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From: Inquiry into End of Life Choices POV eSubmission Form <cso@parliament.vic.gov.au>
Sent: Friday, 31 July 2015 4:20 PM
To: LSIC
Subject: New Submission to Inquiry into End of Life Choices

Inquiry Name: Inquiry into End of Life Choices

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SUBMISSION CONTENT:

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This is a submission to the Parliamentary Inquiry into End of Life Choices regarding current practices within the medical community as they pertain to end of life care in the geriatric setting. These comments are a reflection of my experiences working in the field as a geriatrician.

I am concerned about older people's access to palliative care, particularly those living in Residential Aged Care Facilities despite the best efforts of their carers and staff working at these facilities. It is often difficult for residents to receive medication such as pain relief when they request it (as would be usual practice in a hospital and as is necessary to ensure comfort). This is particularly the case in facilities where at times there is no division 1 nurse. If residents are unable to request and receive this medication they may have unrelieved symptoms for many hours until they are administered their usual medications.

People who live in Residential Aged Care facilities also have limited access to medical review and emergency medications in the event of a sudden deterioration, particularly if this occurs after hours. In some cases this means that older people from Residential Aged Care Facilities must be transferred to acute hospitals to die, or, alternatively, receive less symptom management than they might have otherwise. Part of this problem could be addressed by ensuring access to emergency palliative care medications at each nursing home. Additionally, greater support and retention of staff with palliative care skills in residential aged care facilities would be beneficial, as would the ongoing funding of Residential Inreach programs that allow for specialist nurse and geriatrician input inside the facility.

The situation is also difficult for older people who live in the community. Many people would wish to die at home, but if they deteriorate suddenly after hours are often unable to access medications to ensure they die comfortably. In many parts of Victoria, there are long waiting lists for community palliative care services, this often leads to people having to die in hospital.

Medical practitioners may also act as a barrier to good end of life care. This was the case for my grandfather: in the last week of his life, his medical specialist said that he didn't require palliative care, he

needed ‘medical care’. All medical practitioners should have palliative care training as a mandatory component of their Continuing Medical Education/Continuing Professional Development programs.

As a geriatrician, I am concerned about the ramifications of legalizing euthanasia in Victoria specifically because older people with physical and cognitive disabilities often feel they are a burden to their families and their communities, and this may lead them to feel obliged to request death instead of requesting the care they need.

I welcome the efforts of the inquiry to address these critical issues and hope that the interests and vulnerabilities of our older citizens will be taken into consideration in any changes to the legislation.

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File1:

File2:

File3: