



PalliativeCare
WESTERN AUSTRALIA

VAD Survey Results Summary

Survey to identify the information,
professional development and pastoral
care needs for staff associated with
Voluntary Assisted Dying

February 2021

Table of Contents

Table of Contents	2
Survey purpose	3
Respondents.....	3
Overall findings	4
Qualitative themes	4
Some preparation is underway	4
Recognition of complexity	5
Workplace customisation	5
Pastoral care is critical	6
Systems approach	6
Regional complexity	6
Potential to raise awareness of ACP and palliative care	6

Survey purpose

This survey was created in response to concerns raised by health, aged care and community service professionals that they had not yet been made aware of training, professional development and pastoral care systems to support them once Voluntary Assisted Dying (VAD) was introduced on 1st July 2021.

The purpose of the survey was to identify:

- Information, training, professional development and pastoral care needs of health, aged care and community service professionals, and
- Preferences for the mode and timing of these activities.

Palliative Care WA recognises that VAD is not a part of palliative care, as per the World Health Organisation definition.

However, as the peak body we have a role to play in providing information and support to members and others in the sector who care for patients who may be eligible for, or are accessing, VAD. This includes those directly providing palliative care for patients, as well as those responding to questions from patients, family and friends.

Our plan is to share the results of this survey across WA and facilitate implementation of the survey outcomes where possible in collaboration with sector partners.

Respondents

The survey was distributed to Western Australian health, aged care and community service professionals via PCWA communications channels and other stakeholders. It was completed between December 2020 to January 2021.

In total 145 people completed the survey representing a wide spread of professional groups including:

- non-GP medical specialists – 11%;
- GPs – 6%;
- nurses and nurse practitioners – 37%;
- allied health practitioners – 17%,
- support workers – 5%, and
- facility administrators – 8%.

30% of respondents worked primarily in hospital settings, 25% in community services, 21% in residential and community aged care and 8% in hospice settings.

Nearly 70% of respondents were aged between 45 – 64 years and 85% identified as female.

8% of the respondents reported that they were Aboriginal or had a culturally diverse background and 17% resided in regional, rural or remote WA.

Overall findings

1. We're concerned that we are not prepared for the introduction of VAD in WA.

Almost all (97%) of respondents indicated some level of concern about having their information, professional development and pastoral care needs met in time for the introduction of VAD on 1st July 2021. 60% of all respondents described that they were moderately or very concerned, with more than one third of respondents indicating that they were very concerned (36%).

This suggests a high level of concern about the lack of preparedness among health, community and aged professionals in the State.

2. We want information, professional development and pastoral care by early 2021.

Nearly 90% of respondents indicated that they would like information as soon as possible or by early in 2021. Most respondents (82%) wanted professional development also by early in 2021. More than half of respondents (59%) asked for pastoral care by early in 2021.

3. We want information and professional development provided online, via webinars and face to face.

52% of respondents suggested that information sheets were the preferred approach to access information on where to refer patients/clients although 36% thought that webinars would be best to understand the nuances of the proposed navigator service.

In fact, webinars were the preferred mode for receiving information on most aspects of the delivery of VAD with the proviso that it included opportunities for Q & A.

The two exceptions to this were:

- The need to have face-to-face forums within the workplace when considering (or not) the application of VAD within the work setting (36%); and
- The need for either internal or external supervision for staff members to assist in managing pastoral care needs (59%).

Qualitative themes

In addition to the responses to the set questions, a total of 171 comments were recorded which included 50 comments in the final and open-ended question. This is an unusually high level of survey comments.

Seven themes were identified as follows with a number of direct quotes included where appropriate.

Some preparation is underway

While the majority of respondents expressed concern regarding the lack of information, professional development opportunities and provision of pastoral care support, there were at least a half dozen comments about workplaces that had made some considerable progress in considering the implementation of VAD.

