Voluntary Assisted Dying
A Victorian Clinical Perspective

Associate Professor Peter Hunter
Geriatrician
Member of the Voluntary Assisted Dying Implementation Taskforce
End of Life Care

Community conversation
Advance care planning
End of life planning and appropriate care
Palliative care skills
Specialist Palliative Care Services
Voluntary assisted dying

LOTS OF THIS

ALL IMPORTANT

LESS OF THIS
<table>
<thead>
<tr>
<th>Recommendations</th>
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<tr>
<td><strong>Grattan Institute</strong></td>
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<tr>
<td><strong>2014</strong></td>
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<td><strong>Dying Well</strong></td>
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<tr>
<td>Hal Swerissen</td>
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<td>Stephen Duckett</td>
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**Table 2: Key recommendations**

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<th>Implement a national Public education campaign on end-of-life</th>
<th>National public education campaign on the limits of health care and end of life decision making ($10m)</th>
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<td>Ensure end of life discussions and plans occur</td>
<td>Funding incentives and service requirements to:</td>
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<td>• trigger conversations about end of life preferences for 75+ health assessments and Medicare funded chronic illness management plans</td>
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<td>• require the development of ACPs on entry to residential care &amp; allocation of high needs home care package</td>
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<td>• encourage GPs to initiate conversations on end-of-life care and discharge plans for those likely to die within 12 months</td>
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<td>Better coordination and implementation of end-of-life plans</td>
<td>Nationally consistent regulatory and legislative base for ACPs to ensure they are authoritative and enforceable Assignment of clear coordination responsibility to health professionals for the implementation of ACPs</td>
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<td>Provide home based support for carers to support people to die at home</td>
<td>Provide additional 39,000 palliative care services to support people who choose to die at home (overall cost neutral)</td>
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RACP Improving Care at End of Life; Our Roles and Responsibilities May 2016

Working group chaired by George Laking, Medical Oncologist

Extensive consultation

“Strived to foster collegiality and respect through dialogue”

“Language loaded and can lead to polarized thinking”

Statement an attempt to bridge diversity

Patient and physician well-being crucial
Every patient should have access to timely, equitable, good quality end of life care with access to specialist palliative care when appropriate.

For those requesting voluntary assisted dying a clinical approach of critical neutrality to encourage reflective dialogue.

Physicians should not disengage from patients holding different values or beliefs (nor act outside their own values and beliefs).

Voluntary assisted dying is not palliative care. Those seeking voluntary assisted dying should be made aware of the benefits of palliative care.
Protection of vulnerable individuals and groups are critical and specific regard must be given to cultural and indigenous experience.

Be alert to any signs of coercion and reduced capacity.

Assessments must not follow a tick box approach and must be underpinned by adequate physician patient relationships.

Appropriate training, skill and experience.

Support, counselling and conflict mediation must be available for individuals, families and health professionals.

There must be rigorous documentation, data collection and review to assess changes in practice.
Health service considerations

Voluntary assisted dying is about creating options and choice to allow dying in the place and time of choice

60-70% of people would prefer to die at home and not in a hospital – a reversal of the Australian experience

Coordinating medical practitioners should generally be those doctors who have a long-standing and trusting clinical relationship with the patient

Second opinions are important for diagnosis clarification, optimizing care (curative and palliative), prognosis determination and decision making (especially cognitive decline and depression)
“Conscientious objection” and “participation” exist along a spectrum of action

This shouldn’t need to be stated BUT....

In the setting of huge differences in opinion we all need to work hard on our relationships – with our patients, with families and carers and with our colleagues.
A Geriatrician’s perspective

Prognosis is very hard to determine and the traditional 3 trajectories are increasingly irrelevant

Goodlin S J Am Coll Cardiol (2009)
Physical, functional, cognitive and social decline are intertwined.

Reduced vitality and frailty are multifactorial and is often (at least in part) reversible.

Appropriate care vs therapeutic ageism and nihilism.

The critical question: *What matters to you?*

Beware of coercion.

Decision making.
Vulnerable older people

Older people
• Socially isolated
• Cognitively impaired
• Physically impaired
• Co-morbidity
• Mental health issues
• Culturally and linguistically diverse
• Domestic violence

Elder Abuse
• Physical, psychological and financial abuse, and neglect
• Overt, insidious or subtle
Decision making

Assume an individual has decision-making capacity but be vigilant

Good decision making ≠ decision-making capacity

Task specific (not global or domain specific)

The presence of dementia does not always impede decision-making capacity

Assessment is time consuming and requires considerable inquiry and triangulation with other sources
Decision making

The 5 questions that are the key to understanding decision making

1. Does the person understand the information being provided to them about voluntary assisted dying?

2. Can the person retain this information?

3. Can the person use or weigh the information as part of their decision making process and articulate the options they have?

4. Can the person communicate this decision (in a way that is appropriate for them)?

5. Is the person consistent in their approach?
In closing

Over the next 25 years the number of people who die each year in Australia will double. Australians want to die a better death. They want to choose where and with whom they die. Most want to die comfortably at home supported by family and friends if they can......

*Dying Well* Grattan Institute 2014

Voluntary assisted dying provides choice and options

It’s not the most important thing to improve end of life care and quality of life in “the last 1000 days” but for some it is, and we need to respect this