refer the individual to another health practitioner (the *first referral*
13 *practitioner*) for a consulting assessment.
14 (2) The referral must be made within 2 working days after the day the
15 coordinating practitioner decides the individual meets the eligibility
16 requirements.
17 (3) If the first referral practitioner refuses to accept the referral, the
18 coordinating practitioner must—
19 (a) take reasonable steps to find another health practitioner who will
20 accept a referral under subsection (1); and
21 (b) if the coordinating practitioner is unable to find another health
22 practitioner—refer the individual to the approved care navigator
23 service.

1 **Division 3.2** **Consulting referral, consulting**
2 **practitioner and consulting**
3 **assessment**

4 **20** **Health practitioner must accept or refuse to accept**
5 **consulting assessment referral**

6 (1) Within 2 working days after the day a health practitioner receives a
7 referral under section 19 or section 26, the health practitioner must—

- 8 (a) decide to accept or refuse to accept the referral; and
9 (b) tell the individual’s coordinating practitioner about the decision.

10 (2) The health practitioner—

- 11 (a) must refuse to accept the referral if they do not meet the
12 consulting practitioner requirements under section 92
13 (Requirements for acting as coordinating practitioner,
14 consulting practitioner or administering practitioner); and
15 (b) may refuse to accept the referral if they are unable or unwilling
16 to exercise the functions of a consulting practitioner.

17 *Note* A health practitioner may refuse to accept a referral if they have a
18 conscientious objection (see s 94).

19 (3) As soon as practicable after the health practitioner tells the
20 coordinating practitioner about their decision, the coordinating
21 practitioner must—

- 22 (a) tell the individual about the decision; and
23 (b) tell the health practitioner that they have told the individual.

1 **21** **Recording referral in individual's health record**

2 If an individual is referred to a health practitioner under section 19 or
3 section 26, the health practitioner must record the following
4 information in the individual's health record:

- 5 (a) the referral;
- 6 (b) the health practitioner's decision to accept or refuse to accept
7 the referral.

8 **22** **Notifying board about decision to accept or refuse to**
9 **accept referral**

10 (1) This section applies if an individual is referred to a health practitioner
11 under section 19 or section 26.

12 (2) The health practitioner must give the board written notice of their
13 decision within 2 working days after the day the coordinating
14 practitioner tells the health practitioner that the coordinating
15 practitioner has told the individual about the decision.

16 Maximum penalty: 20 penalty units.

17 (3) An offence against this section is a strict liability offence.

18 (4) If the health practitioner accepts the referral, they become the
19 consulting practitioner for the individual when they give the board
20 notice under subsection (2).

21 (5) If the health practitioner accepts the referral and has given the board
22 notice under subsection (2), they must give the individual any
23 information prescribed by regulation.

- 1 **23 Consulting practitioner to undertake consulting**
2 **assessment**
- 3 (1) An individual’s consulting practitioner must undertake an assessment
4 (a *consulting assessment*) to decide whether the individual meets the
5 eligibility requirements.
- 6 (2) However, the consulting practitioner must not start the consulting
7 assessment unless the consulting practitioner is satisfied that the
8 individual understands the information given to them under
9 section 22 (5).
- 10 (3) For subsection (2), in deciding whether an individual understands
11 information given to them, the following must be taken into account:
- 12 (a) an individual is capable of understanding the information if they
13 are capable of understanding the information with adequate and
14 appropriate support;
- 15 (b) an individual must not be treated as not understanding the
16 information unless all practicable steps to support them to
17 understand the information have been taken;
- 18 (c) an individual must not be treated as not understanding the
19 information only because they have impaired decision-making
20 capacity under another Act or in relation to another matter;
- 21 (d) an individual who moves between understanding and not
22 understanding information must, if practicable, be given the
23 opportunity to consider the information at a time when they are
24 most likely to understand it.
- 25 (4) The consulting practitioner’s consulting assessment and decision in
26 relation to the consulting assessment must be undertaken and made
27 independently of the individual’s coordinating practitioner.

- 1 (5) The consulting practitioner may take the following into account when
2 undertaking the consulting assessment:
- 3 (a) any relevant information about the individual that has been
4 prepared by another person who has the appropriate skills and
5 training to provide the information;
- 6 (b) if the consulting practitioner refers the individual to another
7 person for advice under section 24—any advice given by the
8 other person.

9 **24 Referral for advice about eligibility requirements**

- 10 (1) If an individual's consulting practitioner is unable to decide whether
11 the individual meets an eligibility requirement, the consulting
12 practitioner must refer the individual to another person who has the
13 appropriate skills and training to provide advice about whether the
14 individual meets the eligibility requirement.
- 15 (2) The consulting practitioner must not refer the individual to a person
16 who the consulting practitioner knows or believes—
- 17 (a) is a family member of the individual; or
- 18 (b) is a beneficiary under the will of the individual; or
- 19 (c) may otherwise benefit financially or in any other material way
20 (other than by receiving reasonable fees for the provision of
21 services relating to the referral) from—
- 22 (i) assisting the individual to access voluntary assisted dying;
23 or
- 24 (ii) the death of the individual.
- 25 (d) is a family member of the individual.

- 1 **25 Notifying individual, coordinating practitioner and board**
2 **about outcome of consulting assessment**
- 3 (1) Within 2 working days after the day the consulting practitioner
4 decides whether the individual meets the eligibility requirements, the
5 consulting practitioner must—
- 6 (a) prepare a written report of the assessment (a *consulting*
7 *assessment report*) that includes—
- 8 (i) the consulting practitioner’s decision in relation to the
9 consulting assessment; and
- 10 (ii) any other information prescribed by regulation; and
- 11 (b) as soon as practicable, tell the individual about their decision
12 and give the individual a copy of the consulting assessment
13 report; and
- 14 (c) give a copy of the consulting assessment report to—
- 15 (i) the board; and
- 16 (ii) the individual’s coordinating practitioner.
- 17 Maximum penalty (paragraph (c) (i)): 20 penalty units.
- 18 (2) The consulting practitioner may attach a copy of any document
19 relevant to their decision to the consulting assessment report.
- 20 (3) An offence against this section is a strict liability offence.
- 21 **26 Referral for further consulting assessment**
- 22 (1) If an individual’s consulting practitioner (the *original consulting*
23 *practitioner*) decides that the individual does not meet the eligibility
24 requirements, the individual’s coordinating practitioner may refer the
25 individual to another health practitioner for a further consulting
26 assessment.

- 1 (2) If the other health practitioner accepts the referral, the original
2 consulting practitioner stops being the consulting practitioner for the
3 individual when the other health practitioner gives the board notice
4 under section 22 (2).

5 **Division 3.3 Second request**

6 **27 Making second request**

- 7 (1) This section applies if—
- 8 (a) an individual’s coordinating practitioner decides that the
9 individual meets the eligibility requirements; and
- 10 (b) the individual’s consulting practitioner decides that the
11 individual meets the eligibility requirements.
- 12 (2) The individual may make another request for access to voluntary
13 assisted dying (a *second request*).
- 14 (3) The request must—
- 15 (a) be in writing; and
- 16 (b) state that—
- 17 (i) the request is made voluntarily and without coercion; and
- 18 (ii) the individual understands the nature and effect of the
19 request; and
- 20 (c) be signed by the individual, or another individual on their behalf
21 (an *agent*), in the presence of 2 eligible witnesses; and
- 22 (d) be given to the individual’s coordinating practitioner.
- 23 (4) However, an agent may sign the second request on behalf of the
24 individual only if—
- 25 (a) the individual—
- 26 (i) is unable to sign the request; and

- 1 (ii) asks the agent to sign the request; and
- 2 (b) the agent—
- 3 (i) is an adult; and
- 4 (ii) is not a witness to the signing of the request; and
- 5 (iii) is not the individual's coordinating practitioner or
- 6 consulting practitioner; and
- 7 (iv) signs the request in the presence of the individual.
- 8 (5) If an individual makes a second request with the assistance of an
- 9 interpreter, the interpreter must certify on the second request that the
- 10 interpreter provided a true and correct translation of any material
- 11 translated.
- 12 *Note* It is an offence to make a false or misleading statement, give false or
- 13 misleading information or produce a false or misleading document
- 14 (see [Criminal Code](#), pt 3.4).
- 15 (6) For this section:
- 16 *eligible witness* means someone who is not an ineligible witness.
- 17 *facility*—see section 96 (1).
- 18 *ineligible witness* means someone who—
- 19 (a) is not an adult; or
- 20 (b) knows or believes they are a beneficiary under the will of the
- 21 individual; or
- 22 (c) knows or believes they may otherwise benefit financially or in
- 23 any other material way (other than by receiving reasonable fees
- 24 for the provision of services as a witness) from—
- 25 (i) assisting the individual to access voluntary assisted dying;
- 26 or
- 27 (ii) the death of the individual; or

- 1 (d) is an owner, or is responsible for the management, of a facility
2 where the individual is a resident; or
3 (e) is the individual's coordinating practitioner or consulting
4 practitioner.
5 *resident*, of a facility—see section 96 (1).

6 **28 Certification of witness**

- 7 (1) Each witness to the signing of an individual's second request must
8 certify in writing that—
9 (a) if the request was signed by the individual making the request—
10 (i) the request was signed by the individual in the presence of
11 the witness; and
12 (ii) the individual appeared to sign the request voluntarily and
13 without coercion; and
14 (b) if the request was signed by an agent in the presence of the
15 witness—
16 (i) the individual appeared to ask, voluntarily and without
17 coercion, the agent to sign the request; and
18 (ii) the request was signed by the agent; and
19 (c) the witness is not knowingly an ineligible witness.

20 *Note* It is an offence to make a false or misleading statement, give false or
21 misleading information or produce a false or misleading document
22 (see [Criminal Code](#), pt 3.4).

- 23 (2) In this section:

24 *agent*—see section 27 (3) (c).

25 *ineligible witness*—see section 27 (6).

1 **29** **Recording second request in individual's health record**

2 If an individual gives their coordinating practitioner a second request,
3 the coordinating practitioner must record the following information
4 in the individual's health record:

- 5 (a) the day the second request was made;
- 6 (b) the day the second request was given to the coordinating
7 practitioner.

8 **30** **Notifying board about second request**

- 9 (1) Within 2 working days after the day an individual's coordinating
10 practitioner receives a second request, the coordinating practitioner
11 must give the board a copy of the request.

12 Maximum penalty: 20 penalty units.

- 13 (2) An offence against this section is a strict liability offence.

14 **Division 3.4** **Final request and final assessment**

15 **31** **Meaning of *final assessment requirements***

16 For this Act, an individual meets the *final assessment requirements*
17 if—

- 18 (a) the individual has decision-making capacity in relation to
19 voluntary assisted dying; and
- 20 (b) the individual's decision to access voluntary assisted dying is
21 made voluntarily and without coercion.

1 **32 Making final request**

- 2 (1) An individual who has made a second request may make a further
3 request to their coordinating practitioner for access to voluntary
4 assisted dying (a *final request*).
- 5 (2) The request must be—
- 6 (a) clear and unambiguous; and
- 7 (b) made personally by the individual.
- 8 (3) The request may be made in writing or orally, or by communicating
9 in any other way the individual can.

10 **33 Recording final request in individual’s health record**

11 If an individual makes a final request, the individual’s coordinating
12 practitioner must record the day the final request was made in the
13 individual’s health record.

14 **34 Notifying board about final request**

- 15 (1) Within 2 working days after the day an individual makes a final
16 request, the individual’s coordinating practitioner must—
- 17 (a) prepare a written report of receiving the final request (the *final*
18 *request report*) that includes any information prescribed by
19 regulation; and
- 20 (b) give the board a copy of the final request report.
- 21 Maximum penalty (paragraph (b)): 20 penalty units.
- 22 (2) An offence against this section is a strict liability offence.

23 **35 Coordinating practitioner to undertake final assessment**

24 As soon as practicable after an individual makes a final request, the
25 individual’s coordinating practitioner must undertake an assessment
26 to decide whether the individual meets the final assessment
27 requirements (a *final assessment*).

- 1 **36 Notifying individual and board about outcome of final**
2 **assessment**
- 3 (1) As soon as practicable after deciding whether the individual meets the
4 final assessment requirements, the coordinating practitioner must tell
5 the individual about the decision.
- 6 (2) If the coordinating practitioner decides that the individual meets the
7 final assessment requirements, the coordinating practitioner must
8 prepare a written report (a *final assessment report*) that includes—
- 9 (a) the coordinating practitioner’s decision in relation to the final
10 assessment; and
- 11 (b) any other information prescribed by regulation.
- 12 (3) The coordinating practitioner may attach a copy of any document
13 relevant to their decision to the final assessment report.
- 14 (4) The coordinating practitioner must give a copy of the final assessment
15 report to—
- 16 (a) the board within 2 working days after the day they decide that
17 the individual meets the final assessment requirements; and
- 18 (b) the individual as soon as practicable after preparing it.
- 19 Maximum penalty (paragraph (a)): 20 penalty units.
- 20 (5) An offence against this section is a strict liability offence.

1 **Division 3.5** **Transfer of coordinating practitioner**
2 **functions**

3 **37** **Transfer request made by coordinating practitioner**

4 (1) This section applies if an individual's coordinating practitioner
5 (the *original practitioner*) is unable or unwilling to exercise their
6 functions as coordinating practitioner.

7 (2) The original practitioner must ask another health practitioner to
8 become the individual's coordinating practitioner (a *transfer request*)
9 if the individual consents to the request being made.

10 (3) Within 2 working days after the day the original practitioner makes a
11 transfer request, the other health practitioner must tell the original
12 practitioner whether the other health practitioner accepts or refuses to
13 accept the request.

14 (4) The other health practitioner—

15 (a) must refuse to accept the transfer request if they do not meet the
16 coordinating practitioner requirements under section 92
17 (Requirements for acting as coordinating practitioner,
18 consulting practitioner or administering practitioner); and

19 (b) may refuse to accept the transfer request if they are unable or
20 unwilling to exercise the functions of a coordinating
21 practitioner.

22 *Note* A health practitioner may refuse to accept a transfer request if they have
23 a conscientious objection (see s 94).

24 (5) If the other health practitioner accepts the transfer request, the
25 original practitioner must—

26 (a) tell the individual that the request has been accepted; and

27 (b) record the request acceptance in the individual's health record;
28 and

- 1 (c) give the board written notice of the request acceptance as soon
2 as practicable, but not later than 2 working days after the day the
3 original practitioner tells the individual that the request has been
4 accepted; and
- 5 (d) tell the other health practitioner about the notice given under
6 paragraph (c) as soon as practicable after giving the notice.
- 7 Maximum penalty (paragraph (c)): 20 penalty units.
- 8 (6) An offence against this section is a strict liability offence.
- 9 (7) When the original practitioner gives the board notice under
10 subsection (5) (c)—
- 11 (a) the other health practitioner becomes the individual's
12 coordinating practitioner (the *new practitioner*); and
- 13 (b) the functions of the original practitioner transfer to the new
14 practitioner.
- 15 (8) The original practitioner must refer the individual to the approved
16 care navigator service if the original practitioner is unable to transfer
17 their functions after taking reasonable steps to do so.

