"WL9"

COMPARATIVE JURISDICTION TABLE

EUROPE AND CANADA:						
JURISDICTION:	**DATE LEGALISED:**	**EXTENT OF LEGALISATION:**	**ELIGIBILITY CRITERIA:**	**SAFEGUARDS:**	**REPORTING OBLIGATIONS:**	**NUMBER OF INCIDENTS:**
Belgium	May 2002 (effective September 2002)	The Belgian Act on Euthanasia of 28 May 2002 Permits practitioner-administered medical assistance in dying. The Federal Commission for the Control and Evaluation of Euthanasia (FCCEE) also considers self-administered medical assistance in dying to fall within the Act's scope, provided the physician attends and all legal criteria are met.	1. Full decision-making capacity (minors without age limitation may request, provided they have capacity; amendment of 2014). 2. Request must be voluntary, well-considered, repeated, and free from external pressure. 3. Patient must be in a medically futile condition of constant and unbearable physical or mental suffering. 4. Suffering must result from a serious and incurable disorder caused by illness or accident.	1. Physician must inform patient of condition, life expectancy, and all options including palliative care. 2. Physician and patient must agree there is no reasonable alternative. 3. Mandatory consultation with an independent physician who reviews the medical record, examines the patient, and confirms criteria are met. 4. If patient is not expected to die in the near future, a second independent consultant (psychiatrist or specialist in the disorder) must also be consulted. 5. Patient may withdraw request at any time. 6. Physicians may conscientiously object but must refer to another physician.	1. Physician must report every case to the Federal Commission for the Control and Evaluation of Euthanasia (FCCEE) within 4 working days. 2. FCCEE reviews every case for compliance with legal requirements. 3. FCCEE reports biennially to the Federal Parliament.	No known incidents of abuse. One case has been forwarded to the Public Prosecutor by FCCEE. Prosecutor decided not to prosecute. 3 physicians were prosecuted following family-initiated complaint. All 3 were acquitted.
Netherlands	April 2002	The Termination of Life on Request and Assisted Suicide (Review Procedures) Act (2002) Permits both practitioner-administered and self-administered medical assistance in dying.	1. Patient's suffering must be unbearable with no prospect of improvement. 2. No reasonable alternative available. 3. Patients from age 12 may access medical assistance in dying (ages 12–16 require parental agreement; ages 16–18 require	1. Due care criteria require the physician to: - Be satisfied the request is voluntary and well-considered. - Be satisfied the suffering is unbearable with no prospect of improvement. - Have informed the patient of their situation and prognosis.	1. Physician must report every case to the municipal coroner. 2. Multidisciplinary Regional Euthanasia Review Committees (RTE) assess whether due care criteria have been met. 3. Comprehensive five-yearly evaluation of the regime.	No known incidents of abuse. Several procedurally non-compliant findings.

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			parental involvement in the decision process).	- Have concluded with the patient that there is no reasonable alternative. - Have consulted at least one independent physician who has examined the patient and given a written opinion. - Have exercised due medical care and attention.		
Switzerland	1942	The Swiss Criminal Code (1942) Only self-administered medical assistance in dying is permitted.	1. Physicians may prescribe lethal medication for self-administration within accepted professional practice. 2. As a general rule, assisted dying is permitted for physical illnesses but not psychiatric illnesses.	1. Request must be voluntary, persistent, and well-considered. 2. The final act of administering the lethal substance must be performed by the individual themselves.	Police must be informed of all unnatural deaths.	Unknown.
Spain	June 2021	The Organic Law for the Regulation of Euthanasia (June 2021) Permits both practitioner-administered and self-administered medical assistance in dying.	1. Spanish nationality, legal residence, or certificate of presence in Spain for more than 12 months. 2. Two voluntary written applications, separated by at least 15 calendar days. 3. Patient must be suffering from a serious and incurable illness or a chronic, debilitating condition. 4. Request must be free from external pressure.	1. Physician must verify eligibility and conduct a deliberative process with the patient regarding diagnosis, treatment options, and palliative care. 2. Process repeated after the second application; patient must confirm wish to continue. 3. Application submitted to the Guarantee and Evaluation Commission for final approval.	1. All applications submitted to the Guarantee and Evaluation Commission. 2. Attending physician must submit a report after completion, including patient details, dates, condition, suffering, voluntariness, and procedure followed.	Unknown

