Advocacy for Inclusion – Submission to the ACT Voluntary Assisted Dying Consultation

April 2023

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Thank you for the opportunity to highlight our priorities in the ACT Voluntary Assisted Dying consultation process.

# About us

Advocacy for Inclusion incorporating People with Disabilities ACT[[1]](#footnote-2) is an independent organisation delivering reputable national systemic advocacy informed by our experience in individual advocacy and community and government consultation. We provide dedicated individual and self-advocacy services, training, information, and resources in the ACT.

As a Disabled People’s Organisation, the majority of our organisation, including our Board of Management, staff, and members, are people with disabilities. Advocacy for Inclusion speaks with the authority of lived experience. It is strongly committed to advancing opportunities for the insights, experiences, and opinions of people with disabilities to be heard and acknowledged.

Advocacy for Inclusion operates under a Human Rights Framework.

We uphold the principles of the United Nations Convention on the Rights of Persons with Disabilities and strive to promote and advance the human rights and inclusion of people with disabilities in the community. Advocacy for Inclusion is a declared public authority under the Human Rights Act 2004.

# Introduction

In this submission Advocacy For Inclusion does not express a view about whether Voluntary Assisted Dying (VAD) laws should be passed in the ACT. We have not been able to prioritise consultation on this issue in the timeframes allowed within a busy work agenda for disability at the start of 2023 following the repeal of the Andrews Bill. We believe that there are a range of views on this issue in the ACT disability community with some common concerns about risks and the need for safeguards.

UN Convention on the Rights of People with Disability Article 10 – Right to life

*States Parties reaffirm that every human being has the inherent right to life and shall take all necessary measures to ensure its effective enjoyment by persons with disabilities on an equal basis with others.*

We recognise that the Government has flagged an intention to introduce Voluntary Assisted Dying that legislation is likely to pass. We also note that officials have flagged an intention to closely follow the Victorian model.

Our submission therefore addresses the limitations, safeguards and supports that need to be put in place to provide the maximum amount of protection to people with disability against unintended outcomes. It also notes Victorian safeguards and makes recommendations consistent with achieving safety and rights protections in the ACT as a human rights jurisdiction with health care access challenges.

Discussions on VAD cannot occur outside of the context of the disability and health supports available to vulnerable people who might seek to access VAD along with our Human Rights obligations. Our submission urges we take the time and the effort to implement them.

These including Article 10 – Right to Life as well as Article 15 – Freedom of torture or cruel, inhuman or degrading treatment or punishment, Article 16 – Freedom from exploitation, violence and abuse, Article 17 – Protecting the integrity of the person and Article 25 – Health. If the ACT is to introduce VAD as a human rights jurisdiction it must take ‘all necessary measures’ to ensure people with disability who might fall into the path of VAD enjoy a right to life on an equal basis with others.

In this submission, we call for a package of measures and work to address unintended consequences of VAD in the short and medium terms. We emphasise the need for investments that address gaps in disability support for people in distress and to manage, deliver, monitor, and evaluate the ACT Disability Health Strategy and the Disability Strategy and call for packages to mitigate unintended consequences. We also speak to monitoring and safeguards.

# Eligibility - Who should have access to voluntary assisted dying:

**AFI does not support access to VAD being expanded beyond the scope of the Victorian legislation**. This only allows VAD for individuals with an incurable, progressive and advanced medical condition and are facing ‘unbearable’ suffering. Before proceeding with the procedure, two medical practitioners must determine that death is likely to occur within six months. Further the Victorian legislation indicates that:

1. Access to VAD is only allowed for individuals with an incurable, progressive and advanced medical condition and are facing unbearable suffering. Before proceeding, two medical practitioners must determine that death is likely to occur within six months.
2. Voluntary assisted dying is only available to residents who are over the age of 18 who have lived in the jurisdiction for at least 12 months, and who have decision-making capacity. To be eligible for voluntary assisted dying they must be experiencing suffering that cannot be relieved in a manner the person considers tolerable.
3. Mental illness or disability alone are not grounds for access to voluntary assisted dying, but people who meet all other criteria, and who have a disability or mental illness, will not be denied access to voluntary assisted dying.[[2]](#footnote-3)[[3]](#footnote-4)

