

**ATTITUDES OF REGISTERED MEMBERS OF
ACT BRANCHES OF NATIONAL SENIORS AUSTRALIA
TOWARDS
VOLUNTARY ASSISTED DYING**

Report on a survey undertaken in October and November 2019

by

ACT Policy Advisory Group, National Seniors Australia

18 February 2020

ATTITUDES OF REGISTERED MEMBERS OF ACT BRANCHES OF NATIONAL SENIORS AUSTRALIA TOWARDS VOLUNTARY ASSISTED DYING

1. PURPOSE OF THIS REPORT

During October and November 2019 an online survey on attitudes towards voluntary assisted dying was conducted amongst members of National Seniors Australia who are living in the ACT and registered in ACT Branches.

The purpose of this document is to:

- (a) report on the findings of that survey
- (b) in the light of the views expressed by respondents, to identify implications regarding the provisions for Voluntary Assisted Dying if it were to implemented in the ACT some time in the future
- (c) to propose the undertaking of broader scale surveys in the ACT and nationally
- (d) to propose an amended questionnaire that could be used in such surveys

2. BACKGROUND

The ACT Policy Advisory Group of National Seniors Australia provides advice to the ACT Government on a range of policies and issues that are of concern to National Seniors in the ACT. One matter that is of considerable and increasing interest to our members is that of end of life choices. Of particular interest is the possibility of provisions for Voluntary Assisted Dying ("VAD") being implemented in the ACT. That interest is increasing because legislation for provision of VAD has been implemented in two States and is being given consideration in other States.

In the ACT the Policy Advisory Group ("PAG") collects and evaluates information of relevance to its policy development work. Recently it became aware that in 2018 Mr M Boesen and a group of like minded senior citizens had proposed to the Select Committee on End of Life Choices in the ACT by that a survey be undertaken to determine views on voluntary euthanasia. Subsequently, in 2019 the group provided to the Government a draft of a questionnaire that might be used in such a survey. It was decided that the authors of the survey proposal should be assisted through an online trial of it amongst National Seniors in the ACT. The PAG felt that such a trial would have these benefits:

- it would generate data that would be useful to the PAG in developing policy concerning end of life issues
- it would give the authors an opportunity to test the survey questionnaire, and if appropriate, to refine it for possible use in a broader scale survey in the ACT or elsewhere
- it would enable National Seniors Australia to evaluate the appropriateness of undertaking such a survey nationally

There are 250 registered members of ACT branches of National Seniors Australia. All were invited to participate in the survey. Returns were received from 93 of those 250 members during late November and mid-December of 2019. This substantial number of returns and the quality of responses ensures that the results can be regarded as being reliably indicative of the views of members of National Seniors in the ACT. The survey generated information that should be of great value in developing policy of importance to members of National Seniors Australia.

In considering the responses readers should keep in mind the characteristics of the respondents in terms of age and gender. Virtually all were aged between 60 to 89 (27% aged 60 to 69; 42% aged 70 to 79; 27 % aged 80 to 89). Females accounted for 72% of respondents and males 25%.

3. MAJOR CONCLUSIONS

In Appendix 1 of this document presents a detailed analysis of the data obtained for each question and an evaluation of its significance. The most important of the conclusions expressed in that appendix are presented here:

3.1 A very large majority of 86% of respondents agreed that access to VAD should be allowed for adults who have both a terminal illness and only a short time to live, and they meet eight other specific criteria (see analysis for Q10).

3.2 However, the responses to a number of questions indicate that there is only minority support for a short life expectancy being a mandatory precondition for access to VAD. (see analysis for Q6, Q7, Q11 and Q12).

3.3 A large majority of about 75% of the respondents gave responses on a number of questions indicating that having a terminal illness should not be a mandatory precondition for access to VAD (see analysis for Q5).

3.4 A large majority of 76% of the respondents agreed that irrespective of the time they have left to live and irrespective of whether or not they have a terminal illness, access to VAD should be allowed for adults if they have a "serious condition" causing suffering that cannot be relieved to an extent and in a manner that is acceptable to them and they meet nine other specific criteria (see analysis for Q11).

3.5 There was also majority support for allowing access to VAD for people aged over 60, irrespective of whether or not they have a terminal illness or a other serious condition, if they regard their life as being intolerable, and they meet eight other specific criteria. (see analysis for Q12).

3.6 The support for giving access to VAD for such elderly people was strongest in relation to adults of the most advanced age:

- a clear majority of 71% agreed that VAD should be allowed for such persons if they are aged over 90
- a sizeable majority of 61% agreed that VAD should be allowed for such persons if they are aged 81 to 90

- but only a slim majority of 52% agreed that VAD should be allowed for such persons if they are aged 61 to 80.

3.7 Taken as a whole, we conclude that amongst our respondents, there would be strong support for a model of provision of VAD that meets the needs of people in each of these three categories:

- (a) adults who are *in extremis* - those having a terminal illness and only a short time left to live; and
- (b) adults who do not have a terminal illness or a short time to live, but do have an intolerable serious condition; and
- (c) adults of an advanced age who do not have a terminal illness or a serious condition, but whose quality of life is intolerable, especially if they are aged over 90 and possibly where they are aged 81 to 90

3.8 In both the Victorian and Western Australian systems for VAD, access is restricted to only those people in the first of those three categories - that is, adults who have both a terminal illness and a short time to live. Thus, while the Victorian and Western Australian models of access to VAD may meet the needs of adults *in extremis*, they would certainly not meet the needs of adults in the other two categories listed above.

3.9 Consequently, our view is that there is a clear need for consideration to be given to less restrictive models that would meet the needs of a broader spectrum of people. We note that there are such models for VAD that have been proven to be effective through years of implementation in overseas jurisdictions. Examples are those in The Netherlands, Belgium and Switzerland.

3.10 The strength of demand for access to provisions for VAD was also reflected in the very strong agreement - by 88% of our respondents - to this question:

Would it be comforting for you to know that when you will be approaching the end of your life and in declining health or experiencing intolerable pain and an unacceptable quality of life, then there would be a legal, peaceful and assured means available to end your life, at a time and location of your choice and in the company of caring people?

3.11 To assess the strength and nature of the demand for access to provisions for VAD amongst the general population we recommend that a survey be conducted on a representative sample of adults of all ages in the ACT and - ideally - nationally.

3.12 The survey questionnaire used in this study appeared to be an effective instrument. However some improvements have now been incorporated in a revised questionnaire (see Appendix 3) which is proposed for use in any future surveys:

- wording of some questions improved to eliminate ambiguity and problems of interpretation
- deletion of two questions - old Q4 and Q8
- inclusion of supplementary questions after the old Q13

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Note: a copy of this report in PDF format can be downloaded from this web page:

<https://tinyurl.com/u9xlzck>

APPENDIX 1 - DETAILED REPORT

A. BACKGROUND - EVENTS THAT DETERMINED THE DESIGN OF THE SURVEY

In 2018 the need for a survey on views of ACT residents towards voluntary euthanasia was identified in Submission 112 made to the Select Committee on End of Life Choices in the ACT. The submission was developed by 12 Senior Citizens of the ACT, with the lead author being Mike Boesen.

Since the work of the Committee, provisions for VAD have been legislated in Victoria and more recently in Western Australia. Proponents in favour of VAD are hopeful that following those events, in time there will be provisions for VAD in other States and ultimately in the ACT and Northern Territory.

However, the group of Senior Citizens was and still is very concerned about the possibility of the very conservative and restrictive Victorian and Western Australian systems for provision of VAD being used as a model for legislation in other jurisdictions. Access to VAD in those States is limited to people who are *in extremis*. In Victoria access to VAD is restricted to people who are in the late stages of an incurable, advanced disease that is getting worse, and which will cause death within six months (or 12 months for a neurodegenerative disease) and is causing suffering that cannot be relieved in a way that is acceptable to the person. Access to VAD in Western Australia will be similarly restricted to people who have a disease, illness or medical condition that is advanced and progressive and cause death within six months (or 12 months for a neurodegenerative disease) and is causing suffering that cannot be relieved in a manner that the person considers tolerable. The view of the group of Senior Citizens is that while access to VAD for such people *in extremis* is clearly justified, there are many other people who would desire access to VAD but who would be denied access because they do not have a terminal illness or do not have only a short time to live.