18 **38 Transfer request made by individual**

- 19 (1) This section applies if an individual's coordinating practitioner is
20 unable or unwilling to transfer their functions under section 37.
- 21 (2) The individual may ask another health practitioner to become their
22 coordinating practitioner (a *transfer request*).
- 23 (3) Within 2 working days after the day the individual makes a transfer
24 request, the other health practitioner must—
- 25 (a) tell the individual whether the other health practitioner accepts
26 or refuses to accept the request; and
- 27 (b) if the consulting practitioner refuses to accept the request—refer
28 the individual to the approved care navigator service.

- 1 (4) The other health practitioner—
- 2 (a) must refuse to accept the transfer request if they do not meet the
- 3 coordinating practitioner requirements under section 92
- 4 (Requirements for acting as coordinating practitioner,
- 5 consulting practitioner or administering practitioner); and
- 6 (b) may refuse to accept the transfer request if they are unable or
- 7 unwilling to exercise the functions of a coordinating
- 8 practitioner.
- 9 *Note* A health practitioner may refuse to accept a transfer request if they have
- 10 a conscientious objection (see s 94).
- 11 (5) If the other health practitioner accepts the transfer request, the other
- 12 health practitioner must—
- 13 (a) tell the individual’s coordinating practitioner about their
- 14 acceptance of the request; and
- 15 (b) give the board written notice of the request acceptance as soon
- 16 as practicable, but not later than 2 working days after the day the
- 17 other health practitioner tells the individual that they accept the
- 18 request.
- 19 Maximum penalty (paragraph (b)): 20 penalty units.
- 20 (6) An offence against this section is a strict liability offence.
- 21 (7) When the other health practitioner gives the board notice under
- 22 subsection (5) (b)—
- 23 (a) the other health practitioner becomes the individual’s
- 24 coordinating practitioner (the *new practitioner*); and
- 25 (b) the coordinating practitioner functions transfer to the new
- 26 practitioner.

- 1 **39** **Decisions of previous coordinating practitioner remain**
2 **valid despite transfer of coordinating practitioner**
3 **functions**
- 4 (1) This section applies if—
- 5 (a) the functions of an individual’s coordinating practitioner are
6 transferred under this division; and
- 7 (b) a previous coordinating practitioner for the individual has
8 made—
- 9 (i) a decision under section 16 that the individual meets the
10 eligibility requirements; or
- 11 (ii) a decision under section 35 or section 59 (1) (f) (i) that the
12 individual meets the final assessment requirements.
- 13 (2) The decision of the previous coordinating practitioner continues to
14 have effect despite the transfer of functions.

15 **Division 3.6** **Miscellaneous**

- 16 **40** **Offence—inducing making or revocation of request for**
17 **access to voluntary assisted dying**
- 18 (1) A person commits an offence if the person, dishonestly or by
19 coercion, induces an individual into making a request for access to
20 voluntary assisted dying.
- 21 Maximum penalty: imprisonment for 7 years.
- 22 (2) A person commits an offence if the person, dishonestly or by
23 coercion, induces an individual into revoking a request for access to
24 voluntary assisted dying.
- 25 Maximum penalty: 100 penalty units.

- 1 (3) In this section:
- 2 *dishonest*—a person’s conduct is *dishonest* if—
- 3 (a) the person’s conduct is dishonest according to the standards of
- 4 ordinary people; and
- 5 (b) the person knows that the conduct is dishonest according to
- 6 those standards.
- 7 *request for access to voluntary assisted dying* means—
- 8 (a) a first request; or
- 9 (b) a second request; or
- 10 (c) a final request.

1 **Part 4** **Accessing voluntary assisted**
2 **dying and death**

3 **Division 4.1** **Administration decision**

4 **41** **Application—div 4.1**

5 This division applies if an individual's coordinating practitioner has
6 prepared a final assessment report for the individual under
7 section 36 (2).

8 **42** **Making administration decision**

- 9 (1) The individual may decide that—
- 10 (a) they will self-administer an approved substance
11 (a *self-administration decision*); or
- 12 (b) an approved substance will be administered to them by a health
13 practitioner (a *practitioner administration decision*).
- 14 (2) The decision—
- 15 (a) must be—
- 16 (i) clear and unambiguous; and
- 17 (ii) made personally by the individual; and
- 18 (b) may be made in consultation with, and on the advice of, the
19 individual's coordinating practitioner.
- 20 (3) The decision—
- 21 (a) may be made in writing or orally, or by communicating in any
22 other way the individual can; and
- 23 (b) takes effect when the individual tells their coordinating
24 practitioner about the decision.

- 1 (4) The individual's coordinating practitioner must—
2 (a) record the decision in the individual's health record; and
3 (b) give the board written notice of the decision within 2 working
4 days after the day the individual tells the coordinating
5 practitioner about the decision.

6 Maximum penalty (paragraph (b)): 20 penalty units.

- 7 (5) An offence against this section is a strict liability offence.

8 **43 Changing administration decision**

- 9 (1) An individual who has made an administration decision may, at any
10 time—

- 11 (a) if the individual made a self-administration decision—change
12 their decision to a practitioner administration decision; or
13 (b) if the individual made a practitioner administration decision—
14 change their decision to a self-administration decision.

- 15 (2) The change of decision—

- 16 (a) must be—

- 17 (i) clear and unambiguous; and
18 (ii) made personally by the individual; and

- 19 (b) may be made in consultation with, and on the advice of, the
20 individual's coordinating practitioner.

- 21 (3) The change of decision—

- 22 (a) may be made in writing or orally, or by communicating in any
23 other way the individual can; and

- 24 (b) takes effect when the individual tells their coordinating
25 practitioner about the change of decision.

- 1 (4) The individual's coordinating practitioner must—
- 2 (a) record the change of decision in the individual's health record;
- 3 and
- 4 (b) give the board written notice of the change of decision within
- 5 2 working days after the day the individual tells the coordinating
- 6 practitioner about the change of decision.
- 7 Maximum penalty (paragraph (b)): 20 penalty units.
- 8 (5) An offence against this section is a strict liability offence.
- 9 (6) If the individual changes their administration decision under
- 10 subsection (1) (a), any contact person appointment in effect ends
- 11 when the decision is changed.
- 12 (7) If an individual changes their administration decision under
- 13 subsection (1) (b), the individual must appoint a contact person under
- 14 section 51.

15 **44 Administering practitioner**

- 16 (1) An individual may ask their coordinating practitioner or another
- 17 health practitioner (the *requested practitioner*) to act as their
- 18 administering practitioner if the individual—
- 19 (a) has made a practitioner administration decision; or
- 20 (b) has changed their administration decision to a practitioner
- 21 administration decision under section 43 (1) (a).
- 22 (2) Within 2 working days after the day the individual makes a request,
- 23 the requested practitioner must—
- 24 (a) decide to act or refuse to act as the individual's administering
- 25 practitioner; and
- 26 (b) tell the individual about the decision.

- 1 (3) The requested practitioner—
- 2 (a) must refuse to act as the individual’s administering practitioner
- 3 if they do not meet the administering practitioner requirements
- 4 under section 92 (Requirements for acting as coordinating
- 5 practitioner, consulting practitioner or administering
- 6 practitioner); and
- 7 (b) may refuse to act as the individual’s administering practitioner
- 8 if they are unable or unwilling to exercise the functions of an
- 9 administering practitioner.
- 10 *Note* The coordinating practitioner or health practitioner may refuse to act as
- 11 the individual’s administering practitioner if they have a conscientious
- 12 objection (see s 94).
- 13 (4) The requested practitioner becomes the administering practitioner for
- 14 the individual when they tell the individual that they agree to act as
- 15 the individual’s administering practitioner.
- 16 (5) If the requested practitioner agrees to act as the individual’s
- 17 administering practitioner, the practitioner must give the board
- 18 written notice of their decision within 2 working days after the day
- 19 they tell the individual about the decision.
- 20 Maximum penalty: 20 penalty units.
- 21 (6) An offence against this section is a strict liability offence.
- 22 (7) If the requested practitioner refuses to act as the individual’s
- 23 administering practitioner, the practitioner must—
- 24 (a) tell the individual that other health practitioners may be able to
- 25 assist the individual with their request; and
- 26 (b) give the individual information about—
- 27 (i) another health practitioner who they believe is likely to be
- 28 able to assist the individual with their request; or
- 29 (ii) the approved care navigator service.

- 1 (8) The requested practitioner must record the following information in
2 the individual's health record—
3 (a) that the request was made;
4 (b) the practitioner's decision;
5 (c) if the practitioner refused to act as the individual's administering
6 practitioner—the steps taken by the practitioner to comply with
7 subsection (7).

8 **45 Revocation of administration decision**

- 9 (1) The individual may revoke an administration decision at any time
10 by—
11 (a) for a self-administration decision—telling their coordinating
12 practitioner that they have decided not to proceed with the
13 self-administration of an approved substance; or
14 (b) for a practitioner administration decision—
15 (i) if the individual has an administering practitioner—telling
16 their administering practitioner that they have decided not
17 to proceed with the administration of an approved
18 substance; or
19 (ii) in any other case—telling their coordinating practitioner
20 that they have decided not to proceed with the
21 administration of an approved substance.
22 (2) An administration decision may be revoked in writing or orally, or by
23 communicating in any other way the individual can.
24 (3) If the individual revokes an administration decision under
25 subsection (1) (a) or (b) (ii), their coordinating practitioner must—
26 (a) record the revocation in the individual's health record; and

1 (b) give the board written notice of the revocation within 2 working
2 days after the day the individual tells the coordinating
3 practitioner about the revocation.

4 Maximum penalty (paragraph (b)): 20 penalty units.

5 (4) If the individual revokes an administration decision under
6 subsection (1) (b) (i), their administering practitioner must—

7 (a) record the revocation in the individual's health record; and

8 (b) if the administering practitioner is not the individual's
9 coordinating practitioner—give the individual's coordinating
10 practitioner written notice of the revocation within 2 working
11 days after the day the individual tells the administering
12 practitioner about the revocation; and

13 (c) give the board written notice of the revocation within 2 working
14 days after the day the individual tells the administering
15 practitioner about the revocation.

16 Maximum penalty (paragraph (c)): 20 penalty units.

17 (5) An offence against this section is a strict liability offence.

18 **46 Transfer of administering practitioner functions—transfer**
19 **request made by administering practitioner**

20 (1) This section applies if—

21 (a) an individual has an administering practitioner; and

22 (b) the administering practitioner (the *original practitioner*) is
23 unable or unwilling to exercise their functions as administering
24 practitioner.

25 (2) The original practitioner must ask another health practitioner to
26 become the individual's administering practitioner (a *transfer*
27 *request*) if the individual consents to the request being made.

- 1 (3) Within 2 working days after the day the original practitioner makes a
2 transfer request, the other health practitioner must tell the original
3 practitioner whether the other health practitioner accepts or refuses to
4 accept the request.
- 5 (4) The other health practitioner—
- 6 (a) must refuse to accept the transfer request if they do not meet the
7 administering practitioner requirements under section 92
8 (Requirements for acting as coordinating practitioner,
9 consulting practitioner or administering practitioner); and
- 10 (b) may refuse to accept the transfer request if they are unable or
11 unwilling to exercise the functions of an administering
12 practitioner.
- 13 *Note* A health practitioner may refuse to accept a transfer request if they have
14 a conscientious objection (see s 94).
- 15 (5) If the other health practitioner accepts the transfer request, the
16 original practitioner must—
- 17 (a) tell the individual that the request has been accepted and give
18 the other health practitioner's name and contact details to the
19 individual; and
- 20 (b) record the request acceptance in the individual's health record;
21 and
- 22 (c) give the board written notice of the request acceptance as soon
23 as practicable, but not later than 2 working days after the day the
24 original practitioner does the things mentioned in paragraph (a);
25 and
- 26 (d) tell the other health practitioner about the notice given under
27 paragraph (c) as soon as practicable after giving the notice.
- 28 Maximum penalty (paragraph (c)): 20 penalty units.
- 29 (6) An offence against this section is a strict liability offence.

- 1 (7) When the original practitioner gives the board notice under
2 subsection (5) (c)—
- 3 (a) the other health practitioner becomes the individual’s
4 administering practitioner (the *new practitioner*); and
- 5 (b) the functions of the original practitioner transfer to the new
6 practitioner.
- 7 (8) The original practitioner must refer the individual to the approved
8 care navigator service if the original practitioner is unable to transfer
9 their functions after taking reasonable steps to do so.

10 **47 Transfer of administering practitioner functions—transfer**
11 **request made by individual**

- 12 (1) This section applies if an individual’s administering practitioner is
13 unable or unwilling to transfer their functions under section 46.
- 14 (2) The individual may ask another health practitioner to become their
15 administering practitioner (a *transfer request*).
- 16 (3) Within 2 working days after the day the individual makes a transfer
17 request, the health practitioner must—
- 18 (a) tell the individual whether the health practitioner accepts or
19 refuses to accept the request; and
- 20 (b) if the consulting practitioner refuses to accept the request—refer
21 the individual to the approved care navigator service.
- 22 (4) The health practitioner—
- 23 (a) must refuse to accept the transfer request if they do not meet the
24 administering practitioner requirements under section 92
25 (Requirements for acting as coordinating practitioner,
26 consulting practitioner or administering practitioner); and

- 1 (b) may refuse to accept the transfer request if they are unable or
2 unwilling to exercise the functions of an administering
3 practitioner.
- 4 *Note* A health practitioner may refuse to accept a transfer request if they have
5 a conscientious objection (see s 94).
- 6 (5) If the health practitioner accepts the transfer request, the health
7 practitioner must—
- 8 (a) tell the individual and the individual’s administering practitioner
9 about their acceptance of the request; and
- 10 (b) if the individual’s coordinating practitioner is not the
11 individual’s administering practitioner—tell the coordinating
12 practitioner about the request acceptance; and
- 13 (c) give the board written notice of the transfer within 2 working
14 days after the day the health practitioner tells the individual that
15 they accept the request; and
- 16 (d) tell the original practitioner about the notice given under
17 paragraph (c) as soon as practicable after giving the notice.
- 18 Maximum penalty (paragraph (c)): 20 penalty units.
- 19 (6) An offence against this section is a strict liability offence.
- 20 (7) When the health practitioner gives the board notice under
21 subsection (5) (c)—
- 22 (a) the health practitioner becomes the individual’s administering
23 practitioner; and
- 24 (b) the administering practitioner functions transfer to the health
25 practitioner.

