

# The Medical Journal of Australia • MJA

# MEDIA RELEASE

## **SEPARATING PALLIATIVE CARE FROM VOLUNTARY ASSISTED DYING**

EMBARGOED UNTIL 12:01am Monday 24 August 2020

THERE is a continuing need to increase public awareness of palliative care and clarify misperceptions about its differentiation from voluntary assisted dying, according to the authors of a Perspective published online today by the *Medical Journal of Australia*.

The *Voluntary Assisted Dying Act 2017* (Vic) came into effect in Victoria on 19 June 2019.

“Population-based studies demonstrate a public misperception associating palliative care with euthanasia,” wrote the authors, Dr Eswaran Waran, a palliative medicine specialist at Eastern Health in Melbourne, and Associate Professor Leeroy William, Clinical Director of Supportive and Palliative Care at Eastern Health and President of the Australian and New Zealand Society of Palliative Medicine.

The article states that the Royal Australasian College of Physicians, Palliative Care Australia and the Australia and New Zealand Society of Palliative Medicine, emphasise that voluntary assisted dying is not part of palliative care practice.

“The International Association for Hospice and Palliative Care has recommended that assisted dying practices not take place in palliative care units. The risk otherwise is further blurring of the public perception and an erosion of trust,” wrote Waran and William.

“The challenges for palliative care services are therefore clearly visible: how to maintain its distinction and separation from voluntary assisted dying and yet provide a necessary and expected service for patients at the end of life who have elected voluntary assisted dying.

“Palliative care services risk becoming the gatekeepers for voluntary assisted dying because of our expertise in managing complex communication and discussions around death and dying.

“In addition, there is the risk of further burdening already stretched palliative care services, with education, counselling and support of fellow health service staff, in matters relating to voluntary assisted dying.”

The authors wrote that despite the need for differentiation, “specialist palliative care services can help patients who elect for voluntary assisted dying, as they are well placed to provide specialist support within clear boundaries of engagement”.

“This can include optimal symptom management as well as psychosocial and spiritual support.

“We cannot, at this time, be distracted by the diversion of limited palliative care resources to voluntary assisted dying and lose focus on the need to ensure adequate and timely access to palliative care across Victoria and Australia,” they wrote.

“The perception of specialist palliative care services in cases where voluntary assisted dying has been requested will remain problematic.

“Collaboration with families and treating teams is essential and should involve the recognition of specialist palliative care involvement separate from voluntary assisted dying.

“The challenge remains to educate the public and health care professionals about palliative care and how it differs from voluntary assisted dying, amidst a new background of mixed messages,” Waran and William concluded.

A podcast with Associate Professor Leeroy William will be available from 12.01am Monday 24 August at <https://www.mja.com.au/podcasts>.

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