Catholic Health Australia

Catholic Health and Aged Care Services in Australia

Our Enduring Commitment to End-of-Life Care

As Australia's largest non-government grouping of health and aged care services, Catholic Health Australia accounts for approximately 15 per cent of hospital-based healthcare in Australia. Our members also provide around 25 percent of private hospital care, five per cent of public hospital care, 12 per cent of aged care facilities, and 20 per cent of home care and support for the elderly.

Foreword

The work of Catholic health and aged care services rests on a compassionate and courageous ethic of care, which is centered on recognition of the dignity of each person. This means that we honour each and every person whose care our services are entrusted with. It also challenges us to consider how we contribute to caring for the sick and vulnerable in our society, with so many people without access to adequate health or aged care, especially near the end of their life.

Australian history bears witness to our ethic of care in action: for almost two centuries our services have been responding to the suffering of those we serve at all stages of life, often with a special focus on those who are forgotten or cast aside by others. The reputation of Catholic services as places of hospitality and healing is testament to this. All this rests on a long tradition of care that it is at the heart of the Christian tradition: the very first hospitals were places of healing and hospitality, established in the first centuries of Christianity by communities who took up the Gospel challenge to "heal the sick" with courage and vision.

We share a commitment to these values of healing and hospitality with the Hippocratic tradition of medical practice, which has its beginnings over 2,000 years ago, and continues today in the many practitioners and providers – secular and religious – who direct their efforts to the provision and advancement of health and aged care that is orientated to the goals of healing and hospitality.

These traditions of care place special emphasis on serving those who have a life-limiting illness and/or are nearing the end of their lives. Our *Code of Ethical Standards for Catholic Health and Aged Care Services in Australia* guides us: to heal and never to harm; to relieve pain and other physical and psycho-social symptoms of illness and frailty; to withdraw life-prolonging treatments when they are ineffective or overly burdensome or when a person wants them withdrawn; and to never abandon patients.[1]

We continue our long commitment to improving this care through research and advancement, and we endeavour to do whatever we can to ensure that it is available to all people who need it.

Though our services always strive to ensure that those in our care die in comfort and with dignity, a consistent feature of our ethic of care is that we do not assist them to end their own lives or do that for them.[2]

Our position is consistent with the Hippocratic ethic and is shared by the Australian Medical Association and the World Medical Association.[3]

The passing of Voluntary Assisted Dying (VAD) Acts in all Australian States has led our services to refresh our ethic of care in the context of newly legal possibilities that do not align with it. Responding to these challenges has been a collaborative effort among our members.

We are proud to provide you with CHA's work to date and give you an overview of what remains ahead. Our main focus is not on this legislation, but rather on ensuring that our ethic of care continues to serve those who need it.

"Our care for people who are sick, frail, aged or disabled is founded on love and respect for the inherent dignity of every human being."

FOOTNOTES

1. Catholic Health Australia, *Code of Ethical Standards for Catholic Health and Aged Care Services in Australia* (Deakin West: Catholic Health Australia, 2001), Part 2, no. 1.13; 1.14; 1.15; 1.16; 5.21.

Available at https://www.cha.org.au/code-of-ethical-standards

2. *Code of Ethical Standards*, Part 2, no. 5.20

3. See the Australian Medical Association Position Statement on Euthanasia and Physician Assisted Suicide (2016).

Available at https://ama.com.au/position-statement/euthanasia-and-physician-assisted-suicide-2016;

World Medical Association, Resolution on Euthanasia (2013).

