AUSTRALIAN END-OF-LIFE CARE PROFESSIONALS' ATTITUDES TOWARD VOLUNTARY ASSISTED DYING

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BACKGROUND

Changes to end-of-life care legislation in Australia will allow Victorians access to voluntary assisted dying (VAD) from June 2019. Given health professionals' role in caring for patients at the end of life, their voices are important in understanding the implications for patient care. The aim of this study was to explore the perspectives of end-of-life care professionals on legalization and implementation of VAD in the Victorian context in order to better understand the positions toward and against legalization of VAD.

METHODS

Qualitative research design; data collected through semi-structured interviews with Victorian health professionals using a purposive sampling strategy. Interviews were conducted either face-to-face or over the telephone, audio-recorded and transcribed verbatim, and subjected to qualitative descriptive analysis techniques. Study procedures and reporting follow the COREC guidelines. Ethics approval was gained from Deakin University Human Ethics Advisory Group (HEAG-H 53_2017).

PARTICIPANTS

Health professionals with experience in providing care to patients with life-limiting illness or patients at the end of life.

RESULTS

Recruitment: June - August 2017.

16 health professionals (n=7 female); **qualifications included palliative care**, advanced care nursing, respiratory medicine, intensive care medicine, and psychiatry. 4 reported ≤10 years clinical practice experience; 12 reported **≥10 years clinical experience**.

Interview mean duration: 46 mins (range 29 to 69 mins); 9 face-to-face, 7 telephone.

Themes 1-3: Participants reported two overarching positions grounded in differing moral philosophies with compelling arguments both for and against legalization of VAD (themes 1 & 2). While a diversity of opinion was evident, all participants advocated for more public education and funding into end-of-life care services to make high quality care equitable and widely available (theme 3).

Inherent value in living and dying naturally

1

irrespective of the suffering involved.

“the whole philosophy of palliative care is that we value life and we, our role is to, ah, try and help people to live as well as they can until they die” (P16)

Advocacy for autonomy and personal choice

2

in regards to determining a tolerable amount of suffering at the end of life.

“they'll feel like they've been able to exercise their choice and end their suffering. And then for all the rest that have no interest in it, they will continue to have whatever palliative care or other treatment they want” (P11)

Shared concern and uncertainty

3

about the practical consequences of introducing VAD.

“one of the sad things for me about the euthanasia debate is that it's distracted from getting palliative care the funding that I think it deserves” (P13)

CONCLUSION

Total moral consensus on the definition of a 'good death' and its justifiable means may not be achievable, however, through common dedication to providing best care for people who experience suffering at the end of life, some degree of complementarity and co-operation may be possible. Our study showed that common advocacy for good end-of-life experiences can funnel fundamentally opposing worldviews into a common project, one that firmly commits to reducing human suffering and supporting people to live well until they die.