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Portugal	May 2023 (not yet in force)	Law 22/2023 (enacted 12 May 2023) Decriminalises self-administered medical assistance in dying. Practitioner administration is permitted only where the patient is physically incapable of self-administering.	1. 18 years or older. 2. Suffering from a serious and incurable disease. 3. Mentally fit to make a decision. 4. Portuguese citizen or legal resident. 5. Minimum two months between start of process and assisted death.	1. Two independent physicians must confirm eligibility. 2. A specialist in the relevant pathology must be consulted. 3. Compulsory psychological support for the patient. 4. Patient may withdraw request at any time. 5. Healthcare professionals may exercise conscientious objection.	Unknown	N/A
Austria	December 2021	The Federal Act on the Establishment of Death Directives (2021) Permits only self-administered medical assistance in dying.	1. Of legal age and capable of making decisions. 2. Decision made in a self-determined and free manner. 3. Incurable illness that leads to death, or serious permanent illness with persistent symptoms.	1. Two medical professionals must provide explanation; one must have palliative care qualifications 2. Patient must be informed of all treatment alternatives including hospice and palliative care. 3. Offer of psychotherapeutic discussions and suicide prevention advice. 4. A death directive must be drawn up before a notary or legally qualified person.	1. Death directive registered in the death decree register. 2. Identification data, dates, and details of the dying order must be reported. 3. Mortuary examiners must submit a separate report.	N/A
Germany	February 2020 (Federal Constitutional Court judgment)	Federal Constitutional Court judgment (2020) Decriminalised self-administered medical assistance in dying. Practitioner administration remains unlawful.	1. Patient must be of sound mind and of majority age. 2. Detailed eligibility criteria still under legislative development.	Still under development	Still under development	N/A
Italy	November 2019 (Constitutional Court Judgment No. 242/2019)	Constitutional Court Judgment No. 242/2019 (the Cappato case)	1. An irreversible pathology. 2. Physical or psychological suffering	1. Conditions must be verified by a public structure of the National Health Service.	Unknown	Unknown

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		Only self-administered medical assistance in dying.	the person considers intolerable. 3. Kept alive by means of life-sustaining treatment. 4. Fully capable of making free and informed decisions.	2. Prior opinion from the territorially competent ethics committee required. 3. The person must express their will clearly and unequivocally.		
Luxembourg	February 2008	The Law of March 16, 2009, on Euthanasia and Assisted Suicide Permits both practitioner-administered and self-administered medical assistance in dying.	1. Capable and conscious adult. 2. Request must be voluntary, thoughtful, repeated, and free from external pressure. 3. Hopeless medical situation with constant and unbearable physical or psychological suffering with no prospect of improvement, resulting from an accidental or pathological condition. 4. Written request required.	1. Physician must inform patient of health status, life expectancy, and discuss therapeutic and palliative care options. 2. Physician must be satisfied the request is voluntary and no acceptable alternative exists. 3. An independent consultant physician must examine the patient, review the medical file, and confirm suffering is constant, unbearable, and without prospect of improvement.	Physician must submit a declaration to the review commission including: patient and physician details, dates of consultations, condition, nature of suffering, elements confirming voluntariness, procedure followed, and means used.	Unknown
Jersey	Awaiting Royal Assent	Law permits both self-administered and practitioner-administered medical assistance in dying.	1. Terminal illness expected to cause death within 6 months (or 12 months for neurodegenerative conditions). 2. Decision-making capacity. 3. Voluntary and settled wish to die. 4. At least 18 years old. 5. Ordinarily resident in Jersey for at least 12 months.	1. Two independent medical assessments. 2. Written declaration witnessed by a third party. 3. Minimum 14-day reflection period. 4. Final capacity and consent review immediately before administration. 5. Right of appeal to the Royal Court.	1. Independent regulation by the Jersey Care Commission. 2. Mandatory post-death review by the Assisted Dying Review Panel. 3. Annual reporting.	N/A (the not yet in force)
Isle of Man	Awaiting Royal Assent	Bill permits self-administered medical assistance in dying only.	1. Adult (18 years or older).	1. Two independent physicians must confirm terminal illness, mental	Unknown	N/A (not yet in force).

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			2. Resident of the Isle of Man for at least 12 months. 3. Terminally ill with a life expectancy of 12 months or less. 4. Mentally competent and making a settled, informed decision. 5. Acting voluntarily and free from coercion.	capacity, and voluntariness. 2. Mandatory referral to a psychiatrist if doubts about capacity. 3. Waiting/reflection period applies. 4. Patient must self-administer the medication.		

