Clinical Practicalities of the Victorian Legislation

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Cabrini

The Challenge to Identity and Integrity

Liberal state: Stance of neutrality

Moral tradition of fundamental convictions: Reaffirmed or modified?

The challenges on the ground….

Patients cared for under our community and social services

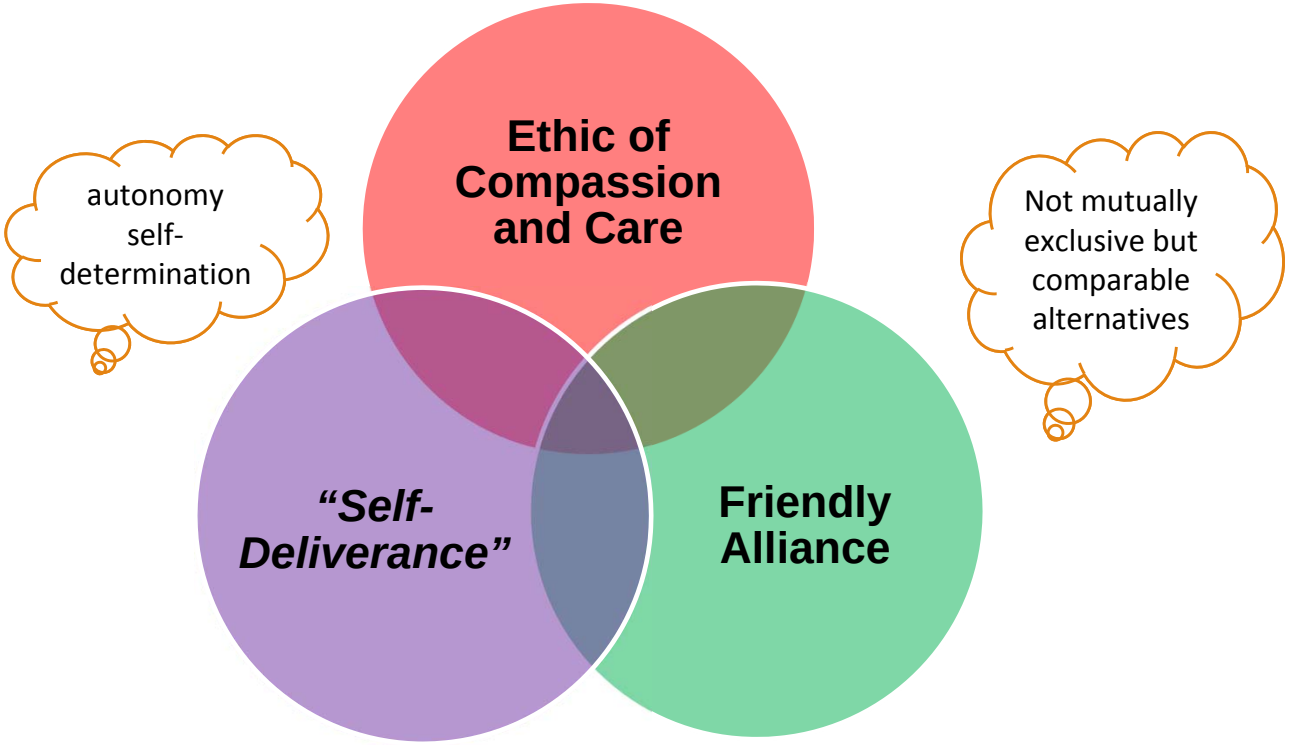
Patients in our hospitals / aged care service services who are too unwell to be moved

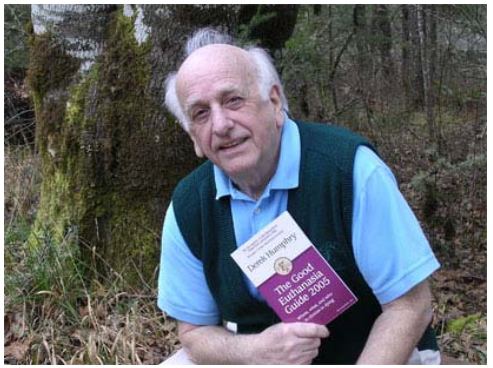
Patient and families demanding that ‘it is their right’

External influences

Suicide “under our watch”

A Moral Dilemma





Accompaniment needs to occur at .....

