

Barriers to voluntary assisted dying in Victoria cause patient distress, finds study

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The barriers to accessing voluntary assisted dying (VAD) in Victoria cause considerable distress for patients, according to new research.

Published in the *Medical Journal of Australia*, the research examined the barriers faced by [patients](#) and their families seeking to access VAD in Victoria as well as what supports were in place.

The research made several recommendations, including:

- improving access to VAD in Victoria;
- increasing the pool of doctors willing and qualified to be involved in VAD;
- requiring doctors who will not provide VAD to refer patients to a willing doctor; and
- investing in system supports, such as adequate funding for both the statewide pharmacy service and VAD care navigators.

Professor Ben White, Professor of End-of-Life Law and Regulation, and his colleagues at the Australian Center for Health Law Research at the Queensland University of Technology (QUT), conducted the study with 32 family caregivers and one patient.

"Our research is part of a wider four-year study looking at the regulation of VAD in Australia, Canada and Belgium," Professor White said.

"Our overall goal is to find the most appropriate way to regulate VAD to make sure that it's safe but also accessible for patients. One of the key bits of evidence that was missing to date was that patient experience and how they experience the process of seeking VAD, such as what are the barriers to access and what are the supports already in place."

Ruthie Jeanneret, a Ph.D. student also at the Australian Center for Health Law Research at QUT, said one of the key barriers for people wishing to access VAD was finding an appropriate doctor.

"Participants explained that it was particularly difficult to find the first doctor or 'coordinating medical practitioner' to help them through the process," Ms Jeanneret said. "The second [barrier](#) was the time that it actually took to get through the entirety of the VAD application process."

Another barrier was the ban on [medical practitioners](#) using telehealth.

"Telehealth is not allowed to be used for VAD consultations, which means that all consultations have to occur in person, which really affects people in regional areas and people with neurodegenerative conditions."

The study also looked at institutional objections to VAD, with some facilities not allowing some or any aspects of the VAD process to occur in their facilities.

Professor White said the study also examined what supports were working well for people seeking to access VAD in Victoria. "The role of the VAD care navigators was absolutely crucial," White said.

"These are state-funded [health](#) professionals who are based at Peter MacCallum Cancer Center in Melbourne and at five regional health centers.

"Their role is to assist patients under the system and help them through it.

"Our research found the people in these roles really helped patients and their families understand the process and navigate the health system."

More information: Ben P White et al, Access to voluntary assisted dying in Victoria: a qualitative study of family caregivers' perceptions of barriers and facilitators, *Medical Journal of Australia* (2023). [DOI: 10.5694/mja2.52004](#)

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