

**Patients, Clinicians, the Law and
Decisions for End of Life Care**

Clinical Senate Meeting

Executive Summary &
Recommendations



21 November 2008

Duxton Hotel

Perth Western Australia

Executive Summary

The Clinical Senate debate on 21 November 2008 was held at the Duxton Hotel and its focus was on “Patients, Clinicians, the Law and Decisions for End of Life Care”.

The challenge to debate this topic came from the Executive Director for Health Policy & Clinical Reform Dr Simon Towler and was endorsed by both the Minister for Health and Director General Health. It was thought timely to hold this debate given the passing of Acts Amendment (Consent to Medical Treatment) Act 2008 with the clear need for work to be done particularly with regard to education of clinicians before the Act is proclaimed.

This debate challenged Senators to consider their roles both professionally and personally with regard to decisions for the end of life care. Both advance care planning and advance health directives were discussed. Since extensive consumer consultation was sought during the drafting of the legislation, the Health Consumers’ Council provided pre reading documents to Senators that incorporated the consumers’ response which included a brief overview presented during the main presentation session on the day. This combination offered clinicians valuable insight into the consumers’ view regarding this topic.

Opening the day the Director General for Health, Dr Peter Flett, asked that recommendations reflect both the impact of the legislation on clinical care and the ability for clinicians to contribute to the improvement of the quality of end of life care.

The focus of the day was on the opportunity for clinicians to understand the potential of the forthcoming legislative changes around advance care planning and advance health directives. This critical piece of legislation will provide a new framework for improving the quality of end of life care. Senators explored the issues for implementation and identified requirements to prepare clinicians for the impending change. They considered how best to respect the choices of their patients as well as the needs of the population of Western Australia.

This was also a unique opportunity for senators through their discussions and deliberations to influence the national agenda. The Hon Rob Knowles AO attending on behalf of the National Health & Hospitals Reform Commission provided the national perspective on working towards harmonisation of laws and standardisation of end of life care around Australia. As this work is at an early stage the timing is right for the Senate’s work on this issue to inform national thinking. The Commissioner attended the full session.

Presenters then offered a local perspective outlining the journey thus far, an overview of the respecting patient choices program, and an argument to action on advance health care directives. These fed into the plenary debate around issues for implementation which provided the opportunity to explore all aspects of the legislation, opportunities for education and concerns regarding implementation.

The concurrent workshops focussed respectively on education for clinicians and respect for patient choices in Western Australia. Discussion throughout the education workshop encompassed the education content, models, delivery modalities and access. Not least of all it touched on institutional commitment to education on this important issue. In the respect for patient choices workshop, participants discussed how they as clinicians can improve the quality for end of life care. Particular emphasis in this group was placed on the community and implementation with further discussion around the support for palliation services in the community, home and residential care.

The key themes arising during this debate included:

- *The importance of multilevel cultural change across the community, health sectors, clinicians and specialties.*
- *There are two levels of education required: general awareness of advance care planning and specific Advance Health Directive training.*
- *Technology use and withdrawal conflicts.*
- *The need to ensure support mechanisms are provided for patients, families and clinicians.*
- *The importance of systemic change.*

Experts engaged to inform the debate were: Assoc Professor Bill Silvester, Dr Scott Blackwell, The Hon Rob Knowles, Professor Anne Wilkinson, Ms Helen Walker, Ms Pauline Bagdonavicius, Ms Suzanne Hillier, Ms Mary Harney, Mr William Hallahan, Mr Stephen Carmody, Ms Bronwyn Peters, Dr Roger Clarnette, Ms Carol Douglas and Ms Doris Lombardi.

The Clinical Senate acknowledged the unique opportunity we have in this State, at this time, to take advantage of this legislation to promote community and clinical awareness about advance care planning.

The Clinical Senate endorsed a consistent system wide approach to the implementation of advance care planning, including a method of identification of those patients who have made advance health directives.

