

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

What went well?	<ul style="list-style-type: none"><li>• 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.</li><li>• It helped improved some of the patients' psychological wellbeing.</li><li>• 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.</li><li>• 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.</li><li>• Patient shared an experience with her teenage daughter that they had not managed to do in reality but wanted to.</li><li>• Some patients reported huge benefits from the VR project, mainly that the use of VR eased boredom.</li><li>• 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.</li></ul>
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<p>In your own words what didn't go well? In your own words what didn't go well?</p>	<ul style="list-style-type: none"> <li>• This related to the technology itself. The headset is bulky and the optics sometimes unclear, even with adjustment in real time. Some patients found the device heavy. Occasional dizziness (depending on the video requested). Patients with hearing or visual disturbance are unable to enjoy the experience as much.</li> <li>• 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.</li> <li>• 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.</li> <li>• They had to do it one at a time as I only had 1 headset</li> <li>• Sometimes the phone wasn't charged for use.</li> <li>• Some found the headset a little cumbersome and had difficulty focussing on the picture</li> </ul>
<p>Why have you recommended VR for use by your patients</p>	<ul style="list-style-type: none"> <li>• During the project we gained such positive feedback from patients, so I knew it 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.</li> </ul>

	<ul style="list-style-type: none"><li>• 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.</li><li>• 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.</li><li>• 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</li><li>• I'm unsure where the headsets are!</li><li>• 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</li></ul>
Why would you use VR again for patients/relatives?	<ul style="list-style-type: none"><li>• Palliative care embraces the holistic approach of medicine. Supporting families and 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.</li><li>• It helped improved some of the patients' psychological wellbeing. Some patients reported that they enjoyed the experience.</li><li>• All of the above reasons, it really perked up their day and they were keen to tell visitors how much they enjoyed it</li><li>• The patient and her daughter thought of this a an experience they had shared and that was hugely important to them</li><li>• It is well tolerated and enjoyable. Patients seem more relaxed after using it</li></ul>

<p>What are the barriers that prevent use of routine VR in palliative care?</p>	<ul style="list-style-type: none"><li>• Infection control issues (although we were able to use the devices in a safe way) some patients for example with head and neck cancers were excluded. I think we should offer it as a more routine part of our assessments of patients.</li><li>• Access to equipment, need to ensure equipment always charged and ready to use.</li><li>• We need to be careful with infection control, and also take into account patients physical constraints</li><li>• Familiarity with tech. Funding.</li><li>• Lack of equipment and staff training, sometimes time restraints may impact on use</li><li>• Staff being unsure of how to use equipment.</li><li>• Unfamiliarity of staff with setting it up and using it.</li></ul>
<p>Are there any new ways we could use VR in palliative care?</p>	<ul style="list-style-type: none"><li>• I had some experience of using VR in outpatients. This was successful, provided a 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.</li><li>• It potentially could be used as distraction during a procedure for example an ascitic drain.</li></ul>

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|  | <ul style="list-style-type: none"><li>• 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</li><li>• Group activities with patients.</li><li>• Maybe could be used in therapy sessions</li></ul> |
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