

Inquiry into Elder Abuse in Queensland

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Committee Secretary
The Legislative Assembly Education, Arts
and Communities Committee
Queensland Parliament

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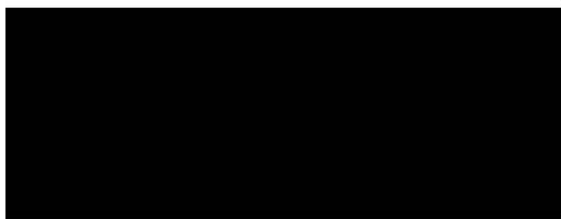
Dear Committee Secretary,

The Australian Christian Lobby (ACL) is grateful for the opportunity to provide this submission to the Inquiry into Elder Abuse in Queensland ('Inquiry').

This submission is approved at ACL's national organisation level.

Thank you for giving our submission your careful consideration.

Yours Faithfully,



Rob Norman
Queensland Director, Australian Christian Lobby

Submission to the Inquiry into Elder Abuse in Queensland

AUSTRALIAN CHRISTIAN LOBBY

About Australian Christian Lobby

The vision of the Australian Christian Lobby (ACL) is to see Christian principles and ethics influencing the way we are governed, do business, and relate to each other as a community. ACL seeks to see a compassionate, just and moral society through having the public contributions of the Christian faith reflected in the political life of the nation.

With around 250,000 supporters, ACL facilitates professional engagement and dialogue between the Christian constituency and government, allowing the Voice of Christians to be heard in the public square. ACL is neither party-partisan nor denominationally aligned. ACL representatives bring a Christian perspective to policy makers in Federal, State and Territory Parliaments.

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The Australian Christian Lobby ('ACL') strongly opposes all forms of elder abuse and commends the Committee for considering this important issue. While all forms of elder abuse are unacceptable and should be mitigated as much as possible in Queensland, our submission particularly focuses on coercive behaviour towards older Australians in the context of Voluntary Assisted Dying ('VAD') laws.

In particular, our submission highlights how coercive behaviour (including psychological and emotional abuse) towards older people regarding VAD may constitute a form of elder abuse. In our view, there is a pressing need for further legislative protections against such elder abuse in the [Voluntary Assisted Dying Act 2021 \(Qld\)](#) ('VAD Act') to protect older Queenslanders who may be vulnerable to this form of abuse.

Reasons for ACL being concerned about elder abuse regarding Voluntary Assisted Dying (VAD) laws:

1. The elderly may be vulnerable to elder abuse in the context of VAD

- As the Committee's Terms of Reference ('TOR') set out,ⁱ elder abuse is "defined as a single or repeated act, or lack of appropriate action, in the context of a relationship of trust, causing harm or distress". The TOR make it clear that elder abuse can include forms of neglect and abuse such as psychological and emotional abuse and can occur in family and kinship relationships.
- In our view, such psychological and emotional abuse may clearly arise in connection with VAD, as older Queenslanders are vulnerable to coercion, manipulation and undue influence (both overt and subtle) pressuring them to consider VAD as an option when they otherwise may not have done so.
- Coercion regarding VAD may constitute elder abuse in various forms, including:
 - Explicit or implicit pressure: Explicit or implicit pressure from family members or caregivers suggesting or implying that an older person is a burden (physically, emotionally, financially, etc.), because the abuser stand to benefit in some way from the person dying.
 - Financially motivated actions: Family members may be motivated by prospects of inheritance or concerns about an elderly person's estate and thereby encourage them to opt for VAD.
 - Isolation and neglect: Adequate emotional support or physical care may be withheld from older individuals by aged care facilities or caregivers, either deliberately or through neglect, so older people feel that VAD is the only dignified option for them or that death may be a relief.
 - Medical and institutional influence: Healthcare workers such as doctors, nurses or palliative care providers may present VAD as a preferable choice without sufficiently exploring palliative care options or alternative supports. They may also influence decisions to undertake VAD due to personal bias or as a result of systemic pressure to efficiently manage healthcare resources.
- Terminally ill older people may be particularly vulnerable to such pressures, given their likely physical frailty and/or cognitive decline, social isolation, and dependence on family or caregivers.

