



LIVING WITH VAD: HOW DOES IT IMPACT US?

PROF MEGAN BEST

INSTITUTE FOR ETHICS AND SOCIETY, UNDA

DIRECTOR, ETHICENTRE





OUTLINE

- AM I OBLIGED TO MENTION THE AVAILABILITY OF VAD?
 - RESPONDING TO A REQUEST FOR VOLUNTARY ASSISTED DYING
 - CONSCIENTIOUS OBJECTION AND COMPLICITY
 - MORAL DISTRESS
- 



Australian Capital Territory

Voluntary Assisted Dying Act 2024

A2024-24

Republication No 4

Effective: 26 November 2025

Republication date: 26 November 2025

DO YOU HAVE TO RAISE THE OPTION OF VAD?

- **YOU DON'T HAVE TO RAISE THE OPTION**
- **PERMISSIBLE IF YOU WANT TO**
 - IF YOU BELIEVE INDIVIDUAL HAS BEEN DIAGNOSED WITH A CONDITION WHICH MAKES THEM ELIGIBLE FOR VAD
- **OTHER INFORMATION TO BE GIVEN AT THE SAME TIME**
 - TREATMENT OPTIONS AND THEIR LIKELY OUTCOME
 - PALLIATIVE CARE OPTIONS AVAILABLE AND THEIR LIKELY OUTCOME
 - NEED TO SPEAK TO TREATING DOCTOR (IF WITHOUT EXPERTISE TO PROVIDE INFORMATION ABOVE)

WHAT DOES IT MEAN FOR A PATIENT TO RAISE THE TOPIC?

NSW Health Guidelines

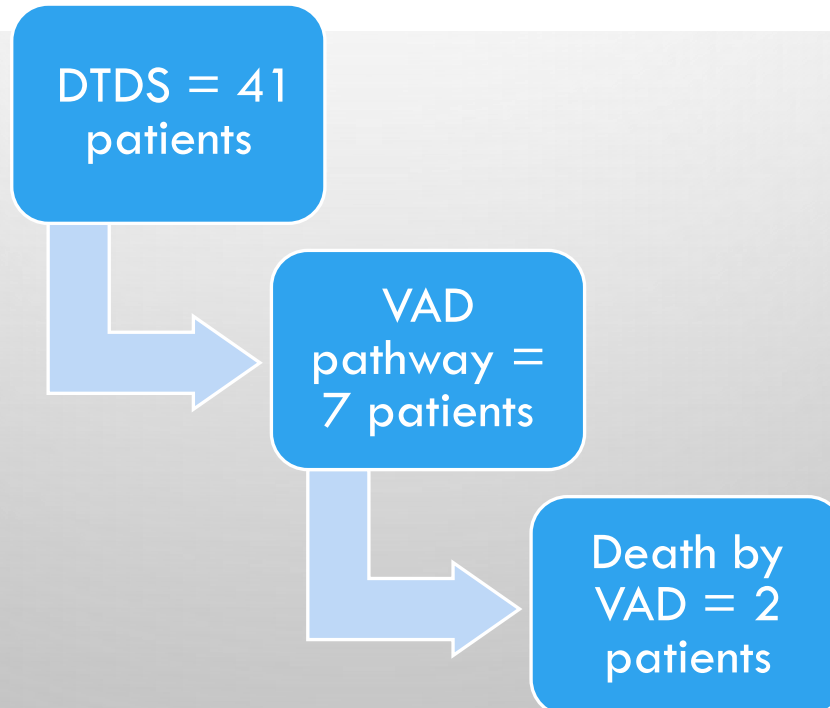
Table 6. Examples of patient statements

Example statements of a first request for voluntary assisted dying	Example statements that would not be considered a first request for voluntary assisted dying, but rather a request for information
"Can you help me end my life?"	"I want to die. What are my options?"
"I want you to help me to die."	"I'm tired of life. I've had enough."
"How can I get medication to end my life?"	"Can you tell me more about voluntary assisted dying?"
"Can I access euthanasia?"	"Does this hospital/facility provide voluntary assisted dying?"

