

Voluntary Assisted Dying Bill 2021



Queensland

Voluntary Assisted Dying Bill 2021

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A Bill

for

An Act about access to voluntary assisted dying and related matters, and to amend this Act, the *Coroners Act 2003*, the *Guardianship and Administration Act 2000*, the *Medicines and Poisons Act 2019* and the *Powers of Attorney Act 1998* for particular purposes

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I	Sho	This 2021	Act	may be cited as the Voluntary Assisted Dying Act	4 5 6
2	Cor	nmer	ncem	nent	7
	(1)	Part asser		d section 153 commence 6 months after the date of	8 9
	(2)	The 1 2023		ning provisions of this Act commence on 1 January	10 11
3	Mai	n pui	rpose	es of Act	12
		The	main	purposes of this Act are—	13
		(a)	meet	ive persons who are suffering and dying, and who t eligibility criteria, the option of requesting medical stance to end their lives; and	14 15 16
		(b)		establish a lawful process for eligible persons to cise that option; and	17 18
		(c)	to es	stablish safeguards to—	19
			(i)	ensure voluntary assisted dying is accessed only by persons who have been assessed to be eligible; and	20 21
			(ii)	protect vulnerable persons from coercion and exploitation; and	22 23

(d) (e)	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 to establish a Voluntary Assisted Dying Review Board	1 2 3 4 5
• •	and other mechanisms to ensure compliance with this Act.	6 7
4 Act bine	ds all persons	8
This	s Act binds all persons, including the State.	9
Division 2	Principles of voluntary assisted dying	10 11
5 Principl	es	12
The	principles that underpin this Act are—	13
(a)	human life is of fundamental importance; and	14
(b)	every person has inherent dignity and should be treated equally and with compassion and respect; and	15 16
(c)	a person's autonomy, including autonomy in relation to end of life choices, should be respected; and	17 18
(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	19 20 21 22
(e)	access to voluntary assisted dying and other end of life choices should be available regardless of where a person lives in Queensland; and	23 24 25
(f)	a person should be supported in making informed decisions about end of life choices; and	26 27
(g)	a person who is vulnerable should be protected from coercion and exploitation; and	28 29

		(h)	a person's freedom of thought, conscience, religion and belief and enjoyment of their culture should be respected.	1 2 3
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6	Det	finitio		5
		The this	dictionary in schedule 1 defines particular words used in Act.	6 7
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7			eare worker not to initiate discussion about ry assisted dying	9 10
	(1)		ealth care worker must not, in the course of providing a th service or personal care service to a person—	11 12
		(a)	initiate discussion with the person that is in substance about voluntary assisted dying; or	13 14
		(b)	in substance, suggest voluntary assisted dying to the person.	15 16
	(2)	nurs (1)(a	vever, despite subsection (1), a medical practitioner or e practitioner may do a thing mentioned in subsection a) or (b) if, at the same time, the practitioner also informs person about—	17 18 19 20
		(a)	the treatment options available to the person and the likely outcomes of that treatment; and	21 22
		(b)	the palliative care and treatment options available to the person and the likely outcomes of that care and treatment.	23 24 25
	(3)	prov	ning in subsection (1) prevents a health care worker from riding information about voluntary assisted dying to a on at the person's request.	26 27 28

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	(4)	In this section—	1
		health care worker means—	2
		(a) a registered health practitioner; or	3
		(b) another person who provides a health service or personal care service.	4 5
8	Vo	luntary assisted dying not suicide	6
		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—	7 8 9 10 11 12
		(a) does not die by suicide; and	13
		(b) is taken to have died from the disease, illness or medical condition mentioned in section 10(1)(a) from which the person suffered.	14 15 16
Part	2	Requirements for access to voluntary assisted dying	17 18
9	Wh	nen person may access voluntary assisted dying	19
		A person may access voluntary assisted dying if—	20
		(a) the person has made a first request; and	21
		(b) the coordinating practitioner for the person has assessed the person as meeting the requirements of a first assessment of the person; and	22 23 24
		(c) the consulting practitioner for the person has assessed the person as meeting the requirements of a consulting assessment of the person; and	25 26 27
		(d) the person has made a second request; and	28

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		(e)	the person has made a final request; and	1
		(f)	the coordinating practitioner for the person has certified in a final review form that—	2 3
			(i) the request and assessment process has been completed in accordance with this Act; and	4 5
			(ii) the practitioner is satisfied of each of the matters mentioned in section 46(3)(b); and	6 7
		(g)	the person has made an administration decision; and	8
		(h)	the person has appointed a contact person.	9
10	Elic	gibilit	tv	10
	(1)	_	erson is eligible for access to voluntary assisted dying if—	11
		(a)	the person has been diagnosed with a disease, illness or medical condition that—	12 13
			(i) is advanced, progressive and will cause death; and	14
			(ii) is expected to cause death within 12 months; and	15
			(iii) is causing suffering that the person considers to be intolerable; and	16 17
		(b)	the person has decision-making capacity in relation to voluntary assisted dying; and	18 19
		(c)	the person is acting voluntarily and without coercion; and	20 21
		(d)	the person is at least 18 years of age; and	22
		(e)	the person—	23
			(i) is an Australian citizen; or	24
			(ii) is a permanent resident of Australia; or	25
			(iii) has been ordinarily resident in Australia for at least 3 years immediately before the person makes the first request; or	26 27 28

		(iv) has been granted an Australian residency exemption by the chief executive under section 12; and	1 2 3
	(f)	the person—	4
		(i) has been ordinarily resident in Queensland for at least 12 months immediately before the person makes the first request; or	5 6 7
		(ii) has been granted a Queensland residency exemption by the chief executive under section 12.	8 9
(2)	In th	is section—	10
	pern	nanent resident means—	11
	(a)	the holder of a permanent visa as defined by the <i>Migration Act 1958</i> (Cwlth), section 30(1); or	12 13
	(b)	a New Zealand citizen who is the holder of a special category visa as defined by the <i>Migration Act 1958</i> (Cwlth), section 32.	14 15 16
		ering, caused by a disease, illness or medical condition, indes—	17 18
	(a)	physical or mental suffering; and	19
	(b)	suffering caused by treatment provided for the disease, illness or medical condition.	20 21
Dec	cisior	n-making capacity	22
(1)		person has <i>decision-making capacity</i> in relation to ntary assisted dying if the person is capable of—	23 24
	(a)	understanding the nature and effect of decisions about access to voluntary assisted dying; and	25 26
	(b)	freely and voluntarily making decisions about access to voluntary assisted dying; and	27 28
	(c)	communicating decisions about access to voluntary assisted dying in some way.	29 30

(2)	relat	ion to voluntary assisted dying unless there is evidence to	1 2 3
(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)		7 8
	(b)	· · · · · · · · · · · · · · · · · · ·	9 10
	(c)	it should not be presumed that a person does not have decision-making capacity—	11 12
		(i) because of a personal characteristic such as, for example, age, appearance or language skills; or	13 14
		(ii) because the person has a disability or an illness; or	15
		(iii) because the person makes a decision with which other people may not agree;	16 17
	(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.	18 19 20
		Examples of support—	21
		• giving a person information that is tailored to their needs	22
			23 24
			25 26
			27 28
			29 30
Res	siden	cy exemptions	31
(1)	A pe		32

	(a)	an exemption from the requirements in section $10(1)(e)(i)$, (ii) and (iii) (an Australian residency exemption); or	1 2 3
	(b)	an exemption from the requirement in section $10(1)(f)(i)$ (a <i>Queensland residency exemption</i>).	4 5
(2)	The that-	chief executive must grant the exemption if satisfied	6 7
	(a)	the person has a substantial connection to Queensland; and	8 9
		Examples—	10
		 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 	11 12 13
		 a person who resides outside Queensland but who is a former resident of Queensland and whose family resides in Queensland 	14 15 16
	(b)	there are compassionate grounds for granting the exemption.	17 18
Dis	abilit	ty or mental illness	19
(1)		remove any doubt, it is declared that a person with a bility or mental illness—	20 21
	(a)	may be eligible under section 10(1)(a); but	22
	(b)	is not eligible under section 10(1)(a) only because the person has the disability or mental illness.	23 24
(2)	In th	is section—	25
	eligi	ble means eligible for access to voluntary assisted dying.	26
	Ū	tal illness see the Mental Health Act 2016 section 10	27

Part 3		Requesting access to voluntary assisted dying and assessment of eligibility	1 2 3
Divi	sion	1 First request	4
14	Pei	rson may make first request to medical practitioner	5
	(1)	A person may make a request under this section (a <i>first request</i>) to a medical practitioner for access to voluntary assisted dying.	6 7 8
	(2)	The request must be—	9
		(a) clear and unambiguous; and	10
		(b) made by the person personally and not by another person on their behalf.	11 12
	(3)	The person may make the request verbally or by gestures or other means of communication available to the person.	13 14
15	No	obligation to continue after making first request	15
	(1)	The person may decide at any time not to continue the request and assessment process.	16 17
	(2)	The request and assessment process ends if the person decides not to continue the process.	18 19
	(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.	20 21 22
16	Ме	dical practitioner to accept or refuse first request	23
	(1)	The medical practitioner must refuse the first request if the practitioner is not eligible to act as a coordinating practitioner.	24 25
	(2)	The medical practitioner may refuse the first request if the practitioner—	26 27

	(a) has a conscientious objection to voluntary assisted dying or is otherwise unwilling to perform the duties of a coordinating practitioner; or			1 2 3
	(b)		available or otherwise unable to perform the duties coordinating practitioner.	4 5
(3)	pract	the medical practitioner accepts the first request, the extitioner must, at the time of informing the person of the extitioner's decision, give the person the approved rmation.		
(4) If the medical practitioner refuses the first request, t practitioner must, at the time of informing the person of the decision—		er must, at the time of informing the person of their	10 11 12	
	(a)		m the person that other registered health citioners, health service providers or services may ble to assist the person with the person's request;	13 14 15 16
	(b)	give	the person—	17
		(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	18 19 20 21
		(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.	22 23 24 25 26 27
(5)			al practitioner must, within the times mentioned in (6)—	28 29
	(a)	decid	le whether to accept or refuse the first request; and	30
	(b)		m the person of the decision and, for a decision to be the request, the reason for the decision.	31 32
(6)	For s	subsec	etion (5) the following times apply—	33

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	(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		cal practitioner to record first request and ptance or refusal	(
		The medical practitioner must record in the person's medical ecord—	
	(a) the first request; and	-
	(b) the practitioner's decision to accept or refuse the first request; and	1 1
	(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	1
	(d) if the practitioner's decision is to accept the first request—the day on which the person is given the approved information.	1 1 1
18		cal practitioner becomes coordinating practitioner if request accepted]
	p	f the medical practitioner accepts the first request, the practitioner becomes the coordinating practitioner for the person.	7
Divi	sion 2	First assessment	2
19	First	assessment	2
	V	The coordinating practitioner for a person must assess whether or not the person is eligible for access to voluntary assisted dying.	2
	(2) A	An assessment under subsection (1) is a <i>first assessment</i> .	2

	(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.	1 2 3
20		ordinating practitioner to have completed approved ining	4 5
		The coordinating practitioner must not begin the first assessment unless the practitioner has completed the approved training.	6 7 8
21	Re	ferral for determination	9
	(1)	Subsection (2) applies if the coordinating practitioner is unable to determine whether or not—	10 11
		(a) the person has a disease, illness or medical condition that meets the requirements of section 10(1)(a); or	12 13
		(b) the person has decision-making capacity in relation to voluntary assisted dying.	14 15
	(2)	The coordinating practitioner must refer the person to a registered health practitioner who has appropriate skills and training to determine the matter.	16 17 18
	(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.	19 20 21 22 23
	(4)	If the coordinating practitioner makes a referral to a registered health practitioner or other person under subsection (2) or (3) (the <i>referee</i>), the coordinating practitioner may adopt the determination of the referee in relation to the matter in respect of which the referral was made.	24 25 26 27 28
	(5)	The referee must not be—	29
		(a) a family member of the person requesting access to voluntary assisted dying; or	30 31
		(b) someone who knows or believes that they—	32

			•	1 2
			material way from the death of the person requesting access to voluntary assisted dying, other than by receiving reasonable fees for the provision	3 4 5 6 7
22	Info	ormat	tion to be provided if person assessed as eligible	8
	(1)	eligi coor		9 10 11 12
		(a)	the person's diagnosis and prognosis;	13
		(b)	the treatment options available to the person and the likely outcomes of that treatment;	14 15
		(c)	the palliative care and treatment options available to the person and the likely outcomes of that care and treatment;	16 17 18
		(d)	administered a voluntary assisted dying substance likely to be prescribed under this Act for the purposes of	19 20 21 22
		(e)	administered a substance mentioned in paragraph (d) is	23 24 25
		(f)	paragraph (d) is likely to be self-administered or	26 27 28
		(g)	requirement for a second request to be signed in the	29 30 31
		(h)	•	32 33

