

ADVANCE CARE PLANNING – DEFINING THE LINE IN THE SAND

With the launch of the Victorian State Government's Advance Care Planning: have the conversation strategy statement in March 2014, Victorian health services are expected to integrate advance care planning (ACP) into routine healthcare¹. Health care providers who are expected to raise the topic of ACP with people, and clinicians who have to activate the ACP for patients presenting to hospital are not uniformly confident in understanding what they should be considering when advising, preparing or activating the ACP.

The quality of an advance care plan dictates how it will be enacted. The way it is enacted reflects on the quality of the ACP. Thinking about how it will be enacted when the person is hospitalised and can no longer speak for themselves, is the key to the discussion about what should be documented. The plan needs to be clear. It needs to answer for that person 'what is my line in the sand?' in terms of what treatment, or outcome-of-treatment, would or would not be acceptable.

Often an ACP is not able to be easily enacted because it contains statements that are too general: 'I would only have x treatment if it meant I would have a reasonable quality of life'. What is a reasonable quality of life for that particular person? This should be explicitly defined - what is their line in the sand? Another ACP may state 'I want everything' or 'I would like CPR' even though that person has end stage organ disease. In this instance, the ACP would be likely to be disregarded by the experienced clinician because it appears that the person has not had a comprehensive discussion about what medical treatments can be reasonably offered. The outcome for the person would be that burden would outweigh benefit. The experienced clinician will first ask 'is the proposed treatment medically indicated?' and 'if yes, what are the patient's wishes?' If asked, the ACP facilitator or doctor needs to explain to a person who has end stage lung disease that they will not be offered a ventilated bed in the intensive care unit because it is not a treatment that would benefit them. This discussion can happen sensitively, and can focus on what treatments can be offered – a goal of keeping the person pain-free and comfortable.

Health professionals are obliged to 'take reasonable steps (as other reasonable doctors would) to save or prolong life or act in the patient's best interests'². These ethical principles are also reflected in the Hippocratic Oath '... I will prescribe regimens for the good of my patients according to my ability and my judgement and never do harm to anyone'. These are the ethical principles of beneficence (to do good) and non-maleficence (to do no harm) which sit alongside autonomy and justice. It is these principles that permit the medical practitioner to offer only those treatments that are likely to benefit the person.

Legally speaking, whilst an advance care plan is a generalised document about goals and values, it does carry evidentiary weight under common law. If it has been completed with a substitute decision maker and is signed off by a doctor, it is understood under the law, to reflect the wishes of the person who made it. Specific requests around treatment not wanted for a current condition can be recorded on a Refusal of treatment certificate which is a document that is recognised under statutory law. The Enduring Power of Attorney (medical treatment) is also a statutory legal document.

Advance care planning is everybody's business. People want to let health care providers know what is their 'line in the sand' when it comes to future health care. Advance care planning when done well is our way to ensure our patients wishes are recognised and respected.

Denise Fitzpatrick
End-of-life Project Coordinator

¹ Department of Health. *Advance care planning: have the conversation A strategy for Victorian Health Services* 2014-15. www.health.vic.gov.au/acp

² Skene L. University of Melbourne. *Law and Medical Practice: Rights, Duties, Claims and Defences*. 2008

THE GRAMPIANS REGIONAL PALLIATIVE CARE CONFERENCE IS FAST APPROACHING – 7/8 MAY 2015

Guest speakers include:

Dr Amanda Hordern talking about issues of intimacy and sexuality

Associate Professor Michael McDonough discussing the challenges of addiction in palliative care

Deirdre Fetherstonhaugh exploring sexuality and aging

Mike Kennedy talking about diversity and gender identity

Dr Paul Grinzi exploring drug and alcohol issues in the community when delivering palliative care

And we are really excited about Kathy Bond, sex therapist presenting at the conference dinner

For a full list of presenters and their bios and to hear how great our conferences are please go to:

<http://www.grpct.com.au/conferences/conference-2015-sex-drugs-dying-well/>

We look forward to seeing you there!



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