- 1 **48** **Coordinating practitioner functions do not transfer on**
2 **transfer of administering practitioner functions**
- 3 (1) This section applies if—
- 4 (a) the functions of an individual’s administering practitioner
5 (the *original practitioner*) are transferred to another health
6 practitioner under section 46 or section 47; and
- 7 (b) the original practitioner is the individual’s coordinating
8 practitioner when the administering practitioner functions are
9 transferred.
- 10 (2) The original practitioner remains the coordinating practitioner for the
11 individual.
- 12 *Note* The functions of a coordinating practitioner may be transferred under s 37
13 or s 38.
- 14 **49** **Offence—inducing making or revocation of**
15 **administration decision**
- 16 (1) A person commits an offence if the person, dishonestly or by
17 coercion, induces an individual into making an administration
18 decision.
- 19 Maximum penalty: imprisonment for 7 years.
- 20 (2) A person commits an offence if the person, dishonestly or by
21 coercion, induces an individual into revoking an administration
22 decision.
- 23 Maximum penalty: 100 penalty units.
- 24 (3) In this section:
- 25 *dishonest*—a person’s conduct is *dishonest* if—
- 26 (a) the person’s conduct is dishonest according to the standards of
27 ordinary people; and

- 1 (b) the person knows that the conduct is dishonest according to
2 those standards.

3 **Division 4.2 Contact person**

4 **50 Application—div 4.2**

5 This division applies if a self-administration decision is in effect for
6 an individual.

7 **51 Appointment of contact person**

- 8 (1) The individual must appoint 1 person to be the individual's contact
9 person.
- 10 (2) A person can be appointed as the contact person for an individual only
11 if the person—
- 12 (a) is an adult; and
- 13 (b) consents to being appointed as the contact person for the
14 individual.
- 15 (3) Without limiting who can be appointed as the contact person, the
16 individual may appoint their coordinating practitioner, their
17 consulting practitioner or another health professional.
- 18 (4) The appointment must—
- 19 (a) be in writing; and
- 20 (b) be prepared by—
- 21 (i) the individual; or
- 22 (ii) if the individual is unable to prepare the appointment—
23 another person who is an adult and is asked by the
24 individual to prepare it; and
- 25 (c) include any information prescribed by regulation.

- 1 (5) The appointment takes effect when the individual gives their
2 coordinating practitioner the appointment.
- 3 (6) The individual's coordinating practitioner must give the board a copy
4 of the appointment within 2 working days after the day the
5 coordinating practitioner receives the appointment.
- 6 Maximum penalty: 20 penalty units.
- 7 (7) An offence against this section is a strict liability offence.

8 **52 Coordinating practitioner must give information to**
9 **contact person**

10 Within 2 working days after the day the individual's coordinating
11 practitioner gives the board a copy of the appointment under
12 section 51 (6), the coordinating practitioner must give the contact
13 person information about—

- 14 (a) the functions of a contact person under this Act; and
15 (b) the support services available to assist the contact person to
16 comply with their obligations; and
17 (c) any other information prescribed by regulation.

18 **53 Ending contact person appointment**

- 19 (1) The appointment of a contact person may be ended by—
20 (a) the individual giving the contact person written notice that they
21 no longer want the person to be their contact person; or
22 (b) the contact person giving the individual written notice that they
23 no longer want to be the individual's contact person.
- 24 (2) A notice under subsection (1) (a) or (b) must include any information
25 prescribed by regulation.

- 1 (3) If a contact person appointment is ended under this section, the
2 individual must—
- 3 (a) tell their coordinating practitioner that the appointment has
4 ended; and
- 5 (b) make another appointment under section 51.
- 6 (4) Within 2 working days after the day the individual tells their
7 coordinating practitioner about the appointment ending, the
8 coordinating practitioner must give the board written notice about the
9 appointment ending.
- 10 Maximum penalty: 20 penalty units.
- 11 (5) An offence against this section is a strict liability offence.

12 **54 Effect of revocation of administration decision on contact**
13 **person appointment**

- 14 (1) This section applies if an individual—
- 15 (a) either—
- 16 (i) changes their self-administration decision to a practitioner
17 administration decision under section 43 (1) (a); or
- 18 (ii) revokes a self-administration decision; and
- 19 (b) has a contact person appointment in effect when the
20 self-administration decision is changed or revoked.
- 21 (2) The contact person appointment is taken to end when the
22 self-administration decision is changed or revoked.

1 **Division 4.3 Dealing with approved substances**

2 **55 Definitions—div 4.3**

3 (1) In this division:

4 *possess*, an approved substance—see the *Medicines, Poisons and*
5 *Therapeutic Goods Act 2008*, section 24.

6 *prescribe*, an approved substance, means issue a prescription for the
7 approved substance.

8 *prescription*, in relation to an approved substance, means a written
9 direction (other than a purchase order, requisition or standing order)
10 to an approved supplier to dispense the approved substance.

11 *supply*, an approved substance—see the *Medicines, Poisons and*
12 *Therapeutic Goods Act 2008*, section 24.

13 (2) In this section:

14 *purchase order*—see the *Medicines, Poisons and Therapeutic Goods*
15 *Act 2008*, dictionary.

16 *requisition*—see the *Medicines, Poisons and Therapeutic Goods*
17 *Act 2008*, dictionary.

18 *standing order*—see the *Medicines, Poisons and Therapeutic Goods*
19 *Act 2008*, dictionary.

20 **56 Approved substances**

21 (1) The director-general may approve a medicine for use under this Act
22 for the purposes of causing an individual's death.

23 (2) In this section:

24 *medicine*—see the *Medicines, Poisons and Therapeutic Goods*
25 *Act 2008*, section 11 (1).

- 1 **57 Approved suppliers and disposers**
- 2 (1) The director-general may approve a health practitioner to—
- 3 (a) supply an approved substance under this Act; or
- 4 (b) dispose of an approved substance under this Act.
- 5 (2) However, the director-general must not approve a health practitioner
- 6 under subsection (1) unless the health practitioner meets the
- 7 eligibility requirements prescribed by regulation.
- 8 (3) An approval is a notifiable instrument.
- 9 **58 Prescribing approved substances—first prescription**
- 10 (1) This section applies if—
- 11 (a) an individual has made an administration decision; and
- 12 (b) if the individual has a self-administration decision in effect—the
- 13 individual’s contact person appointment has taken effect; and
- 14 (c) if the individual has a practitioner administration decision in
- 15 effect—the individual has an administering practitioner; and
- 16 (d) the individual’s coordinating practitioner has given the
- 17 individual any information prescribed by regulation.
- 18 (2) The coordinating practitioner may prescribe 1 or more approved
- 19 substances that, either alone or in combination, are of a sufficient dose
- 20 to cause the death of the individual.
- 21 (3) A prescription must include any information prescribed by regulation.
- 22 (4) Within 2 working days after prescribing an approved substance under
- 23 subsection (2), the individual’s coordinating practitioner must give
- 24 the board written notice of the prescription.
- 25 Maximum penalty: 20 penalty units.
- 26 (5) An offence against this section is a strict liability offence.

- 1 **59 Prescribing approved substances—subsequent**
2 **prescription**
- 3 (1) This section applies if—
- 4 (a) an individual has made an administration decision; and
- 5 (b) if the individual has a self-administration decision in effect—the
- 6 individual’s contact person appointment has taken effect; and
- 7 (c) if the individual has a practitioner administration decision in
- 8 effect—the individual has an administering practitioner; and
- 9 (d) the individual’s coordinating practitioner has issued a
- 10 prescription under section 58, or previously under this section;
- 11 and
- 12 (e) the individual’s coordinating practitioner is satisfied that it is
- 13 appropriate to issue another prescription; and
- 14 (f) the coordinating practitioner has—
- 15 (i) undertaken a new assessment to decide whether the
- 16 individual meets the final assessment requirements
- 17 (a *further final assessment*); and
- 18 (ii) decided that the individual meets the final assessment
- 19 requirements.
- 20 (2) The coordinating practitioner may prescribe 1 or more approved
- 21 substances that, either alone or in combination, are of a sufficient dose
- 22 to cause the death of the individual.
- 23 (3) A prescription must include any information prescribed by regulation.
- 24 (4) Within 2 working days after prescribing an approved substance under
- 25 subsection (2), the individual’s coordinating practitioner must give
- 26 the board written notice of the prescription.
- 27 Maximum penalty: 20 penalty units.
- 28 (5) An offence against this section is a strict liability offence.

- 1 (6) Section 36 (Notifying individual and board about outcome of final
2 assessment) applies to a further final assessment as if a reference to a
3 final assessment were a reference to a further final assessment.

4 **60 Possessing, preparing and supplying approved**
5 **substances—approved suppliers**

- 6 (1) An approved supplier may possess an approved substance.
- 7 (2) If an approved supplier receives a prescription for an approved
8 substance, the supplier may do any of the following:
- 9 (a) prepare the substance for the purpose of supplying it in
10 accordance with paragraph (b);
- 11 (b) supply the substance to—
- 12 (i) for an individual who has made a self-administration
13 decision—the individual or their contact person; or
- 14 (ii) for an individual who has made a practitioner
15 administration decision—the individual’s administering
16 practitioner.
- 17 (3) However, an approved supplier must not supply an approved
18 substance under subsection (2) (b) unless—
- 19 (a) the prescription was issued—
- 20 (i) for any part of the prescription relating to an approved
21 substance that is a controlled medicine—not more than 6
22 months before the day the supplier supplies the substance;
23 or
- 24 (ii) in any other case—not more than 12 months before the day
25 the supplier supplies the substance; and
- 26 (b) the supplier is satisfied about—
- 27 (i) the authenticity of the prescription; and

- 1 (ii) the identity of the coordinating practitioner who issued the
2 prescription; and
- 3 (iii) the identity of the individual, contact person or
4 administering practitioner to whom the approved substance
5 is being supplied; and
- 6 (c) the supplier has labelled the substance in accordance with any
7 substance labelling requirements prescribed by regulation; and
- 8 (d) the supplier complies with any other requirements about the
9 supply of an approved substance prescribed by regulation.
- 10 (4) Also, if an approved substance has previously been supplied for an
11 individual under a prescription, an approved supplier must not supply
12 an approved substance for the individual under a subsequent
13 prescription unless the supplier is satisfied that the previously
14 supplied substance has been—
- 15 (a) given to an approved disposer; or
- 16 (b) reported as lost or stolen in accordance with the *Medicines,*
17 *Poisons and Therapeutic Goods Act 2008*, section 39.
- 18 (5) If an approved supplier supplies an approved substance under
19 subsection (2) (b), the supplier must—
- 20 (a) within 2 working days after the day they supply the substance,
21 give the director-general written notice of the supply that
22 includes any information prescribed by regulation; and
- 23 (b) prepare a written record of the supply (a *supply record*) that
24 includes any information prescribed by regulation; and
- 25 (c) give the board a copy of the supply record within 2 working days
26 after the day they supply the substance; and
- 27 (d) keep the supply record for at least 2 years after the day they
28 supply the approved substance.
- 29 Maximum penalty (paragraph (c)): 20 penalty units.

- 1 (6) An offence against this section is a strict liability offence.
- 2 (7) In this section:
- 3 *controlled medicine*—see the *Medicines, Poisons and Therapeutic*
4 *Goods Act 2008*, section 11 (2).
- 5 **61 Receiving, possessing, preparing and administering**
6 **approved substances—individuals and other people**
- 7 (1) This section applies if—
- 8 (a) a self-administration decision is in effect for an individual; and
- 9 (b) the individual’s coordinating practitioner has prescribed an
10 approved substance under section 58 or section 59.
- 11 (2) The individual may do the following in relation to the approved
12 substance:
- 13 (a) receive the substance from an approved supplier;
- 14 (b) receive the substance from their contact person if the contact
15 person has received the substance from an approved supplier;
- 16 (c) give the substance to another individual for a purpose mentioned
17 in subsection (6);
- 18 (d) possess the substance for a purpose mentioned in paragraph (e)
19 or (f);
- 20 (e) prepare the substance;
- 21 (f) self-administer the substance.
- 22 (3) The individual’s contact person may do the following in relation to
23 the approved substance:
- 24 (a) receive the substance from an approved supplier;
- 25 (b) possess the substance for the purpose of giving it to the
26 individual;

- 1 (c) give the substance to the individual.
- 2 (4) Within 2 business days after the day the contact person gives an
3 approved substance to the individual under subsection (3) (c), the
4 contact person must, by written notice, tell the following entities that
5 they have given the substance to the individual:
- 6 (a) the board;
- 7 (b) the director-general.
- 8 Maximum penalty (paragraph (a)): 20 penalty units.
- 9 (5) An offence against this section is a strict liability offence.
- 10 (6) If the individual asks an adult (the *assisting person*), to prepare the
11 approved substance for the individual, the assisting person may do
12 the following:
- 13 (a) receive the substance from the individual;
- 14 (b) possess the substance for a purpose mentioned in paragraph (c)
15 or (d);
- 16 (c) prepare the substance;
- 17 (d) give the substance to the individual.
- 18 **Example**
- 19 The individual asks their contact person to dissolve an approved substance so that
20 the individual can self-administer the substance. The contact person may receive
21 the substance from the individual, dissolve the substance and return the prepared
22 mixture to the individual.
- 23 (7) In this section:
- 24 *give*, for an approved substance, does not include administer.
- 25 *receive*, for an approved substance, does not include receive by
26 administration.

1 **62 Giving approved substances to administering practitioner**
2 **after change of administration decision—individuals**

- 3 (1) This section applies if—
4 (a) an individual changes their administration decision to a
5 practitioner administration decision under section 43 (1) (a); and
6 (b) the individual is in possession of an approved substance when a
7 health practitioner becomes their administering practitioner.

- 8 (2) The individual must give the approved substance to their
9 administering practitioner as soon as practicable after the health
10 practitioner becomes their administering practitioner.

- 11 (3) Within 2 working days after the day an individual gives an approved
12 substance to their administering practitioner under subsection (2), the
13 administering practitioner must, by written notice, tell the following
14 entities that they have received the substance from the individual:

- 15 (a) the board;
16 (b) the director-general.

17 Maximum penalty (paragraph (a)): 20 penalty units.

- 18 (4) An offence against this section is a strict liability offence.

19 **63 Receiving, possessing and administering approved**
20 **substances—administering practitioner**

- 21 (1) This section applies if—
22 (a) a practitioner administration decision is in effect for an
23 individual; and
24 (b) the individual's coordinating practitioner has prescribed an
25 approved substance under section 58 or section 59.

