



PALLIATIVE CARE AND VAD.

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Coming from Gympie, the
area of the Gubbi Gubbi
people....

I would like to acknowledge
the traditional custodians
of this land, Elders past,
present and future.

- A little bit about me:
- I came into nursing later in life. Palliative care became my passion from the first death I was present at.
- I was lucky enough to secure a job with Little Haven Palliative Care (LHPC) 4 years into nursing and haven't looked back 6 years on.
- Currently undertaking Master of Palliative Care through Flinders University to further my knowledge, to have a voice in the changing landscape that is community palliative care in QLD and indeed all of Australia.
- I am a licensed VAD administrator.

Little Haven Palliative Care Service

- Gold standard palliative care that is recognised across Australia as well as internationally.
- Early intervention at the time of a terminal diagnosis and support through out palliative treatment not just when all options have been exhausted.
- Holistic care of both clients and their families and carers, allowing autonomy and choice to be the guiding light in that provision of care, including VAD.
- Helping clients and families to remain at home up to and inclusive of end of life with 24/7 phone and in home face to face support.
- Working closely with GPs predominately and the Sunshine Coast Palliative Care Service to deliver best care.

**What we do
at Little
Haven that
sets us aside
from other
services.**

- 01/01/2023 VAD was officially introduced in QLD.
- As a service LHPC embraced VAD.
- Palliative care is about supporting people to live as well as they can for as long as they can, to die in choice whatever that choice may be.
- Not all staff were on board, feeling it was two separate entities; indeed, we still have two conscientious objectors.
- On 01/02/2023 Little Haven supported our first client to access self administered VAD in home surrounded by family.
- 2023 saw 10 VAD deaths, 2024 saw 10 VAD deaths, so far 2025 we have had 2 VAD deaths.

Little Haven and VAD

THE GOOD AND THE BAD.

- Most deaths are good deaths, symptoms are managed, and family are held.
- Some are not, and it is intolerable for the person and distressing for family.
- Intolerable suffering is subject to each person and should be considered as part of a palliative care journey.
- For some it is pain, disease load/tumours, some it is losing the ability to use the toilet.
- For one of my clients, it was not being able to go to the men's shed and mow his grass.
- For most it is not wanting to lose themselves and burden their family with additional grief.

SOME REAL-LIFE EXPERIENCES

- I have been given permission by two of my past client's families to present their stories.
- A good death with VAD, a bad death when not able to access their VAD.
- An example of how palliative care works with VAD to allow the opportunity to access at the right time
- A reason why advance care planning should have an allowance for accessing VAD when we are no longer able to speak for ourselves - - MND/Dementia/MS.
- Although a vast number are approved but decide not to access.

RACHEL - 47

- Rachel was a mother of three, loving wife and friend to all she met.
- Rachel had metastatic Colon Ca, not much of her didn't have Ca by the end, we cared for Rachel for 7 months.
- Everything that could go wrong did go wrong.
- Rachel was approved for practitioner assisted VAD weeks before her death.
- Rachel was unable to access this as she became unable to say yes when she took a turn overnight.
- Rachel existed for another 10 days.

ERIC – 67

- Eric was a 67-year-old man, husband, father, grandfather.
- Eric had been diagnosed with MND 18 months prior to being admitted to LHPC, we cared for him for 7 weeks.
- Eric had applied and been approved for VAD as soon as he was able.
- Eric was not bitter about his disease but wanted to control it not let it control him.
- Eric was declining rapidly, yet had his date set and was firm.
- Through close palliative assessment and support he was able to access his VAD, albeit a little sooner.
- Again, allowance in AHD would have seen him achieve his goal but still have that bit more time with his family.

Thank You!

- Thank you for allowing me give you a small snapshot of how good palliative care sits alongside VAD - not separate.
- Thank you to Gill and Quentin.
- Advance care planning documents are sold as the voice we have regarding health outcomes when we can no longer speak for ourselves.
- QLD and VAD has been a positive addition to palliative care and someone's journey, allowing someone to die in choice.
- Maybe here in the ACT you can lead the way for all to further uphold people's choices.