

The Final Hurdle: Navigating Voluntary Assisted Dying and Perceived Barriers to Care in Victoria

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Introduction

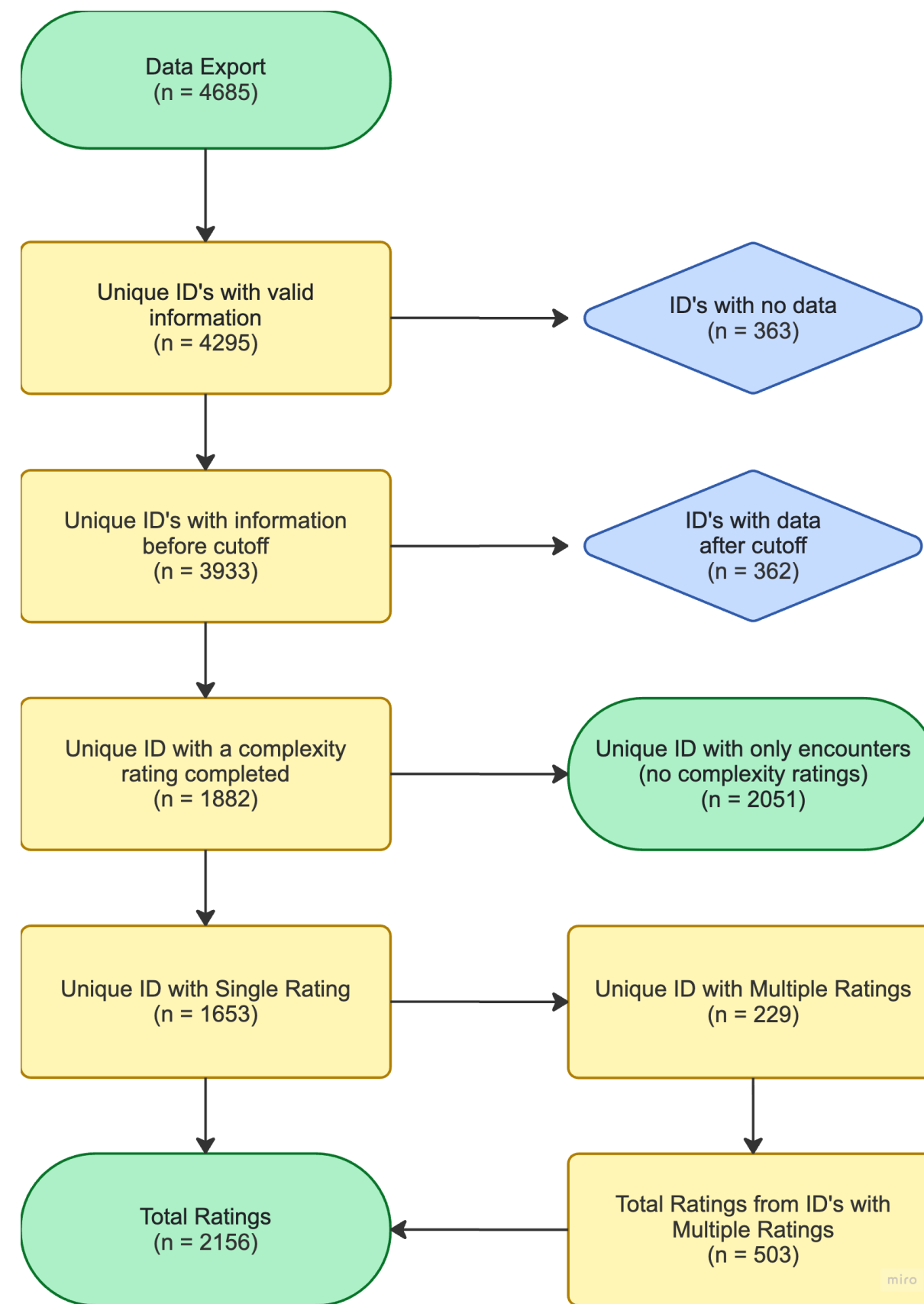
- **VAD Navigators** are identified as being **major facilitators** for the **VAD process**, particularly when facilitating help-seeking (White et al., 2023) and reducing barriers to care (Department of Health, 2024)
- VAD Navigators are **allied health professionals** who hold unique roles as **patient advocates** and supporters
- Recent changes to legislation mean that the VAD Navigator Service will be the **de-facto point of communication** for those referring when conscientiously objecting
- Currently, little is known about the patient demographics of and utilization of information delivery and support networks like the Victorian VAD Statewide Navigator Service

