

**Response to Mr David Shoebridge question on notice to Mr Green and Dr Montague:**

Thank you for the question in relation to the recently published paper (Joolae S, Ho A, Serota K *et al.* 2021)<sup>1</sup>, looking at attitudes of health professionals in Canada regarding Medical Assistance in Dying, the term used for VAD in Canada.

This paper is one of a pair of complementary papers published in different healthcare journals at the same very recent time in relation to the same research activity by a Canadian research group, the other paper cited being Ho A, Norman JS, Joolae S *et al* (2021).<sup>2</sup>

The research method used in both papers is of purposive sampling of individuals for interviews; that is, finding and selecting people who wish to be interviewed about a given topic. The researchers then use a qualitative thematic analysis of the interview materials, to look at specific themes that emerge from the interviews.

Whilst this is a valid qualitative research approach, and one that we ourselves have used in the past in other settings, it is important to realize the limitations of the approach. Purposive sampling of individuals for interviews clearly tends to produce results that will reflect the range of questions asked. If you like, a modern and controlled version of the questions begging the answers.

It is therefore important that these two papers are read and considered together, rather than independently of each other.

This research process has produced the first paper quoted, which speaks about the positive aspects of Medical Assistance in Dying in the view of those engaged with that process.

The same process has also produced the second complementary paper that raises concerns about uncertainties with wish-to-die statements, complex procedural issues, shifting discussions and contexts about suffering and quality of life. It highlights the challenges in promoting open-ended discussions before suffering is deemed irremediable and in considering assisted dying as an intervention of last resort. Moreover, this second paper points to the importance of better support of palliative care providers in maintaining best practice holistic palliative care.

Our submissions to the Committee reflect very similar concerns in regard to provisions in the current print version of the proposed VAD legislation before the NSW Parliament.

Thank you for the opportunity to provide further comment.

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Professor Roderick D MacLeod, Palliative Care, HammondCare

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<sup>1</sup> Joolae S., Ho A., Serota K., Hubert M., Buchman D.Z. (2021) Medical assistance in dying legislation: Hospice palliative care providers' perspectives. *Nursing Ethics*, <https://doi.org/10.1177/09697330211012049>

<sup>2</sup> Ho A., Norman J.S., Joolae S., Serota K., Twells L., William L. (2021) How does Medical Assistance in Dying affect end-of-life care planning discussions? Experiences of Canadian multidisciplinary palliative care providers. *Palliat Care Soc Pract*, doi: 10.1177/26323524211045996.