		(i) that the person may decide at any time not to continue the request and assessment process or not to access voluntary assisted dying;	1 2 3
		(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.	4 5 6 7
	(2)	Nothing in this section affects any duty a medical practitioner has at common law or under another Act.	8 9
23	Ou	tcome of first assessment	10
	(1)	If the coordinating practitioner is satisfied that the person—	11
		(a) is eligible for access to voluntary assisted dying; and	12
		(b) understands the information given under section 22(1);	13
		the coordinating practitioner must assess the person as meeting the requirements of the first assessment.	14 15
	(2)	If the coordinating practitioner is not satisfied as to any matter in subsection (1)—	16 17
		(a) the practitioner must assess the person as not meeting the requirements of a first assessment; and	18 19
		(b) the request and assessment process ends.	20
24	Re	cording of outcome of first assessment	21
	(1)	The coordinating practitioner must inform the person of the outcome of the first assessment as soon as practicable after its completion.	22 23 24
	(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 <i>first assessment record form</i>) and give a copy of it to the board.	25 26 27 28
		Maximum penalty—100 penalty units.	29
	(3)	The first assessment record form—	30

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		(a) must include the outcome of the first assessment, including the coordinating practitioner's decision in respect of each of the eligibility criteria; and	1 2 3
		(b) may be accompanied by documents supporting the coordinating practitioner's decision in respect of the eligibility criteria.	4 5 6
	(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.	7 8 9
25		ferral for consulting assessment if person assessed as gible	10 11
		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.	12 13 14 15
Div	ision	3 Consulting assessment	16
26		dical practitioner to accept or refuse referral for nsulting assessment	17 18
	(1)	This section applies if a person is referred to a medical practitioner for a consulting assessment under section 25, 36 or 47.	19 20 21
	(2)		
		The medical practitioner must refuse the referral if the practitioner is not eligible to act as a consulting practitioner.	22 23
	(3)	<u> </u>	
	(3)	practitioner is not eligible to act as a consulting practitioner. The medical practitioner may refuse the referral if the	23 24

(4)		medical practitioner must, within the times mentioned in ection (5)—	1 2
	(a)	decide whether to accept or refuse the referral; and	3
	(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.	4 5 6
(5)	For	subsection (4) the following times apply—	7
	(a)	if the medical practitioner has a conscientious objection to voluntary assisted dying—immediately after the referral is made;	8 9 10
	(b)	in any other case—within 2 business days after the referral is made.	11 12
	usal	practitioner to record referral and acceptance or	13 14
	The info	medical practitioner must record the following rmation in the person's medical record—	15 16
		r	10
	(a)	the referral;	17
	(a) (b)	•	
	` /	the referral; the practitioner's decision to accept or refuse the	17 18
Me	(b) (c)	the referral; the practitioner's decision to accept or refuse the referral; if the practitioner's decision is to refuse the referral, the	17 18 19 20
Me	(b) (c) dical With refer the a	the referral; the practitioner's decision to accept or refuse the referral; if the practitioner's decision is to refuse the referral, the reason for the refusal.	17 18 19 20 21

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.	3 4			
30	Co	nsulting assessment	5			
	(1)	The consulting practitioner must assess whether or not the person is eligible for access to voluntary assisted dying.	6 7			
	(2)	An assessment under subsection (1) is a <i>consulting</i> assessment.	8 9			
	(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.	10 11 12 13			
	(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.	14 15 16			
31		nsulting practitioner to have completed approved ining	17 18			
		The consulting practitioner must not begin the consulting assessment unless the practitioner has completed the approved training.	19 20 21			
32	Re	ferral for determination	22			
	(1)	Subsection (2) applies if the consulting practitioner is unable to determine whether or not—	23 24			
		(a) the person has a disease, illness or medical condition that meets the requirements of section 10(1)(a); or	25 26			
		(b) the person has decision-making capacity in relation to	27 28			

(2)	registered health practitioner who has appropriate skills and training to determine the matter.	2 3					
(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 <i>referee</i>), the consulting practitioner may adopt the determination of the referee in relation to the matter in respect of which the referral was made.	9 10 11 12 13					
(5)	The referee must not be—	14					
	(a) a family member of the person requesting access to voluntary assisted dying; or	15 16					
	(b) someone who knows or believes that they—	17					
	(i) are a beneficiary under a will of the person requesting access to voluntary assisted dying; or	18 19					
	(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.	20 21 22 23 24					
Info	ormation to be provided if person assessed as eligible	25					
(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).	26 27 28 29					
(2)	Nothing in this section affects any duty a medical practitioner has at common law or under another Act.	30 31					

34	Ou	tcome of consulting assessment	1
	(1)	If the consulting practitioner is satisfied that the person—	2
		(a) is eligible for access to voluntary assisted dying; and	3
		(b) understands the information given under section 33(1);	4
		the consulting practitioner must assess the person as meeting the requirements of the consulting assessment.	5 6
	(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.	7 8 9
35	Re	cording of outcome of consulting assessment	10
	(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.	11 12 13 14
	(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 <i>consulting assessment record form</i>) and give a copy of it to the board.	15 16 17 18
		Maximum penalty—100 penalty units.	19
	(3)	The consulting assessment record form—	20
		(a) must include the outcome of the consulting assessment, including the consulting practitioner's decision in respect of each of the eligibility criteria; and	21 22 23
		(b) may be accompanied by documents supporting the consulting practitioner's decision in respect of the eligibility criteria.	24 25 26
	(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.	27 28 29 30

36	Referral for further consulting assessment if person assessed as ineligible					
		meet coord to a	the consulting practitioner assesses the person as not ting the requirements of a consulting assessment, the rdinating practitioner for the person may refer the person another medical practitioner for a further consulting ssment.	3 4 5 6 7		
Divi	sion	4	Second request	8		
37	Pe	rson a	assessed as eligible may make second request	9		
	(1)	has asses	s section applies if a person has made a first request and been assessed as meeting the requirements of a first ssment under division 2 and a consulting assessment er division 3.	10 11 12 13		
	(2)		The person may make another request in writing (the secone equest) for access to voluntary assisted dying.			
	(3)		second request must be in the approved form and given to coordinating practitioner for the person.	16 17		
	(4)	The	second request must—	18		
		(a)	specify that the person—	19		
			(i) makes it voluntarily and without coercion; and	20		
			(ii) understands its nature and effect; and	21		
		(b)	be signed by the person, or a person mentioned in subsection (5), in the presence of 2 eligible witnesses.	22 23		
	(5)	-	erson may sign the second request on behalf of the person ing the request if—	24 25		
		(a)	the person making the request is unable to sign the request; and	26 27		
		(b)	the person making the request directs the person to sign the request; and	28 29		
		(c)	the person signing the request—	30		

			(i)	is at least 18 years of age; and	1
			(ii)	is not a witness to the signing of the request; and	2
			(iii)	is not the coordinating practitioner or consulting practitioner for the person making the request.	3 4
	(6)	mak	ing th	who signs the second request on behalf of the person are request must do so in the presence of the person are request.	5 6 7
	(7)	an in the	nterpr interp	son makes the second request with the assistance of eter, the interpreter must certify on the request that reter provided a true and correct translation of any ranslated.	8 9 10 11
38	Elig	gibilit	ty to	witness the signing of second request	12
	(1)	_		is eligible to witness the signing of the second the person—	13 14
		(a)	is at	least 18 years of age; and	15
		(b)	is no	ot an ineligible witness.	16
	(2)	_		is ineligible to witness the signing of the second the person—	17 18
		(a)	knov	ws or believes that the person—	19
			(i)	is a beneficiary under a will of the person making the request; or	20 21
			(ii)	may otherwise benefit financially or in any other material way from the death of the person making the request; or	22 23 24
		(b)	any	n owner, or is responsible for the management, of health facility at which the person making the test is being treated or resides; or	25 26 27
		(c)	is prac	the coordinating practitioner or consulting entitioner for the person making the request.	28 29

39	Certification of witness to signing of second request					
	(1)	Each witness to the signing of the second request must—			2	
		(a)	cert	certify in writing in the request that—		
			(i)	in the presence of the witness, the person signed the request; and	4 5	
			(ii)	the person appeared to sign freely and voluntarily; and	6 7	
		(b)		e in the request that the witness is not knowingly igible to witness the signing of the second request.	8 9	
	(2)	A witness who witnesses the signing of a second request by another person on behalf of the person making the request must—			10 11 12	
		(a)	cert	ify in writing in the request that—	13	
			(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	14 15 16	
			(ii)	the other person signed the request in the presence of the person making the request and the witness; and	17 18 19	
		(b)		e in the request that the witness is not knowingly igible to witness the signing of the second request.	20 21	
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—			23 24 25	
		(a)	the	date when the second request was made;	26	
		(b)		date when the second request was received by the rdinating practitioner.	27 28	

41	Coordinating practitioner to notify board of second request					
		by a	hin 2 business days after receiving a second request made a person, the coordinating practitioner for the person must a copy of it to the board.	3 4 5		
		Max	Maximum penalty—100 penalty units.			
Divi	sion	5	Final request and final review	7		
42	Person may make final request to coordinating practitioner					
	(1)	requ	erson who has made a second request may make a further lest to the person's coordinating practitioner for access to intary assisted dying (a <i>final request</i>).	10 11 12		
	(2)	The	final request must be—	13		
		(a)	clear and unambiguous; and	14		
		(b)	made by the person and not by another person on their behalf.	15 16		
	(3)		person may make the final request verbally or by gestures ther means of communication available to the person.	17 18		
43	Wh	en fi	nal request may be made	19		
	(1)	The	final request may not be made—	20		
		(a)	before the end of the designated period, except as provided in subsection (2); and	21 22		
		(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.	23 24 25 26		
	(2)		final request may be made before the end of the gnated period if—	27 28		

		()		
		(a)	in the opinion of the coordinating practitioner, the	1
			person is likely to die, or to lose decision-making capacity in relation to voluntary assisted dying, before	2 3
			the end of the designated period; and	4
		(b)	the opinion of the coordinating practitioner is consistent	5
			with the opinion of the consulting practitioner for the person as expressed in the consulting assessment.	6 7
	(3)	In th	nis section—	8
		-	gnated period means the period of 9 days from and uding the day on which the person made the first request.	9 10
44	Co	ordin	nating practitioner to record final request	11
	(1)	The	coordinating practitioner must record the following	12
		info	rmation in the person's medical record—	13
		(a)	the date when the final request was made;	14
		(b)	if the final request was made before the end of the	15
			designated period, the reason for it being made before the end of that period.	16 17
	(2)	In th	nis section—	18
		desi	gnated period see section 43(3).	19
45	Со	ordin	nating practitioner to notify board of final request	20
		Witl	hin 2 business days after receiving a final request made by	21
		the 1	person, the coordinating practitioner for the person must	22
			plete a record of receiving the final request in the	23
			roved form and give a copy of it to the board.	24
		Max	kimum penalty—100 penalty units.	25
46			view by coordinating practitioner on receiving	26
			quest	27
	(1)	On mus	receiving the final request the coordinating practitioner t—	28 29

	(a)	review the following matters in relation to the person—			
		(i)	the first assessment record form;	2	
		(ii)	the consulting assessment record form;	3	
		(iii)	the second request; and	4	
	(b)	complete the approved form (the <i>final review form</i>) 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			
	, ,		e coordinating practitioner is satisfied of each of the llowing—		
		(i)	the person has decision-making capacity in relation to voluntary assisted dying;	18 19	
		(ii)	the person, in requesting access to voluntary assisted dying, is acting voluntarily and without coercion.	20 21 22	
(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.				

Divi	sion	6	Other provisions	1
47	Tra	ınsfe	r of coordinating practitioner's role	2
	(1)	volu tran	coordinating practitioner for a person requesting access to intary assisted dying (the <i>original practitioner</i>) may sfer the role of coordinating practitioner to the consulting entitioner for the person if—	3 4 5 6
		(a)	the consulting practitioner has assessed the person as meeting the requirements of a consulting assessment; and	7 8 9
		(b)	the consulting practitioner accepts the transfer of the role.	10 11
	(2)	The	transfer of the role may be—	12
		(a)	at the request of the person; or	13
		(b)	on the original practitioner's own initiative.	14
	(3)	prac cons whe	thin 2 business days after being requested by the original etitioner to accept a transfer under subsection (1), the sulting practitioner must inform the original practitioner other the consulting practitioner accepts or refuses the sfer of the role.	15 16 17 18 19
	(4)		ne consulting practitioner accepts the transfer of the role, original practitioner must—	20 21
		(a)	inform the person of the transfer; and	22
		(b)	record the transfer in the person's medical record; and	23
		(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.	24 25 26
			Maximum penalty for paragraph (c)—100 penalty units.	27
	(5)		ne consulting practitioner refuses the transfer of the role, original practitioner may—	28 29
		(a)	refer the person to another medical practitioner for a further consulting assessment; and	30 31

ſs	48

		(b)		sfer the role of coordinating practitioner to that ical practitioner if the practitioner—	1 2
			(i)	accepts the referral for a further consulting assessment; and	3 4
			(ii)	assesses the person as meeting the requirements of a consulting assessment; and	5 6
			(iii)	accepts the transfer of the role.	7
	(6)	asse	ssmen ssed	otance of the referral for a further consulting at, the consulting assessment that previously the person as meeting the requirements of a gassessment becomes void.	8 9 10 11
48				n for person to continue after completion of assessment process	12 13
		proc	ess ha any fi	in respect of whom the request and assessment as been completed may decide at any time not to urther step in relation to access to voluntary assisted	14 15 16 17
Part 4			Accessing voluntary assisted dying and death	18 19	
Divis	ion	1		Administration of voluntary assisted dying substance	20 21
49	Ap	plicat	tion o	of division	22
		This	divisi	ion applies if—	23
		(a)	a per	rson has made a final request; and	24
		(b)		person's coordinating practitioner has completed the	25 26

(1)	ministration decision 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 <i>self-administration decision</i>); or
	(b) decide that a voluntary assisted dying substance is to be administered to the person by the administering practitioner for the person (a <i>practitioner administration decision</i>).
(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.
Do	vocation of administration decision
ne	vocation of daminionation decision

	(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	1 2 3 4
	(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.	5 6 7 8
(2)	admi	person may inform the coordinating practitioner or inistering practitioner of the person's decision in writing, ally or by gestures or other means of communication lable to the person.	9 10 11 12
(3)	subs	ne person revokes an administration decision under ection (1), the coordinating practitioner or administering titioner who is informed of the person's decision must—	13 14 15
	(a)	record the revocation in the person's medical record; and	16 17
	(b)	if the practitioner is not the coordinating practitioner for the person, inform the coordinating practitioner of the revocation; and	18 19 20
	(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.	21 22 23
		Maximum penalty for paragraph (c)—100 penalty units.	24
(4)	the p	revocation of an administration decision does not prevent person from making another administration decision under on 50.	25 26 27
Sel	f-adn	ninistration—authorisations	28
(1)		section applies if the person makes a self-administration	29 30
(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)	Subs	section (2) is subject to section 59(6).	1		
(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	4 5 6		
	(b)	prepare the substance; and	7		
	(c)	supply the substance to the person, the contact person for the person or an agent of the person.	8 9		
(5)	The	person is authorised to—	10		
	(a)	receive the voluntary assisted dying substance from the authorised supplier, the contact person for the person or an agent of the person; and	11 12 13		
	(b)	possess the substance for the purpose of preparing and self-administering it; and	14 15		
	(c)	prepare the substance; and	16		
	(d)	self-administer the substance.	17		
(6)	An a	agent of the person is authorised to—	18		
	(a)	receive the voluntary assisted dying substance from an authorised supplier; and	19 20		
	(b)	possess the substance for the purpose of supplying it to the person; and	21 22		
	(c)	supply the substance to the person.	23		
(7)	volu	ther person, requested by the person to prepare the ntary assisted dying substance for the person, is orised to—	24 25 26		
	(a)	possess the substance for the purpose of preparing it; and	27 28		
	(b)	prepare the substance; and	29		
	(c)	supply the substance to the person	20		

		Note—	1
		See section 61 for the authorisation of a contact person in the case of a self-administration decision.	2 3
53	Pra	actitioner administration—authorisations	4
	(1)	This section applies if the person makes a practitioner administration decision.	5 6
	(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.	7 8 9
	(3)	Subsection (2) is subject to section 59(6).	10
	(4)	The authorised supplier who is given the prescription for the person is authorised to—	11 12
		(a) possess the voluntary assisted dying substance for the purpose of preparing it and supplying it to the administering practitioner for the person; and	13 14 15
		(b) prepare the substance; and	16
		(c) supply the substance to the administering practitioner for the person.	17 18
	(5)	The administering practitioner for the person is authorised to—	19 20
		(a) receive the voluntary assisted dying substance from an authorised supplier; and	21 22
		(b) possess the substance for the purpose of preparing it and administering it to the person; and	23 24
		(c) prepare the substance.	25
	(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—	26 27 28 29 30
		(a) the person has decision-making capacity in relation to voluntary assisted dying; and	31 32

		(b)	the person is acting voluntarily and without coercion.
54		ness ostan	to administration of voluntary assisted dying
	(1)	adm	ther person (the <i>witness</i>) is eligible to witness the inistration of a voluntary assisted dying substance to the on if the witness is at least 18 years of age.
	(2)		witness must certify in the practitioner administration of 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	Ce adı	rtifica minis	ation by administering practitioner following tration of voluntary assisted dying substance
	(1)		s section applies if the administering practitioner for the on administers a voluntary assisted dying substance to the on.
	(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 <i>practitioner administration form</i>) and must include the certificate of the witness required under section 54.	1 2 3
	(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.	4 5 6 7
		Maximum penalty—100 penalty units.	8
56	Tra	nsfer of administering practitioner's role	9
	(1)	This section applies if—	10
		(a) the person makes a practitioner administration decision; and	11 12
		(b) the coordinating practitioner for the person prescribes a voluntary assisted dying substance for the person; and	13 14
		(c) the administering practitioner for the person (the <i>original practitioner</i>) 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).	15 16 17 18 19 20 21
	(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.	22 23 24 25
	(3)	If a person (the <i>new practitioner</i>) accepts the transfer of the role, the original practitioner must—	26 27
		(a) inform the person requesting access to voluntary assisted dying of the transfer and the contact details of the new practitioner; and	28 29 30
		(b) record the transfer in the person's medical record; and	31
		(c) within 2 business days after the acceptance of the transfer, complete a record of the acceptance of the	32

		transfer in the approved form and give a copy of it to the board.	1 2
		Maximum penalty for paragraph (c)—100 penalty units.	3
	(4)	If the original practitioner has possession of the voluntary assisted dying substance when the role is transferred—	4 5
		(a) the original practitioner is authorised to supply the substance to the new practitioner; and	6 7
		(b) the new practitioner is authorised to receive the substance from the original practitioner.	8 9
	(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).	1 1 1: 1:
Divi	ision	2 Contact person	1
57	Ар	plication of division	1.
		This division applies if a person has made an administration decision.	1
58	Со	ntact person to be appointed	1
	(1)	The person must appoint a contact person.	1
	(2)	A person is eligible for appointment as a contact person if the person is at least 18 years of age.	2 2
	(3)	A person cannot be appointed as the contact person unless the person consents to the appointment.	2:
	(4)	The person may revoke the appointment of the contact person.	2
	(5)	If the person revokes the appointment of the contact person—	2
		(a) the person must inform the contact person of the revocation; and	2

		(b)	the contact person ceases to be the contact person for the person on being informed under paragraph (a); and	1 2
		(c)	the person must make another appointment under subsection (1).	3 4
59	Со	ntact	person appointment form	5
	(1)		appointment under section 58(1) must be made in the roved form (the <i>contact person appointment form</i>).	6 7
	(2)		contact person appointment form must include the owing—	8 9
		(a)	the name, date of birth and contact details of the person;	10
		(b)	the name and contact details of the coordinating practitioner for the person;	11 12
		(c)	the name, date of birth and contact details of the contact person;	13 14
		(d)	a statement that the contact person consents to the appointment;	15 16
		(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);	17 18 19 20 21 22
		(f)	if the person was assisted by an interpreter when making the appointment—	23 24
			(i) the name, contact details and accreditation details of the interpreter; and	25 26
			(ii) a statement signed by the interpreter certifying that the interpreter provided a true and correct translation of any information translated;	27 28 29
		(g)	the signature of the contact person and the date when the form was signed;	30 31

	(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.	1 2 3
(3)		he person's request, another person (the <i>second person</i>) complete the form on the person's behalf if—	4 5
	(a)	the person is unable to complete the form; and	6
	(b)	the second person is at least 18 years of age; and	7
	(c)	the second person signs the contact person appointment form in the presence of the person.	8 9
(4)	cont	person or the contact person for the person must give the act person appointment form to the coordinating titioner for the person.	10 11 12
(5)	appo	nin 2 business days after receiving the contact person bintment form, the coordinating practitioner for the person t give a copy of it to the board.	13 14 15
	Max	imum penalty—100 penalty units.	16
(6)	volu cont	coordinating practitioner for a person may not prescribe a ntary assisted dying substance for the person before the act person appointment form is given to the coordinating titioner.	17 18 19 20
Во	ard to	give information to contact person	21
(1)		section applies if the person makes a self-administration sion and appoints a contact person.	22 23
(2)	appo	nin 2 business days of receiving the contact person bintment form, the board must give the contact person rmation about—	24 25 26
	(a)	the requirement to give the voluntary assisted dying substance, or any unused or remaining substance, to an authorised disposer under section 63; and	27 28 29
	(b)	the support services available to the contact person to assist the contact person to fulfil the requirement.	30 31

	le of contact person in case of self-administration cision	1 2
(1)	This section applies if the person makes a self-administration decision.	3
(2)	The contact person for the person is authorised to—	5
	(a) receive the voluntary assisted dying substance from an authorised supplier; and	6 7
	(b) possess the substance for the purpose of paragraph (c) or (d); and	8 9
	(c) supply the substance to the person; and	10
	(d) give the substance, or any unused or remaining substance, to an authorised disposer under section 63.	11 12
(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.	13 14 15 16 17
(4)	The board may contact the contact person to request information.	18 19
	le of contact person in case of practitioner ministration decision	20 21
(1)	This section applies if the person has made a practitioner administration decision.	22 23
(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.	24 25 26 27 28
(3)	The board may contact the contact person to request information.	29 30

63		ntact person to give voluntary assisted dying bstance to authorised disposer	1 2
	(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.	3 4 5
	(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.	6 7 8 9
		Maximum penalty—100 penalty units.	10
	(3)	Subsection (4) applies if the person—	11
		(a) makes a self-administration decision; and	12
		(b) dies after an authorised supplier has supplied a voluntary assisted dying substance for the person.	13 14
	(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.	15 16 17 18
		Maximum penalty—100 penalty units.	19
64	Co	ntact person may refuse to continue in role	20
	(1)	The contact person for the person may refuse to continue to perform the role of contact person.	21 22
	(2)	If the contact person refuses to continue to perform the role—	23
		(a) the contact person must inform the person of the refusal; and	24 25
		(b) the contact person ceases to be the contact person for the person on informing the person under paragraph (a); and	26 27
		(c) the person must make another appointment under section 58.	28 29

Division 3		3	Prescribing, supplying and disposing of voluntary assisted dying substance	1 2 3
65			tion to be given before prescribing voluntary I dying substance	4 5
	(1)	self- volu	coordinating practitioner for a person who has made a administration decision must, before prescribing a ntary assisted dying substance for the person, inform the on, in writing, of the following—	6 7 8 9
		(a)	the S4 substance or S8 substance, or combination of substances, constituting the substance;	10 11
		(b)	that the person is not under any obligation to self-administer the substance;	12 13
		(c)	that the substance must be stored in accordance with requirements prescribed by regulation;	14 15
		(d)	how to prepare and self-administer the substance;	16
		(e)	the expected effects of self-administration of the substance;	17 18
		(f)	the period within which the person is likely to die after self-administration of the substance;	19 20
		(g)	the potential risks of self-administration of the substance;	21 22
		(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;	23 24 25
		(i)	that, if the person dies, their contact person must give any unused or remaining substance to an authorised disposer for disposal;	26 27 28
		(j)	the name of the authorised supplier who will be supplying the voluntary assisted dying substance;	29 30

	(k)	the name of 1 or more registered health practitioners or class of registered health practitioners who are authorised disposers.	1 2 3
(2)	pract volu	coordinating practitioner for a person who has made a titioner administration decision must, before prescribing a ntary assisted dying substance for the person, inform the on, in writing, of the following—	4 5 6 7
	(a)	the S4 substance or S8 substance, or combination of substances, constituting the substance;	8 9
	(b)	that the person is not under any obligation to have the substance administered to the person;	10 11
	(c)	the method by which the substance will be administered;	12 13
	(d)	the expected effects of administration of the substance;	14
	(e)	the period within which the person is likely to die after administration of the substance;	15 16
	(f)	the potential risks of administration of the substance;	17
	(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;	18 19 20 21 22 23
	(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.	24 25 26 27 28
Pre	scrip	otion for voluntary assisted dying substance	29
(1)		section applies if the coordinating practitioner for a on prescribes a voluntary assisted dying substance for the on.	30 31 32