Issues

* **AFI does not support VAD being available to people without full decision making capacity** because of concerns about pressure and coercion on people with disabilities.
* We note that **medical practitioners already make incorrect assumptions about quality of life and life expectancy of people with disability** and work in the ACT shows diagnostic overshadowing is widespread. We would contend that there are issues and gaps in the ACT Health system which put people in specific risk here. There is very limited disability literacy in the medical community. AFI seeks to ensure that medical practitioners who might determine VAD have understandings about diagnostic overshadowing and the social model.
* In Victoria the legislation requires that mental illness or disability alone are not grounds for access to voluntary assisted dying, but people who meet all other criteria, and who have a disability or mental illness, will not be denied access to voluntary assisted dying.
	+ This sounds clear cut but it’s not. a lack of access to preventative health care and accessible screening for serious conditions like cancer, means that people with disability are more likely to be in the group of people who aquire other aggressive conditions. The **introduction of VAD should trigger urgent priority investments in accessible infrastructure to ensure that people with disability have the same access to preventative health, screening and treatment for serious health conditions as other Canberrans**.

So therefore we believe in the ACT:

1. **People without decision making capacity should be protected**: VAD should not be available to children and young people under 18 or people without full decision making capacity
2. **Disability must not be grounds for VAD**: Having a disability alone should not make a person eligible for seeking VAD.
3. **No one should have to access VAD because of a lack of supports**: People should not be offered VAD without *first* being asked whether there are additional health, disability and psychosocial supports which might enable them to carry on
4. **VAD Doctors must understand disabled people can have good lives:** Medical practitioners prescribing VAD or administering any part of the process should not be able to do so without first receiving training on reducing diagnostic overshadowing and the social model of disability.

# What process should a person follow to access voluntary assisted dying?

AFI notes the Victorian legislation regarding eligibility for people accessing voluntary assisted dying.

1. Only the person wanting to access voluntary assisted dying may initiate discussions with health practitioners about voluntary assisted dying.
2. A family member or carer can’t request voluntary assisted dying on somebody else’s behalf. This is to ensure that the request is completely voluntary and without coercion, and that the decision is the person’s own.
3. If a person wants to request access to voluntary assisted dying, they will need to be assessed by a suitably qualified doctor who will determine if the person is eligible. If the person is eligible, the process is repeated with a second doctor who will need to conduct another assessment. The doctors will make sure the person is making a fully informed decision and is aware of the available palliative care options.
4. If the person wishes to proceed, they will need to make a written declaration that is witnessed by two independent individuals, confirming that they are making an informed, voluntary and enduring decision to access voluntary assisted dying.
5. On receiving a final request, the doctor will apply for a permit to prescribe a medication that the person may use to end their life at a time of their choosing. The person must administer the medication themselves, unless they are physically unable to do so, in which case their doctor may assist.
6. No health practitioner or healthcare provider will be obliged to participate in voluntary assisted dying.

In addition, AFI believes that:

1. **No person should be offered voluntary assisted dying because of a lack of disability supports,** **healthcare, palliative care, access to opioid pain relief or other circumstances which might be alleviated**.
	* Any person seeking Voluntary Assisted Dying should be asked whether there are any disability, healthcare or psychosocial supports that might make their lives bearable. If the answer is yes then the person should be offered these supports.
	* In Canada people requesting disability supports and healthcare are being offered assisted dying instead of supports.
	* **It should be a criminal offence for a provider of disability or healthcare supports to suggest that a person access VAD in the context of a discussion about access to these supports.**
2. **People should be offered open ended access to funded disability peer support and free suicide counselling if they wish to take it**
3. **No doctors should be involved in the VAD process without first undertaking training** on diagnostic overshadowing and the social model of disability

# VAD response package:

*Dr George Taleporos, Chair, Victorian Disability Advisory Council in an article to the Age on VAD said that people with some degenerative conditions take their own lives because they are scared of getting to a stage where this is no longer possible and are already exhausted by battling to get the disability support they increasingly need. They believe suicide is the only way they will be able to make a dignified exit.*

*The right of every person to live a life free from coercion and undue burden is an inalienable one. As the debate on VAD continues, it is essential that we ensure that people are kept safe and not subjected to any form of coercion or exploitation.*

*We must take all necessary steps to ensure that VAD decisions are made without duress and with full knowledge of all available options. This includes providing support services, legal advice, and counselling for those contemplating end-of-life decisions. It also involves taking measures to protect vulnerable individuals from exploitation or abuse, including those who may be at risk of coerced VAD.*

*The right of people with disability to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability is enshrined in Article 25 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD)[[4]](#footnote-5)*

AFI believes that achieving a regime of safe and human rights compliant Voluntary Assisted Dying in the ACT in 2023 cannot be separated from the work, policy and investments needed to improve safety and prevent adverse outcomes.