- 1 (2) The individual's administering practitioner may do the following:
- 2 (a) receive the approved substance from an approved supplier for a
3 purpose mentioned in paragraph (c) or (d);
- 4 (b) possess the approved substance for a purpose mentioned in
5 paragraph (c) or (d);
- 6 (c) prepare the approved substance;
- 7 (d) administer the approved substance to the individual.
- 8 (3) However, the individual's administering practitioner must not
9 administer the approved substance to the individual unless satisfied,
10 immediately before administering the substance, that the individual—
- 11 (a) has decision-making capacity in relation to voluntary assisted
12 dying; and
- 13 (b) is acting voluntarily and without coercion.
- 14 (4) If the individual changes their administration decision to a
15 practitioner administration decision under section 43 (1) (a), the
16 administering practitioner may receive an approved substance from
17 the individual for a purpose mentioned in subsection (2) (b), (c) or (d).
- 18 (5) If the administering practitioner functions are transferred under
19 section 46 or section 47 and the original administering practitioner is
20 in possession of the approved substance when the transfer takes
21 effect—
- 22 (a) the original administering practitioner must give the substance
23 to—
- 24 (i) the new administering practitioner; or
- 25 (ii) an approved disposer; and
- 26 (b) if the original administering practitioner gives the substance to
27 the new administering practitioner—the new administering
28 practitioner may receive the substance for a purpose mentioned
29 in subsection (2) (b), (c) or (d).

1 (6) Within 2 working days after the day the original administering
2 practitioner gives an approved substance to the new administering
3 practitioner under subsection (5) (a), the original administering
4 practitioner must, by written notice, tell the following entities that
5 they have given the substance to the new administering practitioner:

- 6 (a) the board;
7 (b) the director-general.

8 Maximum penalty (paragraph (a)): 20 penalty units.

9 (7) An offence against this section is a strict liability offence.

10 **64 Giving, receiving and possessing approved substances—**
11 **change in contact person**

12 (1) This section applies if—

- 13 (a) a self-administration decision is in effect for an individual; and
14 (b) an approved supplier has supplied an approved substance under
15 section 60; and
16 (c) the appointment of the individual's contact person ends and the
17 contact person (the *original contact person*) is in possession of
18 the approved substance when their appointment ends.

19 (2) Within 14 days after the day the appointment ends, the individual may
20 ask the original contact person to give the approved substance to—

- 21 (a) the individual; or
22 (b) if the individual has appointed another contact person (a *new*
23 *contact person*)—the new contact person.

24 (3) The original contact person must comply with a request under
25 subsection (2) within 2 days after the day it is made.

26 Maximum penalty: 100 penalty units.

- 1 (4) The new contact person may receive the approved substance from the
2 original contact person for a purpose mentioned in section 61 (3) (b)
3 or (c).
- 4 (5) Within 2 business days after the day the original contact person gives
5 an approved substance to another person under subsection (2), the
6 original contact person must, by written notice, tell the following
7 entities that they have given the substance to the other person:
- 8 (a) the board;
- 9 (b) the director-general.
- 10 Maximum penalty (paragraph (a)): 20 penalty units.
- 11 (6) An offence against this section is a strict liability offence.

12 **65 Giving approved substances to approved disposer if**
13 **individual dies or contact person appointment ends—**
14 **contact person**

- 15 (1) This section applies if—
- 16 (a) a self-administration decision is in effect for an individual; and
- 17 (b) an approved supplier has supplied an approved substance under
18 section 60; and
- 19 (c) either—
- 20 (i) the appointment of the individual's contact person ends
21 and the contact person is not required to give the approved
22 substance to the individual or a new contact person under
23 section 64; or
- 24 (ii) the individual dies from any cause; and
- 25 (d) the contact person is in possession of the approved substance at
26 the time of the appointment ending or the individual dying.

1 (2) The contact person must give any remaining approved substance to
2 an approved disposer as soon as practicable, but not later than 14 days
3 after the day of the event mentioned in subsection (1) (c).

4 Maximum penalty: 100 penalty units.

5 **66 Giving approved substances to approved disposer—**
6 **administering practitioner**

7 (1) This section applies if—

8 (a) a practitioner administration decision is in effect for an
9 individual; and

10 (b) the individual's administering practitioner is in possession of an
11 approved substance; and

12 (c) any of the following happen:

13 (i) the individual revokes the practitioner administration
14 decision;

15 (ii) the individual dies from any cause;

16 (iii) the administering practitioner is satisfied that the substance
17 is not suitable for administration to the individual.

18 (2) The administering practitioner—

19 (a) may possess the approved substance for the purpose mentioned
20 in paragraph (b); and

21 (b) must give the approved substance to an approved disposer.

22 Maximum penalty (paragraph (b)): 100 penalty units.

- 1 **67 Giving expired approved substances to approved**
2 **disposer**
- 3 (1) This section applies if—
- 4 (a) an approved supplier has supplied an approved substance under
5 section 60; and
- 6 (b) the approved substance is not used before it expires; and
- 7 (c) the individual or another person is in possession of the
8 substance.
- 9 (2) The individual or other person must give the approved substance to
10 an approved disposer as soon as practicable but not later than 14 days
11 after the day they become aware that the substance has expired.
- 12 Maximum penalty: 100 penalty units.
- 13 **68 Disposal of approved substances by approved disposer**
- 14 (1) This section applies if an approved disposer receives an approved
15 substance from a person.
- 16 (2) The approved disposer—
- 17 (a) must do the following within 2 working days after the day they
18 receive the approved substance:
- 19 (i) give the board written notice of receiving the substance;
- 20 (ii) give the director-general written notice of receiving the
21 substance that includes any information prescribed by
22 regulation; and
- 23 (b) may possess the approved substance for the purpose of
24 disposing of it; and

1 (c) must, as soon as practicable after receiving the approved
2 substance, dispose of it in accordance with any disposal
3 requirements prescribed by regulation.

4 Maximum penalty (paragraph (a) (i)): 20 penalty units.

5 (3) If an approved disposer disposes of an approved substance, the
6 disposer must, within 7 days after the day they dispose of the
7 substance—

8 (a) give the director-general written notice of the disposal that
9 includes any information prescribed by regulation; and

10 (b) prepare a written record of the disposal (a *disposal record*) that
11 includes any information prescribed by regulation; and

12 (c) give the board a copy of the disposal record.

13 Maximum penalty (paragraph (c)): 20 penalty units.

14 (4) An offence against this section is a strict liability offence.

15 (5) The approved disposer must keep the disposal record for at least
16 2 years after the day they dispose of the approved substance.

17 **69 Storage of approved substances**

18 A person who possesses an approved substance under this division
19 must store the substance in accordance with any storage requirements
20 prescribed by regulation.

- 1 **70** **Offence—unauthorised administration of approved**
2 **substance**
- 3 A person commits an offence if the person—
- 4 (a) administers an approved substance to an individual; and
- 5 (b) is not authorised to administer the approved substance to the
6 individual under section 63 (Receiving, possessing and
7 administering approved substances—administering
8 practitioner).
- 9 Maximum penalty: imprisonment for 7 years.
- 10 **71** **Offence—inducing self-administration of approved**
11 **substance**
- 12 (1) A person commits an offence if the person, dishonestly or by
13 coercion, induces an individual into self-administering an approved
14 substance.
- 15 Maximum penalty: imprisonment for 7 years.
- 16 (2) In this section:
- 17 *dishonest*—a person’s conduct is *dishonest* if—
- 18 (a) the person’s conduct is dishonest according to the standards of
19 ordinary people; and
- 20 (b) the person knows that the conduct is dishonest according to
21 those standards.

1 **Division 4.4 Notifications about death**

2 **72 Application—div 4.4**

3 This division applies if an individual dies while an administration
4 decision is in effect for them.

5 **73 Contact person to tell coordinating practitioner about
6 death**

7 (1) This section applies if—

8 (a) an individual dies of any cause; and

9 (b) there is a contact person appointment in effect when the
10 individual dies.

11 (2) The individual's contact person must, within 2 business days after the
12 day they become aware of the individual's death, tell the individual's
13 coordinating practitioner about the death.

14 **74 Coordinating practitioner to notify board and director-
15 general about death**

16 (1) This section applies if the individual dies of any cause.

17 (2) Within 2 working days after the day the individual's coordinating
18 practitioner becomes aware of the individual's death, the coordinating
19 practitioner must give written notice of the death to—

20 (a) the board; and

21 (b) the director-general.

22 Maximum penalty (paragraph (a)): 20 penalty units.

23 (3) An offence against this section is a strict liability offence.

- 1 **75** **Administering practitioner to notify board, coordinating**
2 **practitioner and director-general about death**
- 3 (1) This section applies if—
- 4 (a) the individual dies of any cause; and
- 5 (b) there is a practitioner administration decision in effect when the
6 individual dies; and
- 7 (c) the individual’s administering practitioner is not—
- 8 (i) the individual’s coordinating practitioner; or
- 9 (ii) required to give the board an administration certificate
10 under section 76.
- 11 (2) Within 2 working days after the day the administering practitioner
12 becomes aware of the individual’s death, the administering
13 practitioner must—
- 14 (a) give written notice of the death to—
- 15 (i) the board; and
- 16 (ii) the director-general; and
- 17 (b) if the administering practitioner is not the individual’s
18 coordinating practitioner—tell the coordinating practitioner
19 about the death.
- 20 Maximum penalty (paragraph (a) (i)): 20 penalty units.
- 21 (3) An offence against this section is a strict liability offence.

22 **76** **Administration certificate**

- 23 (1) This section applies if an individual dies after their administering
24 practitioner administers an approved substance to them.
- 25 (2) The administering practitioner must give the director-general written
26 notice of the death within 2 working days after the day the individual
27 dies.

- 1 (3) The administering practitioner must prepare a written certificate
2 (an *administration certificate*) certifying—
- 3 (a) that the individual made a practitioner administration decision;
4 and
- 5 (b) that the individual did not revoke the practitioner administration
6 decision before the approved substance was administered; and
- 7 (c) that the administering practitioner is satisfied that, immediately
8 before administering the approved substance to the individual—
- 9 (i) the individual had decision-making capacity in relation to
10 voluntary assisted dying; and
- 11 (ii) the individual was acting voluntarily and without coercion;
12 and
- 13 (d) any other matter prescribed by regulation.
- 14 *Note* It is an offence to make a false or misleading statement, give false or
15 misleading information or produce a false or misleading document
16 (see [Criminal Code](#), pt 3.4).
- 17 (4) The administering practitioner must give the board a copy of the
18 administration certificate within 2 working days after the day the
19 administering practitioner administers the approved substance to the
20 individual.
- 21 Maximum penalty: 20 penalty units.
- 22 (5) An offence against this section is a strict liability offence.

23 **77 Notice of death if individual dies following administration**
24 **of an approved substance**

- 25 (1) This section applies if a health practitioner—
- 26 (a) is required to give the registrar-general written notice of the
27 death and cause of death of an individual under the *Births,*
28 *Deaths and Marriages Registration Act 1997*, section 35; and

- 1 (b) knows or reasonably believes that the individual died after an
2 approved substance was administered by or to the individual
3 under this Act.
- 4 (2) In the notice, the health practitioner—
- 5 (a) must state that the individual’s cause of death was the condition
6 mentioned in section 11 (1) (b); and
- 7 (b) must not include any reference to voluntary assisted dying as the
8 cause of death.
- 9 (3) The health practitioner must also give the registrar-general written
10 notice that the individual’s manner of death was the administration of
11 an approved substance by or to the individual under this Act.

12 **78 Health practitioner to notify board about death**

- 13 (1) This section applies if a health practitioner—
- 14 (a) is required to give the registrar-general notice under section 77;
15 but
- 16 (b) is not required to give the board notice of the individual’s death
17 under section 74, section 75 or section 76.
- 18 (2) Within 2 working days after the day the health practitioner becomes
19 aware of the individual’s death, the health practitioner must give
20 written notice of the death to—
- 21 (a) the board; and
22 (b) the director-general.
- 23 Maximum penalty (paragraph (a)): 20 penalty units.
- 24 (3) An offence against this section is a strict liability offence.

- 1 **79** **Board may request information from coordinating**
2 **practitioner or contact person**
- 3 (1) This section applies if an individual’s coordinating practitioner gives
4 the board notice of the individual’s death under section 74 or
5 section 78.
- 6 (2) The board may ask the following people to give the board information
7 about the individual’s death:
- 8 (a) the coordinating practitioner;
- 9 (b) if the individual had a contact person appointment in effect when
10 they died—the individual’s contact person.
- 11 (3) A request under subsection (2) must—
- 12 (a) be in writing; and
- 13 (b) state the information the board requires; and
- 14 (c) state a reasonable period for the coordinating practitioner or
15 contact person to comply with the request; and
- 16 (d) state that the coordinating practitioner or contact person may
17 seek an extension of the period mentioned in paragraph (c)
18 before or after the period ends.
- 19 (4) The board may extend the period for the coordinating practitioner or
20 contact person to comply with a request under subsection (2) before
21 or after the period ends.
- 22 (5) The coordinating practitioner or contact person must comply with a
23 request under subsection (2).
- 24 Maximum penalty: 20 penalty units.
- 25 *Note 1* It is an offence to make a false or misleading statement, give false or
26 misleading information or produce a false or misleading document
27 (see [Criminal Code](#), pt 3.4).
- 28 *Note 2* The [Legislation Act](#), s 170 and s 171 deals with the application of the
29 privilege against self-incrimination and client legal privilege.

1 (6) An offence against this section is a strict liability offence.

2 **Division 4.5 Miscellaneous**

3 **80 Director-general must keep register about supply,**
4 **possession and disposal of approved substances**

5 (1) The director-general must keep a register of approved substances that
6 includes the information prescribed by regulation.

7 (2) The register may also contain any other information the
8 director-general considers appropriate.

9 (3) The director-general may correct any mistake, error or omission in
10 the approved substances register.

11 (4) The director-general may give information in the register to the board
12 if—

13 (a) the board requests the information; and

14 (b) the director-general is satisfied that the information is relevant
15 to the exercise of the board's functions.

1 **Part 5** Requirements for coordinating
2 practitioners, consulting
3 practitioners and administering
4 practitioners

5 **Division 5.1** General

6 **81** Definitions—pt 5

7 In this part:

8 *authorised administering practitioner* means a health practitioner
9 authorised as an authorised administering practitioner under
10 section 87 (a).

11 *authorised consulting practitioner* means a health practitioner
12 authorised as an authorised consulting practitioner under
13 section 87 (a).

14 *authorised coordinating practitioner* means a health practitioner
15 authorised as an authorised coordinating practitioner under
16 section 87 (a).

17 **Division 5.2** Authorised practitioners

18 **82** Meaning of *authorised practitioner*—div 5.2

19 In this division:

20 *authorised practitioner* means—

21 (a) an authorised coordinating practitioner; or

22 (b) an authorised consulting practitioner; or

23 (c) an authorised administering practitioner.

