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Submission 805



MELBOURNE HEALTH

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The Secretary
Legal and Social Issues Committee
Legislative Council
Parliament House
Spring Street
Melbourne VIC 3002

Dear Ms Topic

Inquiry into End of Life Choices

Thank you for the opportunity for Melbourne Health to make a Submission to the Inquiry.

Melbourne Health incorporates The Royal Melbourne Hospital, Victoria's oldest hospital, and NorthWestern Mental Health, Victoria's largest mental health service provider.

Recently Melbourne Health has been involved in the then Department of Health Advance Care Planning Project whereby we strengthened our policy, procedures, educational material, and forms around advanced care planning. On 1 July 2015, we introduced our Goals of Care form whereby End of Life Decisions are made in a more positive way than in the previous Limitation of Medical Treatment approach (what we will do rather than what we won't do).

Melbourne Health and its partners Cohealth, Merri Community Health Services, and Inner Northwestern Melbourne Medicare Local (now Primary Healthcare Network) were recently successful in a Submission to the Department of Health and Human Services to develop Advance Care Planning in community settings including Nursing Homes, General Practices, Community Health Services.

Melbourne Health's multidisciplinary Advance Care Planning subcommittee is actively involved in managing these initiatives and in particular educating staff on advance care planning. Melbourne Health has also established a multidisciplinary End of Life (EOL) Committee which is actively involved in end of life care initiatives and in particular our first ever EOL care policy aimed at precisely improving care at this critical time, with measurable patient-related outcomes being assessed.

The health care that people receive towards and at the end of life, can positively and significantly impact the person, their surviving family members and friends as well as health care staff and services.

Evidence shows that good end of life care leads to:

- better quality of life for the patient before death;



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- the patient's dignity being maintained;
- a better death from both the patient's perspective and that of their family;
- lessening the psychological burden of the patient as well as that of their family, carers and health professionals involved in their care
- less pain and suffering caused by ineffective or inappropriate treatments; and
- reduction in the use of unwanted, inappropriate and ineffective treatment.

All people should have timely and equitable access to high-quality end of life care, including specialist palliative care where and when required.

Within Victoria there is evidence of inequitable access to these services, including waiting lists to access urgent palliative care services, inadequate resourcing of palliative care (including at The Royal Melbourne Hospital; with aged and poorly constructed and not suitable for purpose ward facility and restricted bed access), barriers to medication access, equipment for care at home, other medical aids including wound dressings, home oxygen provision and care after hours.

There is also inequitable access for people from culturally and linguistically diverse communities, Aboriginal people, and people in regional and rural areas.

There is limited support and funding for medical research into palliative and supportive care.

All health-care professionals have a key role to play in providing good end of life care for their patients.

We believe that practices of voluntary euthanasia (VE) and physician-assisted suicide (PAS) are not within the professional boundaries, nor the authority of health care professionals. In this respect, we support the World Medical Association Declaration on Euthanasia which states that deliberately ending the life of a patient is unethical: "Euthanasia, that is the act of deliberately ending the life of a patient, even at the patient's own request or at the request of close relatives, is unethical. This does not prevent the physician from respecting the desire of a patient to allow the natural process of death to follow its course in the terminal phase of sickness." There are significant risks to vulnerable populations in legalisation of VE/PAS as demonstrated in regions where VE/PAS has been legalised – including widening the scope of applicability to those with non-terminal illness, euthanasia without consent, euthanasia of disabled persons and euthanasia of children.

Legislation to support the delivery of Advanced Care Planning and Refusal of Treatment Certificates should be strengthened to allow further clarity in a legal sense for people's decisions to be respected, particularly when they are no longer in a position to be able to voice these for themselves. A further gap that warrants consideration with respect to current Victorian legislation relates to articulation of the validity of Advance Care Plans (other than Refusal of Treatment Certificates), and their transferability between and consistency across health services.

Also broad education campaigns regarding treatment choices that people have with respect to their care around end of life (within the current legislative framework) would be useful.

We trust the above is of assistance to the Inquiry and would be happy to meet with the Inquiry should this be helpful.

Yours sincerely

Dr Gareth Goodier
Chief Executive