NORTH AMERICA:						
UNITED STATES OF AMERICA						
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Oregon	October 1997	The Oregon Death with Dignity Act (1994) Permits only self-administered medical assistance in dying.	1. Adult (18 years or older). 2. Terminal illness with a prognosis of 6 months or less. 3. Decision-making capacity. 4. Voluntary request. 5. Capable of self-administering the medication.	1. Two physicians must confirm terminal illness, capacity, and voluntariness. 2. Patient must be informed of diagnosis, prognosis, risks, probable result, and alternatives including palliative and hospice care. 3. Written request witnessed by two independent persons. 4. Referral to mental health specialist if capacity is in doubt. 5. Patient may rescind request at any time.	1. Oregon Health Authority annually reviews records. 2. Healthcare providers must file dispensing records.	No evidence of abuse.
Washington	March 2009	The Washington Death with Dignity Act (2008)	1. Adult, resident of Washington State.	1. Two oral requests (at least 7 days apart) and one written request.	Healthcare providers must file dispensing records with the Department of Health.	No evidence of abuse.

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NORTH AMERICA:						
UNITED STATES OF AMERICA						
PROVINCE/STATE:	**DATE LEGALISED:**	**EXTENT OF LEGALISATION:**	**ELIGIBILITY CRITERIA:**	**SAFEGUARDS:**	**REPORTING OBLIGATIONS:**	**NUMBER OF INCIDENTS:**
		Permits only self-administered medical assistance in dying.	2. Terminal illness with a prognosis of 6 months or less. 3. Decision-making capacity. 4. Acting voluntarily. 5. Capable of self-administering the medication.	2. Two healthcare providers must confirm eligibility. 3. Informed consent after being given information on all end-of-life options.		
California	June 2016	The California End of Life Option Act (2015) Permits only self-administered medical assistance in dying.	1. 18 years or older, resident of California. 2. Terminal disease expected to result in death within 6 months. 3. Decision-making capacity. 4. Capable of self-administering the medication.	1. Three requests (two oral, one written and witnessed). 2. Two physicians must confirm terminal diagnosis, capacity, and voluntariness. 3. Private discussion with physician to confirm voluntary nature. 4. Referral for mental health evaluation if impaired judgement suspected. 5. Patient may rescind at any time.	Physician must note all requests in the patient's medical record. State Department of Public Health collects data and publishes annual reports.	No evidence of abuse.
Colorado	November 2016	The Colorado End-of-Life Options Act (2016) Permits only self-administered medical assistance in dying.	1. Capable adult, resident of Colorado. 2. Terminal illness with a prognosis of less than 6 months. 3. Voluntary request.	1. Two oral requests and one written request. 2. Two healthcare providers must confirm terminal illness, capacity, and voluntariness. 3. Patient informed of diagnosis, prognosis, risks, and alternatives including palliative care. 4. Patient may rescind at any time.	State Department of Public Health publishes annual reports.	No evidence of abuse.

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PROVINCE/STATE:	**DATE LEGALISED:**	**EXTENT OF LEGALISATION:**	**ELIGIBILITY CRITERIA:**	**SAFEGUARDS:**	**REPORTING OBLIGATIONS:**	**NUMBER OF INCIDENTS:**
New Mexico	June 2021	The Elizabeth Whitefield End-of-Life Options Act (2021) Permits only self-administered medical assistance in dying.	1. Adult. 2. Terminally ill with a prognosis of less than 6 months. 3. Decision-making capacity. 4. Capable of self-administering the medication.	1. Two physicians must confirm terminal illness, capacity, and voluntariness. 2. Physician must discuss diagnosis, prognosis, risks, and alternatives. 3. Patient must be able to self-administer.	Report to New Mexico Department of Health including patient age, gender, diagnosis, hospice enrolment, and date of self-administration.	No evidence of abuse.
Maine	June 2019	The Maine Death with Dignity Act (2019) Permits only self-administered medical assistance in dying.	1. Adult (18 years or older), resident of Maine. 2. Terminal disease with a 6-month prognosis. 3. Sound mind. 4. Capable of self-administering the medication.	1. Written request signed and witnessed by two individuals. 2. Two physicians must confirm terminal illness, competence, and voluntariness. 3. Patient informed of diagnosis, prognosis, risks, and alternatives including palliative and hospice care. 4. 15-day waiting period; opportunity to rescind.	Physician must document all requests, diagnoses, determinations, and confirm all requirements met.	No evidence of abuse.
Montana	December 2009	Baxter v Montana (2009): The Montana Supreme Court held that nothing in state law prohibits a physician from honouring a terminally ill, mentally capable patient's request. Only self-administered medical assistance in dying.	1. Competent adult, state resident. 2. Terminal illness confirmed by a consulting physician. 3. Voluntary request.	1. Physician must confirm terminal illness, competence, and voluntariness. 2. Patient must be informed of diagnosis, prognosis, risks, and alternatives including hospice and palliative care. 3. Physician must confirm no undue influence or coercion.	No statutory reporting framework (no statute affirmatively authorises assisted dying; the practice is not prohibited).	No evidence of abuse.