-
- 1 **83 Application for authorisation**
- 2 (1) A health practitioner may apply to the director-general for
3 authorisation as 1 or more of the following:
- 4 (a) a coordinating practitioner;
- 5 (b) a consulting practitioner;
- 6 (c) an administering practitioner.
- 7 (2) An application must—
- 8 (a) be in writing; and
- 9 (b) include any information prescribed by regulation.
- 10 (3) The director-general may refuse to consider an application that does
11 not comply with subsection (2).
- 12 **84 Eligibility for authorisation**
- 13 A health practitioner is eligible for authorisation as an authorised
14 administering practitioner, authorised coordinating practitioner or
15 authorised consulting practitioner if the health practitioner meets the
16 requirements prescribed by regulation.
- 17 **85 Director-general may require more information**
- 18 (1) The director-general may, in writing, require an applicant for
19 authorisation to give the director-general information that the
20 director-general reasonably needs to decide the application.
- 21 (2) If the applicant does not comply with a requirement under
22 subsection (1), the director-general may refuse to consider the
23 application further.
- 24 **86 Change of information must be provided**
- 25 If the information in an application for authorisation changes before
26 the application is decided, the applicant must give the
27 director-general written notice of the details of the change.

- 1 **87 Deciding applications**
- 2 If a person applies for authorisation, the director-general must, in
3 writing—
- 4 (a) if the person is eligible for authorisation—authorise the person;
5 or
- 6 (b) if the person is not eligible for authorisation—refuse to authorise
7 the person.
- 8 **88 Authorisation conditions**
- 9 (1) An authorised practitioner’s authorisation is subject to the following
10 conditions:
- 11 (a) any condition the director-general considers appropriate;
- 12 (b) any condition prescribed by regulation.
- 13 (2) However, before imposing a condition under subsection (1) (a), the
14 director-general must—
- 15 (a) give the authorised practitioner a written notice that—
- 16 (i) states the condition the director-general proposes to
17 impose; and
- 18 (ii) states the reason the director-general proposes to impose
19 the condition; and
- 20 (iii) tells the practitioner that the practitioner may give a written
21 response to the director-general about the matters stated in
22 the notice not later than 28 days after the day the
23 practitioner receives the notice; and
- 24 (b) consider any response given to the director-general in
25 accordance with paragraph (a) (iii).

-
- 1 **89** **Notifying director-general about change in eligibility for**
2 **authorisation**
- 3 An authorised practitioner must give the director-general written
4 notice about any of the following events or circumstances within
5 14 days after the day the practitioner becomes aware of the event or
6 circumstance:
- 7 (a) a change to the authorised practitioner's name;
8 (b) a change to the authorised practitioner's contact details;
9 (c) a change to the authorised practitioner's eligibility to be an
10 authorised practitioner;
11 (d) any other event or circumstance prescribed by regulation.
- 12 **90** **Revocation of authorisation**
- 13 The director-general may revoke an authorised practitioner's
14 authorisation if—
- 15 (a) the director-general is satisfied that the authorised practitioner is
16 no longer eligible to be an authorised practitioner; or
17 (b) the practitioner asks, in writing, for the authorisation to be
18 revoked.
- 19 **91** **Register of authorised practitioners**
- 20 (1) The director-general must keep a register of authorised practitioners.
21 (2) The register must include the details prescribed by regulation.
22 (3) The register may also contain any other details the director-general
23 considers appropriate.
24 (4) The director-general may correct any mistake, error or omission in
25 the register.

Part 5 Requirements for coordinating practitioners, consulting practitioners and administering practitioners
Division 5.3 Requirements for coordinating practitioners, consulting practitioners and administering practitioners

Section 92

- 1 (5) The director-general must give a copy of the register to—
2 (a) the approved care navigator service; and
3 (b) the board.

4 **Division 5.3 Requirements for coordinating**
5 **practitioners, consulting practitioners**
6 **and administering practitioners**

7 **92 Requirements for acting as coordinating practitioner,**
8 **consulting practitioner or administering practitioner**

- 9 (1) A person may act as a coordinating practitioner for an individual only
10 if they—
11 (a) are an authorised coordinating practitioner; and
12 (b) do not have a personal interest in relation to the individual.
13 (2) A person may act as a consulting practitioner for an individual only
14 if they—
15 (a) are an authorised consulting practitioner; and
16 (b) do not have a personal interest in relation to the individual.
17 (3) However, the coordinating practitioner and the consulting
18 practitioner for an individual must not both be nurse practitioners.
19 (4) A person may act as an administering practitioner for an individual
20 only if they—
21 (a) are an authorised administering practitioner; and
22 (b) do not have a personal interest in relation to the individual.

- 1 (5) For this section, a person has a *personal interest* in relation to an
2 individual if the person—
3 (a) is a family member of the individual; or
4 (b) knows or believes they are a beneficiary under the will of the
5 individual; or
6 (c) knows or believes they may otherwise benefit financially or in
7 any other material way (other than by receiving reasonable fees
8 for the provision of services relating to their role as the
9 coordinating practitioner, consulting practitioner or
10 administering practitioner) from—
11 (i) assisting the individual to access voluntary assisted dying;
12 or
13 (ii) the death of the individual.

14 **93 Acting as coordinating practitioner, consulting**
15 **practitioner or administering practitioner when**
16 **requirements to act not met**

17 A person commits an offence if the person—

- 18 (a) acts as the coordinating practitioner, consulting practitioner or
19 administering practitioner for an individual; and
20 (b) does not meet the requirements in section 92 (Requirements for
21 acting as coordinating practitioner, consulting practitioner or
22 administering practitioner).

23 Maximum penalty: 100 penalty units, imprisonment for 12 months
24 or both.

1 **Part 6** **Conscientious objections—**
2 **health practitioners and health**
3 **service providers**

4 **94** **Conscientious objection by health practitioner or health**
5 **service provider**

- 6 (1) A health practitioner who has a conscientious objection to voluntary
7 assisted dying may refuse to do any of the following:
- 8 (a) act as a coordinating practitioner, consulting practitioner or
9 administering practitioner for an individual;
 - 10 (b) provide advice to a coordinating practitioner in relation to a
11 referral made under section 17 (Referral for advice about
12 eligibility requirements);
 - 13 (c) provide advice to a consulting practitioner in relation to a
14 referral made under section 24 (Referral for advice about
15 eligibility requirements);
 - 16 (d) supply an approved substance;
 - 17 (e) be present when an approved substance is administered by or to
18 an individual.
- 19 (2) A health service provider who has a conscientious objection to
20 voluntary assisted dying may refuse to do any of the following:
- 21 (a) participate in a request and assessment process;
 - 22 (b) participate in an administration decision;
 - 23 (c) be present when an approved substance is administered by or to
24 an individual.

- 1 (3) In this section:
2 *health service*—see the *Health Act 1993*, section 5.
3 *health service provider* means a person who—
4 (a) is a health service provider for the *Health Act 1993*, section 7;
5 or
6 (b) is prescribed by regulation as a health service provider.
- 7 **95 Giving individual contact details for approved care**
8 **navigator service**
- 9 (1) This section applies if a health practitioner or health service provider
10 refuses to do a thing mentioned in section 94 in relation to an
11 individual.
- 12 (2) Within 2 working days after the day the health practitioner or health
13 service provider refuses to do the thing, they must give the individual,
14 in writing, the contact details for the approved care navigator service.
- 15 Maximum penalty: 20 penalty units.
- 16 (3) An offence against this section is a strict liability offence.
- 17 (4) In this section:
18 *health service provider*—see section 94.

1 **Part 7** **Obligations of facility operators**

2 **Division 7.1** **General**

3 **96** **Definitions—pt 7**

4 (1) In this part:

5 *care service* means a health service, aged care service or personal care
6 service.

7 *facility* means a place (other than an individual's private residence)
8 where a care service is provided to a resident of the facility,
9 including—

10 (a) a hospital; and

11 (b) a hospice; and

12 (c) a nursing home, hostel, respite facility or other facility where
13 accommodation, nursing or personal care is provided to
14 individuals who, because of infirmity, illness, disease,
15 incapacity or disability, have a need for accommodation, nursing
16 or personal care; and

17 (d) a residential aged care facility.

18 *facility operator* means the entity that is responsible for the
19 management of a facility.

20 *resident*, of a facility, means an individual who is staying at the
21 facility on a temporary or permanent basis to receive accommodation,
22 nursing or personal care.

23 **Examples—resident**

24 a permanent or temporary resident of a residential aged care facility, an in-patient
25 of a hospital, a resident of a hospice

- 1 (2) In this section:
- 2 *disability*—
- 3 (a) has the same meaning as it has in the *Discrimination Act 1991*,
- 4 section 5AA (1); but
- 5 (b) does not include the meaning in that Act, section 5AA (2).
- 6 *health service*—see the *Health Act 1993*, section 5.
- 7 *medicine*—see the *Medicines, Poisons and Therapeutic Goods*
- 8 *Act 2008*, section 11 (1).
- 9 *personal care service* means assistance or support of a personal
- 10 nature that is provided to an individual under a contract, agreement
- 11 or other arrangement, and includes—
- 12 (a) assistance with bathing, showering, personal hygiene, toileting,
- 13 dressing, undressing or meals; and
- 14 (b) assistance with mobility problems; and
- 15 (c) assistance or supervision in administering medicine; and
- 16 (d) the provision of substantial emotional support.
- 17 *residential aged care facility* means a residential facility that provides
- 18 residential care to residents at the facility.
- 19 *residential care*—see the *Aged Care Act 1997* (Cwlth), section 41-3.

20 **Division 7.2 Information and access obligations**

21 **97 Application—div 7.2**

22 This division applies if—

- 23 (a) an individual is a resident of a facility; and
- 24 (b) a relevant person is not available to the individual at the facility.

- 1 **98** **Definitions—div 7.2**
- 2 (1) In this division:
- 3 *deciding practitioner*, for a decision about the transfer of an
4 individual, means—
- 5 (a) if the individual has a coordinating practitioner—the
6 coordinating practitioner; or
- 7 (b) in any case—a treating doctor of the individual.
- 8 *relevant person* means—
- 9 (a) for information about voluntary assisted dying—any person
10 who can provide the information; and
- 11 (b) for a request to access voluntary assisted dying—a person who
12 is necessary for the exercise of a function under part 3 (Request
13 and assessment process for access to voluntary assisted dying)
14 or part 4 (Accessing voluntary assisted dying and death) in
15 relation to an individual’s request for access to voluntary
16 assisted dying.
- 17 **99** **Giving individual contact details for approved care**
18 **navigator service**
- 19 (1) This section applies if the individual, or their agent, tells the facility
20 operator, orally or in writing, that the individual wants—
- 21 (a) information about voluntary assisted dying; or
- 22 (b) to access voluntary assisted dying.
- 23 (2) Within 2 working days after the day the request is made, the facility
24 operator must give the individual, in writing, the contact details for
25 the approved care navigator service .
- 26 Maximum penalty: 30 penalty units.
- 27 (3) An offence against this section is a strict liability offence.

- 1 **100 Giving individual reasonable access to relevant people**
- 2 (1) This section applies if the individual, or their agent, tells the facility
- 3 operator, orally or in writing, that the individual wants—
- 4 (a) information about voluntary assisted dying; or
- 5 (b) to access voluntary assisted dying.
- 6 (2) Unless the facility operator decides that it is not reasonably
- 7 practicable to do so, the operator must, with the consent of the
- 8 individual, allow a relevant person to have reasonable access to the
- 9 individual at the facility.
- 10 Maximum penalty: 100 penalty units.

- 11 **101 Facilitating transfer of individual**
- 12 (1) This section applies if—
- 13 (a) the facility operator decides that it is not reasonably practicable
- 14 for a relevant person to have access to the individual at the
- 15 facility under section 100; and
- 16 (b) the individual, or their agent, asks to be transferred to and from
- 17 a place to see the relevant person.
- 18 (2) The facility operator must ask the individual’s deciding practitioner
- 19 to decide whether the transfer is reasonable in the circumstances.
- 20 (3) The individual’s deciding practitioner must take the following into
- 21 account when deciding whether a transfer is reasonable in the
- 22 circumstances:
- 23 (a) whether the transfer would be likely to cause serious harm to the
- 24 individual;
- 25 **Examples—serious harm**
- 26 significant pain, a significant deterioration in the individual’s condition

- 1 (b) whether the transfer would be likely to adversely affect the
2 individual's access to voluntary assisted dying;
- 3 **Example—adverse effect**
4 the transfer would likely result in a loss of decision-making capacity,
5 including because of the effects of any pain relief or medication that would
6 be required for the transfer
- 7 (c) whether the transfer would be likely to cause undue delay or
8 prolonged suffering in accessing voluntary assisted dying;
- 9 (d) whether the place where it is proposed the individual would be
10 transferred to is available to receive the individual;
- 11 (e) whether the individual would incur a financial loss or cost
12 because of the transfer.
- 13 (4) The facility operator must, as soon as reasonably practicable,
14 facilitate the transfer of the individual if—
- 15 (a) the deciding practitioner decides that the transfer is reasonable
16 in the circumstances; and
- 17 (b) the individual consents to the transfer.
- 18 Maximum penalty: 100 penalty units.
- 19 (5) If the facility operator does not facilitate the transfer in accordance
20 with subsection (4), the operator must give the board written notice
21 stating—
- 22 (a) the reasons why the transfer did not happen; and
23 (b) the steps taken by the operator to try to facilitate the transfer.
- 24 Maximum penalty: 20 penalty units.
- 25 (6) An offence against subsection (5) is a strict liability offence.

1 **102 Making access to relevant person reasonably practicable**

- 2 (1) This section applies if—
- 3 (a) it is not reasonably practicable for a relevant person to have
4 access to an individual at a facility under section 100; and
- 5 (b) the facility operator does not transfer the individual under
6 section 101 because the individual's deciding practitioner
7 decides that the transfer is unreasonable in the circumstances.
- 8 (2) The facility operator must take reasonable steps to make it reasonably
9 practicable for the relevant person to have access to the individual at
10 the facility.

11 Maximum penalty: 100 penalty units.

12 **Division 7.3 Other obligations**

13 **103 Facility operator must have policy**

- 14 (1) A facility operator must have a policy that—
- 15 (a) sets out how the operator will comply with its obligations under
16 division 7.2; and
- 17 (b) complies with any requirements prescribed by regulation.
- 18 Maximum penalty: 20 penalty units.
- 19 (2) The facility operator must publish its policy in a way that is likely to
20 come to the attention of a resident of the facility, or an individual who
21 may wish to become a resident of the facility in the future.

22 Maximum penalty: 20 penalty units.

23 **Examples—publishing information in way likely to come to individual's**
24 **attention**

- 25 1 including the policy in a brochure about the facility operator
26 2 including the policy on the facility operator's website
27 3 displaying the policy on signs at the facility

1 (3) If a person asks the facility operator for its policy, the operator must
2 make the policy available to the person within 2 working days after
3 the day the person asks for it.

4 Maximum penalty: 20 penalty units.

5 (4) An offence against this section is a strict liability offence.

