



Harms to patients caused by institutions objecting to voluntary assisted dying

Delays, emotional suffering and reduced patient choice



What is this research about?

Victoria is the first Australian state to permit voluntary assisted dying (VAD). Health practitioners can conscientiously object to VAD but the law does not say anything about institutions (hospitals, palliative care units, and residential aged care facilities). In this Australian-first study, we gathered evidence on how objections by institutions affect patients seeking VAD.



What did we do?

We did 28 interviews with 32 family caregivers and one patient about the experience of seeking VAD in Victoria. 17 of those interviews discussed some experience with an institution objecting to VAD. We analysed what people said about institutional objection and its impact on patients.



What did we find?

The objections people described generally occurred in Catholic facilities or palliative care settings (e.g. palliative care units within hospitals).

Objections by institutions stopped some or all of the VAD process happening onsite. Most commonly patients were not allowed to:

- Have eligibility assessments (i.e. meet with a doctor to be assessed for VAD)
- Take delivery of the VAD medication from the pharmacy (when they were approved as eligible for VAD)
- Take the VAD medication or have it administered to them.

“They would not allow the state pharmacist representatives to come into the hospital at all.”

“Oh, sorry, ... you’ll have to wait for [patient name] to come out of hospital.”

People described a range of harms that objections by institutions caused:

- Delays in patients being able to access VAD
- Patients transferring out of a facility to seek VAD
- Patients having to choose between continuing the VAD process or staying in a facility to receive palliative or other care
- Emotional suffering by patients and families
- Patients and families distrusting objecting institutions.

“It will always be a great sadness for me that the last few precious hours on Mum’s last day were mostly filled with stress and distress, having to scurry around moving her out of her so-called ‘home’.”

Some things made dealing with institutional objection easier such as:

- Supportive staff working at the facility, or
- Having an assertive family member who could advocate.

Some things made dealing with institutional objection more difficult such as:

- Facility staff being opposed to VAD, or
- Patients being so ill it was difficult to move to a more supportive facility.



What should happen next?

1. Objecting institutions should be aware of these harms to patients and try to avoid them. They should find ways to support patients’ choice for VAD that avoid or minimise conflict with the institution’s values. One option is to not participate in VAD but allow outside doctors and pharmacists access to institutions to undertake the VAD process for patients who make that choice.

“So allowing free access to VAD doctors to access patients, if that’s what the patient wants, while they’re in hospital. Because some people spend an awful long time in hospital...”

2. Better regulation may also be needed. Victoria’s VAD legislation does not deal with institutional objection – unlike the law in Queensland, South Australia and New South Wales. The Victorian Department of Health has a policy that guides how institutions can manage objections, but this is not binding. As a result, institutions currently have a lot of power to object to VAD. There is a strong argument to limit that power of institutions to object to VAD when this harms patients.

For more information

This research briefing is based on Ben P White, Ruthie Jeanneret, Eliana Close and Lindy Willmott, “The impact on patients of objections by institutions to voluntary assisted dying: a qualitative study of family caregivers’ perceptions” *BMC Med Ethics* **24**, 22 (2023). More information about study limitations, research ethics and disclosures are available in the article: <https://doi.org/10.1186/s12910-023-00902-3>.

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