Submission Cover Sheet

End of Life Choices in the ACT

Submission Number: 177
Date Authorised for Publication: 29/3/18
From the President

1 March 2018

Mr Andrew Snedden
The Committee Secretary
Select Committee on End of Life Choices in the ACT
GPO Box 1020
CANBERRA ACT 2601

Via Email: LACommitteeEOLC@parliament.act.gov.au

Dear Mr Snedden

Select Committee Inquiry on End of Life Choices in the ACT

Thank you for inviting The Royal Australasian College of Physicians (RACP) to provide a submission addressing the terms of reference of the Select Committee on End of Life Choices.

The RACP is a diverse organisation responsible for training, educating and representing over 23,000 physicians and paediatricians across Australia and New Zealand, including palliative medicine specialists, oncologists, geriatricians and many specialties treating patients with life-limiting illnesses.

Good end-of-life care is an important aspect of modern medicine. With improvements in public health and management of acute illnesses and significant gains in life expectancy over the last century, there has been a shift from acute conditions to chronic degenerative diseases and cancers as the main cause of the death in adults. The health care that people receive towards, and at the end of life, has important effects on the person and his or her family and friends, as well as on health care staff and services.

The RACP has developed a number of policy documents which are relevant to the Select Committee’s terms of reference and may assist in the Committee’s deliberations. These are listed below:

- The RACP published a position statement in May 2016 entitled ‘Improving Care at the End of Life: Our Roles and Responsibilities’ highlighting the crucial importance of ensuring that all patients have access to good end-of-life care, and acknowledging the responsibility of all physicians to provide this. It is also essential that patients are able to access specialist palliative care support when they need it, at any time of day or night, including in rural and regional areas. The statement discusses advance care planning and includes a number of recommendations that would significantly improve end-of-life care. Further information and resources on our work in this area can be found on our website.
• In recent years, medical assistance in dying has become a prominent issue in the community and a number of proposals to legalise this in some form have been considered by Parliaments in Australia and New Zealand. Such proposals have very significant implications for patients and their families, and for the practice of physicians and other health professionals. The RACP has convened a Working Party which is currently developing a position on these issues in consultation with our membership, and has made detailed submissions in response to legislative proposals in Victoria and NSW. The RACP most recently made a submission in response to the New Zealand Justice Select Committee consultation on the End of Life Choice Bill. It has been made clear in each submission that the College’s position is under development, and the RACP’s response should not be taken as supporting the intention of any Bill. Further information on our work in this area can be found on our website.

• The RACP has made three submissions in response to the NSW Law Reform Commission’s review of the Guardianship Act 1987 relating to:
  o The preconditions for alternative decision-making arrangements
  o Decision making models, and
  o Medical and Dental Treatment and Restrictive Practices.

• The RACP made a submission in response to the WA Joint Select Committee’s Inquiry into End of Life Choices in WA, which inquired into and reported on the need for laws to allow citizens to make informed decisions regarding their own end of life choices.

The RACP also notes that advanced care planning is not explicitly referenced in the Terms of Reference. Advanced care planning is intended to help ensure that an individual's choices are respected for future medical treatment, and that their beliefs, values and preferences are made known. It guides future care in the event that the person is unable to make decisions or communicate. The RACP thus recommends that advanced care planning be considered by the Select Committee as it enquires into end-of-life choices in the ACT.

Should you require any further information in relation to the policy documents listed above, please contact Ritu Mohan, Senior Policy Officer, via email to ritu.mohan@racp.edu.au. We would appreciate being kept informed of the work of the Select Committee and further opportunities for consultation.

Yours sincerely

Dr Catherine Yelland PSM