



## President's message

We wrapped up 2024 with a celebration of two important milestones – our 50th birthday and the first anniversary of voluntary assisted dying (VAD) in NSW on 28 November. See page 3.

After hearing very heartening stories from people whose loved ones had used VAD, we were very pleased to receive the first annual report from the NSW Health VAD Board for the first seven months of the regime. It contained very detailed data about the applications for VAD, the assessments conducted, and those who had an assisted death. The results were consistent with our expectations and the data from other states. We're particularly pleased to see that 85% of VAD applicants were also receiving palliative care. See more about this on pages 4 and 5.

We have a beautiful VAD story for you on pages 7-9. Marie Brogan's mum Phyllis was diagnosed with MND in late 2022 and died peacefully with her beloved children at her side. Marie describes the comfort that having access to VAD gave her mother, and her "beautiful death".

On page 10 we have a Q&A with celebrant and end-of-life Doula Sarah Barry who accompanied her friend and client, Annie, through the VAD process and a joyous celebration of her colour-filled life at a living wake and then, her funeral.

As you know, we are funded entirely by donations, membership fees and bequests and it has been increasingly hard to fundraise now that our public VAD campaigning has finished. On page 12, you'll hear from a supporter, Andrew Little, on why he is leaving a gift in his Will to us, and how easy it is to do.

After the successful pilot of our witnessing program we've conducted five more sessions to train volunteers to assist VAD applicants who can't find eligible witnesses for the written declaration required during the application process. We now have 179 trained witnesses and have helped over 100 people with their VAD applications. We're also holding bi-monthly online forums so our volunteer witnesses can share their experiences and support each other. You can read more about this on page 6.

Our end-of-life Webinar series continued with a session on Grief and Bereavement in early September 2024 (page 13) and we have more webinars planned in 2025.

Two welcome surprises from overseas on page 15. A VAD bill was introduced into the UK Parliament by a private member and passed a key vote in the House of Commons after a relatively short debate. It now faces a process of review and amendment and may yet fail, but it is nonetheless a highly significant development.

Canada continues to lead on developments in VAD with the government of Quebec allowing a person with dementia to make an advance request for VAD. It remains to be seen whether other Canadian provinces will follow but we will be following developments there with interest. While not without its challenges for family members and healthcare practitioners, we know that many in our community would like the ability to access VAD at a future time when they may not have decision making capacity.

VAD news from around the country includes the major report from Go Gentle Australia that collates data from each state – an invaluable resource. It also draws attention to the issues which are limiting equitable access to VAD and which have been highlighted by the various state VAD Boards.

Most importantly, Victoria has released the findings of their 5-year review of VAD, and the Victorian government looks set to introduce some very welcome amendments to the VAD law. See page 14.

As always, thank you for your support,  
Penny Hackett  
President



**Penny Hackett**

# Half a century and still going strong

## Our 50th birthday!

In the first year of the operation of the NSW voluntary assisted dying regime, Dying with Dignity NSW reached its own big milestone, commemorating 50 years since it was established in 1974.

Without wanting to sound coy, we thought our organisation was a child of the 1980s but when Dying with Dignity Victoria celebrated its 50th birthday last year, we decided to investigate. After some hours in a dusty storage unit going through ancient minute books, we found the resolution establishing the NSW Branch of the Australian Voluntary Euthanasia Society on 10 April 1974, with a small but very motivated committee holding meetings in various homes around Sydney's North Shore.

It's hard to find much in the way of detail on our activities for the first few decades of life. The simple fact is that not much happened that was "newsworthy" in NSW during that time. However behind the scenes a great deal of persistent work was done by many to lay the groundwork for our eventual success.

We are very grateful to the numerous people who kept both DWD NSW and our cause alive, with patient but sustained advocacy, raising awareness and building public support despite seeing bills tabled in parliaments that were doomed to fail. Without the foundations built by our "ancestors" and sister organisations across the country we would not be where we are today with VAD laws passed in all states in the space of 5 years, closely followed by the ACT (and one day soon, the Northern Territory).

We had Dr Rodney Syme's incredible bravery in helping people to die peacefully and challenging both the legal and medical authorities. We thought Marshall Perron's world first VAD law in the Northern Territory was the breakthrough moment in the late 1990s, but it was killed off by the same religious forces in Federal Parliament that we are still fighting today.

All this hard work (and frequent disappointment) created the "tinder" that was waiting for Andrew Denton and his flamethrower to arrive in October 2015. Supported by the advocacy and tragic personal stories from many thousands of people, we'd finally created the momentum needed to break through the political and religious resistance that had allowed so much futile suffering for dying Australians.

