

From: [REDACTED]
To: [LSIC](#)
Subject: End of Life Submission
Date: Saturday, 29 August 2015 11:43:01 AM

I am writing this submission on behalf of my family

In March this year, my 84yo father was admitted to our local regional hospital where I am a nurse at. I have been nursing for over 30yrs. My father had aspiration pneumonia, most likely as a result of a stroke that affected his ability to swallow a few days/week earlier which went undetected. He had lost over 17 kilos in the previous 6 months due to mild dementia and not wanting to eat. We could tell he was failing. When he was admitted with pneumonia, I asked the staff for a NFR (not for resuscitation) order as our family had discussed it and decided given his age and frailty that should something happen, he would be left alone and let nature take it's course. Unfortunately this took a while to be documented in his notes and nursing staff weren't aware of the NFR when my father suffered a respiratory arrest late one evening. He was resuscitated successfully against our wishes and his.....we had started the Advanced Care Planning process but hadn't completed it prior to his demise. These issues are currently being addressed by our local hospital. After discussion with the doctor our family decided to stop treatment after his resuscitation and take him home under community palliative care. This opened my eyes to the service we were afforded in the public system. My mother and siblings (sister and brother) along with myself cared for my father until he passed away 3 days later in his home. Whilst some things were provided free of charge, I was astounded that some end of life drugs such as morphine were to be paid for by the family along with district nursing services (we didn't require them as being a nurse, I was able to provide my father with all his care needs in that area).

For goodness sakes. If dad had of stayed in the hospital, nursing care would have been provided as well as end of life drugs at no cost to the family. We saved our hospital and local services money by taking him home, freed up a bed so someone else could have it, but felt penalised when we were charged for end of life drugs....i'd hate to think how many sleepless hours our family endured as we cared lovingly for our hero and nursing hours saved for someone else by doing it ourselves. We all had time off work to care for our father, but had he been in hospital, 2 of us could have kept working saving our employers from paying carers leave until such time as we were needed at home for his terminal phase.

I would like to see a review of in home palliative care services to provide free of charge to the family, all end of life medications and nursing care once the terminal phase is approaching, after all, it is free for patients in the hospital. There is a dying pathway at our hospital that is used once a patient enters the terminal phase of their life.....perhaps for patients that wish to die at home, this could be used as a guide as to when patients enter that phase at home as well. I'd also like to see an expansion of funding for Hospice in the home services, of which I am now a volunteer due to my experience, so people who choose to die at home can do so with a lot more support for themselves and their loved ones.

Many Thanks
Vikki Hoy

[REDACTED] until October 5th, then it will be [REDACTED]
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