VAD ONE YEAR ON- A REFLECTION FROM A COMMUNITY PALLIATIVE CARE NURSING TEAM.

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KEYWORDS

Education, Communication, Readiness

EXECUTIVE SUMMARY (100 words maximum)

Voluntary Assisted Dying was introduced to NSW legislation in November 2023. Palliative care services were told to expect an increase in referrals to their service and enquiries about accessing Voluntary Assisted Dying. This reflection describes how a service managed the introduction of legislation and incorporated VAD as part of everyday Palliative Care. Nurses reflect on their own views and feelings and the case of a client as an example of some of the issues highlighted here.

INTRODUCTION

A Community Palliative Care Nursing team have been able to incorporate discussions and referrals to their local Voluntary Assisted Dying service following a gradual introduction of education, communication, and information sharing. The team have confidently referred a high proportion of their clients and incorporated working alongside the VAD process as part of everyday Palliative Care.

HIGHLIGHTS

- **Education and resources** are paramount to clinician understanding and confidence in providing client and carer education.
- **Communication** with clients is difficult to begin with and vulnerability around how to conduct certain phrases and goals takes practice, vulnerability and confidence when maintaining objectivity.
- **Incorporation into daily practice**- once communication and education increase the process has become incorporated into usual care.

METHODOLOGY/ PROCESS

Training and education

Nurses had access to several education opportunities- these included mandatory training modules, conference attendance, easily available VAD staff and in person education presented locally (virtual).

Access to resources

Resources were readily available- these included web pages with guidelines and fact sheets. Given the timing of the VAD legislation coincided with the onset of Christmas the team were supported in ensuring that workload allowed the team space to manage and anticipate an increase in referrals around this time.

Preparing scripting/language

In readiness, nurses practiced how they might approach certain conversations and were supported with acknowledging and verbalising vulnerability when discussing VAD with clients and caregivers initially.

Nurses are supported in rehearsing conversation and sharing their approach in each case and reflecting on how this was perceived by client and caregiver.

Redirecting information to GP's

There has been only one referral to the Palliative Care service where the client clearly articulated he thought Palliative Care were going to help with VAD. Communication back to the GP occurred with redirection to the distinction between roles, service provision and health care requirements under legislation.

Articulating the difference to clients

Clients and caregivers appear to appreciate an upfront objective sharing of information when asking about VAD. The nurses are cautious to ensure they meet legislation by directing the client and caregiver to their medical practitioner and discussing the role of Palliative Care and other options within their scope of practice.

RESULTS/ OUTCOMES

Referrals did not increase as predicted.

There were several clients who were prepared to ask for detail about VAD as soon as VAD was introduced.

Maintaining communication – things can improve as clients do not always communicate back to the Palliative care team the progress of this process nor some of their specific plans around this- should this be an expectation of Palliative Care services.

CONCLUSION

VAD is now incorporated into Advance Care Planning conversations as directed by the client and caregiver. As always Advance Care Planning requires sensitivity and consideration based on the client's willingness to discuss this in the context of their current clinical situation.