Desire to Die Statements in the Era of Voluntary Assisted Dying: An Audit of Patients Known to a Victorian Consultation-Liaison Palliative Care Service

American Journal of Hospice
& Palliative Medicine®
2022, Vol. 39(10) 1203–1209
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MEANING OF REQUESTS FOR WANTING A HASTENED DEATH

- A CRY FOR HELP
- A DESIRE TO END SUFFERING
- A DESIRE TO AVOID BEING A BURDEN ON OTHERS
- A DESIRE TO PRESERVE SELF-DETERMINATION UNTIL THE END
- A WILL TO LIVE BUT NOT 'LIKE THIS'

RODRÍGUEZ-PRAT A, BALAGUER A, BOOTH A, MONFORTE-ROYO C. UNDERSTANDING PATIENTS' EXPERIENCES OF THE WISH TO HASTEN DEATH: AN UPDATED AND EXPANDED SYSTEMATIC REVIEW AND META-ETHNOGRAPHY. BMJ OPEN. 2017

existentialdespair
existentialdistress
demoralisation spiritualturmoil
spiritualdisintegration existentialpain
existentialfear spiritualdistress anguish
existentialcrisis spiritualstruggle
spiritualpain
spiritualcrisis spiritualproblem
spiritualsuffering
existentialanxiety spiritualangst totalpain
spiritualdespair deathanxiety
existentialangst spiritualchaos
existentialsuffering

ILLNESS/DYING BRINGS QUESTIONS

- WHY IS THIS HAPPENING TO ME?
- WHAT DO I BELIEVE IN?
- IS THERE A GOD?
- WHAT WILL HAPPEN AFTER DEATH?
- WHY AM I BEING PUNISHED?
- WILL MY FAMILY COPE WHEN I'M GONE?
- WILL I BE MISSED?
- WILL I HAVE TIME TO FINISH...



SPIRITUAL NEEDS OF PATIENTS AT THE END OF LIFE

Spiritual needs	% (n = 248)
Help overcoming fears	51
Help finding hope	41
Help finding meaning in life	40
Help finding peace of mind	43
Help finding spiritual resources	39

Moadel et al, 1999

FACTORS CONSIDERED IMPORTANT TO PATIENT QOL AT END OF LIFE (340 SERIOUSLY ILL PTS)

Attributes		Patients	Doctors
Freedom from pain		1	1
At peace with God		1	3
Presence of family		3	2
Mentally aware		4	7
Treatment choices followed		5	5
Finances in order		6	8
Feel life was meaningful		7	4
Resolve conflicts		8	6
Die at home		9	9

