



Care of the person with a life limiting illness

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

1. Nurses and midwives provide person-centred, evidence-based care and treatment to those with a life limiting illness so they have maximum control over their healthcare. This care should be regularly reviewed in collaboration with the person with the life limiting illness, and with their consent, family, carer/s and other members of the health and aged care team. The nursing and midwifery role includes being an advocate for the person with a life limiting illness and their family and carer/s.
2. Nurses and midwives must act 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 within 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 life limiting illness.
4. The care of people with a life limiting 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 life limiting illness must familiarise themselves with any existing advance care directives and/or the person's wishes and expectations in relation to their care and treatment.
6. People, and where appropriate, their parents and/or legal guardians/medical decision-makers 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 with a life limiting illness, and where appropriate, their parents and/or legal guardians/medical decision-maker, 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 life limiting illness have the right to a dignified death and, where possible, in a place of their choosing.
9. People with a life limiting illness have the right to have their privacy respected.
10. The care and treatment of the person with a life limiting illness must be consistent with the person's beliefs, cultural expectations and respect for their choices.
11. People with a life limiting 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 advance care directive, must have their wishes upheld.

*The term assistant in nursing also refers to care workers (however titled)



12. Discussions with people with a life limiting illness and their family and carer/s 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 life limiting illness have the right to access specialist palliative care services, irrespective of their location, age or financial means. These include services to assist with controlling pain, relieving other symptoms of disease, providing emotional and psychosocial support in preparation for death, and voluntary assisted dying in states and territories where this is legal. Early referral to palliative care services should be available to all people with a life limiting illness.
14. Nurses and midwives have a professional responsibility to be aware of other conditions which may impair the decision-making capacity of a person with a life limiting 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 are aware of their advance care directive. Employers are also responsible for having policies and procedures in place to ensure this occurs.
16. Nurses and midwives should lodge a report to their 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, procedures, and processes to support nurses and midwives in dealing with the professional and emotional issues arising from caring for a person with a life limiting illness. This should include employee assistance programs, clinical (reflective) supervision, debriefing, education and continuing professional development.

*Endorsed June 1998
Reviewed and re-endorsed February 2005
Reviewed and re-endorsed May 2008
Reviewed and re-endorsed June 2011
Reviewed and re-endorsed May 2015
Reviewed and re-endorsed May 2018
Reviewed and re-endorsed May 2021*

This policy should be read in conjunction with the ANMF Voluntary assisted dying Position Statement.