We expected NSW to be the toughest nut to crack and we were right. But we will be forever grateful for the political skills and diplomacy of Alex Greenwich and the bravery of other MPs from across the political divide, who dragged the NSW VAD bill, kicking and screaming, through NSW Parliament to finally pass both houses on 19 May 2022.

Will we still be here in another 50 years? Who knows? But we definitely still have work to do to make sure the VAD laws we fought so hard for are not overturned. While our opponents remain active, we intend to keep fighting for the end-of-life rights of the people of New South Wales.

### Timeline - DWD NSW history

<b>April 1974:</b>	Established as the NSW Branch of the Australian Voluntary Euthanasia Society
<b>June 1983:</b>	Incorporation of the Voluntary Euthanasia Society of NSW as a public company limited by guarantee.
<b>August 2009:</b>	Name changed to Dying with Dignity NSW.
<b>May 2021:</b>	Registered as a Charity with the Australian Charities and Not-for-Profits Commission with deductible gift recipient status.
<b>May 2022:</b>	NSW Voluntary Assisted Dying Act passes.
<b>Nov 2023:</b>	VAD available in NSW.

# Putting choice and dignity first - a year of VAD in NSW

## NSW VAD Board - first Annual Report

The 28 November 2024 marked a year since NSW residents were able to access voluntary assisted dying (VAD), and by all accounts, the laws are accessible and operating safely, giving terminally ill people choice at their end-of-life as intended.

The very next day, the NSW VAD Board released its first Annual Report, sharing the impact of the first seven months to 30 June 2024 of VAD in NSW. This data follows the VAD trends reported in the Board's interim VAD report released in June, for the three months to 28 February 2024, and is consistent with other states.

**During the first 7 months, 1,141 people made a first request for VAD, with 398 dying after taking the VAD substance. The data shows that people accessing VAD in NSW are mostly male, are in their mid-seventies, live in a major city, have terminal cancer, and are receiving palliative care. The median timeframe from first request to final request to death was 20 days.**

Of the 1,141 first requests for VAD in this period, 912 people were determined to be eligible after the first medical assessment. Of those, 794 were found eligible after a second assessment and 673 terminally ill people were granted a substance authorisation.

One hundred people were found ineligible at the first or second assessment - the most common reasons being no terminal diagnosis or uncertain timeframe to death, and the lack of decision-making capacity due to illness and/or impact of medication. It is a key feature of all Australian VAD laws that the person must retain decision-making capacity at all stages of the process.

Importantly, in the first seven months, 85% of people making a first request to access VAD were also receiving palliative care. This affirms our belief that VAD and palliative care are not mutually exclusive and comprehensively disproves VAD opponent's claims that people only seek an assisted death because they are unable to access palliative care services.

We fully support palliative care as a vital service for dying people and we see VAD and palliative care as complementary practices which give dying people comfort and control in their last days. We have been heartened to see palliative care services assisting their patients who are pursuing VAD, continuing to provide their support to both patients and their loved ones.

It is clear globally that legalising VAD is not detrimental to palliative care and the passage of VAD laws in Australian states has simultaneously raised awareness of palliative care and led to significant funding increases.

Of the 992 people who had a first assessment in the reporting period, the majority (73%) had cancer as a primary diagnosis, followed by a neurodegenerative condition such as motor neurone disease (10%) or a respiratory condition such as chronic pulmonary disease (10%). It's noted that many people applying for VAD in NSW have complex presentations that involve several debilitating clinical conditions.

The report shows that overwhelmingly (75%) people chose to have the substance administered by a VAD practitioner rather than taking the substance themselves. NSW residents are fortunate to have

Voluntary assisted dying process			
First requests			<b>1141</b> Total people
First assessments	912 Eligible	80 Ineligible	<b>992</b> Total patients
Consulting assessments	794 Eligible	20 Ineligible	<b>814</b> Total patients
Substance authorisation application outcomes	673 Approved	2 Refused	<b>675</b> Total patients
Voluntary assisted dying deaths reported to the Board*	83 Self-administration	315 Practitioner administration	<b>398</b> Total patients

choice on administration, as in some states, such as Victoria and South Australia, there are restrictions on who can request practitioner administration.

People accessing voluntary assisted dying (at first assessment)		
Gender	55% Male	45% Female
Age	19-99 Range	75 years Median
Location*	36.1% Greater Sydney	63.8% Regional
Primary diagnosis	72.7% Cancer	9.6% Respiratory
	9.9% Neurodegenerative	7.9% Other
Receiving palliative care	85%	

Geographically, the report shows that 64% of people who had a first assessment for VAD were from regional NSW, or living outside Greater Sydney. Regional NSW includes major centres such as Newcastle, Central Coast and Wollongong.

