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| Factsheet banner MS Word 1701015Supporting patients who are not eligible for voluntary assisted dying |
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The *Voluntary Assisted Dying Act* includes strict eligibility criteria that mean a number of people who may want to access voluntary assisted dying may not be able to, as they don’t meet the criteria.

Health practitioners should be prepared to provide support and advice to patients who have requested access to voluntary assisted dying but who are not currently eligible.

Health practitioners should consider using the PREPARED strategy to explain to a patient that they are not eligible and to explore other options.

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| Prepare for the discussion | Review the patient medical records.  Identify the reasons why they are not eligible for voluntary assisted dying and consider other options that may be available to them.  Ensure enough time is allocated and a quiet space available to enable a private and uninterrupted discussion. |
| Relate to the person | Show empathy and listen carefully throughout the conversation, particularly in relation to the responses the patient makes to not being able to access the end of life option they are seeking.  Be prepared to respond compassionately to overt emotions (crying, arguing, disappointment etc). |
| Elicit patient preferences | Explore the reasons the patient requested access to voluntary assisted dying.  Explore the preferences or concerns that led the patient to seeking voluntary assisted dying as their preferred option. |
| Provide information | Provide other options available to the patient.  Ensure they understand there are many options for people at the end of their life or for people with chronic illness and identify these options.  Offer to discuss what to expect, in a sensitive manner, also giving the patient the option not to discuss it.  Pace information to the patient’s information preferences, understanding and circumstances.  Use clear, jargon-free, understandable language. |
| Acknowledge emotions and concerns | Explore and acknowledge the patient’s fears and emotional concerns and discuss options for providing psycho-social-spiritual support. |
| (Foster) Realistic hope | Be honest without being insensitive or giving more detailed information than desired by the patient.  Do not give misleading or false information in an effort to positively influence the patient’s hope or to avoid your own discomfort.  Reassure that support, treatments and resources are available to control pain and other symptoms, but avoid premature reassurance.  Explore and facilitate realistic goals and wishes, and ways of coping on a day-to-day basis, where appropriate. |
| Encourage questions and further discussions | Encourage questions and information clarification; be prepared to repeat explanations.  Check the patient’s understanding of what has been discussed and if the information provided meets their needs.  Leave the door open for topics to be discussed again in the future, including voluntary assisted dying. |
| Document | Write a summary of the discussion in the patient’s medical record. |

This table is adapted from Josephine M Clayton, Karen M Hancock, Phyllis N Butow, Martin H N Tattersall and David C Currow, ‘Clinical practice guidelines for communicating prognosis and end-of-life issues with adults in the advanced stages of a life-limiting illness, and their caregivers’ (2007) 186 (12) *Medical Journal of Australia* S77

Additional information can be found at:

<https://www.mja.com.au/journal/2007/186/12/clinical-practice-guidelines-communicating-prognosis-and-end-life-issues-adults#0_pgfId-1142478>

# Situating voluntary assisted dying

It is important to recognise that voluntary assisted dying will provide a small number of people with an additional choice about the manner and timing of their death. For most people, existing end of life care services will ensure they are comfortable at the end of their life and that their death occurs in accordance with their preferences and values. Even for those people who are eligible and decide to access voluntary assisted dying, this will only be a small component of the overall care and support they receive.

There are a range of options available to people to support symptom management and allow them to live and die in accordance with their preferences and values. Health practitioners must ensure people are aware of all their options and understand that options other than voluntary assisted dying may allow the them to fulfil their end of life goals.

## Advance care planning

Advance care planning enables people to have conversations about what matters to them and plan for this in advance.

If a patient is not eligible for voluntary assisted dying, it is appropriate for health practitioners to have a conversation with them about their preferences and values. This may include discussions about what motivated them to request access to voluntary assisted dying and consideration of how their needs may be met in other ways.

This should include identifying any concerns or existing suffering that may have prompted the request for voluntary assisted dying and exploration of other approaches to address these issues.

Advance care planning may provide the patient with an opportunity to identify their preferences and values and to ensure these will be followed at the end of their life. Empowering a patient through advance care planning may be particularly important if they have been found to not be eligible for voluntary assisted dying and feel as though their concerns are not being addressed.

Additional information about advance care planning can be found at:

<<https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/end-of-life-care/advance-care-planning>>

## Palliative care

Palliative care can improve people’s quality of life by addressing physical, emotional, psychological, social and spiritual symptoms associated with their illness. Any patient considering voluntary assisted dying should be informed about their palliative care options and how palliative care can support their holistic symptom management. If a patient is found to not be eligible for voluntary assisted dying, health practitioners should consider how expanded palliative care and community services may support them.

The types of palliative care and support needed by a patient, their family and carers will vary and may include one or more of a range of formal and/or informal supports. This may include community, disability, aged and social services, specialist palliative care, General Practice and primary care, or other specialist services.

People’s palliative care requirements will change over time, it is important that their needs and preferences are reassessed regularly and that the services are adapted accordingly. This includes the needs of families and carers as well as the patient with a life limiting illness. A request for access to voluntary assisted dying may be a prompt to explore the palliative care support the patient is currently receiving and consider how this could be adapted to better meet their needs.

Further information on palliative care can be found at:

<<https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/end-of-life-care/palliative-care>>

<<http://www.anzspm.org.au/c/anzspm>>

<<https://palliativecare.org.au/>>

<<https://www.pallcarevic.asn.au/>>

If the patient is in the community or the person will be discharged from an inpatient facility and they are not receiving community palliative care, health practitioners should consider whether this is appropriate in the circumstances. Further information can be found at:

<https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/end-of-life-care/palliative-care/ready-for-community>

Information for family and carers can be found at:

<<https://www.pallcarevic.asn.au/library-media/supporting-a-person-who-needs-palliative-care-a-guide-for-families-and-friends/>>