

The Quality of Death?

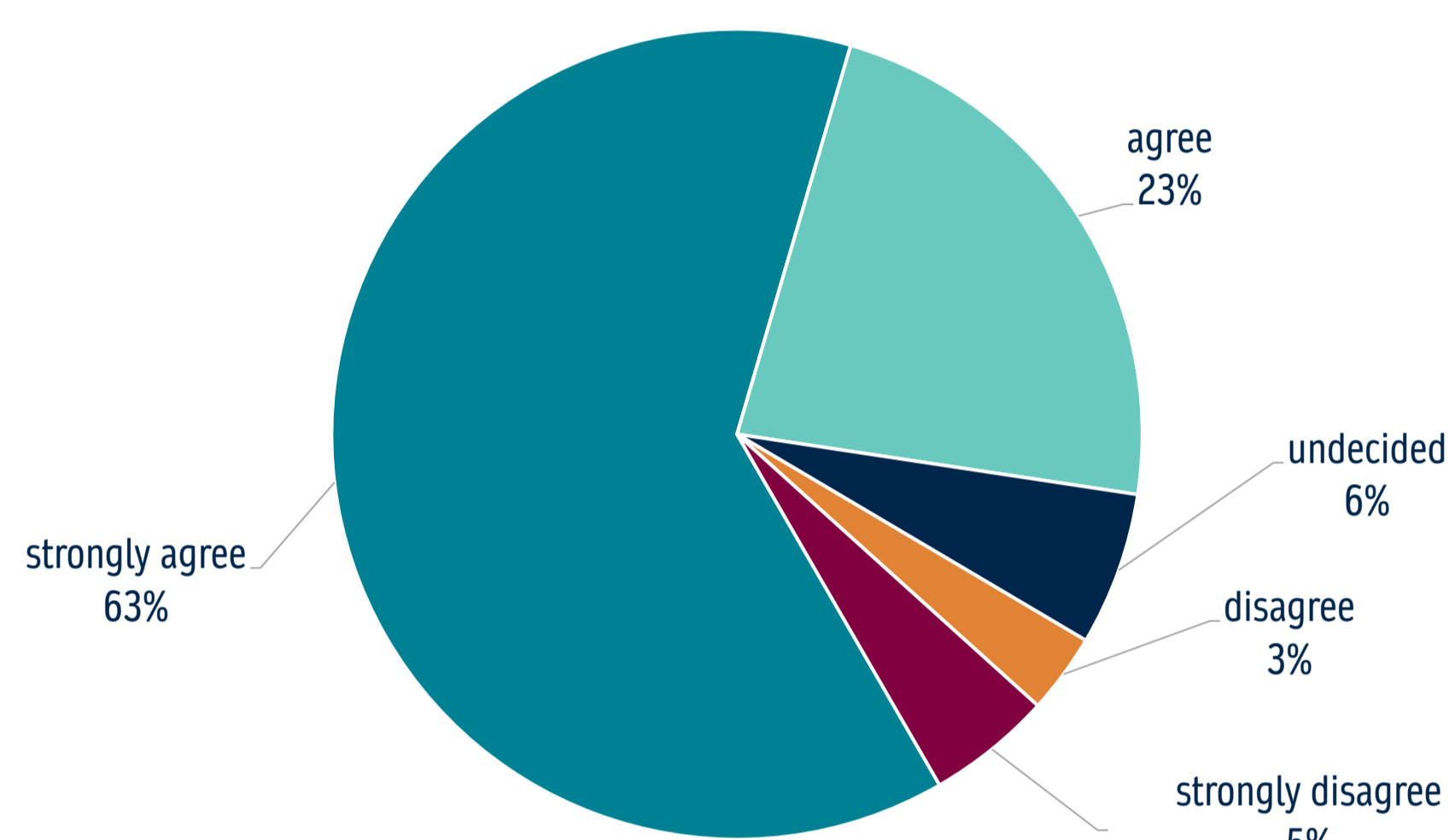
Senior Australians' views on voluntary assisted dying

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VAD a hot topic

Between 2019 and 2022 all states in Australia passed legislation enabling people with a terminal disease to access voluntary assisted dying (VAD) provisions. This context prompted us – researchers from non-profit advocacy organisation National Seniors Australia – to explore older Australians' views about VAD in our annual National Seniors Social Survey in February 2021. At that time Victoria, Western Australia, Tasmania and South Australia had legalised VAD and Queensland was debating it.

