Appendix: Free text questionnaire responses from health professionals detailing their views about the use of virtual reality in palliative care

What went well?	It provided an experience of distraction from the ward environment and relaxation in
	some cases. It allowed patients to experience something they couldn't normally or were
	now unable to. Simple things we take for granted like a walk in the countryside or a ride
	on a rollercoaster. Helped with symptoms such as anxiety and breathlessness and
	provided distraction from pain. It provided meditation and relaxation.
	It helped improved some of the patients' psychological wellbeing.
	Patients enjoyed a distraction from the confines of their room and the novelty of some
	really great technology. The total joy on their faces was amazing.
	I was involved in and supported its use in a small number of patients. Most at the least
	felt it was a welcome distraction or escape from the ward environment. In a few clearly
	it had a beneficial short term effect on symptoms. The kit was relatively straightforward
	to set up, you could go from decision to do it to having it on in a few minutes.
	Patient shared an experience with her teenage daughter that they had not managed to
	do in reality but wanted to.
	Some patients reported huge benefits from the VR project, mainly that the use of VR
	eased boredom.
	Patients were excited to try out new technology (a first for many of them) and found it
	enjoyable and a welcome distraction from their current situation.

In your own words what didn't go	This related to the technology itself. The headset is bulky and the optics sometimes
well? In your own words what	unclear, even with adjustment in real time. Some patients found the device heavy.
didn't go well?	Occasional dizziness (depending on the video requested). Patients with hearing or
	visual disturbance are unable to enjoy the experience as much.
	 For those who are totally bed bound, some of the nuances of 'total immersion' 360
	detail could not be accessed and fully enjoyed, due to mobility constraints. Inability to
	fully turn or in some cases even sit up, marred their experience a little.
	The videos/experiences we had access to were quite limited. Some patients, often
	older didn't seem to find it intuitive and had issues with sound.
	They had to do it one at a time as I only had 1 headset
	Sometimes the phone wasn't charged for use.
	Some found the headset a little cumbersome and had difficulty focussing on the picture
Why have you recommended VR	During the project we gained such positive feedback from patients, so I knew it
for use by your patients	generally was a good experience that is out of the norm. It has been particularly useful
	for patients who have requested a specific experience. For example " I would like to
	walk in the welsh countryside" or "I would like a tour of anfield football stadium" These
	insights from patients are usually when asking patients about there spiritual needs i.e.
	what's important to you? and what do you miss in life? so VR can be a helpful tool in
	addressing some of these needs.
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	•	There is a huge array of scenarios available to download. Some could even tick 'bucket
		list' items for a patient, a visit to the Grand Canyon or the Northern Lights etc.
	•	Clearly a low harm option in those with troublesome symptoms. In others just a treat or
		distraction! Needs a clear process for someone to be responsible to lead on it.
	•	some patient finding it relaxing but it gives some a way of achieving something they
		may not have had a chance to do in reality, which is not the same but can provide a
		sense of calm and achievement
	•	I'm unsure where the headsets are!
	•	One patient had a wish to visit a particular part of the world again - due to the
		pandemic this was not possible and so a VR version was found for him
Why would you use VR again for	•	Palliative care embraces the holistic approach of medicine. Supporting families and
patients/relatives?		significant others is a large chunk of our work. VR can help with relaxation and
		distraction/ meditation, which can be very helpful when supporting loved ones through
		a challenging time in their lives.
	•	It helped improved some of the patients' psychological wellbeing. Some patients
		reported that they enjoyed the experience.
	•	All of the above reasons, it really perked up their day and they were keen to tell visitors
		how much they enjoyed it
	•	The patient and her daughter thought of this a an experience they had shared and that
		was hugely important to them
	•	It is well tolerated and enjoyable. Patients seem more relaxed after using it
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What are the barriers that	 Infection control issues (although we were able to use the devices in a safe way) some
prevent use of routine VR in	patients for example with head and neck cancers were excluded. I think we should
palliative care?	offer it as a more routine part of our assessments of patients.
	 Access to equipment, need to ensure equipment always charged and ready to use.
	 We need to be careful with infection control, and also take into account patients
	physical constraints
	Familiarity with tech. Funding.
	 Lack of equipment and staff training, sometimes time restraints may impact on use
	Staff being unsure of how to use equipment.
	Unfamiliarity of staff with setting it up and using it.
Are there any new ways we	I had some experience of using VR in outpatients. This was successful, provided a
could use VR in palliative care?	more enjoyable experience waiting for an appointment and relaxed the patient prior to
	having sometimes difficult conversations. We could use VR to provide a virtual
	experience of the hospice. ie as lots of patients are unsure of what a hospice looks like
	and the work we do, this may ease apprehension.
	 It potentially could be used as distraction during a procedure for example an ascitic
	drain.

•	A 360 camera could recorded footage of relatives unable to attend or from different
	countries where the patient could be transferred into their relatives sitting room and
	enjoy a message from loved ones
•	Group activities with patients.

- Maybe could be used in therapy sessions