2. The Queensland VAD Act itself recognises the possibility of elder abuse and coercion

- A Queensland VAD Handbook published in October 2022 by Queensland Health directly refers to the possibility of concerns about a person experiencing elder abuse arising in the VAD process.ⁱⁱ

- The VAD Act itself also acknowledges the potential for abuse and coercion generally. For example:
 - s165(2)(c) of the VAD Actⁱⁱⁱ notes that approved training for healthcare workers may provide for matters including (among others) “identifying and assessing risk factors for abuse or coercion”. While abuse is not defined under the VAD Act, coercion “includes intimidation or a threat or promise, including by an improper use of a position of trust or influence”.^{iv}
 - Numerous other sections of the Act also refer broadly to the possibility of coercion and exploitation in the context of VAD processes. For example, s3(c)(ii) includes as a main purpose of the Act to establish safeguards to “protect vulnerable persons from coercion and exploitation”.^v The principles underpinning the Act in s5 also include that a person who is vulnerable should be protected from coercion and exploitation.^{vi} A person is also only eligible for access to VAD if the person is acting without coercion.^{vii} Various other sections of the VAD Act also refer to a person acting voluntarily and without coercion in respect of VAD.^{viii}
 - Part 9 even includes an offence provision in s141 that a person must not, dishonestly or by coercion, induce another person to make a request for access to VAD.^{ix} Another offence provision in s142 also states that a person must not, dishonestly or by coercion, induce another person to self-administer a VAD substance.^x Both offences are misdemeanours and attract a maximum penalty of 7 years’ imprisonment.

As discussed further below, we consider that there is a pressing need for further VAD legislative protections against elder abuse. The fact that the VAD Act so clearly recognises the possibility of coercion, exploitation and abuse occurring in the context of VAD supports our concern that this issue warrants the Committee’s particular attention in terms of the current Inquiry.

3. Statistics regarding elder abuse which highlight the risk factors connected to VAD particularly

- Various statistics regarding elder abuse discuss trends and risk factors. Notably, many of these trends and risk factors are specifically relevant to the context of VAD. In our view, this highlights that the cohort of older people eligible for VAD are also clearly at heightened risk of elder abuse.
- For example, the Australian Institute of Health and Welfare (‘AIHW’) published statistics about older people and family, domestic and sexual violence as recently as 28 February 2025.^{xi} One key finding in the AIHW publication includes that 1 in 6 (15% or 598,000) older people in Australia had experienced elder abuse in the past year. According to the published AIHW statistics:
 - Family members as perpetrators: 1 in 2 perpetrators are a family member. In our view, this may suggest a particular vulnerability of VAD schemes to elder abuse, given that family may have particular personal or financial motivations to coerce other members into considering VAD.
 - Carers as perpetrators: The AIHW statistics did also acknowledge that elder abuse can also occur through paid carer relationships, and in aged care facilities and health care services, both environments which may also be especially relevant to VAD schemes (particularly health care services).
 - Psychological abuse: Psychological abuse is the most common form of elder abuse (12% had experienced this in the past year). In our view, this highlights that older people are particularly vulnerable to the sort of elder abuse which may occur in respect of VAD – i.e. a psychological form of abuse such as coercion which the VAD Act itself acknowledges as a key possibility.
 - Financial and physical abuse: The statistics reveal that 2.1% of older Australians had experienced financial abuse in the past year, and 1.8% physical abuse. These less common acts may also be relevant to VAD, where family members may seek to hasten an older person’s death for financial benefit, or where any involved person may be part of physically forcing a person to ingest a VAD substance.

- Disability and illness: The AIHW discussed that some studies suggest that older people with disability may be at increased risk of elder abuse. For example, one study showed that 21% of older people with disability or long-term health conditions had experienced elder abuse in the past 12 months. In fact, older people with a disability or long-term health conditions experienced higher rates of every type of elder abuse than older people without such disability or conditions. Such reports clearly suggest the particular susceptibility of VAD schemes to instances of elder abuse. With eligibility for VAD being tied to a person being diagnosed with a disease, illness or medical condition that is advanced, progressive and expected to cause death within 12 months,^{xii} the cohort of people eligible for VAD are also the very cohort apparently at increased risk of elder abuse of every type.
- While it is difficult to locate studies which confirm the actual prevalence or rates of elder abuse in connection with VAD schemes in Australia, there is ample reason from the above statistics to conclude that older Australians eligible for VAD schemes are particularly vulnerable to elder abuse.

