

## Supplementary Material

### Voluntary assisted dying: impacts on health professionals

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Supplementary material file S1 follows on next page

# A comparative exploration of clinician views and experiences of Voluntary Assisted Dying legislation and implementation between Australian states and territories

Please complete the survey below.

Thank you!

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What is your age?

- 20-29
- 30-39
- 40-49
- 50-59
- 60 +

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What is your gender?

- Male
- Female
- Other
- Not stated/inadequately described
- Prefer not to say

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What is your ethnicity?

- Oceanian
- North-west European
- Southern and eastern European
- North African and Middle Eastern
- South-east Asian
- North-east Asian
- Southern and central Asian
- People of the Americas
- Sub-saharan African
- None of the above
- Prefer not to say

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Do you identify with any of the following religions?

- Buddhism
- Christianity
- Hinduism
- Islam
- Judaism
- Other religions
- Secular beliefs and other spiritual beliefs and no religious affiliation
- None of the above
- Prefer not to say

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Please specify

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How religious would you say you are?

- Not religious at all
- Not very religious
- Fairly religious
- Very religious
- Prefer not to say

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Which of the following best describes your role?

- Nurse
- Pharmacist
- Clinical psychologist
- Doctor
- Social work
- Other health professional
- Care navigator

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If nurse, what field?

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If other allied health, please specify

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Which of the following best describes your current level?

- Consultant  
 Trainee in a specialty training program  
 Junior doctor not currently undergoing specialty training

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Which of the following best describes your specialty?

- Palliative Care physician  
 Oncologist  
 GP  
 Haematologist  
 Neurologist  
 Geriatrician  
 Physician - other  
 Psychiatrist  
 Anaesthetist  
 Intensivist  
 ED physician  
 Surgeon  
 Other  
 Intern/Resident

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If other physician, please specify

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If other, please specify

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How many years have you been working in your role?

- Less than 5 years  
 Between 5-10 years  
 Between 11-20 years  
 More than 20 years

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Which one of the following describes your primary (60% or more) place of clinical work?

- Public hospital  
 Private hospital  
 Private rooms/clinics  
 Public community health facility  
 Other

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What state or territory do you regularly work in? (tick all that apply)

- Australian Capital Territory  
 New South Wales  
 Northern Territory  
 Queensland  
 South Australia  
 Tasmania  
 Victoria  
 Western Australia

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10% complete

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The second section of this survey will ask you questions about your general views on Voluntary Assisted Dying (VAD). In Victoria, legislation to legalise VAD has been passed and implemented. In WA, legislation to legalise VAD has been passed and not yet implemented. In other states and territories, legislation to legalise VAD is being considered but has not been passed.

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Approximately how often does your day to day work involve the care of dying people?

- Daily
- Weekly
- Monthly
- Yearly
- Never

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How comfortable are you with conversations about end-of-life issues with patients?

- Very uncomfortable
- Uncomfortable
- Neutral
- Comfortable
- Very comfortable

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Approximately how often does your day to day work involve the care of patients either inquiring about or formally requesting Voluntary Assisted Dying?

- Daily
- Weekly
- Monthly
- Yearly
- Never

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15% complete

**To what extent do you agree or disagree with the following statements?**

In my opinion, a patient should be able to access Voluntary Assisted Dying, provided they meet all eligibility requirements.

Strongly Agree                      Neutral                      Strongly Disagree  
=====
(Place a mark on the scale above)

Hypothetically, let's say you practise in Victoria.

In Victoria, VAD is currently legal. The law should continue to allow it.

Strongly Agree                      Neutral                      Strongly Disagree  
=====
(Place a mark on the scale above)

Hypothetically, let's say you practise in New South Wales.

In New South Wales, VAD is currently illegal. The law should be changed to allow it.

Strongly Agree                      Neutral                      Strongly Disagree  
=====
(Place a mark on the scale above)

In Victoria, Voluntary Assisted Dying is legal. Safeguards currently include:

- Incurable, advanced and progressive disease expected to cause death within weeks to months, not exceeding 6 months (12 months if neurodegenerative)
- Patient must have decision-making capacity in relation to VAD
- Unless physically incapable of self-administration or digestion of the voluntary assisted dying substance, patient must self-administer the substance
- Patient must be aged 18 years or more
- VAD discussions must not be initiated by a registered health practitioner
- Two adequately trained doctors must assess patient as eligible
- Australian citizen or PR and resident in Victoria for at least 12 months at time of making first request
- Conscientiously objecting health professionals have the right to refuse to provide further information or refer patient onwards
- A person is not eligible for access to voluntary assisted dying because the person is diagnosed with a only a mental health illness or disability

In my opinion, this legislation:

- Should contain more safegurards
- Should contain less safeguards
- Should stay the same

If so, how?