	(2)	The inclu	-	eription issued by the coordinating practitioner must	1 2
		(a)		atement that clearly indicates it is for a voluntary sted dying substance; and	3 4
		(b)	a sta	atement—	5
			(i)	certifying that the request and assessment process has been completed in relation to the person in accordance with this Act; and	6 7 8
			(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	9 10 11 12
		(c)		ils of the substance and the maximum amount of the stance authorised by the prescription; and	13 14
		(d)	the	person's name and telephone number.	15
	(3)		-	eription may not provide for the voluntary assisted stance to be supplied on more than 1 occasion.	16 17
	(4)			dinating practitioner must give the prescription of an authorised supplier.	18 19
67	Oth	ner re	quir	ements for prescribing	20
		coor	dinat	ion may prescribe other requirements with which a ing practitioner must comply in relation to ag a voluntary assisted dying substance.	21 22 23
68	adı	minis	tratio	g practitioner to notify board of on decision and prescription of voluntary ng substance	24 25 26
		dying pract	g su	business days after prescribing a voluntary assisted bstance for a person, the person's coordinating er must complete, and give a copy to the board of, a the approved form stating—	27 28 29 30
		(a)	the	person's administration decision; and	31

		(b) that the practitioner has prescribed a voluntary assisted dying substance for the person.	1 2
		Maximum penalty—100 penalty units.	3
69	Au	thorised supplier to authenticate prescription	4
		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—	5 6 7 8
		(a) the authenticity of the prescription; and	9
		(b) the identity of the person who issued the prescription; and	10
		(c) the identity of the person to whom the substance is to be supplied.	1:
70		ormation to be given when supplying voluntary sisted dying substance	1 1:
	(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.	1 1 1 1
	(2)	The authorised supplier must, when supplying the voluntary assisted dying substance, inform the recipient, in writing, of the following—	20 2 2
		(a) that the person is not under any obligation to self-administer the substance;	2:
		(b) the S4 substance or S8 substance, or combination of substances, constituting the substance;	2:
		(c) how to prepare and self-administer the substance;	2
		(d) that the substance must be stored in accordance with requirements prescribed by regulation;	25
		(e) the expected effects of self-administration of the substance;	3(3)

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		(f)	the period within which the person is likely to die after self-administration of the substance;	1 2
		(g)	the potential risks of self-administration of the substance;	3 4
		(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;	5 6 7
		(i)	that, if the person dies, their contact person must give any unused or remaining substance to an authorised disposer for disposal.	8 9 10
71		oellin ostan	g requirements for voluntary assisted dying	11 12
		dyin	authorised supplier who supplies a voluntary assisted ag substance must comply with labelling requirements cribed by regulation.	13 14 15
72	Au	thoris	sed supplier to record and notify of supply	16
	(1)	dyin	authorised supplier who supplies a voluntary assisted ag substance must complete a record of the supply in the roved form (the <i>authorised supply form</i>).	17 18 19
	(2)	The	authorised supply form must include the following—	20
		(a)	the name, date of birth and contact details of the person;	21
		(b)	the name and contact details of the authorised supplier;	22
		(c)	a statement that the voluntary assisted dying substance was supplied;	23 24
		(d)	a statement that the requirements under sections 69, 70 and 71 were complied with.	25 26
	(3)	dyin	hin 2 business days after supplying the voluntary assisted ag substance, the authorised supplier must give a copy of completed authorised supply form to the board.	27 28 29
		Max	ximum penalty—100 penalty units.	30

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73	Oth	A regulation may prescribe other requirements with which an authorised supplier must comply in relation to supplying a voluntary assisted dying substance.	1 2 3 4
74	Sto	orage of voluntary assisted dying substance	5
		A person who receives a voluntary assisted dying substance must store the substance in accordance with the requirements prescribed by regulation.	6 7 8
75	Dis	sposal of voluntary assisted dying substance	9
	(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.	10 11 12
	(2)	The authorised disposer is authorised to—	13
		(a) possess the voluntary assisted dying substance or unused or remaining substance for the purpose of disposing of it; and	14 15 16
		(b) dispose of the substance.	17
	(3)	The authorised disposer must dispose of the voluntary assisted dying substance or unused or remaining substance as soon as practicable after receiving it.	18 19 20
76	Au	thorised disposer to record and notify of disposal	21
	(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 <i>authorised disposal form</i>).	22 23 24 25
	(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.	26 27 28 29
		Maximum penalty—100 penalty units.	30

77			al of voluntary assisted dying substance by stering practitioner	1 2
	(1)	Sub	sections (2) and (3) apply if—	3
		(a)	a person who has made a practitioner administration decision revokes the decision; and	4 5
		(b)	the administering practitioner for the person has possession of the voluntary assisted dying substance when the decision is revoked.	6 7 8
	(2)	The	administering practitioner is authorised to—	9
		(a)	possess the voluntary assisted dying substance for the purpose of disposing of it; and	10 11
		(b)	dispose of the substance.	12
	(3)	assis	administering practitioner must dispose of the voluntary sted dying substance as soon as practicable after the etitioner administration decision is revoked.	13 14 15
	(4)	Sub	sections (5) and (6) apply if—	16
		(a)	a person who has made a practitioner administration decision dies (whether or not after being administered the voluntary assisted dying substance); and	17 18 19
		(b)	the administering practitioner for the person has possession of any unused or remaining substance.	20 21
	(5)	The	administering practitioner is authorised to—	22
		(a)	possess the unused or remaining substance for the purpose of disposing of it; and	23 24
		(b)	dispose of the unused or remaining substance.	25
	(6)		administering practitioner must dispose of the unused or aining substance as soon as practicable after the person's h	26 27 28

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 <i>practitioner disposal form</i>).	3 4 5 6			
	(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.	7 8 9 10			
		Maximum penalty—100 penalty units.	11			
79	Oth	ner requirements for disposal	12			
		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.	13 14 15 16			
Divi	sion	4 Other provisions	17			
80	No	tification of death	18			
	(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.	19 20 21 22 23 24			
		Maximum penalty—100 penalty units.	25			
	(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.	26 27 28			

81	Ca	use of death certificate	1
	(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 3 4 5 6
	(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.	7 8 9 10 11
	(3)	The medical practitioner—	12
		(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	13 14 15 16
		(b) must not include any reference to voluntary assisted dying in the cause of death certificate for the person.	17 18
	(4)	In this section—	19
		cause of death certificate see the Births, Deaths and Marriages Registration Act 2003, section 30(2)(a).	20 21
Part	5	Eligibility requirements for	22
		health practitioners	23
82		gibility to act as coordinating practitioner or neutring practitioner	24 25
	(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—	26 27 28
		(a) the medical practitioner—	29
		(i) holds specialist registration and has practised for at least 1 year as the holder of that registration; or	30 31

	(ii)	holds general registration and has practised for at least 5 years as the holder of that registration; or	1 2			
	(iii)	holds specialist registration and has practised for at least 5 years as the holder of general registration; or	3 4 5			
	(iv)	is an overseas-trained specialist who holds limited registration or provisional registration; and	6 7			
(b)		medical practitioner meets the approved medical titioner requirements; and	8 9			
(c)		e medical practitioner is not a family member of the erson requesting access to voluntary assisted dying; ad				
(d)		medical practitioner does not know or believe that practitioner—	13 14			
	(i)	is a beneficiary under a will of the person requesting access to voluntary assisted dying; or	15 16			
	(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.	17 18 19 20 21 22			
In th	is sec	tion—	23			
Heal	th Pr	registration means general registration under the actitioner Regulation National Law (Queensland) in al profession.	24 25 26			
Heal	th Pr	egistration means limited registration under the actitioner Regulation National Law (Queensland) in al profession.	27 28 29			
the	Hea	al registration means provisional registration under alth Practitioner Regulation National Law	30 31			

(2)

	Hea	ialist registration means specialist registration under the the Practitioner Regulation National Law (Queensland) in medical profession in a recognised speciality.	1 2 3
83	Eligibili	y to act as administering practitioner	4
		erson is eligible to act as an administering practitioner for requesting access to voluntary assisted dying if—	5 6
	(a)	the person is—	7
		(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	8 9 10 11
		(ii) a nurse practitioner who meets the approved nurse practitioner requirements; or	12 13
		(iii) a nurse who has practised in the nursing profession for at least 5 years and meets the approved nurse requirements; and	14 15 16
	(b)	the person has completed the approved training; and	17
	(c)	the person is not a family member of the person requesting access to voluntary assisted dying; and	18 19
	(d)	the person does not know or believe that they—	20
		(i) are a beneficiary under a will of the person requesting access to voluntary assisted dying; or	21 22
		(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.	23 24 25 26 27 28

Part 6		Participation		1	
Divisio	on	1		Conscientious objection	2
		jister ectio		ealth practitioner with conscientious	3 4
((1)	objec	ction	red health practitioner who has a conscientious to voluntary assisted dying has the right to refuse to the following—	5 6 7
		(a)	-	vide information to another person about voluntary sted dying;	8 9
		(b)	parti	icipate in the request and assessment process;	10
		(c)	parti	icipate in an administration decision;	11
		(d)	-	cribe, supply or administer a voluntary assisted g substance;	12 13
		(e)	self-	present at the time of the administration or administration of a voluntary assisted dying stance.	14 15 16
((2)	cons	cienti ectior	ered health practitioner who, because of a ous objection, refuses to do a thing mentioned in (1) for a person seeking information or assistance untary assisted dying, must—	17 18 19 20
		(a)	serv	rm the person that other health practitioners, health ice providers or services may be able to assist the on; and	21 22 23
		(b)	give	the person—	24
			(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	25 26 27 28
			(ii)	the details of an official voluntary assisted dying care navigator service that is able to provide the person with information (including name and	29 30 31

		service provider or service who may be able to	1 2 3
85	Sp	eech pathologist with conscientious objection	4
	(1)	voluntary assisted dying has the right to refuse to do any of	5 6 7
			8
		(b) participate in the request and assessment process;	10
		(c) participate in an administration decision;	11
		self-administration of a voluntary assisted dying	12 13 14
	(2)	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	15 16 17 18
			20 21
		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	22 23 24 25 26
		speech pathology services in relation to voluntary	27 28 29
	(3)	Subsection (4) applies if—	30
			31 32

	(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.	1 2 3		
(4	1) The	speech pathologist must—	4		
	(a)	inform the health service provider of the speech pathologist's conscientious objection to voluntary assisted dying; and	5 6 7		
	(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.	8 9 10 11		
(5	5) In th	nis section—	12		
	prac	ech pathologist means a person who is eligible for etising membership of The Speech Pathology Association australia Limited ACN 008 393 440.	13 14 15		
Division 2 Participation by entities					
Subdiv	ision	1 Preliminary	17		
86 D	Definitio	ons for division	18		
_		nis division—	19		
		ding practitioner, for a decision about the transfer of a on, means—	20 21		
	(a)	the coordinating practitioner for the person; or	22		
	(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.	23 24 25 26		
	facil	lity means—	27		
	(a)	a private hospital; or	28		

(b)	a hospice; or	1
(c)	a public sector hospital; or	2
(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	3 4 5 6 7
(e)	a residential aged care facility.	8
perm	nanent resident see section 89.	9
relev	eant entity see section 87.	10
relev	vant service see section 88.	11
both perso	dential aged care means personal care or nursing care, or personal care and nursing care, that is provided to a on in a residential facility in which the person is also ided with accommodation that includes—	12 13 14 15
(a)	staffing to meet the nursing and personal care needs of the person; and	16 17
(b)	meals and cleaning services; and	18
(c)	furnishings, furniture and equipment for the provision of that care and accommodation.	19 20
resid provi	dential aged care facility means a facility at which ential aged care is provided, whether or not the care is ided by an entity that is an approved provider under the del Care Quality and Safety Commission Act 2018 (Cwlth).	21 22 23 24
resid	dential facility does not include—	25
(a)	a private home; or	26
(b)	a hospital or psychiatric facility; or	27
(c)	a facility that primarily provides care to people who are not frail and aged.	28 29