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Vermont	May 2013	The Patient Choice at End-of-Life Act (2013) permits only self-administered medical assistance in dying.	1. 18 years or older. 2. Terminal illness with a prognosis of 6 months or less. 3. Decision-making capacity. 4. Voluntary and informed request.	1. Two oral requests (second within 15 days; opportunity to rescind at second request). 2. Physician must confirm terminal condition and inform patient of diagnosis, prognosis, alternatives including palliative and hospice care, and risks. 3. Written request required.	Physician must file a form with the Vermont Department of Health including diagnosis, requests, and a completed checklist.	No evidence of abuse.
New Jersey	August 2019	The New Jersey Medical Aid in Dying for the Terminally Ill Act (2019) permits only self-administered medical assistance in dying.	1. Adult, resident of New Jersey. 2. Terminally ill with a prognosis of 6 months or less. 3. Decision-making capacity. 4. Acting voluntarily. 5. Capable of self-administering the medication.	1. Two oral requests (15 days apart) and one written request. 2. Two physicians must confirm terminal illness, capacity, and voluntariness. 3. Patient informed of diagnosis, prognosis, risks, and alternatives including palliative and hospice care. 4. Referral for mental health evaluation if required. 5. Patient may rescind at any time.	Dispensing record filed with the department within 30 days. Attending physician must transmit all documentation of the patient's death.	No evidence of abuse.
District of Columbia	June 2017	The DC Death with Dignity Act (2016) permits only self-administered medical assistance in dying.	1. Adult, resident of DC. 2. Terminally ill with a prognosis of 6 months or less. 3. Decision-making capacity. 4. Acting voluntarily.	1. Two physicians must confirm terminal illness, capacity, and voluntariness. 2. Patient informed of diagnosis, prognosis, risks, and alternatives	Annual statistical report published, including prescriptions issued, amounts prescribed, prescribing physicians, and patient demographics.	No evidence of abuse.

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			5. Capable of self-administering the medication.	including palliative and hospice care. 3. Patient may rescind at any time. 4. Consulting physician must independently verify.		
Hawaii	January 2019	Our Care Our Choice Act (2018) Permits only self-administered medical assistance in dying.	1. Adult (18 years or older), resident of Hawaii. 2. Terminal illness with a prognosis of 6 months or less. 3. Decision-making capacity. 4. Voluntary request. 5. Capable of self-administering the medication.	1. Two physicians must confirm terminal illness, capacity, and voluntariness. 2. Signed and witnessed written request required. 3. Mandatory mental health evaluation for every patient. 4. Patient informed of diagnosis, prognosis, risks, and alternatives including palliative care. 5. Patient may rescind at any time.	1. Physician must document all requests. 2. Follow-up documentation submitted to the Department of Health within 30 days of death.	No evidence of abuse.
New York	February 2026	Medical Aid in Dying Act (effective 5 August 2026) Permits only self-administered medical assistance in dying.	1. Adult (18 years or older), resident of New York. 2. Terminal illness (incurable and irreversible) likely to cause death within 6 months. 3. Decision-making capacity.	1. Two physicians must independently confirm diagnosis, prognosis, capacity, and voluntariness. 2. Mandatory mental health evaluation for every patient. 3. Written request witnessed by two persons (no financial interest in patient's death). 4. Oral request recorded by audio or video.	New York Health Commissioner must issue a publicly available annual report.	N/A (not yet in force).