\_\_\_\_\_

If the law were to become more permissive of VAD, my own views on VAD would become more permissive as a result

Strongly Agree                      Neutral                      Strongly Disagree  
=====
(Place a mark on the scale above)

In the last 2 years, my views on VAD have

- Become more supportive of VAD
- Become less supportive of VAD
- Have remained unchanged

If your views have changed, how do you think they have changed and why do you think this may have occurred?

\_\_\_\_\_

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20% complete

## To what extent do you agree or disagree with the following statements?

### Voluntary assisted dying:

	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
Increases the ability to provide patient-centred care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improves the relationship between patients and clinicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreases public trust in the health professional community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contradicts the responsibility of the health professional to 'first, do no harm'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Should be facilitated by a profession separate to doctors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improves institutional relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contradicts religious beliefs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increases provision of adequate palliative care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poses a risk that vulnerability could be exploited	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has no implications for health professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25% complete

**In my opinion, if they choose to do, the following professions should take part in the following aspects of VAD service delivery**

**Please tick all that apply to you.**

	Doctors	Nurses/Nurse Practitioners	Pharmacists	Specialist VAD service, e.g. Care Navigators	None of the above
Referral of VAD patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussion of VAD with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment of VAD patients for eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment of VAD patients for capacity at time of request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription of VAD substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to dispense VAD substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provision of VAD substance to patient to self-administer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment of VAD patients for capacity at time of administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administration of VAD medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I think health professionals should be able to conscientiously object to:

(tick all that apply)

- Referral of VAD patients on to a VAD service
- Discussion of VAD with patients
- Assessment of patients seeking VAD services
- Prescription of VAD substances
- Administration of VAD substances

My personal values would

- facilitate me participating in VAD service delivery
- not preclude me from me participating in VAD service delivery
- make it challenging for me to participate in VAD service delivery
- preclude me from participating in VAD service delivery
- None of the above

If it was legal for my profession to do so, I would be willing to

- Refer a patient onward to a VAD service
- Discuss VAD with a patient if they raise it
- Raise VAD with a patient if I thought it was a clinically appropriate option
- Assess a patient seeking VAD services for eligibility
- Assess a patient for capacity at time of request
- Prescribe VAD substances
- Dispense VAD substances
- Provide VAD substances to patient to self administer
- Administer VAD substances to patients
- None of the above

37% complete





**Part 3 - VAD Training**

The following section asks about VAD training.

Tick all that apply (unless otherwise specified)

If participating in the VAD process, I am aware of where I can access:

- Information, education or training related to VAD
- Psychological support related to VAD
- None of the above

I have been offered information, education or training related to VAD by

- My organisation/clinic
- A state-funded service other than from within my organisation
- Neither of the above
- Other

If other, please specify

\_\_\_\_\_

I have been offered psychological support related to VAD by

- My organisation/clinic
- A state-funded service other than from within my organisation
- Neither of the above
- Other

If other, please specify

\_\_\_\_\_

I have completed the mandatory VAD training (required to assess patient eligibility)

- Yes
- No

I would complete the mandatory VAD training (required to assess patient eligibility) in my own time

- Yes
- No

I would (be more likely to) complete the mandatory VAD training (required to assess patient eligibility) if: (tick all that apply)

- it was funded by my organisation/clinic
- it was eligible for CME
- my organisation specifically allocated non-clinical time for it
- this had no opportunity cost for my patient load
- it was delivered face-to-face rather than online
- I would not complete the training irrespective of the above
- Other

If other, please specify

\_\_\_\_\_

50% complete

The following section asks about processes around VAD.

In my opinion, there should be mandatory involvement of palliative care physicians who are not conscientious objectors for all patients requesting VAD.

Strongly Agree                      Neutral                      Strongly Disagree



(Place a mark on the scale above)

Regarding the governance and delivery of VAD services within a health system, in my opinion, VAD service delivery should be:

- Fully overseen by palliative care services  
 Partially overseen by Palliative Care services  
 Completely separate from Palliative Care services  
 Unsure/neutral

I think VAD should be able to be entered as 'cause of death' on a patients' death certificate

- Yes  
 No

In my opinion, families/carers of patients who have undergone the VAD process should be followed up for grief support:

- By their regular GP  
 By one of the patient's VAD clinicians  
 a grief-specific service, such as a counsellor or psychologist  
 by a VAD-specific service  
 not at all

In my opinion, in order to improve quality of VAD services, families/carers of patients who have undergone the VAD process should be routinely followed up:

- by a treating clinician  
 by a VAD-specific service under the supervision of the VAD review board  
 Not at all

60% complete

Views on VAD based on specifics of legislation

The following questions are based on specific differences in legislation (or draft legislation) between states.