6 **104 Facility operator must not withdraw or refuse to provide**
7 **care service**

8 A facility operator must not withdraw a care service from an
9 individual, or refuse to provide a care service to an individual, only
10 because the operator knows that—

11 (a) the individual or their agent has asked, or is likely to ask, for
12 information about voluntary assisted dying; or

13 (b) the individual has made, or is likely to make, a request to access
14 voluntary assisted dying.

15 Maximum penalty: 100 penalty units.

1 **Part 8** **Voluntary assisted dying**
2 **oversight board**

3 **Division 8.1** **Establishment of board**

4 **105** **Establishment of board**

5 The Voluntary Assisted Dying Oversight Board is established.

6 **Division 8.2** **Membership of board**

7 **106** **Members of board**

8 The board consists of at least 4, but not more than 7 members,
9 including the chair and deputy chair (if one is appointed).

10 **107** **Appointment of members**

11 (1) The Minister may appoint a person as a member of the board if
12 satisfied the person—

13 (a) either—

14 (i) has knowledge and expertise in 1 or more relevant area; or

15 (ii) is likely to make a valuable contribution to the board
16 because of the individual's experience, knowledge and
17 skills; and

18 (b) is not, and has not been, bankrupt or personally insolvent; and

19 (c) has not been convicted or found guilty of an indictable offence.

20 *Note 1* A conviction does not include a spent conviction or an
21 extinguished conviction (see *Spent Convictions Act 2000*, s 16 (c) (i) and
22 s 19H (1) (c) (i)).

23 *Note 2* For laws about appointments, see the [Legislation Act](#), pt 19.3.

- 1 (2) The Minister must ensure the membership of the board—
- 2 (a) includes people with a range of experience, knowledge and
- 3 skills relevant to the work of the board; and
- 4 (b) takes into account the social, cultural and geographic
- 5 characteristics of the ACT community and people who work or
- 6 receive medical treatment in the ACT; and
- 7 (c) is not made up by a majority of members who are public
- 8 employees.
- 9 (3) A member must be appointed for not longer than 3 years.
- 10 (4) The conditions of appointment of a member (other than a member
- 11 who is a public servant) are the conditions stated in the appointment,
- 12 subject to any determination under the *Remuneration Tribunal*
- 13 *Act 1995*.
- 14 (5) In this section:
- 15 *relevant area* means any of the following areas:
- 16 (a) medicine;
- 17 (b) nursing;
- 18 (c) pharmacy;
- 19 (d) psychology;
- 20 (e) social work;
- 21 (f) ethics;
- 22 (g) law;
- 23 (h) another area the Minister considers relevant to the performance
- 24 of the board's functions.

1 **108 Appointment of chair**

- 2 (1) The Minister must appoint a member of the board to be the chair of
3 the board.
- 4 (2) The chair must be appointed for not longer than 3 years.
- 5 (3) The conditions of appointment of the chair (other than a chair who is
6 a public servant) are the conditions stated in the appointment, subject
7 to any determination under the *Remuneration Tribunal Act 1995*.

8 **109 Appointment of deputy chair**

- 9 (1) The Minister may appoint a member of the board to be the deputy
10 chair of the board.
- 11 (2) The deputy chair must be appointed for not longer than 3 years.
- 12 (3) The conditions of appointment of the deputy chair (other than a
13 deputy chair who is a public servant) are the conditions stated in the
14 appointment, subject to any determination under the *Remuneration*
15 *Tribunal Act 1995*.

16 **110 Ending member appointments**

- 17 The Minister may end the appointment of a member of the board
18 (including the chair and any deputy chair) if the member—
- 19 (a) contravenes a territory law; or
- 20 (b) is absent from 3 consecutive meetings of the board, otherwise
21 than on approved leave; or
- 22 (c) exercises the member's functions other than in accordance with
23 section 111; or
- 24 (d) fails to comply with section 112 without reasonable excuse; or
- 25 (e) has a physical or mental incapacity that substantially affects the
26 exercise of the member's functions; or
- 27 (f) is not eligible for appointment as a member.

1 **111 Honesty, care and diligence of board members**

2 In exercising the functions of a board member, a member must
3 exercise the degree of honesty, care and diligence required to be
4 exercised by a director of a corporation in relation to the affairs of the
5 corporation.

6 **112 Conflicts of interest by board members**

7 A board member must take all reasonable steps to avoid being placed
8 in a position where a conflict of interest arises during the exercise of
9 the member's functions.

10 **113 Disclosure of interests by board members**

- 11 (1) This section applies to a member of the board if—
- 12 (a) the member has a direct or indirect interest in an issue being
13 considered, or about to be considered, by the board; and
- 14 (b) the interest could conflict with the proper exercise of the
15 member's functions in relation to the board's consideration of
16 the issue.
- 17 (2) As soon as practicable after the relevant facts come to the member's
18 knowledge, the member must disclose the nature of the interest to a
19 meeting of the board.
- 20 (3) The disclosure must be recorded in the board's minutes and, unless
21 the board otherwise decides, the member must not—
- 22 (a) be present when the board considers the issue; or
- 23 (b) take part in a decision of the board on the issue.

1 **Division 8.3** **Functions of board and members**

2 **114** **Functions of board**

- 3 (1) The board has the following functions:
- 4 (a) to monitor the operation of this Act;
- 5 (b) to monitor requests for voluntary assisted dying;
- 6 (c) to refer issues identified by the board in relation to voluntary
7 assisted dying to the following people if those issues are relevant
8 to the person:
- 9 (i) the chief police officer;
- 10 (ii) the coroner;
- 11 (iii) the director-general;
- 12 (iv) the human rights commission;
- 13 (v) the national agency;
- 14 (vi) the registrar-general;
- 15 (d) to record and keep any information prescribed by regulation in
16 relation to a request for, or access to, voluntary assisted dying;
- 17 (e) to analyse information given to the board under this Act and
18 research matters relating to the operation of this Act;
- 19 (f) to give the Minister advice in relation to—
- 20 (i) the operation of this Act; or
- 21 (ii) the board's functions; or
- 22 (iii) the improvement of the processes and safeguards for
23 voluntary assisted dying;
- 24 (g) any other function given to the board under this Act or another
25 territory law.

- 1 (2) In exercising its functions, the board—
- 2 (a) must act independently and in the public interest; and
- 3 (b) except as provided by this Act or another territory law, is not
- 4 subject to the direction and control of any person.
- 5 (3) In this section:
- 6 ***national agency*** means the national agency established under the
- 7 *Health Practitioner Regulation National Law (ACT)*, section 23.
- 8 *Note* The *Health Practitioner Regulation National Law (ACT) Act 2010*, s 6
- 9 applies the Health Practitioner Regulation National Law set out in the
- 10 *Health Practitioner Regulation National Law Act 2009* (Qld), schedule
- 11 as if it were an ACT law called the *Health Practitioner Regulation*
- 12 *National Law (ACT)*.

13 **115 Functions of chair and deputy chair**

- 14 (1) The chair has the following functions:
- 15 (a) to lead and direct the work of the board;
- 16 (b) to ensure the board exercises its functions appropriately;
- 17 (c) any other function given to the chair under this Act or another
- 18 territory law.
- 19 (2) The deputy chair has the following functions:
- 20 (a) to act as the chair—
- 21 (i) during a vacancy in the office of the chair; and
- 22 (ii) during all periods when the chair is absent from duty or
- 23 cannot exercise the functions of the chair for any other
- 24 reason;
- 25 (b) any other function given to the deputy chair under this Act or
- 26 another territory law.

1 **116 Ministerial directions**

- 2 (1) The Minister may give directions to the board about the exercise of
3 its functions under this Act.
- 4 (2) However, a direction cannot be about the exercise of a function in
5 relation to a particular person.
- 6 (3) The board must comply with a direction.
- 7 (4) A direction is a notifiable instrument.

8 **117 Decisions of board**

- 9 (1) A decision of the board on a question is valid if—
- 10 (a) at least 3 members vote on the question; and
- 11 (b) the question is decided by a majority of the votes of the members
12 voting on the question.
- 13 (2) Each member has 1 vote on each question to be decided.
- 14 (3) However, if the votes on a question are equal, the chair has a casting
15 vote.

16 **Division 8.4 Miscellaneous**

17 **118 Board may request information from registrar-general**

- 18 (1) If the board is given notice about the death of an individual under this
19 Act, the board may ask the registrar-general for information recorded
20 in the registrable events register about the individual's death.
- 21 (2) If a request for information is made under subsection (1), the
22 registrar-general must give the board the requested information.
- 23 (3) In this section:

24 *registrable events register* means a register maintained under the
25 *Births, Deaths and Marriages Registration Act 1997*, section 39.

1 **119 Delegation by board**

2 The board may delegate its functions under this Act or another
3 territory law to a public servant.

4 **120 Director-general to give support to board**

5 The director-general must provide administrative support and
6 facilities to the board.

7 **121 Arrangements for board staff and facilities**

8 The board may arrange with the head of service to use—

- 9 (a) the services of a public servant; or
10 (b) territory facilities.

11 *Note* The head of service may delegate powers in relation to the management
12 of public servants to a public servant or another person (see *Public Sector*
13 *Management Act 1994*, s 18).

14 **122 Annual reporting of board**

15 The board must prepare an annual report under the *Annual Reports*
16 *(Government Agencies) Act 2004*.

1 **Part 9** **Protection from liability**

2 **123** **Meaning of *conduct*—pt 9**

3 For this part, *conduct* means an act or omission to do an act.

4 **124** **Board members and people assisting board**

5 (1) A relevant person is not civilly liable for conduct engaged in honestly
6 and without recklessness—

7 (a) in the exercise of a function of the board under this Act or
8 another territory law; or

9 (b) in the reasonable belief that the conduct was in the exercise of a
10 function of the board under this Act or another territory law.

11 (2) Any liability that would, apart from this section, attach to the relevant
12 person attaches instead to the Territory.

13 (3) In this section:

14 *relevant person* means—

15 (a) a member of the board; or

16 (b) a person assisting the board to exercise its functions.

17 **125** **People assisting access to voluntary assisted dying or**
18 **witnessing administration of approved substance**

19 A person is not criminally liable only because the person, honestly
20 and without recklessness—

21 (a) engages in conduct that assists an individual to access, or request
22 access to, voluntary assisted dying in accordance with this Act;
23 or

24 (b) is present when an approved substance is administered by or to
25 an individual under this Act.

1 **126 People engaging in conduct under Act**

2 A person is not civilly or criminally liable for conduct engaged in
3 honestly and without recklessness—

4 (a) under this Act; or

5 (b) in the reasonable belief that the conduct was engaged in under
6 this Act.

7 **127 Protection from liability for certain offences against**
8 **Crimes Act 1900**

9 To remove any doubt, a person who engages in conduct mentioned in
10 section 125 or section 126 does not commit an offence against any of
11 the following provisions of the *Crimes Act 1900*:

12 (a) section 12 (Murder);

13 (b) section 15 (Manslaughter);

14 (c) section 17 (Suicide—aiding etc).

15 **128 Health practitioners and ambulance service members**

16 (1) This section applies if a health practitioner or ambulance service
17 member, honestly and without recklessness, does not administer life
18 sustaining treatment to an individual in the reasonable belief that the
19 individual—

20 (a) has not requested the administration of life sustaining treatment;
21 and

22 (b) is dying after self-administering or being administered with an
23 approved substance in accordance with this Act.

24 (2) The health practitioner or ambulance service member is not
25 criminally or civilly liable for not administering life sustaining
26 treatment to the individual.

1 (3) To remove any doubt, a health practitioner or ambulance service
2 member who does not provide life sustaining treatment as mentioned
3 in subsection (1) does not commit an offence against any of the
4 following provisions of the *Crimes Act 1900*:

- 5 (a) section 12 (Murder);
6 (b) section 15 (Manslaughter);
7 (c) section 17 (Suicide—aiding etc).

8 (4) In this section:

9 ***health practitioner*** means a person registered under the *Health*
10 *Practitioner Regulation National Law (ACT)* to practise a health
11 profession, including a student.

12 *Note* The *Health Practitioner Regulation National Law (ACT) Act 2010*, s 6
13 applies the Health Practitioner Regulation National Law set out in the
14 *Health Practitioner Regulation National Law Act 2009* (Qld), schedule
15 as if it were an ACT law called the *Health Practitioner Regulation*
16 *National Law (ACT)*.

17 ***member***, of the ambulance service—see the *Emergencies Act 2004*,
18 dictionary.

19 **129 Onus of proof if party to proceeding alleges person liable**
20 **for conduct**

21 (1) This section applies if a question arises in a proceeding about whether
22 a relevant provision prevents a person from being found to be liable
23 for conduct.

24 (2) The party alleging that the relevant provision does not prevent a
25 finding of liability against a person bears the onus of proving that the
26 person did not engage in the conduct in the circumstances mentioned
27 in the relevant provision.

- 1 (3) In this section:
2 ***relevant provision*** means—
3 (a) section 125 (a); or
4 (b) section 126; or
5 (c) section 127.

6 **130 Provisions of part do not affect complaints or referrals**

7 Nothing in section 125, section 126 or section 127 prevents—

- 8 (a) the making of a notification about a person under the *Health*
9 *Practitioner Regulation National Law (ACT)*; or

10 *Note* The *Health Practitioner Regulation National Law (ACT) Act 2010*,
11 s 6 applies the Health Practitioner Regulation National Law set out
12 in the *Health Practitioner Regulation National Law Act 2009*
13 (Qld), schedule as if it were an ACT law called the *Health*
14 *Practitioner Regulation National Law (ACT)*.

- 15 (b) the making of a complaint under the *Human Rights Commission*
16 *Act 2005*; or

- 17 (c) the referral of an issue to the human rights commission under
18 section 114 (1) (c) (Functions of board).

1 **Part 10** **Review of coordinating**
2 **practitioner, consulting**
3 **practitioner and administering**
4 **practitioner decisions**

5 **Division 10.1** **General**

6 **131** **Definitions—pt 10**

7 In this part:

8 *affected person*, for a reviewable decision, means—

9 (a) the individual about whom the reviewable decision was made;
10 or

11 (b) any other person who has a sufficient and genuine interest in the
12 rights of the individual mentioned in paragraph (a) in relation to
13 voluntary assisted dying.

14 *decision-maker*, for a reviewable decision, means the person
15 mentioned in schedule 1, column 4 in relation to the decision.

16 *registrar*—see the *ACT Civil and Administrative Tribunal Act 2008*,
17 dictionary.

18 *reviewable decision* means a decision mentioned in schedule 1,
19 column 3 under a provision of this Act mentioned in column 2 in
20 relation to the decision.

1 **Division 10.2** **Reviewable decision notices and**
2 **applications for review of reviewable**
3 **decisions**

4 **132** **Reviewable decision notices**

- 5 (1) If a decision-maker makes a reviewable decision about an individual,
6 the decision-maker must give the individual a notice that includes any
7 information prescribed by regulation.
- 8 (2) A failure to comply with subsection (1) does not affect the validity of
9 the decision.