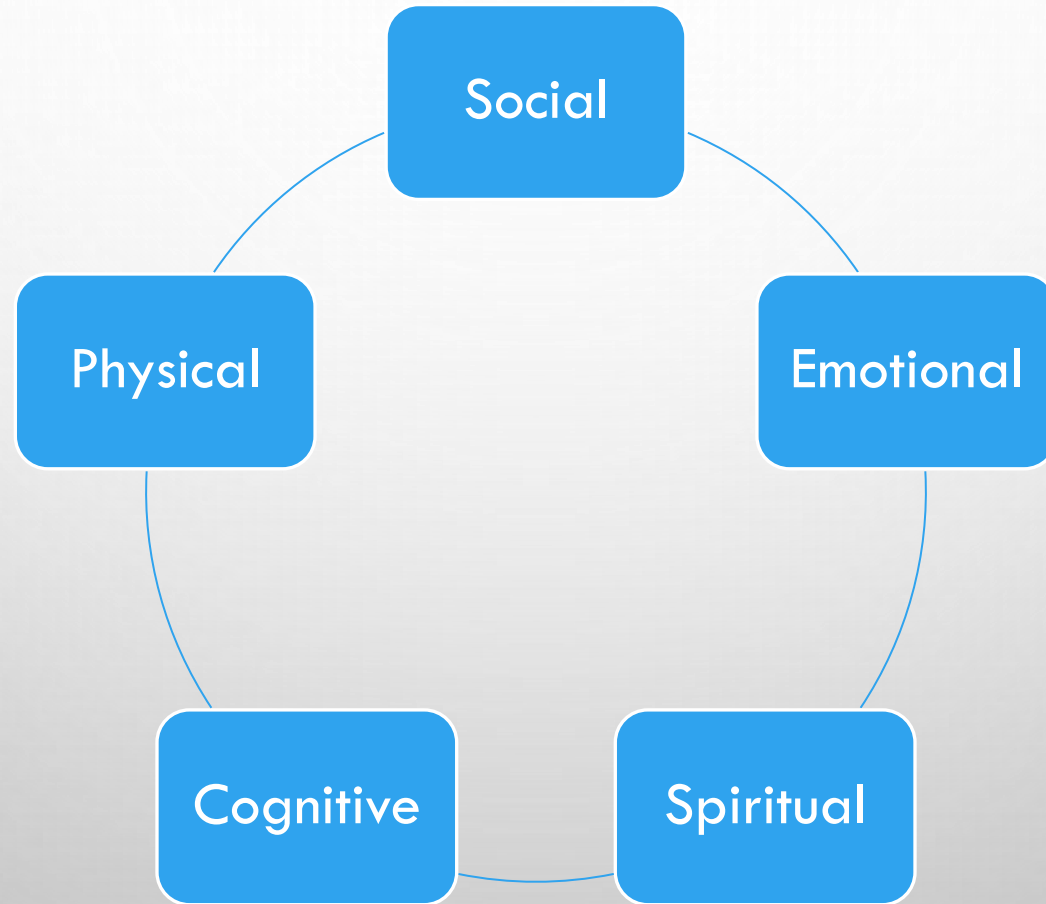
LOSS AT THE END OF LIFE

- **ILLNESS RELATED** – LOSS OF HEALTH, BODY PARTS, OR ATTRACTIVENESS, LOSS OF ENERGY, SEXUALITY, OR FUNCTION
- **SOCIAL AND FINANCIAL LOSSES** – FINANCIAL LOSS DUE TO INABILITY TO MAINTAIN ONE'S PROFESSION DUE TO SICKNESS OR RETIREMENT, LOSS OF YOUR HOME AS YOU MOVE INTO CARE, LOSS OF YOUR PETS WHEN YOU CAN NO LONGER CARE FOR THEM
- **RELATIONAL LOSSES** – SOCIAL ISOLATION DUE TO SICKNESS AND HOSPITALISATION, PERHAPS ISOLATING YOURSELF DUE TO DEPRESSION, OR EMBARRASSMENT ABOUT YOUR APPEARANCE
- **LOSS OF ROLES AND RESPONSIBILITIES** IN THE FAMILY, IN THE WORKPLACE
- **PERSONAL LOSSES** – LOSS OF CONTROL OVER YOUR SITUATION, LOSS OF AUTONOMY, FEAR OF BEING A BURDEN, LOSS OF DIGNITY
- **EXISTENTIAL LOSSES** – MEANING, PURPOSE AND HOPE. LOSS OF PERSONHOOD, LOSS OF IDENTITY – I AM NO LONGER WHO I WAS, I DON'T LIKE WHAT I WILL BE IN THE FUTURE
- **LOSS OF THE FUTURE**, WITH ITS DREAMS AND ASPIRATIONS.

MASLOW'S HIERARCHY OF NEEDS



WHOLE PERSON CARE



Spiritual Care in Palliative Care

What it is and Why it Matters

Megan C. Best
Editor

 Springer

ASSOCIATION BETWEEN CLINICIAN FACTORS AND A PATIENT'S WISH TO HASTEN DEATH

256 TERMINALLY ILL CANCER PATIENTS AND THEIR DOCTORS.

BOTH PATIENT FACTORS (PERCEIVING THEMSELVES TO BE A BURDEN TO OTHERS, MAJOR DEPRESSION, AND LOWER FAMILY COHESION) **AND PHYSICIAN FACTORS** (THE DOCTOR'S LOWER LEVELS OF OPTIMISM, THE DOCTOR HAVING LESS TRAINING IN PSYCHOTHERAPY AND PALLIATIVE CARE) **WERE ASSOCIATED WITH A HIGHER DESIRE FOR HASTENED DEATH IN THESE PATIENTS.**



WHAT'S
WRONG?

