

# TRANSCRIPT

## STANDING COMMITTEE ON LEGAL AND SOCIAL ISSUES

### Inquiry into end-of-life choices

Shepparton — 13 August 2015

#### Members

Mr Edward O'Donohue — Chair

Mr Daniel Mulino

Ms Nina Springle — Deputy Chair

Ms Fiona Patten

Ms Margaret Fitzherbert

Mrs Inga Peulich

Mr Cesar Melhem

Ms Jaclyn Symes

#### Participating Members

Mr Gordon Rich-Phillips

#### Staff

Secretary: Ms Lilian Topic

Research assistants: Ms Annemarie Burt and Ms Kim Martinow

#### Witness

Mr Dean Walton, Executive Manager, Aged-Care Services, Rumbalara Aboriginal Co-operative.

**The CHAIR** — I would like to welcome Mr Dean Walton, the executive manager of aged-care services at the Rumbalara Aboriginal Co-operative. Thanks very much, Dean, for joining us.

I just caution that all evidence taken at this hearing is protected by parliamentary privilege as provided by the Constitution Act 1975 and further subject to the provisions of the Legislative Council standing orders. Therefore you are protected against any action for what you say here today, but any comments made outside the hearing are not afforded such privilege. Today's evidence is being recorded. You will be provided with proof versions of the transcript within the next week. Transcripts will ultimately be made public and placed on the committee's website.

We have allowed about half an hour for our session. Thanks so much for being here at a time that suits the committee, and we look forward to what you have got to say about the wonderful work Rumbalara does. We will have questions thereafter.

**Mr WALTON** — No worries. I am the executive manager of Rumbalara aged-care services, which is both community and residential. But I suppose primarily today it is about our 30-bed elders facility that we have in town, with a palliative care suite. We do not have a palliative care room, we actually have a suite because that is very important to the Aboriginal community. Death and dying is not just an individual, it affects the whole family and range of people. I heard people talking about end-of-life care planning and things like that. We have that for all residents admitted to our facility. We have an end-of-life plan that involves our staff talking with the resident, as well as family or carer involvement. With the family and carer involvement it is extremely important that we have as many people involved as the resident wants or needs, or if that resident cannot speak for themselves, then we make the family work.

We ensure that we are very welcoming and very, I suppose, informal. We have formal processes, but we need to make sure that when it comes to death and dying we are very informal and make that journey as comfortable as we can. We are lucky enough to have a fantastic relationship with our local hospice. They have provided our staff with training, where our staff who have their nursing or aged-care certificates do a palliative care module. As part of their training we do work locally with hospice as well, and the hospice in Shepparton has a fantastic relationship with the Aboriginal community. We have never had any problems with them, and when we built the facility — and Carmel will hopefully confirm — they actually helped us get some additional funds to have this specific suite that you, Edward, have had the pleasure of seeing.

**The CHAIR** — We have.

**Mr WALTON** — Whereas we have a 30-bed facility which obviously everyone has their bedroom and ensuite, the suite has an actual bedroom, ensuite, kitchen, lounge area, outdoor area and separate entries and exits. We even have Barmah forest wallpaper — a scene from Barmah Forest on the wall — which helps with that return to country and going home thing as well.

**The CHAIR** — Thank you very much, Dean. Could I ask you to elaborate a bit more about the cultural uniqueness or some of the cultural focus that you have as you go through this journey with the residents?

**Mr WALTON** — The cultural focus is having many of their family and community involved. It is not just about, 'Do you want to be not-for-resus or not have ambulances or hospitalisation?', but also, 'Where do you want to go after?'. We can then reassure family that once they go to an undertaker's, we can arrange for their last wishes if they were to be buried at this site or go to this part of country or whatever, so it is not just a treatment thing, it is also what you want after the fact that we might be able to help family with. We also talk about what sort of environment they would like. Obviously we have a room/suite, but we also ask what sort of environment would they like in there as well, whether that be music, mood settings or anything we can do.

**Ms SPRINGLE** — What is the demand for using the palliative care facility?

**Mr WALTON** — Touch wood, we have not used it since October, which is really good. Unfortunately we have had some residents pass away in that period between October and now, but they have been unexpected. Obviously when you are working in an aged-care facility it is probably never unexpected, but it is, if you know what I mean. We are trying to prolong their lives and we keep them as comfortable as possible, but some decide they have had enough and just want to go. But we ensure that on admission, just in case, and if someone does become unwell and that is noticeable and we have doctors and things involved with them, we do let them know

that we can put their end-of-life wishes into process now, make the palliative care suite available for them and for family.

