

Impact of VAD on Healthcare Workers in Australia

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Executive summary

Voluntary Assisted Dying (VAD) was first introduced into Australian Healthcare when the first legislation was implemented in Victoria in 2019. Since then it has been implemented in all states and the Australian Capital Territory. In order to explore the impact of this profound change in the way medicine is practised, an anonymous survey was conducted on behalf of *Ethical End of Life Care*. The link was advertised online at a range of healthcare websites and used snowball sampling with data collected over a three week period in January - February 2026. Responses from 125 participants were collated for this report.

Two thirds of the cohort were doctors, and 10% were nurses. The majority were aged between 40-59 years and worked in public hospitals. Strong or absolute objection to VAD was held by 87% of the cohort, so this survey primarily reflects those views.

Responses painted a picture of healthcare workers feeling increased strain at work due to the practice of VAD. A sample of free text responses is given through the document.

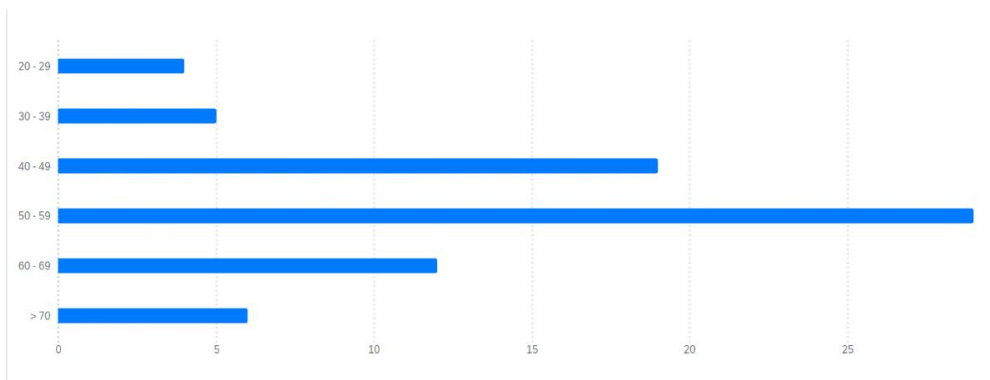
The survey showed that Australian healthcare workers are feeling increased strain at work due to the practice of VAD. The majority of responders had tried to avoid being involved with VAD by a variety of strategies, including changing their workplace or avoiding VAD patients, with 7% resigning from their work completely. A subgroup chose to accompany patients while providing a high standard of palliative care, which was reported to deter patients from choosing to proceed with VAD.

Participants reported a range of tensions experienced in their workplace between those who supported and those who opposed VAD. Over a third of the sample reported that their manager had not been able to accommodate their opposition to VAD, though others felt obliged to support VAD even when they didn't want to, to support patient choice. Half the sample reported adverse impacts from their concern about VAD, with 80% reporting symptoms of moral distress. Moral distress has been linked to a variety of negative physical and mental health consequences (sleep disturbances, fatigue, headaches) as well as negative professional consequences (burnout, reduced empathy, job turnover). Other concerns included alarm at VAD guidelines not being followed correctly, the corruption of standards for natural end of life care, and concern for the welfare of those practising VAD.

What is your profession?

Doctor	66%
Nurse	10%
Other healthcare worker	24%

What is your age in years?



What is your primary place of work?

Public hospital	62%
Private hospital	15%
Residential aged care	4%
Community	19%

What is your view on Voluntary Assisted Dying?

No objection	3%
Neutral	11%
Strongly object	26%
Absolutely object	61%

Has VAD been practised in your workplace?		Have you been asked to assist or facilitate an act of VAD in the place where you work?	
Yes	68%	Yes	40%
No	32%	No	60%

I'm seeing standards for natural dying ignored because of VAD in some wards.

Yes	40%
No	60%

Have you tried to avoid being involved in an act of VAD?

Yes	68%
No	32%

How have you tried to avoid being associated with acts of VAD?