Elements include a suicide prevention project modelled on the It Gets Better project; a support guarantee (with an attached funding pool) for people considering VAD to ensure no one is offered VAD due to a lack of disability, health or psychosocial supports; good training for medical professional, work to improve access to healthcare, oversight of VAD and transparency and additional advocacy support to address the effects of harmful commentary and hate speech.

Key elements we seek are as follows

# Immediate measures – to be introduced in conjunction with to VAD:

Support guarantee for those seeking VAD

*What*: Funding pool to ensure people seeking VAD are offered disability supports, healthcare and psychosocial supports to relieve stress, pain and suffering

*Why*: In Canada people requesting disability supports and healthcare report being offered assisted dying instead of healthcare or supports[[5]](#footnote-6). We seek an emergency pool of supports to be offered to people seeking VAD so this is not an unintended outcome in the ACT. We acknowledge that careful work will be needed in the design of this arrangement so that it does not also trigger unintended consequences. We also strongly believe that offering people VAD in place of supports or in a support discussion should be an offence – the creation of a new offence will also require careful work and education to prevent unintended consequences.

Life gets better suicide prevention project

*What*: Funding for suicide prevention work to show life gets better for people with disability and address harmful perceptions and stereotypes of life with disability amplified by VAD debate

*Why:* Studies have shown that people with disabilities are up to twice as likely to experience suicidal ideation. Debates on Voluntary Assisted Dying create an authorizing environment for discussion suicide by a vulnerable group in the community. Some people with disability who consider or attempt suicide early in their diagnosis change their minds after receiving improved quality of life or better disability supports.

Training for medical professionals

*What*: Training on diagnostic overshadowing and social model for medical practitioners involved in VAD decisions

*Why*: People with disability regularly encounter negative assumptions about their prospects and quality of life from medical professionals. This includes people being offered Do Not Resuscitate Orders when they do not want them, assumptions made about quality of life of vulnerable people during COVID 19 and poor self reported health. Diagnostic overshadowing (where a persons disability overshadows their medical condition due to assumptions by practitioners) is a well documented phenomenon.

Widely available and well-funded palliative care

VAD should be accompanied by a commitment to increase funding for palliative care and ensure good literacy about the quality of palliative care.

These services help to ensure the physical, psychological, spiritual, and emotional needs of those going through a difficult time are met. It is essential that we recognise the importance of palliative care and ensure it remains available to all who need it and provided as an alternative to VAD.

Development of a Voluntary Assisted Dying Review Board for the ACT.

*What*: A funded Voluntary Assisted Dying Review Board would provide an independent and impartial body to review end-of-life decisions in the ACT. The board would be responsible to assess current legislation and regulations to ensure that standards of care are being met and that safeguards are being observed and effective.

This board should include a mix of medical professional and others with expertise and knowledge around end-of-life issues and the ethical issues surrounding them as well as disability rights. The Board should include a person with a disability able to apply a critical and inquiring lens on end of life issues working from a disability rights perspective nominated by the peak Disabled Peoples Organisation. The board should have unhindered access to all documents, date and decision making around VAD applications in the ACT.

There should be an annual report on the operation of the legislation including recommendations which is publicly available.

*Why*: Voluntary Assisted Dying is a major reform impacting vulnerable people and requires oversight. A lack of oversight and accountability, especially to the disability community, has been a feature of VAD regimes overseas especially in Canada which have in turn created distrust of VAD’s ability to operate safely by people with disability.

Advocacy support to deal with trauma, harm and hate speech

*What*: Advocacy support is needed for people impacted by community debate around VAD and effected by hate speech and traumatised be negative attitudes which have emerged through the pandemic

*Why*: Debates on VAD in other jurisdictions have lead to a rise in hate speech, trauma and discussions about other forms of violence against people with disabilities (such as filicide). Governments have in the past supported communities experiencing trauma due to policy debates such as the same sex marriage poll.

VAD in the ACT bookends an extended harmful conversation about the value assigned to the lives of people with disability and underlying health conditions across three years of the COVID19 pandemic which has left a trail of negative attitudes in the community and trauma for disabled people.

# Ongoing measures – needed for ongoing safety and human rights

ACT Disability Health Strategy

What: A funded Strategy is required to address issues of health care access, financial barriers, training, poor infrastructure, a lack of diagnostic services, culture and workforce issues. The rationale and elements of this are outlined in Attachment A.

