

# Voluntary Assisted Dying (VAD) in Victoria: a case series of patient characteristics 2019-2021

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# Introduction

- Voluntary Assisted Dying (VAD)
  - Victoria, Australia since June 2019
- Victorian VAD Community of Practice (VAD CoP)
  - Online forum for VAD-trained medical practitioners
- VAD Review Board (VADRB)
  - Monitors VAD
  - Provides reports
- Demographics
  - Captured for all registered VAD applicants
  - Reporting has been minimal
- Rationale for study:
  - More detail is needed to better understand factors that may contribute to VAD application
  - Focus on applicants with a malignant diagnosis



# Methods

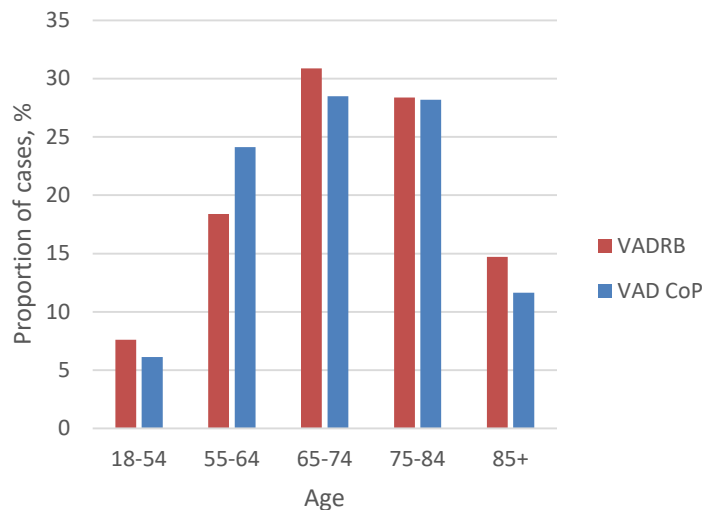
- Monash University HREC Project ID: 24804, dated 19/5/2020, modified 8/10/2020
- Case data submitted by members of the Victorian VAD Community of Practice (CoP)
- Compared to demographic data within the VADRB report (August, 2021)
- Diagnoses presented in two forms: using categories from the VADRB report, and by subspecialty area / organ system

# Results – VADRB data comparison

10 of 39 VAD CoP members contributed data on 344 cases

|   | VADRB report data | VAD CoP data |
|---|-------------------|--------------|
| Number of patients                                  | 900               | 344          |
| Age (mean, range)                                   | 72 (18-101)       | 71 (33-98)   |
| Male  | 54%               | 54%          |
| Indigenous  | 2%                | 0.3%         |
| Born in Australia                                   | 69.3%             | 72%          |
| Speak English at home                               | 95%               | 94%          |
| Private residence                                   | 86%               | 88%          |
| Metropolitan Victoria                               | 64%               | 68%          |
| Accessed palliative care services                   | 82%               | 86%          |
| Median duration (range) of pall care input (months) | 3 (0-72)          | 3 (0-60)     |

Age Distribution of VAD Applicants



# Results – Diagnosis

| Underlying illness                      | Total<br>(n=488) | %     |
|---|------------------|-------|
| <b>Malignancy</b>                       |                  |       |
| Primary lung malignancy                 | 80               | 19.8% |
| Primary breast malignancy               | 39               | 9.6%  |
| Primary colorectal malignancy           | 41               | 10.1% |
| Primary pancreatic malignancy           | 41               | 10.1% |
| Other gastrointestinal tract malignancy | 54               | 13.3% |
| Other malignancy                        | 150              | 37.0% |

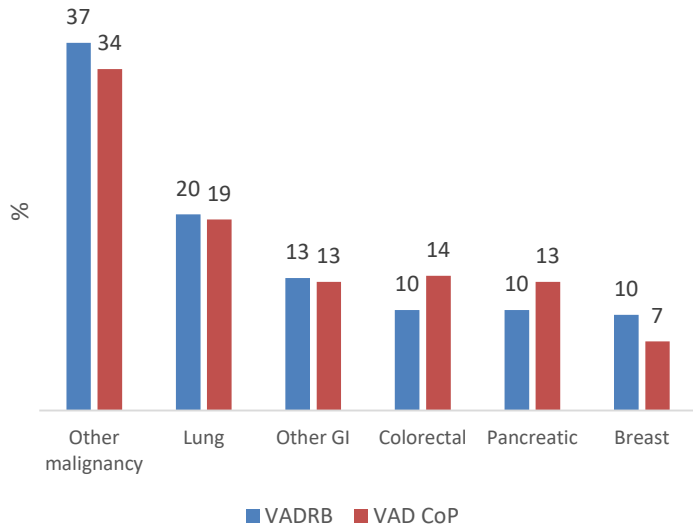
# Figures have been rounded to one decimal place and due to rounding the total figure for malignancy is less than 100 per cent.



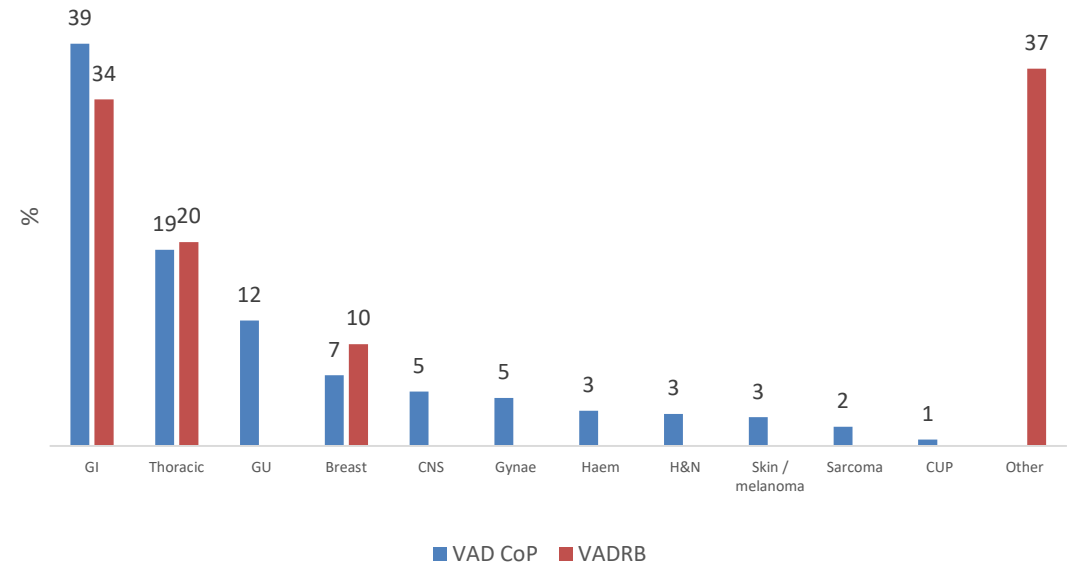
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# Results – Diagnosis

### Malignant Diagnosis - VADRB categories



### Malignant Diagnosis - System



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# Conclusion

- Diagnosis:
  - VADRB categories results in a large “other malignancy” group in both VADRB and VAD CoP data sets
  - VADRB report categories suggests a large proportionate representation from patients with lung cancer
  - Standard organ system reporting shows the largest representation of diagnoses of VAD applicants to be gastrointestinal malignancies in both VADRB and VAD CoP data sets
- Analysis should be repeated using the complete data set.
  - Possibility for sampling bias in the VAD CoP data due to the subspecialty interests of contributing medical practitioners