According to Professor Jenni Millbank, Chairperson of the NSW Voluntary Assisted Dying Board, the Board are satisfied that the systems and safeguards put in place during implementation are effective, and in 2024-25 will continue to focus on ensuring VAD is accessible across the state to eligible diverse populations.

Professor Millbank acknowledged that the Commonwealth Criminal Code Act 1995 significantly restricts VAD service delivery in NSW and other states, saying “the NSW VAD Board will continue to work with other state VAD Boards to advocate for federal legislative changes to enable state and territory VAD laws to operate as they were designed to do”, she said.

This law makes it a criminal offence to use a “carriage service” (such as phone, email or other electronic means of communication) to distribute “suicide related material”. Unfortunately transmitting information about VAD may be caught by this law and it has severely limited the way in which VAD doctors, care navigators and pharmacists can interact with VAD applicants. It could be easily fixed but there is a disappointing lack of will at the federal level.

Dying with Dignity NSW are very pleased with the level of detail in the Report, particularly the data showing the broad geographic distribution of VAD applications. It shows that NSW Health have been true to their commitment to equitable access to VAD for people across NSW.

We have received many anecdotal reports from our supporters about the care and compassion shown by the Care Navigators, VAD doctors and pharmacists.

Our VAD witnesses have seen first-hand the impact of the VAD laws for the dying person and their loved ones. From our experience people are grateful to have choice at end-of-life and take back some control when living with terminal illness. We have also witnessed how valuable it is for families to prepare for the death, and we have heard some wonderful stories about celebrating loved ones whilst they are alive, and having a peaceful end.

**To read the full report - <https://www.health.nsw.gov.au/voluntary-assisted-dying/Publications/annual-report-2023-2024.PDF>**



## Supporting compassionate choices

### The Witness Program in action

DWD NSW is honoured to support people requesting voluntary assisted dying (VAD) through our Witness Program. This initiative ensures VAD written declarations are completed in a timely, respectful, and compassionate way. The program is a cornerstone of our commitment to autonomy, dignity and equity in end-of-life choices.

Under NSW's VAD legislation, a person must make an enduring request for VAD, including a Written Declaration signed by two independent adult witnesses, who aren't family members and won't benefit from the person's death. Finding suitable witnesses who understand the sensitive nature of this process can be a challenge at a vulnerable time.

Most requests for a witness come from the NSW Health VAD Care Navigators. When a request is received, we confirm details such as the person's name, location, and capacity to sign. Volunteers are selected based on availability and proximity.

Providing clear information about what to expect can help ease nerves for everyone involved. Once onsite, our volunteer witnesses support the patient's Written Declaration. Some families meet the moment with humour, others with solemnity. Our volunteers follow the family's lead, witness the signature, sign their part of the document, and leave the paperwork with the patient for collection by the VAD team.

After the visit, volunteers check in with each other and debrief with the DWD team if needed.

Our volunteers are at the heart of the witness program, bringing empathy and professionalism to their role. They create a safe, non-judgmental space for individuals navigating the VAD process.

All volunteers receive training on the legal requirements for witnessing and guidance on how to approach these interactions with care. While they do not provide advice, their presence offers reassurance and practical assistance. Many describe their experience as humbling and a great honour to support someone at a profound moment in their life.

Equitable access across NSW requires our ongoing efforts to recruit, train, and support witnesses in areas where NSW Health has requested our help. Coordinating volunteers efficiently as demand grows is also a priority.

Since its inception, DWD NSW has trained 179 volunteers across Sydney, Lismore, Central Coast, Tamworth, and Taree. Our volunteers have supported 100 people in signing their Written Declarations. Feedback from patients, families, VAD teams and volunteers consistently highlights the program's impact in reducing stress and providing a sense of solidarity during a deeply personal journey.



Our volunteers at witness training in Tamworth in February.

# The price we pay for love

## A personal experience of VAD Loss, grief and the comfort of a good death

The late Queen Elizabeth II famously addressed the country after the terrorist attacks on London in 2001 with the words “grief is the price we pay for love”. These words are taken from a longer passage by Dr Colin Murray Parkes, a British psychiatrist and pioneer in the study of grief and loss who wrote:

“The pain of grief is just as much part of life as the joy of love: it is perhaps the price we pay for love, the cost of commitment. To ignore this fact, or to pretend that it is not so, is to put on emotional blinkers which leave us unprepared for the losses that will inevitably occur in our own lives and unprepared to help others cope with losses in theirs.”