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				5. Mandatory 5-day waiting period. 6. Healthcare professionals may conscientiously object.		
Illinois	December 2025	End-of-Life Options Act (effective September 2026) Permits only self-administered medical assistance in dying.	1. Adult (18 years or older), resident of Illinois. 2. Terminal illness with a prognosis of 6 months or less. 3. Decision-making capacity. 4. Acting voluntarily. 5. Capable of self-administering the medication.	1. Two oral requests and one written request (witnessed by two individuals. 2. Two physicians must confirm terminal illness, capacity, and voluntariness. 3. Patient informed of diagnosis, prognosis, risks, and alternatives including palliative care. 4. Referral for mental health evaluation if impaired judgement suspected. 5. Patient may rescind at any time.	Physician must document all requests in the patient's medical record. Illinois Department of Public Health collects and publishes data.	No evidence of abuse.
Delaware	June 2025	Ron Silverio End of Life Options Act Permits only self-administered medical assistance in dying.	1. Adult (18 years or older), resident of Delaware. 2. Terminal illness with a prognosis of 6 months or less. 3. Decision-making capacity. 4. Acting voluntarily. 5. Capable of self-administering the medication.	1. Two oral requests and one written request (witnessed by two individuals). 2. Two physicians must confirm terminal illness, capacity, and voluntariness. 3. Patient informed of diagnosis, prognosis, risks, and alternatives including palliative care.	Physician must document all requests in the patient's medical record. Delaware Department of Health and Social Services collects data and issues annual reports.	No evidence of abuse.

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				4. Referral for mental health evaluation if impaired judgement suspected. 5. Patient may rescind at any time.		
CANADA						
Canada	June 2016	Criminal Code, as amended by Bill C-14 (2016) and Bill C-7 (2021). Both self-administered and practitioner-administered medical assistance in dying are permitted.	1. Grievous and irremediable medical condition (serious and incurable illness, disease or disability). 2. Eligible for government-funded health services. 3. 18 years or older. 4. Decision-making capacity. 5. Voluntary request, not the result of external pressure. 6. Informed consent after being informed of alternatives including palliative care.	Two tracks, depending on whether natural death is reasonably foreseeable, including: 1. Two independent physicians or nurse practitioners must confirm eligibility. 2. Request to be signed, dated, and witnessed. 3. Informed consent after being informed of all options including palliative care. 4. Express opportunity to withdraw immediately before provision. If natural death is not reasonably foreseeable (Track 2): additional safeguards including 90-day assessment period, consultation with specialist in the condition, and patient must be informed of and offered consultations with relevant support services.	All requests to be reported to the federal government. Minister of Health required to publish an annual report. Provincial oversight bodies review individual cases (over 91% of cases individually reviewed).	No reported cases of police charges for non-compliance. No findings of undue influence over a patient's decision. Some media reports and minor procedural compliance concerns.

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SOUTH AMERICA:						
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Colombia	1997 Practitioner-administered euthanasia decriminalised by Constitutional Court ruling C-239 of 1997. Self-administered assisted suicide decriminalised in 2022 (ruling C-164 of 2022).	Both practitioner-administered and self-administered medical assistance in dying are permitted.	1. Free and informed consent (directly, through advance directive, or via substituted consent in specific circumstances). 2. Authorisation by an Interdisciplinary Scientific Committee within a designated clinic or hospital. 3. Intense physical or psychological suffering caused by a bodily injury or a serious and incurable disease.	1. Interdisciplinary Scientific Committee (physician with relevant expertise, lawyer, and psychiatrist or psychologist) reviews every request and must respond within 10 days. 2. Once approved, patient has 15 days to undergo the procedure. 3. Right to seek a second opinion if patient disagrees with committee's decision. 4. Patient may withdraw consent at any time. 5. Conscientious objection permitted for individual physicians (not institutions or committee members).	Physician must keep a record of any medical assistance in dying procedure. Ministry of Health publishes data.	Unknown
Cuba	December 2023 (Legislation recognising the right to a dignified death; regulations not yet finalised)	The legislation recognises '[t]he right of people to a dignified death…in end-of-life decisions, which may include the limitation of therapeutic effort, continuous or palliative care, and valid procedures that end life'. The regulations that would govern eligibility criteria, safeguards, and reporting have not yet been finalised.	Unknown	Unknown	Unknown	Unknown

