

Supplementary Material

Models of care for voluntary assisted dying: a qualitative study of Queensland's approach in its first year of operation

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Supplementary material file S1: Interview Guide

[Because these are semi-structured interviews, this interview guide was used as a guide only. It has been edited to reflect the generic approach to interviews. Questions varied (or were tailored) depending on the participant and their role, but the general themes remained the same.]

Preliminary discussion

- Introductions
- Consent
- Logistics such as recording, confidentiality, research ethics disclosures

Thank you very much for agreeing to take part in this interview about voluntary assisted dying (VAD). The purpose of the interview is to hear from you, in your own words, your experiences of voluntary assisted dying in Queensland. The findings will be used to produce research reports and academic papers that will help inform future discussions and debate. What we are canvassing overall is participants' understanding of and experience with the operation of the VAD Act, as well as their degree of willingness to participate in VAD and issues they perceived or experienced with their legal role.

To begin, I need to collect some demographic information that we are asking from each participant.

1. Demographics

- 1.1 Age and gender identity
- 1.2 Location of primary practice (metro, regional, remote)
- 1.3 Profession, e.g., registered nurse or nurse practitioner
- 1.4 Where were you trained? (In Australia/Overseas)
- 1.5 How many years have you practiced?
- 1.6 How many years treating patients approaching the end of life, if any?
- 1.7 Do you identify as an Aboriginal and/or Torres Strait Islander?
- 1.8 How many VAD deaths have you been involved with and in what capacity (i.e. how many as administering practitioner, how many attending/support self administration; how many in other capacity)? An estimate is okay if you do not have exact figures.

Introduction/Background

Before we get started, to frame the discussion, we are interested in how the Queensland VAD system is working in practice from your perspective. This includes how the VAD law is operating, VAD policies and procedures, roles and responsibilities,

system structures and support, and your experience with Navigators and Training. We want to know what is working, what is not and how it could be fixed or improved.

2. Participants' experience with VAD

2.1 Can you share your experience with VAD and/or your role in the VAD process?

Prompt: Why did you decide to become a provider/coordinator? Do you have any comments on VAD deaths reflecting on past experiences with other deaths, such as continuous deep sedation etc.?

2.2 How is VAD structured and organized in your health setting?

Prompt: What is the VAD model of care? What role do nurses play in this? What role do doctors/admin/other play? What is the nature of the roles: full-time, part-time, permanent? Line reporting and oversight?

○ How much engagement do you have with QVAD Support?

2.3 At what stage in the VAD process do you generally first become involved?

2.3.1 How have VAD conversations with patients typically begun? [if present for this]

Prompt: Raised by patients; referred via colleague/VAD navigator/VAD coordinator; raised it as an option along with other palliative care/end-of-life treatment options and likely outcomes?

2.4 Before we talk about administration of VAD, are there other parts of the VAD process you are involved in? Explore these roles, e.g. education

2.4.1 Prompt: What sort of contact with the patient and family do you have before administration?

2.4.2 Non-nurse: What sort of contact with the patient and family do you have throughout the process (e.g. what role for non-nurse coordinators through process)

3. Administration

[All participants were asked this set of questions or variations on them, even if they were not administering practitioners, e.g. if they were present for these conversations or administrations of VAD. Questions were adapted as appropriate.]

3.1 Have you participated in both self-administration and practitioner-administration voluntary assisted deaths? Are there comparisons or observations that can be drawn?

Prompt: Were you party to the decision-making conversations? What were the reasons/motivations behind choosing self-administration/practitioner administration?

3.2 Can you tell us why the transfer from the coordinating practitioner was made? Were nurses involved in their model of care?

Prompts: Was this because the coordinating practitioner was not available to administer on the agreed date/time or for other reasons? Was the process of transferring that straightforward?

3.3 Can you talk us through your usual process for practitioner administration.

- 3.3.1 Prompts: how do you assess decision-making capacity and voluntariness?
- 3.4 Are there any *practical observations* that you would like to share, for example around IV set-up or anything else?
Prompt: Has there been any conflict between maintaining VAD eligibility and effective symptom control i.e., withholding symptom control medications to ensure the retention of capacity in relation to the VAD decision?

4. The VAD system in operation

The next topic is about providing VAD generally. We would be very grateful for your views on how this works in practice – what is working well and where improvements could be made.