1. The initial request of a patient for assisted suicide
2. The caregiving process following the request and prior to suicide
3. The culmination of the process in the administration of lethal medication
4. Patient care that may be required following administration when death does not occur or is delayed

Campbell et al. Conflicts of Conscience. Hospice and Assisted Suicide. Hastings Centre Report 1995

Conscientious Objection

A registered health practitioner who has a conscientious objection to voluntary assisted dying has the right to refuse to do any of the following –

(a) To provide information about voluntary assisted dying;

(b) To participate in the request and assessment process

(c) To apply for a voluntary assisted dying permit

(d) To supply, prescribe or administer a voluntary assisted dying substance

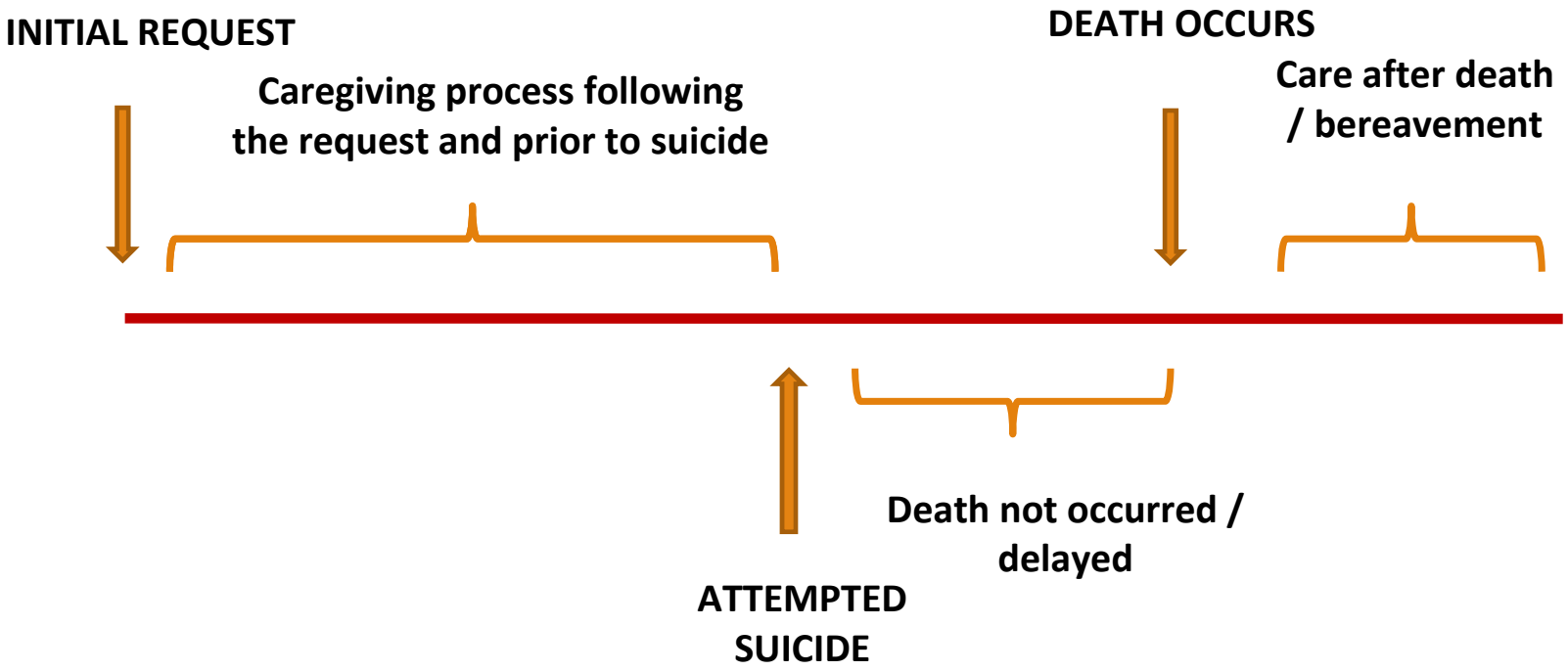
(e) To be present at the time of administration of a voluntary assisted dying substance

(f) To dispense a prescription for a voluntary assisted dying substance

Can organisations object?