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87	Ме	aning of <i>relevant entity</i>	1
		A <i>relevant entity</i> is an entity, other than an individual, that provides a relevant service.	2 3
88	Ме	aning of <i>relevant service</i>	4
		A <i>relevant service</i> is a health service, residential aged care or a personal care service.	5 6
89	Me	aning of <i>permanent resident</i>	7
	(1)	A person is a <i>permanent resident</i> at a facility if the facility is the person's settled and usual place of abode where the person regularly or customarily lives.	8 9 10
	(2)	Also, a person is a <i>permanent resident</i> at a facility that is a residential aged care facility if the person has security of tenure at the facility under the <i>Aged Care Act 1997</i> (Cwlth) or on some other basis.	11 12 13 14
	(3)	A person is not a permanent resident at a facility if the person resides at the facility temporarily.	15 16
		Examples—	17
		• an in-patient of a hospital	18
		• a resident of a hospice	19
Sub	divis	sion 2 Information about voluntary assisted dying	20 21
90	Ac	cess to information about voluntary assisted dying	22
	(1)	This section applies if—	23
		(a) a person is receiving relevant services from a relevant entity at a facility; and	24 25
		(b) the person asks the entity for information about voluntary assisted dying; and	26 27

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		(c)	who	entity does not provide at the facility, to persons to om relevant services are provided, the information has been requested.	1 2 3
	(2)		releva acility	ant entity and any other entity that owns or occupies y—	4 5
		(a)		t not hinder the person's access at the facility to rmation about voluntary assisted dying; and	6 7
		(b)		t allow reasonable access to the person at the facility each person who—	8 9
			(i)	is a registered health practitioner or a member or employee of an official voluntary assisted dying care navigator service; and	10 11 12
			(ii)	is seeking the access to provide the requested information to the person about voluntary assisted dying.	13 14 15
Sub	divis	ion	3	Access to voluntary assisted dying	16
91	Ар	plicat	tion o	of subdivision	17
				division applies if a person is receiving relevant rom a relevant entity at a facility.	18 19
92	Fir	st rec	uest	s and final requests	20
	(1)		-	on applies if—	21
		(a)	entit	person or the person's agent advises the relevant ty that the person wishes to make a first request or I request (each a <i>relevant request</i>); and	22 23 24
		(b)	serv	entity does not provide, to persons to whom relevant ices are provided at the facility, access to the request assessment process at the facility.	25 26 27

	(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—			1 2 3
		(a)	who	se presence is requested by the person; and	4
		(b)	who—		5
			(i)	for a first request—is eligible to act as a coordinating practitioner; or	6 7
			(ii)	for a final request—is the coordinating practitioner for the person.	8 9
	(3)	the r	eleva sfer o	nested medical practitioner is not available to attend, ant entity must take reasonable steps to facilitate the f the person to and from a place where the person's equest may be made to—	10 11 12 13
		(a)	the 1	requested medical practitioner; or	14
		(b)		ther medical practitioner who is eligible and willing ct as a coordinating practitioner.	15 16
93	Sec	cond	requ	ests	17
	(1)		coati	on applies if—	18
	(1)	This	Secu	······································	10
	(1)	This (a)	the	person or the person's agent advises the relevant ty that the person wishes to make a second request;	19 20 21
	(1)		the entirand the eserv	person or the person's agent advises the relevant	19 20
	(2)	(a) (b) The the f	the entirand the eservand relevant	person or the person's agent advises the relevant ty that the person wishes to make a second request; entity does not provide, to persons to whom relevant rices are provided at the facility, access to the request assessment process at the facility. ant entity and any other entity that owns or occupies y must allow reasonable access to the person at the	19 20 21 22 23
	·	(a) (b) The the f	the entirand the servand relevancility by	person or the person's agent advises the relevant ty that the person wishes to make a second request; entity does not provide, to persons to whom relevant rices are provided at the facility, access to the request assessment process at the facility. ant entity and any other entity that owns or occupies y must allow reasonable access to the person at the	19 20 21 22 23 24 25 26
	·	(a) (b) The the f facil	the entirand the eservand relevance facilitity by the expression of the expression o	person or the person's agent advises the relevant ty that the person wishes to make a second request; entity does not provide, to persons to whom relevant rices are provided at the facility, access to the request assessment process at the facility. ant entity and any other entity that owns or occupies y must allow reasonable access to the person at the	19 20 21 22 23 24 25 26 27

			transfer of the person to and from a place where the person's second request may be made to—	
		(a)	the coordinating practitioner; or	2 3
		(b)	another medical practitioner who is eligible and willing to act as a coordinating practitioner.	4 5
94	Fir	st as	sessments	6
	(1)	This	s section applies if—	7
		(a)	the person has made a first request; and	8
		(b)	the person or the person's agent advises the relevant entity that the person wishes to undergo a first assessment; and	9 10 11
		(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.	12 13 14
	(2)	If th	e person is a permanent resident at the facility—	15
		(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	16 17 18 19
		(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—	20 21 22 23
			(i) the relevant practitioner; or	24
			(ii) another medical practitioner who is eligible and willing to act as a relevant practitioner.	25 26
	(3)	If th	e person is not a permanent resident at the facility—	27
		(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	28 29 30 31

	(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.	1 2 3 4 5 6		
(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;	9 10		
		Examples of serious harm—	11		
		significant pain	12		
		 a significant deterioration in the person's condition 	13		
	(b)	whether the transfer would be likely to adversely affect the person's access to voluntary assisted dying;	14 15		
		Examples of adverse effects—	16		
		 the transfer would likely result in a loss of decision-making capacity of the person 	17 18		
		 pain relief or medication for the transfer would likely result in a loss of decision-making capacity of the person 	19 20		
	(c)	whether the transfer would cause undue delay and prolonged suffering in accessing voluntary assisted dying;	21 22 23		
	(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.	26 27		
(5)	In this section—				
	relevant practitioner, for a person, means—				
	(a)	the coordinating practitioner for the person; or	30		
	(b)	a registered health practitioner to whom the coordinating practitioner for the person has referred a matter under section 21.	31 32 33		

95	Consulting assessments				
	(1)	This section applies if—			
		(a)	the person has undergone a first assessment; and	3	
		(b)	the person or the person's agent advises the relevant entity that the person wishes to undergo a consulting assessment; and	4 5 6	
		(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.	7 8 9	
	(2)	If the	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	11 12 13 14	
		(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—	15 16 17 18	
			(i) the relevant practitioner; or	19	
			(ii) another medical practitioner who is eligible and willing to act as a relevant practitioner.	20 21	
	(3)	If the	e person is not a permanent resident at the facility—	22	
		(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	23 24 25 26	
		(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.	27 28 29 30 31 32	
	(4)		making a decision for subsection (3)(b), the deciding titioner must have regard to the following—	33 34	

	(a)	whether the transfer would be likely to cause serious harm to the person;	1 2
		Examples of serious harm—	3
		significant pain	4
		• a significant deterioration in the person's condition	5
	(b)	whether the transfer would be likely to adversely affect the person's access to voluntary assisted dying;	6 7
		Examples of adverse effects—	8
		 the transfer would likely result in a loss of decision-making capacity of the person 	9 10
		 pain relief or medication for the transfer would likely result in a loss of decision-making capacity of the person 	11 12
	(c)	whether the transfer would cause undue delay and prolonged suffering in accessing voluntary assisted dying;	13 14 15
	(d)	whether the place to which the person is proposed to be transferred is available to receive the person;	16 17
	(e)	whether the person would incur financial loss or costs because of the transfer.	18 19
(5)	In this section—		
	relevant practitioner, for a person, means—		
	(a)	the consulting practitioner for the person; or	22
	(b)	a registered health practitioner to whom the consulting practitioner for the person has referred a matter under section 32.	23 24 25
Adı	minis	stration decisions	26
(1)	This section applies if—		
	(a)	the person has made a final request; and	28
	(b)	the person or the person's agent advises the relevant entity that the person wishes to make an administration decision; and	29 30 31

	(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.	1 2 3 4		
(2)	If the	e person is a permanent resident at the facility—	5		
	(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	6 7 8 9		
	(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—	11 12 13 14 15		
		(i) the coordinating practitioner; or	16		
		(ii) another medical practitioner who is eligible and willing to act as the coordinating practitioner for the person.	17 18 19		
(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	21 22 23 24 25		
	(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.	26 27 28 29 30 31		
(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:	34		

			Examples of serious harm—	1
			significant pain	2
			• a significant deterioration in the person's condition	3
		(b)	whether the transfer would be likely to adversely affect the person's access to voluntary assisted dying;	4 5
			Examples of adverse effects—	6
			 the transfer would likely result in a loss of decision-making capacity of the person 	7 8
			 pain relief or medication for the transfer would likely result in a loss of decision-making capacity of the person 	9 10
		(c)	whether the transfer would cause undue delay and prolonged suffering in accessing voluntary assisted dying;	11 12 13
		(d)	whether the place to which the person is proposed to be transferred is available to receive the person;	14 15
		(e)	whether the person would incur financial loss or costs because of the transfer.	16 17
97	Ad	minis	stration of voluntary assisted dying substance	18
	(1)	This	section applies if—	19
		(a)	the person has made an administration decision; and	20
		(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	21 22 23 24 25
		(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.	26 27 28 29
	(2)	relev	ne person is a permanent resident at the facility, the vant entity and any other entity that owns or occupies the ity must—	30 31 32

	(a)	if the person has made a practitioner administration decision—	1 2
		(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	3 4 5 6
		(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	7 8 9 10
	(b)	if the person has made a self-administration decision—not hinder access by the person to a voluntary assisted dying substance.	11 12 13
(3)	If the	e person is not a permanent resident at the facility—	14
	(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	15 16 17 18
	(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.	19 20 21 22 23
(4)		naking the decision under subsection (3)(b), the deciding titioner must have regard to the following—	24 25
	(a)	whether the transfer would be likely to cause serious harm to the person;	26 27
		Examples of serious harm—	28
		significant pain	29
		• a significant deterioration in the person's condition	30
	(b)	whether the transfer would be likely to adversely affect the person's access to voluntary assisted dying;	31 32
		Examples of adverse effects—	33
		 the transfer would likely result in a loss of decision-making capacity of the person 	34 35

		[3 50]	
		• pain relief or medication for the transfer would likely result in a loss of decision-making capacity of the person	1 2
		(c) whether the place to which the person is proposed to be transferred is available to receive the person.	3 4
Subc	livis	ion 4 Information about non-availability of voluntary assisted dying	5 6
98		evant entities to inform public of non-availability of untary assisted dying	7 8
	(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.	9 10 11 12 13
	(2)	The relevant entity must publish information about the fact the entity does not provide those services at the facility.	14 15
	(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.	16 17 18 19
		Examples of ways of publishing information—	20
		• printing the information in brochures about the relevant entity	21
		• placing the information on the relevant entity's website	22
		• displaying the information on signs at the facility	23
Part	7	Review by QCAT	24
Divis	ion	1 Preliminary	25
99	Rev	viewable decisions	26
		The following decisions are reviewable under this part—	27

	(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—	2 3
		(i) has been ordinarily resident in Australia for at least 3 years immediately before the person made the person's first request; or	4 5 6
		(ii) has been ordinarily resident in Queensland for at least 12 months immediately before the person made the person's first request; or	7 8 9
		(iii) has decision-making capacity in relation to voluntary assisted dying; or	10 11
		(iv) is acting voluntarily and without coercion; or	12
	(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—	13 14 15
		(i) has been ordinarily resident in Australia for at least 3 years immediately before the person made the person's first request; or	16 17 18
		(ii) has been ordinarily resident in Queensland for at least 12 months immediately before the person made the person's first request; or	19 20 21
		(iii) has decision-making capacity in relation to voluntary assisted dying; or	22 23
		(iv) is acting voluntarily and without coercion; or	24
	(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—	25 26 27
		(i) has decision-making capacity in relation to voluntary assisted dying; or	28 29
		(ii) is acting voluntarily and without coercion.	30
100	Who is	an <i>eligible person</i>	31
		eligible person, for a reviewable decision, is—	32

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		(a)	a person who is the subject of the decision; or	1
		(b)	an agent of a person mentioned in paragraph (a); or	2
		(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.	3 4 5
101	Rel	ation	ship with QCAT Act	6
			following provisions of the QCAT Act do not apply in ion to proceedings under this part—	7 8
		(a)	section 21(2) and (4);	9
		(b)	sections 22 and 23;	1
		(c)	section 24(1) and (2);	1
		(d)	section 33(3) and (4);	1
		(e)	chapter 3.	1
Divi	sion	2	Application and review	1
102	Rig	ht of	review of particular decisions	1
			eligible person for a reviewable decision may apply to aT for a review of the decision.	1 1
103	Ма	king a	an application	1
	(1)		application must be made within 5 business days after the rant day for the reviewable decision.	1 2
	(2)	In th	is section—	2
		relev	vant day, for a reviewable decision, means—	2
		(a)	for a reviewable decision mentioned in section 99(a)—the later of the following days—	2

