



Voluntary Assisted Dying Act 2021

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Queensland

Voluntary Assisted Dying Act 2021

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Voluntary Assisted Dying Act 2021

An Act about access to voluntary assisted dying and related matters

Part 1 Preliminary

Division 1 Introduction

1 Short title

This Act may be cited as the *Voluntary Assisted Dying Act 2021*.

2 Commencement

- (1) Part 8 and section 153 commence 6 months after the date of assent.
- (2) The remaining provisions of this Act commence on 1 January 2023.

3 Main purposes of Act

The main purposes of this Act are—

- (a) to give persons who are suffering and dying, and who meet eligibility criteria, the option of requesting medical assistance to end their lives; and
- (b) to establish a lawful process for eligible persons to exercise that option; and
- (c) to establish safeguards to—

- (i) ensure voluntary assisted dying is accessed only by persons who have been assessed to be eligible; and
- (ii) protect vulnerable persons from coercion and exploitation; and
- (d) to provide legal protection for health practitioners who choose to assist, or not to assist, persons to exercise the option of ending their lives in accordance with this Act; and
- (e) to establish a Voluntary Assisted Dying Review Board and other mechanisms to ensure compliance with this Act.

4 Act binds all persons

This Act binds all persons, including the State.

Division 2 Principles of voluntary assisted dying

5 Principles

The principles that underpin this Act are—

- (a) human life is of fundamental importance; and
- (b) every person has inherent dignity and should be treated equally and with compassion and respect; and
- (c) a person's autonomy, including autonomy in relation to end of life choices, should be respected; and
- (d) every person approaching the end of life should be provided with high quality care and treatment, including palliative care, to minimise the person's suffering and maximise the person's quality of life; and
- (e) access to voluntary assisted dying and other end of life choices should be available regardless of where a person lives in Queensland; and

- (f) a person should be supported in making informed decisions about end of life choices; and
- (g) a person who is vulnerable should be protected from coercion and exploitation; and
- (h) a person's freedom of thought, conscience, religion and belief and enjoyment of their culture should be respected.

Division 3 Interpretation

6 Definitions

The dictionary in schedule 1 defines particular words used in this Act.

Division 4 Other provisions

7 Health care worker not to initiate discussion about voluntary assisted dying

- (1) A health care worker must not, in the course of providing a health service or personal care service to a person—
 - (a) initiate discussion with the person that is in substance about voluntary assisted dying; or
 - (b) in substance, suggest voluntary assisted dying to the person.
- (2) However, despite subsection (1), a medical practitioner or nurse practitioner may do a thing mentioned in subsection (1)(a) or (b) if, at the same time, the practitioner also informs the person about—
 - (a) the treatment options available to the person and the likely outcomes of that treatment; and

- (b) the palliative care and treatment options available to the person and the likely outcomes of that care and treatment.
- (3) Nothing in subsection (1) prevents a health care worker from providing information about voluntary assisted dying to a person at the person's request.
- (4) In this section—
 - health care worker* means—
 - (a) a registered health practitioner; or
 - (b) another person who provides a health service or personal care service.

8 Voluntary assisted dying not suicide

For the purposes of the law of the State, and for the purposes of a contract, deed or other instrument entered into in the State or governed by the law of the State, a person who dies as the result of the self-administration or administration of a voluntary assisted dying substance in accordance with this Act—

- (a) does not die by suicide; and
- (b) is taken to have died from the disease, illness or medical condition mentioned in section 10(1)(a) from which the person suffered.

Part 2 Requirements for access to voluntary assisted dying

9 When person may access voluntary assisted dying

A person may access voluntary assisted dying if—

- (a) the person has made a first request; and

- (b) the coordinating practitioner for the person has assessed the person as meeting the requirements of a first assessment of the person; and
- (c) the consulting practitioner for the person has assessed the person as meeting the requirements of a consulting assessment of the person; and
- (d) the person has made a second request; and
- (e) the person has made a final request; and
- (f) the coordinating practitioner for the person has certified in a final review form that—
 - (i) the request and assessment process has been completed in accordance with this Act; and
 - (ii) the practitioner is satisfied of each of the matters mentioned in section 46(3)(b); and
- (g) the person has made an administration decision; and
- (h) the person has appointed a contact person.

10 Eligibility

- (1) A person is eligible for access to voluntary assisted dying if—
 - (a) the person has been diagnosed with a disease, illness or medical condition that—
 - (i) is advanced, progressive and will cause death; and
 - (ii) is expected to cause death within 12 months; and
 - (iii) is causing suffering that the person considers to be intolerable; and
 - (b) the person has decision-making capacity in relation to voluntary assisted dying; and
 - (c) the person is acting voluntarily and without coercion; and
 - (d) the person is at least 18 years of age; and

- (e) the person—
 - (i) is an Australian citizen; or
 - (ii) is a permanent resident of Australia; or
 - (iii) has been ordinarily resident in Australia for at least 3 years immediately before the person makes the first request; or
 - (iv) has been granted an Australian residency exemption by the chief executive under section 12; and
 - (f) the person—
 - (i) has been ordinarily resident in Queensland for at least 12 months immediately before the person makes the first request; or
 - (ii) has been granted a Queensland residency exemption by the chief executive under section 12.
- (2) In this section—
- permanent resident*** means—
- (a) the holder of a permanent visa as defined by the *Migration Act 1958* (Cwlth), section 30(1); or
 - (b) a New Zealand citizen who is the holder of a special category visa as defined by the *Migration Act 1958* (Cwlth), section 32.
- suffering***, caused by a disease, illness or medical condition, includes—
- (a) physical or mental suffering; and
 - (b) suffering caused by treatment provided for the disease, illness or medical condition.

11 Decision-making capacity

- (1) A person has ***decision-making capacity*** in relation to voluntary assisted dying if the person is capable of—

- (a) understanding the nature and effect of decisions about access to voluntary assisted dying; and
 - (b) freely and voluntarily making decisions about access to voluntary assisted dying; and
 - (c) communicating decisions about access to voluntary assisted dying in some way.
- (2) A person is presumed to have decision-making capacity in relation to voluntary assisted dying unless there is evidence to the contrary.
- (3) In determining whether or not a person has decision-making capacity in relation to voluntary assisted dying, regard must be had to the following—
- (a) a person may have decision-making capacity to make some decisions but not others;
 - (b) capacity can change or fluctuate and a person may temporarily lose capacity and later regain it;
 - (c) it should not be presumed that a person does not have decision-making capacity—
 - (i) because of a personal characteristic such as, for example, age, appearance or language skills; or
 - (ii) because the person has a disability or an illness; or
 - (iii) because the person makes a decision with which other people may not agree;
 - (d) a person is capable of doing a thing mentioned in subsection (1)(a), (b) or (c) if the person is capable of doing the thing with adequate and appropriate support.

Examples of support—

- giving a person information that is tailored to their needs
- giving information to a person in a way that is tailored to their needs
- communicating, or assisting a person to communicate, the person's decision

- giving a person additional time and discussing the matter with the person
- using technology that alleviates the effects of a person's disability

12 Residency exemptions

- (1) A person may apply to the chief executive for—
 - (a) an exemption from the requirements in section 10(1)(e)(i), (ii) and (iii) (an ***Australian residency exemption***); or
 - (b) an exemption from the requirement in section 10(1)(f)(i) (a ***Queensland residency exemption***).
- (2) The chief executive must grant the exemption if satisfied that—
 - (a) the person has a substantial connection to Queensland; and
Examples—
 - a person who is a long term resident of a place close to the Queensland border and who works in Queensland and receives medical treatment in Queensland
 - a person who resides outside Queensland but who is a former resident of Queensland and whose family resides in Queensland
 - (b) there are compassionate grounds for granting the exemption.

13 Disability or mental illness

- (1) To remove any doubt, it is declared that a person with a disability or mental illness—
 - (a) may be eligible under section 10(1)(a); but
 - (b) is not eligible under section 10(1)(a) only because the person has the disability or mental illness.
- (2) In this section—

eligible means eligible for access to voluntary assisted dying.

mental illness see the *Mental Health Act 2016*, section 10.

Part 3 Requesting access to voluntary assisted dying and assessment of eligibility

Division 1 First request

14 Person may make first request to medical practitioner

- (1) A person may make a request under this section (a *first request*) to a medical practitioner for access to voluntary assisted dying.
- (2) The request must be—
 - (a) clear and unambiguous; and
 - (b) made by the person personally and not by another person on their behalf.
- (3) The person may make the request verbally or by gestures or other means of communication available to the person.

15 No obligation to continue after making first request

- (1) The person may decide at any time not to continue the request and assessment process.
- (2) The request and assessment process ends if the person decides not to continue the process.
- (3) If the request and assessment process ends under subsection (2), the person may begin a new request and assessment process by making a new first request.

16 Medical practitioner to accept or refuse first request

- (1) The medical practitioner must refuse the first request if the practitioner is not eligible to act as a coordinating practitioner.
- (2) The medical practitioner may refuse the first request if the practitioner—
 - (a) has a conscientious objection to voluntary assisted dying or is otherwise unwilling to perform the duties of a coordinating practitioner; or
 - (b) is unavailable or otherwise unable to perform the duties of a coordinating practitioner.
- (3) If the medical practitioner accepts the first request, the practitioner must, at the time of informing the person of the practitioner's decision, give the person the approved information.
- (4) If the medical practitioner refuses the first request, the practitioner must, at the time of informing the person of their decision—
 - (a) inform the person that other registered health practitioners, health service providers or services may be able to assist the person with the person's request; and
 - (b) give the person—
 - (i) information about a registered health practitioner, health service provider or service who, in the practitioner's belief, is likely to be able to assist the person with the person's request; or
 - (ii) the details of an official voluntary assisted dying care navigator service that is able to provide the person with information (including name and contact details) about a health practitioner, health service provider or service who may be able to assist the person with the person's request.
- (5) The medical practitioner must, within the times mentioned in subsection (6)—

- (a) decide whether to accept or refuse the first request; and
 - (b) inform the person of the decision and, for a decision to refuse the request, the reason for the decision.
- (6) For subsection (5) the following times apply—
- (a) if the medical practitioner has a conscientious objection to voluntary assisted dying—immediately after the request is made;
 - (b) in any other case—within 2 business days after the first request is made.

17 Medical practitioner to record first request and acceptance or refusal

The medical practitioner must record in the person’s medical record—

- (a) the first request; and
- (b) the practitioner’s decision to accept or refuse the first request; and
- (c) if the practitioner’s decision is to refuse the first request—the reason for the refusal and the steps taken to comply with section 16(4); and
- (d) if the practitioner’s decision is to accept the first request—the day on which the person is given the approved information.

18 Medical practitioner becomes coordinating practitioner if first request accepted

If the medical practitioner accepts the first request, the practitioner becomes the coordinating practitioner for the person.

Division 2 First assessment

19 First assessment

- (1) The coordinating practitioner for a person must assess whether or not the person is eligible for access to voluntary assisted dying.
- (2) An assessment under subsection (1) is a *first assessment*.
- (3) The coordinating practitioner may have regard to any relevant information about the person that has been prepared by, or at the instigation of, another registered health practitioner.

20 Coordinating practitioner to have completed approved training

The coordinating practitioner must not begin the first assessment unless the practitioner has completed the approved training.

21 Referral for determination

- (1) Subsection (2) applies if the coordinating practitioner is unable to determine whether or not—
 - (a) the person has a disease, illness or medical condition that meets the requirements of section 10(1)(a); or
 - (b) the person has decision-making capacity in relation to voluntary assisted dying.
- (2) The coordinating practitioner must refer the person to a registered health practitioner who has appropriate skills and training to determine the matter.
- (3) If the coordinating practitioner is unable to determine whether or not the person is acting voluntarily and without coercion as required by section 10(1)(c), the coordinating practitioner must refer the person to another person who has appropriate skills and training to determine the matter.

- (4) If the coordinating practitioner makes a referral to a registered health practitioner or other person under subsection (2) or (3) (the *referee*), the coordinating practitioner may adopt the determination of the referee in relation to the matter in respect of which the referral was made.
- (5) The referee must not be—
 - (a) a family member of the person requesting access to voluntary assisted dying; or
 - (b) someone who knows or believes that they—
 - (i) are a beneficiary under a will of the person requesting access to voluntary assisted dying; or
 - (ii) may otherwise benefit financially or in any other material way from the death of the person requesting access to voluntary assisted dying, other than by receiving reasonable fees for the provision of services in connection with the referral.

22 Information to be provided if person assessed as eligible

- (1) If the coordinating practitioner is satisfied the person is eligible for access to voluntary assisted dying, the coordinating practitioner must inform the person about the following matters—
 - (a) the person’s diagnosis and prognosis;
 - (b) the treatment options available to the person and the likely outcomes of that treatment;
 - (c) the palliative care and treatment options available to the person and the likely outcomes of that care and treatment;
 - (d) the potential risks of self-administering or being administered a voluntary assisted dying substance likely to be prescribed under this Act for the purposes of causing the person’s death;

- (e) that the expected outcome of self-administering or being administered a substance mentioned in paragraph (d) is death;
 - (f) the method by which a substance mentioned in paragraph (d) is likely to be self-administered or administered;
 - (g) the request and assessment process, including the requirement for a second request to be signed in the presence of 2 witnesses;
 - (h) that, if the person makes an administration decision, the person must appoint a contact person;
 - (i) that the person may decide at any time not to continue the request and assessment process or not to access voluntary assisted dying;
 - (j) that, if the person is receiving ongoing health services from another medical practitioner, the person may consider informing the other medical practitioner of the person's request for access to voluntary assisted dying.
- (2) Nothing in this section affects any duty a medical practitioner has at common law or under another Act.

