

ANMF Vic Branch Inquiry into End of Life Choices

Legal & Social Issues Committee
Parliament of Victoria
18th November 2015



Australian
Nursing &
Midwifery
Federation
VICTORIAN BRANCH

About the ANMF

- The Australian Nursing and Midwifery Federation (ANMF) was initially established in 1924. The ANMF is the largest industrial and professional organisation in Australia for nurses and midwives, with Branches in each state and territory of Australia, representing in excess of 240,000 members nationally
- The ANMF (Victorian Branch) represents in excess of 74,000 nurses, midwives and care workers.

End of Life Care

- The role of the nurse and midwife in end of life care is to facilitate dignified, high quality, person centred, nursing and midwifery care to health consumers, in collaboration with other health practitioners involved in treatment of the person.
- End of life care is embedded in many areas of nursing and midwifery practice, and is carried out in a way that respects culturally sensitive elements of care provision and aligns with the expressed care preferences of the person, and/or their family or their nominated decision maker.

End of Life Care

- The ANMF (Victorian Branch) supports quality of life for people in the care of nurses and midwives.
- We believe it is critical when planning end of life care to allow the dying individual, as well as their care givers, the opportunity to reorient their priorities and achieve their goals so that appropriate end-of-life care can be offered and provided.

What is EoL Care?

- Best practice in end of life care focuses on supporting both the patient and their family/friends/carers.
- End-of-life care provides physical and psychosocial care and offers to address the spiritual concerns of patients and their families, extending into the bereavement period.
- Well planned and implemented end of life care requires very good communication and teamwork from health care professionals.
- Quality end of life nursing care considers the physical problems of the dying person - to optimise comfort, which include management of pain, delirium or agitation, dyspnoea, respiratory secretions, mouth and skin care, bladder and bowel care, and nausea and vomiting.
- .Nursing interventions that are burdensome for the patient, or do not improve the dying person's comfort, should be ceased whenever possible.

Options Available to People at EoL

- Advance Care Planning
- Enduring power of attorney (medical treatment)
- Palliative Care
- Voluntary Euthanasia

Potential Legislative Changes

- The Victorian Medical Treatment Act 1988 & ACD's.
- What does the Act's silence mean for consumers?
- Refusal of Medical Treatment