



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON END OF LIFE CHOICES IN THE ACT

Ms Bec Cody MLA (Chair), Mrs Vicki Dunne MLA (Deputy Chair), Ms Tara Cheyne MLA,
Mrs Elizabeth Kikkert MLA, Ms Caroline Le Couteur MLA.

Submission Cover Sheet

End of Life Choices in the ACT

Submission Number: 161

Date Authorised for Publication: 29/3/18

23 February 2018

The Committee Secretary
Select Committee on End of Life Choices in the ACT
GPO Box 1020
CANBERRA ACT 2601
Email: LACommitteeEOLC@parliament.act.gov.au

Dear Ms Cody,

I am writing to you as President of the Palliative Care Nurses Australia Inc (PCNA) and in relation to the ACT Committee enquiry into End of Life Choices.

PCNA is a national member based organisation for nurses working with people who are living with and dying from a progressive life limiting illnesses and their families. The vision of PCNA is to promote excellence in palliative care nursing for our community, through leadership, representation and professional support. The World Health Organization (2002) definition of palliative care underpins our work.

PCNA has been following the current societal, academic and parliamentary debate in Australia on the topic of legalisation of euthanasia and physician assisted suicide for people living with a life limiting illness who are experiencing suffering. Euthanasia and physician assisted suicide are currently illegal in most Australian states and territories. States except for Victoria, which has recently passed a voluntary physician assisted dying Bill.

Despite the introduction of this Bill, Palliative Care Nurses Australia believes that:

- Palliative care does not include the practice of euthanasia or assisted suicide; and that the intent of palliative care is to neither hasten or postpone death;
- Nurses play a key role in minimising the person's suffering and maximising their function and access to support and comfort. Optimal palliative care nursing involves:
- advocating for and ensuring all Australians have access to palliative care in accordance with their needs;
- impeccable assessment and management of the physical, psychological, socio-cultural and spiritual needs of the person and their family in accordance with the best available evidence;

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- discussing and supporting a person's choices to withhold or withdraw treatments where the potential harm outweighs possible benefit or is against their expressed wishes;
 - considering the complex and multi-dimensional nature of suffering and acting to prevent and alleviate it where possible by seeking and utilising the best available evidence and interdisciplinary advice;
 - respectfully and compassionately acknowledging a person's desire to die statements or requests to hasten death in the context of a life limiting illness, and seek to understand the origins of the request; whilst acknowledging that for a small proportion of people pain, distress and/or suffering can persist despite the provision of best palliative care;
 - responding to a person's request to hasten death in accordance with: the law, professional codes of conduct, ethical health care principles, best available evidence, and the unique needs of the person and their family; and
 - fostering informed and respectful communication with patients, their families, other health care professionals and the wider community about death, dying and end of life care, including the topic of euthanasia and physician assisted suicide.

Should you wish to discuss our views further, please feel free to contact our office on 07 5429 8480 to arrange a suitable time.

Yours sincerely



[Redacted signature]

Jane Phillips PhD RN
PRESIDENT