

Balancing VAD and Palliative Care in Patient Support

Reading time:

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Joe is a married 78-year-old man with bowel cancer, with adult children living nearby. He was diagnosed six months before getting in contact with the Voluntary Assisted Dying (VAD) Care Navigator Service.

After his diagnosis, he underwent surgery and multiple forms of treatment. Unfortunately, his disease did progress despite treatment, and he was referred to palliative care. This was when Joe asked his GP what his options were with VAD and mentioned that he was worried about being in pain. His GP responded by saying that palliative care could support him and help with his pain management needs.

A few weeks later, he was visited by community palliative care at home where he mentioned he was interested in VAD. They responded that they couldn't do that for him but referred him to the Care Navigator Service.

Taking the first of many steps

Joe called the Care Navigator Service, where they did an intake process over the phone. He mentioned his treating oncology service was a faith-based organisation and they couldn't assist with any doctors who had completed VAD training.

The Care Navigator Service continued to assess doctors for Joe. His own GP had not been trained in VAD and was not aware of the Care Navigator Service. After speaking to the service, the GP was happy to continue to provide care including the death certificate, if that ended up being Joe's wishes.

The Care Navigator Service referred Joe to another GP in the area to commence the eligibility assessment for access to VAD. Joe was assessed by two practitioners as eligible for VAD, after which his VAD doctor wrote him a script and had the Statewide pharmacy deliver the medication to his home. The process from initial assessment to prescription took about six weeks.

Joe passed away a few weeks later at home with the support of palliative care, and his VAD medications remained unused. Joe's family mourned his death and felt very supported by palliative care. His children felt that he was very clear in wanting to have VAD as an option and were pleased that they could support him in that wish.

Key takeaways

- Early requests for VAD do create the best outcomes. Regardless of whether the doctor receiving the request plans to do the training or not, connecting your patient with the Care Navigator Service will allow your patient to access the right information.
- Have open communication between health services and clinicians, regardless of their level of participation. It's important for your patients to have access to all information readily and be informed to make their own choices.
- It's important to educate patients that VAD is something that happens alongside palliative care, but they are not the same thing. Equip your patients with information so they can tell between the two.
- VAD works best when it's an option at the end of life, but not the focus. The patients that don't ask their questions early on or don't receive all the information in a timely way, end up having more anxiety at the end of their lives. They are going through a difficult process as they become increasingly unwell.

Resources

- MIPS on-demand webinar: [Voluntary assisted dying](#)
- VAD Care Navigator Service - (03) 8559 5823 or vadcarenavigator@petermac.org
 - Gippsland: vadsupport@lrh.com.au
 - Grampians: voluntaryassisteddying@bhs.org.au
 - Hume: VADCareNavigator@nhw.org.au
 - Loddon Mallee: vad@bendigohealth.org.au
 - Barwon: VADEnquiries@barwonhealth.org.au
- QUT End of Life Law in Australia - <https://end-of-life.qut.edu.au/assisteddying>
- Victorian VAD training - <https://vicvadlearninghub.com/>

More information

If a member has concerns about their involvement in VAD and require medico-legal assistance, contact us on [1800 061 113](tel:1800061113).