The following link details these differences

[Attachment: "Comparator table VIC WA TAS.pdf"]

Regarding prognosis, in my opinion, patients should be able to access Voluntary Assisted Dying when their prognosis is:

- less than 4 weeks  
 less than 6 months  
 less than 12 months  
 Of an undefined time limit  
 None of the above

In my opinion, if legalised, Voluntary Assisted Dying could be initially raised:

- Only by patients and not by healthcare professionals  
 By DOCTORS ONLY to patients in the context of explaining a comprehensive range of treatment options and their outcomes, including palliative care, if clinically appropriate  
 By ANY healthcare professional to patients in the context of explaining a comprehensive range of treatment options and their outcomes, including palliative care, if clinically appropriate

In my opinion, if Voluntary Assisted Dying was legalised and could only be initially raised by patients and not by clinicians, there should be

- No consequences for clinicians that flout this rule  
 Mandatory reporting to AHPRA and potential consequences for registration for clinicians that flout this rule  
 Criminal consequences, including fines, community corrections orders or jail for clinicians that flout this rule  
 Other

if other, please specify

65% complete

The following questions refer to telehealth. For the purposes of this question, 'telehealth' includes the use of

- Yes
- No

1. Videoconferencing
2. Phone calls
3. Emails

In my opinion, all consultations regarding VAD could be carried out via telehealth

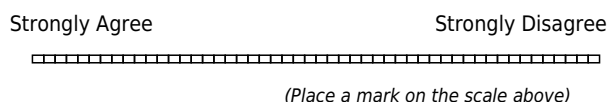
If not, why not?

In my opinion,  
Tick all that apply

- Initial consultations could be conducted via telehealth
- Follow up consultations could be conducted via telehealth
- Capacity assessments could be conducted via telehealth
- Telehealth should be an option for rural/remote patients wanting to access VAD
- Telehealth should be an option for frail patients who find it difficult to travel wanting to access VAD
- There is no role for telehealth in the context of VAD

Current federal legislation may prohibit VAD from being conducted via telehealth.

I think healthcare professionals acting in good faith who provide some aspect of clinical care around VAD via telehealth should be protected from legal consequences and consequences for their registration.



Regarding who specifically would administer VAD medication, in my opinion:

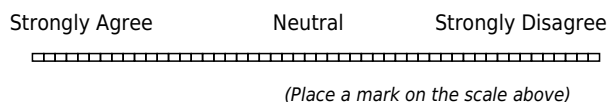
Tick all that apply

- The patient should self-administer the medication, unless incapable of doing so
- A doctor may administer the medication if the patient requests this
- An appropriately trained nurse practitioner may administer the medication if the patient requests this
- None of the above

Regarding VAD decision-making capacity assessments, a patient should be required to have capacity:

- at the time of administering the VAD substance
- at the time of the initial VAD assessment, even though this may deteriorate by end of life

In my opinion, patients with decision-making capacity should be able to make an Advance Care Directive about VAD, which should remain in force, even if they subsequently lose capacity.



Regarding mental health diagnoses, a patient who has a serious, progressive, incurable mental health diagnosis and no other conditions:

- Should not be eligible for VAD  
 Could be eligible for VAD pending a psychiatric review  
 Should be eligible for VAD without psychiatrist review, as long as they meet other criteria  
 Other

if other, please specify

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In my opinion, clinicians who conscientiously object to VAD approached by patients to discuss VAD have an obligation to provide further information about VAD and/or refer patients onward

- Yes    No

70% complete

For the following statements regarding entities, (for example, a hospital, aged care facility or hospice) to what extent do you agree or disagree with the following statements? At their facility, entities should be able to refuse to allow:

(Tick all that apply)

- Assessment of VAD patients  
 Administration of VAD substances  
 VAD service delivery if they are public  
 VAD service delivery if they are private  
 VAD service delivery by taking into account managerial staff views on VAD  
 VAD service delivery by taking into account clinical staff views on VAD  
 Quality improvement and research activities on VAD  
 VAD service delivery only if they facilitate appropriate referral and transfer for patients

Do you have any specific comments on entities?