Resigning	7%
Calling in sick when you knew an act of VAD would be occurring	2%
Arranging transfer to a workplace where VAD does not occur	4.5%

Other	89%
Referral or transfer care to others who facilitate VAD / avoiding care of patients undergoing VAD assessment	15.8%
Refusal to participate in VAD	14%
Clarify role delineation / choose role not involved in VAD	8.8%
Accompany patient with optimal palliative care as many then decide not to go ahead with VAD	8.8%
Making my moral position against VAD clear	7%
Arranging not to be present when VAD occurs	7%
Advocating against VAD at administration level	3.5%
Discouraging patient from VAD choice	3.5%
Avoiding VAD training	3.5%
I have not been able to avoid involvement	7%

I had previously been involved as a VAD practitioner. In the process of so doing I observed that the law was not followed as written and also came to see it as a profoundly evil act. I withdrew from VAD practice, made my views known to the board, and have continued to be solicited occasionally to see if I would come back to it.

Is your manager aware of your VAD objection?		Has your manager been able to accommodate your non-participation in VAD?	
Yes	74%	Yes	66%
No	26%	Sometimes	15%
		No	19%

I spoke to my manager about it and wasn't involved. However, if there was no other staff available I would have assisted – although I'd rather not be involved. I feel strongly that I should respect the choices of the patients even though I would probably make different choices. I don't feel that patients should be disadvantaged because healthcare workers happen to oppose their choices.

Has your avoidance of VAD been criticised by your other colleagues?

Yes	29%
No	71%

I have been accused of obstructing and complaints were made against me when trying to provide best care.

Have you felt that you are becoming increasingly isolated from other staff members because of your stance on this issue?

Yes	27%
No	73%

In a meeting I referred to a patient who had been euthanased as the patient we had killed. I was reprimanded by the head of department after a nurse complained. Calling it what it is – is not permitted. Euphemisms must be used to 'normalise' VAD activities.

Do you perceive friction between the staff who are okay with VAD and those who are not?

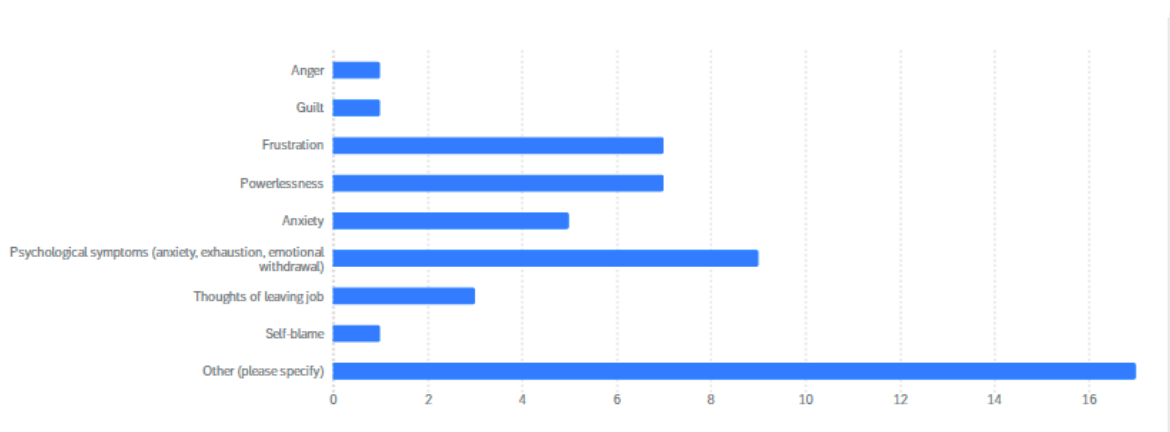
Yes	74%
No	26%

I have watched while junior medical officers were being told at meetings that the person should have had VAD instead when trying to improve outcomes for natural dying within my hospital.

Has your concern about VAD practice affected you personally?

Yes	70%
No	30%

If you are affected, how has your concern about VAD primarily been experienced (one response only)?



Other	
Multiples of the above	11.8%
Concern that problems of VAD are not acknowledged	7.8%
Difficulty sleeping	2%
Concern that it will come to my workplace and I will be expected to participate	2%
Needing to change place of work	2%
Personal criticism for my views	21.6%

I experience fatigue from hypervigilance to prevent VAD in my patients, disappointment at a lack of consultation, needing to take time off and it is wearing me down.

The workplace is uncomfortable.

I am concerned for the psychological and moral wellbeing of those who allow themselves to become involved in VAD.

It is a stain on my soul. (Former VAD practitioner)