"I clarify…that no obligation for any public health service shall exist in respect of the provision of voluntary assisted dying…I make those commitments on the record" (Hansard, 19 October 2017 at 3431)

IMPLICATIONS AT DIFFERENT STAGES



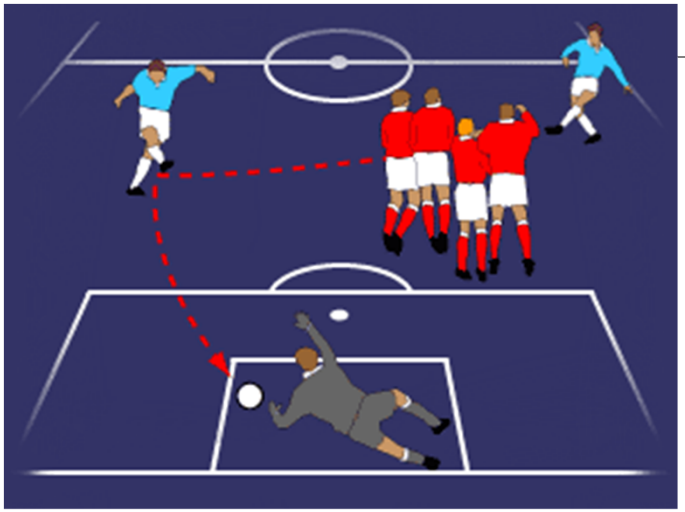
Active and Full Participation

View assisted suicide as one option for care consistent with the value of non-abandonment.

Except for actually administering the lethal drug, would directly support this choice

1. Would initiate referral following request coordinate with the patient family in caregiving /scheduling the act
2. Pay for the medication (if necessary) attend the administration of the medication
3. Provide patient care in the aftermath of the administration when necessary
4. Participate in administrative / reporting procedures

Indirect Participation



Indirect participation as a moral compromise between the conflicting values of not hastening death and not abandoning the patient

1. Would not assume responsibility for initiation or culmination of the process

2. Would respect patient choices under the law without conferring moral approval of the choice

3. Continue to be active in providing standard care services, including provision of palliative medication and counseling and discussion among the patient, family, and caregiving team

would be present at the patient's death upon family request.

Non Voluntarily Participate

The compassionate response to side/after effects of the medication would not in itself legitimate the antecedent act of hastening death.

1. Would not participate in initiation, facilitation, or culmination of the act of suicide

2. Patient requests: clearly voice belief in not prolonging life / hasten death inappropriately. Death is viewed as a natural process

3. Seek compassionately explore the reasons behind a desire for death - exploring background unmet needs / providing alternatives to enable abandoning of plans

Persistence in request: would not be discharged from the hospice program.

4. Attention to physical problems arising subsequent to administration of medication, mandated by commitment to the patient

Refuse to Participate

1. Discharge the patient and family and discontinue care if a patient requested assisted suicide.

2. Express a clear priority in palliative care philosophy of the value of not hastening death.

Rather than palliative care abandoning the patient, the patient, by his or her request, has abandoned the palliative care vision of care

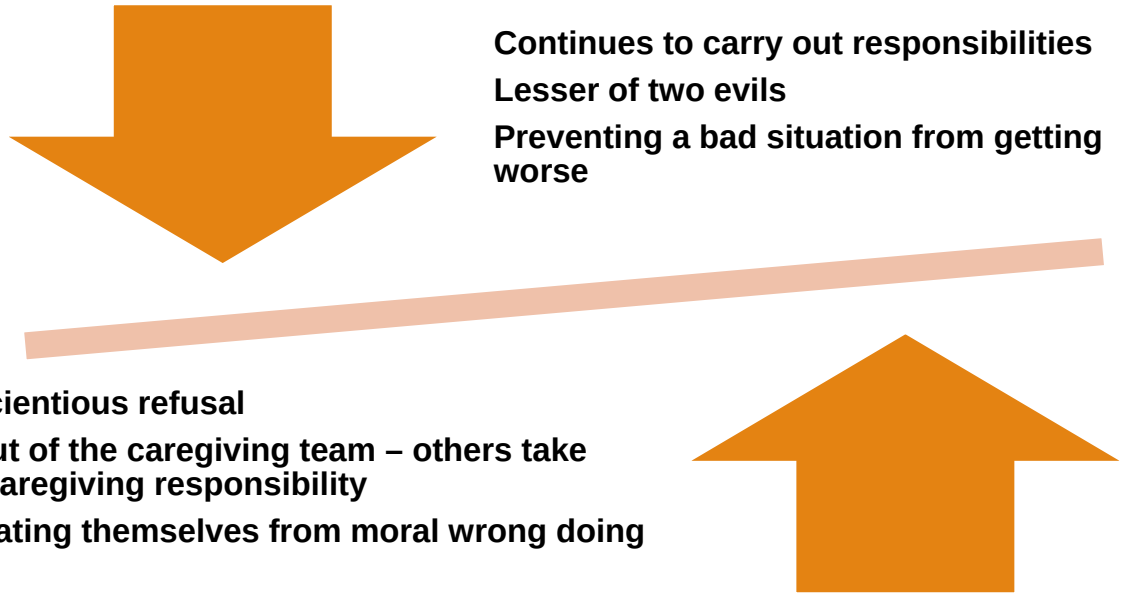
Negotiating the Terrain of Non Abandonment