4. Examples of sources which clearly suggest a link between VAD and elder abuse and advocate for preventative measures

- There are also academic and industry sources which even more directly suggest a link between VAD schemes and elder abuse, and which advocate for preventative measures. For example:
 - A study published in the *Macquarie Law Journal* in 2018 about “the nexus between elder abuse, suicide, and assisted dying”^{xiii} advocated that with the legalisation of VAD, there is “an urgent need to discuss the potential implications of such legislation for elder abuse”. It clearly acknowledged that VAD decisions may be “potentially an extreme form of elder abuse”, and in fact that older people “may be particularly vulnerable to abuse under this legislation” including because of their interpersonal contexts, dependent relationships, health burden and perceived burdensomeness influencing their decision making. It discusses this ‘nexus’ in great detail.
 - The Australian Care Alliance (a group of health professionals, lawyers and community activists who informally worked together to oppose VAD in Victoria^{xiv}) asserts^{xv} a “real and substantive” risk of elder abuse regarding VAD as demonstrated by reported statistics similar to the above.
- In fact, there are also even some sources that point to real cases in which coercion regarding VAD may have occurred. In particular, a study published in the *National Library of Medicine* in 2023,^{xvi} which broadly discussed euthanasia in various jurisdictions, contained a paragraph about the submission of Professor David Kissane, an Australian psychiatrist specialising in psycho-oncology and palliative care, to the *Inquiry into the provisions of the Voluntary Assisted Dying Bill 2021* in New South Wales. According to the study, he shared de-identified stories of patients, including one who “was reported to have been pressurised to” euthanasia by an adult child home on holidays, and a case in which the oncologist referred a patient to a psychiatrist (who diagnosed clinical depression), although the patient’s family “were encouraging the patient to request” euthanasia.
- These sorts of sources also indicate a link between elder abuse and VAD that must be mitigated.

5. Barriers to identifying and addressing VAD coercion

- The 2025 AIHW statistics discussed above^{xvii} suggest that only 1 in 3 people who experience elder abuse in Australia seek help from a third party. They also indicate that prevalence estimates are likely to underestimate the true extent of elder abuse, because victim-survivors can be reluctant to disclose ill-

treatment by a family member or are dependent on the abuser for care. Older people with cognitive impairment or other forms of disability may also be unable to report abuse.

- In our view, this reinforces the need for further elder abuse protections regarding VAD in particular. The cohort of older Australians eligible for VAD may be unlikely to seek help if being coerced.
- In fact, VAD-eligible older Australians may be particularly unlikely to seek help regarding elder abuse compared to other older people, as they may not recognise abuse or are practically unable to seek help due to the advanced nature of their health condition and particular reliance on others.

6. The likely increase of elder abuse and vulnerability to VAD coercion over time in Australia

- The 2025 AIHW statistics discussed above^{xviii} indicate that the number of older people in Australia experiencing elder abuse is likely to increase over time with our ageing population. While 17% of people in Australia were aged 65 and over in 2021, projections indicate that this group will make up around 21% of the population by 2066. Essentially, Australia's ageing population is a relevant factor.
- In our view, this only reinforces the pressing need for further legislative protections against elder abuse in respect of VAD. An aging population will mean more people vulnerable to VAD coercion.

Suggested Solutions:

1. Need for further legislative protections against coercion and elder abuse in the VAD Act

- As noted above, various sections of the VAD Act acknowledge potential for coercion and abuse.
- While this is positive, coercion and abuse may be subtle and not easily recognisable. Any failure to identify elder abuse will also be incapable of being remedied after an older person dies by VAD.
- In light of this and given the specific risk factors and anticipated trends discussed above regarding VAD, there is a pressing need for further legislative protections against elder abuse in the VAD Act.
- In our view, VAD is never appropriate given the compromise it creates in the health profession and the inevitable move to hasten death, rather than ease suffering until natural death, however given that VAD is legal, the Act should be subject to more rigorous safeguards in the following areas.

2. Need to prevent expansion of VAD eligibility requirements and accessibility arrangements that will reduce existing protections against elder abuse

- Recently around Australia pro-VAD advocacy groups have been advocating strongly for changes to VAD arrangements that would further significantly reduce protections against elder abuse. These include changing federal legislation to facilitate VAD by Telehealth consultation, advocating to expand the conditions for which VAD is available beyond palliative conditions with life expectancies of six months or less and non-palliative conditions, and reducing or removing the minimum state residency requirements from twelve months. Given the elder abuse risks that already exist for VAD, it is recommended that VAD eligibility requirements and accessibility not be further expanded.