86% support VAD access for terminally ill people



The question about terminally ill people yielded n=3514 responses and the non-terminal illness question yielded n=3512. For both there was strong support for VAD access as the charts show.

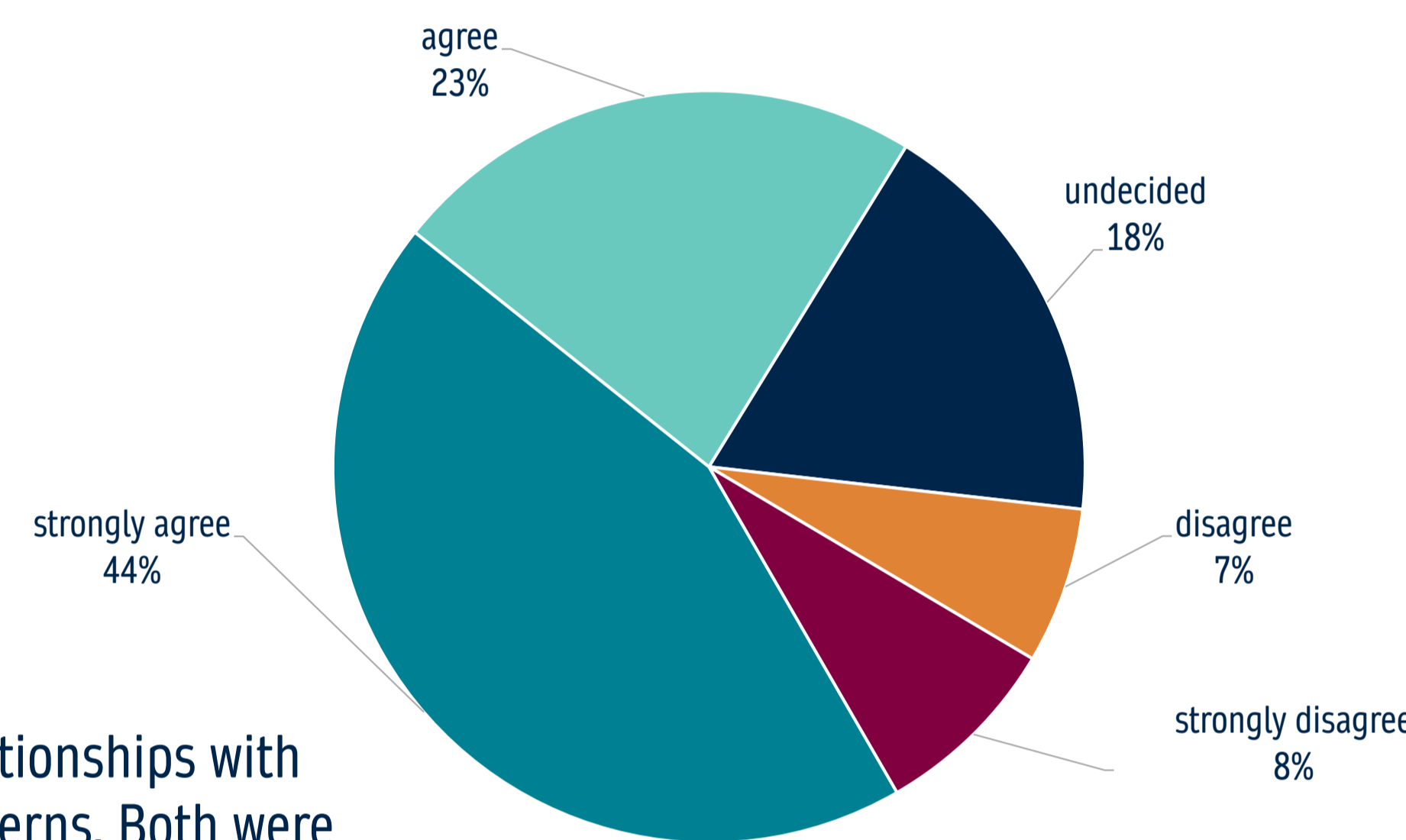
We tested many demographic traits for relationships with VAD views, finding only two significant patterns. Both were more strongly marked for the non-terminal question:

- People aged 50-69 were more pro-VAD than people aged over 70.
- People who already had an advance care plan were more pro-VAD than those with no plan.