	(i) the day the first assessment record form was given to the person requesting access to voluntary assisted dying;	1 2 3
	(ii) the day the eligible person making the application becomes aware of the reviewable decision; or	4 5
(b)	for a reviewable decision mentioned in section 99(b)—the later of the following days—	6 7
	(i) the day the consulting assessment record form was given to the person requesting access to voluntary assisted dying;	8 9 10
	(ii) the day the eligible person making the application becomes aware of the reviewable decision; or	11 12
(c)	if the reviewable decision was made under section 99(c)—the later of the following days—	13 14
	(i) the day the final review form was given to the person requesting access to voluntary assisted dying;	15 16 17
	(ii) the day the eligible person making the application becomes aware of the reviewable decision.	18 19
104 Effect of	f application	20
Whe	en the application is made—	21
(a)	if the request and assessment process in relation to the person requesting access to voluntary assisted dying has not been completed—	22 23 24
	(i) the request and assessment process is suspended; and	25 26
	(ii) no further step in the process may be taken until the application for review is finalised; or	27 28
(b)	if the request and assessment process in relation to the person requesting access to voluntary assisted dying has been completed—	29 30 31

		(i) (ii)	the process for accessing voluntary assisted dying under part 4 is suspended; and 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.	1 2 3 4 5 6 7
105	Decisio	n of (QCAT	8
			ceeding for a review of the reviewable decision, ay decide—	9 10
	(a)		ne application for review was about the person's tralian residency—	11 12
		(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	13 14 15
		(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	16 17 18
	(b)		ne application for review was about the person's pensland residency—	19 20
		(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	21 22 23 24
		(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	25 26 27 28
	(c)		ne application for review was about the person's sion-making capacity—	29 30
		(i)	that the person does have decision-making capacity in relation to voluntary assisted dying; or	31 32

			(ii)	that the person does not have decision-making capacity in relation to voluntary assisted dying; or	1 2
		(d)		ne application was about whether the person is acting untarily and without coercion—	3 4
			(i)	that the person is acting voluntarily and without coercion; or	5 6
			(ii)	that the person is not acting voluntarily and without coercion.	7 8
106	Eff	ect of	f dec	cision	9
	(1)	(b)(i), (c) it a	makes a decision mentioned in section 105(a)(i), 0(i) or (d)(i) on a review of a reviewable decision person requesting access to voluntary assisted	10 11 12 13
		(a)	sect	tion 104 ceases to apply; and	14
		(b)	prac QCA QCA coor	he reviewable decision is a decision of a coordinating cititioner mentioned in section 99(a) or (c) and AT's decision sets aside the reviewable decision—AT's decision is taken to be the decision of the rdinating practitioner, except for the purposes of an eal under the QCAT Act, chapter 2, part 8; and	15 16 17 18 19 20
		(c)	prac deci deci prac	ne reviewable decision is a decision of a consulting citioner mentioned in section 99(b) and QCAT's ision sets aside the reviewable decision—QCAT's ision is taken to be the decision of the consulting citioner, except for the purposes of an appeal under QCAT Act, chapter 2, part 8.	21 22 23 24 25 26
	(2)	mak (d)(i	ing a), ma	on (1) only applies if QCAT does not, in addition to a decision under section 105(a)(i), (b)(i), (c)(i) or ake a decision in the same proceeding under section b, (b)(ii), (c)(ii) or (d)(ii).	27 28 29 30
	(3)	(b)(i	i), (c) ion to	makes a decision mentioned in section 105(a)(ii), (ii) or (d)(ii) on a review of a reviewable decision in o a person requesting access to voluntary assisted	31 32 33 34

	(a	volu	person is taken to be ineligible for access to intary assisted dying for the purposes of the request assessment process in relation to the person; and	1 2 3
	(b	pers the	ne request and assessment process in relation to the son had not been completed when the application for review was made—the request and assessment cess ends; and	4 5 6 7
	(c	pers	ne request and assessment process in relation to the son had been completed when the application for ew was made—	8 9 10
		(i)	the process for accessing voluntary assisted dying under part 4 ends; and	11 12
		(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.	13 14 15 16
Divi	sion 3		Procedural provisions	17
Divi:		s to pr	Procedural provisions	17 18
	Partie Fo	or the C	•	
	Partie Fo	or the Cersons is	oceeding OCAT Act, section 40(1)(e), each of the following a party to a review of a reviewable decision about a	18 19 20
	Partie Fo	or the Corsons is erson recorson if the corson if the corson if the corson if the corson is the corson in the corson is the corson in the cors	oceeding QCAT Act, section 40(1)(e), each of the following a party to a review of a reviewable decision about a questing access to voluntary assisted dying— the person is not the applicant—the person; the reviewable decision is a decision mentioned in ion 99(b)—the coordinating practitioner for the	18 19 20 21
	Partie For per per (a) (b)	or the Cersons is erson received if the sect pers	oceeding QCAT Act, section 40(1)(e), each of the following a party to a review of a reviewable decision about a questing access to voluntary assisted dying— the person is not the applicant—the person; the reviewable decision is a decision mentioned in ion 99(b)—the coordinating practitioner for the	18 19 20 21 22 23 24

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	(2)	• • • • • • • • • • • • • • • • • • • •	1
		(a) each party to the proceeding; and	3
		consulting practitioner is not a party—the consulting	4 5 6
			7 8
109			9 10
	(1)	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	11 12 13 14 15
	(2)	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	16 17 18 19 20
		Examples of documents—	21
		a consulting assessment record form and any accompanying	22 23 24
		a final review form	25
	(3)	coordinating practitioner or consulting practitioner must	26 27 28
110	No	tice of decision	29
- • •	(1)		2) 30
	` /	(a) there is a consulting practitioner for a person requesting	31 32

		<u> </u>	
	(2)	(b) the consulting practitioner is not a party to the review of a reviewable decision about the person.For the QCAT Act, section 121(1)(b), QCAT must give its	1 2 3
		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.	4 5 6 7
111	Ме	mbers constituting QCAT	8
	(1)	For the review of a reviewable decision QCAT must be constituted by at least 1 member who is a legally qualified member.	9 10 11
	(2)	In this section—	12
		<i>legally qualified member</i> has the meaning given by the QCAT Act.	13 14
		member has the meaning given by the QCAT Act.	15
112	Hea	arings must be held in private	16
		A hearing of a review of a reviewable decision must be held in private.	17 18
113	Ар	plication taken to be withdrawn if person dies	19
	(1)	This section applies if the person the subject of a review of a reviewable decision dies.	20 21
	(2)	The application is taken to be withdrawn.	22
	(3)	The principal registrar must, as soon as reasonably practicable after becoming aware that the person has died, give notice of the withdrawal to—	23 24 25
		(a) each person who received a copy of the application; and	26
		(b) any other person to whom QCAT directs notice be given.	27 28

Divi	sion	4	Other provisions	1
114			nating practitioner must give copy of QCAT's n to board	2 3
	(1)	requ deci	s section applies if a coordinating practitioner for a person desting access to voluntary assisted dying receives a final dision of QCAT in a proceeding for the review of a dewable decision about the person.	4 5 6 7
	(2)		hin 2 business days after receiving the final decision the rdinating practitioner must give a copy of it to the board.	8 9
		Max	ximum penalty—100 penalty units.	10
115	Co	ordin	nating practitioner may refuse to continue in role	11
	(1)	This	s section applies if—	12
		(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	13 14 15
		(b)	the decision of QCAT is about—	16
			(i) whether the person has or does not have decision-making capacity in relation to voluntary assisted dying; or	17 18 19
			(ii) whether the person is or is not acting voluntarily and without coercion.	20 21
	(2)		c coordinating practitioner may refuse to continue to form the role of coordinating practitioner.	22 23
	(3)	perf	coordinating practitioner who refuses to continue to form the role of coordinating practitioner must transfer the of coordinating practitioner to—	24 25 26
		(a)	if there is a consulting practitioner for the person—that person; or	27 28
		(b)	otherwise—another medical practitioner who is eligible to act as a coordinating practitioner.	29 30

Part 8			Voluntary Assisted Dying Review Board	1 2
Divi	sion	1	Establishment, functions and powers	3 4
116	Est	tablis	shment	5
		The	Voluntary Assisted Dying Review Board is established.	6
117	Fu	nctio	ns	7
	(1)		board has the following functions—	8
	` '	(a)	to monitor the operation of this Act;	9
		(b)	to review, for each completed request for voluntary assisted dying, whether or not the following persons complied with this Act—	10 11 12
			(i) coordinating practitioners;	13
			(ii) consulting practitioners;	14
			(iii) administering practitioners;	15
			(iv) authorised suppliers;	16
			(v) authorised disposers;	17
			(vi) contact persons;	18
		(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—	19 20 21
			(i) the commissioner of police;	22
			(ii) the registrar-general;	23
			(iii) the State Coroner;	24
			(iv) the health ombudsman;	25
			(v) the chief executive;	26

	(d)	to record and keep information prescribed by regulation about requests for, and provision of, voluntary assisted dying;	1 2 3
	(e)	to analyse information given to the board under this Act and research matters related to the operation of this Act;	4 5
	(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—	6 7 8
		(i) the operation of this Act; or	9
		(ii) the board's functions; or	10
		(iii) the improvement of the processes and safeguards of voluntary assisted dying;	11 12
	(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;	13 14 15 16
	(h)	to promote continuous improvement in the compassionate, safe and practical operation of this Act;	17 18
	(i)	to consult and engage with the community and any entity the board considers appropriate in relation to voluntary assisted dying;	19 20 21
	(j)	any other function given to the board under this Act.	22
(2)		subsection (1)(b), a person's request for voluntary assisted g is <i>completed</i> if—	23 24
	(a)	the person has died; or	25
	(b)	the request has been discontinued.	26
118 Po	wers		27
(1)		board may do anything necessary or convenient to be in the performance of its functions.	28 29
(2)	and	nout limiting subsection (1), the board may collect, use disclose information given to the board under this Act for purpose of carrying out the board's functions.	30 31 32

119	Во	ard must act independently and in public interest	1
	(1)	In performing its functions, the board must act independently and in the public interest.	2 3
	(2)	Without limiting subsection (1), the board is not subject to direction by anyone, including the Minister, about how it performs its functions.	4 5 6
120	Ad	ministrative support for board	7
		The chief executive must ensure the board has the administrative support services reasonably required for the board to perform its functions effectively and efficiently.	8 9 10
Divi	sion	2 Membership	11
121	Me	mbers of board	12
		The board consists of at least 5 but not more than 9 members appointed by the Minister.	13 14
122	Ch	airperson	15
	(1)	The Minister must appoint a member of the board to be the chairperson of the board.	16 17
	(2)	The chairperson is responsible for leading and directing the activities of the board to ensure the board performs its functions appropriately.	18 19 20
	(3)	The chairperson holds office for the term stated in the person's instrument of appointment as chairperson.	21 22
	(4)	A vacancy in the office of chairperson arises if the person holding the office—	23 24
		(a) resigns office by signed notice given to the Minister; or	25
		(b) ceases to be a member.	26
	(5)	A person may be reappointed as chairperson	27

De	puty chairperson	1
(1)	The Minister may appoint a member of the board to be the deputy chairperson of the board.	2 3
(2)	The deputy chairperson is to act as chairperson—	4
	(a) during a vacancy in the office of the chairperson; and	5
	(b) during all periods when the chairperson is absent from duty or for another reason cannot perform the duties of the office.	6 7 8
(3)	The deputy chairperson holds office for the term stated in the person's instrument of appointment as deputy chairperson.	9 10
(4)	A vacancy in the office of deputy chairperson arises if the person holding the office—	11 12
	(a) resigns office by signed notice given to the Minister; or	13
	(b) ceases to be a member.	14
(5)	A person may be reappointed as deputy chairperson.	15
Аp	pointment of members	16
(1)	The Minister may appoint a person as a member only if satisfied the person—	17 18
	(a) has expertise in—	19
	(i) medicine; or	20
	(ii) nursing; or	21
	(iii) pharmacy; or	22
	(iv) psychology; or	23
	(v) social work; or	24
	(vi) ethics; or	25
	(vii) law; or	26
	(viii) another area the Minister considers relevant to the	27