3. Need for stronger screening mechanisms regarding coercion and abuse

- The VAD Act makes it clear that a person is only eligible for VAD if acting without coercion,^{xix} that if a coordinating and/or consulting practitioner cannot determine whether or not a person is acting without coercion they must refer them to someone who has the skills and training to determine that,^{xx} and that a person must in their second request specify that they made it without coercion.^{xxi} The coordinating

practitioner's final review form must also certify that the person is acting voluntarily,^{xxii} and any administering practitioner^{xxiii} and witness^{xxiv} must also be satisfied of this.

- In our view, the VAD Act should mandate far more rigorous assessments. There are no provisions which clearly require involved parties to independently investigate any coercion or abuse. While there are obviously some safeguards in place, they may not be rigorously enforced, and the current mechanisms may not be sufficient to detect any subtle occurrences before a request is granted.
- For example, provisions regarding eligibility, access to VAD, referral and assessment processes and information giving should be amended so that a person is not eligible for VAD without being given information and counselled about abuse and coercion, and an independent assessment being conducted to investigate risk factors and verify that the person is truly acting voluntarily.
- The offence provisions regarding inducing a person to request VAD by coercion^{xxv} or to self-administer a VAD substance^{xxvi} could potentially also be strengthened to further deter offences.

4. Need for mandatory professional psychological evaluations prior to any VAD request

- In our view, the VAD Act should provide that every person must undergo a professional and comprehensive psychological assessment with an independent professional before making any VAD request, including, to independently screen for coercion or abuse.
- This would also be beneficial for other purposes as well, including with regard to helping to address any mental illness and assist with consideration of and/or additional referral for all healthcare options, including palliative care, family counselling and other professional supports.

5. Need for strengthened definitions regarding coercion and abuse under the VAD Act

- While approved training for certain healthcare workers (discussed further below) may include “identifying and assessing risk factors for abuse or coercion”,^{xxvii} this appears to be the only reference to ‘abuse’ in the entire VAD Act.
- In our view, given the above information about how elder abuse may be connected with VAD, it is imperative that the VAD Act be amended to address the potential for elder abuse specifically, starting with at least defining what is meant by the VAD Act's reference to “abuse”, and ideally also inserting provisions which require action in respect of any suspected cases of elder abuse.
- In addition, coercion under the VAD Act is only simply defined to include “intimidation or a threat or promise, including by an improper use of a position of trust or influence”.^{xxviii} In our view, this definition should also be strengthened to more clearly specify that coercion may include explicit or implicit pressures, motivations or influences such as those we have described above.

6. Need for increased community and healthcare worker education

- Section 165(2)(c) of the VAD Act^{xxix} notes that approved training (which must be taken in respect of coordinating practitioners under s20^{xxx}, consulting practitioners under s31^{xxxi} and administering practitioners under s83^{xxxii}) “may provide for” matters including (among others) “identifying and assessing risk factors for abuse or coercion”. While this is positive, in our view:
 - approved training *must* provide for such matters at a minimum, especially while the VAD Act does not mandate any separate independent screening process for coercion and abuse.
 - given that voluntariness underlies the entire VAD scheme, and that coercion and abuse may be very subtle, increased education should be required for health workers in this regard. For example, the matters which must be covered in approved training could be expanded to specifically include training

on how to investigate indicators of abuse or coercion in the absence of overt risk factors, such as explicit or implicit pressures, motivations or influences.

- Notably, a Queensland VAD Handbook published in October 2022 by Queensland Health directly refers to the possibility of concerns about a person experiencing elder abuse arising in the VAD process^{xxxiii} in a section that addresses voluntariness and coercion broadly.^{xxxiv} While this is positive, the Handbook itself states that the information within it is only “intended as a guide to good clinical practice”,^{xxxv} so it does not negate the rationale for making amendments to the VAD Act which more clearly actually *require* better training and practices in this regard. The Handbook also only contains one isolated reference to ‘elder abuse’ specifically, among other general references to abuse, so it could also include more information about this term specifically. The information it does provide about elder abuse specifically also only states that a practitioner should ensure “immediate safety; risk assessment; safety planning and management; and referral to an expert within the clinical context or a specialist service”.^{xxxvi} This could also be improved by better detailing relevant bodies and processes. The Inquiry could recommend updates in this regard.
- In our view, the Inquiry should also consider recommending that the Government undertake specific community education with regard to elder abuse in the context of VAD specifically, to improve community awareness of this sub-issue including for older people who may be at risk.

