

Victorians with a terminal illness will be able to request an assisted death from the middle of 2019, after the state's parliament became the first in Australia to legalise voluntary assisted dying. Victorian residents over the age of 18, of decision making capacity, who have six months to live and are in intolerable suffering can be granted access to lethal medication to end their life.

Eligibility is extended to 12 months for those with neurodegenerative conditions, such as motor neurone disease, multiple sclerosis and Alzheimer's disease.

Here are five articles in The Conversation's coverage leading up to the passing of the bill, that will give you a better understanding of what's in it, the issues in the debate and what drugs might be offered for those who request access to assisted dying.

1. What's in the bill?

Victorian Premier Daniel Andrews has said the safeguards in this legislation [make it the safest](#) and most conservative model in the world.

The [Voluntary Assisted Dying bill](#) was drafted after several reports based on extensive consultations with relevant stakeholders.

After a [parliamentary inquiry](#) into end-of-life choices delivered recommendations in December 2016, the [Victorian government responded](#) by setting up an independent panel of experts to propose what would be in the bill. Chaired by former president of the Australian Medical Association, Professor Brian Owler, the panel's report was delivered in July 2017.

Ben White, Lindy Willmott and Andrew McGee, from Queensland University of Technology, wrote at the time:

The panel has proposed a very rigorous process - comprised of 68 safeguards – that involves three separate requests for voluntary assisted dying (one which is witnessed by two independent witnesses) and two independent medical assessments.

Read more about the panel's recommendations that informed the final bill here:

[*Victoria may soon have assisted dying laws for terminally ill patients*](#)

2. Why did some oppose the bill?

After a 47-37 conscience vote in [favour of the bill](#) in the lower house on October 20, 2017, the legislation went to the upper house, where it faced some heavy opposition.

The team from Australia's Centre for Health Law Research at QUT categorised the reasons MPs voted "no" into four themes:

[...] the bill doesn't have adequate safeguards to protect the vulnerable; legalising assisted dying presents a slippery slope; palliative care services must be improved first; and a doctor's duty is to treat, not to kill.

[*Four reasons Victorian MPs say 'no' to assisted dying, and why they're misleading*](#)

3. What were the amendments?

The upper house passed the legislation only after taking in some amendments. The main of these is a change to the time an eligible patient has to live, from 12 to six months. There are exceptions though, for people with neurodegenerative conditions, such as motor neurone disease and multiple sclerosis, who can apply for assistance to die up to 12 months before their expected death.

Professor Colleen Cartwright argues such strict prognoses are problematic, as doctors generally [struggle with predicting how long someone has to live](#), and many tend to overestimate the time. She writes:

A review of studies exploring predictions of survival in palliative care for patients with a range of illnesses found that doctors' predictions were 'frequently inaccurate'. Estimates ranged from an underestimate of 86 days to an overestimate of 93 days.

[***The six-month amendment could defeat the purpose of Victoria's assisted dying bill***](#)

4. What drugs will be given?

One thing that is still unclear is what kind of drugs will be used to help end a patient's life. The drug most commonly used in other jurisdictions, Nembutal, is not legal in Australia. Betty Chaar and Sami Isaac from the University of Sydney's school of pharmacy explain:

While [alternative drugs] are legally available in Australia, they could cause a long, protracted death, with many more side effects that could cause distress and suffering at the end of life. Nembutal and its relatives are less likely to do so, with greater evidence from international practices than any other drugs that can end life.

Read more about the drugs that may be suitable for the purposes of assisted dying:

[***Dying a good death: what we need from drugs that are meant to end life***](#)

5. Don't forget palliative care

And while assisted dying is another avenue for someone with intolerable suffering to be able to relieve that suffering, the government must still ensure everyone has good end-of-life care. The Victorian Andrews government has, in line with the assisted dying bill, also pledged to spend

Want to better understand Victoria's assisted dying laws? These five articles will help

Written by Sasha Petrova, Deputy Editor: Health + Medicine

A\$62 million over five years to improve palliative care across the state.

Director of the Health Program at the Grattan Institute Stephen Duckett writes:

Politicians regularly express their support for palliative care. Yet, there is often a chasm between such positive rhetoric and actual delivery.

[Assisted dying is one thing, but governments must ensure palliative care is available to all who need it](#)

The Conversation also has a palliative care series that explains end-of-life care in Australia. You can read these articles [here](#).

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Read more <http://theconversation.com/want-to-better-understand-victorias-assisted-dying-laws-these-five-articles-will-help-88310>