Specifically, these types of people would be excluded from access to provisions for VAD in Victoria and Western Australia:

- adults who do not have a terminal illness or a short time to live, but do have a serious condition causing suffering that cannot be relieved to an extent and in a manner that is acceptable to them; and
- adults of a very advanced age who do not have a terminal illness or a serious condition, but whose quality of life is intolerable and they wish to end their life while they have decision-making capacity and are still able to manage their life.

The group indicated to the Select Committee that less restrictive models for access to VAD have been implemented successfully in a number of jurisdictions outside Australia for many years and their effectiveness has been evaluated over decades of their operation. They commended the 2017 briefing note dated November 2017 that was written by Prof. Penney Lewis, as it provided a comprehensive review of the nature and effectiveness of VAD systems in Europe, USA and Canada (see <https://tinyurl.com/s32r2ow>) The group pointed out that The Netherlands, Belgium and Switzerland appear to have operated much less restrictive systems and that their effectiveness appears to have been proven.

The group proposed that a survey be undertaken in the ACT to determine attitudes towards voluntary euthanasia and possible models for providing access. The group suggested that such a survey would enable views to be obtained about the appropriateness of criteria for access to VAD that are reflected in the Victorian model and also those criteria that are reflected in less restrictive models.

In its Report, the Select Committee made no reference to the possibility of undertaking such a survey. However, the ACT Policy Advisory Group of National Seniors Australia became aware of the survey proposal. Subsequently it decided that the authors of the proposal should be assisted through an online trial amongst National Seniors in the ACT. That survey was undertaken in October/November 2019. The questionnaire was more extensive than the draft that had been provided to the Government earlier in 2019.

B. METHODOLOGY

On 17 October 2019 an email inviting participation in an online survey about voluntary assisted dying was sent to all 250 registered members of the ACT branches of National Seniors Australia. The email was sent by the ACT Policy Advisory Group of National Seniors Australia. The closing date for the survey was 15 November 2019.

The survey questionnaire was an online instrument that was hosted on a server of the company QuestionPro. People were able to participate in the survey by running their computer or tablet, opening a browser and then entering a URL. That web page then requested a password. The URL was <https://natsenvad.questionpro.com> The password was **natsenact**

The QuestionPro system was configured so that only one response per IP address was permitted. That prevented entering multiple submissions from the one computer.

A total of a 108 people provided returns. That included 93 people who claimed to be a member of ACT National Seniors. It must be noted that no validation process was undertaken to guarantee that respondents claiming to be a member of ACT National Seniors were in fact members. Nor was any check possible to ensure that any person made multiple submissions by using more than one computer.

The QuestionPro system records the time taken to complete a return. The mean time for completion was 9 minutes.

A copy of the survey questionnaire as it would have appeared onscreen is provided as Appendix 4.

C. LIMITS TO INTERPRETING THE RESULTS

Because of the sizeable proportion of the people who were invited to provide returns did so (93 of the 250 people registered in ACT Branches of National Seniors Australia), the results from the survey should be reasonably applicable to the total population of ACT National Seniors.

However, it is not appropriate to assume that the results are applicable to all National Seniors in Australia.

Because all but one of the respondents was 60 or older it would be inappropriate to make generalisations relating to the general population in the ACT.

In view of the survey limitations, the results of the survey are best interpreted as being indicative of views of a sizeable number of elderly folk in the ACT who have an interest in VAD and who were sufficiently motivated to undertake the survey. It should be noted that such people included those who are opposed to VAD as well as those who are supportive of VAD. The survey in no way prevented a person who is opposed to VAD from submitting a return and all questions allowed for their attitudes to be recorded.

In the course of the following analysis of results, we have made suggestions about how some questions might be improved if the survey were to be undertaken a broader scale. Those suggestions are reflected in a revised questionnaire which is in Appendix 3.

D. DETAILED ANALYSIS OF THE RESPONSES TO THE QUESTIONS ASKED

In Appendix 2 to this report tabulations are presented for responses given for each of the questions in the survey. In the following section a commentary on the notable aspects of the tabulations is provided.

RESPONSES TO Q 1.

The question posed was:

In some circumstances might it be appropriate for a person to be given access to provisions for voluntarily assisted dying?

A very large majority (**91%**) indicated that they felt that in some circumstances it might be appropriate for a person to be given access to provisions for VAD. Only a very small proportion of **8%** of the respondents felt that "under no circumstances would it be appropriate".

RESPONSES TO Q 2.

From time to time a number of polls have posed a briefly stated set of circumstances to seek views on the appropriateness of providing access to VAD for people who are described in a single short sentence. To provide a means of comparison with results from such polls, we posed this question which was employed in a 2015 national poll undertaken by Ipsos Mori:

Do you think it should be legal or not for a doctor to assist a patient aged 18 or over in ending their life, if that is the patient's wish, provided that the patient is terminally ill (where it is believed that they have 6 months or less to live), of sound mind, and expresses a clear desire to end their life?

Consistent with that and other past polls, and consistent with the responses to Q1 in our survey, a large majority (**88%**) of respondents indicated that they are in favour of VAD being provided for such people.

In the Ipsos Mori poll the level of support was somewhat lower at 73%. However, in mean terms, our respondents would have been much older than those in the Ipsos Mori poll -

and in other polls. That factor and possibly changes in attitudes over time towards VAD may explain the higher level of support evidenced in our survey.

The large majority in support of VAD is also consistent with a survey undertaken amongst older Australians (aged over 50) in 2018 on behalf of COTA. In that survey 84% of the 2,562 respondents indicated that they supported this proposition:

“Assisted dying” is the practice whereby a person suffering from a terminal illness or incurable condition has the right to request a lethal drug from a doctor to end their life. Assuming there are sufficient protections and legislation in place, do you support or oppose this for your state/territory?

RESPONSES TO Q3 AND Q5.

Questions 3 and 5 involved the consideration of the issue of whether a person must have a terminal illness if they are to be allowed access to VAD. Q3 states:

If provisions for voluntary assisted dying were to be implemented in the ACT, should one of the criteria for allowing access to the provisions be that the person must have an incurable terminal illness that will cause death?

Opinions were divided but a majority of **56%** indicated they Agree strongly (31%) or Agreed (25%). Only a minority of **33%** indicated they Disagreed strongly (18%) or Disagreed (15%).

However, the regard for VAD indicated through Q3 is not as strong as that evidenced through the results for Q5 which states:

If a person does not have an incurable terminal illness but does have a serious condition that causes suffering that cannot be relieved to an extent or in a way that is acceptable to them, should they be allowed to access provisions for voluntary assisted dying (providing that they meet all other relevant criteria)?

For Q5 a large majority of **77%** Agreed strongly (**48%**) or Agreed (**29%**) that access to provisions for VAD should be allowed to such people. Only a small proportion of **12%** of respondents Disagreed strongly or Disagreed.

Support for VAD evidenced through Q3 is also not as strong as that indicated though results for Q11. For that question **76%** of respondents Strongly agreed (46%) or Agreed (30%) to provision of access to VAD for an adult who has "... a serious condition that may or may not comprise a terminal illness; and they are experiencing suffering that cannot be relieved to an extent and in a way that is acceptable to them". Q11 also listed eight other criteria that would need to be satisfied.

On the whole, we propose that the responses to Q5 and Q11 be taken as the best indication of views on whether having a terminal illness should or should not be a mandatory precondition to accessing provisions for VAD. The best indicator is that a large majority - in the order of **75%** - believe that having a terminal illness should NOT be a mandatory precondition to accessing provisions for VAD.

