

# Submission on End of Life Choices

Submission to the Joint Select Committee on End of Life Choices, inquiring into the need for laws in Western Australia to allow citizens to make informed choices regarding their own end of life choices.

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Catholic Homes is willing to appear before the Committee to speak further to the points outlined as below and provide further information.

## General Position

Catholic Homes WA has provided quality aged care services to the community of Western Australia for over 50 years. We believe that citizens should be empowered to make informed choices about their end of life options. Current Western Australian Laws on Advance Health Directives and Enduring power of Guardianship make sufficient provision for this.

Catholic Homes can offer a contribution to this enquiry by way of contributing to the conversation about what constitutes a "Good Death". How may we best assist those at the end of their lives, and their loved ones, to make decisions, have their wishes heard, to have suffering and pain (both physical and psychological), alleviated, as far as possible, and to die with dignity?

It seems this conversation is what is missing in the debate in the public arena. The debate has been generally reduced to simply a question as to whether one opposes or agrees with assisted dying. We have no wish to add to that conversation. The issue is far more complex and cannot be simply reduced to a legal dilemma. There are also moral, social and ethical considerations.

In this submission, the emphasis will be on addressing Terms of Reference 1.

## Addressing Terms of Reference 1.

The provision of quality care to older people must always consider the question of end of life care. As people age and become affected by acute and chronic illnesses, disability, changes in financial arrangements and family circumstances, their need to articulate how they wish to spend their last days and how they might die becomes more of a priority. Many feel vulnerable discussing this with others, due to cultural constraints around discussion of death, and changing circumstances that may mean those they love and trust are not close by.

Some older persons choose to make an Advanced Health Directive. They may appoint a trusted person as their Enduring Guardian, to assist with decisions about their life, or have an Enduring Power of Attorney to manage financial decisions, should they no longer have capacity to do so. These all allow a person to refuse unwanted medical treatments even when required to sustain life. The purpose of these documents has made it easier for people to express their wishes around end of life decisions, and can be helpful in clarifying goals of care in relation to end of life to those who are providing medical treatment.

Catholic Homes holds the hope that Governments, on whichever side of politics, will develop an understanding of the needs of those at the end of life. This Select Committee is an opportunity to listen and develop that understanding, in the broader community context. There is much already being done to assist people to make informed choices. The issues that need to be considered are:

- Medical practitioners, including General Practitioners, currently do not have available the means to provide good end of life care, including pain relief, and referral to specialist

palliative care services, but many are under resourced or unaware of best practice for end of life care.

- Continued commitment to training of medical practitioners, nurses, other clinicians and allied health professionals in the principles and practices of good palliative care, including pain management and relief, and knowledge of psychological effects of chronic and acute illness.
- It is recognised that good end of life care is about having a continuing narrative as treatment options and attitudes of individuals change as symptoms escalate.
- The recognition that these conversations require skill, confidence, compassion and sensitivity, and the support of others.
- That the safety and protection of rights for those most vulnerable needs to be enshrined and guaranteed in all our legislative frameworks.
- That funding and maintaining of quality services requires commitment from Government and public and private health agencies to work in partnership.

### **Catholic Homes Comfort Care Centre**

Catholic Home's practical response to these issues has led to the recent opening of a purpose built Comfort Care Centre to offer quality end of life clinical care to those over 65 in an environment that also facilitates clear discussion of care wishes and a team approach to care.

This purpose built facility, officially opened in 2017, is designed for the comfort of older people in the last few months and weeks of life. It provides a warm and welcoming environment that celebrates life and supports well-being and meaningful relationships with others.

There is a dedicated team of carefully selected carers, supported by a team of clinical professionals, including a specialist GP consultant, palliative care nurse, clinical nurse and a roster of registered nurses covering 24 hours. This team also works closely with external specialists and consultants to ensure individual clinical care needs are met.

Family members and friends are welcome to stay with their loved one, and can access the home-like facilities. The unit was specially designed to allow for holistic care, attending to physical, spiritual and psychological needs.

Since opening, the 6 bed centre has been consistently full, indicating positive community response, and evident need for such a service.

The care offered in the unit is aligned with Catholic Homes' values of Love, Joy and Hospitality, and our philosophy of Care with Purpose, which recognises individuals' unique needs and stories, and provides meaningful interactions with others, right to the very end of life.

Catholic Homes is committed to the continuance of this service, as part of our vision to offer quality palliative care.

### **Conclusion**

Molly Carlile, in the Introduction to her book: "The Death Talker" (2016) states:

*"It is my belief that if we can explore our fears about death and talk openly and honestly with the people we love, we can build informed, empowered and compassionate communities. It is only compassionate communities that will, in times of our greatest vulnerability, hold and comfort us in our grief and aid us in embracing the future, always mindful of the imprint of those who have gone before us".*

In any discussion of end of life care, these observations mean that we cannot reduce what is required to legislative changes. Considering changes to law must be considered in the context of the moral, psychological, ethical and social frameworks which guide our lives and protect those most vulnerable. That is the challenge that leaders and key decision makers must embrace.