

End of life care where every patient matters

Voluntary Assisted Dying – An Australian Experience

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Introduction

The option for end of life through Voluntary Assisted Dying (VAD) is either in place or will be in all states in Australia in the coming 12 to 18 months.

Victoria has paved the way for the introduction of VAD in Australia. At Epworth, despite limited Australian experience, we have developed a comprehensive, patient and family focused care delivery model.

Through the guidance of the Epworth Board, a specially constituted working group, comprising representatives from all Epworth sites and care providers, plans were developed to ensure that staff and doctors were adequately prepared to respond to the legislation. The working group was required to develop a service model that supported Epworth patients requesting information and assistance with understanding and accessing Voluntary Assisted Dying.

This approach ensured legislative requirements were met whilst delivering a nurse-led patient and family focussed compassionate end of life care option. This study describes the process we utilised for implementation of the legislation and outcomes of the first three and half years of care.

Model of Care

The introduction of VAD legislation in Victoria was complex and controversial.

Our organisational strategic intent (which places patients at the centre of all we do) and values, were embedded into the framework that would inform the implementation of the Victorian legislation into our healthcare service so the process could be managed with sensitivity and strong governance.

This ensured legislative requirements were met whilst delivering patient and family focussed compassionate end of life care and importantly, ensuring staff and doctor preferences were considered and respected. In accordance with the provisions of the Victorian Voluntary Assisted Dying Act 2018, Epworth has ensured that doctors and staff who conscientiously object have not been asked to participate or assist in any way. Fundamental to the successful implementation of the VAD legislation at Epworth, was the importance of respecting all staff members' values and perspectives on assisted dying, including ensuring that the provision of palliative care remains central to end of life care at Epworth.

The development of local VAD support teams at each Epworth site and VAD Conversation Pathways facilitated clear guidance for staff regarding the process for responding to requests for information about VAD within the legislation.

The appointment of a skilled and passionate VAD coordinator, supported by an expert multidisciplinary team, including committed physicians, is crucial to the successful implementation of this legislation in our healthcare service.

Consumer feedback strongly validates this nurse-led model. Scan the QR code on the right to watch a video of Montana sharing her family's experience with VAD.

This approach to the development of VAD service provision has been recognised throughout Australia and as a consequence the team has been invited to share our experience and knowledge in several jurisdictions as they have gone on to implement similar legislation.



