

## The Australian model, summary of findings

Assisted dying legislation has been followed by almost one billion Australian dollars in additional palliative care funding across every state. These are alongside ten-year plans to improve palliative care services and technology in the area.

The systems in Australia have over 100 individual safeguards, many of which can only be fully seen after implementation. These include state-wide services, training, and guidance, which act as checks.

There are no signs of a slippery slope or that the nature of laws in Australia has significantly changed since adoption. States generally keep in line with each other and learn from each other rather than sliding towards significantly looser or more relaxed requirements.

As a result of the safeguards, there are no reports or evidence of people being coerced into an assisted death. The system has also shown it can detect coercion, as we heard from practitioners with cases of people being coerced out of an assisted death.

Individuals choose to access assisted dying for a variety of reasons. The mix of information and public knowledge available ensures individuals are making informed decisions.

Public opinion and the opinion of medical bodies have shifted further in favour of assisted dying over time as states have legalised assisted dying. The recent shift of the Australian Medical Association to a neutral stance is one example of the continuing movement on the issue as territories change their laws.

Surveys and interviews in the paper point to assisted dying not impacting or increasing the use of palliative care services, in part a result of the growth in conversations around end-of-life choices, including palliative care.

A system of local, regional, and national coexistence has emerged between palliative care and assisted dying. Whilst not perfect in every area, palliative care and assisted dying services do cooperate in some local areas and very often coexist for individuals as well.

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