

FEBRUARY 2019

OUR ENDURING COMMITMENT TO END OF LIFE CARE

CATHOLIC HEALTH AND
AGED CARE SERVICES
IN AUSTRALIA



CATHOLIC HEALTH
Australia

FOREWORD

The work of Catholic health and aged care services rests on a beautiful and courageous ethic of care, which is centered on the dignity of each and every person. This ensures that the dignity of all whom we encounter through our services are honoured. It also challenges us to consider how we contribute to our society, in which sadly so many still do not have access to adequate health or aged care, especially near the end of life.

Australian history bears witness to our ethic of care in action: for almost two centuries, our services have been responding to the suffering of those we serve at all stages of life, often with a special focus on those who are forgotten or cast aside by others. The reputation of Catholic services as places of hospitality and healing is testament to this. All of this rests on a long tradition of care that it is at the heart of the Christian tradition: the very first hospitals were places of healing and hospitality, established in the first centuries of Christianity by communities who took up the Gospel challenge to “heal the sick” with courage and vision.

We share a commitment to these values of healing and hospitality with the Hippocratic tradition of medical practice, which has its beginnings over 2,000 years ago, and continues today in the many practitioners and providers – secular and religious – who direct their efforts to the provision and advancement of health and aged care that is orientated to the goals of healing and hospitality.

These traditions of care place special emphasis on serving those who have a life-limiting illness and/or are nearing the end of their lives. *Our Code of Ethical Standards for Catholic Health and Aged Care Services in Australia* sets out the main features of their commitments: to heal and never to harm; to relieve pain and other physical and psycho-social symptoms of illness and frailty; to withdraw life-prolonging treatments when they are medically futile or overly burdensome or when a person wants them withdrawn; and to never abandon patients.¹

We continue our long commitment to improving this care through research and advancement, and we endeavor to do whatever we can to ensure that it is available to all people who need and want it.

Though our services always strive to ensure that those in our care die in comfort and with dignity, a consistent feature of our ethic of care is that we do not assist them to end their own lives or provide euthanasia.² Our position is consistent with the Hippocratic ethic, and is shared by the Australian Medical Association and the World Medical Association.³

The passing of the Voluntary Assisted Dying Act 2017 (Vic) has led our services in Victoria to reflect deeply on our ethic of care in the context of newly legal possibilities that do not align with it. The Victoria’s “Voluntary Assisted Dying (VAD)” Act (2017) CHA Response Taskforce has been a collaborative effort among our members to ensure that together we respond to this moment with the same care, compassion and courage that has characterized our services throughout history.

We are proud to provide you with the Taskforce’s work to date, and give you an overview of all that remains ahead. We do so remembering that our main focus is not on this legislation and our manner of responding to it, but rather on ensuring that our ethic of care continues to serve those who need it for many centuries to come.

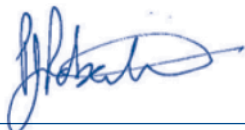
1. Catholic Health Australia, *Code of Ethical Standards for Catholic Health and Aged Care Services in Australia* (Deakin West: Catholic Health Australia, 2001), Part 2, no. 1.13; 1.14; 1.15; 1.16; 5.21.
Available at <https://www.cha.org.au/code-of-ethical-standards>

2. *Code of Ethical Standards*, Part 2, no. 5.20

3. See the Australian Medical Association *Position Statement on Euthanasia and Physician Assisted Suicide* (2016).
Available at <https://ama.com.au/position-statement/euthanasia-and-physician-assisted-suicide-2016>;
World Medical Association, *Resolution on Euthanasia* (2013).

Available <https://www.wma.net/policies-post/wma-resolution-on-euthanasia/>

“Our care for people who are sick, frail, aged or disabled is founded on love and respect for the inherent dignity of every human being.”