No one knows, has witnessed, or felt the impact of these words more than Marie Brogan, a mother of two from Sydney’s western suburbs. Her intense grief and loss began when her young husband died terribly and without dignity from cancer 14 years ago and returned more recently with the death of both of her parents in just three years.

Despite this, Marie’s optimism endures. In stark contrast to her experience of loss and grief, she lives a life filled with love, hope, faith and family. She beams when talking about her work with children experiencing challenges, and her love and deep pride in her own daughters as they grow into adulthood is palpable.

Marie became an advocate for assisted dying and a supporter of Dying with Dignity NSW following her husband John’s death from cancer. His passing was traumatic, distressing and marked by pain. She says the decision to advocate for assisted dying laws was deeply personal, and until three years ago, wasn’t a conversation she’d had with either her mum or dad. However, both spoke openly with her about accessing it at their end-of-life.

“Near the end, Dad’s dignity was gone, and he was begging us to take him to Western Australia



Phyllis Leonardi

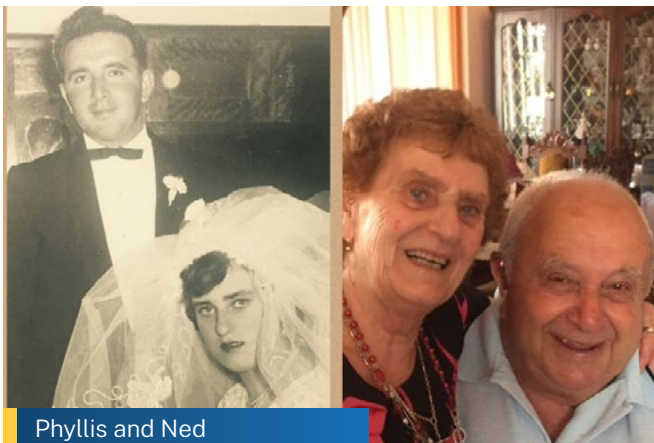
to access assisted dying there. I knew this wasn’t possible and he was too unwell to travel but I couldn’t tell him that,” Marie shares.

## A love story of faith and family

According to Marie and those who knew her parents, Ned and Phyllis Leonardi were a vibrant, happy and loving couple, who loved each other, their family and chosen family. Both Italian, they met when Phyllis, aged just 14, first arrived in Australia.

They married when Phyllis was just 16, and together they celebrated 63 years of marriage, raised three children and welcomed several grandchildren.

Phyllis was a great cook who showed love through food, so they were famous for hosting seasonal family gatherings, welcoming new and old faces to their table and home. Phyllis was a devout, practicing Catholic, raising their children with strong morals and commitment to God, family and community. For their 60th wedding anniversary Marie and their local parish priest organised a blessing from the Pope, which Marie says, was valued deeply by Phyllis.



Phyllis and Ned

## Lockdowns and leukemia

Both Ned and Phyllis enjoyed good health until Ned was diagnosed with leukemia in the height of COVID restrictions and lockdowns. The diagnosis was unexpected and traumatic. Ned's first symptom was degenerative blurred vision, quickly robbing his independence.

Not long after returning home from another lonely and lengthy hospital stay, Ned slid down to the bottom of their bed and was in immense pain. Phyllis was unable to move him and was deeply distressed. Their family doctor administered pain relief, but Ned passed away just hours later with Phyllis lying beside him.

"Thankfully Dad went quickly and as peacefully as possible without pain, and we were all there with them both. It was horrible for mum to lose dad; she took it hard. They were so close and did everything with and for each other. The funeral was small due to COVID restrictions, so not all the family could go which was challenging for us," Marie shares.

## Learning to live after loss

Marie says her mum was devastated by Ned's death and as COVID restrictions eased, she withdrew from her routine activities including attending church. Marie says she continued to go occasionally but not as regularly as she had prior to Ned's death.

In early April 2022, Phyllis contracted COVID. Although she recovered quickly, a few months later she started to lose her voice. Initially attributed to COVID, it continued for months, and it wasn't until swallowing became difficult, that Phyllis was diagnosed with motor neurone disease.

Phyllis was diagnosed with a collapsed throat muscle above her voice box. She began speech therapy and doing daily exercises to rehabilitate the muscle. Marie describes the incredible frustration her mum experienced in not being able to talk or enjoy and even swallow food. Despite this, Phyllis continued with the exercise classes and started to make new friends.

She was still living independently in her own home using a wheelchair to move between rooms. She had housekeeping and gardening help, and personal care services from a wonderful woman Amani, who'd fast become a favoured friend of Phyllis'.

