21 March 2014

Consultation on the end-of-life care consensus statement
Australian Commission on Safety and Quality in Health Care
GPO Box 5480
Sydney  NSW  2001

By email: endoflifecare@safetyandquality.gov.au

Dear Sir/Madam,

Re: Australian Commission on Safety and Quality in Health Care

Established in 1924, the Australian Nursing and Midwifery Federation (ANMF) is the largest professional and industrial organisation in Australia for nurses and midwives, with Branches in each State and Territory of Australia. The core business of the ANMF is the professional and industrial representation of our members and the professions of nursing and midwifery.

With a membership of over 230,000 nurses, midwives and assistants in nursing, our members are employed in a wide range of enterprises in urban, rural and remote locations in both the public and private health and aged care sectors.

The ANMF takes a leadership role for the nursing and midwifery professions by participating in the development of policy relating to nursing and midwifery practice, professionalism, regulation, education, training, workforce, and socio-economic welfare; health and aged care, community services, veterans’ affairs, workplace health and safety, industrial relations, social justice, human rights, immigration, foreign affairs and law reform.

The ANMF is pleased to have the opportunity to comment on the National consensus statement: essential elements for safe and high-quality end-of-life care in acute hospitals. Consultation Draft – January 2014.

General Comments
Throughout this response, “dying patients” means those people at the ends of their lives, who will not respond to treatment and who would reasonably be expected to die, despite medical treatment, within the short to medium term, as defined in the Consultation draft.

Nurses have long known there are many people in acute hospitals who will not recover, regardless of medical treatment. Nurses advocate for dying people and for the rights of those people to die with dignity and, where appropriate, without extensive and continued medical treatment. Nurses provide high-quality, person-centred end-of-life care to dying people, in all health settings.
In recent years, a focus on rescuing the deteriorating person has developed in acute hospitals. This focus is addressed in the National Consensus Statement: Essential Elements for Recognising and Responding to Clinical Deterioration. The rescue of the deteriorating person approach has resulted in policies and protocols leading to continued medical treatment of people who are dying and will not benefit from being continually subjected to reversible deterioration protocols.

The ANMF notes the Safety and quality of end-of-life care in acute hospitals A background paper (Background paper). This Background paper recognises the different approaches to the dying person by various health professionals, in particular, the differences in approach between nurses and doctors. We commend the Commission for this document. In our view, it honestly and accurately describes the frustration and distress of nurses who find themselves involved in highly interventionist and often futile treatment of people who are dying.

Specific comments
There is mention in the Consultation draft of its overlap with other Australian Commission on Safety and Quality in Health Care statements and standards

“There are significant overlaps between this document, the National Consensus Statement: Essential Elements for Recognising and Responding to Clinical Deterioration, and National Safety and Quality Health Service (NSQHS) Standard 9.

p. 8, National Consensus Statement: Essential Elements for Safe and High Quality End-of-Life Care in Acute Hospitals

However the Consultation draft offers only limited commentary, no suggestions or draft plan as to how the very different nature and intent of these documents may be

a) reconciled and
b) implemented, side by side, in the clinical setting

It would appear the Consultation draft has its major focus on medical practitioners. There are, however, many acknowledgments throughout the Consultation paper of nurses’ roles and nursing care, including direct quotes and vignettes from nurses. We commend the Commission on this commentary.

At pp.21-22 of the Consultation draft, the ANMF makes a number of points on items under the heading Responding to concern. The ANMF agrees with each of the Key points and applauds, in particular, the first Key point

It should be as easy to access support of appropriate end-of-life care as it is to escalate care for reversible deterioration

p. 21 National Consensus Statement: Essential Elements for Safe and High Quality End-of-Life Care in Acute Hospitals

In our view, points 5.4 5.5, 5.6, and 5.7 have inherent contradictions and do not support the stated aim of ease of escalation to end-of-life-care. Point 5.4 rightly recognises the need for consultation on unmet care needs of the dying
person. We agree with 5.5 that clinicians (including nurses) should have rapid access to specialist palliative care services at any time.

However 5.6 goes on to limit decisions on continuing or withdrawing medical treatment to office hours as far as possible, while 5.7 implies that only a consultant may make decisions regarding ongoing intervention and treatment. According to the evidence provided in the Background paper, nurses and doctors alike express concern and frustration at the inability of many consultants to recognise or acknowledge the person is dying and make the obvious decision to cease futile medical treatment. For clarity of purpose, these inconsistencies need to be addressed for meaningful use.

The ANMF appreciates the opportunity to provide comment on the National Consensus Statement: Essential Elements for Safe and High Quality End-of-Life Care in Acute Hospitals Consultation draft – January 2014. Should you require any further information, please contact Robyn Coulthard, Professional Officer by telephone on (03) 9602 8520, 0428 685 527 or email at robyn@anmf.org.au

Yours sincerely

Lee Thomas
Federal Secretary