



19 October 2017

Ms A Sanderson, MLA  
Chair  
Joint Select Committee on End of Life Choices  
Legislative Assembly  
Parliament House  
PERTH WA 6000

**Attention: Principal Research Officer**

Dear Ms Sanderson MLA

**Submission to the Inquiry into the need for laws in Western Australia to allow citizens to make informed decisions regarding their own end of life choices**

Thank you for inviting me as Executive Dean of the Faculty of Health and Medical Sciences (“the Faculty”) at the University of Western Australia to provide a submission to the Joint Select Committee on End of Life Choices.

The Faculty teaches postgraduate programmes in medicine, dentistry and allied health, includes a diverse range of academics and clinicians who are likely to hold a range of values in terms end of life decision making. There is no single Faculty position on the need for laws regarding end of life choices. However we hold to the principles of patient autonomy and informed consent. We teach our students to develop their professional roles as advocates for the best possible care of patients at all stages of life. We offer a deep grounding in ethical practice and facilitate open discussion about the role of euthanasia and physician-assisted death.

The Faculty provides comments on the first of the Inquiry’s Terms of Reference as to “the practices currently being utilised within the medical community to assist a person to exercise their preferences for the way they want to manage their end of life when experiencing chronic and/or terminal illnesses, including the role of palliative care”. The focus is on the curriculum we teach and experiences provided to students to prepare them for a junior role in supporting patients in their end of life decision making.

Formal teaching and learning regarding end of life discussions takes place in both the Doctor of Medicine and Master of Pharmacy programmes, as described below. Students are assessed to ensure they have achieved the learning outcomes prior to graduation.

Effective clinical communication is a theme that runs through every unit at every year level of the Doctor of Medicine program. The development of effective communication skills related to having difficult conversations, understanding perspectives of care for patients, families and carers, being resilient (caring for self) and working effectively as an interprofessional team member are seen as core curriculum content. Every unit in the four year course offers students a range of learning experiences such as lectures, seminars, simulation based learning activities, communication and consultation skill development sessions and case based learning activities that include specific learning outcomes aimed at developing knowledge, skills and appropriate attitudes in relation to having end of life discussions.

In addition, each clinical placement in the medical course offers some opportunities for medical students to observe role models having end of life discussions with patients and families and may have the opportunity to participate in these discussions. In particular, this occurs in many components of the programme including medicine, surgery, oncology, etc. All final year medical students attend a one-week clinical placement in Palliative Care where end of life care issues are explicitly addressed and assessed. During this Palliative Care attachment, there is formal case-based teaching on supporting patients through difficult decision-making including advanced care planning, responding to patients' request for withdrawal or with-holding of potentially life-prolonging treatment in the setting of poor quality of life, and how to communicate with the suffering or imminently dying person. Western Australian legislation around Advanced Health Directives (AHD), Enduring Power of Guardianship (EPG) and the Hierarchy of Decision Makers is covered in this attachment. There is further teaching in the Geriatrics unit on negotiating goals of care with patients and their family, particularly in patients with diminished capacity.

During the third trimester of year 2 in the Master of Pharmacy, all students attend lectures and tutorials focused on end of life care and complete online learning modules. All students are assessed via an oral examination using simulated scenarios and case studies.

Courses in our other health disciplines (ie Dentistry, Podiatric Medicine and Social Work) all contain specific learning and assessment activities related to effective verbal communication. These include building capacity to have difficult conversations and working effectively in teams, but do not include explicit learning outcomes related to supporting patients in end of life decision making.

The Faculty could further enhance education by:

1. Improving education in capacity assessment in patients with diminished cognitive capacity. This is crucial before patients can complete an AHD or appoint an EPG.
2. Increased community engagement about the role of Palliative Care and the currently available rights for patients to provide advance consent or refusal of consent to medical treatments should they become too unwell to participate in such decisions at a later stage.

If you require any further details in relation to the inclusion of end of life care discussions in the curricula of our health professions degree programs please do not hesitate to me.

Thank you for the opportunity to contribute to the Joint Select Committee on End of Life Choices.

Yours sincerely,

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Pro Vice-Chancellor and Executive Dean  
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