"Mum was seen at the MND clinic in February 2024. She was using an iPad to communicate and was scheduled to have surgery to have a feeding tube inserted on 19 March," Marie recalls.

Sadly, in the early hours of the morning of Phyllis' surgery, her sister passed away and just 11 days later Phyllis' last remaining sibling, Sid suddenly died.

## A good way to go

"Sid's death was sudden. We'd celebrated his 80th birthday only a few weeks before mum went into hospital for surgery. It was Easter Sunday, 31 March, as it was my late husband John's birthday when I heard about Sid. Mum had asked to have the day for herself to recover after her surgery but once I heard I knew I needed to tell her in person. Mum asked how he died, and I told her that he was in his chair drinking his coffee and just passed away. Mum said, 'it's a good way to go, isn't it?', Marie recalls.

This was the first time Phyllis and Marie discussed assisted dying. As a supporter of Dying with Dignity NSW, Marie says she was aware of the Catholic Church's public opposition to voluntary assisted dying (VAD) so wasn't sure how her mum felt about it. She says her mum was afraid of what the future of MND had in store for her, and she wanted to die with dignity.

"I told her that I would support her whatever she wanted to do, and I'd talk to my brother and sister if she wanted to use assisted dying. I reassured her that the choice was hers. My girls too were very supportive as they'd seen what their dad went through" Marie said.

“Mum said, ‘I want to be with your father’ and I replied, ‘I know you do’. At first my brother and sister weren’t happy about her decision but over time they changed their minds and were very supportive at the end,” she adds.

### Faith at end-of-life

Marie says it was around this time that she realised her mum was no longer going to church because she could no longer swallow to receive communion. She felt embarrassed so stopped going to service and was uncomfortable asking her priest to visit her. Given her faith and commitment to the Catholic Church, Marie spoke to her mum about seeing her parish priest.

“Once I made contact, Father Simon came pretty much straightaway. It was wonderful of him to visit and spend some time with mum. I could see the peace it gave her. He did the anointment of the sick, prayed and talked to her. I told the priest about mum’s decision to use assisted dying, and he was very supportive and reassured us mum could have her funeral at the church. That was important to her too,” she shares.

Phyllis was receiving palliative care at home when she formally requested VAD, and Marie describes how grateful she felt for the supportive team that facilitated Phyllis through the process.

“All 3 assessments were done at home, and the team were all lovely. Mum was able to choose the date 14th June, and we booked the doctor to come in the afternoon. It was a smooth process,” she says.

Marie says the team spent time going through the VAD process and what to expect. They explained that the death certificate would record MND as the cause of death, not assisted dying, and reassured Phyllis that she could change her mind at any time.

### The comfort of choice

“She was very open about talking about her choice after that and told most of her family and friends of her decision to use assisted dying. She picked her urn for her ashes, we talked about the service, what she wanted to wear and the photos she wanted for her funeral service at her parish church,” Marie adds.

In the time they had left together, Phyllis shared all her traditional Italian family recipes including her famous amaretti biscuits, passing her cookbooks to her grandchildren. She wrote letters for her children as she could no longer speak, shared special moments and sent messages to family and friends.

Phyllis died at home at the time and day of her choice by accessing VAD, less than three years after her beloved Ned passed. She was listening to a playlist made by her granddaughters and died peacefully surrounded by her children who supported her decision. She’d recently seen her priest, and her grandchildren, and was excited about seeing husband Ned again.

Marie continues to process the loss of her parents, aunt and uncle in just a few short years. She is grateful for the VAD legislation that gave her mum such comfort at her end-of-life. The love, pain and loss are evident in the stories and memories she shares of her family, but she is animated and hopeful when talking about the next generation, and the possibility of the family growing once again, personifying the quote that “The pain of grief is just as much part of life as the joy of love”.

Marie reflects “I miss mum every day, but I can talk about it because she had a beautiful death and was able to have some control about how and when she died”.

**This article is an excerpt of the full article that is available to read on our website:**

[https://www.dwdnsw.org.au/the\\_price\\_we\\_pay\\_for\\_love](https://www.dwdnsw.org.au/the_price_we_pay_for_love)



Marie with her daughters raising money for MND research.

## Q and A with Sarah Barry

Sarah Barry is a mortality doula, funeral/living wake celebrant and holistic funeral director working with Life Rites Funerals. She's a professional tarot reader, an artist, chai-maker, and a Vipassana meditator.

She loves wearing all these hats and enjoys the way they all complement each other and allow her to have conversations with people that are real and deep.

As a mortality doula, Sarah has supported many people at their end-of-life and more recently through the voluntary assisted dying (VAD) process. One of these was Annie. Annie was diagnosed with breast cancer when she was in her mid-30s and was just 46 when she died.