3519 people aged 50+ surveyed

In total, 3519 survey participants aged 50+ answered at least one VAD question. Our first question surveyed levels of agreement with VAD access for people who meet the Victorian legislation's eligibility criteria, including terminal illness expected to cause death within 6 months (12 for neurodegenerative conditions). Our second question surveyed levels of agreement with VAD access for people who have a non-terminal illness causing them unacceptable suffering but meet other current Victorian eligibility criteria. A comment box then invited participants to write more about their VAD views if desired and 662 did so.

67% support VAD access for people with non-terminal illness



4 kinds of argument used, whether pro- or anti-VAD

On average the 662 commenters held stronger views than non-commenters in either direction, and some points recurred on each side. For example, pro-VAD commenters often emphasised quality of life and dying with dignity, while religious commitments were important to many anti-VAD commenters. However, the two sides had much in common in the kinds of arguments commenters made – we identified 4.

1 CARING

What is the best strategy to alleviate suffering?
e.g. VAD? palliative care? something else?

2 NORMATIVE

Does VAD align with my value system?
e.g. individual choice? Christian doctrine? other?

3 LOGICAL

Is VAD consistent with a similar issue?
e.g. animal euthanasia? unassisted suicide? others?

4 REGULATORY

Can VAD be implemented practically and ethically?
e.g. ensuring no coercion and agreeing on conditions

109 commenters shared personal stories of suffering, death or unassisted suicide

Many participants wrote about deeply personal experiences to explain their views, especially people who were pro-VAD. Their comments convey the strong emotions integral to this issue.

I am undecided about non-terminal illnesses as I don't know what sort of suffering would be unacceptable. I live with pain daily and I would not want to end my life but maybe there are others who are much worse than me.

I look at this from the point of view of a nurse. I worked in a Hospice for many years, and shed many a tear when asked to "please give me something to end it all".

I am a chaplain in a public hospital and know palliative care can accomplish miracles in persons and in families. Death can be such a positive completion to a life.

Dementia is hereditary in my family & once I start to get it if I do I want VAD asap so I go with dignity, not linger for years & deteriorate I am passionate about this for my self

I do not want to put my family through the on going agony of watching me deteriorate and will consciously commit suicide to save them from the turmoil

As a police officer I witnessed some horrific suicides by people who had no other option to achieve their demise. What their children and other loved ones saw, nobody should have to see.

As I have had breast cancer and my niece died in agony from it I would like to have the right to VAD.

I watched my mother in-law suffer slowly and painfully from Parkinson's Disease. Many times, she said she was envious of her friends who went before her.

My dad had inoperable cancer at the junction to his lungs. For a number of reasons he took himself off one morning to a quiet spot in the bush and opened a vein in his arm... He was only 70 and if it had been legal in 1994 his family could have been with him and he could have felt/saw the love we had for him.

I have watched my mother, daughter and husband die slowly from a terminal illness in the last 5 years, so I believe strongly in VAD

I watched my darling wife LGBTI endure a lingering 7 days in palliative care. If we had known she had a right to making a decision it would have been an assisted VAD.

Both my parents died by taking overdoses of prescription medication for their terminal medical conditions... I believe we should listen and help those who are suffering and have decided to die.

the importance of co-designing with older Australians



Because of the importance of this issue to older Australians, we co-designed the questions with the National Seniors ACT Policy Advisory Group, an independent, member-driven group of older people. The group had previously surveyed 93 ACT seniors in detail on many technical and ethical aspects of VAD so were attuned to key issues.

One of the group's priorities was to seek views about VAD for people with non-terminal illness, hence our emphasis on that. The VAD section comprised one of several sections of the 9th National Seniors Social Survey.

The survey received ethics approval and all Australians aged 50+ were eligible to participate. We recruited via National Seniors Australia's member networks and social media, reaching a larger pool than the ACT group could have alone.

Participants had an option to skip the entire VAD section given the topic's sensitivity. All questions were optional and we provided crisis helpline details for any participants experiencing distress.

national discussion needed on VAD beyond terminal illness

Among those agreeing with VAD access for people with a non-terminal illness, comments showed many support expanding eligibility to include degenerative conditions such as dementia, motor neurone disease, multiple sclerosis and Parkinson's disease. Some want VAD access extended to people experiencing unrelieved mental ill health or distress, or even to anyone over a given age. But commenters also expressed concerns about whether and how people affected by cognitive decline can make informed VAD decisions, and how to prevent coercion in these and other situations.

In short, VAD is important to many older people beyond terminal illness. We need a respectful national discussion about next steps.