A number of respondents expressed concern that the term "terminal illness" was not defined adequately. To avoid that problem, we propose that it be defined explicitly in the next version of the questionnaire as this:

A terminal illness is defined as an incurable disease that is advanced, progressive and will cause death

On balance, we conclude that there is a risk that the significance of the term "must have an incurable terminal illness" in Q3 was overlooked by a significant number of respondents. If the survey were to be undertaken on a broader scale, we propose that the wording for Q 3 and Q5 be changed in the next version of the questionnaire to avoid misinterpretation:

Q3 (revised). **In this and later questions, a terminal illness is defined as an incurable disease that is advanced, progressive and will cause death.**

If voluntary assisted dying is implemented, should it be strictly limited to ONLY those people who have a terminal illness ?

Q5 (revised as Q4). **If a person does NOT have a terminal illness but DOES have an intolerable condition that causes suffering that cannot be relieved to an extent or in a way that is acceptable to them, should they also be allowed to access provisions for voluntary assisted dying (providing that they meet all other relevant criteria)?**

RESPONSES TO Q 4

The wording of Q4 was:

Q4. If having an incurable terminal illness were to be one of the mandatory criteria for allowing access to provisions for voluntary assisted dying, must it be a terminal illness that is advanced and progressive (getting worse)?

A majority of **62%** Agreed strongly (28%) or Agreed (34%) to the question. A minority of only 26% Disagreed strongly (14%) or Disagreed (12%).

A number of respondents expressed concern that the term "terminal illness" was not defined adequately and the words "incurable", "advanced" and "progressive" were redundant. Because of the deficiencies of the terms employed here it is difficult to interpret the implications of the data provided through this question. In view of that, and in view of the proposed provision of a definition of terminal illness, that question should be deleted in the next version of the questionnaire.

RESPONSES TO Q6 AND Q7.

There was no dominant view about whether having a short life expectancy should or should not be a mandatory criterion for access to VAD. The wording of Q6 was:

Q6. If provisions for voluntary assisted dying were to be implemented in the ACT, should one of the criteria for allowing access to the provisions be that the person must have a short life expectancy?

In Q6 there was an even split in opinions, with a minority of **38%** who Strongly agreed (18%) or Agreed (20%) that it should be a mandatory criterion, while an identical proportion of **38%** Disagreed strongly (20%) or Disagreed (18%).

The wording of Q7 was:

Q7. If a short life expectancy were to be one of the mandatory criteria for allowing access to provisions for voluntary assisted dying, what should the maximum life expectancy be?

For that question only a small minority of 22% selected the options of "not longer than 6 months" . An additional 11% selected "not longer than 12 months" (11%). In total only a minority of 34% of respondents appeared to regard life expectancy as being a mandatory criterion for allowing access to VAD.

Q7 results indicate that 66% of the respondents are either opposed to or are undecided about life expectancy being a mandatory criterion for access to VAD. That finding is somewhat inconsistent with the results for the detailed scenario provided in Q11. In Q11 76% of respondents endorsed the proposition that VAD should be available to people "... irrespective of the length of time they have left to live..." That would suggest that more than 66% of respondents would be opposed to or are undecided about life expectancy being a criterion for access to VAD. This inconsistency might be explained possibly in terms of respondents providing responses to Q6 and Q7 without giving much consideration to all the matters that are given focus through the content of the details given in Q11.

Irrespective of the inconsistency, the responses to Q6, Q7 and Q11 taken as a whole indicate that there is only minority support for a short life expectancy being a mandatory criterion for allowing access to VAD.

The next version of the survey questionnaire the wording of Q6 could be made shorter and more explicit and in these terms:

Q6 (revised as Q5). Should access to provisions for voluntary assisted dying be strictly limited to only those people who have a short life expectancy?

The wording of Q7 can remain unchanged:

Q7 (revised as Q6). If a short life expectancy were to be one of the mandatory criteria for being allowed to access provisions for voluntary assisted dying, what should the maximum life expectancy be?

RESPONSES TO Q8.

As noted later in this report, responses to questions 10, 11 and 12 provide measures of agreement or disagreement to provision of access to VAD for people who are portrayed in scenarios depicting persons who have a particular set of characteristics or attributes.

However, in Q8, the various characteristics and attributes are listed as separate stand-alone items, and the respondents were asked to consider for each item in isolation whether it should be "a mandatory precondition to being given access to provisions for voluntary assisted dying".

For Q8, a very large majority of respondents Strongly agreed or Agreed that these 10 possible preconditions should be mandatory:

- m. The person must have access to counselling and other appropriate support (**95%** Strongly agreed or Agreed)
- o. The person's decision to end their life must have been made freely and voluntarily, and must not have not been influenced by coercion (**95%** Strongly agreed or Agreed)
- c. The person must be fully informed about the voluntary assisted dying process and procedures and able to evaluate the implications of their decision (**94%** Strongly agreed or Agreed)
- d. The person must understand what voluntary assisted dying is and the outcomes of taking the prescribed medication (**92%** Strongly agreed or Agreed)
- k. The person must be fully informed about and competent to evaluate all relevant treatment options and palliative care options (**91%** Strongly agreed or Agreed)
- l. The person must have decided that no further current or likely future treatment option or palliative care option is acceptable to them (**91%** Strongly agreed or Agreed)
- n. The person must have consistently and repeatedly communicated their decision to undertake voluntary assisted dying (**91%** Strongly agreed or Agreed)
- j. The person must be fully informed about the nature and causes of their illness, condition, suffering and quality of life (**89%** Strongly agreed or Agreed)
- b. The person must have decision-making capacity (**88%** Strongly agreed or Agreed)
- i. The person must be experiencing suffering or a quality of life that is unacceptable to them (**87%** Strongly agreed or Agreed)

A lesser but still clear majority of respondents Strongly agreed or Agreed that these two possible preconditions should be mandatory:

- h. If the person does not have a terminal illness then they must have a serious condition that causes suffering (**74%** Strongly agreed or Agreed)
- a. The person must be at least 18 years of age (**73%** Strongly agreed or Agreed)

There were divided views on the following three possible preconditions:

e. The person must have an incurable terminal illness that will cause death - **52%** Strongly agreed or Agreed; **32%** Disagreed or Strongly disagreed; and **16%** were Undecided)

f. Such a terminal illness must be at an advanced stage and progressive (getting worse) - **60%** Strongly agreed or Agreed; **26%** Disagreed or Strongly disagreed; and **16%** were Undecided)

g. The person must have only a short time left to live **42%** Strongly agreed or Agreed; **33%** Disagreed or Strongly disagreed; and **25%** were Undecided)

The information collected through these stand-alone elements does not appear to add information of value to that obtained through questions prior to Q8 and the scenario questions 10, 11 and 12. For that reason, we have not included this question in the revised proposed questionnaire in Appendix 4.

BACKGROUND TO Q10, Q11 AND Q12.

Because of concerns about the possibility of future VAD systems being modelled on an overly restrictive system, the survey questionnaire developed by the 12 Citizens posed questions that would enable views to be expressed on the appropriateness of three models for access to provision for VAD: a very restrictive model and two less restrictive models.

Specifically, in the survey undertaken, these questions presented scenarios depicting criteria for access to VAD for adults in these circumstances :

- The Q10 scenario specifies key access criteria of the type reflected in the very restrictive Victorian and Western Australia models. In this scenario, views are sought on appropriateness of access to VAD being given to adults who have a terminal illness, only a short time left to live and experiencing suffering that cannot be relieved to an extent and in a way that is acceptable to the person.
- The Q11 scenario specifies key access criteria that are much less restrictive than those specified Q10. In the Q11 scenario it is stated that for a person to be given access to VAD it is not mandatory for them to have a short time to live or to have a terminal illness. However it is also indicated that they must have a "serious condition" (which may or may not comprise a terminal illness)". In general terms, the criteria in this scenario are along the lines of the provisions applied in The Netherlands. The criteria would also be consistent with those suggested by a majority of the members on the Select Committee on End of Life Choices in the ACT (see S9.40; p 95 in the Committee's Report).
- The Q12 scenario specifies key access criteria that are even less restrictive than those specified in Q11. The criteria are ones that might possibly be appropriate for people of advanced ages. As in the scenario for Q11 it is indicated that for a person to be given access to VAD it is not mandatory for them to have a short time to live or a terminal illness or a "serious condition". The key health/illness type of criterion specified in this question is that the person has decided that their quality of life is intolerable. There is at least one overseas jurisdiction - Switzerland - in

which people who would meet the criteria in the Q12 scenario would most likely meet the provisions for access to assisted dying.