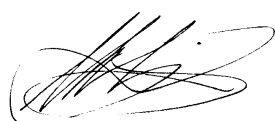
There is a need for WA Health to take a leadership role in immediate close collaboration with residential aged care and other key stakeholders such as the Aged Care Assessment Teams (ACATs) and palliative care groups. There was a strong call for community involvement in education and implementation of advance care planning, with a social marketing strategy being suggested. The Clinical Senate also recommends that the proclamation of the Act be used as a tool to promote community awareness of advance care planning.

Overall, the Clinical Senate supported the direction proposed by the Executive Sponsor, Dr Simon Towler, in the need to first educate all health professionals on the legislative changes prior to proclamation of the Act. It supported the Chief Medical Officer to work with the Office of the Public Advocate to ensure that community members understand the opportunity to develop an advance health directive with their chosen health professional.

"We need to consider how we can weave Advance Health Directives into the fabric of our popular culture... We need a small team of highly committed individuals who can strategically place Advance Health Directives in the minds and hearts of West Australians, using both new and older forms of communication. This is important because it is about respecting patient choices. It is about Rights at the end of life in the same way we have Rights throughout life."

Michele Kosky, Health Consumers' Council.

Sincerely,



Ms Kim Gibson

Chair
Clinical Senate of Western Australia
25 November 2008

Recommendations

Patients, Clinicians, the Law & Decisions for End of Life Care

Workshop 1: Education for Clinicians

The following recommendations were developed by the workshop participants, then presented to and ratified by the whole of Senate in the final session on the 21 November 2008:

1. We have a state responsibility to educate health care professionals and healthcare providers about Advance Care Planning. This education should be developed and provided across all health sectors in Western Australia. (note: Including residential aged care and primary care)
2. Provide time and resources to apply the Advance Care program.
3. Whilst the intent is to apply an Advance Care Planning training program across all health sectors, in the first instance the program should be targeted to high risk groups, e.g. elderly, advanced medical condition and poor prognosis. In all instances it should be tailored to health status, circumstance, beliefs and values, and delivered according to evidence.
4. The education program must be evaluated and modified across all phases, include the development of benchmarks and focus on building sustainability.
5. The education program must include information on how to access and apply an Advance Health Directive consistent with the new legislation.
6. Each health care service must be responsible for staff education and the application of Advance Care Planning in its setting.
7. WA Health should adopt a uniform model of education and application across the state.
 - using existing structures eg. Health Networks, ACAT, and EQuIP.
 - using a multi-modal approach eg. E-learning, face-to-face mentoring etc...
 - appropriate to the multidisciplinary team.
 - incorporating cultural sensitivity.
8. WA Health should work with educational providers to ensure that all health professional curriculums include education on Advance Care Planning. Opportunities should be explored to link interdisciplinary training models.
9. WA Health should implement a major community awareness campaign and educate all major stakeholders about advance care planning.
e.g. consumers, religious orders, NGO's etc...
10. The Clinical Senate recommends that WA Health establish a taskforce to:
 - develop and implement the training program.
 - develop a social marketing strategy.
 - identify key groups to educate.

Recommendations

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Workshop 2- Respect for Patient Choices in Western Australia

The following recommendations were developed by the workshop participants, then presented to and ratified by the whole of Senate in the final session on the 21 November 2008:

The Clinical Senate supports:

Every health encounter creates an opportunity to demonstrate respect for patient choice and therefore must be funded accordingly.

1. That the implementation of advance care planning must be community driven and resourced accordingly.
2. The promotion of the Acts Amendment (Consent to Medical Treatment) Act 2008 should be used as a tool to promote community awareness.
3. The Implementation of advance care planning must be targeted both within health and the community.
E.g. – Aged Care Facilities, low care and chronic disease, health promotional stream and via engagement with senior community groups, funeral planners, St Johns etc...
4. WA Health must drive the policies at a multiservice level in order to respect patient choices.
5. Minority groups and cultural groups must be engaged in initial planning and implementation. *(Consideration also to be given to the socially isolated)*
6. The development of identifiable statewide processes for the existence of Advance Health Directives. (Ideally this should be nationally transferable)
(Consideration to be given to development of a register similar to the 'medic alert', organ donor registers and a medical record 'alerts' system)

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