- 4.1 What do you think works well with the current VAD system?
4.2 How could the current system be improved? What are the barriers?
Prompt: From your experience, do you think VAD is sufficiently accessible to patients who are likely to be assessed as eligible (or have been assessed as eligible)? Are there particular groups/communities that may find VAD easier or more difficult to access? Why?

In particular, do you have any comments on:

- 4.3 Providing VAD in different settings (e.g., health service, aged care, community services, at home).
4.3.1 Are there non-HHS VAD providers in your area? (private practice, GPs, Aged care?) Do they do that independently or work in with you?
4.4 Models of care at your health service (or elsewhere)
4.5 Individual clinician and institutional objection – do you have any experience of seeing personal and/or institutional objections in practice and any thoughts on how that is operating?

Additional prompts (e.g. Queensland specific aspects of law/practice):

- (a) What are your views on Queensland VAD laws requiring those with a conscientious objection to inform the patient of another health practitioner or health service provider who may be able to assist; or provide details of QVAD-Support? How is this working in practice?
(b) What are your views on the requirement for institutions with objections to allow the person to access VAD consultations, assessments, and administration on the premises in certain circumstances? How is this working in practice?
(c) Although there is no legal obligation to participate in VAD, have you observed (or could you foresee) any social expectation within healthcare teams? Any issues with operational stigma both with being a provider and with conscientious objection?

Other specific issues to explore:

- 4.6 Supports for patients and caregivers
- 4.7 Regional/Remote Access
- 4.8 Use of telehealth
- 4.9 Timeliness and any delays
- 4.10 QVAD Support service – this was established differently from other states [e.g. interdisciplinary service which includes navigator functions and well as pharmacy]. Any observations on that model? [If participant is from QVAD Support, explore more about how their service works.]
- 4.11 How long does each VAD case take on average?
- 4.12 Other specific Queensland innovations to explore [if time and relevant to their role/experience]:
 - 4.12.1 Health Service Directive ‘Access to voluntary assisted dying’ (which includes each hospital and health service must establish a model of care)
 - 4.12.2 12 months prognosis
 - 4.12.3 Health practitioners can raise VAD (doctors and nurse practitioners only)

5. Extending Responsibilities

- 5.1 Given what we have discussed, do you have a view on whether nurses/nurse practitioners’ responsibilities should be extended to allow them to undertake the assessment process?
Prompt: Any observations about limits, if any, on scope of practice? Also nurses vs nurse practitioners?
- 5.2 The VAD Review Board report says there over 160 nurses and NPs who are authorised practitioners but only 14 had provided VAD. Any reflections on that? Why might that be the case?

6. System Support

- 6.1 Do you feel supported in your role with VAD, what support systems have you relied upon?
Prompts:
 - (a) Have you accessed (i) QVAD-Support (ii) Queensland VAD community of practice or (iii) VADANZ? Do you have any comments on the usefulness of these services or how they could be improved?
 - (b) How can you best be supported in an environment where VAD is operational? Are there particular strategies/approaches, more time/resources needed? How do policies and procedures operate in practice?
 - (c) Have you experienced any adverse responses from colleagues, administrators etc because of your choice to provide VAD?
- 6.2 Is there a formalized briefing process prior to VAD (anticipatory support on the day – extra pastoral support etc.)?

6.3 Is there a formalized debriefing process after a VAD death?

6.4 What training have you completed: mandatory training, optional training module by QHealth: VAD Education Module for Healthcare Workers, other?

7. Summary and Conclusions

As we draw the interview to an end, is there other related information you wish to mention or clarify? Is there anything else that you think is important and that needs to be discussed?

If you had a final message that you would like to give about VAD, what would that be?

[Snowball sampling if required/appropriate]

We are giving people the option to review their transcript, if they would like to do so. We will send the transcript to you once it is completed and you can choose to check it for accuracy or to add any comments if you would like, but this is optional.

Your views on this issue are really important to us and we want to make sure they are reflected fully in our findings. If you think of anything else that you would like to add, please feel free to get in contact with us to let us know.

Would you be interested in receiving the findings from these interviews? If yes, how best to share these? We can also show you where we will post our findings on the project website too.

- Check in with participant about potential distress and support options.
- Thank you very much for taking part in this interview.