



Attention: Principal Research Officer  
Joint Select Committee on End of Life Choices  
Legislative Assembly  
Parliament House  
PERTH WA 6000

Dear Sir/ Madam

Please find attached a submission to the Joint Select Committee on End of Life Choices from the Board of Management of Mt La Verna Retirement Village.

Yours faithfully

LEE HARE  
CEO

# **SUBMISSION TO THE JOINT SELECT COMMITTEE TO INQUIRE AND REPORT ON THE NEED FOR LAWS TO ALLOW CITIZENS TO MAKE INFORMED DECISIONS REGARDING THEIR OWN END OF LIFE CHOICES.**

## **Introduction**

1. The Board of Mt La Verna Retirement Village welcomes the opportunity to make a submission to the Joint Select Committee on the inquiry into the need for laws to allow citizens to make informed decisions regarding their own end of life choices.
2. Mt La Verna Retirement Village is a Catholic based aged care provider located in Gwelup, WA. Mt La Verna is an independent organisation, owned by the Catholic diocese of Perth, but run independently under an incorporated association.

We operate the one site in Gwelup with 33 independent living Villas and a 41 bed, residential aged care facility, St Francis Hostel.

3. CEO – Mr Lee Hare

4. Contacts:

Mr Lee Hare (CEO)

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M/s Brenda Hughes (Care Manager)

Phone: 08 94457030 Fax: 08 9445 7029

5. Submission to the Joint Committee on End of Life Choices

6. We do not wish to appear before the Committee to present our submission.

## ***Terms of Reference 1***

At St Francis Hostel we offer palliative care services to our residents when this is required. We have a team of dedicated Carers and professional staff who have received training in the delivery of palliative care services and we have access to external agencies and professionals that we can call on for assistance with the delivery of these services.

Palliative care case conferences are held with the resident and their families to discuss “death and dying” and to inform the families of what palliative care involves. Of the conferences held there has been very positive outcomes and family members have expressed their relief at having this sensitive matter addressed in an open way. By implementing a palliative approach on admission, residents can be assured that their pain, discomfort and distress will be effectively managed by the clinical team and any external consultants.

We utilise the services of Silver Chain Hospice when referred by the GP.

Care staff have maintained residents skin integrity, managed pain relief through clinical guidance and support from the residents own GP. All residents have passed away in their own environment surrounded by supportive staff, family and friends.

Staff receive ongoing training as detailed in our training plan to assist them in the delivery of palliative care and dealing with their own feelings and the emotions of families and dying relatives.

A short stay room is available for family members at no charge to them to stay overnight if they wish to be close to their relative in their final days. The room provides privacy for the family to retire there at any time during this process.

We have received positive feedback about the way in which we care for residents who require palliative care.

As we are keen on meeting the needs of residents and families, staff have been afforded the opportunity of a 3 day palliative care training course.

As we are committed to embracing Ageing in place in its completeness we have developed a very good process for looking after our residents to the end of their days without having to refer them on to an acute setting. It has been only on rare occasions where this has occurred.

We are a member of Palliative Care W.A. and receive resource material from this group to assist us in providing best practice palliative care.

The aged are among the most vulnerable in our society and from our experience we have never had anyone of our residents expressing a wish to be euthanized. Palliative care provided by quality medical, psychological and social support best meets their needs at this time.

Aged persons especially have a right to access world-class palliative care aimed at symptom relief and comfort even when cure is no longer possible. West Australians in rural and remote regions, and those in outer suburbs, have a right to equal access to palliative care.

### ***Terms of Reference 3***

Despite the best efforts of politicians and law-makers to provide a fail-safe system for persons involved in assisted dying, there will be 'grey' areas where professionals will interpret the law differently from others and there is bound to be confusion with a complicated system. There is always the danger of unintended consequences and there is a real chance of instances of 'bad deaths' occurring.

When required for management of pain or suffering, medical professionals are already empowered to deliver treatments which have a secondary and unintended effect of shortening life. Medical professionals should be afforded complete legal protection from prosecution when they act in their patient's best interests in this way.

Medical professionals should never be permitted by law to deliver treatments directly intended to end the life of a patient, for any reason, because

- this breaches our society's absolute prohibition on one person directly killing another;
- it erodes patient confidence in their medical professional;
- it has a deleterious effect on many medical professionals' psychological well-being;
- legislation creating such breaches cannot prevent further legislative widening of the breach to cover more and more classes of citizens – including those in perfect health.

***Terms of reference 4***

Current instruments allowing aged persons to exercise choice in end-of-life decisions (Advance Health Directive, Enduring Power of Guardianship, Enduring Power of Attorney) are adequate to protect personal autonomy without risking the absolute prohibition on one person killing another.

Mrs Judith Wallace  
Chairperson

For and on behalf of the Board of Management of Mt La Verna Retirement Village