

LIVING WITH VOLUNTARY ASSISTED DYING

LEGISLATION

All healthcare workers are encouraged to download and read the relevant VAD legislation for the jurisdictions in which they work. The ACT *Voluntary Assisted Dying Act 2024* can be accessed here: <https://www.legislation.act.gov.au/a/2024-24/>

IMPLEMENTATION of each state's legislation has been overseen by the relevant state health department. A summary of each state's legislation and links to the state implementation websites can be found here: <https://end-of-life.qut.edu.au/assisteddying> Note this is a pro-VAD organisation.

UNDERSTANDING PATIENTS' DESIRE FOR HASTENED DEATH STATEMENTS

<https://pubmed.ncbi.nlm.nih.gov/28965095/>

SPIRITUAL SUFFERING

<https://onlinelibrary.wiley.com/doi/10.1002/pon.3795>

SPIRITUAL CARE

Best MC, Vivat B, Gijsberts M-J. Spiritual Care in Palliative Care. *Religions*. 2023; 14(3):320. <https://doi.org/10.3390/rel14030320>

This paper contains a summary of the meaning, importance and practice of spiritual care at the end of life. <https://www.mdpi.com/2077-1444/14/3/320>

RESPONDING TO DESIRE TO DIE STATEMENTS FROM PATIENTS WITH ADVANCED DISEASE: RECOMMENDATIONS FOR HEALTH PROFESSIONALS

It is not uncommon for patients with advanced incurable disease to express a desire to hasten their death. Health professionals often have difficulty responding to such statements, and find it challenging to ascertain why these statements are made. Health professionals may struggle to determine whether a 'desire to die' statement (DTDS) is about a request for hastened death, a sign of psychosocial distress, or merely a passing comment that is not intended to be heard literally as a death wish. This paper gives recommendations for responding to a DTDS, underpinned by key principles of therapeutic communication and a systematic review of empirical literature.

This paper has restricted access, so a summary of recommendations is given here:

1. Be alert to your own responses

Be aware that your response can shape the communication; eg if you convey impatience or your own feelings of futility, this may have a negative effect or it may limit the conversation to follow

Show regard for the person by your verbal and non-verbal behaviour

2. Be open to hearing concerns

Ask questions that gently probe emotional concerns Be alert to verbal and non-verbal signs of psychological distress

Encourage the person, by sensitive prompting where necessary, to express their feelings

Listen actively without interrupting, seek clarification of feelings and concerns

Acknowledge the feeling/s being expressed without needing to actively support the desire to die: try to match the words you use with the level of emotion the person is experiencing

Use silence appropriately; do not rush to fill gaps in the conversation

Sit quietly through tears

Express empathy, both by your verbal and non-verbal responses

Acknowledge there are individual differences in patients' emotional responses to the impact of life-threatening illness

3. Assessing the potential contributing factors

For example, check whether the person has appropriate social support, what type and level of assistance may be required

Assess for psychological distress (eg depression/anxiety) and/or existential distress

Assess for delirium, cognitive change and competence

Assess level of understanding regarding goals of care and treatment options

Assess for unrelieved physical symptoms – consider referral to palliative care

Assess for interpersonal factors (eg family conflict, conflict with clinical staff)

4. Responding to specific issue/s

Address potentially reversible causes and develop plan of management

Commence planning strategies (eg referral, another meeting) for issues that cannot readily be resolved

5. Concluding the discussion

Summarize main points of discussion; checking your perceptions with the patient's perceptions

Ask if there is anything else the patient wants to discuss or if they have any other questions to raise

Offer assistance to discuss the patient's situation with others, eg in a family meeting

Indicate your availability for contact to address any questions or concerns and arrange for further appointment to review situation

Explain that it is important for you to let the other members of the treatment team know about this discussion and reassure them that it will be treated in the strictest confidence within the team

6. After discussion

Document discussion in medical records

Advise other members of the treatment team, so they can also support the patient.

Full paper is available here:

<https://journals.sagepub.com/doi/10.1177/0269216306071814>