	(b)	is otherwise, because of the person's experience, knowledge or skills, likely to make a valuable contribution to the work of the board.	1 2 3
(2)	The	Minister must ensure the membership of the board—	4
	(a)	includes persons with a range of experience, knowledge and skills relevant to the board's functions; and	5 6
	(b)	takes into account the social, cultural and geographic characteristics of the Queensland community; and	7 8
	(c)	does not include a majority of persons who are public service employees.	9 10
(3)	A pe	erson may not be appointed as a member if the person—	11
	(a)	is an insolvent under administration under the Corporations Act, section 9; or	12 13
	(b)	has a conviction, other than a spent conviction, for an indictable offence; or	14 15
	(c)	is a member of the Legislative Assembly.	16
(4)	In th	is section—	17
	spen	t conviction means a conviction—	18
	(a)	for which the rehabilitation period under the <i>Criminal Law (Rehabilitation of Offenders) Act 1986</i> has expired under the Act; and	19 20 21
	(b)	that is not revived as prescribed by section 11 of that Act.	22 23
Co	nditio	ons of appointment	24
(1)		nember is to be paid the remuneration and allowances ded by the Minister.	25 26
(2)		matters not provided for by this Act, a member holds the on the terms and conditions decided by the Minister.	27 28

125

[s 126]

126	Tei	rm of appointment	1
	(1)	A member is appointed for the term, of not more than 3 years, stated in the member's instrument of appointment.	2 3
	(2)	A member may be reappointed.	4
127	Va	cation of office	5
	(1)	The office of a member becomes vacant if—	6
		(a) the member—	7
		(i) completes the member's term of office and is not reappointed; or	8 9
		(ii) resigns from office by signed notice given to the Minister; or	10 11
		(iii) becomes ineligible for appointment under section 124(3); or	12 13
		(b) the Minister ends the member's appointment under subsection (2).	14 15
	(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.	
Divi	sion	3 Proceedings	20
128	Со	nduct of meetings	21
	(1)	Subject to this division, the board may conduct its business, including its meetings, in the way it considers appropriate.	22 23
	(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.	24 25 26 27
	(3)	A member who takes part in a meeting under subsection (2) is taken to be present at the meeting.	28 29

		_	
	(4)	A question at a meeting is to be decided by a majority of the votes of the members present at the meeting.	1 2
	(5)	If the votes are equal, the member presiding has a casting vote.	3
	(6)	A resolution is a valid resolution of the board, even though it is not passed at a meeting of the board, if—	5 6
		(a) at least half of the members have given written agreement to the resolution; and	7 8
		(b) notice of the resolution is given under procedures approved by the board.	9 10
129	Mir	nutes and other records	11
		The board must keep—	12
		(a) minutes of its meetings; and	13
		(b) a record of its decisions and resolutions.	14
130	Qu	orum	15
		A quorum for a meeting of the board is at least half of the members of the board.	16 17
131	Pre	esiding at meetings	18
	(1)	The chairperson is to preside at all meetings at which the chairperson is present.	19 20
	(2)	If the chairperson is not present at a meeting, the deputy chairperson is to preside.	21 22
	(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.	23 24 25

ſs	132
v	102

132	Committees			1
		The board may establish comm performance of its functions.	ittees to assist in the	2 3
133	Dis	closure of interests		4
	(1)	This section applies if—		5
		(a) a member has a direct or ind being considered, or about meeting; and		6 7 8
		(b) the interest could conflict with of the member's duties about matter.		9 10 11
	(2)	As soon as practicable after the remember's knowledge, the member nuthe interest at a meeting.		12 13 14
	(3)	Particulars of the disclosure must be a register of interests kept for the pur		15 16
	(4)	Unless the board directs otherwise, t	he member must not—	17
		(a) be present when the board con-	siders the matter; or	18
		(b) take part in a decision of the bo	oard about the matter.	19
	(5)	The member must not be prese considering whether to give a directi		20 21
	(6)	A contravention of this section does of the board.	not invalidate a decision	22 23
	(7)	However, the board must reconside about a matter if the board becomes		24 25
		(a) the member contravened subset the board's consideration of the made the decision; or	* * * *	26 27 28
		(b) the member contravened subsetthe decision.	ection (4)(b) in relation to	29 30

Divis	sion	4	Reporting	1
134	Annual report		report	2
	(1)	finai relat	board must, within 3 months after the end of each nicial year, give the Minister a report (an <i>annual report</i>) in tion to the performance of the board's functions during the nicial year.	3 4 5 6
	(2)	The	annual report must include—	7
		(a)	the number of completed requests for voluntary assisted dying the board has reviewed under section 117(1)(b); and	8 9 10
		(b)	the number of referrals, if any, the board has made to other entities under section 117(1)(c); and	11 12
		(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	13 14 15 16 17
		(d)	a summary, in de-identified form, of the information required to be recorded and kept by the board under section 117(1)(d).	18 19 20
	(3)		Minister must table a copy of the report in the Legislative embly within 14 sitting days after receiving it.	21 22
135	Re	port t	to Minister or chief executive on board's functions	23
	(1)		board may, and must on request, provide the Minister or chief executive with a report about the board's functions.	24 25
	(2)	Subs	section (1) applies despite section 119(2).	26
	(3)	mus	opy of a report provided to the Minister under this section t be tabled by the Minister in the Legislative Assembly in 14 sitting days after receiving it.	27 28 29

136	Re	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.	2 3 4 5				
Divi	sion	5 Miscellaneous	6				
137	As	sistance to the board	7				
	(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.	8 9 10				
	(2)	The engagement may be in an honorary capacity or for remuneration.	11 12				
	(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.	13 14 15				
138	Re	quest for information by the board	16				
		To help in performing its functions, the board may consult with, and ask for information from, other entities.	17 18				
139	Pro	otection from liability for giving information	19				
	(1)	This section applies if a person, acting honestly, gives information under section 138.	20 21				
	(2)	The person is not liable, civilly, criminally or under an administrative process, for giving the information.	22 23				
	(3)	Also, merely because the person gives the information, the person cannot be held to have—	24 25				
		(a) breached any code of professional etiquette or ethics; or	26				
		(b) departed from accepted standards of professional conduct.	27 28				

	(4)	Witho	out li	miting subsections (2) and (3)—	1	
		` /		proceeding for defamation, the person has a defence proceeding for publishing the information; and	2 3	
		, ,	conf	e person would otherwise be required to maintain identiality about the information under an Act, oath le of law or practice, the person—	4 5 6	
			(i)	does not contravene the Act, oath or rule of law or practice by giving the information; and	7 8	
			(ii)	is not liable to disciplinary action for giving the information.	9 10	
Part	9			Offences	11	
140		author ostanc		d administration of voluntary assisted dying	12 13	
	(1)	substa	ance	must not administer a voluntary assisted dying to another person unless the person is authorised to er section 53(6).	14 15 16	
		Maxii	mum	penalty—14 years imprisonment.	17	
	(2)	the pe	erson	does not commit an offence against subsection (1) if administers a medicine to another person under the and Poisons Act 2019.	18 19 20	
	(3)	An of	fence	e against subsection (1) is a crime.	21	
	(4)	In this	s sect	tion—	22	
		medic	cine s	see the Medicines and Poisons Act 2019, section 11.	23	
141	Inducing a person to request, or revoke request for, voluntary assisted dying					
	(1)	-	n to	must not, dishonestly or by coercion, induce another make, or revoke, a request for access to voluntary ring.	26 27 28	
		Maxii	mum	penalty—7 years imprisonment.	29	

[s	1	42]
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	(2)	An offence against subsection (1) is a misdemeanour.	1
	(3)	In this section—	2
		request for access to voluntary assisted dying means—	3
		(a) a first request; or	4
		(b) a second request; or	5
		(c) a final request; or	6
		(d) an administration decision.	7
142		lucing self-administration of voluntary assisted dying bstance	8 9
	(1)	A person must not, dishonestly or by coercion, induce another person to self-administer a voluntary assisted dying substance.	10 11
		Maximum penalty—7 years imprisonment.	12
	(2)	An offence against subsection (1) is a misdemeanour.	13
143	Giv	ving board false or misleading information	14
	(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.	15 16 17
		Maximum penalty—5 years imprisonment.	18
	(2)	An offence against subsection (1) is a misdemeanour.	19
	(3)	Subsection (1) does not apply to a person if the person, when giving information in a document—	20 21
		(a) tells the board, to the best of the person's ability, how the document is false or misleading; and	22 23
		(b) if the person has, or can reasonably obtain, the correct information—gives the correct information.	24 25

44	Ма	king false or misleading statement	1
	(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.	2 3 4
		Maximum penalty—5 years imprisonment.	5
	(2)	An offence against subsection (1) is a misdemeanour.	6
145	Fal	sifying documents	7
	(1)	A person must not falsify a form or other document required to be made under this Act.	8 9
		Maximum penalty—5 years imprisonment.	10
	(2)	An offence against subsection (1) is a misdemeanour.	11
46	Pei	rsonal information not to be recorded or disclosed	12
	(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.	13 14 15
	(2)	The person must not—	16
		(a) make a record of the personal information; or	17
		(b) disclose the personal information to a person.	18
		Maximum penalty—100 penalty units.	19
	(3)	However, subsection (2) does not apply if the record is made, or the personal information is disclosed—	20 21
		(a) for a purpose under this Act; or	22
		(b) with the consent of the person to whom the personal information relates; or	23 24
		(c) in compliance with a lawful process requiring production of documents to, or giving evidence before, a court or tribunal; or	25 26 27
		(d) as authorised or required by law.	28

Part	10	Protection from liability	1			
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—	4			
		(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	5 6 7 8 9			
		(b) the person is present when another person self-administers or is administered a voluntary assisted dying substance under this Act.	10 11 12			
	(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.	13 14 15 16			
	(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).	17 18 19 20 21 22 23			
148	Pro	tection for persons acting under Act	24			
	(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.	25 26 27			
	(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	28 29 30			

	(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).	1 2 3 4 5 6
149		otection for health practitioners and ambulance icers	7 8
	(1)	This section applies if a protected person, in good faith, does not administer life sustaining treatment to another person in circumstances where—	9 10 11
		(a) the other person has not requested the administration of life sustaining treatment; and	12 13
		(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.	14 15 16 17
	(2)	No civil or criminal liability attaches to the protected person for not administering the life sustaining treatment.	18 19
	(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.	20 21 22 23
	(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).	24 25 26 27 28 29
	(5)	In this section—	30
		ambulance officer see the Ambulance Service Act 1991, schedule 1.	31 32
		protected person means—	33

		(a)	a registered health practitioner; or	1
		(b)	a student under the Health Practitioner Regulation National Law (Queensland); or	2 3
		(c)	an ambulance officer.	4
150		thing errals	affects disciplinary proceedings, complaints or	5 6
		Noth	ning in this part prevents—	7
		(a)	the making of a mandatory notification or voluntary notification about a person under the Health Practitioner Regulation National Law (Queensland); or	8 9 10
		(b)	the making of a health service complaint about a person under the <i>Health Ombudsman Act 2013</i> ; or	11 12
		(c)	the referral of an issue to the health ombudsman under section $117(1)(c)(iv)$.	13 14
Part	11		Miscellaneous	15
151	Fui	nctio	ns and powers of inspectors	16
	(1)	Pois	functions of an inspector under the <i>Medicines and</i> ons <i>Act</i> 2019, section 130, also include to investigate and recompliance with this Act (the <i>further function</i>).	17 18 19
	(2)	For t	the performance of the further function by an inspector—	20
		(a)	the inspector may exercise the inspector's powers under the applied provisions of the <i>Medicines and Poisons Act 2019</i> ; and	21 22 23
		(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	24 25 26
		(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.	27 28 29

(3)	In thi	is section—	1
		ted provisions means the following provisions of the cicines and Poisons Act 2019—	2 3
	(a)	section 140(1)(a), (b) and (c) and (3) to (6);	4
	(b)	chapter 5, part 3, division 2;	5
	(c)	chapter 5, part 3, division 4 and part 4.	6
		ector means a person who holds office under the ficines and Poisons Act 2019, chapter 5, part 2, as an ector.	7 8 9
		nce with this Act relevant to professional or performance	1(11
(1)	profe	essional conduct or performance, regard may be had to her the person contravened a section of this Act.	12 13 14
(2)		matters to which subsection (1) applies include matters ng in—	15 16
	(a)	a notification under the Health Practitioner Regulation National Law (Queensland); or	17 18
	(b)	a complaint under the Health Ombudsman Act 2013; or	19
	(c)	a referred matter under the Health Practitioner Regulation National Law (Queensland).	20 21
(3)	In thi	is section—	22
	relev	ant person means—	23
	(a)	a registered health practitioner; or	24
	(b)	a health service provider.	25
		on from liability for members and persons board perform functions	26 27
(1)		ember of the board or a person engaged to help in the ormance of the board's functions is not civilly liable for	28 29

		an act done, or omission made, honestly and without negligence under this Act.	1 2
	(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 4 5
	(3)	Subsection (1) does not apply to a member of the board or other person who is a State employee.	6 7
		Note—	8
		For protection from civil liability in relation to State employees—see the <i>Public Service Act 2008</i> , section 26C.	9 10
	(4)	In this section—	11
		<i>State employee</i> means a person who is a State employee within the meaning of the <i>Public Service Act 2008</i> , section 26B(4).	12 13 14
154	Re	view of Act	15
	(1)	The Minister must review the effectiveness of this Act as soon as practicable after the end of 3 years after the commencement.	16 17 18
	(2)	The review must include a review of the eligibility criteria.	19
	(3)	As soon as practicable after finishing the review, the Minister must table a report about its outcome in the Legislative Assembly.	20 21 22
155	Ted	chnical error not to invalidate processes	23
	(1)	The validity of the request and assessment process or the administration process is not affected by—	24 25
		(a) any minor or technical error in a form required to be completed under part 3 or 4; or	26 27
		(b) the failure of a person to provide a form within the time required under part 3 or 4; or	28 29
		(c) the failure of a medical practitioner to do an act within the time required under part 3 or 4 for doing the act.	30 31