7. Need for funding for further studies regarding the prevalence of elder abuse regarding VAD

- As noted above, there appears to be somewhat of a gap regarding research studies which specifically explore the actual prevalence and rates of elder abuse in connection with VAD.
- In our view, the Inquiry should recommend that the Government specifically dedicate funding for such a study (potentially reported in connection with AIHW statistics regarding elder abuse).

8. Need for increased monitoring and reporting regarding coercion and abuse

- The Queensland Voluntary Assisted Dying Review Board publishes annual reports on a Queensland Government website.^{xxxvii}
- While this is positive, the two currently published reports regarding 2022-2023^{xxxviii} and 2023-2024^{xxxix} contain virtually no information regarding abuse or coercion. For example, the 2022-2023 Annual Report only broadly summarises that the VAD Act includes safeguards against coercion and abuse and states the eligibility criteria in this regard,^{xl} similar to the 2023-2024 Annual Report.^{xli}
- In our view, it should be mandatory for all VAD cases to undergo an independent review in this regard and for these reports to include systematic reporting regarding potential coercion or abuse.

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- ⁱ The Committee's Terms of Reference are published here: <https://www.parliament.qld.gov.au/Work-of-Committees/Committees/Committee-Details?cid=0&id=4455>.
- ⁱⁱ See Version 2.0 of the Queensland Voluntary Assisted Dying Handbook published in October 2022, particularly page 95: https://www.health.qld.gov.au/_data/assets/pdf_file/0027/1166184/qvad-handbook.pdf. See also Queensland Health website: <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/voluntary-assisted-dying/information-for-healthcare-workers/handbook>.
- ⁱⁱⁱ See section 165 of the VAD Act <https://www.legislation.qld.gov.au/view/whole/pdf/inforce/2024-06-24/act-2021-017>.
- ^{iv} See the Dictionary in Schedule 1 of the VAD Act: <https://www.legislation.qld.gov.au/view/whole/pdf/inforce/2024-06-24/act-2021-017>.
- ^v See section 3 of the VAD Act <https://www.legislation.qld.gov.au/view/whole/pdf/inforce/2024-06-24/act-2021-017>.
- ^{vi} See section 5(g) of the VAD Act <https://www.legislation.qld.gov.au/view/whole/pdf/inforce/2024-06-24/act-2021-017>.
- ^{vii} See section 10(1)(c) of the VAD Act: <https://www.legislation.qld.gov.au/view/whole/pdf/inforce/2024-06-24/act-2021-017>.
- ^{viii} See, for example, sections 21, 32, 37, 46, 53, 54, 55, 99, 105 and 115(1) of the VAD Act: <https://www.legislation.qld.gov.au/view/whole/pdf/inforce/2024-06-24/act-2021-017>.
- ^{ix} See section 141 of the VAD Act: <https://www.legislation.qld.gov.au/view/whole/pdf/inforce/2024-06-24/act-2021-017>.
- ^x See section 142 of the VAD Act <https://www.legislation.qld.gov.au/view/whole/pdf/inforce/2024-06-24/act-2021-017>.
- ^{xi} See this publication by the Australian Institute of Health and Welfare on 28 February 2025: <https://www.aihw.gov.au/family-domestic-and-sexual-violence/population-groups/older-people>.
- ^{xii} See section 10 of the VAD Act: <https://www.legislation.qld.gov.au/view/whole/pdf/inforce/2024-06-24/act-2021-017>.
- ^{xiii} See a copy of Macquarie Law Journal study on the AustLii website here: <https://www.austlii.edu.au/cgi-bin/viewdoc/au/journals/MqLawJl/2018/6.html>. See also a copy apparently also published on the NSW Parliament website: <https://www.parliament.nsw.gov.au/lcdocs/other/16516/The%20Nexus%20Between%20Elder%20Abuse%20tendered%20by%20Professor%20Carmelle%20Peisah.pdf>.
- ^{xiv} See this page about the Australian Care Alliance: <https://www.australiancarealliance.org.au/about>.
- ^{xv} See Australian Care Alliance website regarding 'New Report on Elder Abuse in Australia: Implications for Legalising Euthanasia': https://www.australiancarealliance.org.au/new_report_on_elder_abuse_in_australia_implications_for_legalising_euthanasia.
- ^{xvi} See a copy of the study on the National Library of Medicine website here: <https://pmc.ncbi.nlm.nih.gov/articles/PMC10808165/>.
- ^{xvii} See this publication by the Australian Institute of Health and Welfare on 28 February 2025: <https://www.aihw.gov.au/family-domestic-and-sexual-violence/population-groups/older-people>.
- ^{xviii} See this publication by the Australian Institute of Health and Welfare on 28 February 2025: <https://www.aihw.gov.au/family-domestic-and-sexual-violence/population-groups/older-people>.
- ^{xix} See section 10(1)(c) of the VAD Act: <https://www.legislation.qld.gov.au/view/whole/pdf/inforce/2024-06-24/act-2021-017>.
- ^{xx} See sections 21(3) and 32(3) of the VAD Act: <https://www.legislation.qld.gov.au/view/whole/pdf/inforce/2024-06-24/act-2021-017>.
- ^{xxi} See section 37(4) of the VAD Act: <https://www.legislation.qld.gov.au/view/whole/pdf/inforce/2024-06-24/act-2021-017>.
- ^{xxii} See section 46 of the VAD Act: <https://www.legislation.qld.gov.au/view/whole/pdf/inforce/2024-06-24/act-2021-017>.
- ^{xxiii} See section 53(6) and section 55 of the VAD Act: <https://www.legislation.qld.gov.au/view/whole/pdf/inforce/2024-06-24/act-2021-017>.
- ^{xxiv} See section 54 of the VAD Act: <https://www.legislation.qld.gov.au/view/whole/pdf/inforce/2024-06-24/act-2021-017>.
- ^{xxv} See section 141 of the VAD Act: <https://www.legislation.qld.gov.au/view/whole/pdf/inforce/2024-06-24/act-2021-017>.
- ^{xxvi} See section 142 of the VAD Act: <https://www.legislation.qld.gov.au/view/whole/pdf/inforce/2024-06-24/act-2021-017>.
- ^{xxvii} See section 165 of the VAD Act: <https://www.legislation.qld.gov.au/view/whole/pdf/inforce/2024-06-24/act-2021-017>.
- ^{xxviii} See the Dictionary in Schedule 1 of the VAD Act: <https://www.legislation.qld.gov.au/view/whole/pdf/inforce/2024-06-24/act-2021-017>.
- ^{xxix} See section 165 of the VAD Act: <https://www.legislation.qld.gov.au/view/whole/pdf/inforce/2024-06-24/act-2021-017>.