This study aims to

1. Identify the **common barriers to care** and their **prevalence** for patients and their families, and
2. Identify if service utilization or the **complexity of care** differs between groups

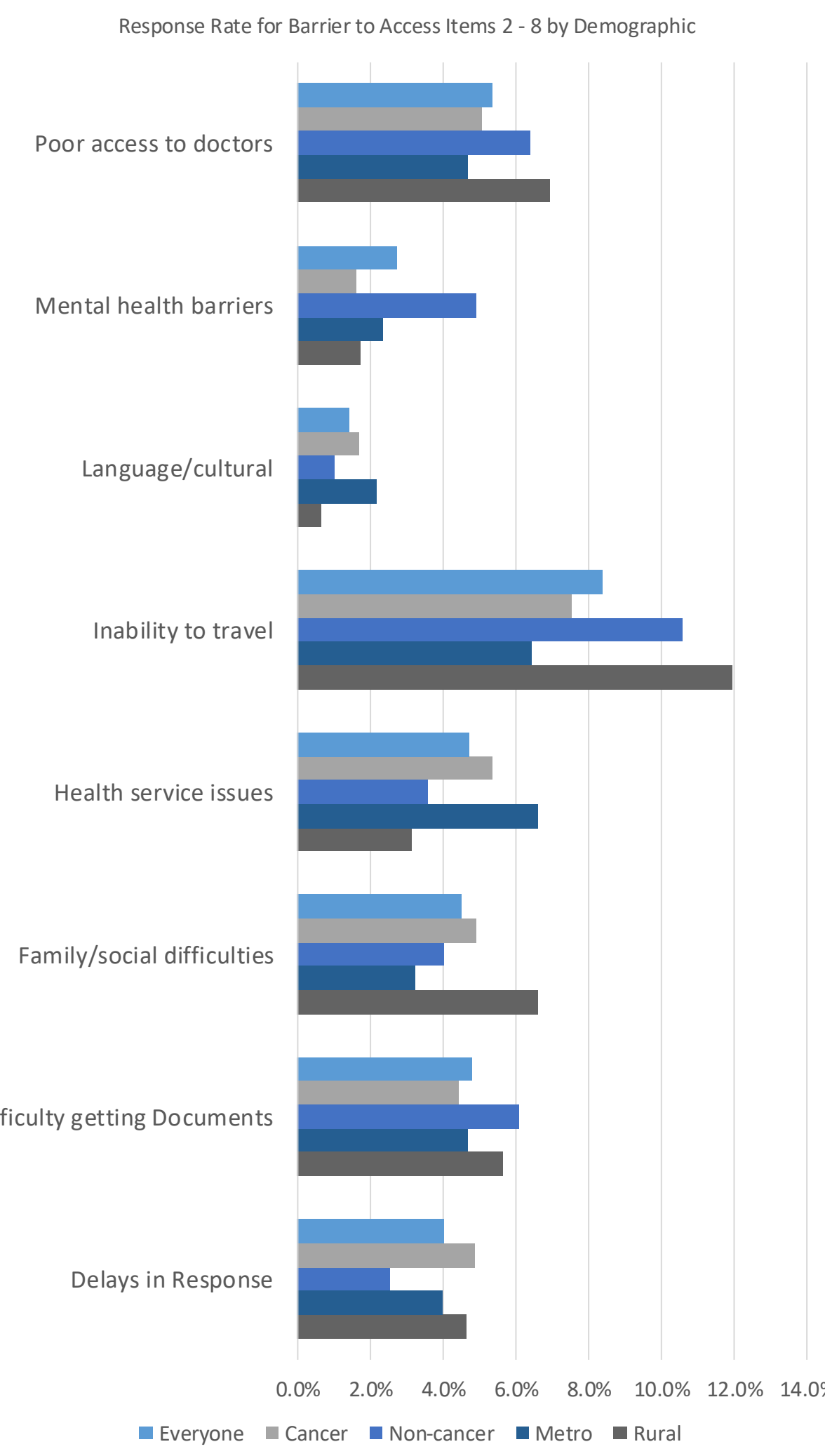
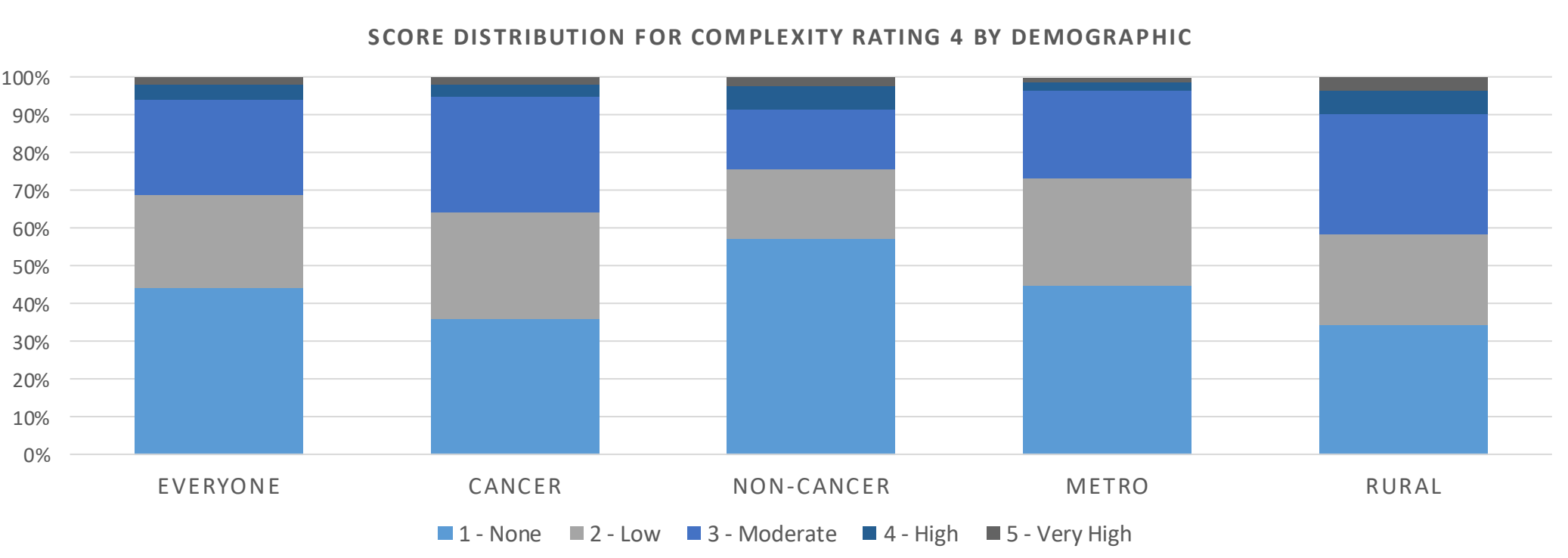
Methods