### Can you share a bit about your work and experience with people who are dying?

When I first started working with Life Rites, most of my work was in the mortuary doing after death care, and assisting family and friends wash and dress their people, alongside funeral attendants. Nowadays I am mostly meeting with people as their celebrant and/or funeral director, and I may also be present at a home vigil, supporting a family to spend time with their person who has just died, until it's time for them to come into our care at Life Rites. I hope that more people can confront their own fears about death and dying, so that there can be more presence and clarity in the final days of their people, and themselves. Grief doesn't start once death occurs, it can start well before then, and the more open people are to sitting with the discomfort, the more flow and healing they can have in their own grieving process.

### Can you share a bit about your relationship with Annie?

We spoke deeply about mortality, what she wanted to do more of with the time she had left,



Annie (left) and Sarah Barry. Photo: Jay Black

intuition and how she could lean into and trust it in herself more, especially as she approached her final months, and trusting when it would be the right time for her to take the VAD medicine.

Annie was a very loving person, and she made her love obvious through clear and direct words and actions, ongoingly. She was an excellent friend cheerleader, always noticing and encouraging the strengths of the people in her orbit. Her absolute appreciation and trust in me allowed me such freedom and ease to bring my best to her as a doula, and then later as her funeral director and her celebrant.

### What was your experience of the VAD process and program?

I found the VAD process and program to be organised, inclusive and respectful. Every phone call I had with staff was polite and warm, and the pharmacists who came to deliver the VAD medicine to Annie's home in regional NSW were lovely. Annie approved!

On a practical level, the instructions were thorough and clear, and I felt confident that I would be able to do my part after meeting with the pharmacists, receiving instruction from them and reading the booklet they left with us.

### This article is an excerpt of the full Q and A that is available to read on our website:

[https://www.dwdnsw.org.au/q\\_and\\_a\\_with\\_sarah\\_barry](https://www.dwdnsw.org.au/q_and_a_with_sarah_barry)

## Community is still largely in the dark about VAD

### Research suggests there's more work to be done to inform the community

Eighteen months after voluntary assisted dying legislation (VAD) passed in Queensland, less than a third of the community know VAD is legal and less than a quarter know how to access it if they wanted to.

According to research released earlier this year by Ben White, Rachel Feeney and Lindy Willmott, of Queensland University of Technology (QUT), called *Community knowledge of voluntary assisted dying: A cross-sectional survey of the public in Queensland, Australia*, despite overwhelming community support for VAD, there is a dire lack of community awareness of VAD outside the health sector which could mean dying people are continuing to suffer unnecessarily.

Just 33% of the 1,000 survey responders included in the research knew that VAD is legal in Queensland; this figure rose to 62% for health practitioners (participants were classified as health practitioners based on their response to the question regarding relevant professional experience). Many people (41%) reported thinking VAD is not legal and around a quarter (26%) reported not knowing if VAD is legal in Queensland.

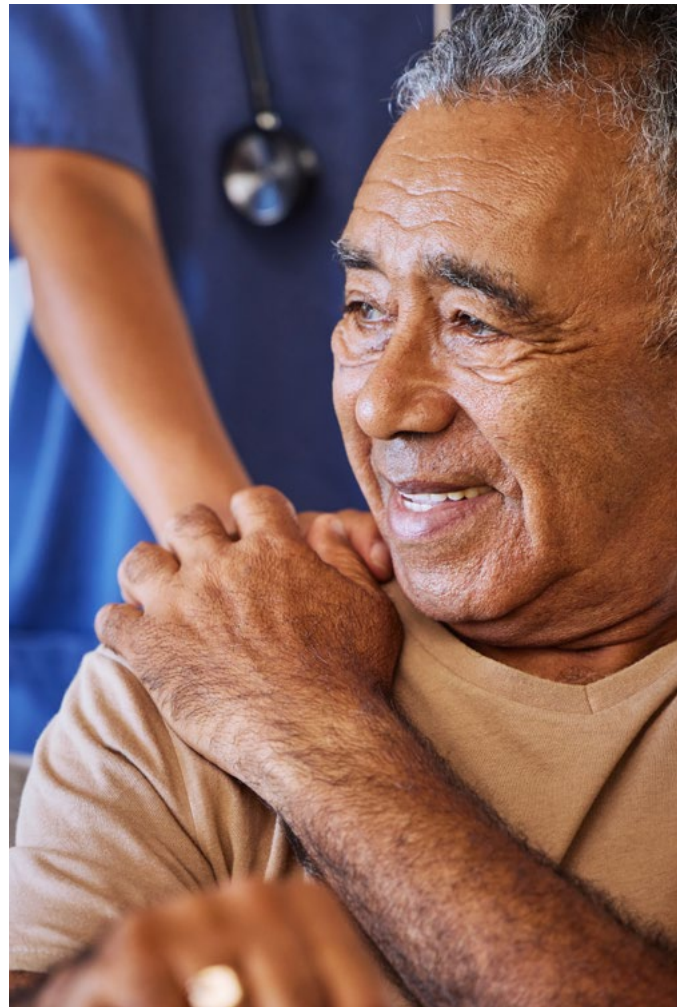
Most people (86%) said they'd accessed information on VAD online, typically via search engines, and from health and medical practitioners, primarily doctors. This could mean that awareness is even lower in older people, and people from culturally diverse backgrounds who don't access information online or feel confident asking their health practitioners and doctors for information.