23 Outcome of first assessment

- (1) If the coordinating practitioner is satisfied that the person—
- (a) is eligible for access to voluntary assisted dying; and
 - (b) understands the information given under section 22(1);
- the coordinating practitioner must assess the person as meeting the requirements of the first assessment.
- (2) If the coordinating practitioner is not satisfied as to any matter in subsection (1)—
- (a) the practitioner must assess the person as not meeting the requirements of a first assessment; and
 - (b) the request and assessment process ends.

24 Recording of outcome of first assessment

- (1) The coordinating practitioner must inform the person of the outcome of the first assessment as soon as practicable after its completion.
- (2) Within 2 business days after completing the first assessment, the coordinating practitioner must complete a record of the assessment in the approved form (the *first assessment record form*) and give a copy of it to the board.

Maximum penalty—100 penalty units.

- (3) The first assessment record form—
 - (a) must include the outcome of the first assessment, including the coordinating practitioner's decision in respect of each of the eligibility criteria; and
 - (b) may be accompanied by documents supporting the coordinating practitioner's decision in respect of the eligibility criteria.
- (4) As soon as practicable after completing the first assessment record form, the coordinating practitioner must give a copy of it, and any documents accompanying it, to the person.

25 Referral for consulting assessment if person assessed as eligible

If the coordinating practitioner assesses the person as meeting the requirements of the first assessment, the practitioner must refer the person to another medical practitioner for a consulting assessment.

Division 3 Consulting assessment

26 Medical practitioner to accept or refuse referral for consulting assessment

- (1) This section applies if a person is referred to a medical practitioner for a consulting assessment under section 25, 36 or 47.
- (2) The medical practitioner must refuse the referral if the practitioner is not eligible to act as a consulting practitioner.
- (3) The medical practitioner may refuse the referral if the practitioner—
 - (a) has a conscientious objection to voluntary assisted dying or is otherwise unwilling to perform the duties of a consulting practitioner; or
 - (b) is unavailable or otherwise unable to perform the duties of a consulting practitioner.
- (4) The medical practitioner must, within the times mentioned in subsection (5)—
 - (a) decide whether to accept or refuse the referral; and
 - (b) inform the person and the coordinating practitioner for the person of the decision and, for a decision to refuse the referral, the reason for the decision.
- (5) For subsection (4) the following times apply—
 - (a) if the medical practitioner has a conscientious objection to voluntary assisted dying—immediately after the referral is made;
 - (b) in any other case—within 2 business days after the referral is made.

27 Medical practitioner to record referral and acceptance or refusal

The medical practitioner must record the following information in the person's medical record—

- (a) the referral;
- (b) the practitioner's decision to accept or refuse the referral;
- (c) if the practitioner's decision is to refuse the referral, the reason for the refusal.

28 Medical practitioner to notify board of referral

Within 2 business days after deciding to accept or refuse the referral, the medical practitioner must complete a record of the acceptance or refusal of the referral in the approved form and give a copy of it to the board.

Maximum penalty—100 penalty units.

29 Medical practitioner becomes consulting practitioner if referral accepted

If the medical practitioner accepts the referral, the practitioner becomes the consulting practitioner for the person.

30 Consulting assessment

- (1) The consulting practitioner must assess whether or not the person is eligible for access to voluntary assisted dying.
- (2) An assessment under subsection (1) is a *consulting assessment*.
- (3) For the purposes of subsection (1) the consulting practitioner must, independently of the coordinating practitioner, form the consulting practitioner's own opinions on the matters to be decided.

- (4) The consulting practitioner may have regard to any relevant information about the person that has been prepared by, or at the instigation of, another registered health practitioner.

31 Consulting practitioner to have completed approved training

The consulting practitioner must not begin the consulting assessment unless the practitioner has completed the approved training.

32 Referral for determination

- (1) Subsection (2) applies if the consulting practitioner is unable to determine whether or not—
 - (a) the person has a disease, illness or medical condition that meets the requirements of section 10(1)(a); or
 - (b) the person has decision-making capacity in relation to voluntary assisted dying.
- (2) The consulting practitioner must refer the person to a registered health practitioner who has appropriate skills and training to determine the matter.
- (3) If the consulting practitioner is unable to determine whether or not the person is acting voluntarily and without coercion as required by section 10(1)(c), the consulting practitioner must refer the person to another person who has appropriate skills and training to determine the matter.
- (4) If the consulting practitioner makes a referral to a registered health practitioner or other person under subsection (2) or (3) (the *referee*), the consulting practitioner may adopt the determination of the referee in relation to the matter in respect of which the referral was made.
- (5) The referee must not be—
 - (a) a family member of the person requesting access to voluntary assisted dying; or

-
- (b) someone who knows or believes that they—
 - (i) are a beneficiary under a will of the person requesting access to voluntary assisted dying; or
 - (ii) may otherwise benefit financially or in any other material way from the death of the person requesting access to voluntary assisted dying, other than by receiving reasonable fees for the provision of services in connection with the referral.

33 Information to be provided if person assessed as eligible

- (1) If the consulting practitioner is satisfied the person is eligible for access to voluntary assisted dying, the consulting practitioner must inform the person about the matters mentioned in section 22(1).
- (2) Nothing in this section affects any duty a medical practitioner has at common law or under another Act.

34 Outcome of consulting assessment

- (1) If the consulting practitioner is satisfied that the person—
 - (a) is eligible for access to voluntary assisted dying; and
 - (b) understands the information given under section 33(1);the consulting practitioner must assess the person as meeting the requirements of the consulting assessment.
- (2) If the consulting practitioner is not satisfied as to any matter in subsection (1), the practitioner must assess the person as not meeting the requirements of the consulting assessment.

35 Recording of outcome of consulting assessment

- (1) The consulting practitioner must inform the person and the coordinating practitioner for the person of the outcome of the consulting assessment as soon as practicable after its completion.

- (2) Within 2 business days after completing the consulting assessment, the consulting practitioner must complete a record of the assessment in the approved form (the ***consulting assessment record form***) and give a copy of it to the board.

Maximum penalty—100 penalty units.

- (3) The consulting assessment record form—
 - (a) must include the outcome of the consulting assessment, including the consulting practitioner’s decision in respect of each of the eligibility criteria; and
 - (b) may be accompanied by documents supporting the consulting practitioner’s decision in respect of the eligibility criteria.
- (4) As soon as practicable after completing the consulting assessment record form, the consulting practitioner must give a copy of it, and any documents accompanying it, to the person and the coordinating practitioner for the person.

36 Referral for further consulting assessment if person assessed as ineligible

If the consulting practitioner assesses the person as not meeting the requirements of a consulting assessment, the coordinating practitioner for the person may refer the person to another medical practitioner for a further consulting assessment.

Division 4 Second request

37 Person assessed as eligible may make second request

- (1) This section applies if a person has made a first request and has been assessed as meeting the requirements of a first assessment under division 2 and a consulting assessment under division 3.

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- (2) The person may make another request in writing (the *second request*) for access to voluntary assisted dying.
 - (3) The second request must be in the approved form and given to the coordinating practitioner for the person.
 - (4) The second request must—
 - (a) specify that the person—
 - (i) makes it voluntarily and without coercion; and
 - (ii) understands its nature and effect; and
 - (b) be signed by the person, or a person mentioned in subsection (5), in the presence of 2 eligible witnesses.
 - (5) A person may sign the second request on behalf of the person making the request if—
 - (a) the person making the request is unable to sign the request; and
 - (b) the person making the request directs the person to sign the request; and
 - (c) the person signing the request—
 - (i) is at least 18 years of age; and
 - (ii) is not a witness to the signing of the request; and
 - (iii) is not the coordinating practitioner or consulting practitioner for the person making the request.
 - (6) A person who signs the second request on behalf of the person making the request must do so in the presence of the person making the request.
 - (7) If the person makes the second request with the assistance of an interpreter, the interpreter must certify on the request that the interpreter provided a true and correct translation of any material translated.

38 Eligibility to witness the signing of second request

- (1) A person is eligible to witness the signing of the second request if the person—
 - (a) is at least 18 years of age; and
 - (b) is not an ineligible witness.
- (2) A person is ineligible to witness the signing of the second request if the person—
 - (a) knows or believes that the person—
 - (i) is a beneficiary under a will of the person making the request; or
 - (ii) may otherwise benefit financially or in any other material way from the death of the person making the request; or
 - (b) is an owner, or is responsible for the management, of any health facility at which the person making the request is being treated or resides; or
 - (c) is the coordinating practitioner or consulting practitioner for the person making the request.

39 Certification of witness to signing of second request

- (1) Each witness to the signing of the second request must—
 - (a) certify in writing in the request that—
 - (i) in the presence of the witness, the person signed the request; and
 - (ii) the person appeared to sign freely and voluntarily; and
 - (b) state in the request that the witness is not knowingly ineligible to witness the signing of the second request.
- (2) A witness who witnesses the signing of a second request by another person on behalf of the person making the request must—

- (a) certify in writing in the request that—
 - (i) in the presence of the witness, the person making the request appeared to freely and voluntarily direct the other person to sign the request; and
 - (ii) the other person signed the request in the presence of the person making the request and the witness; and
- (b) state in the request that the witness is not knowingly ineligible to witness the signing of the second request.

40 Coordinating practitioner to record second request

If the person gives a second request to the coordinating practitioner for the person, the practitioner must record the following information in the person’s medical record—

- (a) the date when the second request was made;
- (b) the date when the second request was received by the coordinating practitioner.

41 Coordinating practitioner to notify board of second request

Within 2 business days after receiving a second request made by a person, the coordinating practitioner for the person must give a copy of it to the board.

Maximum penalty—100 penalty units.

Division 5 Final request and final review

42 Person may make final request to coordinating practitioner

- (1) A person who has made a second request may make a further request to the person’s coordinating practitioner for access to voluntary assisted dying (a *final request*).

- (2) The final request must be—
 - (a) clear and unambiguous; and
 - (b) made by the person and not by another person on their behalf.
- (3) The person may make the final request verbally or by gestures or other means of communication available to the person.

43 When final request may be made

- (1) The final request may not be made—
 - (a) before the end of the designated period, except as provided in subsection (2); and
 - (b) in any case, until the day after the day on which the consulting assessment that assessed the person as meeting the requirements of a consulting assessment was completed.
- (2) The final request may be made before the end of the designated period if—
 - (a) in the opinion of the coordinating practitioner, the person is likely to die, or to lose decision-making capacity in relation to voluntary assisted dying, before the end of the designated period; and
 - (b) the opinion of the coordinating practitioner is consistent with the opinion of the consulting practitioner for the person as expressed in the consulting assessment.
- (3) In this section—

designated period means the period of 9 days from and including the day on which the person made the first request.

44 Coordinating practitioner to record final request

- (1) The coordinating practitioner must record the following information in the person's medical record—

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- (a) the date when the final request was made;
 - (b) if the final request was made before the end of the designated period, the reason for it being made before the end of that period.
- (2) In this section—
designated period see section 43(3).

45 Coordinating practitioner to notify board of final request

Within 2 business days after receiving a final request made by the person, the coordinating practitioner for the person must complete a record of receiving the final request in the approved form and give a copy of it to the board.

Maximum penalty—100 penalty units.

46 Final review by coordinating practitioner on receiving final request

- (1) On receiving the final request the coordinating practitioner must—
- (a) review the following matters in relation to the person—
 - (i) the first assessment record form;
 - (ii) the consulting assessment record form;
 - (iii) the second request; and
 - (b) complete the approved form (the *final review form*) in relation to the person.
- (2) When conducting the review, the coordinating practitioner must take account of any decision made by QCAT under part 7 in relation to a decision made in the request and assessment process.

Note—

See section 106 for the effect of a decision by QCAT.

- (3) The final review form must certify that—

- (a) the request and assessment process has been completed in accordance with this Act; and
 - (b) the coordinating practitioner is satisfied of each of the following—
 - (i) the person has decision-making capacity in relation to voluntary assisted dying;
 - (ii) the person, in requesting access to voluntary assisted dying, is acting voluntarily and without coercion.
- (4) As soon as practicable after completing the final review form, the coordinating practitioner must give a copy of it to the person.
- (5) Within 2 business days after completing the final review form, the coordinating practitioner must give a copy of it to the board.

Maximum penalty—100 penalty units.

Division 6 Other provisions

47 Transfer of coordinating practitioner's role

- (1) The coordinating practitioner for a person requesting access to voluntary assisted dying (the *original practitioner*) may transfer the role of coordinating practitioner to the consulting practitioner for the person if—
- (a) the consulting practitioner has assessed the person as meeting the requirements of a consulting assessment; and
 - (b) the consulting practitioner accepts the transfer of the role.
- (2) The transfer of the role may be—
- (a) at the request of the person; or
 - (b) on the original practitioner's own initiative.

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- (3) Within 2 business days after being requested by the original practitioner to accept a transfer under subsection (1), the consulting practitioner must inform the original practitioner whether the consulting practitioner accepts or refuses the transfer of the role.
 - (4) If the consulting practitioner accepts the transfer of the role, the original practitioner must—
 - (a) inform the person of the transfer; and
 - (b) record the transfer in the person's medical record; and
 - (c) within 2 business days after acceptance of the transfer, complete a record of the acceptance of the transfer in the approved form and give a copy of it to the board.

