

31 July 2015

The Hon Edward O'Donohue MLC  
Chair  
Standing Committee of Legal and Social Issues  
Parliament House  
Spring Street  
Melbourne VIC 3002

Dear Mr O'Donohue

**RE: Inquiry into End of Life Choices**

I write to draw your attention to the important role of community health services in assisting people to exercise their preferences in relation to end of life care.

cohealth is Australia's largest community health provider, with a range of allied health professional services, general practice, oral and dental health, community mental health services, alcohol and other drugs services and health promotion programs. We operate from 44 sites in 14 local government areas across the north and west of Melbourne, seeing over 100,000 clients per year.

The Terms of Reference for the *Inquiry into End of Life Choices* are focused on the role of medical professionals and the legislative framework in which they operate. While these are clearly of critical importance at the point where someone's health is in serious decline or a crisis has occurred, we believe that of even greater importance is the opportunity to 'have the conversation' before this point. In order to make considered, well-informed decisions, people need time to reflect and to discuss with their loved ones, prior to the loss of decision-making capacity, and without the stress of an imminent decision.

Community health centres are ideally based to support older adults to clarify and document their preferences. Approximately one third of our clients at cohealth are aged over sixty years, and one in five is aged over seventy. Our service offering includes general practice clinics within an integrated primary health model, providing a good environment for well-informed and well-supported decisions which can be shared documented and shared with a range of health providers.

Furthermore, the community health sector has long been a leading proponent of person-centred care, and the clear expression of preferences in regard to end of life care is one example of this in practice. Our support for person-centred care is founded on a rights-based approach which recognizes the inherent right of all people to be active agents in decisions that affect them. This is underpinned by the Victorian Charter of Human Rights and Responsibilities Act (2006) and the Australian Charter of Healthcare Rights (2008).

We work proactively to ensure people's capacity to claim and exercise their rights. Our approach places the person, rather than a medical professional or other professional, at the centre of the decision-making process.

An example of our work in this area is the ***Implementing systematic advance care planning in Inner North West Melbourne*** project. This is a collaborative project of the Inner North West Melbourne Health (INWMH) Collaborative, an established consortium comprising the Inner North West Melbourne Medicare Local (INWMML), Merri Community Health Service and Melbourne Health, with cohealth. The project aims to increase the awareness and use of advanced care plans among older people in the region, with a particular focus on culturally and linguistically diverse groups. The project will:

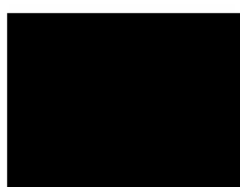
- Support participating health service providers to systematically incorporate advanced care planning in usual practice, including through the development of shared pathways, tools, documentation, and cross-organisational training; and
- Develop clear systems for mutual recognition and transfer of ACP information across providers and sectors.

The project has recently commenced and will run for 12 months. It builds on previous work by the consortium, including the development of care pathways; and at cohealth, in particular the development of advanced care directives for clients with mental health conditions.

The expression of individual preferences about future health care has the capacity to be a significant driver of service use. More specifically, the explicit documentation of people's preferences often indicates a desire for *less* intervention in the final stages of their lives, leading to decreases in unnecessary use of expensive health system resources such as intensive care units and other tertiary care. Such effects are in addition to the positive impacts on satisfaction and quality of life for patients and their loved ones (Scott et al, *MJA* 2013;199 (662–666); doi:10.5694/mja13.10158).

cohealth is committed to working, in partnership with other health providers, to support health care that is in line with people's preferences. We believe that such care is also likely to be satisfying, enhance quality of life, and support cost-effective, appropriate resource use. We would be pleased to provide further information to the Committee if required.

Yours faithfully



Lyn Morgain  
Chief Executive