This QUT research supports our belief that there is a similar lack of community awareness of VAD in NSW. In the 16 months since VAD implementation in NSW, we have spoken to many people, even those working in allied health or aged care facilities, who are not sure if VAD is legal and operational, and if they are aware, they're not sure how to access VAD.

Since a lack of awareness and understanding are major barriers to seeking and accessing VAD, we need to do more to increase awareness of VAD in the community and among potentially eligible people.

We need to continue to promote conversations around death, dying and VAD, and we ask our supporters to actively engage in conversations about VAD with family and friends. The laws we fought so hard to achieve are operational, and we want to ensure everyone knows about, and has access to VAD if they choose, at their end of life.

**To read the research paper in full:** [https://eprints.qut.edu.au/255019/3/Community\\_knowledge\\_of\\_voluntary\\_assisted\\_dying\\_Accepted\\_version\\_002\\_.pdf](https://eprints.qut.edu.au/255019/3/Community_knowledge_of_voluntary_assisted_dying_Accepted_version_002_.pdf)



## Bequests: A legacy of life's work to be proud of

Andrew Little spent his career working in community organisations in Australia and the UK and has experienced first-hand the ongoing challenge of securing sufficient funding for organisations to function, and to be able to focus on its core activities.

As a long-term member and volunteer of DWD NSW, Andrew has decided to leave a bequest in his Will to DWD NSW. He shares here what prompted him to do this, why bequests are important for charities, and reminds us how easy it is to do!



Andrew Little

**“Leaving a gift in my Will to charities is a win-win. It means that I can know that after I die, a percentage of my estate will be put towards causes that I hold dear, like DWD NSW. I hope that this will make life just a little easier for each of those charities”.**

### How valuable are gifts in Wills to charities?

Gifts in Wills are unbelievably valuable to small charities. Gifts in Wills are one of the few sources of funds that have no strings attached.

All too often funding sources that are available have strings attached with specific requirements and stipulations that require charities to focus on areas that are not their priority or worse, may restrict them from undertaking certain activities. This can particularly be the case when applying for government funding.

I wanted to leave a gift that had no strings attached, that allows the charity to use those funds as it sees best to achieve its key goals.

### Why are you leaving a bequest in your Will to DWD NSW?

I am committed to the cause, goals and aims of DWD. I lived through a terrifying era when the HIV epidemic was at its height, and I saw people dying in great pain and distress. I know some of them would have opted for voluntary assisted dying (VAD) if it were legal. I want to use a percentage of my financial means to ensure that DWD continues to exist, to ensure that VAD stays legal, and that the organisation can continue to help ensure that people know about and can easily access VAD should they so choose.

### How easy is it to leave a gift in your Will?

When I recently updated my Will, I found the process extremely straightforward.

I included charities dear to my heart, each of whom fight for a cause I am deeply committed to. For each of these charities I chose to leave a set percentage of my estate after all debts paid and assets realised. All I needed was to ensure that I included their name ‘Dying with Dignity NSW’ and ABN number, to ensure that they are properly identified.

### To find out more about leaving a gift in your Will to DWD NSW, visit:

[dwdnsw.org.au/make\\_a\\_bequest](http://dwdnsw.org.au/make_a_bequest)

## Our end-of-life webinar – Coming to terms with loss

Last September we resumed our end-of-life webinar series with a session on Grief and Bereavement – coming to terms with Loss.

We will all experience loss, but bereavement impacts people in ways that can be unexpected and surprising. Everyone grieves in their own way and there is no “right way” to grieve.

In coming to terms with the death of someone close to us, it can help to understand the many ways that grief can manifest itself, both emotionally and physically. This can also help us, individually and as a community, to support others who have lost a loved one.

We now know that a loved one’s choice of voluntary assisted dying (VAD) can give rise to some unique feelings and some people want to speak with others who have been through the same experience.