Maximum penalty for paragraph (c)—100 penalty units.
 - (5) If the consulting practitioner refuses the transfer of the role, the original practitioner may—
 - (a) refer the person to another medical practitioner for a further consulting assessment; and
 - (b) transfer the role of coordinating practitioner to that medical practitioner if the practitioner—
 - (i) accepts the referral for a further consulting assessment; and
 - (ii) assesses the person as meeting the requirements of a consulting assessment; and
 - (iii) accepts the transfer of the role.
 - (6) On acceptance of the referral for a further consulting assessment, the consulting assessment that previously assessed the person as meeting the requirements of a consulting assessment becomes void.

48 No obligation for person to continue after completion of request and assessment process

A person in respect of whom the request and assessment process has been completed may decide at any time not to take any further step in relation to access to voluntary assisted dying.

Part 4 Accessing voluntary assisted dying and death

Division 1 Administration of voluntary assisted dying substance

49 Application of division

This division applies if—

- (a) a person has made a final request; and
- (b) the person’s coordinating practitioner has completed the final review form.

50 Administration decision

- (1) The person may, in consultation with and on the advice of the coordinating practitioner for the person—
 - (a) decide to self-administer a voluntary assisted dying substance (a *self-administration decision*); or
 - (b) decide that a voluntary assisted dying substance is to be administered to the person by the administering practitioner for the person (a *practitioner administration decision*).
- (2) A practitioner administration decision may only be made if the coordinating practitioner for the person advises the person that self-administration of a voluntary assisted dying

substance is inappropriate having regard to any of the following—

- (a) the ability of the person to self-administer the substance;
 - (b) the person's concerns about self-administering the substance;
 - (c) the method for administering the substance that is suitable for the person.
- (3) An administration decision must be—
- (a) clear and unambiguous; and
 - (b) made by the person personally and not by another person on their behalf.
- (4) The person may make an administration decision verbally or by gestures or other means of communication available to the person.
- (5) If the person makes an administration decision, the coordinating practitioner for the person must record the decision in the person's medical record.

51 Revocation of administration decision

- (1) The person may at any time—
- (a) revoke a self-administration decision by informing the coordinating practitioner for the person that the person has decided not to self-administer a voluntary assisted dying substance; or
 - (b) revoke a practitioner administration decision by informing the administering practitioner for the person that the person has decided not to proceed with the administration of a voluntary assisted dying substance.
- (2) The person may inform the coordinating practitioner or administering practitioner of the person's decision in writing, verbally or by gestures or other means of communication available to the person.

- (3) If the person revokes an administration decision under subsection (1), the coordinating practitioner or administering practitioner who is informed of the person's decision must—
 - (a) record the revocation in the person's medical record; and
 - (b) if the practitioner is not the coordinating practitioner for the person, inform the coordinating practitioner of the revocation; and
 - (c) within 2 business days after the revocation, complete a record of the revocation in the approved form and give a copy of it to the board.

Maximum penalty for paragraph (c)—100 penalty units.
- (4) The revocation of an administration decision does not prevent the person from making another administration decision under section 50.

52 Self-administration—authorisations

- (1) This section applies if the person makes a self-administration decision.
- (2) The coordinating practitioner for the person is authorised to prescribe a voluntary assisted dying substance for the person that is of a sufficient dose to cause death.
- (3) Subsection (2) is subject to section 59(6).
- (4) The authorised supplier who is given the prescription for the person is authorised to—
 - (a) possess the voluntary assisted dying substance for the purpose of preparing it and supplying it to a person mentioned in paragraph (c); and
 - (b) prepare the substance; and
 - (c) supply the substance to the person, the contact person for the person or an agent of the person.
- (5) The person is authorised to—

- (a) receive the voluntary assisted dying substance from the authorised supplier, the contact person for the person or an agent of the person; and
 - (b) possess the substance for the purpose of preparing and self-administering it; and
 - (c) prepare the substance; and
 - (d) self-administer the substance.
- (6) An agent of the person is authorised to—
- (a) receive the voluntary assisted dying substance from an authorised supplier; and
 - (b) possess the substance for the purpose of supplying it to the person; and
 - (c) supply the substance to the person.
- (7) Another person, requested by the person to prepare the voluntary assisted dying substance for the person, is authorised to—
- (a) possess the substance for the purpose of preparing it; and
 - (b) prepare the substance; and
 - (c) supply the substance to the person.

Note—

See section 61 for the authorisation of a contact person in the case of a self-administration decision.

53 Practitioner administration—authorisations

- (1) This section applies if the person makes a practitioner administration decision.
- (2) The coordinating practitioner for the person is authorised to prescribe a voluntary assisted dying substance for the person that is of sufficient dose to cause death.
- (3) Subsection (2) is subject to section 59(6).

- (4) The authorised supplier who is given the prescription for the person is authorised to—
 - (a) possess the voluntary assisted dying substance for the purpose of preparing it and supplying it to the administering practitioner for the person; and
 - (b) prepare the substance; and
 - (c) supply the substance to the administering practitioner for the person.
- (5) The administering practitioner for the person is authorised to—
 - (a) receive the voluntary assisted dying substance from an authorised supplier; and
 - (b) possess the substance for the purpose of preparing it and administering it to the person; and
 - (c) prepare the substance.
- (6) The administering practitioner for the person is authorised to administer the voluntary assisted dying substance to the person, in the presence of an eligible witness, if the administering practitioner is satisfied at the time of administration that—
 - (a) the person has decision-making capacity in relation to voluntary assisted dying; and
 - (b) the person is acting voluntarily and without coercion.

54 Witness to administration of voluntary assisted dying substance

- (1) Another person (the *witness*) is eligible to witness the administration of a voluntary assisted dying substance to the person if the witness is at least 18 years of age.
- (2) The witness must certify in the practitioner administration form for the person that—

- (a) the person appeared to be acting voluntarily and without coercion; and
- (b) the administering practitioner for the person administered the substance to the person in the presence of the witness.

55 Certification by administering practitioner following administration of voluntary assisted dying substance

- (1) This section applies if the administering practitioner for the person administers a voluntary assisted dying substance to the person.
- (2) The administering practitioner must certify in writing—
 - (a) that the person made a practitioner administration decision and did not revoke the decision; and
 - (b) that the administering practitioner was satisfied at the time of administering the voluntary assisted dying substance to the person—
 - (i) that the person had decision-making capacity in relation to voluntary assisted dying; and
 - (ii) that the person was acting voluntarily and without coercion; and
 - (c) any other matter prescribed by regulation to be certified.
- (3) The certificate must be in the approved form (the *practitioner administration form*) and must include the certificate of the witness required under section 54.
- (4) Within 2 business days after administering the voluntary assisted dying substance, the administering practitioner must give a copy of the practitioner administration form to the board.

Maximum penalty—100 penalty units.

56 Transfer of administering practitioner's role

- (1) This section applies if—
 - (a) the person makes a practitioner administration decision; and
 - (b) the coordinating practitioner for the person prescribes a voluntary assisted dying substance for the person; and
 - (c) the administering practitioner for the person (the *original practitioner*) is unable or unwilling for any reason to administer the voluntary assisted dying substance to the person, whether the original practitioner is the coordinating practitioner for the person or a person to whom the role of administering practitioner has been transferred under subsection (2).
- (2) The original practitioner must transfer the role of administering practitioner to another person who is eligible to act as an administering practitioner for the person and accepts the transfer of the role.
- (3) If a person (the *new practitioner*) accepts the transfer of the role, the original practitioner must—
 - (a) inform the person requesting access to voluntary assisted dying of the transfer and the contact details of the new practitioner; and
 - (b) record the transfer in the person's medical record; and
 - (c) within 2 business days after the acceptance of the transfer, complete a record of the acceptance of the transfer in the approved form and give a copy of it to the board.

Maximum penalty for paragraph (c)—100 penalty units.
- (4) If the original practitioner has possession of the voluntary assisted dying substance when the role is transferred—
 - (a) the original practitioner is authorised to supply the substance to the new practitioner; and

- (b) the new practitioner is authorised to receive the substance from the original practitioner.
- (5) The coordinating practitioner for the person requesting access to voluntary assisted dying remains the coordinating practitioner despite any transfer of the role of administering practitioner under subsection (2).

Division 2 Contact person

57 Application of division

This division applies if a person has made an administration decision.

58 Contact person to be appointed

- (1) The person must appoint a contact person.
- (2) A person is eligible for appointment as a contact person if the person is at least 18 years of age.
- (3) A person cannot be appointed as the contact person unless the person consents to the appointment.
- (4) The person may revoke the appointment of the contact person.
- (5) If the person revokes the appointment of the contact person—
 - (a) the person must inform the contact person of the revocation; and
 - (b) the contact person ceases to be the contact person for the person on being informed under paragraph (a); and
 - (c) the person must make another appointment under subsection (1).

59 Contact person appointment form

- (1) An appointment under section 58(1) must be made in the approved form (the *contact person appointment form*).
- (2) The contact person appointment form must include the following—
 - (a) the name, date of birth and contact details of the person;
 - (b) the name and contact details of the coordinating practitioner for the person;
 - (c) the name, date of birth and contact details of the contact person;
 - (d) a statement that the contact person consents to the appointment;
 - (e) a statement that the contact person understands the contact person's role under this Act (including the requirements under section 63 to give the voluntary assisted dying substance, or any unused or remaining substance, to an authorised disposer and the penalties for offences under that section);
 - (f) if the person was assisted by an interpreter when making the appointment—
 - (i) the name, contact details and accreditation details of the interpreter; and
 - (ii) a statement signed by the interpreter certifying that the interpreter provided a true and correct translation of any information translated;
 - (g) the signature of the contact person and the date when the form was signed;
 - (h) the signature of the person, or other person who completes the form on behalf of the person, and the date when the form was signed.
- (3) At the person's request, another person (the *second person*) may complete the form on the person's behalf if—

- (a) the person is unable to complete the form; and
 - (b) the second person is at least 18 years of age; and
 - (c) the second person signs the contact person appointment form in the presence of the person.
- (4) The person or the contact person for the person must give the contact person appointment form to the coordinating practitioner for the person.
- (5) Within 2 business days after receiving the contact person appointment form, the coordinating practitioner for the person must give a copy of it to the board.
- Maximum penalty—100 penalty units.
- (6) The coordinating practitioner for a person may not prescribe a voluntary assisted dying substance for the person before the contact person appointment form is given to the coordinating practitioner.

60 Board to give information to contact person

- (1) This section applies if the person makes a self-administration decision and appoints a contact person.
- (2) Within 2 business days of receiving the contact person appointment form, the board must give the contact person information about—
- (a) the requirement to give the voluntary assisted dying substance, or any unused or remaining substance, to an authorised disposer under section 63; and
 - (b) the support services available to the contact person to assist the contact person to fulfil the requirement.

61 Role of contact person in case of self-administration decision

- (1) This section applies if the person makes a self-administration decision.

- (2) The contact person for the person is authorised to—
 - (a) receive the voluntary assisted dying substance from an authorised supplier; and
 - (b) possess the substance for the purpose of paragraph (c) or (d); and
 - (c) supply the substance to the person; and
 - (d) give the substance, or any unused or remaining substance, to an authorised disposer under section 63.
- (3) The contact person for the person must inform the coordinating practitioner for the person if the person dies (whether as a result of self-administering the voluntary assisted dying substance or from some other cause), within 2 business days of becoming aware of the death.
- (4) The board may contact the contact person to request information.

62 Role of contact person in case of practitioner administration decision

- (1) This section applies if the person has made a practitioner administration decision.
- (2) The contact person for the person must inform the coordinating practitioner for the person if the person dies as a result of a cause other than the administration of the voluntary assisted dying substance, within 2 business days of becoming aware of the death.
- (3) The board may contact the contact person to request information.

63 Contact person to give voluntary assisted dying substance to authorised disposer

- (1) Subsection (2) applies if the person revokes a self-administration decision after an authorised supplier has supplied a voluntary assisted dying substance for the person.

- (2) The contact person for the person must, as soon as practicable and in any event within 14 days after the day on which the decision is revoked, give the voluntary assisted dying substance to an authorised disposer.

Maximum penalty—100 penalty units.

- (3) Subsection (4) applies if the person—
- (a) makes a self-administration decision; and
 - (b) dies after an authorised supplier has supplied a voluntary assisted dying substance for the person.
- (4) The contact person for the person must, as soon as practicable and in any event within 14 days after the day on which the person dies, give any unused or remaining substance to an authorised disposer.

Maximum penalty—100 penalty units.

64 Contact person may refuse to continue in role

- (1) The contact person for the person may refuse to continue to perform the role of contact person.
- (2) If the contact person refuses to continue to perform the role—
- (a) the contact person must inform the person of the refusal; and
 - (b) the contact person ceases to be the contact person for the person on informing the person under paragraph (a); and
 - (c) the person must make another appointment under section 58.

