

University of Notre Dame Australia submission to the WA Parliament Joint Select Committee on Palliative Care in Western Australia inquiry into Palliative Care in Western Australia

Introduction

The University of Notre Dame Australia (the University) is pleased to respond to the request of the Joint Select Committee on Palliative Care in Western Australia for submissions addressing its terms of reference. The University is well placed to contribute to this inquiry given its expertise in health, philosophy, bioethics, law and education.

As a Catholic university, Notre Dame approaches considerations around end of life care in a manner that respects the separation of State and Religion, and seeks to engage the community openly and respectfully to explore the individual and social implications of end of life issues. Notre Dame is proud to be a part of a multicultural community with a diverse range of beliefs and attitudes, and is privileged to be able to contribute to the Western Australian society's discussion around end of life care. The Catholic Moral tradition provides valuable guidance to our community in navigating the health and human aspects of serious illness and dying. In accordance with these traditions the University values the inherent dignity, uniqueness, and sacredness of all human life across the entire lifespan.

Response to terms of reference

The second term of reference describing progress made in palliative care since the publications of the recommendations of the Joint Select Committee into End of Life Choices is relevant to the University.

(2) That the joint select committee inquire into and report on:

(a) the progress in relation to palliative care, in particular implementation of recommendations of the Joint Select Committee into End of Life Choices

Recommendations 1 to 6: Advance care planning

The University equips students to participate maturely in social justice and bioethical issues, fostering broader critical thinking and community engagement alongside their clinical and communication education. A strength of our curricula are the in-depth focus on aging and terminal illness. This provides students with unique and rich opportunities to engage with individuals facing declining health, increased dependency, and the prospect of diminished capacity to participate in medical decision making. Relative to other medical and nursing schools in Australia, students have enviable access to patients with palliative care needs, and a structured, and well-supported suite of formal learning activities. Dementia is deliberately identified as the leading cause of death in Australia, and students are challenged to consider how people with dementia can have their wishes respected as their disease progresses. The Medical and Law Schools work collaboratively to ensure students have a deep understanding of the practical and legal basis of capacity assessment, surrogate decision makers including enduring guardians, and advance health directives. Our expertise in bioethics facilitates students' appreciation of patient's autonomy, and to explore how individuals with dementia can have their health care wishes, end of life planning decisions, and advance health directives acknowledged and implemented once they have lost capacity.

Health related Schools are able to respond promptly and flexibly as recommendations from the End of Life Choices Committee are progressed and implemented. Our Discipline Lead in Palliative Medicine is working closely with the WA Health Cancer and Palliative Care Network, Palliative

Care Australia WA, and WA Palliative Medicine Specialists Group with respect to developing a central register of advance health directives. This will have implications for medical and nursing student education, such that Notre Dame Graduates are familiar with the central register, and how and when to access information relevant to patients for whom they have responsibilities.

The unique expertise within the University, across the Schools of Health Sciences, Medicine, Law, Nursing and Midwifery, and Philosophy and Theology, enable us to engage collaboratively with the wider community to improve health literacy and explore social concerns around end of life decision-making. We are keen to support and implement recommendations that arise out of this inquiry and explore how we can engage with our community to strengthen understanding about advance care planning in a practical way that meets the community's needs.

Recommendations 7 to 18: Palliative Care

The University seeks to support the recommendations, which broadly identify inequity to access to palliative care in Western Australia, establishing unmet need especially in rural and remote areas, reviewing service models, expanding community services, ensuring adequate funding, and ensuring transparent and effective governance and record keeping.

In response to the establishment of new or expanded services in the north metropolitan area, and rural and remote WA, the University anticipates strengthening its ties with health care institutions that will be developing and implementing these services. The Medical School has a strong focus on rural and remote medicine, with close to a third of student coming from a rural background, and the opportunity to undertake a rural health pathway. Notre Dame Students at the Rural Clinical School have unique opportunities to experience palliative care embedded within the local community, and appreciate barriers to access and gaps in service provision. This will foster graduates who are sensitive to the needs of people from rural and remote WA, and can advocate to assist in meeting their palliative care needs. Established examples include student placements for nursing and medicine students at Albany Community Hospice, St John of God Bunbury and Geraldton Palliative Care Services.