Paul Robertson
Chair
Catholic Health Australia



Dr Dan Fleming
Chair Victoria’s “Voluntary
Assisted Dying” Act (2017)
CHA Response Taskforce



Suzanne Greenwood
CEO
Catholic Health Australia

SELECT MILESTONES OF PALLIATIVE CARE

- Indigenous communities in Australia and around the world establish rituals and remedies to care for the sick and dying.
- 460-370 BCE  The Hippocratic school of medicine and ethic of care begin in Ancient Greece.
- 4-35 CE (APPROX.) Jesus of Nazareth's ministry includes a call for his followers to focus on responding to the poor, sick and vulnerable, continuing the long tradition established by the prophets of Ancient Israel.
- 100-500 CE  Early Christian communities see the care of the poor and suffering as core part of their mission.
- 1000-1200 Religious groups establish outposts recognising the need for care for the dying.
- 1838  Irish Sisters of Charity arrive in Australia with a mission to care for the poor, including the sick and dying.
- 1846 Sisters of Mercy arrive in Australia.
- 1857  Sisters of Charity establish first St Vincent's hospital in Sydney.
- 1890 Sisters of Charity establish Sacred Heart Hospice in Sydney incorporating palliative consultative and teaching services.
- 1895  Sisters of St John of God arrive in Perth and found numerous hospitals and schools.
- 1906 First Mater hospital opens in Brisbane.
- 1920  Sisters of Mercy open first Australian hospital, St Benedict's in Malvern, Victoria.
- 1948 Sisters of the Sacred Heart of Jesus arrive in Australia and establish Cabrini Health.
- 1958  Dame Cicely Saunders forms an international network, including Australia, of practitioners who actively seek to adopt palliative practices grounded in nursing care, education and research.
- 1970 Home care services for the sick and dying are pioneered by Little Company of Mary services.
- 1988  Medical Treatment Act passes in Victoria, providing patients the right to refuse treatment. Similar legislation follows in other states and territories.
- 1989 Australian Government announces Medicare Incentive Package to fund home care palliative care programs.
- 1991 Australian Association for Hospice and Palliative Care (now Palliative Care Australia) established.
- 1994  First palliative care guidelines published entitled *Standards for Hospice and Palliative Care Provision*.
- 2005 Palliative care recognised as a medical speciality by the Australian Government.
- 2017  Victoria Parliament passes *Voluntary Assisted Dying Act* on November 29.
- 2017 Medical Treatment Planning and Decision Act comes into effect.
- 2018  Catholic Health Australia established Victoria's "Voluntary Assisted Dying (VAD)" Act (2017) CHA Response Taskforce.
- 2019 CHA launches *Making Peace: Palliative Care in the Catholic Sector*, and a suite of materials in response to Victorian VAD legislation.
- ONWARDS  An ongoing commitment to excellent end of life care for all.

EXCELLENCE IN END-OF-LIFE CARE: A RESTATEMENT OF CORE PRINCIPLES

- 1 Medicine's longstanding Hippocratic ethic governs the care we provide to all our patients and residents. That is, we put into practice the ancient commitment of the medical profession to cure where possible, to care always and never intentionally to inflict death.
 - 2 Our clinicians are trained to provide effective pain management and to respect patients' decisions (or, if they are not competent, their substitute decision-maker's decisions) to forgo treatments that are too burdensome or medically futile: in doing so, our clinicians act in accordance with the needs and preferences of the patients.
 - 3 Our clinicians do not and will not intentionally inflict death on patients (that is, provide euthanasia), nor intentionally assist patients or residents to take their own lives (that is, provide physician-assisted suicide). We accept and act according to the Hippocratic commitment that these interventions are not medical treatments. In addition, they contravene our Code of Ethical Standards.¹ In this context, it is important to be aware of the fact that the terminology used to describe these interventions varies from place to place. In the Voluntary Assisted Dying Act 2017 (Vic) they are collectively referred to as 'voluntary assisted dying'.²
 - 4 We will honour our long-standing practice of having open and sensitive discussions with those within our care and their families about their treatment and their care, including where they disclose that they are considering requesting physician-assisted suicide or euthanasia. If a patient, resident or their family initiates such a discussion, we will respond to it openly and sensitively while making clear we will not participate in, provide or refer for these interventions. We will ensure that trained staff are available to engage in such discussions and that processes are in place to respond to the results of these discussions.
 - 5 We will not facilitate or participate in assessments undertaken for the purpose of a patient or resident having access to or making use of the interventions allowed under the Voluntary Assisted Dying Act 2017 (Vic), nor will we provide (or facilitate the provision of) a substance for the same purpose.
 - 6 We recognise our duty to people in our care is based on trust and will continue to commit to and implement our ethic of care. We believe this to be the best way to respond to the needs of people who have a life-limiting illness and/or are nearing the end of their lives. We will continue confidently to welcome all people into our care.
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Excellence in end-of-life care in the context of Catholic Health, Aged Care and Community Services

