The Australian and New Zealand Society of Geriatric Medicine Victorian Division
Submission: Inquiry into End of Life Choices

The Australian and New Zealand Society for Geriatric Medicine is a professional society for geriatricians and other medical practitioners with an interest in medical care of older people. The society acts to represent the needs of its members and the wider community in a bid to constantly review and improve the care of the older people in Australia and New Zealand. Its major functions are around education, policy development and review, and political advocacy.

The Victorian Branch of the Society are pleased to provide a submission with regard to end of life care in particular pertaining to our older population; the issues as we see them, and possible ways to improve current practice.

There are more people dying at an older age and there is often a higher burden of symptoms of distress over a longer period of time. These include physical symptoms such as pain and shortness of breath, as well as issues of frailty, greater dependency on others and in particular dementia related problems.

Dementia is ultimately a terminal illness with a high potential for uncontrolled symptoms. Capacity and decision making is often compromised requiring surrogate decision makers with regard to health choices. There is a current lack of legally appointed medical power of attorneys and in general poor discussion about future health care wishes in the community. Surrogate decision makers are known to choose more active treatment options than would otherwise be desired in the absence of a clear advanced care plan.

The location of death is critical to outcomes of dying older patients and their families. Whilst many would chose home (their house or residential care) due to a lack of palliative care and other health resources this is often not possible leading to unwanted transfers to hospital emergency departments.

Advanced care planning is currently being undertaken by patients and has a great impact on ensuring they are able voice their choices on end of life care and able to avoid treatments that they believe would be burdensome.

Requests for euthanasia are not common but when present often occur in the setting of uncontrolled symptoms, feeling like a burden and a lack of independence and control. Psychological and spiritual distress should not be underestimated for people dying at an older age.

We would advocate for the following to assist with current practices and policies.

1) Increasing palliative and geriatric based health resources for older people, particularly in residential care, to prevent unwanted transfers to hospitals, better symptom control and ultimately less requests for euthanasia and death.
2) Increased advocacy, education and resources to improve uptake for advance care planning

3) Greater support and education for carers and families of older people who are frail, have dementia or nearing death.

Thank you for your consideration of these important issues.

ANZSGM Victorian Division

Honorary President      Honorrary Secretary
Dr Rohan Wee            Dr Yana Sunderland
Geriatrician            Geriatrician