Voluntary euthanasia is a complex social issue which continues to be debated by the community. Those contributing to the debate include: providers of medical, nursing and midwifery care; those seeking to end their lives due to pain and illness; advocates for voluntary euthanasia; ethicists; religious organisations; and the broader community.

It has become an issue for a range of reasons including: the advent of modern medical technology which makes it possible to artificially prolong life; cases which have arisen where existing laws have been challenged, such as the Northern Territory ‘Rights of the Terminally Ill Act of 1996’, which was overturned by the Australian Government; and the growing population of older people and those with terminal illnesses.

For the purposes of this position statement voluntary euthanasia is defined as intervention by one person to end the life of another person with that person’s informed consent and with the primary intent of relieving pain and suffering and causing death.

It is the position of the Australian Nursing Federation that:

1. Society’s approach to voluntary euthanasia should be informed by the moral dimensions of:
   - respect for self-determination;
   - concern for quality of life; and
   - compassion for those who suffer.

2. Currently euthanasia is not legal in Australia. Registered nurses, enrolled nurses and registered midwives are obliged by both the law and their professional codes of practice and ethics, to practice within the law.

3. Adult patients with decision-making capacity have a common law right to consent to or refuse medical treatment which is offered to them. Refusal of medical treatment is not voluntary euthanasia and is not illegal.

4. We support advance care planning where individuals consider end-of-life decisions while they have the capacity to do so, and to provide instructions about their wishes for future treatment as direction for their family and health professionals.

5. Our membership comes from diverse cultural, religious, and ethnic backgrounds, and that members hold a range of ethical views on the subject of voluntary euthanasia. Nurses, midwives and assistants in nursing have the right to hold their own opinion and for their opinion to be respected.
6. Registered nurses, enrolled nurses and registered midwives have a professional responsibility to stay reliably informed about the ethical, legal, cultural and clinical implications of voluntary euthanasia.

7. We have a role in providing nurses, midwives and assistants in nursing with information about issues related to voluntary euthanasia and providing a forum for members to debate those issues. Our role is also to participate in the broader public debate as an appropriate organisation to ensure that the nursing and midwifery voice is heard.

8. In the event that voluntary euthanasia becomes legalised, nurses, midwives and assistants in nursing have the right to conscientiously object to participating in the carrying out of voluntary euthanasia.

9. Irrespective of whether euthanasia is legalised the ANF will continue to lobby for adequate resourcing of palliative care (including suitably qualified and adequate numbers of nurses and midwives) for those requesting and/or requiring palliation.

10. Where a person expresses a wish for voluntary euthanasia, nurses should be prepared to discuss the legal and medical parameters of this request as well as other options available to the person or seek the assistance of knowledgeable health care professionals that are willing to do so. This discussion should take place in an informed, unbiased and sensitive manner respectful of the person’s condition and context.

11. We will continue to participate in the debate and will ensure a critical nursing and midwifery voice is represented in the public and political domains.

12. We support legislative reform so that persons with a terminal or incurable illness that creates unrelieved, profound suffering shall have the right to choose to die with dignity in a manner acceptable to them and shall not be compelled to suffer beyond their wishes.

13. Legislative reform must ensure that no individual, group or organisation shall be compelled against their will to either participate or not participate in an assisted or supported death of a sufferer.

14. Legislative reform must ensure that it shall not be an offence to confidentially advise a sufferer regarding a voluntarily chosen death, assist or support such a death, or to be present at the time of that death.

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