

[REDACTED]

Tue 9 Jun 15

Chief Executive Officer
Monash Medical Centre
246 Clayton Rd
CLAYTON VIC 3168

Dear Sir/Madam,

Complaint – Failure of Duty of Care to Family Members of a Dying Loved One

It has taken me a long time to get to the point of being able to write to you concerning the death of my father Brian Edwin Bourke, yet I am still emotional as I write it. He was admitted to your hospital on 25 Jan 15 after a major stroke and passed away at your hospital on 2 Feb 15. He was 91 years old and had a full and active life. He was dearly loved by his surviving wife of 65 years and his son, daughter, grandchildren, great-grandchildren and by close friends who all held him in very high regard.

When we first arrived at the hospital we were informed that he would not be operated on to relieve the pressure in his brain, but that there was hope of some form of recovery if he survived the next four days. His left hand side – arm and leg were paralyzed and he was very drowsy and drifting in and out of sleep, but he could recognize us and talk haltingly although his speech was very faint and a little slurred. We were told with this type of stroke (30% of the right hand side of his brain was full of blood) the Doctors cannot do much other than monitor the situation and hope that he recovers sufficiently to be able to feed himself. We convinced the Doctors to at least give him some Panadol for pain relief as Dad indicated that he had a “brutal” headache.

In those first four days the speech therapist indicated that he could not swallow properly and therefore all he that he was getting was a saline drip. This in itself was distressing, particularly when Dad was pleading to have a drink.

Our hopes of any form of recovery were dashed when Dad had a second stroke late on Thurs 29 Jan. At this point the Doctors took him off the saline drip and we were informed that he would not recover. He was in a comatose state, was not responsive and could not communicate with his loved ones. He was given small doses of morphine on a regular basis to keep him comfortable and also at times to appease family members when they noticed that he was uncomfortable. We were informed that without food and water that he was likely to last two days as his bodily functions shut down. He lasted four days....
Family members distressingly had to watch him die for four days!

My Dad was a strong advocate of euthanasia and dying with dignity. On 29 Jan 15, your Doctors sentenced him to die a slow death when they turned off the saline drip and by not providing him any sustenance. Despite their knowledge of my father's wishes and pleading by family members on several occasions to end his life quickly and with some dignity, your Doctors did not have the decency to increase the morphine dose necessary to provide him with a peaceful and quick end. This should not have happened and it is *exactly* what my father would not have wanted for his family members to witness.

Your Doctors failed not only in their duty of care to my father, but in their duty of care to the family members who were traumatised far more than they should have been by the experience of seeing a dearly beloved family member pass away.

It is so terribly wrong that we as a family had to watch a loved one die in such a way. Our society and its' ridiculous laws treat terminally ill pets/animals better than we treat our loved ones.

I appeal to you to take action and be a voice to help change the laws that currently prevent Doctors from doing the ethical thing and helping patients in my fathers' condition/situation, i.e. those who have no possible chance of recovery and who have whatever form of life support turned off (e.g. no saline drip and/or food sustenance), to pass away in peace and some form of dignity. Upon being told the diagnosis and given time to digest the impacts, immediate family members should be given the option to have a Doctor assist (e.g. via an increased dose of morphine) in the passing of their loved one, or not. (In our far too litigious society, this would of course require immediate family member(s) to sign-off a Hospital disclaimer/proviso/waiver.) Whatever the case, this option should be given to family members as avenue to help limit/reduce the trauma for all involved.

I know for certain that if this proposed change of laws ever went to petition that my much loved and sorely missed father would be one of the first signatories.

For your consideration and hopeful action.

Yours sincerely,

A solid black rectangular box used to redact the signature of the sender.

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18 June 2015

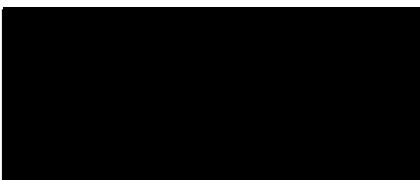


I refer to your letter dated 9 June 2015, which I received on 12 June 2015, and our telephone conversation on 12 June 2015. Thank you for speaking to me then. I want to begin by offering my sincerest condolences on behalf of Monash Health for the loss of your father, Brian Edwin Bourke. I also want to say how sorry I am that you and your family have had to go through such a difficult experience during Brian's stay at Monash Medical Centre.

As discussed with you on the telephone already, the current laws in existence do not permit doctors or nurses to actively provide any treatment that leads to a patient's death, as that remains a criminal act. I regret that because of this, you and your family perceived that he did not die with the dignity he deserved while he was our patient. As discussed, I have also agreed to do the following. Firstly, I will refer your father's case to the Patient-Centred Goals of Care Committee, which is the Monash Health committee that I chair that has oversight over end-of-life and palliative care issues, so that we can review the case and consider how we can improve the way we care for future patients who may be in a similar situation. Secondly, this same committee will also consider if there are avenues to raise this issue with the relevant government department to see if the current laws around this issue can be reviewed and potentially amended. Thirdly, I will also get this committee to review the current policies and procedures we have around the use of morphine and other similar medications for palliative care to ensure that patients do not needlessly suffer.

As promised, I will contact you after the above committee meets later next week. You should expect to hear back from me in about two to three weeks time. I thank you for your patience, and for your valuable feedback, which will help us to improve our care for our patients and their families.

Yours sincerely



Professor Erwin Loh
Chief Medical Officer

cc Shelly Park, Chief Executive, Monash Health

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**Community-based
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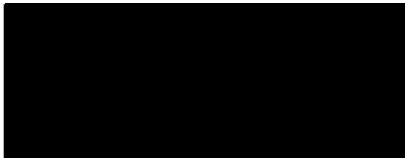


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2 July 2015



I refer to my letter to you dated 18 June 2015. I thank you for your patience and I wish to again offer my sincerest condolences to you and your family for your loss.

As promised, I have brought the issues you had raised regarding the care of your father to the Patient-Centred Goals of Care Committee last week, and the members of that Committee were appreciative of your willingness to share your story, so that the organisation can learn from your experience. We discussed your case at length, and Dr Peter Poon, the Unit Head of Palliative Care at Monash Health, and a member of that Committee, has personally investigated and reviewed the matter. He believes that the pain management aspect of the care provided could have been better, and he has followed this up with the Stroke Unit, to ensure that the appropriate clinical guidelines are followed so that our patients receive optimal palliative care. Our current policies and procedures have also been reviewed. In addition, we will explore ways of escalating your concerns to the relevant government department to ensure that patients in public hospitals receive the best end-of-life care to prevent unnecessary suffering.

Thank you again for raising your concerns and sharing your story with us. We have learned from your experience and have taken action to prevent this from happening to another family.

Yours sincerely



Professor Erwin Loh
Chief Medical Officer

cc Shelly Park, Chief Executive, Monash Health

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