RESPONSES TO Q10.

In the Q10 scenario the key criteria for access to VAD is that the person is an adult who has both a terminal illness, and only a short time to live.

The Q10 scenario also specifies other mandatory criteria: having decision-making capacity, being fully informed about VAD and its implications, experiencing suffering that cannot be relieved to an extent and in a way that is acceptable to them, being fully informed about and able to evaluate treatment and palliative care options, having decided that no further treatment or palliative care option is acceptable, having access to counselling and other support, making consistent and repeated requests for VAD, and their request being made freely, voluntarily and without coercion.

There is very strong majority support for the type of person portrayed in the scenario being given access to provisions for VAD: **86%** either Strongly agree (57%) or Agree (29%) that such people should be allowed to end their life through VAD. Only **11%** of respondents disagreed with provision of access to VAD for such people.

To eliminate the lack of precision in terminology concerning "terminal illness" we suggest these changes to the header sentence in the next version of the questionnaire (which changes Q10, 11 and 12 to Q7, 8 and 9):

In Q7, Q8 and Q9 the term terminal illness means an incurable disease that is advanced, progressive and will cause death.

Q7. Do you agree with this statement relating to adults who have BOTH a terminal illness AND only a short time left to live?

Any person aged 18 or older who has both a terminal illness AND only a short time left to live should be able to end their life through voluntary assisted dying, if all of these criteria are satisfied:

RESPONSES TO Q11.

As is indicated above, in the scenario for Q10, it is stipulated that a mandatory requirement for allowing access to VAD is that the person has a terminal illness and a short time left to live. However, the scenario presented in Q11 indicates clearly that neither of those conditions are mandatory; the lead-in to this question states:

Q11. Do you agree with this statement relating to adults, irrespective of their life expectancy and irrespective of whether or not they have a terminal illness:

Irrespective of the length of time they have left left to live, and irrespective of whether or not they have a terminal illness, then any

person aged 18 or older should be able to end their life through voluntary assisted dying, if all of these criteria are satisfied:

Of the 10 criteria listed below that statement, the key health/illness related criteria are that:

3. they have a serious condition that may or may not comprise a terminal illness

4. they are experiencing suffering that cannot be relieved to an extent and in a way that is acceptable to them

The scenario also specifies these other mandatory criteria: having decision-making capacity, being fully informed about VAD and its implications, understanding the causes of their suffering, being fully informed about and able to evaluate treatment and palliative care options, having decided that no further treatment or palliative care option is acceptable, having access to counselling and other support, making consistent and repeated requests for VAD, and their request being made freely, voluntarily and without coercion.

There is strong majority support for people of the type portrayed in this scenario being given access to VAD: **76%** either Strongly agree (46%) or Agree (30%) that such people should be allowed to end their life through VAD. Only **11%** of respondents disagreed with provision of VAD to such people.

The level of support for access to be given to people described in the Q11 scenario is not quite as strong as that for the scenario in Q10 depicting restriction to people who are *in extremis*. However, a support level of 76% indicates that a large majority of our respondents endorse the appropriateness of the less restrictive Q11 model for determining eligibility for access to VAD.

It should be noted that the type of person who would meet the very restrictive "terminal illness and only a short time to live" criteria specified in Q10 would be able to meet the "serious condition" criterion specified in the less restrictive Q11 scenario. So the needs of people *in extremis* could be met through the model reflected in the Q11 scenario. However, the less restrictive model that is reflected in the Q11 scenario would enable access to VAD by considerably more people than would be the case for the very restrictive Victorian and Western Australian systems that are reflected in the Q10 scenario.

Comments from some respondents indicate that there is some ambiguity with the term "serious condition". We propose that the term "intolerable health condition" be used instead of "serious condition". Therefore, in the next version of the questionnaire, item 3 in the question should become:

3. they have an intolerable health condition that may or may not comprise a terminal illness

RESPONSES TO Q12.

The scenario presented in Q12 depicts an even less restrictive set of criteria for such people than those reflected in the Q11 scenario. The scenario is posed as one that is

possibly appropriate for access to VAD by adults of advanced age - those aged 60 or older.

Again, the scenario presented in Q12 makes clear that neither of these two criteria that are in the Q10 scenario are mandatory: having a terminal illness or a short time left to live. In addition, it is also made clear that the criterion of having a serious condition that is included in the Q11 scenario is not mandatory. The lead-in to Q12 question states:

Q12. Do you agree with this statement relating to adults of an advanced age:

Irrespective of their life expectancy and irrespective of whether or not they have a terminal illness or other serious condition, then persons in the following advanced age categories should be allowed to end their life through voluntary assisted dying, if all of these criteria are satisfied:

Therefore, in the Q12 scenario, no specific state of health or illness is specified as a mandatory criterion for being allowed to end their life through VAD. The key health/illness criterion in this scenario is simply that the person has decided that "the quality of their life is intolerable".

The scenario also specifies other mandatory criteria which are in summary: having decision-making capacity, being fully informed about VAD and its implications, having undertaken a rational evaluation (of their life expectancy, health and illnesses, existing and likely future treatment options, palliative care options, and other relevant circumstances), being fully informed about and able to evaluate treatment and palliative care options, having decided that no further treatment or palliative care option is acceptable, having access to counselling and other support, making consistent and repeated requests for VAD, and their request having been made freely, voluntarily and without coercion.

It is reasonable to assume that people aged 60 or older who have a terminal illness or short time to live (as depicted in the Q10 scenario) should be able to satisfy the Q12 "intolerable quality of life" criterion. It is also reasonable to assume that any person aged 60 or older who is able to meet the "serious condition" criterion specified Q11 should be able to satisfy the Q12 "intolerable quality of life" criterion. However there would be other elderly people who would not meet those criteria but who could be given access to VAD on the basis of having an intolerable quality of life caused by other circumstances.

The level of support for providing access to VAD for people described in this scenario was determined in respect of four age groups: older than 90; 81 to 90; 71 to 80; and 61 to 70.

Q12.a The person is older than 90 - there is strong majority support for providing access to VAD for such people: **71%** of respondents Strongly agree (45%) or Agree (25%). Only a very small minority of **14%** indicate Strong disagreement or Disagreement.

Q12.b The person is aged 81 to 90 - for this slightly younger age group there is still clear majority support for providing access to VAD for such people: **61%** of respondents Strongly agree (38%) or Agree (23%). Only a small minority of **21%** indicate Strong disagreement or Disagreement.

Q12.c The person is aged 71 to 80 - for this even younger age group there is still majority support amongst for providing access to VAD for such people: **52%** of respondents Strongly agree (32%) or Agree (20%). A minority of only **25%** indicate Strong disagreement or Disagreement.

Q12.d The person is aged 61 to 70 - for this still younger age group again there is still majority support for providing access to VAD for such people: **52%** of respondents Strongly agree (28%) or Agree (24%). A minority of **24%** indicate Strong disagreement or Disagreement.

The responses to Q12 indicate that a majority of the respondents endorse provision of access to VAD to people who are of an advanced age, with criteria for access that would be far less restrictive than is the case for the models reflected in the scenarios for Q10 and Q11. The level of support for access to VAD for people aged over 90 was especially strong with **71%** of our respondents indicating agreement that access to VAD should be allowed. That level of support may be high enough to justify such provision. In addition, for people aged 81 to 90 the level of support at **61%** again may be high enough to justify such provision.

The value of applying the far less restricted set of entry prerequisites for very elderly people specified in Q12 is that it would make access to VAD being available to a broader spectrum of aged people than would be the case in the very restrictive Victorian or Western Australian systems reflected in the Q10 criteria. It would also be appropriate for access by very elderly people who do not meet the criteria reflected in the Q11 and Q12 scenarios.

RESPONSES TO Q13.