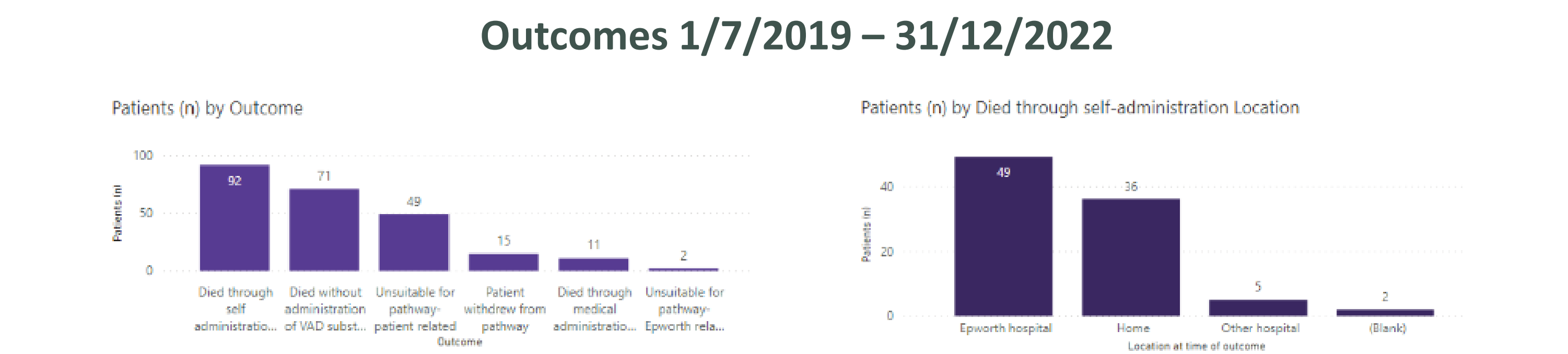
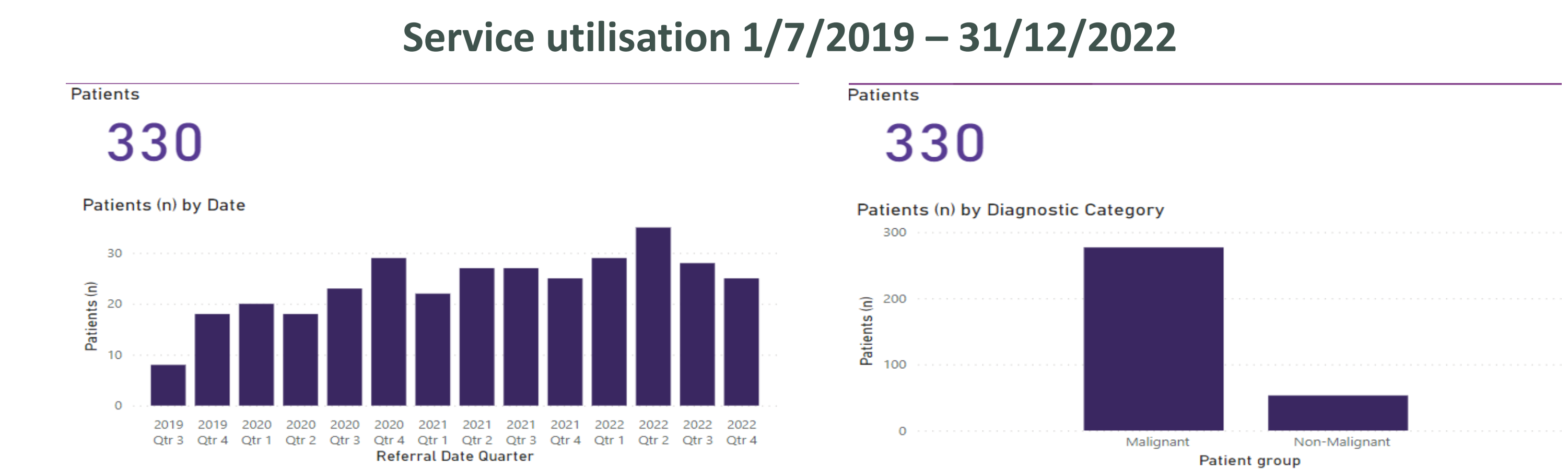
A framework underpinned by Epworth's values

<p>Compassion</p>	<p>Accountability</p>	<p>Respect</p>	<p>Excellence</p>
<ul style="list-style-type: none">VAD Coordinator role central to care provision across Epworth.Provide patients and their families with the ability to die with dignity at a time of their choosing.Continuity of care by a designated coordinator and local support teams.	<ul style="list-style-type: none">Board and executive commitment to VAD from the beginning to meet legislative requirements.Polices, protocols and systems in place to create ease of process within the law.Conversation Pathways for consistency of information provided to patients and families.	<ul style="list-style-type: none">Patient and family choices at the forefront.Individualised planning for each patient to ensure their wishes and those of their families are considered throughout the process.Conscientious objection respected and enabled.	<ul style="list-style-type: none">Commitment to see patients within 24 hours of referral by a VAD trained team member.Development of Epworth patient information brochures to simplify access to information.Epworth model considered to be best practice in Victoria.

Examples of conversation pathways

<p>Voluntary Assisted Dying Staff Conversation Pathways</p>	<p>Voluntary Assisted Dying Staff Conversation Pathways</p>
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Outcomes



330 patients enquired about the option of VAD from the commencement of the service on July 1st 2019 until December 31st 2022. Of those 84% had a life threatening malignancy, with the remaining 16% suffering from a life limiting disease including neurodegenerative disorders, respiratory, cardiac and renal diseases. 190 of those patients were assessed as eligible for VAD and of those, 92 patients went on to die utilising self administered or physician assisted VAD (n=11) either in an Epworth hospital or at home. Of those assessed as eligible, 45 patients died without administration of the VAD substance.

Conclusion

Our outcomes demonstrate that there is considerable community interest in accessing the provisions made available through the VAD legislation in Victoria, Australia. Mirroring international experience, we found that having a clear governance framework for the service and a skilled VAD coordinator, supported by an expert multidisciplinary team is crucial to the successful implementation of this nurse-led model of care.

References

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Voluntary Assisted Dying Act 2017(Vic). Melbourne. Parliament of Victoria. [Statute on the internet] c2018, http://www5.austlii.edu.au/au/legis/vic/num_act/vada201761o2017348/
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