



Care of the person with a terminal illness

It is the policy of the Australian Nursing and Midwifery Federation that:

1. The nursing and midwifery role is to provide person-centred care and treatment to those with a terminal illness so they have maximum control over their healthcare. This care should be regularly reviewed in collaboration with the person with the terminal illness, their selected family members¹ and with other members of the health and aged care team. The nursing and midwifery role includes being an advocate for the person with a terminal illness and their significant others.
2. The role of the nurse and midwife within the context of this policy must remain within the boundaries of accepted nursing and midwifery practice, in accordance with the Nursing and Midwifery Board of Australia's Professional Practice Framework, which includes the professions' codes of conduct and codes of ethics, and with organisational guidelines and existing legislative framework.
3. Nurses and midwives must have a sound understanding of their legal and ethical responsibilities with regard to providing care for the person with a terminal illness.
4. The care of people with a terminal illness is enhanced if all health professionals involved in their care know the outcome of discussions specific to their care and treatment between the person and their treating medical practitioner, or another health professional. The outcome of these discussions should be appropriately documented and updated at regular intervals, and be available to other health professionals involved in the person's care.
5. Nurses, midwives and assistants in nursing caring for the person with a terminal illness must familiarise themselves with any existing advanced care directives and/or the person's wishes and expectations in relation to their care and treatment.
6. People, and in the case of children and neonates, their parents and/or legal guardians have a right to make informed decisions regarding available evidence-based treatment options including expected outcomes of treatments for life limiting health conditions.
7. People, and in the case of children and neonates, their parents and/or legal guardians, with a terminal illness have the right to be consulted and to make choices, both in the care and treatment which is provided to them and in the way in which that care and treatment is provided. Nurses and midwives should ensure that timely and adequate information is provided to allow such choices to be made.
8. People with a terminal illness have the right to a dignified death.
9. People with a terminal illness have the right to have their privacy respected.
10. The care and treatment of the person with a terminal illness must be consistent with the person's beliefs, cultural expectations and respect for their choices.
11. People with a terminal illness and who have mental capacity have the right to refuse treatment. Those who lack such capacity, but have chosen to refuse treatment through a legally binding advanced care directive, must have their wishes upheld.



12. Discussions with people with a terminal illness and their family in relation to their advance care directive(s), the initiation of cardio-pulmonary resuscitation and other life preserving measures should be part of the management plan and the outcome of those discussions clearly documented.
13. People with a terminal illness have the right to access specialist palliative care services. These include controlling pain, relieving other symptoms of disease and providing emotional and psychosocial support in preparation for death. Early referral to palliative care services should be available to all people with a terminal illness.
14. Nurses and midwives have a professional responsibility to be aware of other conditions which impair the decision making capacity of a person with a terminal illness, such as depression, other mental illness, dementia, or the effects of mood altering medicines.
15. People with a documented advance care directive should communicate their wishes to health professionals involved in their care, including specialist Palliative Care Services and ensure the treating health service, or health practitioners is aware of their advance care directive.
16. Nurses should lodge a report to the jurisdictions Health Ombudsman when they consider an advance care directive is not being followed according to the person's indicated wishes, beliefs or culture.
17. Employers should provide the necessary resources, including robust policies and procedures, to support nurses and midwives in dealing with the professional and emotional issues arising from caring for a person with a terminal illness.

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¹ The person's *family* is decided by the person themselves and may include a wide network of friends.

This policy should be read in conjunction with the ANMF Assisted Dying Position Statement.