ACT Disability Strategy

What: AFI recommends the Budget include a funding package to deliver, monitor and implement the ACT Disability Strategy – the ACT’s commitment to Australia’s Disability Strategy and to meet obligations under CRPD.

The ACT has a commitment to creating a society where people with disability are respected, included, and can participate in the community on an equal basis. This commitment is reflected in the ACT Disability Strategy and underlines the importance of allocating adequate funding to deliver, monitor and implement this important strategy.

The need for multi-tiered oversight in the implementation of the strategy is increasingly important. To ensure successful delivery, funding has been allocated to establish a framework for monitoring and evaluating progress across all themes of the strategy. This will enable signature measures to be introduced that are reflective of each theme, ensuring a holistic approach for success.

This supports delivery of outcomes under Wellbeing Indicator Human rights, Employment, Living standards, and Sense of belonging and inclusion and enables compliance with CRPD Article 3 – General Principles and Article 4 – General Obligations

Properly fund Disability supports

The National Disability Insurance Scheme (NDIS) is a vital support for people living with disability in the ACT. However, it is essential that the NDIS be properly funded in order to effectively deliver the adequate disability supports needed. Without proper funding, gaps in access to services can emerge, as well as inadequate transition and mental health supports for people facing a crisis. It is therefore essential that the NDIS receives adequate financial support to ensure that all Cancerians have access to quality disability supports.

Support Program. Indexation and funding continuity

The ACT’s CASP program fills important ongoing gaps for people ineligible for the NDIS and people in NDIS transition that have been widely highlighted including in the NDIS review and hearings of the Royal Commission.

AFI Individual advocates have noted a continuing need and gaps in support for people exiting acute health care, justice, and crisis.

AFI recommends funding to provide medium-longer term support to people in mental health crisis in contact with PACER. The PACER program is well regarded however individual advocates have noted a continuing need and gaps in support for people exiting acute health care, justice, and crisis. These issues have highlighted in the PACER review.

# Recommendations

1. Access to VAD **should not be expanded** beyond the scope of the Victorian legislation
2. **VAD should not be available to children and young people under 18** or **people without full decision making capacity**
3. Having a **disability alone should not make a person eligible** for seeking VAD.
4. The legislation should include a stated principle that **no one should have to access VAD because of a lack of disability, health, palliative and psychosocial supports** and **no one should be offered VAD instead of support**. This should be realised by:
	1. Providing that people should not be offered VAD without first being asked whether there are additional health, disability and psychosocial supports which might enable them to carry on.
	2. As part of a response package to VAD the ACT Government should operate a funding pool to ensure people seeking VAD are offered disability supports, healthcare and psychosocial supports to relieve stress, pain and suffering. Careful work will be needed in the design of this pool against unintended outcomes and this should be undertaken with the disability community.
	3. Outside of the funding pool **it should be a criminal offence for a provider of disability or healthcare supports, including Government entities, to suggest that a person access VAD in the context of a discussion about access to or eligibility for disability, health or psychosocial supports**. Careful and appropriate work should be undertaken to ensure against unintended outcomes and to enable compliance.
5. The ACT VAD legislation should require that **medical practitioners certifiying or prescribing VAD or administering any part of the process should first receive training on diagnostic overshadowing and the social model of disability** so that they recognise and understand the ways that people with disability can live good lives
6. The ACT legislation should provide for people seeking VAD to be offered **open ended access to funded disability peer support and free suicide counselling** if they wish to take it
7. The Government should **fund suicide prevention work in the disability community** along the lines of the It Gets Better Project to recognise and respond to suicide risks and suicidal ideation resulting from discussions around VAD.
8. VAD should be accompanied by a **commitment to increase funding for palliative care** and ensure good literacy about the quality of palliative care.
9. The legislation should mandate a **funded independent Voluntary Assisted Dying Review Board** would provide an independent and impartial body to review end-of-life decisions in the ACT. This **should include a person with a disability** nominated by the peak Disabled Peoples Organisation. This body should produce an annual report highlighting key data and addressing any unintended outcomes
10. Government should provide **support for people with disability adversely impacted by hate speech and traumatised by negative attitudes** in the community debate around VAD as well as those which have emerged in the pandemic.
11. The ACT Government should **fund the ACT Disability Health Strategy** to address issues of health care access, financial barriers, training, poor infrastructure, a lack of diagnostic services, culture and workforce issues.
	1. An **early priority should be poor access to preventative care and screening** which means that people with disability are more likely to contract preventable terminal illnesses and be placed in the path of VAD.
12. The ACT should **implement and fund the broader ACT Disability Strategy** to increase wellbeing and remove barriers, attitudes and service failures that make peoples lives seem unsustainable
13. The ACT Government should **maintain, deliver, continue and index it's non NDIS disability supports including through the Community Assistance and Support Program** to address NDIS gaps, mental health and transition supports for people in crisis as well as PACER.