**Ms SPRINGLE** — And are staff Indigenous?

**Mr WALTON** — Yes. Throughout the whole facility we have 40 staff at the moment, which is laundry, cleaning, kitchen and the whole lot, and probably 60 to 70 per cent at the moment are Indigenous.

**Ms FITZHERBERT** — Some of the other people we have spoken to have indicated that there are some cultures, including, as I understand it, the Indigenous community, that have a reluctance to talk about death and end-of-life planning. Is that something that you notice in your work, and how do you respond to that?

**Mr WALTON** — Yes, it is. We have been open for three and a half years. Initially it was really hard to have the Aboriginal community come into a facility, an aged-care facility, because they are very proud of their family heritage and they want to look after their elders. So we have had to, I suppose, have this fantastic facility — warm, inviting, comfortable. We have regulations we have to abide by, funding, but we are very, I suppose, informal with visiting — people can come and stay and things like that.

And we listen, we never judge, and we will let them bring that conversation up, or we can prompt. Our staff are pretty good at prompting that discussion with them, the family or the resident, thinking they have brought it up. We are very good at sort of talking around things and getting them to then bring up that topic.

**Ms SYMES** — Probably on that, I think you said that everyone who enters your facility has an end-of-life plan?

**Mr WALTON** — Yes.

**Ms SYMES** — So does anyone say no? Is it just a fairly easy process, or is it a compulsory process?

**Mr WALTON** — We just explain that it is part of the assessment. We have had a couple that have not done it straightaway. We rarely do that on the day of their admission. It will always be something that — we have an assessment process we go through, and then depending on what the resident's health and needs for independence are, what other assessments are required. The general assessment would be, 'Do you have an end-of-life plan?'. Our staff are pretty good; they will see from the reaction to just that question, do we go with that now or do we sit back? We have not planned for any of ours that come in to need it straightaway. It is something that is just judged individually. Some it can be, some it might be weeks. Some it might mean we have to wait for family because their response will be, 'Look, I haven't, but I would really like to talk to my family about that first'. We then help arrange for the families to come in and discuss that.

**Ms SYMES** — Okay, thanks,

**Mrs PEULICH** — Just one quick question. Do people change their end-of-life plan after they —

**Mr WALTON** — Yes.

**Mrs PEULICH** — Could you shed a bit of light on that?

**Mr WALTON** — We have some residents who have been there now for the whole three and a half years. They were low-level residents when they came in, and as they have deteriorated some residents have actually brought up the fact that, 'When I go I don't want things to happen', so we do update their plans.

**Mrs PEULICH** — Does it work the other way around?

**Mr WALTON** — Not since I have been there. But I cannot see why it would not.

**Mrs PEULICH** — And you have to be flexible.

**Mr WALTON** — It is individual choice, yes, so we are happy to —

**Mrs PEULICH** — Thank you.

**Mr MELHEM** — End-of-life choices for Aboriginal people, is there much difference to the general population as far as expectations, choices?

**Mr WALTON** — From what I have seen personally — —

**Mr MELHEM** — Spiritually?

**Mr WALTON** — No, spiritually it is — —

**Mr MELHEM** — Different?

**Mr WALTON** — It is different, yes, and there can be a lot more family/community involvement. Some residents and families have said that they have heard or seen or smelt things during that sort of palliative process. Again it is not, ‘Oh, no, you can’t’ — ‘I smelt’ — it might be a scent from fires or something that the resident wore years ago and things. It is never a, ‘Oh, no, you couldn’t have’. There are different beliefs and things, yes. And then with any room a resident passes away in we go through a smoking ceremony before someone else is put in that room.

**Ms PATTEN** — Thanks very much. It sounds like a fantastic service.

**Mr WALTON** — Come and visit.

**Ms PATTEN** — I would love to.

**Mr WALTON** — We are very inviting.

**Ms PATTEN** — We are looking at end-of-life choices and we are looking at the whole toolbox. Is there anything you think we should be doing, not just us a committee but as a government, or we should change that would help your service? Or is everything pretty hunky-dory?

**Mr WALTON** — Everything is fine at the moment, but I think it is an area — and I love Ron’s realistic and honest approach to the whole thing. It is something that should never be underfunded, because it is really important, and that is probably all communities.

**Ms PATTEN** — Thanks, Dean.

**The CHAIR** — Any other questions? Dean, thanks very much for joining us today and for giving what is a unique perspective. Thanks very much.

**Mr WALTON** — Thank you.

**Committee adjourned.**