Division 3 Prescribing, supplying and disposing of voluntary assisted dying substance

65 Information to be given before prescribing voluntary assisted dying substance

- (1) The coordinating practitioner for a person who has made a self-administration decision must, before prescribing a voluntary assisted dying substance for the person, inform the person, in writing, of the following—
 - (a) the S4 substance or S8 substance, or combination of substances, constituting the substance;
 - (b) that the person is not under any obligation to self-administer the substance;
 - (c) that the substance must be stored in accordance with requirements prescribed by regulation;
 - (d) how to prepare and self-administer the substance;
 - (e) the expected effects of self-administration of the substance;
 - (f) the period within which the person is likely to die after self-administration of the substance;
 - (g) the potential risks of self-administration of the substance;
 - (h) that, if the person decides not to self-administer the substance, their contact person must give the substance to an authorised disposer for disposal;
 - (i) that, if the person dies, their contact person must give any unused or remaining substance to an authorised disposer for disposal;
 - (j) the name of the authorised supplier who will be supplying the voluntary assisted dying substance;

- (k) the name of 1 or more registered health practitioners or class of registered health practitioners who are authorised disposers.
- (2) The coordinating practitioner for a person who has made a practitioner administration decision must, before prescribing a voluntary assisted dying substance for the person, inform the person, in writing, of the following—
- (a) the S4 substance or S8 substance, or combination of substances, constituting the substance;
 - (b) that the person is not under any obligation to have the substance administered to the person;
 - (c) the method by which the substance will be administered;
 - (d) the expected effects of administration of the substance;
 - (e) the period within which the person is likely to die after administration of the substance;
 - (f) the potential risks of administration of the substance;
 - (g) that, if the practitioner administration decision is made after the revocation of a self-administration decision, the person's contact person must give any substance received by the person, the contact person or an agent of the contact person to an authorised disposer for disposal;
 - (h) if the practitioner administration decision is made after the revocation of a self-administration decision—the name of 1 or more registered health practitioners or class of registered health practitioners who are authorised disposers.

66 Prescription for voluntary assisted dying substance

- (1) This section applies if the coordinating practitioner for a person prescribes a voluntary assisted dying substance for the person.

- (2) The prescription issued by the coordinating practitioner must include—
 - (a) a statement that clearly indicates it is for a voluntary assisted dying substance; and
 - (b) a statement—
 - (i) certifying that the request and assessment process has been completed in relation to the person in accordance with this Act; and
 - (ii) certifying that the person has made an administration decision and specifying whether the decision is a self-administration decision or practitioner administration decision; and
 - (c) details of the substance and the maximum amount of the substance authorised by the prescription; and
 - (d) the person’s name and telephone number.
- (3) The prescription may not provide for the voluntary assisted dying substance to be supplied on more than 1 occasion.
- (4) The coordinating practitioner must give the prescription directly to an authorised supplier.

67 Other requirements for prescribing

A regulation may prescribe other requirements with which a coordinating practitioner must comply in relation to prescribing a voluntary assisted dying substance.

68 Coordinating practitioner to notify board of administration decision and prescription of voluntary assisted dying substance

Within 2 business days after prescribing a voluntary assisted dying substance for a person, the person’s coordinating practitioner must complete, and give a copy to the board of, a record in the approved form stating—

- (a) the person's administration decision; and
- (b) that the practitioner has prescribed a voluntary assisted dying substance for the person.

Maximum penalty—100 penalty units.

69 Authorised supplier to authenticate prescription

An authorised supplier who is given a prescription for a voluntary assisted dying substance must not supply the substance in accordance with the prescription unless the authorised supplier has confirmed—

- (a) the authenticity of the prescription; and
- (b) the identity of the person who issued the prescription; and
- (c) the identity of the person to whom the substance is to be supplied.

70 Information to be given when supplying voluntary assisted dying substance

- (1) This section applies if an authorised supplier supplies a voluntary assisted dying substance to a person, the contact person for a person or an agent of a person following a self-administration decision of the person.
- (2) The authorised supplier must, when supplying the voluntary assisted dying substance, inform the recipient, in writing, of the following—
 - (a) that the person is not under any obligation to self-administer the substance;
 - (b) the S4 substance or S8 substance, or combination of substances, constituting the substance;
 - (c) how to prepare and self-administer the substance;
 - (d) that the substance must be stored in accordance with requirements prescribed by regulation;

- (e) the expected effects of self-administration of the substance;
- (f) the period within which the person is likely to die after self-administration of the substance;
- (g) the potential risks of self-administration of the substance;
- (h) that, if the person decides not to self-administer the substance, their contact person must give the substance to an authorised disposer for disposal;
- (i) that, if the person dies, their contact person must give any unused or remaining substance to an authorised disposer for disposal.

71 Labelling requirements for voluntary assisted dying substance

An authorised supplier who supplies a voluntary assisted dying substance must comply with labelling requirements prescribed by regulation.

72 Authorised supplier to record and notify of supply

- (1) An authorised supplier who supplies a voluntary assisted dying substance must complete a record of the supply in the approved form (the *authorised supply form*).
- (2) The authorised supply form must include the following—
 - (a) the name, date of birth and contact details of the person;
 - (b) the name and contact details of the authorised supplier;
 - (c) a statement that the voluntary assisted dying substance was supplied;
 - (d) a statement that the requirements under sections 69, 70 and 71 were complied with.

- (3) Within 2 business days after supplying the voluntary assisted dying substance, the authorised supplier must give a copy of the completed authorised supply form to the board.

Maximum penalty—100 penalty units.

73 Other requirements for supplying

A regulation may prescribe other requirements with which an authorised supplier must comply in relation to supplying a voluntary assisted dying substance.

74 Storage of voluntary assisted dying substance

A person who receives a voluntary assisted dying substance must store the substance in accordance with the requirements prescribed by regulation.

75 Disposal of voluntary assisted dying substance

- (1) This section applies if a voluntary assisted dying substance, or any unused or remaining substance, is given to an authorised disposer by the contact person for a person.
- (2) The authorised disposer is authorised to—
 - (a) possess the voluntary assisted dying substance or unused or remaining substance for the purpose of disposing of it; and
 - (b) dispose of the substance.
- (3) The authorised disposer must dispose of the voluntary assisted dying substance or unused or remaining substance as soon as practicable after receiving it.

76 Authorised disposer to record and notify of disposal

- (1) An authorised disposer who disposes of a voluntary assisted dying substance or unused or remaining substance must

complete a record of the disposal in the approved form (the *authorised disposal form*).

- (2) Within 2 business days after disposing of the voluntary assisted dying substance or unused or remaining substance, the authorised disposer must give a copy of the completed authorised disposal form to the board.

Maximum penalty—100 penalty units.

77 Disposal of voluntary assisted dying substance by administering practitioner

- (1) Subsections (2) and (3) apply if—
 - (a) a person who has made a practitioner administration decision revokes the decision; and
 - (b) the administering practitioner for the person has possession of the voluntary assisted dying substance when the decision is revoked.
- (2) The administering practitioner is authorised to—
 - (a) possess the voluntary assisted dying substance for the purpose of disposing of it; and
 - (b) dispose of the substance.
- (3) The administering practitioner must dispose of the voluntary assisted dying substance as soon as practicable after the practitioner administration decision is revoked.
- (4) Subsections (5) and (6) apply if—
 - (a) a person who has made a practitioner administration decision dies (whether or not after being administered the voluntary assisted dying substance); and
 - (b) the administering practitioner for the person has possession of any unused or remaining substance.
- (5) The administering practitioner is authorised to—
 - (a) possess the unused or remaining substance for the purpose of disposing of it; and

- (b) dispose of the unused or remaining substance.
- (6) The administering practitioner must dispose of the unused or remaining substance as soon as practicable after the person's death.

78 Administering practitioner to record and notify of disposal

- (1) An administering practitioner for a person who disposes of a voluntary assisted dying substance or unused or remaining substance must complete a record of the disposal in the approved form (the *practitioner disposal form*).
- (2) Within 2 business days after disposing of the voluntary assisted dying substance or unused or remaining substance, the administering practitioner must give a copy of the completed practitioner disposal form to the board.

Maximum penalty—100 penalty units.

79 Other requirements for disposal

A regulation may prescribe other requirements with which an authorised disposer or administering practitioner must comply in relation to disposing of a voluntary assisted dying substance or unused or remaining substance.

Division 4 Other provisions

80 Notification of death

- (1) The coordinating practitioner and administering practitioner for a person must each, within 2 business days after becoming aware that the person has died (whether or not after self-administering or being administered a voluntary assisted dying substance), notify the board in the approved form of the person's death.

Maximum penalty—100 penalty units.

- (2) Subsection (1) does not apply if the administering practitioner for a person gives the board a copy of a practitioner administration form in relation to the person under section 55.

81 Cause of death certificate

- (1) This section applies if a medical practitioner who is required to give a cause of death certificate for a person knows or reasonably believes that the person self-administered, or was administered, a voluntary assisted dying substance under this Act.
- (2) The medical practitioner must, within 2 business days after becoming aware that the person has died, notify the board, in the approved form, of the person's death, unless the medical practitioner is the coordinating practitioner or administering practitioner for the person.
- (3) The medical practitioner—
 - (a) must state in the cause of death certificate for the person that the cause of death of the person was the disease, illness or medical condition mentioned in section 10(1)(a) from which the person suffered; and
 - (b) must not include any reference to voluntary assisted dying in the cause of death certificate for the person.
- (4) In this section—

cause of death certificate see the *Births, Deaths and Marriages Registration Act 2003*, section 30(2)(a).

Part 5 Eligibility requirements for health practitioners

82 Eligibility to act as coordinating practitioner or consulting practitioner

- (1) A medical practitioner is eligible to act as a coordinating practitioner or consulting practitioner for a person requesting access to voluntary assisted dying if—
- (a) the medical practitioner—
 - (i) holds specialist registration and has practised for at least 1 year as the holder of that registration; or
 - (ii) holds general registration and has practised for at least 5 years as the holder of that registration; or
 - (iii) holds specialist registration and has practised for at least 5 years as the holder of general registration; or
 - (iv) is an overseas-trained specialist who holds limited registration or provisional registration; and
 - (b) the medical practitioner meets the approved medical practitioner requirements; and
 - (c) the medical practitioner is not a family member of the person requesting access to voluntary assisted dying; and
 - (d) the medical practitioner does not know or believe that the practitioner—
 - (i) is a beneficiary under a will of the person requesting access to voluntary assisted dying; or
 - (ii) may otherwise benefit financially or in any other material way from the death of the person requesting access to voluntary assisted dying, other than by receiving reasonable fees for the provision

of services as the coordinating practitioner or consulting practitioner for the person.

(2) In this section—

general registration means general registration under the Health Practitioner Regulation National Law (Queensland) in the medical profession.

limited registration means limited registration under the Health Practitioner Regulation National Law (Queensland) in the medical profession.

provisional registration means provisional registration under the Health Practitioner Regulation National Law (Queensland) in the medical profession.

specialist registration means specialist registration under the Health Practitioner Regulation National Law (Queensland) in the medical profession in a recognised speciality.

83 Eligibility to act as administering practitioner

A person is eligible to act as an administering practitioner for a person requesting access to voluntary assisted dying if—

- (a) the person is—
 - (i) a medical practitioner who is eligible to act as a coordinating practitioner for the person requesting access to voluntary assisted dying under section 82(1); or
 - (ii) a nurse practitioner who meets the approved nurse practitioner requirements; or
 - (iii) a nurse who has practised in the nursing profession for at least 5 years and meets the approved nurse requirements; and
- (b) the person has completed the approved training; and
- (c) the person is not a family member of the person requesting access to voluntary assisted dying; and

- (d) the person does not know or believe that they—
 - (i) are a beneficiary under a will of the person requesting access to voluntary assisted dying; or
 - (ii) may otherwise benefit financially or in any other material way from the death of the person requesting access to voluntary assisted dying, other than by receiving reasonable fees for the provision of services as the administering practitioner for the person.

Part 6 Participation

Division 1 Conscientious objection

84 Registered health practitioner with conscientious objection

- (1) A registered health practitioner who has a conscientious objection to voluntary assisted dying has the right to refuse to do any of the following—
 - (a) provide information to another person about voluntary assisted dying;
 - (b) participate in the request and assessment process;
 - (c) participate in an administration decision;
 - (d) prescribe, supply or administer a voluntary assisted dying substance;
 - (e) be present at the time of the administration or self-administration of a voluntary assisted dying substance.
- (2) A registered health practitioner who, because of a conscientious objection, refuses to do a thing mentioned in subsection (1) for a person seeking information or assistance about voluntary assisted dying, must—

- (a) inform the person that other health practitioners, health service providers or services may be able to assist the person; and
- (b) give the person—
 - (i) information about a health practitioner, health service provider or service who, in the practitioner’s belief, is likely to be able to assist the person; or
 - (ii) the details of an official voluntary assisted dying care navigator service that is able to provide the person with information (including name and contact details) about a health practitioner, health service provider or service who may be able to assist the person.

85 Speech pathologist with conscientious objection

- (1) A speech pathologist who has a conscientious objection to voluntary assisted dying has the right to refuse to do any of the following—
 - (a) provide information to another person about voluntary assisted dying;
 - (b) participate in the request and assessment process;
 - (c) participate in an administration decision;
 - (d) be present at the time of the administration or self-administration of a voluntary assisted dying substance.
- (2) A speech pathologist who, because of a conscientious objection, refuses to do a thing mentioned in subsection (1) for an employer or for any other person who has requested speech pathology services in relation to voluntary assisted dying—
 - (a) must inform the employer or other person of the speech pathologist’s conscientious objection; and

- (b) must inform the employer or other person of another speech pathologist or speech pathology service who, in the speech pathologist's belief, is likely to be able to assist in providing the speech pathology services requested; and
 - (c) must not intentionally impede the person's access to speech pathology services in relation to voluntary assisted dying.
- (3) Subsection (4) applies if—
- (a) a speech pathologist is employed or otherwise engaged by a health service provider; and
 - (b) the speech pathologist knows, or ought reasonably to know, the health service provider provides, or is likely to provide, services relating to voluntary assisted dying.
- (4) The speech pathologist must—
- (a) inform the health service provider of the speech pathologist's conscientious objection to voluntary assisted dying; and
 - (b) discuss with the health service provider how they can practise in accordance with their beliefs without placing a burden on their colleagues or compromising a person's access to voluntary assisted dying under this Act.
- (5) In this section—

speech pathologist means a person who is eligible for practising membership of The Speech Pathology Association of Australia Limited ACN 008 393 440.