Responding to desire to die statements from patients with advanced disease: recommendations for health professionals

[Peter L Hudson](#), [Penelope Schofield](#), [...], and [Sanchia Aranda](#) [+5](#) [View all authors and affiliations](#)

[Volume 20, Issue 7](#) | <https://doi.org/10.1177/0269216306071814>

- BE ALERT TO YOUR OWN RESPONSES
- BE OPEN TO HEARING CONCERNS
- ASSESS POSSIBLE CONTRIBUTING FACTORS
- RESPOND TO SPECIFIC ISSUES
- SUMMARISE THE DISCUSSION AND ASK IF ANY OTHER HELP IS NEEDED
- DOCUMENT YOUR DISCUSSION AND COMMUNICATE WITH COLLEAGUES



WHAT IS A FIRST REQUEST FOR VAD?

- A CLEAR AND UNAMBIGUOUS STATEMENT
- MADE PERSONALLY BY THE INDIVIDUAL
- MAY BE MADE IN WRITING OR ORALLY OR BY COMMUNICATING 'IN ANY OTHER WAY THE INDIVIDUAL CAN'.

VOLUNTARY ASSISTED DYING ACT 2024, PART 3 SECTION 13

**Conscientious objections—
health practitioners and health
service providers**

HEALTH PRACTITIONER /SERVICE PROVIDER MAY REFUSE TO:

- ASSESS AN INDIVIDUAL SEEKING VAD
- PROVIDE ADVICE TO COORDINATING OR CONSULTING PRACTITIONERS
- SUPPLY VAD MEDICATION
- BE PRESENT WHEN VAD OCCURS

VOLUNTARY ASSISTED DYING ACT 2024, PART 6 SECTION 99

IN THE EVENT OF EXERCISING CONSCIENTIOUS OBJECTION

HEALTH PRACTITIONER/ HEALTH SERVICE PROVIDER

- WITHIN 2 BUSINESS DAYS THEY MUST GIVE THE INDIVIDUAL, IN WRITING, THE CONTACT DETAILS FOR THE APPROVED CARE NAVIGATOR SERVICE
- *NOTE: IF PATIENT MAKES FIRST REQUEST, AND YOU DON'T HAVE CO, YOU HAVE 4 DAYS TO RESPOND (SECTION 15)*
- DOCUMENT DETAILS OF FIRST REQUEST AND ACTION TAKEN

FAITH BASED INSTITUTIONS

- MUST GIVE ACCESS TO PERSONS FACILITATING VAD PROCESS IF PATIENT DOESN'T WANT TO/CAN'T BE TRANSFERRED TO ANOTHER FACILITY
- PUBLISH VAD POLICY IN A WAY "THAT IS LIKELY TO COME TO THE ATTENTION OF" RESIDENTS AND PEOPLE SEEKING INFORMATION ABOUT FACILITY (EG ON WEBSITE)

The background is a light gray gradient. It features several realistic water droplets of various sizes, some with highlights and shadows, scattered across the frame. In the upper center, there is a faint, circular, textured pattern that resembles a ripple or a lens flare.

COMPLICITY

BEING INVOLVED WITH OTHERS IN AN ACTIVITY THAT IS
UNLAWFUL OR MORALLY WRONG

COMPLICITY

- HAVE YOU ANY ROLE IN THE **CAUSATION** OF THE ACT?
- ARE YOU **FACILITATING** THE MORALLY WRONG ACT DIRECTLY?
- DOES YOUR ACTION **PERPETUATE** THE MORAL WRONG?

COMPLICITY

- FLEE FROM EVIL (1 COR 6:18)
- IT IS NOT FROM WITHOUT BUT FROM WITHIN THAT ONE IS DEFILED (MARK 7:1-23)
- CHRIST DOES NOT ASK THE FATHER TO TAKE HIS DISCIPLES 'OUT OF THE WORLD' (JOHN 17:15-17)
- HOWEVER 'TOUCH NO UNCLEAN THING' (2 COR 6:17)
- WE CAN EACH MAKE A DECISION 'TO THE LORD', 'FULLY CONVINCED' IN OUR OWN MIND AND SO ACTING 'FROM FAITH' (ROM 14:6)