This question states simply:

Q 13. Would it be comforting for you to know that when you will be approaching the end of your life and in declining health or experiencing intolerable pain or an unacceptable quality of life, then there would be a legal, peaceful and assured means available to end your life, at a time and location of your choice and in the company of caring people?

There was very strong endorsement of that proposition: **88%** of respondents indicated either Strong agreement (70%) or Agreement (18%). Only a tiny minority of **7%** disagreed or strongly disagreed.

That pattern of responses is consistent with the responses given to questions 1, 2, 5, 10, 11 and 12. It is clear that amongst the Seniors that were surveyed, there is a very strong need for provisions for VAD that will provide the assurance that they appear to seek.

Some respondents suggested that the following subsidiary questions should be asked. They have been included in the proposed revised survey questionnaire provided in Appendix 3:

Q 13 b. If an adult wished to end their life in that way and they meet all the criteria specified earlier in Q8, would you have any reasons to oppose the person being given access to voluntary assisted dying?

- I would have no reason to oppose such access being given
- I am undecided
- I would oppose access to voluntary assisted dying being given to that person, for the reasons given below

Q 13 c. For what reasons would you oppose access to voluntary assisted dying being given to that person?

APPENDIX 2 - TABULATIONS FOR EACH QUESTION

Q1. In some circumstances might it be appropriate for a person to be given access to provisions for voluntarily assisted dying?

	(%)	(N)
Yes - in some some circumstances it would be appropriate	91%	85
Undecided	1%	1
No - under no circumstances would it be appropriate	8%	7
Total	100%	93

Q2. This question is asked in order to provide information that can be compared with information from past surveys:

Do you think it should be legal or not for a doctor to assist a patient aged 18 or over in ending their life, if that is the patient's wish, provided that the patient is terminally ill (where it is believed that they have 6 months or less to live), of sound mind, and expresses a clear desire to end their life?

	(%)	(N)
Yes - it should be legal	88%	82
No - it should not be legal	9%	8
Don't know	2%	2
Prefer not to say	1%	1
Total	100%	93

Q3. If provisions for voluntary assisted dying were to be implemented in the ACT, should one of the criteria for allowing access to the provisions be that the person must have an incurable terminal illness that will cause death?

	(%)	(N)
Agree strongly	31%	29
Agree	25%	23
Undecided	11%	10
Disagree	15%	14
Disagree strongly	18%	17
Total	100%	93

Q4. If having an incurable terminal illness were to be one of the mandatory criteria for allowing access to provisions for voluntary assisted dying, must it be a terminal illness that is advanced and progressive (getting worse)?

	(%)	(N)
Agree strongly	28%	26
Agree	34%	32
Undecided	12%	11
Disagree	12%	11
Disagree strongly	14%	13
Total	100%	93

Q5. If a person does not have an incurable terminal illness but does have a serious condition that causes suffering that cannot be relieved to an extent or in a way that is acceptable to them, should they be allowed to access provisions for voluntary assisted dying (providing that they meet all other relevant criteria)?

	(%)	(N)
Agree strongly	48%	45
Agree	29%	27
Undecided	11%	10
Disagree	4%	4
Disagree strongly	8%	7
Total	100%	93

Q6. If provisions for voluntary assisted dying were to be implemented in the ACT, should one of the criteria for allowing access to the provisions be that the person must have a short life expectancy?

	(%)	(N)
Agree strongly	18%	17
Agree	20%	19
Undecided	23%	21
Disagree	18%	17
Disagree strongly	20%	19
Total	100%	93

Q7. If a short life expectancy were to be one of the mandatory criteria for allowing access to provisions for voluntary assisted dying, what should the maximum life expectancy be?

	(%)	(N)
Life expectancy should be no longer than 6 months	22%	20
Life expectancy should be no longer than 12 months	11%	10
Life expectancy should be no longer than 18 months	0%	0
Life expectancy should be no longer than 24 months	1%	1
Life expectancy should not be a mandatory criterion	43%	40
Undecided	16%	15
Some other life expectancy criterion should apply	7%	6
No information	1%	1
Total	100%	93

Note: in the following table, the criterion letter indicates the order of the criteria as actually displayed in Q 8; the criteria below are listed in order of strength of agreement

Q8. This question provides a check list of criteria that might possibly be applied in determining whether or not a person should be given access to provisions for voluntary assisted dying.

Please indicate for each of the following criteria your view on whether it should be a mandatory precondition to being given access to provisions for voluntary assisted dying:

Criterion	Strongly agree + Agree	Undecided + No information	Strongly disagree + Disagree
m. The person must have access to counselling and other appropriate support	95%	4%	1%
o. The person's decision to end their life must have been made freely and voluntarily, and must not have not been influenced by coercion	95%	3%	2%
c. The person must be fully informed about the voluntary assisted dying process and procedures and able to evaluate the implications of their decision	94%	3%	3%
d. The person must understand what voluntary assisted dying is and the outcomes of taking the prescribed medication	92%	4%	4%
k. The person must be fully informed about and competent to evaluate all relevant treatment options and palliative care options	91%	6%	3%
l. The person must have decided that no further current or likely future treatment option or palliative care option is acceptable to them	91%	6%	3%
n. The person must have consistently and repeatedly communicated their decision to undertake voluntary assisted dying	91%	11%	8%
j. The person must be fully informed about the nature and causes of their illness, condition, suffering and quality of life	89%	7%	4%
b. The person must have decision-making capacity	88%	8%	4%
i. The person must be experiencing suffering or a quality of life that is unacceptable to them	87%	6%	7%
h. If the person does not have a terminal illness then they must have a serious condition that causes suffering	74%	13%	13%
a. The person must be at least 18 years of age	73%	14%	13%
f. Such a terminal illness must be at an advanced stage and progressive (getting worse)	60%	14%	26%
e. The person must have an incurable terminal illness that will cause death	52%	16%	32%
g. The person must have only a short time left to live (see Q7 for detailed response)	42%	25%	33%
p. Some other criterion or criteria must be met (please specify in the next question)	12%	74%	14%

Q10. Do you agree with this statement relating to adults who have both an incurable illness and only a short time left to live:

Any person aged 18 or older who has both a terminal illness and only a short time to live should be able to end their life through voluntary assisted dying, if all of these criteria are satisfied:

- 1. they have decision-making capacity; and***
- 2. they are fully informed about the voluntary assisted dying process and procedures and able to evaluate the implications of their decision to undertake voluntary assisted dying; and***
- 3. they are experiencing suffering that cannot be relieved to an extent and in a way that is acceptable to them; and***
- 4. they are fully informed about and competent to evaluate all current and likely future treatment options and palliative care options; and***
- 5. they have decided that no further treatment option or palliative care option is acceptable to them; and***
- 6. they have access to counselling and other appropriate support; and***
- 7. they have consistently and repeatedly communicated their decision to undertake voluntary assisted dying; and***
- 8. their decision to end their life has been made freely and voluntarily, and is not influenced by coercion.***

	(%)	(N)
Strongly agree	57%	53
Agree	29%	27
Undecided	3%	3
Disagree	3%	3
Strongly disagree	8%	7
Total	100%	93

Q11. Do you agree with this statement relating to relating to adults, irrespective of their life expectancy and irrespective of whether or not they have a terminal illness:

Irrespective of the length of time they have left left to live, and irrespective of whether or not they have a terminal illness, then any person aged 18 or older should be able to end their life through voluntary assisted dying, if all of these criteria are satisfied:

- 1. *they have decision-making capacity; and***
- 2. *they are fully informed about the voluntary assisted dying process and procedures and able to evaluate the implications of their decision to undertake voluntary assisted dying; and***
- 3. *they have a serious condition that may or may not comprise a terminal illness; and***
- 4. *they are experiencing suffering that cannot be relieved to an extent and in a way that is acceptable to them; and***
- 5. *they understand the nature and causes of their suffering; and***
- 6. *they are fully informed about and competent to evaluate all current and likely future treatment options and palliative care options; and***
- 7. *they have decided that no existing or likely future treatment option, and no palliative care option is acceptable to them; and***
- 8. *they have access to counselling and other appropriate support; and***
- 9. *they have consistently and repeatedly communicated their decision to undertake voluntary assisted dying; and***
- 10. *their decision to end their life has been made freely and voluntarily, and is not influenced by coercion.***