Catholic health and aged care services are committed to the ethic of healing, the ethic which is found in both the Hippocratic tradition of medical practice and the long Christian tradition of providing care, especially for poor and vulnerable people. The main features of this ethic as it pertains to people who have a life-limiting illness and/or are nearing the end of their lives are set out in the *Code of Ethical Standards for Catholic Health and Aged Care Services in Australia*.³

These features include commitments: to heal and never to harm; to relieve pain and other physical and psycho-social symptoms of illness and frailty; to withdraw life-prolonging treatments when they are futile or overly burdensome or when a person wants them withdrawn and gives informed refusal of these treatments; and to never abandon patients.⁴

We are always committed to improving care at the end of life. In addition, we do whatever we can to ensure that such care is available to all people who need and want it.

Though we always strive to ensure that those in our care die in comfort and with dignity, we do not assist them to end their own lives or provide euthanasia.⁵ We will continue to promote and provide healthcare that is consistent with our Hippocratic commitment and ethic of care and which avoids harm, especially to those most vulnerable.

1. Catholic Health Australia, *Code of Ethical Standards for Catholic Health and Aged Care Services in Australia* (Deakin West: Catholic Health Australia, 2001), Part 2, no. 1.13; 1.14; 1.15; 1.16; 5.21. Available at <https://www.cha.org.au/code-of-ethical-standards>

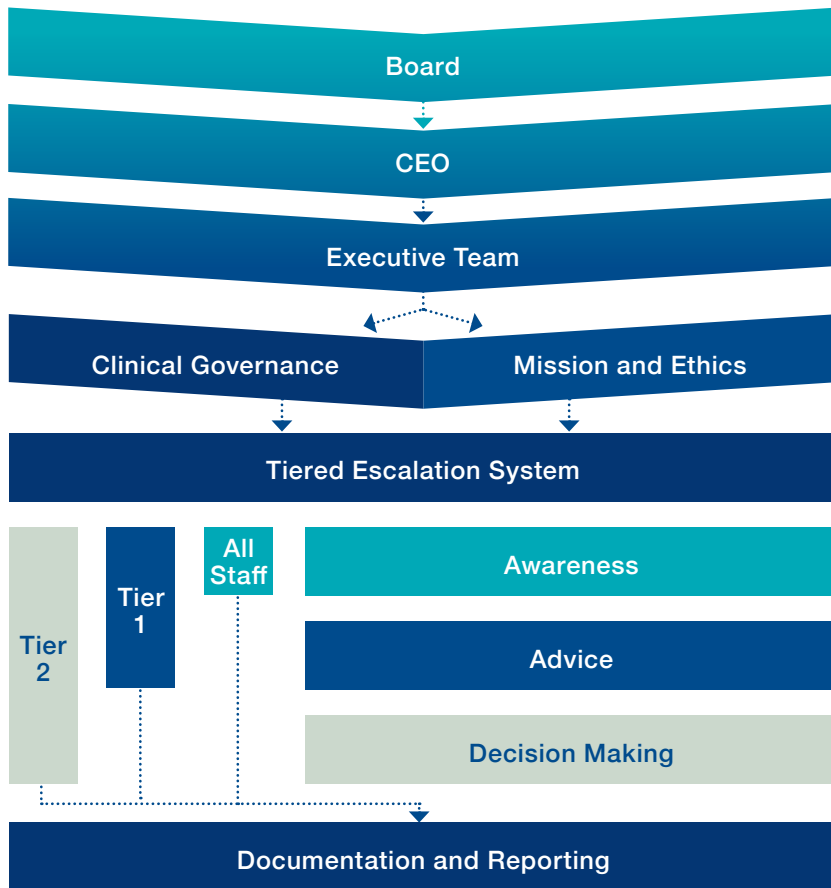
2. Voluntary Assisted Dying Act 2017 (Vic), Part 1, Section 3.

