

<b>Title</b>	<b>End of Life Care and Options</b>
Policy type	Complete policy
Policy Working Group	Special – under direction of the national policy coordinator. Residual responsibility will be with Health.
Policy history	New policy – based on references in Heath Policy (balloted 1998) and the Constitutional Reform policy (balloted 2003) and State Division policies on the subject.
Status	Final Draft – to be circulated for comment
Date	20/1/2010
Feedback	Formal submissions and comment should be emailed to <a href="mailto:policy@democrats.org.au">policy@democrats.org.au</a>

## Overview

The Australian Democrats recognise the right of people with hopeless illnesses with no prospect of recovery to be supported by palliative care, at home and in hospices, with maximised quality of life for them and their family. We support the right of the individual to choose to die with dignity.

## The Issue

While medical science has the capacity to keep almost any body physically alive, this is often done with a reduced quality of life, with patients left in an undignified state connected to tubes and wires, or in pain. The Australian Democrats believe there should be a range of options available for those in the final stages of their life so that they may choose a situation that is of most comfort for them, preserves their dignity and maximises quality of life for them and their family.

## The Proposal

- We must provide the highest possible level of palliative care to all Australians who are in need of it.
- We must provide an adequate range of hospice and community support for hopelessly ill people and their carers to maximise their choice and dignity and allow for a realistic alternative to hospital.
  - We recognise the hidden costs of caring for those dying at home, and believe adequate compensation must be made for the provision of care. Additional funds be allocated to Home and Community Care so that those who wish to can be cared for at home.
  - Adequate funding must be made available for hospice beds to reduce the pressure on both the public health system and family and loved ones who are not able, for whatever reason, to care for their dying loved one at home.
- We recognise the fact that respite care (i.e. short admissions into hospice care) and home assistance (e.g. visits from out-reach nurses, physiotherapy, domiciliary care etc.) are essential

for the wellbeing of the patient and the patient's family. This takes the pressure off public hospitals and hospices and should be funded accordingly.

- Specialist hospice facilities for younger people in the late stages of a hopeless illness should be provided to provide a more appropriate environment for their care, rather than being left in hospital or put in to Aged Care facilities.
- A patient will always have the right to refuse medical treatment, even if that refusal will result in their death. This includes the right to identify themselves as 'DNR' (do not resuscitate).
- No person should be forced to begin dependence or remain on a life-support system. A desire to be unconnected from a life-support system could be indicated either by:
  - a person of sound mental state and over the age of 18 having indicated in writing, with witnesses, that s/he does not wish to be connected to life-support systems in the event of loss of consciousness or brain death;
  - a patient of sound mental state and over the age of 18 indicating, with witnesses, that s/he should be disconnected from life-support systems;
  - members of a family applying to a court for a relative to be disconnected from a life support system, in the event that the patient has been unable to consciously testify before witnesses of such a desire.
  - a person giving instructions at the time life is no longer tolerable with the support of two doctors.
- We support the right of people who are hopelessly or terminally ill and suffering intolerably to choose from a full range of options that will bring relief to that suffering. To assist in that choice the Australian Democrats support:
  - legal protection for medical practitioners who administer drugs in the course of palliative care, the administration of which could cause death to the patient
  - active voluntary euthanasia which can be patient-administered or doctor-administered
- It will be an offence for medical or nursing staff to be involved in the process of either administering voluntary euthanasia or turning off life support if they stand to gain financially or in any other way by the death of that person.
- Medical staff, nursing staff and other health professionals may at any time refuse to participate in the termination of a life, whether through facilitating or administering voluntary euthanasia or turning off life support.
- Unbiased and non-judgemental counselling should be made available at no cost to the patient or their family to assist with making end of life decisions.

## The Goal

Through this proposal we aim to give an individual and their families the greatest support and options to relieve suffering, so that they may be as free to choose their path to the end of life as they are to choose their path in every other aspect of life. Our intention is that a patient should be able to choose from:

- hospital care



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- hospice care
- home care
- to die with dignity

in the final stages of their life, without judgement or guilt.

## Timeline

Despite the knowledge provided to government by the ABS and demographers of an ageing population, all governments have failed to prepare for this in terms of the demands that are arising for palliative care. The consequence is a lack of staff trained in this specialist area. While we would like to see these services implemented in the next two years, the reality is that this poor planning will see the phasing in of palliative care for all over a period of 5-10 years.