NAVIGATING CHALLENGES AND COMPLEXITY IN PROVISION OF VOLUNTARY ASSISTED DYING IN A PALLIATIVE CARE UNIT.

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EXECUTIVE SUMMARY

To reflect on the successes and challenges of VAD implementation in our palliative care unit, assess need for targeted support and professional development and highlight key areas for improvement.

INTRODUCTION

Voluntary Assisted Dying (VAD) was legalised in Victoria in 2019. As of June 2023, 1312 Victorians had been dispensed VAD medication. 81% of these patients had or were accessing palliative care. VAD has become increasingly relevant for the palliative care sector. Understandings of VAD complexities have changed over time and lived experience has demonstrated evolving challenges. This highlights the need for a broader scope of education, assessment and support services to ensure clinical excellence and optimal palliative care for patients accessing VAD.

HIGHLIGHTS

- VAD implementation in a palliative care setting requires a specific education program for nurses.
- Results from a single survey demonstrate a shift in challenges for staff over time.
- Education need to be evoling and progressive to meet the changing needs post implentation and ensure clinical excellence and optimal palliative care for patients accessing VAD.

METHODOLOGY/ PROCESS

A mixed methods study using survey format, field notes from multidisciplinary team meetings, precinct wide education, department debriefs, ethics review/clinical case discussions, and informal discussions with clinicians, including VAD navigators. Clinicians within the palliative care unit were invited to participate. Analysis used simple descriptive statistics and narrative analysis.

RESULTS/ OUTCOMES

Analysis of results from a single survey demonstrate a shift in challenges for staff. At implementation staff identified understanding the VAD process (66.6%), legal requirements (62.5%) and complex communication (50%) as the main challenges. At 3 years the most challenging factors were family distress (47.8%), patient distress (43.8%) and complex communication (43.4%).

CONCLUSION

VAD implementation in a palliative care setting requires an evolving and progressive approach. A broader scope of learning and support around ethics and moral distress is needed to ensure wellbeing for clinicians, patients and families.