The University will seek to build on relationships with St John of God Hospital as the Midland Palliative Care service is expanded, with Ramsay Health as the new inpatient unit at Joondalup in set up, and WA Country Health Service to consider how students can make the most of learning opportunities including telehealth, providing culturally safe palliative care for Indigenous people, and multidisciplinary care across different care settings, including at home and in aged care facilities. This will encourage students to consider what is required to support people who are dying in rural Australia, ranging from availability of essential medications and medical devices, hands on care, access to expertise, and communication.

Other recommendations centre on building capacity within health professions and the broader community with respect to palliative care and end of life care. Notre Dame welcomes the plan to develop a consistent definition of palliative care, and will implement this in relevant educational activities. We will continue to support the WA Cancer and Palliative Care Network's strategic plans for enhancing education of health professionals, and work actively to continuously improve the teaching and learning students engage in across all faculties. The Schools of Medicine and Nursing & Midwifery currently address palliative care in an integrated fashion across the course, including lectures, interactive case based learning, and small group tutorials. Medical students have a 2 week clinical attachment with a palliative care service in 4th year, with close mentorship from palliative medicine specialists. This clinical experience is among the most generous offered by medical schools across Australia. During the attachment students are encouraged to focus on the clinical and human aspects of the patients' experience, to consider the patients' suffering, and physical, psychological, social and spiritual needs. Students are able to see first hand how the multidisciplinary team works together with patients and families, and appreciate the role of pastoral care and spiritual support for people facing serious illness and dying. Role-modelling of person centred care, sensitive communication, and advanced professional skills are identified by students

as transformative experiences that shape their future practice. The impact of caring for people who are dying is considered, and students are encouraged to be self aware, and developing critical self reflection skills.

Medical students participate in structured small group learning activities to explore how we can assist patients to negotiate difficult treatment decisions. This includes the right to refuse or withdraw any medical treatment, and food and water. An ethical framework is used to consider these decisions using case based learning – for example negotiating cardiopulmonary resuscitation decision making, artificial fluids, deactivating implanted cardiac defibrillators.

The University considers has the necessary skills and expertise to engage with health professionals and the wider community about end of life decision-making, including deciding to refuse or withdraw treatments. We seek to support WA Health in implementing recommendations around building capacity within health and aged care organisations about end of life decision making, and consider how The University my contribute to health promotion in this area.

Medical and Nursing students engage in interactive lectures, and patient based learning to become competent in the basic management of symptoms that a dying person may experience. Terminal sedation is addressed specifically, with reference to WA Evidence Based Guidelines for Symptom Control and the End of Life and the Australian and New Zealand Society for Palliative Medicine Guidance Document on Palliative Sedation Therapy. The ethical and legal considerations, impact in the patient, family, carers and staff is explored, as well as a basic understanding of pharmacological options.

Recommendations 19 to 24: Voluntary Assisted Dying

The University is committed to engaging with relevant Parliamentary Committees, WA Health, health care services, and the broader community during the implementation of this framework. The University supports the recommendation that health professionals are not compelled to participate in the voluntary assisted dying framework. The Catholic Moral tradition that individual health professionals and institutions may abide by, values the inherent dignity, uniqueness, and sacredness of all human life from conception to death. This fundamental belief is not compatible with voluntary assisted dying, and the University strongly supports the rights of health care professionals to choose not to engage in this process.

It is important that individuals who choose to seek out voluntary assisted dying are able to access palliative care, and that this is not a barrier to having palliative care needs met.

The University is keen to support the WA Cancer and Palliative Care Network's strategic plan for implementing education about voluntary assisted dying in WA, such that consistent and accurate teaching can be planned and delivered across health and legal professions.

(b) *the delivery of the services associated with palliative care funding announcements in 2019–2020*

(c) *the delivery of palliative care into regional and remote areas*

(d) *the progress on ensuring greater equity of access to palliative care services between metropolitan and regional areas*

The issues described in points c to d are described above as they pertain to The University as they relate to Recommendations made by the Joint Select Committee for End of Life Choices.

Conclusion

The University of Notre Dame Australia is committed to equipping graduates with the medical, ethical, and legal and social requisites for building capacity within our health and broader communities in the areas of end of life care, palliative care, and advance care planning. We look forward to supporting the WA Cancer and Palliative Care Network in implementing the recommendations described above, with a particular focus on planning and delivering education in response to the recommendations. Our expertise in health, law and philosophy and strong focus on inequities in health faced by Indigenous and rural Australians positions us to participate meaningfully in measures undertaken to improve access to palliative care and advance care planning.