End of Life Care in Rural Australia: A Medical Student's Perspective

"Palliative care isn't about dying; it's about living well." Hearing these words spoken by a palliative care doctor resonated with me, as he talked to a patient who had end-stage cancer and was facing her final years.

My medical elective focussed on palliative care in the rural town of Clare in South Australia, where I was immersed in the unique challenges of country medicine, particularly in end-of-life care. The breadth of this experience left a lasting impact on me. From witnessing a baby being born via caesarean section two hours away from a tertiary centre to discussing voluntary assisted dying with a patient living an eight-hour drive from his palliative care specialist, being part of this rural environment enhanced my understanding of the need for accessible healthcare at every stage of life.

Ahead of my visit to Australia, I had set two key objectives: to explore the impact of voluntary assisted dying legislation in South Australia and to understand the complexities of providing palliative care to rural patients. Inevitably, my goals shifted and expanded as I encountered new questions that, as a medical student in the well-equipped city of Glasgow, I had never considered before.

Having previously researched the barriers to the introduction of Voluntary Assisted Dying as a choice in the UK, and with Scotland currently debating its own assisted dying bill, it was fascinating to see how these laws were successfully implemented in South Australia. (1) I was interested that my supervisor emphasised to me how well-protected he felt by the legal framework which, for him, provided the clarity needed to support patients confidently whilst adhering to ethical guidelines.

South Australia has implemented strict legislation to ensure patient protection in the context of Voluntary Assisted Dying. A fundamental aspect of this is that the request for voluntary assisted dying must originate from the patient and be accompanied by approval from two independent doctors, thereby preventing any external pressure from influencing the decision. (2)

This need to involve two separate doctors is potentially problematic and was highlighted as a significant logistical challenge in a rural community such as Clare. I witnessed one such example where a patient lived eight hours from his nearest VAD provider. This made finding two medical professionals to approve his decision in his vicinity almost impossible.

Another challenging but rewarding aspect of my placement was observing and at times leading difficult discussions on topics such as Voluntary Assisted Dying under the guidance of my supervisor. Having the opportunity to be part of these conversations forced me to question my assumptions and deepen my understanding of issues around end-of-life care. It was admittedly difficult to witness first-hand patients opting for VAD as it challenged much of what I had learned at medical school in the UK. However, it helped me to fully grasp the delicate balance between patient autonomy, and the doctor’s vow to ‘do no harm’, and ultimately put the patient at the centre of every discussion.

In one such consultation, I found myself involved in a moving discussion about voluntary assisted dying with a 42-year-old patient who was battling terminal breast cancer. The conversation was deeply emotional for the patient, who spoke about her desire to ‘take back power’. This wish had been shaped by having experienced her own father's battle with terminal cancer at a time before there was the option of voluntary assisted dying. However, this had now become a possibility for her following the legislation of VAD in end-of-life care in South Australia in January 2023, just over a year before I arrived in Clare. (3)

During this consultation, I was struck by how comfortable the patient seemed to feel sharing her thoughts and discussing her choices with her doctor, who had also treated her father at the end of his life. It highlighted to me one of the main healthcare benefits that rural medicine affords. A doctor can truly get to know a patient, not just in isolation, but within the context of their culture and community as well as their families and loved ones. Doctors in this rural community appeared to have more time to actively listen to their patients, allowing them to build a level of trust. In the case of end-of-life care patients, they could be encouraged to make choices that feel right for them in the time that they have left.

The importance of medical professionals adapting to each patient and their wishes was further highlighted when I spoke with a nurse who provided palliative care to patients who were part of the clinic’s Aboriginal outreach programme. She explained the need to consider cultural differences when supporting end-of-life patients in the Indigenous community. She stressed the importance of building a relationship where the patient feels comfortable to express wishes that may be pertinent to their culture. For example, many Aboriginal patients will reject hospice care to die ‘on country’, a term used by

Aboriginal Australians when referring to their specific lands.

Coober Pedy, an Aboriginal outreach area supplied by Clare Medical Centre

These authentic conversations between doctor and patient were described to me as ‘Yarning’. The importance of being able to have such a valuable conversation at a pivotal moment in a patient’s life cannot be underestimated. In this way, I feel that I was able to witness rural medicine at its best, providing a level of support which may not be possible in communities where the turnover of patients is higher.

During my time in South Australia, I witnessed a different provision for palliative care to that which is currently offered in the UK. I firmly believe that end-of-life care should be about helping patients to make choices on their journey that are right for them, to feel in control and to be able to live well in the time that they have left.

I feel that my experience in this rural community will inform my future practice and help me to become more attuned to the delicate balance between patient autonomy, ethical considerations and the responsibilities that sit with healthcare professionals who must navigate such deeply personal choices.

Photos of my time volunteering at community outreach walks with elderly patients from Clare Medical Centre

Bibliography

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