Division 2 Participation by entities

Subdivision 1 Preliminary

86 Definitions for division

In this division—

deciding practitioner, for a decision about the transfer of a person, means—

- (a) the coordinating practitioner for the person; or
- (b) if a different medical practitioner is chosen by the person and the relevant entity from which the person is receiving relevant services at a facility, to make the decision—that practitioner.

facility means—

- (a) a private hospital; or
- (b) a hospice; or
- (c) a public sector hospital; or
- (d) a nursing home, hostel or other facility at which accommodation, nursing or personal care is provided to persons who, because of infirmity, illness, disease, incapacity or disability, have a need for nursing or personal care; or
- (e) a residential aged care facility.

permanent resident see section 89.

relevant entity see section 87.

relevant service see section 88.

residential aged care means personal care or nursing care, or both personal care and nursing care, that is provided to a person in a residential facility in which the person is also provided with accommodation that includes—

- (a) staffing to meet the nursing and personal care needs of the person; and
- (b) meals and cleaning services; and
- (c) furnishings, furniture and equipment for the provision of that care and accommodation.

residential aged care facility means a facility at which residential aged care is provided, whether or not the care is provided by an entity that is an approved provider under the *Aged Care Quality and Safety Commission Act 2018* (Cwlth).

residential facility does not include—

- (a) a private home; or
- (b) a hospital or psychiatric facility; or
- (c) a facility that primarily provides care to people who are not frail and aged.

87 Meaning of *relevant entity*

A *relevant entity* is an entity, other than an individual, that provides a relevant service.

88 Meaning of *relevant service*

A *relevant service* is a health service, residential aged care or a personal care service.

89 Meaning of *permanent resident*

- (1) A person is a *permanent resident* at a facility if the facility is the person's settled and usual place of abode where the person regularly or customarily lives.
- (2) Also, a person is a *permanent resident* at a facility that is a residential aged care facility if the person has security of tenure at the facility under the *Aged Care Act 1997* (Cwlth) or on some other basis.

- (3) A person is not a permanent resident at a facility if the person resides at the facility temporarily.

Examples—

- an in-patient of a hospital
- a resident of a hospice

Subdivision 2 Information about voluntary assisted dying

90 Access to information about voluntary assisted dying

- (1) This section applies if—
- (a) a person is receiving relevant services from a relevant entity at a facility; and
 - (b) the person asks the entity for information about voluntary assisted dying; and
 - (c) the entity does not provide at the facility, to persons to whom relevant services are provided, the information that has been requested.
- (2) The relevant entity and any other entity that owns or occupies the facility—
- (a) must not hinder the person's access at the facility to information about voluntary assisted dying; and
 - (b) must allow reasonable access to the person at the facility by each person who—
 - (i) is a registered health practitioner or a member or employee of an official voluntary assisted dying care navigator service; and
 - (ii) is seeking the access to provide the requested information to the person about voluntary assisted dying.

Subdivision 3 Access to voluntary assisted dying

91 Application of subdivision

This subdivision applies if a person is receiving relevant services from a relevant entity at a facility.

92 First requests and final requests

- (1) This section applies if—
 - (a) the person or the person’s agent advises the relevant entity that the person wishes to make a first request or final request (each a *relevant request*); and
 - (b) the entity does not provide, to persons to whom relevant services are provided at the facility, access to the request and assessment process at the facility.
- (2) The relevant entity and any other entity that owns or occupies the facility must allow reasonable access to the person at the facility by a medical practitioner—
 - (a) whose presence is requested by the person; and
 - (b) who—
 - (i) for a first request—is eligible to act as a coordinating practitioner; or
 - (ii) for a final request—is the coordinating practitioner for the person.
- (3) If the requested medical practitioner is not available to attend, the relevant entity must take reasonable steps to facilitate the transfer of the person to and from a place where the person’s relevant request may be made to—
 - (a) the requested medical practitioner; or
 - (b) another medical practitioner who is eligible and willing to act as a coordinating practitioner.

93 Second requests

- (1) This section applies if—
 - (a) the person or the person’s agent advises the relevant entity that the person wishes to make a second request; and
 - (b) the entity does not provide, to persons to whom relevant services are provided at the facility, access to the request and assessment process at the facility.
- (2) The relevant entity and any other entity that owns or occupies the facility must allow reasonable access to the person at the facility by—
 - (a) the coordinating practitioner for the person; and
 - (b) 2 persons who are eligible to witness the signing of a second request by the person.
- (3) If the coordinating practitioner is not available to attend, the relevant entity must take reasonable steps to facilitate the transfer of the person to and from a place where the person’s second request may be made to—
 - (a) the coordinating practitioner; or
 - (b) another medical practitioner who is eligible and willing to act as a coordinating practitioner.

94 First assessments

- (1) This section applies if—
 - (a) the person has made a first request; and
 - (b) the person or the person’s agent advises the relevant entity that the person wishes to undergo a first assessment; and
 - (c) the entity does not provide, to persons to whom relevant services are provided at the facility, access to the request and assessment process at the facility.
- (2) If the person is a permanent resident at the facility—

- (a) the relevant entity and any other entity that owns or occupies the facility must allow reasonable access to the person at the facility by a relevant practitioner for the person to assess the person; and
 - (b) if a relevant practitioner is not available to attend—the relevant entity must take reasonable steps to facilitate the transfer of the person to and from a place where the person’s assessment may be carried out by—
 - (i) the relevant practitioner; or
 - (ii) another medical practitioner who is eligible and willing to act as a relevant practitioner.
- (3) If the person is not a permanent resident at the facility—
- (a) the relevant entity must take reasonable steps to facilitate the transfer of the person to and from a place where the person’s assessment may be carried out by a relevant practitioner for the person; or
 - (b) if, in the opinion of the deciding practitioner, transfer of the person as described in paragraph (a) would not be reasonable in the circumstances, the entity and any other entity that owns or occupies the facility must allow reasonable access to the person at the facility by a relevant practitioner for the person.
- (4) In making a decision for subsection (3)(b), the deciding practitioner must have regard to the following—
- (a) whether the transfer would be likely to cause serious harm to the person;
Examples of serious harm—
 - significant pain
 - a significant deterioration in the person’s condition
 - (b) whether the transfer would be likely to adversely affect the person’s access to voluntary assisted dying;
Examples of adverse effects—
 - the transfer would likely result in a loss of decision-making capacity of the person

- pain relief or medication for the transfer would likely result in a loss of decision-making capacity of the person
 - (c) whether the transfer would cause undue delay and prolonged suffering in accessing voluntary assisted dying;
 - (d) whether the place to which the person is proposed to be transferred is available to receive the person;
 - (e) whether the person would incur financial loss or costs because of the transfer.
- (5) In this section—
- relevant practitioner*, for a person, means—
- (a) the coordinating practitioner for the person; or
 - (b) a registered health practitioner to whom the coordinating practitioner for the person has referred a matter under section 21.

95 Consulting assessments

- (1) This section applies if—
- (a) the person has undergone a first assessment; and
 - (b) the person or the person's agent advises the relevant entity that the person wishes to undergo a consulting assessment; and
 - (c) the entity does not provide, to persons to whom relevant services are provided at the facility, access to the request and assessment process at the facility.
- (2) If the person is a permanent resident at the facility—
- (a) the relevant entity and any other entity that owns or occupies the facility must allow reasonable access to the person at the facility by a relevant practitioner for the person to assess the person; and
 - (b) if a relevant practitioner is not available to attend—the relevant entity must take reasonable steps to facilitate

the transfer of the person to and from a place where the person's assessment may be carried out by—

- (i) the relevant practitioner; or
- (ii) another medical practitioner who is eligible and willing to act as a relevant practitioner.

(3) If the person is not a permanent resident at the facility—

- (a) the relevant entity must take reasonable steps to facilitate the transfer of the person to and from a place where the person's assessment may be carried out by a relevant practitioner for the person; or
- (b) if, in the opinion of the deciding practitioner, transfer of the person as described in paragraph (a) would not be reasonable in the circumstances, the entity and any other entity that owns or occupies the facility must allow reasonable access to the person at the facility by a relevant practitioner for the person.

(4) In making a decision for subsection (3)(b), the deciding practitioner must have regard to the following—

- (a) whether the transfer would be likely to cause serious harm to the person;

Examples of serious harm—

- significant pain
- a significant deterioration in the person's condition

- (b) whether the transfer would be likely to adversely affect the person's access to voluntary assisted dying;

Examples of adverse effects—

- the transfer would likely result in a loss of decision-making capacity of the person
- pain relief or medication for the transfer would likely result in a loss of decision-making capacity of the person

- (c) whether the transfer would cause undue delay and prolonged suffering in accessing voluntary assisted dying;

- (d) whether the place to which the person is proposed to be transferred is available to receive the person;
 - (e) whether the person would incur financial loss or costs because of the transfer.
- (5) In this section—
- relevant practitioner***, for a person, means—
- (a) the consulting practitioner for the person; or
 - (b) a registered health practitioner to whom the consulting practitioner for the person has referred a matter under section 32.

96 Administration decisions

- (1) This section applies if—
- (a) the person has made a final request; and
 - (b) the person or the person’s agent advises the relevant entity that the person wishes to make an administration decision; and
 - (c) the entity does not provide, to persons to whom relevant services are provided at the facility, access to a person’s coordinating practitioner to enable an administration decision to be made.
- (2) If the person is a permanent resident at the facility—
- (a) the relevant entity and any other entity that owns or occupies the facility must allow reasonable access to the person at the facility by the coordinating practitioner for the person to consult with and advise the person in making the administration decision; and
 - (b) if the coordinating practitioner is not available to attend—the relevant entity must take reasonable steps to facilitate the transfer of the person to and from a place where the person’s administration decision may be made in consultation with, and on the advice of—

- (i) the coordinating practitioner; or
 - (ii) another medical practitioner who is eligible and willing to act as the coordinating practitioner for the person.
- (3) If the person is not a permanent resident at the facility—
 - (a) the relevant entity must take reasonable steps to facilitate the transfer of the person to and from a place where the person’s administration decision may be made in consultation with, and on the advice of, the coordinating practitioner for the person; or
 - (b) if, in the opinion of the deciding practitioner, transfer of the person as described in paragraph (a) would not be reasonable in the circumstances—the relevant entity and any other entity that owns or occupies the facility must allow reasonable access to the person at the facility by the coordinating practitioner for the person.
- (4) In making the decision under subsection (3)(b), the deciding practitioner must have regard to the following—
 - (a) whether the transfer would be likely to cause serious harm to the person;
Examples of serious harm—
 - significant pain
 - a significant deterioration in the person’s condition
 - (b) whether the transfer would be likely to adversely affect the person’s access to voluntary assisted dying;
Examples of adverse effects—
 - the transfer would likely result in a loss of decision-making capacity of the person
 - pain relief or medication for the transfer would likely result in a loss of decision-making capacity of the person
 - (c) whether the transfer would cause undue delay and prolonged suffering in accessing voluntary assisted dying;

- (d) whether the place to which the person is proposed to be transferred is available to receive the person;
- (e) whether the person would incur financial loss or costs because of the transfer.

97 Administration of voluntary assisted dying substance

- (1) This section applies if—
 - (a) the person has made an administration decision; and
 - (b) the person or the person’s agent advises the relevant entity that the person wishes to self-administer a voluntary assisted dying substance or have an administering practitioner administer a voluntary assisted dying substance to the person; and
 - (c) the relevant entity does not provide, to persons to whom relevant services are provided at the facility, access to the administration of a voluntary assisted dying substance at the facility.
- (2) If the person is a permanent resident at the facility, the relevant entity and any other entity that owns or occupies the facility must—
 - (a) if the person has made a practitioner administration decision—
 - (i) allow reasonable access to the person at the facility by the administering practitioner for the person to administer a voluntary assisted dying substance to the person; and
 - (ii) allow reasonable access to the person at the facility by an eligible witness to the administration of the voluntary assisted dying substance by the administering practitioner for the person; or
 - (b) if the person has made a self-administration decision—not hinder access by the person to a voluntary assisted dying substance.

- (3) If the person is not a permanent resident at the facility—
- (a) the relevant entity must take reasonable steps to facilitate the transfer of the person to a place where the person may be administered or may self-administer a voluntary assisted dying substance; or
 - (b) if, in the opinion of the deciding practitioner, transfer of the person as described in paragraph (a) would not be reasonable in the circumstances, subsection (2) applies in relation to the person as if the person were a permanent resident at the facility.
- (4) In making the decision under subsection (3)(b), the deciding practitioner must have regard to the following—
- (a) whether the transfer would be likely to cause serious harm to the person;
Examples of serious harm—
 - significant pain
 - a significant deterioration in the person’s condition
 - (b) whether the transfer would be likely to adversely affect the person’s access to voluntary assisted dying;
Examples of adverse effects—
 - the transfer would likely result in a loss of decision-making capacity of the person
 - pain relief or medication for the transfer would likely result in a loss of decision-making capacity of the person
 - (c) whether the place to which the person is proposed to be transferred is available to receive the person.