	(%)	(N)
Strongly agree	46%	43
Agree	30%	28
Undecided	10%	9
Disagree	5%	5
Strongly disagree	9%	8
Total	100%	93

Q12. Do you agree with this statement relating to adults of an advanced age:

Irrespective of the length of time they have left left to live, and irrespective of whether or not they have a terminal illness or other serious condition, then persons in the following advanced age categories should be allowed to end their life through voluntary assisted dying, if all of these criteria are satisfied:

- 1. *they have decision-making capacity; and***
- 2. *they are fully informed about the voluntary assisted dying process and procedures and able to evaluate the implications of their decision to undertake voluntary assisted dying; and***
- 3. *they have decided that the quality of their life is intolerable; and***
- 4. *that decision is the outcome of a rational evaluation of: their life expectancy; health and illnesses; existing and likely future treatment options; palliative care options; and other relevant circumstances; and***
- 5. *they are fully informed about and competent to evaluate all current and likely future treatment options and palliative care options; and***
- 6. *they have decided that no further current or likely future treatment option or palliative care option is acceptable to them; and***
- 7. *they have access to counselling and other appropriate support; and***
- 8. *they have consistently and repeatedly communicated their decision to undertake voluntary assisted dying; and***
- 9. *their decision to end their life has been made freely and voluntarily, and is not influenced by coercion.***

Q12 part a. access to voluntary assisted dying should be allowed for such people if they are **older than 90**

	(%)	(N)
Strongly agree	45%	42
Agree	26%	24
Undecided	13%	12
Disagree	8%	7
Strongly disagree	6%	6
No information	2%	2
Total	100%	93

Q12 part b. access to voluntary assisted dying should be allowed for such people if they are **aged 81 to 90**

	(%)	(N)
Strongly agree	38%	35
Agree	23%	21
Undecided	16%	15
Disagree	11%	10
Strongly disagree	10%	9
No information	3%	3
Total	100%	93

Q12 part c. access to voluntary assisted dying should be allowed for such people if they are **aged 71 to 80**

	(%)	(N)
Strongly agree	32%	30
Agree	20%	19
Undecided	18%	17
Disagree	13%	12
Strongly disagree	12%	11
No information	4%	4
Total	100%	93

Q12 part d. access to voluntary assisted dying should be allowed for such people if they are **aged 61 to 70**

	(%)	(N)
Strongly agree	28%	26
Agree	24%	22
Undecided	23%	21
Disagree	13%	12
Strongly disagree	11%	10
No information	2%	2
Total	100%	93

Q13. Would it be comforting for you to know that when you will be approaching the end of your life and in declining health or experiencing intolerable pain an unacceptable quality of life, then there would be a legal, peaceful and assured means available to end your life, at a time and location of your choice and in the company of caring people?

	(%)	(N)
Strongly agree	70%	65
Agree	18%	17
Undecided	4%	4
Disagree	1%	1
Strongly disagree	6%	6
Total	100%	93

PERSONAL DETAILS

Q14. Are you a member of National Seniors Australia?

	(%)	(N)
Yes	100%	93
No (please still complete this survey)	0%	0
Total	100%	93

Q15. In what State/Territory is your permanent residence located?

	(%)	(N)
ACT	100%	93
NSW	0%	0
Other Australian State or Territory	0%	0
Outside Australia	0%	0
Total	100%	93

Q16. What is your age?

	(%)	(N)
Less than 50	0%	0
50 to 59	1%	1
60 to 69	27%	25
70 to 79	42%	39
80 to 89	27%	25
Over 89	0%	0
Prefer to not say	3%	3
Total	100%	93

Q17. What is your gender?

	(%)	(N)
Male	25%	23
Female	72%	67
Prefer to not say	3%	3
Total	100%	93

**APPENDIX 3 - PROPOSED QUESTIONNAIRE TO BE USED ON A
BROADER SAMPLE OF RESPONDENTS**

**SURVEY ON VIEWS ABOUT
PROVISIONS FOR VOLUNTARY ASSISTED DYING**

Version: 2020_02_10

This survey is about attitudes towards voluntary assisted dying.

For the purposes of the survey, voluntary assisted dying would occur when a person who meets specific criteria or preconditions is able to end their life voluntarily by taking a drug that is provided legally and administered to achieve a certain, quick and peaceful death.

Where the term "terminal illness" is used in this survey it means this: an incurable disease that is advanced, progressive and will cause death.

The questions in this survey seek your views about what criteria or preconditions should be applied in determining a person's eligibility for access to provisions for voluntary assisted dying.

The answers you give will be treated with complete confidentiality. Answers obtained from each respondent will be combined so that the answers from individuals cannot be identified.

Provisions for access to voluntary assisted dying are being implemented in Victoria and Western Australia and is being considered in other States. However, please respond to the questions on the basis of your own personal opinions and views, irrespective of what legislated provisions may or may not apply now or in the future in Victoria, Western Australia and other States.

**FOR YOUR RESPONSES TO BE COUNTED
YOU MUST HIT THE "DONE" BUTTON AT THE END OF THE SURVEY.**

Hit "Next" to proceed.

Q1. In some circumstances might it be appropriate for a person to be given access to provisions for voluntary assisted dying?

- Yes - in some some circumstances it could be appropriate**
- Undecided**
- No - under no circumstances would it be appropriate**

Q2. This question is asked in order to provide information that can be compared with information from past surveys and polls:

Do you think it should be legal or not for a doctor to assist a patient aged 18 or over in ending their life, if that is the patient's wish, provided that the patient is terminally ill (where it is believed that they have 6 months or less to live), of sound mind, and expresses a clear desire to end their life?

- Yes - it should be legal**
- No - it should not be legal**
- Don't know**
- Prefer to not say**

IF YOUR ANSWERS TO QUESTION 1 AND 2 ARE "NO", PLEASE DO NOT QUIT THE SURVEY IMMEDIATELY. WE WOULD STILL LIKE YOU TO COMPLETE THE FOLLOWING DETAILED QUESTIONS, BUT IF YOU DO NOT WISH TO DO THAT, PLEASE COMPLETE THE DEMOGRAPHIC DETAILS QUESTIONS SO THAT YOUR RESPONSES WILL BE COUNTED IN THE SURVEY

How do you wish to proceed?

- Proceed with the detailed questions**
- Skip the detailed questions and go straight to the demographic details questions**
- Quit immediately**

NOTE: THIS IS THE START OF A NEW DISPLAY PAGE

Q3. In this and later questions, a terminal illness is defined as an incurable disease that is advanced, progressive and will cause death.

If voluntary assisted dying is implemented, should it be strictly limited to ONLY those people who have a terminal illness ?

- Agree strongly
- Agree
- Undecided
- Disagree
- Disagree strongly

Q4. If a person does NOT have a terminal illness but DOES have a intolerable condition that causes suffering that cannot be relieved to an extent or in a way that is acceptable to them, should they also be allowed to access provisions for voluntary assisted dying (providing that they meet all other relevant criteria)?

- Agree strongly
- Agree
- Undecided
- Disagree
- Disagree strongly

Q5. Should access to provisions for voluntary assisted dying be strictly limited to only those people who have a short life expectancy?

- Agree strongly
- Agree
- Undecided
- Disagree
- Disagree strongly

Q6. If a short life expectancy were to be one of the mandatory criteria for being given access to provisions for voluntary assisted dying, what should the maximum life expectancy be?

- life expectancy should be not longer than 6 months
- life expectancy should be not longer than 12 months
- life expectancy should be not longer than 18 months
- life expectancy should be not longer than 24 months
- access to voluntary assisted dying should NOT be restricted to only those people who have a short life expectancy
- undecided about life expectancy
- Some other life expectancy criterion should apply (Please specify:)

**THE FOLLOWING THREE QUESTIONS SEEK YOUR VIEWS
ON THE APPROPRIATENESS OF SETS OF PARTICULAR CRITERIA
THAT COULD BE APPLIED WHEN DETERMINING WHETHER PEOPLE
IN PARTICULAR CIRCUMSTANCES SHOULD BE GIVEN ACCESS
TO VOLUNTARY ASSISTED DYING**

In Q7, Q8 and Q9 the term terminal illness means an incurable disease that is advanced, progressive and will cause death.

