Voluntary Assisted Dying
How is Epworth responding?

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and
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Epworth HealthCare

• Victoria’s largest not-for-profit private acute/subacute academic healthcare organisation – almost 100 years old
• Governed by its own Act of Parliament – no shareholders
• Close relationship with the Uniting Church in Australia
• Strong quality, innovation, research and education focus
• 10 hospitals/health services in Melbourne and Geelong
• 12,000 + staff, doctors, students and volunteers
• Major service provider - 200,000 patients per year
• Supports 1 in 4 Victorians with cancer (50% prostate)
• 600 deaths per year (50% cancer, 25% internal medicine)
Epworth’s journey with Assisted Dying

Pathway A: Single integrated service

Pathway B: Partnership service

Pathway C: Information and support service
What are the challenges (1)?

- Awareness raising – engagement at all levels
- Values alignment – who is at the centre?
- Leadership – Board, executive and craft groups
- Air time – competing priorities and opportunities
- Care diversity – managing the conscientious provider-supporter - objector continuum
- Staff/doctor communications – reach and effectiveness
- Doctor recruitment – ensuring sufficient availability of Coordinating and Consulting Medical Practitioners
- Information resources – staff, patients, community
What are the challenges (2)?

• Patient pathways – different sites, services, staffing
• Service protocols – what to say?, escalation, medication
• Location – in place or designated area?
• Care teams – home team or specialist service?
• Education and training – site based referral group
• Staff welfare – front line, abstainers, objectors
• Quality systems – review of experience, outcomes
• Coordination – patient/staff contact points
• Costs – staffing, doctor services, coms, training
• Funding – patients, insurers, Medicare, philanthropy
Managing uncertainty:
Go as far as you can see, then you can see further