10 **133** **Making application for review of reviewable decision**

- 11 (1) An affected person for a reviewable decision may apply to the ACAT
12 for review of the decision.
- 13 (2) An application must be made not later than 5 days after the latest of
14 the following:
- 15 (a) for a decision mentioned in schedule 1, items 1 to 3—the day
16 the individual is given a copy of the first assessment report;
- 17 (b) for a decision mentioned in schedule 1, items 4 to 6—the day
18 the individual is given a copy of the consulting assessment
19 report;
- 20 (c) for a decision mentioned in schedule 1, items 7 or 8—the day
21 the individual is given a copy of the final assessment report;
- 22 (d) the day the affected person making the application for review
23 becomes aware of the reviewable decision.

1 **134** **Parties to application for review**

2 The following people are parties to an application for review:

- 3 (a) if the individual about whom the reviewable decision was made
4 is not the applicant—the individual;
- 5 (b) if the decision-maker is not the individual’s coordinating
6 practitioner—the coordinating practitioner.

7 *Note* The applicant and the decision-maker are also parties to an application
8 (see *ACT Civil and Administrative Tribunal Act 2008*, s 29 (1)).

9 **135** **Application for review suspends process for accessing
10 voluntary assisted dying**

11 (1) This section applies if an affected person applies to the ACAT for
12 review of a reviewable decision.

13 (2) If the request and assessment process for the individual is not
14 complete, the request and assessment process is suspended until the
15 earlier of—

16 (a) the day the application for review is withdrawn; and

17 (b) the day the application for review (including any appeal) is
18 finalised.

19 (3) If the request and assessment process for the individual is complete,
20 the application of part 4 (Accessing voluntary assisted dying and
21 death) is suspended until the earlier of—

22 (a) the day the application for review is withdrawn; and

23 (b) the day the application for review (including any appeal) is
24 finalised.

25 (4) For this section, a request and assessment process for an individual is
26 **complete** if the individual’s coordinating practitioner has prepared a
27 final assessment report for the individual under section 36 (2).

- 1 **136 Registrar must give notice of application for review**
- 2 Within 2 days after the day an affected person applies for review of a
- 3 reviewable decision, the registrar must give a copy of the application
- 4 to—
- 5 (a) each party to the application; and
- 6 (b) if the individual has a consulting practitioner and the consulting
- 7 practitioner is not a party to the application—the consulting
- 8 practitioner; and
- 9 (c) the board; and
- 10 (d) any other person the ACAT directs a copy of the application be
- 11 given to.
- 12 **137 Application for review taken to be withdrawn if individual**
- 13 **dies**
- 14 (1) This section applies if—
- 15 (a) an application for review of a reviewable decision is made under
- 16 section 133; and
- 17 (b) the individual about whom the reviewable decision was made
- 18 dies.
- 19 (2) The application is taken to be withdrawn.
- 20 (3) The registrar must, as soon as practicable after becoming aware of the
- 21 individual’s death, give notice of the withdrawal to—
- 22 (a) any person who was given notice of the application under
- 23 section 136; and
- 24 (b) any other person the ACAT directs a copy of the notice be given
- 25 to.

1 **Division 10.3 Procedural matters**

2 **138 Coordinating practitioner and consulting practitioner**
3 **must give documents to ACAT**

- 4 (1) If the registrar gives an individual's coordinating practitioner or
5 consulting practitioner a copy of an application for review, the
6 registrar must also give the coordinating practitioner or consulting
7 practitioner written notice requiring them to give the ACAT any
8 documents that are—
9 (a) in their possession or under their control; and
10 (b) relevant to the decision being reviewed.
11 (2) The coordinating practitioner or consulting practitioner must give the
12 ACAT the documents mentioned in subsection (1) not later than 2
13 days after the day the registrar gives them the notice.

14 **139 Hearings must take place in private**

- 15 (1) The hearing of an application for review of a reviewable decision
16 must take place in private.
17 (2) The ACAT may make an order allowing stated people to be present
18 at the hearing if satisfied that it is appropriate to make the order.

19 **140 Non-publication orders**

- 20 (1) The ACAT may, on application by a party or on its own initiative,
21 make an order prohibiting or restricting—
22 (a) the publication of—
23 (i) evidence given at the hearing; or
24 (ii) matters contained in documents filed with the tribunal or
25 received in evidence by the tribunal for the hearing; or

- 1 (b) the disclosure to some or all of the parties to the application of—
2 (i) evidence given at the hearing; or
3 (ii) matters contained in documents filed with the tribunal or
4 received in evidence by the tribunal for the hearing.
5 (2) A person must not contravene an order made under subsection (1).
6 Maximum penalty: 50 penalty units, imprisonment for 6 months or
7 both.

8 **141 Members constituting ACAT**

9 For a proceeding under this part, the ACAT may be made up of a
10 presidential member alone, but not a non-presidential member alone.

11 **Division 10.4 Decisions of ACAT**

12 **142 Orders following review of reviewable decision**

- 13 (1) If the ACAT reviews a reviewable decision, the ACAT must, by
14 order, decide that the individual—
15 (a) for a reviewable decision mentioned in schedule 1, items 1, 4
16 or 7—
17 (i) has decision-making capacity in relation to voluntary
18 assisted dying; or
19 (ii) does not have decision-making capacity in relation to
20 voluntary assisted dying; and
21 (b) for a reviewable decision mentioned in schedule 1, items 2, 5
22 or 8—
23 (i) is acting voluntarily and without coercion; or
24 (ii) is not acting voluntarily and without coercion; and

- 1 (c) for a reviewable decision mentioned in schedule 1, items 3
2 or 6—
- 3 (i) has lived in the ACT for at least the previous 12 months;
4 or
- 5 (ii) has not lived in the ACT for at least the previous
6 12 months.
- 7 (2) An order made under subsection (1) takes effect—
- 8 (a) on the day the order is made; or
- 9 (b) if a later date is stated in the order—on the stated date.

10 **143 Effect of ACAT decision that individual meets relevant**
11 **requirement**

- 12 (1) This section applies if the ACAT—
- 13 (a) makes any of the following orders under section 142:
- 14 (i) an order that the individual has decision-making capacity
15 in relation to voluntary assisted dying;
- 16 (ii) an order that the individual is acting voluntarily and
17 without coercion;
- 18 (iii) an order that the individual has lived in the ACT for at least
19 the previous 12 months; and
- 20 (b) does not also make any of the following orders under
21 section 142 in the same proceeding:
- 22 (i) an order that the individual does not have decision-making
23 capacity in relation to voluntary assisted dying;
- 24 (ii) an order that the individual is not acting voluntarily and
25 without coercion;
- 26 (iii) an order that the individual has not lived in the ACT for at
27 least the previous 12 months.

1 (2) The order is taken to be the decision of the decision-maker for the
2 reviewable decision.

3 **144 Effect of ACAT decision that individual does not meet**
4 **relevant requirement**

5 (1) This section applies if the ACAT makes any of the following orders
6 under section 142:

7 (a) an order that the individual does not have decision-making
8 capacity in relation to voluntary assisted dying;

9 (b) an order that the individual is not acting voluntarily and without
10 coercion;

11 (c) an order that the individual has not lived in the ACT for at least
12 the previous 12 months.

13 (2) If the order relates to a reviewable decision mentioned in schedule 1,
14 items 1 to 6—

15 (a) the individual is taken not to have met the eligibility
16 requirements; and

17 (b) the request and assessment process for the individual ends.

18 (3) If the order relates to a reviewable decision mentioned in schedule 1,
19 items 7 or 8—

20 (a) the individual is taken not to have met the final assessment
21 requirements; and

22 (b) the request and assessment process for the individual ends; and

23 (c) part 4 (Accessing voluntary assisted dying and death) does not
24 apply to the individual.

-
- 1 **145 Registrar must give decision to consulting practitioner if**
2 **consulting practitioner not party**
- 3 (1) This section applies if—
- 4 (a) an individual about whom a reviewable decision was made has
5 a consulting practitioner; and
- 6 (b) an application for review of the decision is made and the
7 consulting practitioner is not a party to the application; and
- 8 (c) a final order is made in relation to the application (including any
9 appeal).
- 10 (2) The registrar must give the consulting practitioner a copy of the final
11 order as soon as practicable after the ACAT makes the order.
- 12 **146 Coordinating practitioner must give copy of ACAT**
13 **decision to board**
- 14 (1) This section applies if—
- 15 (a) the ACAT makes a final order in relation to the application for
16 review (including any appeal); and
- 17 (b) the registrar gives the individual’s coordinating practitioner a
18 copy of the final order.
- 19 (2) Within 2 working days after the day the registrar gives the
20 coordinating practitioner a copy of the final order, the coordinating
21 practitioner must give the board a copy of the order.
- 22 Maximum penalty: 20 penalty units.
- 23 (3) An offence against this section is a strict liability offence.

1 **Part 11** **Review of other decisions**

2 **147** **Definitions—pt 11**

3 In this part:

4 *affected person*, for a reviewable decision, means the person
5 mentioned in schedule 2, column 4 in relation to the decision.

6 *reviewable decision* means a decision mentioned in schedule 2,
7 column 3 under a provision of this Act mentioned in column 2 in
8 relation to the decision.

9 **148** **Reviewable decision notices**

10 If the director-general makes a reviewable decision, the
11 director-general must give a reviewable decision notice to each
12 affected person.

13 *Note* The director-general must also take reasonable steps to give a reviewable
14 decision notice to any other person whose interests are affected by the
15 decision (see [ACT Civil and Administrative Tribunal Act 2008](#), s 67A).

16 **149** **Applications for review**

17 An affected person may apply to the ACAT for a review of a
18 reviewable decision.

1 **Part 12** **Miscellaneous**

2 **150** **Exercise of enforcement powers under Medicines,**
3 **Poisons and Therapeutic Goods Act 2008**

4 (1) A medicines and poisons inspector may exercise their powers under
5 the *Medicines, Poisons and Therapeutic Goods Act 2008*, chapter 7
6 (Enforcement) for the purpose of investigating, monitoring and
7 enforcing compliance with a relevant provision of this Act.

8 (2) For subsection (1), a reference in that chapter to an offence against
9 that Act is taken to be a reference to an offence against a relevant
10 provision of this Act.

11 (3) In this section:

12 *medicines and poisons inspector*—see the *Medicines, Poisons and*
13 *Therapeutic Goods Act 2008*, section 99.

14 *relevant provision*, of this Act, means the following provisions:

15 (a) division 4.3 (Dealing with approved substances);

16 (b) section 70 (Unauthorised administration of approved
17 substance);

18 (c) section 93 (Acting as coordinating practitioner, consulting
19 practitioner or administering practitioner when requirements to
20 act not met).

1 **151 Residency exemptions**

- 2 (1) The director-general must, on application, grant an individual an
3 exemption from the eligibility requirement mentioned in
4 section 11 (1) (f) (i) if satisfied that the individual has a substantial
5 connection to the ACT.

6 **Examples—substantial connection to the ACT**

- 7 1 an individual who has lived in a place close to the ACT border for at least the
8 previous 12 months and who works in the ACT or receives medical treatment
9 in the ACT
- 10 2 an individual who has moved to the ACT so that family, friends or carers who
11 live in the ACT can provide care and support to the individual
- 12 3 an individual who previously lived in the ACT and whose family, friends or
13 carers live in the ACT
- 14 4 an Aboriginal or Torres Strait Islander individual who has substantial
15 connections with the ACT community and wishes to die on Country
- 16 5 an individual who has lived in the ACT for less than 12 months but who was
17 diagnosed with a condition mentioned in s 11 (1) (b) after moving to the ACT
- 18 (2) An application must—
- 19 (a) be in writing; and
- 20 (b) include details about the individual’s substantial connection to
21 the ACT; and
- 22 (c) include any information prescribed by regulation.

23 **152 Requirements for health professionals when initiating**
24 **conversations about voluntary assisted dying**

- 25 (1) A doctor or nurse practitioner may initiate a conversation about
26 voluntary assisted dying with an individual only if—
- 27 (a) the individual has a condition or conditions mentioned in
28 section 11 (1) (b); and
- 29 (b) the doctor or nurse practitioner is satisfied that they have the
30 expertise to appropriately discuss treatment and palliative care
31 options with the individual; and

- 1 (c) the doctor or nurse practitioner takes reasonable steps to ensure
2 the individual knows of—
- 3 (i) the treatment options available for the condition or
4 conditions; and
- 5 (ii) the likely outcome of the treatment options; and
- 6 (iii) the palliative care options available to the individual; and
7 (iv) the likely outcome of the palliative care options.
- 8 (2) A relevant health professional may initiate a conversation about
9 voluntary assisted dying with an individual only if—
- 10 (a) the individual has a condition or conditions mentioned in
11 section 11 (1) (b); and
- 12 (b) the relevant health professional takes reasonable steps to ensure
13 the individual knows that—
- 14 (i) treatment and palliative care options are available to the
15 individual; and
- 16 (ii) the individual should discuss the options with their treating
17 doctor.
- 18 (3) In this section:
- 19 ***relevant health professional*** means—
- 20 (a) a counsellor; or
- 21 (b) a health practitioner other than a doctor or nurse practitioner
22 who may initiate a conversation under subsection (1); or
- 23 (c) a social worker.

- 1 **153 Interpreters**
- 2 (1) An interpreter for an individual who is accessing voluntary assisted
- 3 dying or requesting access to voluntary assisted dying must not—
- 4 (a) be a family member of the individual; or
- 5 (b) know or believe they are a beneficiary under the will of the
- 6 individual; or
- 7 (c) know or believe they may otherwise benefit financially or in any
- 8 other material way (other than by receiving reasonable fees for
- 9 the provision of interpreting services) from—
- 10 (i) assisting the individual to access voluntary assisted dying;
- 11 or
- 12 (ii) the death of the individual; or
- 13 (d) be an owner, or be responsible for the management, of a facility
- 14 where the individual is a resident; or
- 15 (e) be directly involved in providing a health service, aged care
- 16 service or personal care service to the individual.
- 17 (2) Despite subsection (1), the director-general may authorise an
- 18 interpreter to provide interpretation services for an individual
- 19 requesting access to voluntary assisted dying if the director-general is
- 20 satisfied that—
- 21 (a) no other interpreter is reasonably available; or
- 22 (b) there are exceptional circumstances for the authorisation.
- 23 (3) In this section:
- 24 ***health service***—see the *Health Act 1993*, section 5.
- 25 ***facility***—see section 96 (1).
- 26 ***personal care service***—see section 96 (2).
- 27 ***resident***, of a facility—see section 96 (1).