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Peru	April 2024 (Supreme Court exemption in individual case; euthanasia remains illegal)	Eligibility criteria, safeguards, and reporting frameworks have not been established.	Unknown	Unknown	Unknown	Unknown
Ecuador	February 2024 (decriminalised by High Court ruling; regulations drafted April 2024)	Only practitioner-administered medical assistance in dying is addressed in the draft regulations (April 2024).	1. 18 years or older. 2. Ecuadorian citizen or legal resident. 3. Formal application with medical report detailing diagnosis, disease progression, and treatments received. 4. For patients unable to make decisions: notarised advance directive and certification of incapacity required.	1. Request submitted to the Technical Secretariat of the Interdisciplinary Committee at a public health institution. 2. Interdisciplinary Committee (specialist doctors, psychologist, psychiatrist, lawyer, bioethicist, social worker, civil society representative) has 10 days to issue its decision. 3. Applicant has 10 days to confirm or revoke the request once approved. 4. Members may decline participation due to conflict of interest or conscientious objection.	Detailed medical report and committee records must be documented. Final procedure report must be filed. Death recorded as natural death on the death certificate. All documentation archived and subject to review by health authorities.	Unknown

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Victoria	June 2019	Voluntary Assisted Dying Act 2017 (Vic). Both self-administered and practitioner-administered medical assistance in dying. Self-administration is the default; practitioner administration only where patient is	1. 18 years or older. 2. Australian citizen or permanent resident, ordinarily resident in Victoria for at least 12 months. 3. Decision-making capacity.	1. Three requests (including a written declaration signed before two witnesses and a final request, which may be verbal or by gestures). 2. Two independent medical practitioners must assess	Voluntary Assisted Dying Review Board reviews every case. Forms submitted to the Board throughout the VAD process.	No reported incidents of abuse. 24 cases of non-compliance, all procedural errors were reported, all procedural (e.g. late return of unused medication,

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		physically incapable of self-administration.	4. Diagnosed with a disease, illness or condition that is incurable, advanced, progressive and will cause death within 6 months (or 12 months for neurodegenerative conditions). 5. Suffering that cannot be relieved in a manner the person considers tolerable.	eligibility (referral to specialist if needed). 3. Patient informed of diagnosis, prognosis, treatment options, palliative care, risks, and right to withdraw. 4. Participating practitioners must complete mandatory VAD training.		witnessing errors, late form submissions)
Queensland	January 2023	Voluntary Assisted Dying Act 2021 (Qld). Both self-administered and practitioner-administered medical assistance in dying.	1. 18 years or older. 2. Australian citizen, permanent resident, or resided in Australia for at least 3 years. 3. Disease, illness or condition that is advanced, progressive and will cause death within 12 months. 4. Decision-making capacity. 5. Acting voluntarily and without coercion. 6. Request must be enduring.	1. Three requests (first and third may be verbal; second must be written and witnessed by two eligible witnesses). 2. Two independent medical practitioners must assess eligibility. 3. Coordinating practitioner must carry out a final review. 4. Participating practitioners must complete mandatory VAD training.	Voluntary Assisted Dying Review Board reviews every case.	No reported incidents of abuse. One isolated case involving a person unlawfully taking a VAD substance intended for their deceased spouse.
New South Wales	November 2023	Voluntary Assisted Dying Act 2022 (NSW). Both self-administered and practitioner-administered medical assistance in dying; person may choose either method.	1. 18 years or older. 2. Australian citizen, permanent resident, or resided in Australia for at least 3 continuous years. 3. Resident in NSW for at least 12 months. 4. Disease, illness or condition that is advanced, progressive,	1. Three requests (including one written, witnessed by two eligible witnesses). 2. Two independent medical practitioners must assess eligibility. 3. Final review by coordinating practitioner.	NSW Voluntary Assisted Dying Board reviews cases as an independent oversight body.	No reported incidents of abuse. One referral to external agencies.