"We have developed a service readiness group to prepare for VAD and are reviewing existing policies, procedures and processes that may be affected"

However, the majority of respondents shared concern at the perceived lack of preparation, in recognition that questions were already being raised by clients and patients regarding VAD, and that there appeared to be a lot of misinformation being shared. For some respondents the lack of clarity regarding their workplace position on VAD was concerning.

“I have heard nothing other than it has been passed”

“I’m not anticipating on 1 July that I will be inundated with clients requesting VAD, however I want to ensure that staff are knowledgeable and the appropriate resources are in place”

Recognition of complexity

Many respondents commented on the complexity surrounding VAD including:

- the likelihood that some staff will retire early to avoid the implementation process;
- recognition of the grief and loss implication for those family, friends and caring staff left behind;
- the significant challenges of supporting conscientious objectors; and
- the need to recognise significant cultural differences in attitudes to dying and death.

“It is an absolute minefield. I am very concerned for conscientious objectors. I am concerned for the doctors who voluntarily perform VAD. I am concerned about how this will change the ethos of medicine.”

“I have actively sought all of the above (information, professional development or pastoral care support) but none is yet available at the level of detail and support I require. Meanwhile I have a small but critical number of older colleagues who are planning to retire so that they can avoid this implementation therefore escalating my workplace demands/load/stress. Support is needed ASAP and the Government needs to start financially supporting this.”

Workplace customisation

Many respondents commented about the need to avoid a “one size fits all” approach which would not recognise the very different settings in which VAD conversations may occur – from hospitals, hospices, aged care settings and private homes.

Additionally, a significant number of respondents reported that, in recognising time and distance constraints, it was likely that online information, professional development and even pastoral care supports were likely to be the only option.

“While face-to-face is best, webinar is a good option as is video conferencing. An e-learning module about VAD would also be good and perhaps should be mandatory for people to complete on a once-only basis.”

There was also repeated acknowledgement regarding the critical importance of well-developed communication skills to be able to progress these complex conversations.

“I think staff training around conversations related to VAD should mirror evidence-based training in other complex clinical communication scenarios e.g. role play with expert facilitation”

Pastoral care is critical

The importance of providing pastoral care was a significant concern to many staff who recognised the ethical dilemma and potential psychological impact.

“I am unsure from a Christian point of view if I even want to be a part of the VAD process but at the same time I don’t want people to suffer unnecessarily. For me, it is this belief/compassion clash that makes me wary of this.”

There was also recognition that some workplaces do not currently have access to pastoral care support and that the implementation of VAD may heighten the need to provide this service.

Systems approach

A number of hospital and aged care facility administrators identified the need to establish a systems approach in addition to skilling and supporting staff to prepare for VAD. Considerations included the need to develop a clear position on the engagement and/or delivery (or not) of VAD, updating of policies and procedures to reflect a response to VAD and a resource allocation to support the information, professional development and pastoral care needs of staff.

“The more I consider my needs the greater my list grows and as our service is undecided regarding our level of involvement in VAD, I still feel in the dark regarding what we may need to do”

Regional complexity

The survey attracted a number of regional, rural and remote staff who clearly identified the additional complexity faced by staff located in these localities.

“We are under-resourced for professional development in the area of palliative care in this WA regional centre. Relaying palliative care principles and practice to aged care workers at the grassroots level is hard enough without having to inform and guide them through the complexities of VAD. This is looking like a nightmare for senior management of the aged-care facility.”

Potential to raise awareness of ACP and palliative care

Some respondents did identify the potential opportunity to use the focus on VAD to encourage greater awareness of Advance Care Planning and value of early referral to palliative care.

“I don’t believe that there has been any preparation or education of staff who may encounter questions regarding VAD and what other options may be available. Has the person requesting VAD and the carer who is left behind had the appropriate support in terms of grief and loss and have they been given effective palliative care prior to VAD?”



Palliative Care WA
15 Bedbrook Place
Shenton Park WA 6008
T: 1300 551 704

palliativecarewa.asn.au