3. Code of Ethical Standards Part 2, no. 1.13; 1.14; 1.15; 1.16; 5.21.

4. Code of Ethical Standards, Part 2, no. 1.13; 1.14; 1.15; 1.16; 5.21;

5. Code of Ethical Standards, Part 2, no. 5.20

CLINICAL GOVERNANCE FRAMEWORK



In recognising the significance of the Voluntary Assistance Dying (VAD) Legislation and its potential impact for patients, residents and staff, the CHA Taskforce agreed to a common approach to clinical governance which will enact our ethic of care. This begins with each facility selecting a dedicated executive as the sponsor overseeing the VAD response process, with regular reporting to the CEO and Board as relevant. It also includes a tiered escalation system for any issues which arise related to VAD, to ensure that appropriate care services and expertise are available to patients, residents and staff.

Figure 1: Tiered Governance Framework

	All Staff	Tier 1	Tier 2
Awareness			
Awareness of organisational position	✓	✓	✓
Awareness that VAD can only initiated by patient	✓	✓	✓
Awareness of basic information provision re: VAD	✓	✓	✓
Awareness of documentation requirements	✓	✓	✓
Awareness of escalation requirements	✓	✓	✓
Advice			
Manage sensitive discussions and address end of life concerns	X	✓	✓
Provide advice on end of life care options	X	✓	✓
Connect patients / residents / clients to end of life care options	X	✓	✓
Decision Making			
Management of complex cases	X	X	✓
Escalate and Inform relevant stakeholders	X	X	✓
Manage risks	X	X	✓
Commission or seek expert advice as required	X	X	✓

TIERED SYSTEM

The CHA Taskforce also agreed to commit to creating a common structured escalation system to provide clinical support.

This approach acknowledges that different scenarios may arise once VAD is legal and will require different levels of competency in response to VAD related clinical issues. These range from basic competencies which all staff should be familiar with to more complex competencies which will be required in certain complex cases. The establishment of such an approach will be adapted for the specific needs of acute care, sub-acute care, aged care, and community care environments.

Table 1: Capability Framework for Tiered Governance System

CATHOLIC HEALTH AUSTRALIA -VOLUNTARY ASSISTED DYING ACT 2017 (VIC) RESPONSE TASKFORCE

FUTURE WORK

Prior to commencement of the legislation in June 2019, the CHA Taskforce will provide members with:

1. Training and education packages tailored to All Staff, Tier 1 and Tier 2 teams;
2. Example resources and policy guidelines, and
3. Communications and media recommendations and guidelines.

4. Establish a National Palliative Care Alliance (NPCA) to act as an expert independent advisory group to the Australian Government on issues relating to Palliative Care.

CHA will then continue to provide ongoing support for all CHA members and will establish a monitoring and review committee to enable future support.

THANKS

Catholic Health Australia would like to thank the following CHA members for their contributions to the Taskforce:



Mercy Health
Care first



ST JOHN OF GOD
Health Care

With special thanks to Taskforce Chair Dr Dan Fleming for his sustained commitment coordinating the Taskforce and to all members of:

- The Victoria's "Voluntary Assisted Dying" Act (2017) CHA Response Taskforce
- The Ethics Working Group
- The Clinical Governance Working Group
- The Legal Working Group
- The Church Liaison Working Group
- The Communications and Media Working Group
- All experts and stakeholders who have contributed to this body of work.



For more information on this work please contact:
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