Preparing for Voluntary Assisted Dying -

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Bendigo Health is a leading regional health service, with around 4000 staff and a catchment area covering a quarter of the size of Victoria.

In addition to operating a large 724-bed acute hospital, we offer subacute services including inpatient and outpatient rehabilitation, a regional psychiatric service, inpatient, community and regional specialist palliative care, residential care, specialist clinics, dialysis and a range of outreach services such as hospital in the home.

Bendigo Health Specialist Palliative Care Service has three streams:

- Inpatient (10 bed) unit (SPCEU)
- Community Specialist Palliative Care (BCSPCS)
- Loddon Mallee Regional Specialist Palliative Care Consultancy Service (LMRSPCCS)
How BH approached the implementation of voluntary assisted dying

- **July 2018** - DHHS requested nominations from regional health services to participate in VHA VAD Model of Care project.
  - Consultative Group & Development group (model of care & quality)
- **Oct 2018** - Bendigo Health (BH) commenced Working group and project officer.
  - Held regional forum
  - Confidential Survey to staff – Medical staff separated and data available only to CMO.
  - Education program delivered including - Online module.
- **Dec 2019** – BH received fix term funding for Regional VAD Navigator position.
What worked well?

- BH Working group – information dissemination.
- Positive and Enquiring Organisational approach as End of Life Choice.
- Specialist Palliative Care participation in VHA consultative groups.
- Navigator based on site.
- State COP share experiences/ models/ resources.
- Project Leads relationship and knowledge of the geographical area.
What would you do differently?

- Hindsight is a wonderful thing
- Prepare for Initial hype - Overthought things – is that a bad thing though
- More support for Patient who were ineligible and not known to Palliative care
Describe how the introduction of voluntary assisted dying has impacted palliative care?

- Choice and Control
- Improved discussion of death & dying/ Preferred Place of Care & Preferred Place of Death
- Collaboration of services
- Disappointment for ineligible patients and families
- Bereavement/ counselling demands.
- Some clinicians have given up on patients.
And finally.....

Work that we’re still undertaking:

• Ongoing policy review
• Organisational GAP analysis of End of Life & Palliative Care (Governance)
• Sharing experiences and learning