



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 holistic care and treatment to the person with a terminal illness so they have maximum control over their care and treatment. 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 profession's code of ethics and code of professional conduct, and with organisational guidelines and existing legislative framework.
3. Nurses and midwives must have a sound understanding of their ethical and legal responsibilities with regard to providing care for the person with a terminal illness.
4. Nurses, midwives and assistants in nursing caring for the person with a terminal illness must inform themselves about the person's wishes and expectations in relation to their care and treatment.
5. People, and in the case of children and neonates, their families have a right to know about alternative treatments and expected outcomes of treatments for life limiting health conditions.
6. People, and in the case of children and neonates, their families, 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. Timely and adequate information must be provided to allow such choices to be made.
7. People with a terminal illness have the right to a death which is as dignified as possible, in a manner they themselves would define.
8. People with a terminal illness have the right to have their privacy respected.
9. People with a terminal illness have the right to refuse treatment.
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 where they may have an advance care directive(s).
11. Nurses and midwives have a professional responsibility to be aware of other conditions which may affect decision making by a person with a terminal illness, such as depression, other mental illness, dementia, or the effects of mood altering medicines.
12. 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.

13. 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.
14. 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.
15. Employers should provide the necessary 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.
16. 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.

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