

TRANSCRIPT

STANDING COMMITTEE ON LEGAL AND SOCIAL ISSUES

Inquiry into end-of-life choices

Geelong — 29 July 2015

Members

Mr Edward O'Donohue — Chair

Mr Daniel Mulino

Ms Nina Springle — Deputy Chair

Ms Fiona Patten

Ms Margaret Fitzherbert

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Mr Cesar Melhem

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Staff

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Research assistants: Ms Annemarie Burt and Ms Kim Martinow

Witness

Ms Helen Newell.

**Necessary corrections to be notified to
executive officer of committee**

The CHAIR — I welcome Ms Helen Newell.

Ms NEWELL — My name is Helen Newell, and I am the aged-care palliative care nurse practitioner for residential in-reach, so my perspective is clearly aged care. I really just want to talk about two points that have come up today. One this morning was a comment about the importance of advance care planning in residential aged care. The point that I wanted to make about that is that currently in aged care we do not have the time to have those conversations. There is no nurse or practitioner in aged care, including me, who has the time to sit down and have those lengthy conversations. A conversation about choices towards the end of life in chronic and complex care is a moving conversation. It is not one that a practitioner comes in and has and finishes and leaves, because it changes with the illness. Because it is chronic disease it is not a straightforward trajectory like cancer; it is this. So at every point there is a dip you revisit the conversation. I guess that is supporting what Dr Martin said this morning: that we need practitioners in aged care who can have those conversations and have the time. We just do not have that.

The other thing that I wanted to comment on was something that came up this afternoon, and it has just come up again, about the need for personal carers in aged care to be able to give palliative care medications.

Ms PATTEN — It is everywhere.

Ms NEWELL — It is everywhere. They are often quite experienced. They want to give the medications. Often specialist palliative care has been in or I have been there and we have set up the medications, the orders are in place, but in some facilities after hours there is no nurse to give it. For example, here that means the after-hours coordinator has to come and do that. If we want to have ageing in place in palliative care in what is their home, then we need to have that. It needs to be there.

Ms FITZHERBERT — The distinction that you are making between personal care attendants and nurses in relation to the administration of drugs rings a bell for me. It is like the old distinction, is it not, between registered nurses and state enrolled nurses?

Ms NEWELL — Yes.

Ms FITZHERBERT — Is it not that same issue? That one can administer drugs and the others cannot.

Ms NEWELL — What are now the ENs, if they are medication endorsed, they can, but a personal carer cannot.

Ms FITZHERBERT — Yes, so it is sort of like we have ended up almost with a de facto version of the old system, have we not?

Ms NEWELL — Yes, we have. It is not across all of residential aged care because you will have a RN after hours in a lot of facilities. It is only those facilities where you do not have a RN after hours.

Ms FITZHERBERT — Yes. That makes sense; I get that. Thank you.

Ms NEWELL — That is it. That was all I really wanted to say.

The CHAIR — Thank you so much. It is appreciated. Are there any other contributions from the floor? If not, the committee again thanks everyone for being here today.

Committee adjourned.