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Media Release

IMPLEMENTATION OF VOLUNTARY ASSISTED DYING

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IMPLEMENTING voluntary assisted dying (VAD) legislation within a health service demands respectful communication and collaboration between health professionals and community, according to the authors of a Perspective published today by the *Medical Journal of Australia*.

Authors from Western Health in Melbourne, led by Ms Sarah Booth, the Social Work Research and Data Lead, documented the process the service went through to successfully embed VAD into their hospital setting.

"[We] used policies and guidelines suggested by the Department of Health and Human Services (DHHS) and shared documents from other metropolitan tertiary hospitals as a basis for developing local policies and procedures," Booth and colleagues wrote.

A key consideration was the need to balance the staff members' right to conscientiously object to supporting patients who wanted VAD, with "the expectation that health professionals would continue to provide care unrelated to VAD".

"Capacity for moral injury for staff for whom their beliefs and values were at odds with the employing organisation's approach to VAD needed to be recognised and addressed throughout the implementation process," Booth and colleagues wrote.

Through a staff survey, the authors found that 72% of the respondents supported a patient's access to VAD at the health service. Eight senior medical staff expressed a willingness to be involved in the facilitation of VAD.

Booth and colleagues identified a number of challenges during the planning stage of implementation:

- The need to balance the guiding principles of the legislation, which focused on patient-centred decisions, while embedding practices to mitigate organisational risk;
- deciding where VAD medication would be stored during an inpatient stay;
- fulfilling the responsibility of a Pathway A public health service to provide VAD as an option while respecting the staff member's decision to conscientiously object to facilitating or being involved in VAD
- The need to consider each case individually was highlighted

"Processes were embedded to allow conscientious objectors to distance themselves when patients request VAD, including the provision of informed agency nursing staff to replace potential conscientious objectors on a shift, and the broad promotion of a single contact phone number, to which conscientious objectors could anonymously call and hand over this responsibility," wrote Booth and colleagues.

Over a 14-month period (June 2019 to September 2020), Western Health received 42 patient requests for VAD, with four patients progressing to a prescription of VAD medications and dying as a result. Three of these four patients died after receiving VAD as inpatients and one died at home after being discharged.

"Implementing VAD in a hospital setting demanded sensitive, honest and respectful communication between multiple health professional groups and the community, particularly between individuals with opposing views," Booth and colleagues concluded.

"Locally, discussion of case studies, engagement in multisite research and staff consultation will continue to provide vital guidance to the health service when delivering VAD, improving its processes and responding to the needs of patients and staff."

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