Subdivision 4 Information about non-availability of voluntary assisted dying

98 Relevant entities to inform public of non-availability of voluntary assisted dying

- (1) This section applies to a relevant entity that does not provide, at a facility at which the entity provides relevant services, services associated with voluntary assisted dying, such as access to the request and assessment process or access to the administration of a voluntary assisted dying substance.
- (2) The relevant entity must publish information about the fact the entity does not provide those services at the facility.
- (3) The relevant entity must publish the information in a way in which it is likely that persons who receive the services of the entity at the facility, or may in future receive the services of the entity at the facility, become aware of the information.

Examples of ways of publishing information—

- printing the information in brochures about the relevant entity
- placing the information on the relevant entity's website
- displaying the information on signs at the facility

Part 7 Review by QCAT

Division 1 Preliminary

99 Reviewable decisions

The following decisions are reviewable under this part—

- (a) a decision of a coordinating practitioner, in a first assessment of a person requesting access to voluntary assisted dying, whether or not the person—

- (i) has been ordinarily resident in Australia for at least 3 years immediately before the person made the person's first request; or
- (ii) has been ordinarily resident in Queensland for at least 12 months immediately before the person made the person's first request; or
- (iii) has decision-making capacity in relation to voluntary assisted dying; or
- (iv) is acting voluntarily and without coercion; or
- (b) a decision of a consulting practitioner, in a consulting assessment of a person requesting access to voluntary assisted dying, whether or not the person—
 - (i) has been ordinarily resident in Australia for at least 3 years immediately before the person made the person's first request; or
 - (ii) has been ordinarily resident in Queensland for at least 12 months immediately before the person made the person's first request; or
 - (iii) has decision-making capacity in relation to voluntary assisted dying; or
 - (iv) is acting voluntarily and without coercion; or
- (c) a decision of a coordinating practitioner, in a final review of a person requesting access to voluntary assisted dying, whether or not the person—
 - (i) has decision-making capacity in relation to voluntary assisted dying; or
 - (ii) is acting voluntarily and without coercion.

100 Who is an *eligible person*

An *eligible person*, for a reviewable decision, is—

- (a) a person who is the subject of the decision; or
- (b) an agent of a person mentioned in paragraph (a); or

- (c) any other person who has a sufficient and genuine interest in the rights and interests of a person mentioned in paragraph (a) in relation to voluntary assisted dying.

101 Relationship with QCAT Act

The following provisions of the QCAT Act do not apply in relation to proceedings under this part—

- (a) section 21(2) and (4);
- (b) sections 22 and 23;
- (c) section 24(1) and (2);
- (d) section 33(3) and (4);
- (e) chapter 3.

Division 2 Application and review

102 Right of review of particular decisions

An eligible person for a reviewable decision may apply to QCAT for a review of the decision.

103 Making an application

- (1) The application must be made within 5 business days after the relevant day for the reviewable decision.
- (2) In this section—
relevant day, for a reviewable decision, means—
 - (a) for a reviewable decision mentioned in section 99(a)—the later of the following days—
 - (i) the day the first assessment record form was given to the person requesting access to voluntary assisted dying;

- (ii) the day the eligible person making the application becomes aware of the reviewable decision; or
- (b) for a reviewable decision mentioned in section 99(b)—the later of the following days—
 - (i) the day the consulting assessment record form was given to the person requesting access to voluntary assisted dying;
 - (ii) the day the eligible person making the application becomes aware of the reviewable decision; or
- (c) if the reviewable decision was made under section 99(c)—the later of the following days—
 - (i) the day the final review form was given to the person requesting access to voluntary assisted dying;
 - (ii) the day the eligible person making the application becomes aware of the reviewable decision.

104 Effect of application

When the application is made—

- (a) if the request and assessment process in relation to the person requesting access to voluntary assisted dying has not been completed—
 - (i) the request and assessment process is suspended; and
 - (ii) no further step in the process may be taken until the application for review is finalised; or
- (b) if the request and assessment process in relation to the person requesting access to voluntary assisted dying has been completed—
 - (i) the process for accessing voluntary assisted dying under part 4 is suspended; and

- (ii) no further step under that part (including the prescription, supply or administration of a voluntary assisted dying substance) may be taken in relation to the person until the application for review is finalised.

105 Decision of QCAT

In a proceeding for a review of the reviewable decision, QCAT may decide—

- (a) if the application for review was about the person's Australian residency—
 - (i) that at the time of making the first request, the person had been ordinarily resident in Australia for at least 3 years immediately before that time; or
 - (ii) that at the time of making the first request, the person had not been ordinarily resident in Australia for at least 3 years immediately before that time; or
- (b) if the application for review was about the person's Queensland residency—
 - (i) that at the time of making the first request, the person had been ordinarily resident in Queensland for at least 12 months immediately before that time; or
 - (ii) that at the time of making the first request, the person had not been ordinarily resident in Queensland for at least 12 months immediately before that time; or
- (c) if the application for review was about the person's decision-making capacity—
 - (i) that the person does have decision-making capacity in relation to voluntary assisted dying; or
 - (ii) that the person does not have decision-making capacity in relation to voluntary assisted dying; or

- (d) if the application was about whether the person is acting voluntarily and without coercion—
 - (i) that the person is acting voluntarily and without coercion; or
 - (ii) that the person is not acting voluntarily and without coercion.

106 Effect of decision

- (1) If QCAT makes a decision mentioned in section 105(a)(i), (b)(i), (c)(i) or (d)(i) on a review of a reviewable decision about a person requesting access to voluntary assisted dying—
 - (a) section 104 ceases to apply; and
 - (b) if the reviewable decision is a decision of a coordinating practitioner mentioned in section 99(a) or (c) and QCAT’s decision sets aside the reviewable decision—QCAT’s decision is taken to be the decision of the coordinating practitioner, except for the purposes of an appeal under the QCAT Act, chapter 2, part 8; and
 - (c) if the reviewable decision is a decision of a consulting practitioner mentioned in section 99(b) and QCAT’s decision sets aside the reviewable decision—QCAT’s decision is taken to be the decision of the consulting practitioner, except for the purposes of an appeal under the QCAT Act, chapter 2, part 8.
- (2) Subsection (1) only applies if QCAT does not, in addition to making a decision under section 105(a)(i), (b)(i), (c)(i) or (d)(i), make a decision in the same proceeding under section 105(a)(ii), (b)(ii), (c)(ii) or (d)(ii).
- (3) If QCAT makes a decision mentioned in section 105(a)(ii), (b)(ii), (c)(ii) or (d)(ii) on a review of a reviewable decision in relation to a person requesting access to voluntary assisted dying—

- (a) the person is taken to be ineligible for access to voluntary assisted dying for the purposes of the request and assessment process in relation to the person; and
- (b) if the request and assessment process in relation to the person had not been completed when the application for the review was made—the request and assessment process ends; and
- (c) if the request and assessment process in relation to the person had been completed when the application for review was made—
 - (i) the process for accessing voluntary assisted dying under part 4 ends; and
 - (ii) no step under that part (including the prescription, supply or administration of a voluntary assisted dying substance) is to be taken in relation to the person.

Division 3 Procedural provisions

107 Parties to proceeding

For the QCAT Act, section 40(1)(e), each of the following persons is a party to a review of a reviewable decision about a person requesting access to voluntary assisted dying—

- (a) if the person is not the applicant—the person;
- (b) if the reviewable decision is a decision mentioned in section 99(b)—the coordinating practitioner for the person.

108 Notice of proceeding

- (1) This section applies if an application for review of a reviewable decision about a person requesting access to voluntary assisted dying is accepted by the principal registrar.

- (2) Within 2 business days after receiving the application the principal registrar must give a copy of the application to—
 - (a) each party to the proceeding; and
 - (b) if there is a consulting practitioner for the person and the consulting practitioner is not a party—the consulting practitioner; and
 - (c) any other person to whom QCAT directs a copy of the application be given.

109 Coordinating practitioner or consulting practitioner to assist QCAT

- (1) Subsection (2) applies if the principal registrar gives a coordinating practitioner or consulting practitioner for a person requesting access to voluntary assisted dying a copy of an application for review of a reviewable decision about the person.
- (2) The principal registrar must also give the coordinating practitioner or consulting practitioner a notice requiring the practitioner to give QCAT any documents in the practitioner's possession or under the practitioner's control that are relevant to the review.

Examples of documents—

- a first assessment record form and any accompanying documents
 - a consulting assessment record form and any accompanying documents
 - a final review form
- (3) Within 2 business days after receiving the notice the coordinating practitioner or consulting practitioner must comply with the notice.

110 Notice of decision

- (1) This section applies if—

- (a) there is a consulting practitioner for a person requesting access to voluntary assisted dying; and
 - (b) the consulting practitioner is not a party to the review of a reviewable decision about the person.
- (2) For the QCAT Act, section 121(1)(b), QCAT must give its final decision in the proceeding for the review of the reviewable decision about the person to the consulting practitioner for the person as soon as reasonably practicable after making the decision.

111 Members constituting QCAT

- (1) For the review of a reviewable decision QCAT must be constituted by at least 1 member who is a legally qualified member.
- (2) In this section—
legally qualified member has the meaning given by the QCAT Act.
member has the meaning given by the QCAT Act.

112 Hearings must be held in private

A hearing of a review of a reviewable decision must be held in private.

113 Application taken to be withdrawn if person dies

- (1) This section applies if the person the subject of a review of a reviewable decision dies.
- (2) The application is taken to be withdrawn.
- (3) The principal registrar must, as soon as reasonably practicable after becoming aware that the person has died, give notice of the withdrawal to—
 - (a) each person who received a copy of the application; and

- (b) any other person to whom QCAT directs notice be given.

Division 4 Other provisions

114 Coordinating practitioner must give copy of QCAT's decision to board

- (1) This section applies if a coordinating practitioner for a person requesting access to voluntary assisted dying receives a final decision of QCAT in a proceeding for the review of a reviewable decision about the person.
- (2) Within 2 business days after receiving the final decision the coordinating practitioner must give a copy of it to the board.

Maximum penalty—100 penalty units.

115 Coordinating practitioner may refuse to continue in role

- (1) This section applies if—
 - (a) a decision of QCAT is substituted for a decision of a coordinating practitioner for a person requesting access to voluntary assisted dying under section 106(1)(b); and
 - (b) the decision of QCAT is about—
 - (i) whether the person has or does not have decision-making capacity in relation to voluntary assisted dying; or
 - (ii) whether the person is or is not acting voluntarily and without coercion.
- (2) The coordinating practitioner may refuse to continue to perform the role of coordinating practitioner.
- (3) A coordinating practitioner who refuses to continue to perform the role of coordinating practitioner must transfer the role of coordinating practitioner to—

- (a) if there is a consulting practitioner for the person—that person; or
- (b) otherwise—another medical practitioner who is eligible to act as a coordinating practitioner.

Part 8 **Voluntary Assisted Dying Review Board**

Division 1 **Establishment, functions and powers**

116 **Establishment**

The Voluntary Assisted Dying Review Board is established.

117 **Functions**

- (1) The board has the following functions—
 - (a) to monitor the operation of this Act;
 - (b) to review, for each completed request for voluntary assisted dying, whether or not the following persons complied with this Act—
 - (i) coordinating practitioners;
 - (ii) consulting practitioners;
 - (iii) administering practitioners;
 - (iv) authorised suppliers;
 - (v) authorised disposers;
 - (vi) contact persons;
 - (c) to refer to the following entities issues identified by the board in relation to voluntary assisted dying that are relevant to the functions of the entities—

- (i) the commissioner of police;
 - (ii) the registrar-general;
 - (iii) the State Coroner;
 - (iv) the health ombudsman;
 - (v) the chief executive;
- (d) to record and keep information prescribed by regulation about requests for, and provision of, voluntary assisted dying;
- (e) to analyse information given to the board under this Act and research matters related to the operation of this Act;
- (f) to provide, on the board's own initiative or on request, information, reports and advice to the Minister or the chief executive in relation to—
- (i) the operation of this Act; or
 - (ii) the board's functions; or
 - (iii) the improvement of the processes and safeguards of voluntary assisted dying;
- (g) to promote compliance with this Act, including by providing information about the operation of this Act to registered health practitioners and members of the community;
- (h) to promote continuous improvement in the compassionate, safe and practical operation of this Act;
- (i) to consult and engage with the community and any entity the board considers appropriate in relation to voluntary assisted dying;
- (j) any other function given to the board under this Act.
- (2) For subsection (1)(b), a person's request for voluntary assisted dying is *completed* if—
- (a) the person has died; or
 - (b) the request has been discontinued.

118 Powers

- (1) The board may do anything necessary or convenient to be done in the performance of its functions.
- (2) Without limiting subsection (1), the board may collect, use and disclose information given to the board under this Act for the purpose of carrying out the board's functions.

119 Board must act independently and in public interest

- (1) In performing its functions, the board must act independently and in the public interest.
- (2) Without limiting subsection (1), the board is not subject to direction by anyone, including the Minister, about how it performs its functions.

120 Administrative support for board

The chief executive must ensure the board has the administrative support services reasonably required for the board to perform its functions effectively and efficiently.

Division 2 Membership

121 Members of board

The board consists of at least 5 but not more than 9 members appointed by the Minister.