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75% complete

Regarding residency requirements and Voluntary Assisted Dying service provision in your state or territory, in my opinion,

Tick all that apply

- Only Australian citizens or permanent residents should be eligible for VAD  
 Those living in Australia for at least 3 continuous years prior to their request should be eligible for VAD, regardless of visa status  
 Only those residing in a state or territory for 12 months or more should be eligible for VAD in that location  
 All patients, regardless of residency, should be eligible for VAD, if they meet all other criteria

In my opinion, doctors who administer VAD medication must obtain a special permit in addition to completing formal training

- Yes  
 No

In the current Victorian legislation, two doctors must assess a patient who is requesting VAD. In my opinion,

- one of these doctors must be a specialist in the condition from which the patient is dying  
 these doctors can be from any clinical specialty

In the current legislation, two doctors must assess a patient who is requesting VAD. In my opinion, one of the doctors could be:

Tick all that apply

- A GP with at least 10 years post fellowship experience
- A GP with at least 5 years post fellowship experience
- A GP with at least 1 year post fellowship experience
- A specialist with at least 10 years post fellowship experience
- A specialist with at least 5 years post fellowship experience
- A specialist with at least 1 years post fellowship experience
- a provisionally-registered, overseas-trained doctor with relevant training and experience

80% complete

In Victoria (the only state where VAD is currently implemented), routine monitoring data are collected by a VAD review board. The following questions relate to what sort of data you think should be routinely collected.

In general, I think data in the following broad groups should be collected

- Demographics
- Processes around eligibility
- Processes once deemed eligible
- Processes around death
- Barriers to access
- Health practitioner information

I am interested in answering further specific questions around what information should be routinely collected

- Yes
- No

Part 1 - Demographics

Tick all that apply

- Age
- Gender
- Rural v.s. urban residence
- Social situation: home alone, home with others, resident in an aged care facility.
- Place of birth: Australia or overseas
- Language spoken at home
- Interpreter required for appointments
- Nature of underlying disease
- Prognosis
- Next of Kin details for potential follow up

Part 2

Processes around eligibility

- Number of general enquires about VAD to care navigator service
- Number of formal requests for VAD
- Reasons for accessing VAD
- Number pf patients assessed as eligible for VAD
- Average time between first request and completion of eligibility assessment by coordinating medical practitioner
- Number of people formally requesting VAD deemed ineligible
- Reasons for ineligibility

<p>Part 3</p> <p>Processes once deemed eligible</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Number of self-administration permits issued</li> <li><input type="checkbox"/> Number of practitioner administration permits issued</li> <li><input type="checkbox"/> Average time for permit to be issued from patient being assessed as eligible</li> <li><input type="checkbox"/> Number of VAD substances dispensed</li> <li><input type="checkbox"/> Average time for VAD substance to be dispensed from patient being assessed as eligible</li> </ul>
<p>Part 4</p> <p>Processes around death</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Number of confirmed deaths from administration of VAD substance</li> <li><input type="checkbox"/> Number of deaths of patients assessed to be eligible not resulting from administration of VAD substance</li> <li><input type="checkbox"/> Number of deaths of patients issued with permits not resulting from administration of VAD substance</li> <li><input type="checkbox"/> For patients assessed as eligible, reasons for death other than administration of VAD substance (e.g. patient preference, inadequate time for paperwork, progression of disease)</li> <li><input type="checkbox"/> Number of confirmed deaths for patients formally requesting VAD but assessed as ineligible</li> <li><input type="checkbox"/> Self or practitioner administration of medication</li> <li><input type="checkbox"/> Average amount of time between being assessed as eligible and death from administration of VAD substance</li> </ul>
<p>Part 5</p> <p>Barriers to access</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Patient or family reported barriers to access</li> <li><input type="checkbox"/> Average time taken for patient to gather necessary documentation and paperwork</li> <li><input type="checkbox"/> Average number of health professional appointments needed</li> <li><input type="checkbox"/> Distance travelled to health professional appointments</li> <li><input type="checkbox"/> Average time taken from first inquiring about VAD to initial appointment with VAD-trained health practitioner</li> </ul>
<p>Part 6</p> <p>Health Practitioner information</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Number of registered and trained medical practitioners in each specialty</li> <li><input type="checkbox"/> Average years of experience of registered and trained medical practitioners</li> <li><input type="checkbox"/> Number of VAD requests for each registered and trained medical practitioner</li> <li><input type="checkbox"/> Location (rural v.s. urban) of registered and trained medical practitioners</li> <li><input type="checkbox"/> Location (specific clinic) of registered and trained medical practitioners</li> <li><input type="checkbox"/> Names and contact details of registered and trained medical practitioners</li> </ul>
<p>Any others you think should be included?</p> <hr/>	
<p>90% complete</p>	
<p>Describe the planning and implementation process for VAD in your state or organisation. What has been done well and what could be improved?</p> <hr/>	

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What implications do you think these policy reforms have had or will have for your personal clinical practice?

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What do you think are the implications of VAD for health professionals?

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Are there any particular themes from this survey that you would like to elaborate on further?

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100% complete

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I am happy to be contacted via email in 12 and 24 months for a follow up survey

- Yes
- No

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Preferred email address for follow up

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