Q7. Do you agree with this statement relating to adults who have BOTH a terminal illness AND only a short time left to live?:

Any person aged 18 or older who has both a terminal illness AND only a short time left to live should be able to end their life through voluntary assisted dying, if all of these criteria are satisfied:

- 1. they have decision-making capacity; and***
- 2. they are fully informed about the voluntary assisted dying process and procedures and able to evaluate the implications of their decision to undertake voluntary assisted dying; and***
- 3. they are experiencing suffering that cannot be relieved to an extent and in a way that is acceptable to them; and***
- 4. they are fully informed about and competent to evaluate all current and likely future treatment options and palliative care options; and***
- 5. they have decided that no further treatment option or palliative care option is acceptable to them; and***
- 6. they have access to counselling and other appropriate support; and***
- 7. they have consistently and repeatedly communicated their decision to undertake voluntary assisted dying; and***
- 8. their decision to end their life has been made freely and voluntarily, and is not influenced by coercion.***

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree

Q.8 Do you agree with this statement relating to adults irrespective of their life expectancy and irrespective of whether or not they have a terminal illness:

Irrespective of the length of time they have left to live, and irrespective of whether they have or do not have a terminal illness, then any person aged 18 or older should be able to end their life through voluntary assisted dying, if all of these criteria are satisfied:

1. ***they have decision-making capacity; and***
2. ***they are fully informed about the voluntary assisted dying process and procedures and able to evaluate the implications of their decision to undertake voluntary assisted dying; and***
3. ***they have an intolerable health condition that may or may not comprise a terminal illness***
4. ***they are experiencing suffering that cannot be relieved to an extent and in a way that is acceptable to them; and***
5. ***they understand the nature and causes of their suffering; and***
6. ***they are fully informed about and competent to evaluate all current and likely future treatment options and palliative care options; and***
7. ***they have decided that no existing or likely future treatment option, and no palliative care option is acceptable to them; and***
8. ***they have access to counselling and other appropriate support; and***
9. ***they have consistently and repeatedly communicated their decision to undertake voluntary assisted dying; and***
10. ***their decision to end their life has been made freely and voluntarily, and is not influenced by coercion.***

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree

Q 9. Do you agree with this statement relating to adults of an advanced age?

Irrespective of the length of time they have left to live, and irrespective of whether they have or do not have a terminal illness or other serious condition, then persons in the advanced age categories listed below should be allowed to end their life through voluntary assisted dying, if all of these criteria are satisfied:

- 1. they have decision-making capacity; and***
- 2. they are fully informed about the voluntary assisted dying process and procedures and able to evaluate the implications of their decision to undertake voluntary assisted dying; and***
- 3. they have decided that the quality of their life is intolerable; and***
- 4. that decision is the outcome of a rational evaluation of: their life expectancy; health and illnesses; existing and likely future treatment options; palliative care options; and other relevant circumstances; and***
- 5. they are fully informed about and competent to evaluate all current and likely future treatment options and palliative care options; and***
- 6. they have decided that no further current or likely future treatment option or palliative care option is acceptable to them; and***
- 7. they have access to counselling and other appropriate support; and***
- 8. they have consistently and repeatedly communicated their decision to undertake voluntary assisted dying; and***
- 9. their decision to end their life has been made freely and voluntarily, and is not influenced by coercion.***

	Strongly Agree	Agree	Undecided	Disagree	Strongly disagree
a. Access to voluntary assisted dying should be allowed for such persons if they are older than 90	[]	[]	[]	[]	[]
b. Access to voluntary assisted dying should be allowed for such persons if they are aged 81 to 90	[]	[]	[]	[]	[]
c. Access to voluntary assisted dying should be allowed for such persons if they are aged 71 to 80	[]	[]	[]	[]	[]
d. Access to voluntary assisted dying should be allowed for such persons if they are aged 61 to 70	[]	[]	[]	[]	[]

Q10 (a). Would it be comforting for you to know that when you will be approaching the end of your life and in declining health or experiencing intolerable pain or an unacceptable quality of life, then there would be a legal, peaceful and assured means available to end your life, at a time and location of your choice and in the company of caring people?

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree

Q10 (b) If an adult wished to end their life in that way and they meet all the criteria specified earlier in Q8, would you have any reasons to oppose the person being given access to voluntary assisted dying?

- would have no reason to oppose such access
- I am undecided
- I would oppose access to voluntary assisted dying being given to that person, for the reasons given below

Q10 (c) For what reasons would you oppose access to voluntary assisted dying being given to that person?

DEMOGRAPHIC DETAILS

Q11. Are you a member of the National Seniors Australia?

- Yes
- No (please still complete this survey)

Q12. In what State/Territory is your permanent residence located?

- ACT
- New South Wales
- Northern Territory
- Queensland
- South Australia
- Tasmania
- Western Australia
- Outside Australia

Q 13. What is your age?

- 18 to 29
- 30 to 39
- 40 to 49
- 50 to 59
- 60 to 69
- 70 to 79
- 80 to 89
- 90 to 99
- Over 99
- Prefer to not say

Q14. What is your gender?

- Male
- Female
- Prefer to not say

Q 15. What is your highest education qualification since leaving school?

- No qualification since leaving school
- Postgraduate degree or postgraduate diploma
- Bachelor degree or bachelor honours degree
- Undergraduate diploma
- Associate diploma
- Trade qualification
- Non-trade qualification
- Prefer not to say

Q16. What is your religious orientation?

- Roman Catholic
- Anglican / Church of England
- Uniting Church / Methodist
- Orthodox Church
- Presbyterian
- Other religious faith
- No religion
- Prefer not to say

THANK YOU FOR YOUR HELP

Thank you for your assistance in completing this questionnaire. Even if you have provided answers to only a few questions, your responses will be of value.

If you would like to provide any comments for consideration, please provide them here:

APPENDIX 4

**ONLINE SURVEY QUESTIONNAIRE
THAT WAS USED IN THE SURVEY OF ACT NATIONAL SENIORS
IN OCTOBER/NOVEMBER 2019**

Survey: Voluntary Assisted Dying 2019_10_16

SURVEY ON VIEWS ABOUT PROVISIONS FOR VOLUNTARY ASSISTED DYING

SURVEY ON VIEWS ABOUT PROVISIONS FOR VOLUNTARY ASSISTED DYING

The ACT Policy Advisory Group of National Seniors is conducting this survey to determine the attitudes of seniors in the ACT towards aspects of voluntary assisted dying. The survey will provide information of value in forming policy on this issue for consideration in future discussions with Government.

For the purposes of the survey, voluntary assisted dying would occur when a person who meets specific criteria or preconditions is able to end their life voluntarily by taking a drug that is provided legally and administered to achieve a certain, quick and peaceful death.

The questions in this survey are designed specifically to determine opinions about what criteria or preconditions should apply in determining a person's eligibility for access to provisions for voluntary assisted dying, if any such provisions were to be developed in the future.

The answers you give will be treated with complete confidentiality. Answers obtained from each respondent will be combined so that the answers from individuals cannot be identified.

The closing date for submitting this survey is 15 November 2019

Q1. In some circumstances might it be appropriate for a person to be given access to provisions for voluntarily assisted dying?

- Yes - in some some circumstances it would be appropriate
- Undecided
- No - under no circumstances would it be appropriate

Q2. This question is asked in order to provide information that can be compared with information from past surveys:

Do you think it should be legal or not for a doctor to assist a patient aged 18 or over in ending their life, if that is the patient's wish, provided that the patient is terminally ill (where it is believed that they have 6 months or less to live), of sound mind, and expresses a clear desire to end their life?

- Yes - it should be legal
- No - it should not be legal
- Don't know

- Prefer not to say
-

Q3. If provisions for voluntary assisted dying were to be implemented in the ACT, should one of the criteria for allowing access to the provisions be that the person must have an incurable terminal illness that will cause death?