Attachment A

# ACT Disability Health Strategy:

The ACT Disability Health Strategy is a vital step towards improving the health and wellbeing of those living with disabilities in the ACT and its timely and fulsome delivery is needed to prevent adverse outcomes in the event the ACT legislate Voluntary Assisted Dying passes.

AFI strongly recommends a continued commitment to properly fund and deliver the strategy, including monitoring, implementation, and practical work. Doing so can help ensure that those living with disabilities have access to the best possible healthcare services available in the ACT.

People with disability commonly experience cumulative and intersectional disadvantages, which can manifest in various ways, such as poor health outcomes or unequal access to medical care, social exclusion, discrimination, poverty, unemployment, homelessness, and heightened vulnerability to abuse.

The introduction of a comprehensive suite of measures to support the health and wellbeing of people with disability is an important step towards creating an equitable society.

These measures include the implementation of a social model training package and delivery pilot, a training module on diagnostic overshadowing, extended annual health consultations for people with disability. All these initiatives are designed to improve the quality of life for those living with disability, and to ensure that they have access to the resources they need to receive the best possible support in terms of diagnosis and care. Difficulty accessing primary and specialist care and receiving life-prolonging treatments is a challenge for many people with disability. These barriers may be related to physical accessibility, financial resources, and/or lack of knowledge or understanding of the healthcare system.

This has resulted in an over-representation of people with disabilities among those affected by conditions such as cancer and other terminal illnesses.

Improved health system access will assist vulnerable individuals from further disadvantage and exclusion from receiving necessary treatments and services. Creating equal access to medical resources, will assist in reducing the disproportionate burden placed on disabled people when it comes to managing their health needs. With appropriate investments being made to support the ACT Health strategy, there is greater potential for improved health outcomes and improved access to services.[[6]](#footnote-7)

# Social model training package and delivery pilot

Funding to support the purchase and delivery of tools and training to increase understanding and application of the social model of disability in the medical profession.

The medical model of disability is an outdated approach that views disability as a problem within the person that needs to be fixed. This ignores the environmental and social barriers that create exclusion and impede access to services, employment, education, recreation and more. It fails to consider the systemic issues of ableism and discrimination against disabled people in society today.

Conversely, the social model of disability recognises the multiple and often intersecting factors that lead to disability. It argues that the individual's biological and psychological factors are only part of the problem, with many barriers in society contributing to the experience of disability. This model sees these barriers as something that can be removed or minimised, allowing people with disabilities to live more independent lives.

It also acknowledges that these barriers can reduce health outcomes and health equity for people with disability.[[7]](#footnote-8)

The Deloitte Business Case for Philanthropy estimates that improved health and wellbeing outcomes for people with disability through social inclusion could bring dividends to the equivalent of an additional 251,000 Quality Adjusted Life Years, valued at $57 billion annually.

Diversion of people with disability from acute care is also a system saver for the health system and NDIS.

# Diagnostic overshadowing training module

Funding to develop a training module on diagnostic overshadowing for the medical profession.

Diagnostic overshadowing is when a medical professional assumes that a patient’s complaint is related to their disability.

Diagnostic overshadowing is a serious issue in the medical field. It occurs when a medical professional assumes that a patient’s complaint is related to their disability, rather than looking for other potential causes. This can lead to incorrect diagnoses and inadequate treatments, ultimately affecting patients’ quality of care.

This is a significant risk when medical professionals do not have specific disability knowledge and training. It can lead to symptom dismissals, underdiagnoses, and misdiagnoses. It’s a complex and emerging concern that requires work to develop training.

# Wraparound diagnostic services

Funding to encourage the development of ACT-based wrap around services for people with a diagnostic disability – i.e., an ACT Downs Syndrome Clinic or a Muscular Dystrophy Clinic (or to bring those clinics to Canberra periodically)

People with disability in Canberra have identified a lack of diagnostic wrap-around services, a key issue highlighted in the ACTCOSS Imagining Better report. This gap in service delivery has caused difficulties for those living with disability, who often have to access multiple health and allied health providers to get the care they need.