^{xxx} See section 20 of the VAD Act: <https://www.legislation.qld.gov.au/view/whole/pdf/inforce/2024-06-24/act-2021-017>.

^{xxxi} See section 31 of the VAD Act: <https://www.legislation.qld.gov.au/view/whole/pdf/inforce/2024-06-24/act-2021-017>.

^{xxxii} See section 83 of the VAD Act: <https://www.legislation.qld.gov.au/view/whole/pdf/inforce/2024-06-24/act-2021-017>.

^{xxxiii} See Version 2.0 of the Queensland Voluntary Assisted Dying Handbook published in October 2022, particularly page 95: https://www.health.qld.gov.au/_data/assets/pdf_file/0027/1166184/qvad-handbook.pdf. See also Queensland Health website: <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/voluntary-assisted-dying/information-for-healthcare-workers/handbook>.

^{xxxiv} See pages 92 to 95 of the Queensland VAD Handbook.

^{xxxv} See page 2 of the Queensland VAD Handbook.

^{xxxvi} See Version 2.0 of the Queensland Voluntary Assisted Dying Handbook published in October 2022, particularly page 95: https://www.health.qld.gov.au/_data/assets/pdf_file/0027/1166184/qvad-handbook.pdf. See also Queensland Health website: <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/voluntary-assisted-dying/information-for-healthcare-workers/handbook>.

^{xxxvii} See this Queensland Health website: <https://www.health.qld.gov.au/research-reports/reports/departmental/voluntary-assisted-dying-review-board-annual-report>.

^{xxxviii} See this website: <https://www.health.qld.gov.au/research-reports/reports/departmental/voluntary-assisted-dying-review-board-annual-report/2022-2023> and this 2022-2023 Annual Report: https://www.health.qld.gov.au/_data/assets/pdf_file/0024/1261185/vad-annual-report-2022-23.pdf.

^{xxxix} See this website: <https://www.health.qld.gov.au/research-reports/reports/departmental/voluntary-assisted-dying-review-board-annual-report/2023-2024> and this 2023-2024 Annual Report: https://www.health.qld.gov.au/_data/assets/pdf_file/0019/1362124/vad-annual-report-2023-24.pdf.

^{xl} See pages 8 and 11 of the 2022-2023 Annual Report.

^{xli} See page 31 of the 2023-2024 Annual Report.