122 Chairperson

- (1) The Minister must appoint a member of the board to be the chairperson of the board.
- (2) The chairperson is responsible for leading and directing the activities of the board to ensure the board performs its functions appropriately.

- (3) The chairperson holds office for the term stated in the person's instrument of appointment as chairperson.
- (4) A vacancy in the office of chairperson arises if the person holding the office—
 - (a) resigns office by signed notice given to the Minister; or
 - (b) ceases to be a member.
- (5) A person may be reappointed as chairperson.

123 Deputy chairperson

- (1) The Minister may appoint a member of the board to be the deputy chairperson of the board.
- (2) The deputy chairperson is to act as chairperson—
 - (a) during a vacancy in the office of the chairperson; and
 - (b) during all periods when the chairperson is absent from duty or for another reason cannot perform the duties of the office.
- (3) The deputy chairperson holds office for the term stated in the person's instrument of appointment as deputy chairperson.
- (4) A vacancy in the office of deputy chairperson arises if the person holding the office—
 - (a) resigns office by signed notice given to the Minister; or
 - (b) ceases to be a member.
- (5) A person may be reappointed as deputy chairperson.

124 Appointment of members

- (1) The Minister may appoint a person as a member only if satisfied the person—
 - (a) has expertise in—
 - (i) medicine; or

- (ii) nursing; or
 - (iii) pharmacy; or
 - (iv) psychology; or
 - (v) social work; or
 - (vi) ethics; or
 - (vii) law; or
 - (viii) another area the Minister considers relevant to the performance of the board's functions; or
- (b) is otherwise, because of the person's experience, knowledge or skills, likely to make a valuable contribution to the work of the board.
- (2) The Minister must ensure the membership of the board—
- (a) includes persons with a range of experience, knowledge and skills relevant to the board's functions; and
 - (b) takes into account the social, cultural and geographic characteristics of the Queensland community; and
 - (c) does not include a majority of persons who are public service employees.
- (3) A person may not be appointed as a member if the person—
- (a) is an insolvent under administration under the Corporations Act, section 9; or
 - (b) has a conviction, other than a spent conviction, for an indictable offence; or
 - (c) is a member of the Legislative Assembly.
- (4) In this section—
- spent conviction*** means a conviction—
- (a) for which the rehabilitation period under the *Criminal Law (Rehabilitation of Offenders) Act 1986* has expired under the Act; and

- (b) that is not revived as prescribed by section 11 of that Act.

125 Conditions of appointment

- (1) A member is to be paid the remuneration and allowances decided by the Minister.
- (2) For matters not provided for by this Act, a member holds office on the terms and conditions decided by the Minister.

126 Term of appointment

- (1) A member is appointed for the term, of not more than 3 years, stated in the member's instrument of appointment.
- (2) A member may be reappointed.

127 Vacation of office

- (1) The office of a member becomes vacant if—
 - (a) the member—
 - (i) completes the member's term of office and is not reappointed; or
 - (ii) resigns from office by signed notice given to the Minister; or
 - (iii) becomes ineligible for appointment under section 124(3); or
 - (b) the Minister ends the member's appointment under subsection (2).
- (2) The Minister may, by signed notice given to a member, terminate the member's appointment if the Minister is satisfied the member is incapable of satisfactorily performing the member's functions.

Division 3 Proceedings

128 Conduct of meetings

- (1) Subject to this division, the board may conduct its business, including its meetings, in the way it considers appropriate.
- (2) The board may hold meetings, or allow members to take part in meetings, by using any technology allowing reasonably contemporaneous and continuous communication between persons taking part in the meeting.
- (3) A member who takes part in a meeting under subsection (2) is taken to be present at the meeting.
- (4) A question at a meeting is to be decided by a majority of the votes of the members present at the meeting.
- (5) If the votes are equal, the member presiding has a casting vote.
- (6) A resolution is a valid resolution of the board, even though it is not passed at a meeting of the board, if—
 - (a) at least half of the members have given written agreement to the resolution; and
 - (b) notice of the resolution is given under procedures approved by the board.

129 Minutes and other records

The board must keep—

- (a) minutes of its meetings; and
- (b) a record of its decisions and resolutions.

130 Quorum

A quorum for a meeting of the board is at least half of the members of the board.

131 Presiding at meetings

- (1) The chairperson is to preside at all meetings at which the chairperson is present.
- (2) If the chairperson is not present at a meeting, the deputy chairperson is to preside.
- (3) If neither the chairperson nor the deputy chairperson is present at a meeting, the board member chosen by the members present is to preside.

132 Committees

The board may establish committees to assist in the performance of its functions.

133 Disclosure of interests

- (1) This section applies if—
 - (a) a member has a direct or indirect interest in a matter being considered, or about to be considered, at a meeting; and
 - (b) the interest could conflict with the proper performance of the member's duties about the consideration of the matter.
- (2) As soon as practicable after the relevant facts come to the member's knowledge, the member must disclose the nature of the interest at a meeting.
- (3) Particulars of the disclosure must be recorded by the board in a register of interests kept for the purpose.
- (4) Unless the board directs otherwise, the member must not—
 - (a) be present when the board considers the matter; or
 - (b) take part in a decision of the board about the matter.
- (5) The member must not be present when the board is considering whether to give a direction under subsection (4).

- (6) A contravention of this section does not invalidate a decision of the board.
- (7) However, the board must reconsider a decision it has made about a matter if the board becomes aware that—
 - (a) the member contravened subsection (4)(a) in relation to the board’s consideration of the matter before the board made the decision; or
 - (b) the member contravened subsection (4)(b) in relation to the decision.

Division 4 Reporting

134 Annual report

- (1) The board must, within 3 months after the end of each financial year, give the Minister a report (an ***annual report***) in relation to the performance of the board’s functions during the financial year.
- (2) The annual report must include—
 - (a) the number of completed requests for voluntary assisted dying the board has reviewed under section 117(1)(b); and
 - (b) the number of referrals, if any, the board has made to other entities under section 117(1)(c); and
 - (c) recommendations of the board relevant to the performance of its functions, including, for example, recommendations about systemic matters in voluntary assisted dying or the improvement of voluntary assisted dying; and
 - (d) a summary, in de-identified form, of the information required to be recorded and kept by the board under section 117(1)(d).

- (3) The Minister must table a copy of the report in the Legislative Assembly within 14 sitting days after receiving it.

135 Report to Minister or chief executive on board's functions

- (1) The board may, and must on request, provide the Minister or the chief executive with a report about the board's functions.
- (2) Subsection (1) applies despite section 119(2).
- (3) A copy of a report provided to the Minister under this section must be tabled by the Minister in the Legislative Assembly within 14 sitting days after receiving it.

136 Reports not to include personal information

An annual report or a report under section 135 must not include personal information about an individual unless the information was provided to the board for the purpose of publication.

Division 5 Miscellaneous

137 Assistance to the board

- (1) The board may, with the chief executive's approval, engage persons with suitable qualifications and experience to help the board in performing its functions.
- (2) The engagement may be in an honorary capacity or for remuneration.
- (3) A person engaged by the board under this section may attend the board's meetings and participate in the board's deliberations, but may not vote at the meetings.

138 Request for information by the board

To help in performing its functions, the board may consult with, and ask for information from, other entities.

139 Protection from liability for giving information

- (1) This section applies if a person, acting honestly, gives information under section 138.
- (2) The person is not liable, civilly, criminally or under an administrative process, for giving the information.
- (3) Also, merely because the person gives the information, the person cannot be held to have—
 - (a) breached any code of professional etiquette or ethics; or
 - (b) departed from accepted standards of professional conduct.
- (4) Without limiting subsections (2) and (3)—
 - (a) in a proceeding for defamation, the person has a defence of absolute privilege for publishing the information; and
 - (b) if the person would otherwise be required to maintain confidentiality about the information under an Act, oath or rule of law or practice, the person—
 - (i) does not contravene the Act, oath or rule of law or practice by giving the information; and
 - (ii) is not liable to disciplinary action for giving the information.

Part 9 Offences

140 **Unauthorised administration of voluntary assisted dying substance**

- (1) A person must not administer a voluntary assisted dying substance to another person unless the person is authorised to do so under section 53(6).

Maximum penalty—14 years imprisonment.

- (2) A person does not commit an offence against subsection (1) if the person administers a medicine to another person under the *Medicines and Poisons Act 2019*.

- (3) An offence against subsection (1) is a crime.

- (4) In this section—

medicine see the *Medicines and Poisons Act 2019*, section 11.

141 **Inducing a person to request, or revoke request for, voluntary assisted dying**

- (1) A person must not, dishonestly or by coercion, induce another person to make, or revoke, a request for access to voluntary assisted dying.

Maximum penalty—7 years imprisonment.

- (2) An offence against subsection (1) is a misdemeanour.

- (3) In this section—

request for access to voluntary assisted dying means—

- (a) a first request; or
- (b) a second request; or
- (c) a final request; or
- (d) an administration decision.

142 Inducing self-administration of voluntary assisted dying substance

- (1) A person must not, dishonestly or by coercion, induce another person to self-administer a voluntary assisted dying substance.
Maximum penalty—7 years imprisonment.
- (2) An offence against subsection (1) is a misdemeanour.

143 Giving board false or misleading information

- (1) A person must not, in relation to the administration of this Act, give the board information the person knows to be false or misleading in a material particular.
Maximum penalty—5 years imprisonment.
- (2) An offence against subsection (1) is a misdemeanour.
- (3) Subsection (1) does not apply to a person if the person, when giving information in a document—
 - (a) tells the board, to the best of the person’s ability, how the document is false or misleading; and
 - (b) if the person has, or can reasonably obtain, the correct information—gives the correct information.

144 Making false or misleading statement

- (1) A person must not make a statement in a form or other document required to be made under this Act that the person knows to be false or misleading in a material particular.
Maximum penalty—5 years imprisonment.
- (2) An offence against subsection (1) is a misdemeanour.

145 Falsifying documents

- (1) A person must not falsify a form or other document required to be made under this Act.

Maximum penalty—5 years imprisonment.

- (2) An offence against subsection (1) is a misdemeanour.

146 Personal information not to be recorded or disclosed

- (1) This section applies to a person who obtains personal information in the course of, or because of, the exercise of a function or power under this Act.
- (2) The person must not—
- (a) make a record of the personal information; or
 - (b) disclose the personal information to a person.

Maximum penalty—100 penalty units.

- (3) However, subsection (2) does not apply if the record is made, or the personal information is disclosed—
- (a) for a purpose under this Act; or
 - (b) with the consent of the person to whom the personal information relates; or
 - (c) in compliance with a lawful process requiring production of documents to, or giving evidence before, a court or tribunal; or
 - (d) as authorised or required by law.

Part 10 Protection from liability

147 Protection for persons assisting access to voluntary assisted dying or present when substance administered

- (1) Criminal liability does not attach to a person only because—
- (a) the person, in good faith, does an act or makes an omission that assists another person who the person believes on reasonable grounds is requesting access to

or accessing voluntary assisted dying in accordance with this Act; or

- (b) the person is present when another person self-administers or is administered a voluntary assisted dying substance under this Act.
- (2) To remove any doubt, it is declared that a person who does an act, or makes an omission, mentioned in subsection (1)(a) or (b) does not commit an offence against the Criminal Code, section 300, 302, 303, 305, 306, 307, 309, 310 or 311.
- (3) If a question arises in a proceeding as to whether subsection (1)(a) prevents liability for an act or omission attaching to a person, the party alleging that subsection (1)(a) does not prevent liability attaching to the person bears the onus of proving the person did not do the act or make the omission in good faith in the circumstances mentioned in subsection (1)(a).

148 Protection for persons acting under Act

- (1) No civil or criminal liability attaches to a person for an act done or omission made in good faith and without negligence in accordance with, or for the purposes of, this Act.
- (2) To remove any doubt, it is declared that a person who does an act, or makes an omission, mentioned in subsection (1) does not commit an offence against the Criminal Code, section 300, 302, 303, 305, 306, 307, 309, 310 or 311.
- (3) If a question arises in a proceeding as to whether subsection (1) prevents liability for an act or omission attaching to a person, the party alleging that subsection (1) does not prevent liability attaching to the person bears the onus of proving the person did not do the act or make the omission in good faith in the circumstances mentioned in subsection (1).

149 Protection for health practitioners and ambulance officers

- (1) This section applies if a protected person, in good faith, does not administer life sustaining treatment to another person in circumstances where—
 - (a) the other person has not requested the administration of life sustaining treatment; and
 - (b) the protected person believes on reasonable grounds that the other person is dying after self-administering or being administered a voluntary assisted dying substance in accordance with this Act.
- (2) No civil or criminal liability attaches to the protected person for not administering the life sustaining treatment.
- (3) To remove any doubt, it is declared that a person who does an act, or makes an omission, mentioned in subsection (1) does not commit an offence against the Criminal Code, section 300, 302, 303, 305, 306, 307, 309, 310 or 311.
- (4) If a question arises in a proceeding as to whether subsection (1) prevents liability for an act or omission attaching to a person, the party alleging that subsection (1) does not prevent liability attaching to the person bears the onus of proving the person did not do the act or make the omission in good faith in the circumstances mentioned in subsection (1).
- (5) In this section—

ambulance officer see the *Ambulance Service Act 1991*, schedule 1.

protected person means—

 - (a) a registered health practitioner; or
 - (b) a student under the Health Practitioner Regulation National Law (Queensland); or
 - (c) an ambulance officer.