- Agree strongly
 - Agree
 - Undecided
 - Disagree
 - Disagree strongly
-

Q4. If having an incurable terminal illness were to be one of the mandatory criteria for allowing access to provisions for voluntary assisted dying, must it be a terminal illness that is advanced and progressive (getting worse)?

- Agree strongly
 - Agree
 - Undecided
 - Disagree
 - Disagree strongly
-

Q5. If a person does not have an incurable terminal illness but does have a serious condition that causes suffering that cannot be relieved to an extent or in a way that is acceptable to them, should they be allowed to access provisions for voluntary assisted dying (providing that they meet all other relevant criteria)?

- Agree strongly
 - Agree
 - Undecided
 - Disagree
 - Disagree strongly
-

Q6. If provisions for voluntary assisted dying were to be implemented in the ACT, should one of the criteria for allowing access to the provisions be that the person must have a short life expectancy?

- Agree strongly
- Agree
- Undecided
- Disagree
- Disagree strongly

Q7. If a short life expectancy were to be one of the mandatory criteria for allowing access to provisions for voluntary assisted dying, what should the maximum life expectancy be?

- Life expectancy should be no longer than 6 months
- Life expectancy should be no longer than 12 months
- Life expectancy should be no longer than 18 months
- Life expectancy should be no longer than 24 months
- Life expectancy should not be a mandatory criterion
- Undecided
- Some other life expectancy criterion should apply (Please specify here:)

Q8. This question provides a check list of criteria that might possibly be applied in determining whether or not a person should be given access to provisions for voluntary assisted dying.

Please indicate for each of the criteria your view on whether it should be a mandatory precondition to being given access to provisions for voluntary assisted dying:

	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
a. The person must be at least 18 years of age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b. The person must have decision-making capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The person must be fully informed about the voluntary assisted dying process and procedures and able to evaluate the implications of their decision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The person must understand what voluntary assisted dying is and the outcomes of taking the prescribed medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The person must have an incurable terminal illness that will cause death	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Such a terminal illness must be at an advanced stage and progressive (getting worse)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. The person must have only a short time left to live (see Q7 for detailed response)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. If the person does not have a terminal illness then they must have a serious condition that causes suffering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. The person must be experiencing suffering or a quality of life that is unacceptable to them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. The person must be fully informed about the nature and causes of their illness, condition, suffering and quality of life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
k. The person must be fully informed about and competent to evaluate all relevant treatment options and palliative care options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. The person must have decided that no current or likely future treatment option or palliative care option is acceptable to them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. The person must have access to counselling and other appropriate support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. The person must have consistently and repeatedly communicated their decision to undertake voluntary assisted dying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- o. The person's decision to end their life must have been made freely and voluntarily, and must not have not been influenced by coercion
- p. Some other criterion or criteria must be met (please specify in the next question)

Q9. If you indicated above that some other criterion or criteria must be met, please provide details here:

THE FOLLOWING QUESTIONS ARE ABOUT APPROPRIATENESS OF PROVIDING ACCESS TO VOLUNTARY ASSISTED DYING, FOR PARTICULAR TYPES OF PEOPLE

Q10. Do you agree with this statement relating to adults who have both an incurable illness and only a short time left to live:

Any person aged 18 or older who has both a terminal illness and only a short time to live should be able to end their life through voluntary assisted dying, if all of these criteria are satisfied:

- 1. they have decision-making capacity; and***
- 2. they are fully informed about the voluntary assisted dying process and procedures and able to evaluate the implications of their decision to undertake voluntary assisted dying; and***
- 3. they are experiencing suffering that cannot be relieved to an extent and in a way that is acceptable to them; and***
- 4. they are fully informed about and competent to evaluate all current and likely future treatment options and palliative care options; and***
- 5. they have decided that no further treatment option or palliative care option is acceptable to them; and***
- 6. they have access to counselling and other appropriate support; and***
- 7. they have consistently and repeatedly communicated their decision to undertake voluntary assisted dying; and***
- 8. their decision to end their life has been made freely and voluntarily, and is not influenced by coercion.***

- Strongly agree
- Agree

- Undecided
 - Disagree
 - Strongly disagree
-

Q11. Do you agree with this statement relating to relating to adults, irrespective of their life expectancy and irrespective of whether or not they have a terminal illness:

Irrespective of the length of time they have left left to live, and irrespective of whether or not they have a terminal illness, then any person aged 18 or older should be able to end their life through voluntary assisted dying, if all of these criteria are satisfied:

- 1. they have decision-making capacity; and***
- 2. they are fully informed about the voluntary assisted dying process and procedures and able to evaluate the implications of their decision to undertake voluntary assisted dying; and***
- 3. they have a serious condition that may or may not comprise a terminal illness; and***
- 4. they are experiencing suffering that cannot be relieved to an extent and in a way that is acceptable to them; and***
- 5. they understand the nature and causes of their suffering; and***
- 6. they are fully informed about and competent to evaluate all current and likely future treatment options and palliative care options; and***
- 7. they have decided that no existing or likely future treatment option, and no palliative care option is acceptable to them; and***
- 8. they have access to counselling and other appropriate support; and***
- 9. they have consistently and repeatedly communicated their decision to undertake voluntary assisted dying; and***
- 10. their decision to end their life has been made freely and voluntarily, and is not influenced by coercion.***

- Strongly agree
 - Agree
 - Undecided
 - Disagree
 - Strongly disagree
-

Q 12. Do you agree with this statement relating to adults of an advanced age:

Irrespective of their life expectancy, and irrespective of whether or not they have a terminal illness or other serious condition, then persons in the following advanced age categories should be allowed to end their life through voluntary assisted dying, if all of these criteria are satisfied:

1. **they have decision-making capacity; and**
2. **they are fully informed about the voluntary assisted dying process and procedures and able to evaluate the implications of their decision to undertake voluntary assisted dying; and**
3. **they have decided that the quality of their life is intolerable; and**
4. **that decision is the outcome of a rational evaluation of: their life expectancy; health and illnesses; existing and likely future treatment options; palliative care options; and other relevant circumstances; and**
5. **they are fully informed about and competent to evaluate all current and likely future treatment options and palliative care options; and**
6. **they have decided that no further current or likely future treatment option or palliative care option is acceptable to them; and**
7. **they have access to counselling and other appropriate support; and**
8. **they have consistently and repeatedly communicated their decision to undertake voluntary assisted dying; and**
9. **their decision to end their life has been made freely and voluntarily, and is not influenced by coercion.**

	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
a. access to voluntary assisted dying should be allowed for such people if they are older than 90	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Access to voluntary assisted dying should be allowed for such people if they are aged 81 to 90	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Access to voluntary assisted dying should be allowed for such people if they are aged 71 to 80	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Access to voluntary assisted dying should be allowed for such people if they are aged 61 to 70	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q13. Would it be comforting for you to know that when you will be approaching the end of your life and in declining health or experiencing intolerable pain an unacceptable quality of life, then there would be a legal, peaceful and assured means available to end your life, at a time and location of your choice and in the company of caring people?

- Strongly agree
- Agree

- Undecided
 - Disagree
 - Strongly disagree
-

*

PERSONAL DETAILS

Q14. Are you a member of National Seniors Australia?

- Yes
 - No (please still complete this survey)
-

*** Q15. In what State/Territory is your permanent residence located?**

- ACT
 - NSW
 - Other Australian State or Territory
 - OutsideAustralia
-

Q 16. What is your age?

- 18 to 29
- 30 to 39
- 40 to 49
- 50 to 59
- 60 to 69
- 70 to 79
- 80 to 89

- 90 to 99
 - Over 99
 -
 - Prefer to not say
-

Q 17. What is your gender?

- Male
 - Female
 - Prefer to not say
-

THANK YOU FOR YOUR HELP

Thank you for your assistance in completing this questionnaire. Even if you have provided answers to only a few questions, your responses will be of value.

If you would like to provide any comments for consideration, please provide them here (note that the box will expand to allow you to type in a full response):