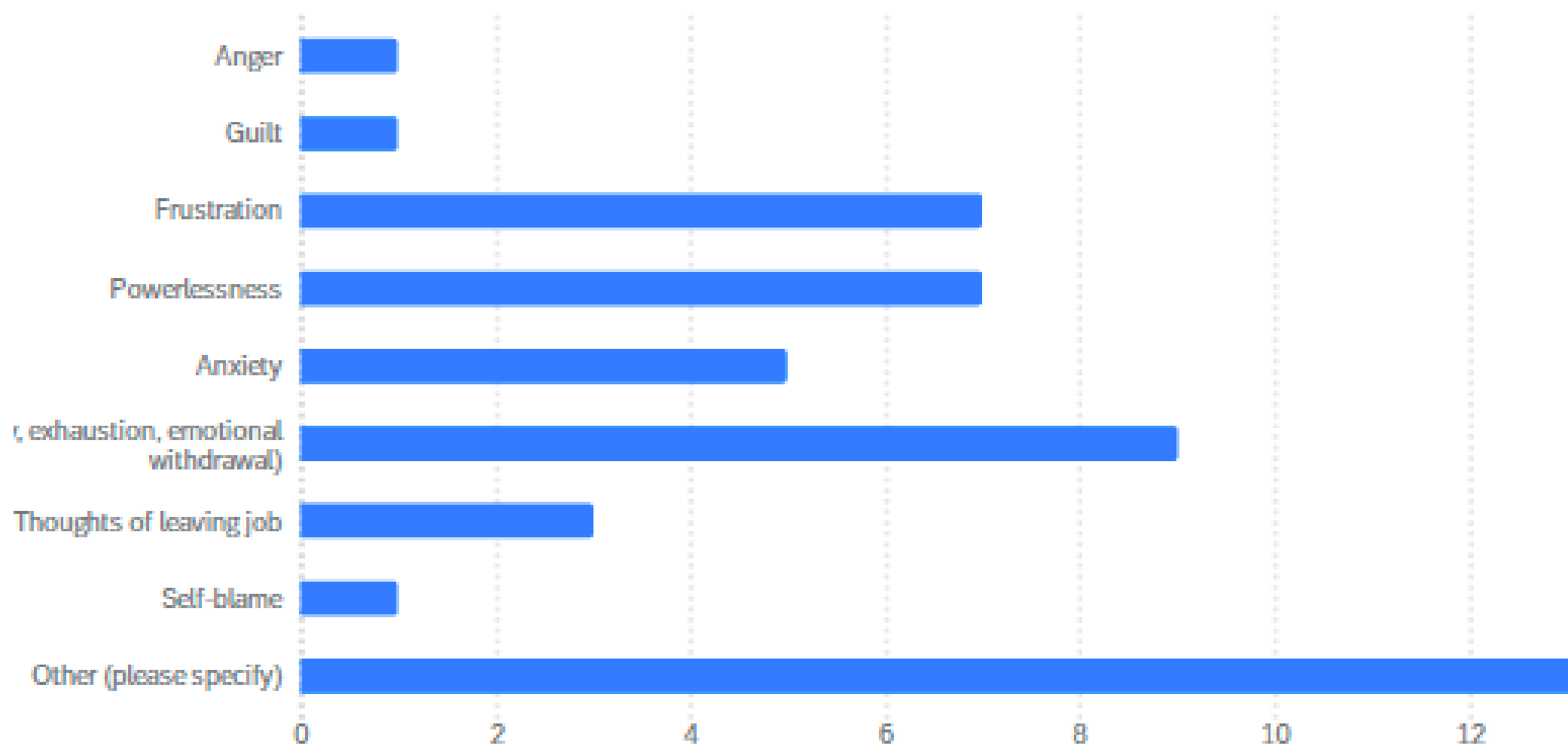
ACCOMPANIMENT

- FOLLOWING CHRIST'S EXAMPLE
- REMIND OTHERS OF GOD'S PRESENCE
- SEEKING SHALOM
- AN UNKNOWN DESTINATION

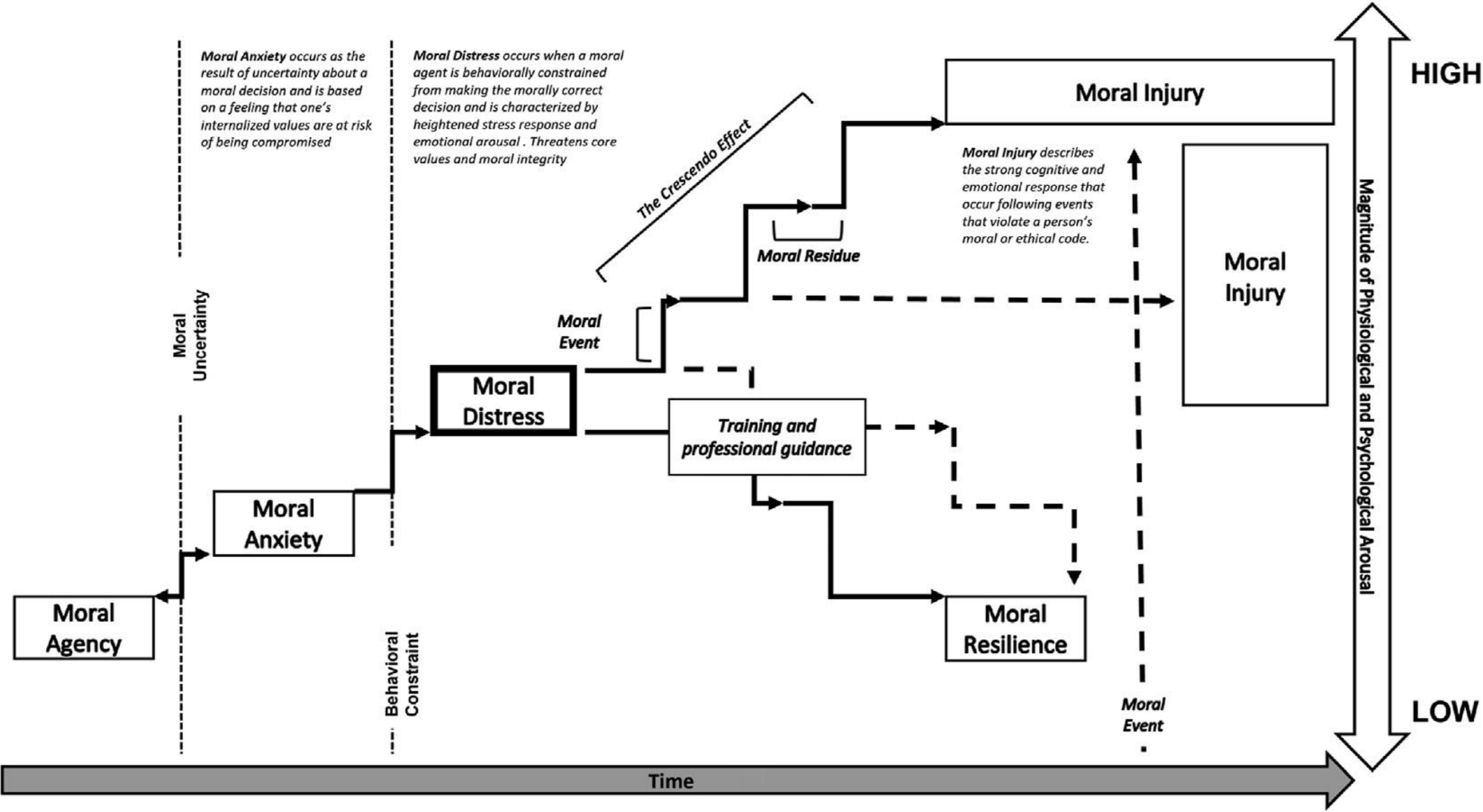
MORAL DISTRESS

- WHEN ONE KNOWS THE RIGHT THING TO DO, BUT INSTITUTIONAL CONSTRAINTS MAKE IT NEARLY IMPOSSIBLE TO PURSUE THE RIGHT COURSE OF ACTION





TAXONOMY OF MORAL TRAUMA (adapted from Reis & Lesandrini, 2025)



BURNOUT

- EXHAUSTION
 - DEPERSONALISATION
 - REDUCED SENSE OF PERSONAL ACCOMPLISHMENT
-
- MOSS ET AL 2016; ROBINSON 2010.

