

## Inequity of access to voluntary assisted dying for New Zealand citizens residing permanently in Australia

TO THE EDITOR: Recently, I had the privilege of providing end-of-life care for a remarkable man who had contributed a great richness to the cultural life of Australia. A New Zealander by birth, he came to Australia as a young man and over the subsequent four decades, built a life in Victoria. He had witnessed both good and bad deaths; a brother had died uncomfortably following an aspiration, whereas his mother had “a beautiful dying”, her suffering eased with a morphine infusion. We shared a wonderful conversation as this articulate and thoughtful man reflected on these deaths and how they guided his thoughts as he considered his own. He valued both his dignity and the impact that the manner of his death would have on those he would leave behind, and had sought out assisted dying so that he could die on his own terms.

Voluntary assisted dying (VAD) involves medical assistance to end life when the suffering from a terminal disease becomes intolerable. In Victoria,<sup>1</sup> South Australia<sup>2</sup> and Western Australia,<sup>3</sup> eligibility for VAD is restricted to Australian citizens and permanent residents.<sup>4</sup> The intended purpose of this restriction is to prevent patients travelling to access VAD.<sup>5</sup> However, the consequence of this legislative language is to deny access to New Zealanders who have substantive connection to Australia, and who otherwise enjoy many of the rights and obligations of Australian citizens. New Zealand citizens are entitled to live, work and freely access most government benefits (including Medicare) in Australia, and so may choose to not apply for citizenship. As of 2023, there were 598 000 New Zealanders residing in Australia,<sup>6</sup> many of whom are not eligible for VAD by circumstances of their Australian residency alone. If they remained in New Zealand, they would be entitled to access VAD there.<sup>7</sup>

This was the case for my patient, who discovered his ineligibility too late in his disease process. Although palliative care gave him a relatively quick and comfortable death, it did not give him a death on his own terms. Although I recognise the value of preventing medical tourism for the purpose of VAD, the current requirement is unnecessarily

restrictive and the law, as it stands in Victoria, is unjust. The more nuanced approach taken in other states, which requires three years of residency, would remedy this inequity.

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