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AUSTRALIA						
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			will cause death within 6 months (12 months for neurodegenerative diseases), and is causing intolerable suffering. 5. Decision-making capacity. 6. Acting voluntarily, without pressure or duress. 7. Enduring request.	4. Participating practitioners must complete mandatory VAD training.		
South Australia	January 2023	Voluntary Assisted Dying Act 2021 (SA). Both self-administered and practitioner-administered medical assistance in dying. Self-administration is the default.	1. 18 years or older. 2. Australian citizen or permanent resident, lived in South Australia for at least 12 months. 3. Incurable disease, illness or condition that is advanced, progressive, will cause death within 6 months (12 months for neurodegenerative conditions), and is causing intolerable suffering. 4. Decision-making capacity. 5. Acting freely and without coercion.	1. Two independent medical practitioners must assess eligibility. 2. Physician must confirm request is enduring. 3. Physicians must have mandatory VAD training. 4. Consulting practitioner must complete an independent second assessment.	SA Voluntary Assisted Dying Review Board reviews cases as an independent oversight body.	No known incidents of abuse. 3 reported incidents of non-compliance, relating to administrative and technical issues that did not affect the clinical care of the patient.
Western Australia	July 2021	Voluntary Assisted Dying Act 2019 (WA). Both self-administered and practitioner-administered medical assistance in dying.	1. 18 years or older. 2. Australian citizen or permanent resident, lived in Western Australia for at least 12 months. 3. Incurable disease, illness or condition that is advanced, progressive, will cause death within 6 months (12 months for neurodegenerative	1. Three requests (including a written declaration signed before two witnesses). 2. Two independent medical practitioners must assess eligibility. 3. Patient informed of diagnosis, prognosis, treatment options,	WA Voluntary Assisted Dying Board reviews cases as an independent oversight body.	No known incidents of abuse. There have been referrals to Department of Health, all of which related to procedural requirements (e.g. timeliness of disposal of VAD substances).

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			conditions), and is causing intolerable suffering. 4. Decision-making capacity. 5. Acting freely and without coercion.	palliative care, risks, and right to withdraw. 4. Participating practitioners must complete mandatory VAD training.		
Tasmania	October 2022	End-of-Life Choices (Voluntary Assisted Dying) Act 2021 (Tas). Both self-administered and practitioner-administered medical assistance in dying.	1. 18 years or older. 2. Australian citizen or permanent resident, lived in Tasmania for at least 12 months. 3. Incurable disease, illness or condition that is advanced, progressive, will cause death within 6 months (12 months for neurodegenerative conditions), and is causing intolerable suffering. 4. Decision-making capacity. 5. Acting freely and without coercion.	1. Three requests (including written declaration signed before two witnesses). Coordinating practitioner conducts three separate assessments; consulting practitioner conducts one independent assessment. 2. Patient informed of diagnosis, prognosis, treatment options, palliative care, risks, and right to withdraw. 3. Participating practitioners must complete mandatory VAD training.	Reports submitted to the Coroner and to the Tasmanian Voluntary Assisted Dying Commission.	No reported incidents of abuse.
Australian Capital Territory	November 2025	Voluntary Assisted Dying Act 2024 (ACT). Both self-administered and practitioner-administered medical assistance in dying; person may choose either method.	1. 18 years or older. 2. Resident of the ACT for the preceding 12 months (or granted an exemption). 3. Advanced, progressive medical condition expected to cause death and causing intolerable suffering. 4. Decision-making capacity.	1. Three requests (including one in writing, witnessed). 2. Two independent, trained health practitioners must assess eligibility (one may be a nurse practitioner).	All steps reported to the Voluntary Assisted Dying Oversight Board.	No reported incidents of abuse.
New Zealand						

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OCEANIA:						
AUSTRALIA						
PROVINCE/STATE:	**DATE LEGALISED:**	**EXTENT OF LEGALISATION:**	**ELIGIBILITY CRITERIA:**	**SAFEGUARDS:**	**REPORTING OBLIGATIONS:**	**NUMBER OF INCIDENTS:**
New Zealand	November 2021	The End-of-Life Choice Act 2019 permits both self-administered and practitioner-administered medical assistance in dying.	1. 18 years or older. 2. Citizen or permanent resident of New Zealand. 3. Terminal illness likely to end life within 6 months. 4. Advanced state of irreversible decline in physical capability. 5. Experiencing unbearable suffering that cannot be relieved in a manner considered tolerable. 6. Competent to make an informed decision.	1. Patient must make a formal request before a physician can discuss assisted dying. 2. Two independent physicians must assess all eligibility criteria (referral to psychiatrist if competence concerns arise). 3. Compliance check by the Registrar for Assisted Dying must be completed before the assisted death can proceed. 4. Physicians may conscientiously object but must refer the patient.	All physicians must submit an assisted death report to the End of Life Review Committee, including details of the method, medication, place, date and time of death.	Unknown

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