150 Nothing affects disciplinary proceedings, complaints or referrals

Nothing in this part prevents—

- (a) the making of a mandatory notification or voluntary notification about a person under the Health Practitioner Regulation National Law (Queensland); or
- (b) the making of a health service complaint about a person under the *Health Ombudsman Act 2013*; or
- (c) the referral of an issue to the health ombudsman under section 117(1)(c)(iv).

Part 11 Miscellaneous

151 Functions and powers of inspectors

- (1) The functions of an inspector under the *Medicines and Poisons Act 2019*, section 130, also include to investigate and enforce compliance with this Act (the ***further function***).
- (2) For the performance of the further function by an inspector—
 - (a) the inspector may exercise the inspector’s powers under the applied provisions of the *Medicines and Poisons Act 2019*; and
 - (b) chapter 5, part 5, divisions 1 and 2 apply in relation to the exercise or purported exercise of a power under paragraph (a); and
 - (c) a reference in the applied provisions of that Act to an offence against that Act is taken to be a reference to an offence against this Act.
- (3) In this section—

applied provisions means the following provisions of the *Medicines and Poisons Act 2019*—

 - (a) section 140(1)(a), (b) and (c) and (3) to (6);

- (b) chapter 5, part 3, division 2;
- (c) chapter 5, part 3, division 4 and part 4.

inspector means a person who holds office under the *Medicines and Poisons Act 2019*, chapter 5, part 2, as an inspector.

152 Compliance with this Act relevant to professional conduct or performance

- (1) In considering a matter under an Act about a relevant person's professional conduct or performance, regard may be had to whether the person contravened a section of this Act.
- (2) The matters to which subsection (1) applies include matters arising in—
 - (a) a notification under the Health Practitioner Regulation National Law (Queensland); or
 - (b) a complaint under the *Health Ombudsman Act 2013*; or
 - (c) a referred matter under the Health Practitioner Regulation National Law (Queensland).
- (3) In this section—

relevant person means—

 - (a) a registered health practitioner; or
 - (b) a health service provider.

153 Protection from liability for members and persons helping board perform functions

- (1) A member of the board or a person engaged to help in the performance of the board's functions is not civilly liable for an act done, or omission made, honestly and without negligence under this Act.

- (2) If subsection (1) prevents a civil liability attaching to a member of the board or other person, the liability attaches instead to the State.
- (3) Subsection (1) does not apply to a member of the board or other person who is a State employee.

Note—

For protection from civil liability in relation to State employees—see the *Public Service Act 2008*, section 26C.

- (4) In this section—

State employee means a person who is a State employee within the meaning of the *Public Service Act 2008*, section 26B(4).

154 Review of Act

- (1) The Minister must review the effectiveness of this Act as soon as practicable after the end of 3 years after the commencement.
- (2) The review must include a review of the eligibility criteria.
- (3) As soon as practicable after finishing the review, the Minister must table a report about its outcome in the Legislative Assembly.

155 Technical error not to invalidate processes

- (1) The validity of the request and assessment process or the administration process is not affected by—
 - (a) any minor or technical error in a form required to be completed under part 3 or 4; or
 - (b) the failure of a person to provide a form within the time required under part 3 or 4; or
 - (c) the failure of a medical practitioner to do an act within the time required under part 3 or 4 for doing the act.
- (2) In this section—

administration process means the process that consists of the following steps—

- (a) an administration decision;
 - (b) an administration or self-administration of a voluntary assisted dying substance.
- (3) This section is in addition to, and does not limit, the *Acts Interpretation Act 1954*, section 48A.

156 Official voluntary assisted dying care navigator service

- (1) The chief executive may approve a service to be an official voluntary assisted dying care navigator service for this Act.
- (2) The purpose of an official voluntary assisted dying care navigator service is to provide support, assistance and information to people relating to voluntary assisted dying.
- (3) The chief executive must publish an approval under subsection (1) on the department's website.

157 Interpreters

- (1) An interpreter for a person requesting access to voluntary assisted dying—
 - (a) must be either—
 - (i) accredited by a body approved by the chief executive; or
 - (ii) have been granted an exemption by the chief executive under subsection (2); and
 - (b) must not—
 - (i) be a family member of the person; or
 - (ii) know or believe that they are a beneficiary under a will of the person or that they may otherwise benefit financially or in any other material way from the death of the person other than by

- receiving reasonable fees for the provision of services as an interpreter; or
- (iii) be an owner of, or be responsible for the management of, any health facility at which the person is being treated or resides; or
 - (iv) be a person who is directly involved in providing a health service or personal care service to the person.
- (2) The chief executive may grant an interpreter an exemption from the accreditation requirement in subsection (1)(a)(i) if satisfied that—
- (a) no accredited interpreter is available in a particular case; and
 - (b) there are exceptional circumstances for granting the exemption.

158 Authorised suppliers

- (1) The chief executive may authorise an appropriately qualified registered health practitioner, or person in a class of registered health practitioners, to supply a voluntary assisted dying substance under this Act.
- (2) The chief executive must, on request, give a person who is acting as a coordinating practitioner the name of 1 or more registered health practitioners or class of registered health practitioners who are authorised under subsection (1).

159 Authorised disposers

- (1) The chief executive may authorise an appropriately qualified registered health practitioner, or person in a class of registered health practitioners, to dispose of a voluntary assisted dying substance under this Act.
- (2) The chief executive must, on request, give a person who is acting as a coordinating practitioner the name of 1 or more

registered health practitioners or class of registered health practitioners who are authorised under subsection (1).

160 Voluntary assisted dying substance

The chief executive may approve an S4 substance or S8 substance, or a combination of those substances, for use under this Act for the purpose of causing a person's death.

161 Approved medical practitioner requirements

- (1) The chief executive must approve medical practitioner requirements for the purposes of section 82(1)(b).
- (2) The chief executive must publish the approved medical practitioner requirements on the department's website.

162 Approved nurse practitioner requirements

- (1) The chief executive must approve nurse practitioner requirements for the purposes of section 83(a)(ii).
- (2) The chief executive must publish the approved nurse practitioner requirements on the department's website.

163 Approved nurse requirements

- (1) The chief executive must approve nurse requirements for the purposes of section 83(a)(iii).
- (2) The chief executive must publish the approved nurse requirements on the department's website.

164 Approved information

- (1) The chief executive must approve information for the purposes of section 16(3).
- (2) The chief executive must publish the approved information on the department's website.

165 Approved training

- (1) The chief executive must approve training for the purposes of sections 20, 31 and 83(b).
- (2) The approved training may provide for the following matters—
 - (a) the operation of this Act in relation to medical practitioners, nurse practitioners and nurses, including the functions of coordinating practitioners, consulting practitioners and administering practitioners;
 - (b) assessing whether or not a person meets the eligibility criteria;
 - (c) identifying and assessing risk factors for abuse or coercion;
 - (d) other matters relating to the operation of this Act.
- (3) The chief executive must publish the approval on the department's website.

166 Approved forms

The chief executive may approve forms for use under this Act.

167 Regulation-making power

- (1) The Governor in Council may make regulations under this Act.
- (2) A regulation may prescribe a matter that must be included in an approved form under this Act.

Schedule 1 Dictionary

section 6

administer, a voluntary assisted dying substance, means to introduce the substance into the body of a person by any means.

administering practitioner, for a person, means—

- (a) the coordinating practitioner for the person; or
- (b) a person to whom the role of administering practitioner is transferred under section 56.

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

annual report see section 134.

approved information means information approved under section 164.

approved medical practitioner requirements means the requirements approved under section 161.

approved nurse practitioner requirements means the requirements approved under section 162.

approved nurse requirements means the requirements approved under section 163.

approved training means the training approved under section 165.

Australian residency exemption see section 12(1)(a).

authorised disposer means a registered health practitioner, or persons in a class of registered health practitioners, authorised by the chief executive under section 159.

authorised supplier means a registered health practitioner, or persons in a class of registered health practitioners, authorised by the chief executive under section 158.

board means the Voluntary Assisted Dying Review Board established under section 116.

coercion includes intimidation or a threat or promise, including by an improper use of a position of trust or influence.

consulting assessment see section 30(2).

consulting assessment record form see section 35(2).

consulting practitioner, for a person, means a medical practitioner who accepts a referral to conduct a consulting assessment of the person.

contact details, in relation to a person, includes the address, telephone number and email address of the person.

contact person, for a person requesting access to voluntary assisted dying, means the person appointed under section 58(1) for the person.

contact person appointment form see section 59(1).

coordinating practitioner, for a person, means a medical practitioner who accepts the person's first request.

deciding practitioner, for part 6, division 2, see section 86.

decision-making capacity, in relation to voluntary assisted dying, see section 11.

disability see the *Disability Services Act 2006*, section 11.

eligibility criteria means the criteria set out in section 10(1).

eligible person, for a reviewable decision, for part 7, see section 100.

eligible witness—

- (a) to witness a second request—means a person eligible under section 38(1) to witness the request; or
- (b) to witness the administration of a voluntary assisted dying substance—means a person eligible under section 54 to witness the administration.

facility, for part 6, division 2, see section 86.

family member, of a person, means—

- (a) the person's spouse; or
- (b) the person's parent, grandparent, sibling, child or grandchild; or
- (c) a person who, under Aboriginal tradition or Torres Strait Island custom, is regarded as a person mentioned in paragraph (b).

final request see section 42(1).

final review means a review conducted under section 46 by the coordinating practitioner for a person.

final review form see section 46(1)(b).

first assessment see section 19(2).

first assessment record form see section 24(2).

first request see section 14(1).

health ombudsman means the health ombudsman under the *Health Ombudsman Act 2013*.

health service see the *Health Ombudsman Act 2013*, section 7.

health service provider see the *Health Ombudsman Act 2013*, section 8.

member means a member of the board.

nurse means a person registered under the Health Practitioner Regulation National Law (Queensland)—

- (a) to practise in the nursing profession, other than as a student; and
- (b) in the registered nurses division of that profession.

nurse practitioner means a person registered under the Health Practitioner Regulation National Law (Queensland) to practise in the nursing profession whose registration under that Law is endorsed as nurse practitioner.

official voluntary assisted dying care navigator service means a service approved under section 156.

palliative care and treatment means care and treatment that—

- (a) is provided to a person who is diagnosed with a disease, illness or medical condition that is progressive and life-limiting; and
- (b) is directed at preventing, identifying, assessing, relieving or treating the person’s pain, discomfort or suffering in order to improve their comfort and quality of life.

permanent resident, for part 6, division 2, see section 86.

personal care service means assistance or support provided by a person to another person under a contract of employment or a contract for services, including—

- (a) assistance with bathing, showering, personal hygiene, toileting, dressing, undressing or meals; and
- (b) assistance for persons with mobility problems; and
- (c) assistance for persons who are mobile but require some form of assistance or supervision; and
- (d) assistance or supervision in administering medicine; and
- (e) the provision of substantial emotional support.

personal information—

- (a) means information or an opinion, including information or an opinion forming part of a database, whether true or not, and whether recorded in a material form or not, about an individual whose identity is apparent, or can reasonably be ascertained, from the information or opinion; but
- (b) does not include information that is publicly available.

Poisons Standard means the current Poisons Standard within the meaning of the *Therapeutic Goods Act 1989* (Cwlth), section 52A(1).

practitioner administration decision see section 50(1)(b).

practitioner administration form see section 55(3).

prepare, a voluntary assisted dying substance, means to do anything necessary to ensure that the substance is in a form suitable for administration and includes to decant, dilute, dissolve, reconstitute, colour or flavour the substance.

prescribe, a voluntary assisted dying substance, means to issue a prescription for the substance.

prescription means a document that—

- (a) is written or electronic; and
- (b) sets out the particulars of a voluntary assisted dying substance that is to be self-administered by, or administered to, the person named in the document; and
- (c) is issued to authorise the substance to be supplied for one of the purposes mentioned in paragraph (b); and
- (d) complies with requirements prescribed by regulation in relation to prescriptions under this Act.

principal registrar has the meaning given in the QCAT Act.

private hospital see the *Private Health Facilities Act 1999*, section 9.

public sector hospital see the *Hospital and Health Boards Act 2011*, schedule 2.

Queensland residency exemption see section 12(1)(b).

registered health practitioner means a person registered under the Health Practitioner Regulation National Law (Queensland) to practise a health profession, other than as a student.

registrar-general means the registrar-general under the *Births, Deaths and Marriages Registration Act 2003*.

relevant entity, for part 6, division 2, see section 86.

relevant service, for part 6, division 2, see section 86.

request and assessment process means the process that consists of the following steps—

- (a) a first request;
- (b) a first assessment;

- (c) a consulting assessment;
- (d) a second request;
- (e) a final request;
- (f) a final review.

residential aged care, for part 6, division 2, see section 86.

residential aged care facility, for part 6, division 2, see section 86.

residential facility, for part 6, division 2, see section 86.

reviewable decision means a decision mentioned in section 99.

S4 substance means a substance listed in the Poisons Standard, schedule 4.

S8 substance means a substance listed in the Poisons Standard, schedule 8.

second request see section 37(2).

self-administration decision see section 50(1)(a).

unused or remaining substance means any of the voluntary assisted dying substance supplied for a person that remains unused or remaining after the person's death.

voluntary assisted dying means the administration of a voluntary assisted dying substance and includes steps reasonably related to that administration.

voluntary assisted dying substance means a substance approved by the chief executive under section 160.