Our guest speakers for this event were clinician and researcher **Hayley Russell**, Griefline Clinical Services Manager **Marianne Bowdler** and Dying with Dignity Victoria board member **Jane Nosworthy**.

They touched on some of the many ways in which people might experience grief and loss, including

how a loved one’s death using VAD might impact the grieving process. This is a topic that Hayley Russell has examined after receiving a Churchill Fellowship in 2022 which allowed her to travel to Canada, the USA, Belgium and Switzerland to conduct research.

Marianne Bowdler shared Griefline’s services that include free individual grief counselling sessions for NSW residents. In partnership with Dying with Dignity Victoria, Griefline have piloted, and continue to run, VAD specific support groups which are available to people across Australia.

Jane Nosworthy supported a family member who chose VAD to end the suffering caused by a rare neurological condition. She was instrumental in setting up DWDV’s partnership with Griefline and participates in their VAD support groups as a “lived experience” facilitator along with a trained Griefline counsellor.

**To watch the recording of the webinar and get more information about Griefline’s services and support groups:**

[https://www.dwdnsw.org.au/eol\\_webinar\\_sept24](https://www.dwdnsw.org.au/eol_webinar_sept24)



**Grief and Bereavement**  
**Coming to terms with loss**

A free Dying with Dignity NSW webinar

**Wednesday 4 September 2024**  
**5-6.30pm (AEST)**

Dying with Dignity  
New South Wales

The graphic features a silhouette of a person standing on a beach at sunset, and three headshots of the speakers: Hayley Russell, Marianne Bowdler, and Jane Nosworthy.

## News from around Australia

### Major VAD Report issued

Voluntary assisted dying (VAD) is now available in all states and will be operational in the ACT in November 2025, after passing in June 2024. In August 2024 Go Gentle Australia published a report called *State of VAD: Voluntary Assisted Dying in Australia and New Zealand* ([https://www.gogentleaustralia.org.au/are\\_vad\\_laws\\_fulfilling\\_their\\_promise](https://www.gogentleaustralia.org.au/are_vad_laws_fulfilling_their_promise)).

As of August 2024, in Australia 2,467 people had had an assisted death. The average age of people accessing VAD is 73 and the most common underlying condition is cancer. There are 1,213 health practitioners (including nurses) who are registered and trained as VAD practitioners nationally.

One challenge across Australia is the so-called 'carriage laws'. This refers to Commonwealth legislation which make it an offence to use a 'carriage service' (such as a telephone, videoconference, email or other forms of electronic communication) to publish or distribute material that counsels or incites committing or attempting to commit suicide. This constitutes a huge impediment for people accessing VAD in regional and remote Australia.

### Changes to VAD law in Victoria

A five-year review of the Victorian Voluntary Assisted Dying Act 2017 was tabled in parliament in February 2025 and found that Victoria's ground breaking VAD law was "working as envisioned", however some of the safeguards in the legislation "impede access" to the end-of-life choice for eligible people.

Minister for Health, Mary-Anne Thomas said the government would support many of the reforms recommended in the review including:

- Removing the so-called 'gag clause' prohibiting health professionals from initiating conversations about VAD with patients
- Requiring health practitioners who conscientiously object to provide minimum information about VAD
- Amending Australian citizenship and permanent residency requirements
- Amending the Victorian residency requirement
- Removing the requirement for third assessments for those with neurodegenerative conditions
- Requiring additional reviews of the operation and scope of the legislation

These amendments are expected to go before the Victorian Parliament this year.

### Read the full review report:

<https://www.health.vic.gov.au/voluntary-assisted-dying/five-year-review>







We are totally reliant on membership fees, donations and bequests to operate. We are a registered charity so all donations over \$2 are tax deductible.

## Donations can be made via our website: [www.dwdnsw.org.au](http://www.dwdnsw.org.au)

Alternatively, you can make a donation via our other payment options.

### Please post your completed form to:

DWD NSW

PO BOX 25

BROADWAY NSW 2007

Or scan the completed form and email it to us at [dwd@dwdnsw.org.au](mailto:dwd@dwdnsw.org.au)

### Payment options

Please select ONE payment option below and make sure you **include a reference to the donation amount** so we can issue a receipt:

I will deposit the amount into the Westpac bank account:

**Dying with Dignity NSW**  
**BSB: 032 097**

**Account: 487463**

I enclose a cheque or money order (payable to DWD NSW)

Please charge my Mastercard or Visa Card (as per details below)

First Name:

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Cardholder number

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Expiry date

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CCV number - last 3 digits on back of card

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