Conflicting loyalties between personal moral self and role as professional caregiver: maintaining moral integrity

Conflicts within professional teams: who should assume responsibility for discussions

Conflict of conscience – morally non negotiable territory: moral complicity in wrongdoing

Conflicts of Conscience and Non Abandonment



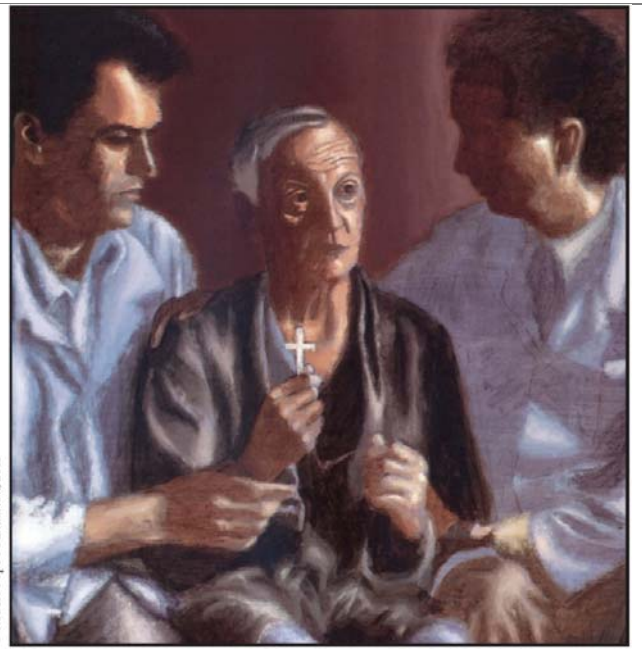
Who accompanies the professional caregivers?

Non abandonment towards patients / families vs. obligations towards the professional caregivers

Staff: sense of failure, compassion fatigue and moral dilemmas

Cumulative stress – is simple debriefing enough

No formal teaching / training module available on how to respond to patient , accompany patient, self care



the schwartz center
FOR COMPASSIONATE HEALTHCARE

Meeting the Eligibility Criteria

> 18, lives in Victoria

Advanced illness – metastatic breast cancer

Prognosis of < 12 months

Mental capacity

Suffering (pain) that cannot be relieved in a manner deemed tolerable

	Logic of Choice	Logic of Care
Patients	**Customers** Choose a care product of their liking Know what they want & govern themselves	**Patients** Involved in care process Focus on need Attend to and take care of the unpredictability of their bodies
Healthcare Professionals	Presents **neutral facts** to their patients – choice aligned with their own values Knowledgeable, accurate and skilful	**Facts and values intertwine** Establishing and figuring out go hand in hand Well attuned partnership
Their relationship is seen as…..	**Transaction**: separate individuals who form a collective Decision making: weighing facts and arguments Individual autonomy and responsibility	**Interaction**: interdependent individuals - belong to multiple collectives (family, work) Choice: practical task, emerging from daily reality Act and act again to make living with disease bearable

Olthuis G, *et al. J Med Ethics* 2014;**40**:493–495. doi:10.1136.

"The Perils of Obedience": The Miligram Experiment

"Ordinary people, simply doing their jobs, and without any particular hostility on their part, can become agents in a terrible destructive process. Moreover, even when the destructive effects of their work become patently clear, and they are asked to carry out actions incompatible with fundamental standards of morality, relatively few people have the resources needed to resist authority."