- **Retrospective quantitative analysis** using data from the Voluntary Assisted Dying Statewide Navigator Service
- Collected as part of **routine care** and data exporting involved demographics, clinical encounter information and complexity rating scores
- **Descriptive statistics** and **chi-square tests of independence** were run to **compare measured barriers to care** and **complexity ratings** across groups
- Groups were broken into Cancer/Non-cancer, Metro/Rural to meet assumptions for our statistical analysis while preserving major groups of interest



Results & Discussion

- Overall rates of **barriers** were reported between **1.4%** and **8.4%**, with **each group** experiencing different barriers at **different rates**
- **Rural cohorts** had **higher reporting of family/social difficulties** ($V = 0.079$, $p < .001$), **inability to travel** ($V = 0.096$, $p < .001$) and **poor access to doctors** ($V = 0.048$, $p < .001$)
- **All complexity ratings** differed **significantly between groups** ($p < .001$) with **cancer/non-cancer groups** seeing the biggest difference across **ratings one** ($V = .135$), **three** ($V = .226$) and **four** ($V = .240$)



Conclusions

- **Rural communities** experience **higher rates** of health **access inequality** and this also appears to impact their ability to **receive VAD care**
- **Cancer patients** may need **additional supports** when navigating VAD care due to the **barriers** they may face and **higher complexity of care**
- **Future evaluation** of these services may be easier now we have a **baseline of population demographics** and **utilisation**

Future Directions

- Develop **validated measures** of complexity of care to assess, stratify and quantify the **risk** of delayed care
- Introduce **patient self-report measures** to directly understand patient lived experience and validate navigator reporting
- Generate comparisons with **other jurisdictions** to understand how **legislation** and **eligibility** may inform **barriers** and **facilitators** to **effective care**