The ACTCOSS report[[8]](#footnote-9) recommends introducing wrap-around services to ensure people with disability receive comprehensive care and support when accessing medical services

# Community health access grants

*Small grants being made available to help improve physical, digital and information access for primary practice and allied health.*

These grants provide an opportunity for those seeking to enhance practice's capacity and capability by creating an environment that is more accessible and user friendly. With these grants, practitioners could make the most of their resources and improve their overall quality of care.

A 2003 survey from Access for All highlighted an extremely poor level of accessible buildings, exam beds, signage, and other facilities within primary and allied health.  A more [recent letter of concern](https://humanrights.gov.au/our-work/open-letter-progress-height-adjustable-examination-beds#:~:text=In%202003%20a%20community%20advocacy%20group%2C%20Access%20for,examination%20beds%20and%20only%20719%20adjustable-height%20examination%20beds.) from the Federal Human Rights Commission to the RACP indicated that they were concerned about the lack of progress on the issues raised in this survey.

# Hospital kit upgrades

*Accessibility issues in acute settings such as hospitals, care homes and health centres are a major problem.*

With the right funding and resources, these gaps can be addressed. Investing in communication boards, hoists, adjustable exam beds and other necessary equipment can greatly improve the accessibility and quality of care for those with disabilities or special needs.

Furthermore, this will ensure that all patients receive the same standard of care regardless of their individual needs. Ultimately, this investment in accessibility is an essential step towards creating a truly equitable healthcare system for all.

This supports delivery of outcomes under Wellbeing Indicator [Overall health](https://www.act.gov.au/wellbeing/explore-overall-wellbeing/health/overall-health) and [Access to health services](https://www.act.gov.au/wellbeing/explore-overall-wellbeing/health/access-to-health-services) and enables compliance with CRPD [Article 25 – Health](https://social.desa.un.org/issues/disability/crpd/article-25-health)

# Extended consultations

*The ACTCOSS Imagining Better Report recommends funding for an annual, free extended consultation for people with disabilities.*

The Report on Government Services (2022) has highlighted the need for urgent action and attention to health services for people with disability. Despite growing numbers of those in need of assistance, waiting times for necessary care are mounting, with more than 50% of patients waiting beyond the recommended timeframe. This is an unacceptable situation and requires immediate attention to ensure that those with disabilities receive the care that they deserve.

Current settings mean that medical professionals are under financial pressure to keep consultations short.  This was a key recommendation from the [ACTCOSS Imagining Better report](https://www.actcoss.org.au/publications/advocacy-publications/imagining-better-reflections-access-choice-and-control-act-health) – people with disability highlighted issues with short consultations in managing complex and chronic conditions and showed how short bulk billing consultations exacerbated the risk of poor outcomes and diagnostic overshadowing.

1. On March 24, 2021, Advocacy for Inclusion (AFI) officially merged with People with Disabilities ACT (PWDACT), a systemic advocacy organisation based in the ACT. Herein, reference to ‘AFI’ also acknowledges the values and philosophies of PWDACT. [↑](#footnote-ref-2)
2. Victorian Government Department of Health, Patient Care: Voluntary Assisted Dying Overview, <https://www.health.vic.gov.au/patient-care/voluntary-assisted-dying-overview> [↑](#footnote-ref-3)
3. Victorian Legislation and Parliamentary Documents, <https://www.legislation.vic.gov.au/> [↑](#footnote-ref-4)
4. United Nations. (2006). Convention on the Rights of Persons with Disabilities. Retrieved from <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html> [↑](#footnote-ref-5)
5. <https://www.ctvnews.ca/health/chronically-ill-man-releases-audio-of-hospital-staff-offering-assisted-death-1.4038841?cache=kyifhaaa>

<https://thebaffler.com/latest/last-resorts-kislenko> [↑](#footnote-ref-6)
6. Health and Access to Health Services for People with Disability in Australia: Data and Data Gaps <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8583158/#B75-ijerph-18-11705>

<https://disability.royalcommission.gov.au/system/files/2021-10/EXP.0067.0002.0001.pdf> [↑](#footnote-ref-7)
7. ACT Council of Social Service. (2019). Imagining better ACT health services for people with disability. Retrieved from <https://www.actcoss.org.au/sites/default/files/public/publications/2019-report-imagining-better-act-health-services-for-people-with-disability.pdf> [↑](#footnote-ref-8)
8. ACT Council of Social Service. (2019). Imagining better ACT health services for people with disability. Retrieved from <https://www.actcoss.org.au/sites/default/files/public/publications/2019-report-imagining-better-act-health-services-for-people-with-disability.pdf> [↑](#footnote-ref-9)