	(2)	In th	is sec	ction—	1
				ration process means the process that consists of the steps—	2 3
		(a)	an a	dministration decision;	4
		(b)		administration or self-administration of a voluntary sted dying substance.	5 6
	(3)			ion is in addition to, and does not limit, the <i>Acts ation Act 1954</i> , section 48A.	7 8
156	Off	icial v	volui	ntary assisted dying care navigator service	9
	(1)			executive may approve a service to be an official assisted dying care navigator service for this Act.	10 11
	(2)	navi	gator	oose of an official voluntary assisted dying care service is to provide support, assistance and on to people relating to voluntary assisted dying.	12 13 14
	(3)			ef executive must publish an approval under n (1) on the department's website.	15 16
157	Inte	erpre	ters		17
	(1)		-	oreter for a person requesting access to voluntary ying—	18 19
		(a)	mus	et be either—	20
			(i)	accredited by a body approved by the chief executive; or	21 22
			(ii)	have been granted an exemption by the chief executive under subsection (2); and	23 24
		(b)	mus	st not—	25
			(i)	be a family member of the person; or	26
			(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	27 28 29 30

		receiving reasonable fees for the provision of services as an interpreter; or	1 2
		(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	3 4 5
		(iv) be a person who is directly involved in providing a health service or personal care service to the person.	6 7 8
	(2)	The chief executive may grant an interpreter an exemption from the accreditation requirement in subsection (1)(a)(i) if satisfied that—	9 10 11
		(a) no accredited interpreter is available in a particular case; and	12 13
		(b) there are exceptional circumstances for granting the exemption.	14 15
158	Au	thorised suppliers	16
	(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.	17 18 19 20
	(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).	21 22 23 24
159	Au	thorised disposers	25
	(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.	26 27 28 29
	(2)	The chief executive must, on request, give a person who is acting as a coordinating practitioner the name of 1 or more	30 31

		registered health practitioners or class of registered health practitioners who are authorised under subsection (1).	
160	Vol	luntary 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	Ар	proved 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	Ар	proved 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	Ap	proved 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	Ар	proved 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	Ар	proved training	1
	(1)	The chief executive must approve training for the purposes of sections 20, 31 and 83(b).	2 3
	(2)	The approved training may provide for the following matters—	4 5
		(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;	6 7 8 9
		(b) assessing whether or not a person meets the eligibility criteria;	10 11
		(c) identifying and assessing risk factors for abuse or coercion;	12 13
		(d) other matters relating to the operation of this Act.	14
	(3)	The chief executive must publish the approval on the department's website.	15 16
166	Ар	proved forms	17
		The chief executive may approve forms for use under this Act.	18
167	Re	gulation-making power	19
	(1)	The Governor in Council may make regulations under this Act.	20 21
	(2)	A regulation may prescribe a matter that must be included in an approved form under this Act.	22 23

Part	12	Acts amended	1
Divis	sion	1 Amendment of this Act	2
168	Act	t amended This division amends this Act.	3 4
169	Am	Long title, from ', and to amend'— omit.	5 6 7
Divis	sion	2 Amendment of Coroners Act 2003	8
170	Act	t amended This division amends the <i>Coroners Act 2003</i> .	9 10
171	Am (1)	nendment of s 8 (<i>Reportable death</i> defined) Section 8—	11 12
	(-)	insert—	13
		(4A) Despite subsections (1) to (3), the death of a person who has self-administered, or been administered, a voluntary assisted dying substance under the <i>Voluntary Assisted Dying Act</i> 2021 is not a reportable death.	14 15 16 17 18
	(2)	Section 8(4A) and (5)—	19
		renumber as section 8(5) and (6).	20

Division 3		3	Amendment of Guardianship and Administration Act 2000	1 2
172	Act	t amended		3
		This divisi <i>Act 2000</i> .	on amends the Guardianship and Administration	4 5
173	Ins	ertion of n	ew s 250C	6
		Chapter 11	, part 4A—	7
		insert—		8
		250C V	oluntary assisted dying	9
			Voluntary assisted dying under the <i>Voluntary Assisted Dying Act 2021</i> is not a matter to which this Act applies.	10 11 12
Divi	sion	4	Amendment of Medicines and Poisons Act 2019	13 14
174	Act	t amended		15
		This division	on amends the Medicines and Poisons Act 2019.	16
175	Am law		of s 50 (Persons authorised under other	17 18
	(1)	Section 50	(1), 'This section'—	19
		omit, insert	!	20
			Subsection (2)	21
	(2)	Section 50-	_	22
		insert—		23
		(4)	Also, a person does not commit an offence against this Act to the extent the person acts under an	24 25

[s	1	7	61

		authorisation for the person under the Voluntary Assisted Dying Act 2021.	1 2
Division 5		Amendment of Powers of Attorney Act 1998	3 4
176	Act amend	ed	5
	This div	rision amends the Powers of Attorney Act 1998.	6
177	Insertion of	f new s 159	7
	Chapter	8—	8
	insert—	_	9
	159	Voluntary assisted dying	10
		Voluntary assisted dying under the <i>Voluntary Assisted Dying Act 2021</i> is not a matter to which this Act applies.	11 12 13

Schedule 1 Dictionary

2

section 6

administer, a voluntary assisted dying substance, means to introduce the substance into the body of a person by any means.	3 4 5
administering practitioner, for a person, means—	6
(a) the coordinating practitioner for the person; or	7
(b) a person to whom the role of administering practitioner is transferred under section 56.	8 9
administration decision means a self-administration decision or a practitioner administration decision.	10 11
annual report see section 134.	12
approved information means information approved under section 164.	13 14
approved medical practitioner requirements means the requirements approved under section 161.	15 16
approved nurse practitioner requirements means the requirements approved under section 162.	17 18
approved nurse requirements means the requirements approved under section 163.	19 20
<i>approved training</i> means the training approved under section 165.	21 22
Australian residency exemption see section 12(1)(a).	23
authorised disposer means a registered health practitioner, or persons in a class of registered health practitioners, authorised by the chief executive under section 159.	24 25 26
authorised supplier means a registered health practitioner, or persons in a class of registered health practitioners, authorised by the chief executive under section 158	27 28 20

board means the Voluntary Assisted Dying Review Board established under section 116.	1 2
<i>coercion</i> includes intimidation or a threat or promise, including by an improper use of a position of trust or influence.	3 4 5
consulting assessment see section 30(2).	6
consulting assessment record form see section 35(2).	7
consulting practitioner, for a person, means a medical practitioner who accepts a referral to conduct a consulting assessment of the person.	8 9 10
contact details, in relation to a person, includes the address, telephone number and email address of the person.	11 12
contact person , for a person requesting access to voluntary assisted dying, means the person appointed under section 58(1) for the person.	13 14 15
contact person appointment form see section 59(1).	16
coordinating practitioner, for a person, means a medical practitioner who accepts the person's first request.	17 18
deciding practitioner, for part 6, division 2, see section 86.	19
<i>decision-making capacity</i> , in relation to voluntary assisted dying, see section 11.	20 21
disability see the Disability Services Act 2006, section 11.	22
eligibility criteria means the criteria set out in section 10(1).	23
eligible person, for a reviewable decision, for part 7, see section 100.	24 25
eligible witness—	26
(a) to witness a second request—means a person eligible under section 38(1) to witness the request; or	27 28
(b) to witness the administration of a voluntary assisted dying substance—means a person eligible under section 54 to witness the administration.	29 30 31
facility, for part 6, division 2, see section 86.	32

family member, of a person, means—	1
(a) the person's spouse; or	2
(b) the person's parent, grandparent, sibling, child or grandchild; or	3 4
(c) a person who, under Aboriginal tradition or Torres Strait Island custom, is regarded as a person mentioned in paragraph (b).	5 6 7
<i>final request</i> see section 42(1).	8
<i>final review</i> means a review conducted under section 46 by the coordinating practitioner for a person.	9 10
final review form see section 46(1)(b).	11
first assessment see section 19(2).	12
first assessment record form see section 24(2).	13
first request see section 14(1).	14
<i>health ombudsman</i> means the health ombudsman under the <i>Health Ombudsman Act 2013</i> .	15 16
health service see the Health Ombudsman Act 2013, section 7.	17 18
<i>health service provider</i> see the <i>Health Ombudsman Act 2013</i> , section 8.	19 20
member means a member of the board.	21
<i>nurse</i> means a person registered under the Health Practitioner Regulation National Law (Queensland)—	22 23
(a) to practise in the nursing profession, other than as a student; and	24 25
(b) in the registered nurses division of that profession.	26
<i>nurse practitioner</i> 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.	27 28 29 30
official voluntary assisted dying care navigator service means a service approved under section 156.	31 32

palli	tative care and treatment means care and treatment that—	1
(a)	is provided to a person who is diagnosed with a disease, illness or medical condition that is progressive and life-limiting; and	2 3 4
(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.	5 6 7 8
pern	nanent resident, for part 6, division 2, see section 86.	9
by a	onal care service means assistance or support provided person to another person under a contract of employment contract for services, including—	10 11 12
(a)	assistance with bathing, showering, personal hygiene, toileting, dressing, undressing or meals; and	13 14
(b)	assistance for persons with mobility problems; and	15
(c)	assistance for persons who are mobile but require some form of assistance or supervision; and	16 17
(d)	assistance or supervision in administering medicine; and	18
(e)	the provision of substantial emotional support.	19
pers	onal information—	20
(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	21 22 23 24 25 26
(b)	does not include information that is publicly available.	27
the	ons Standard means the current Poisons Standard within meaning of the <i>Therapeutic Goods Act 1989</i> (Cwlth), on 52A(1).	28 29 30
prac	titioner administration decision see section 50(1)(b).	31
prac	titioner administration form see section 55(3).	32

<i>prepare</i> , a voluntary assisted dying substance, means to do anything necessary to ensure that the substance is in a form		
	able for administration and includes to decant, dilute, olve, reconstitute, colour or flavour the substance.	2 3 4
-	<i>cribe</i> , a voluntary assisted dying substance, means to a prescription for the substance.	5 6
pres	cription means a document that—	7
(a)	is written or electronic; and	8
(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	9 10 11
(c)	is issued to authorise the substance to be supplied for one of the purposes mentioned in paragraph (b); and	12 13
(d)	complies with requirements prescribed by regulation in relation to prescriptions under this Act.	14 15
prin	cipal registrar has the meaning given in the QCAT Act.	16
	ate hospital see the Private Health Facilities Act 1999, on 9.	17 18
-	<i>lic sector hospital</i> see the <i>Hospital and Health Boards Act</i> 1, schedule 2.	19 20
Que	ensland residency exemption see section 12(1)(b).	21
unde	stered health practitioner means a person registered er the Health Practitioner Regulation National Law eensland) to practise a health profession, other than as a ent.	22 23 24 25
_	strar-general means the registrar-general under the hs, Deaths and Marriages Registration Act 2003.	26 27
relev	vant entity, for part 6, division 2, see section 86.	28
relev	vant service, for part 6, division 2, see section 86.	29
request and assessment process means the process that consists of the following steps—		30 31
(a)	a first request;	32
(b)	a first assessment;	33

Schedule 1

(c) a consulting assessment;	1
(d) a second request;	2
(e) a final request;	3
(f) a final review.	4
residential aged care, for part 6, division 2, see section 86.	5
<i>residential aged care facility</i> , for part 6, division 2, see section 86.	6 7
residential facility, for part 6, division 2, see section 86.	8
<i>reviewable decision</i> means a decision mentioned in section 99.	9 10
S4 substance means a substance listed in the Poisons Standard, schedule 4.	11 12
S8 substance means a substance listed in the Poisons Standard, schedule 8.	13 14
second request see section 37(2).	15
self-administration decision see section 50(1)(a).	16
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.	20 21 22
<i>voluntary assisted dying substance</i> means a substance approved by the chief executive under section 160.	23 24

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