BUILDING MORAL RESILIENCE

1

Self-awareness

2

Create a safe space

3

Increase self-care

RESPONSE OF THE CHURCH

NEW OPPORTUNITIES:

- COMPASSIONATE COMMUNITIES
- RESPECT FOR THE VULNERABLE
- NON-ABANDONMENT OF THE DYING AND CARERS
 - PRAYER
 - VISITATION AND PRACTICAL SUPPORT
 - ACKNOWLEDGE LOSS AS WELL AS CELEBRATION OF LIFE
 - ANNUAL MEMORIAL SERVICES





Sunday 16 February 2020

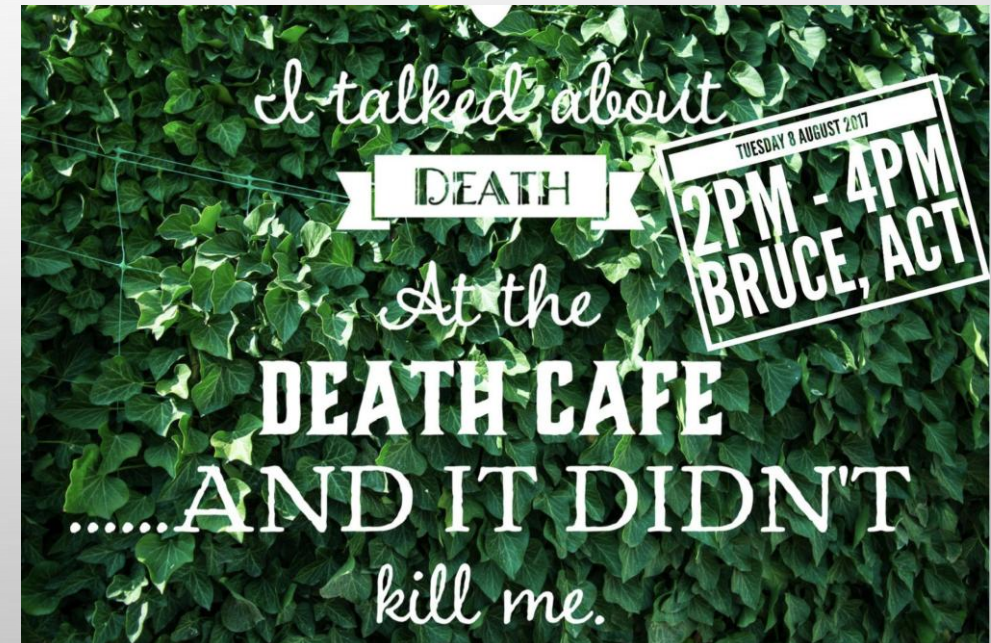
2-3.30 pm

*Coffee, cake and good
conversation in Canberra*

DEATH CAFE

Hosted by
Vickie Hingston-Jones
see www.hingston-jones.com
for location

“Come and join a hosted conversation about death and dying over cake and coffee - no experience with death is necessary”.





RESPONSE OF INDIVIDUALS

- PROVIDE A COUNTER-CULTURAL WITNESS
- SEEK THE 'GOOD DEATH' *ARS MORIENDI*

CHAPTERS:

1. EXPLAINS THAT **DYING HAS A GOOD SIDE** AND SERVES TO CONSOLE THE DYING MAN THAT DEATH IS NOT SOMETHING TO BE AFRAID OF.
2. OUTLINES THE **FIVE TEMPTATIONS** THAT BESET A DYING MAN, AND HOW TO AVOID THEM: LACK OF FAITH, DESPAIR, IMPATIENCE, SPIRITUAL PRIDE, AND GREED.
3. LISTS THE **SEVEN QUESTIONS TO ASK A DYING MAN**, QUESTIONS THAT LEAD THE DYING TO REAFFIRM THEIR FAITH, TO REPENT THEIR SINS, AND TO COMMIT THEMSELVES FULLY TO CHRIST'S PASSION AND DEATH ALONG WITH CONSOLATION AVAILABLE TO HIM THROUGH THE REDEMPTIVE POWERS OF CHRIST'S LOVE.
4. EXPRESSES **THE NEED TO IMITATE CHRIST'S LIFE**.
5. ADDRESSES THE **FRIENDS AND FAMILY**, OUTLINING THE GENERAL RULES OF BEHAVIOUR AT THE DEATHBED.
6. INCLUDES **APPROPRIATE PRAYERS** TO BE SAID FOR A DYING MAN.



IT IS BETTER TO GO TO A HOUSE OF
MOURNING THAN TO GO TO A HOUSE
OF FASTING, FOR DEATH IS THE DESTINY
OF EVERYONE; THE LIVING SHOULD TAKE
THIS TO HEART.

ECCLESIASTES 7:2

Thank you

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ethicentre.com