- 1 **154** **Technical error does not invalidate processes**
- 2 (1) The following errors and failures do not affect the validity of a request
3 and assessment process or administration process:
- 4 (a) a formal error in, or in relation to—
- 5 (i) a report, record or other notice given to the board by a
6 relevant practitioner under part 3 (Request and assessment
7 process for access to voluntary assisted dying) or part 4
8 (Accessing voluntary assisted dying and death); or
- 9 (ii) a relevant practitioner telling a person about a decision
10 under part 3 or part 4;
- 11 (b) a failure by a relevant practitioner to do a thing mentioned in
12 paragraph (a) (i) or (ii) within the stated time.
- 13 (2) In this section:
- 14 *administration process* means the process that consists of the
15 following steps:
- 16 (a) an administration decision;
- 17 (b) a contact person appointment;
- 18 (c) administration of an approved substance by or to an individual.
- 19 *formal error* means—
- 20 (a) a minor or technical error; or
- 21 (b) a clerical error; or
- 22 (c) a defect of form.
- 23 *relevant practitioner* means a coordinating practitioner, consulting
24 practitioner, administering practitioner or other health practitioner
25 who exercises a function under part 3 or part 4.

- 1 **155** **Approved care navigator service**
- 2 (1) The director-general may approve 1 entity to be the voluntary assisted
- 3 dying care navigator service for this Act.
- 4 (2) An approval is a notifiable instrument.
- 5 (3) The purpose of the approved care navigator service is to provide
- 6 support, assistance and information to people relating to voluntary
- 7 assisted dying.
- 8 **156** **Director-general may make guidelines**
- 9 (1) The director-general may make guidelines for this Act.
- 10 (2) The guidelines must be consistent with the objects and principles of
- 11 this Act.
- 12 (3) A guideline is a disallowable instrument.
- 13 (4) A person must comply with a guideline applying to the person.
- 14 **157** **Use or divulge protected information**
- 15 (1) A person commits an offence if—
- 16 (a) the person uses information; and
- 17 (b) the information is protected information about someone else;
- 18 and
- 19 (c) the person is reckless about whether the information is protected
- 20 information about someone else.
- 21 Maximum penalty: 50 penalty units, imprisonment for 6 months or
- 22 both.

- 1 (2) A person commits an offence if—
- 2 (a) the person does something that divulges information; and
- 3 (b) the information is protected information about someone else;
- 4 and
- 5 (c) the person is reckless about whether—
- 6 (i) the information is protected information about someone
- 7 else; and
- 8 (ii) doing the thing would result in the information being
- 9 divulged to someone else.
- 10 Maximum penalty: 50 penalty units, imprisonment for 6 months or
- 11 both.
- 12 (3) Subsections (1) and (2) do not apply—
- 13 (a) if the information is used or divulged—
- 14 (i) under this Act or another law applying in the ACT; or
- 15 (ii) in relation to the exercise of a function by a person under
- 16 this Act or another law applying in the ACT; or
- 17 (iii) in a court proceeding; or
- 18 (b) to the using or divulging of protected information about a person
- 19 with the person's consent.
- 20 (4) A person need not divulge protected information to a court, or
- 21 produce a document containing protected information to a court,
- 22 unless it is necessary to do so for this Act or another law applying in
- 23 the ACT.
- 24 (5) In this section:
- 25 *court* includes a tribunal, authority or person having power to require
- 26 the production of documents or the answering of questions.

1 *divulge* includes—

2 (a) communicate; or

3 (b) publish.

4 *produce* includes allow access to.

5 *protected information* means information about a person that is
6 disclosed to, or obtained by another person because of the exercise,
7 or the purported exercise, of a function under this Act by the other
8 person or someone else.

9 *use*, in relation to information, includes make a record of the
10 information.

11 **158 Regulation-making power**

12 The Executive may make regulations for this Act.

13 **159 Review of Act**

14 (1) The Minister must review the operation and effectiveness of this Act
15 as soon as practicable—

16 (a) 3 years after the day this section commences; and

17 (b) every 5 years after the first review of this Act is presented to the
18 Legislative Assembly.

19 (2) The first review must include a review in relation to whether an
20 individual should be allowed access to voluntary assisted dying under
21 this Act if the individual—

22 (a) has lived in the ACT for less than 12 months and is not eligible
23 for an exemption under section 151; or

24 (b) is a child with decision-making capacity in relation to voluntary
25 assisted dying; or

26 (c) seeks to access voluntary assisted dying through advanced care
27 planning.

- 1 (3) The Minister must present a report of each review to the Legislative
2 Assembly.

1 **Part 13 Consequential amendments**

2 **160 Legislation amended—sch 3**

3 This Act amends the legislation mentioned in schedule 3.

1
2
3
4
5
6 (see pt 10)

Schedule 1 Reviewable decisions— coordinating practitioner, consulting practitioner and administering practitioner decisions

column 1 item	column 2 section	column 3 reviewable decision	column 4 decision-maker
1	16 (1)	decision about whether individual meets the eligibility requirement that they have decision-making capacity in relation to voluntary assisted dying	individual’s coordinating practitioner
2	16 (1)	decision about whether individual meets the eligibility requirement that their decision to access voluntary assisted dying is made voluntarily and without coercion	individual’s coordinating practitioner
3	16 (1)	decision about whether individual meets the eligibility requirement that they have lived in the ACT for at least the previous 12 months	individual’s coordinating practitioner
4	23 (1)	decision about whether individual meets the eligibility requirement that they have decision-making capacity in relation to voluntary assisted dying	individual’s consulting practitioner
5	23 (1)	decision about whether individual meets the eligibility requirement that their decision to access voluntary assisted dying is made voluntarily and without coercion	individual’s consulting practitioner

Schedule 1

Reviewable decisions—coordinating practitioner, consulting practitioner and administering practitioner decisions

column 1 item	column 2 section	column 3 reviewable decision	column 4 decision-maker
6	23 (1)	decision about whether individual meets the eligibility requirement that they have lived in the ACT for at least the previous 12 months	individual's consulting practitioner
7	35	decision about whether individual meets the final assessment requirement that they have decision-making capacity in relation to voluntary assisted dying	individual's coordinating practitioner
8	35	decision about whether individual meets the final assessment requirement that their decision to access voluntary assisted dying is made voluntarily and without coercion	individual's coordinating practitioner
9	59 (1) (f) (i)	decision about whether individual meets the final assessment requirement that they have decision-making capacity in relation to voluntary assisted dying	individual's coordinating practitioner
10	59 (1) (f) (i)	decision about whether individual meets the final assessment requirement that their decision to access voluntary assisted dying is made voluntarily and without coercion	individual's coordinating practitioner

1 **Schedule 2** **Reviewable decisions—other**
2 **decisions**

3 (see pt 11)

column 1 item	column 2 section	column 3 decision	column 4 affected person
1	87 (b)	refuse to authorise person to be coordinating practitioner, consulting practitioner or administering practitioner	applicant for authorisation
2	90 (a)	revoke authorisation because authorised practitioner no longer eligible for authorisation	authorised practitioner
3	151 (1)	refuse to grant residency exemption	applicant for exemption

1 **Schedule 3 Consequential amendments**

2 (see pt 13)

3 **Part 3.1 Births, Deaths and Marriages**
4 **Registration Act 1997**

5 **[3.1] New section 42 (2A)**

6 *insert*

7 (2A) However, the registrar-general must not give the access to any part of
8 the register, or any information in the register, that would disclose—

9 (a) the manner of death of a deceased person; or

10 (b) that a manner of death was recorded for a deceased person.

11 *Note 1* The *Voluntary Assisted Dying Act 2023*, s 77 (3) requires notice to be
12 given to the registrar-general about the manner of death of a deceased
13 person.

14 *Note 2* The registrar-general must give the Voluntary Assisted Dying Oversight
15 Board information about a death (including any recorded manner of
16 death) in certain circumstances (see *Voluntary Assisted Dying Act 2023*,
17 s 118).

18 **[3.2] Section 45 (1)**

19 *omit*

20 subsection (2)

21 *substitute*

22 subsections (2) and (2A)

1 **[3.3] New section 45 (2A)**

2 *insert*

3 (2A) For subsection (1) (a), if an entry in the register relates to a death and
4 a manner of death is recorded, the entry is taken not to include the
5 manner of death.

6 *Note 1* The *Voluntary Assisted Dying Act 2023*, s 77 (3) requires notice to be
7 given to the registrar-general about the manner of death of a deceased
8 person.

9 *Note 2* The registrar-general must give the Voluntary Assisted Dying Oversight
10 Board information about a death (including any recorded manner of
11 death) in certain circumstances (see *Voluntary Assisted Dying Act 2023*,
12 s 118).

13 **Part 3.2 Births, Deaths and Marriages**
14 **Registration Regulation 1998**

15 **[3.4] New section 12 (e)**

16 *insert*

17 (e) if the registrar-general is given notice about the manner of death
18 of the deceased under the *Voluntary Assisted Dying Act 2023*,
19 section 77 (3)—the manner of death of the deceased.

20 **Part 3.3 Coroners Act 1997**

21 **[3.5] New section 13 (1A) and (1B)**

22 *insert*

23 (1A) For subsection (1) (a) to (h), the death of a person who has
24 self-administered, or been administered, an approved substance in
25 accordance with the *Voluntary Assisted Dying Act 2023* is not a death
26 into which the coroner must hold an inquest only because the death
27 happened in accordance with that Act.

1 (1B) For subsection (1) (i), the death of a person who has
2 self-administered, or been administered, an approved substance in
3 accordance with the *Voluntary Assisted Dying Act 2023* is not a death
4 into which the coroner must hold an inquest.

5 **Part 3.4 Guardianship and Management**
6 **of Property Act 1991**

7 **[3.6] New section 7B (f)**

8 *insert*

9 (f) request access to, revoke a request to access, or access voluntary
10 assisted dying.

11 **Part 3.5 Powers of Attorney Act 2006**

12 **[3.7] New section 37 (da)**

13 *insert*

14 (da) requesting access to, revoking a request to access, or accessing
15 voluntary assisted dying;

Dictionary

(see s 3)

Note The [Legislation Act](#) contains definitions relevant to this Act. For example:

- ACAT
- adult
- ambulance service
- bankrupt or personally insolvent
- child
- doctor
- health practitioner
- individual
- nurse
- nurse practitioner
- public employee
- the Territory.

administer, for an approved substance, means to introduce the substance into the body of an individual by any means.

administering practitioner, for an individual, means—

- (a) the individual mentioned in section 44 (4); or
- (b) if the functions of the administering practitioner are transferred to another health practitioner under section 46 or section 47— that health practitioner.

administration decision means a practitioner administration decision or a self-administration decision.

affected person, for a reviewable decision—

- (a) for part 10 (Review of coordinating practitioner, consulting practitioner and administering practitioner decisions)—see section 131; and
- (b) for part 11 (Review of other decisions)—see section 147.

- 1 ***approved care navigator service*** means the entity approved under
2 section 155.
- 3 ***approved disposer*** means a health practitioner approved under
4 section 57 (1) (b).
- 5 ***approved substance*** means a medicine approved under section 56.
- 6 ***approved supplier*** means a health practitioner approved under
7 section 57 (1) (a).
- 8 ***authorised administering practitioner***, for part 5 (Requirements for
9 coordinating practitioners, consulting practitioners and administering
10 practitioners)—see section 81.
- 11 ***authorised consulting practitioner***, for part 5 (Requirements for
12 coordinating practitioners, consulting practitioners and administering
13 practitioners)—see section 81.
- 14 ***authorised coordinating practitioner***, for part 5 (Requirements for
15 coordinating practitioners, consulting practitioners and administering
16 practitioners)—see section 81.
- 17 ***authorised practitioner***, for division 5.2 (Authorised practitioners)—
18 see section 82.
- 19 ***board*** means the Voluntary Assisted Dying Oversight Board
20 established under section 105.
- 21 ***care service***, for part 7 (Obligations of facility operators)—see
22 section 96 (1).
- 23 ***conduct***, for part 9 (Protection from liability)—see section 123.
- 24 ***conscientious objection***, in relation to voluntary assisted dying,
25 means a religious or other conscientious objection to voluntary
26 assisted dying.
- 27 ***consulting assessment***—see section 23 (1).
- 28 ***consulting assessment report***—see section 25 (1) (a).

- 1 **consulting practitioner**, for an individual, means the person
2 mentioned in section 22 (4).
- 3 **contact person**, for an individual, means the person appointed by the
4 individual as a contact person under section 51.
- 5 **coordinating practitioner**, for an individual, means—
- 6 (a) the person mentioned in section 14 (4); or
- 7 (b) if the functions of the coordinating practitioner are transferred
8 to another health practitioner under section 37 or section 38—
9 that health practitioner.
- 10 **deciding practitioner**, for a decision about the transfer of an
11 individual, for division 7.2 (Information and access obligations)—see
12 section 98 (1).
- 13 **decision-maker**, for a reviewable decision, for part 10 (Review of
14 coordinating practitioner, consulting practitioner and administering
15 practitioner decisions)—see section 131.
- 16 **decision-making capacity**, in relation to voluntary assisted dying—
17 see section 12.
- 18 **eligibility requirements**—see section 11.
- 19 **facility**, for part 7 (Obligations of facility operators)—see
20 section 96 (1).
- 21 **facility operator**, for part 7 (Obligations of facility operators)—see
22 section 96 (1).
- 23 **final assessment**—see section 35.
- 24 **final assessment report**—see section 36 (2).
- 25 **final assessment requirements**—see section 31.
- 26 **final request**—see section 32 (1).
- 27 **first assessment**—see section 16 (1).
- 28 **first assessment report**—see section 18 (1) (a).

- 1 **first request**—see section 13 (1).
- 2 **health record**—see the *Health Records (Privacy and Access)*
3 *Act 1997*, dictionary.
- 4 **possess**, an approved substance, for division 4.3 (Dealing with
5 approved substances)—see the *Medicines, Poisons and Therapeutic*
6 *Goods Act 2008*, section 24.
- 7 **practitioner administration decision**—see section 42 (1) (b).
- 8 **prescribe**, an approved substance, for division 4.3 (Dealing with
9 approved substances)—see section 55 (1).
- 10 **prescription**, in relation to an approved substance, for division 4.3
11 (Dealing with approved substances)—see section 55 (1).
- 12 **registrar**, for part 10 (Review of coordinating practitioner, consulting
13 practitioner and administering practitioner decisions)—see the *ACT*
14 *Civil and Administrative Tribunal Act 2008*, dictionary.
- 15 **relevant person**, for division 7.2 (Information and access
16 obligations)—see section 98 (2).
- 17 **request and assessment process** means the process that consists of
18 the following:
- 19 (a) a first request;
- 20 (b) a first assessment;
- 21 (c) a consulting assessment;
- 22 (d) a second request;
- 23 (e) a final request;
- 24 (f) a final assessment.
- 25 **resident**, of a facility, for part 7 (Obligations of facility operators)—
26 see section 96 (1).