Available https://www.wma.net/policies-post/wma-resolution-on-euthanasia/

JENNY PARKER
Chair
Catholic Health Australia
November 2023

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November 2023

Select Milestones of Palliative Care

	Indigenous communities in Australia and around the world establish rituals and remedies to care for the sick and dying.
460-370 BCE	The Hippocratic school of medicine and ethic of care begin in Ancient Greece.
4-35 CE (APPROX.)	Jesus of Nazareth's ministry includes a call for his followers to focus on responding to the poor, sick and vulnerable, continuing the long tradition established by the prophets of Ancient Israel.
100-500 CE	Early Christian communities see the care of the poor and suffering as core part of their mission.
1000-1200	Religious groups establish outposts recognising the need for care for the dying.
1838	Irish Sisters of Charity arrive in Australia with a mission to care for the poor, including the sick and dying.
1846	Sisters of Mercy arrive in Australia.
1857	Sisters of Charity establish first St Vincent's hospital in Sydney.
1890	Sisters of Charity establish Sacred Heart Hospice in Sydney incorporating palliative consultative and teaching services.
1895	Sisters of St John of God arrive in Perth and found numerous hospitals and schools.
1906	Sisters of Mercy open first Mater hospital in Brisbane.
1920	Sisters of Mercy open St Benedict's hospital in Malvern, Victoria.
1948	Sisters of the Sacred Heart of Jesus arrive in Australia and establish Cabrini Health.
1958	Dame Cicely Saunders forms an international network, including Australia, of practitioners who actively seek to adopt palliative practices grounded in nursing care, education and research.
1970	Home care services for the sick and dying are pioneered by Little Company of Mary services.
1988	*Medical Treatment Act* passes in Victoria, providing patients the right to refuse treatment. Similar legislation follows in other states and territories.
1989	Australian Government announces Medicare Incentive Package to fund home care palliative care programs.
1991	Australian Association for Hospice and Palliative Care (now Palliative Care Australia) established.
1994	First palliative care guidelines published entitled Standards for Hospice and Palliative Care Provision.
2005	Palliative care recognised as a medical speciality by the Australian Government.
2017	Victoria Parliament is the first state to pass *Voluntary Assisted Dying* laws. Similar legislation follows in other states.
2017	*Medical Treatment Planning and Decision Act* comes into effect.
2018	Catholic Health Australia established Victoria's "*Voluntary Assisted Dying Act (2017)* CHA Response Taskforce". Similar taskforces follow in other states.
2019	CHA hosts its first whole of sector training seminar for responding to VAD. This training becomes a regular state-based feature of CHA's educational offerings.
2019	CHA launches Making Peace: Palliative Care in the Catholic Sector, and a suite of materials in response to Victorian VAD legislation.
2022	Calvary Health together with Mercy Health launch their campaign "I am living: talking about life before death", a series of interviews and resources about end-of-life experiences.
2023	CHA commences information series "Guiding Lights: Expert perspectives on palliative care and end-of-life support".
Ongoing	An ongoing commitment to excellent end-of-life care for all.

Excellence in End-of-Life Care:

A Restatement of Core Principles in Relation to VAD

1. Medicine's long-standing Hippocratic ethic informs the care we provide to all our patients and residents. That is, we put into practice the ancient commitment of the medical profession to cure where possible, to care always and never intentionally to bring about death.

2. Our clinicians are trained to provide effective pain management and to respect patients' decisions (or, if they are not competent, their substitute decision-maker's decisions) to forgo treatments that are too burdensome or ineffective: in doing so, our clinicians act in accordance with the needs and preferences of the patients.

3. The central commitment of our ministries is to healing, which is also the central commitment of the profession of medicine. With this as our foundation, we always strive to ensure that, when our patients or residents are dying, they die in comfort and with dignity. We share the view of those many health care practitioners and organisations that interventions designed to end a patient or resident's life are inconsistent with a commitment to healing and, as such, are not expressions of health care or medicine. Such practices are inconsistent with our *Code of Ethical Standards.*[4]

   Our clinicians do not and will not provide interventions designed to bring about the death of their patients or residents. Nor do they assist patients or residents to take their own lives.

   It is these practices which are made legal under the collective name of 'Voluntary Assisted Dying'[5] in all state jurisdictions. Elsewhere such interventions are referred to as "euthanasia" and "physician-assisted suicide".

4. We will honour our long-standing practice of having open and sensitive discussions with those within our care and their families about their treatment and their care, including where they disclose that they are considering requesting VAD. If a patient, resident or their family initiates such a discussion, we will respond to it openly and sensitively while making clear we will not participate in, provide or refer for these interventions. We will ensure that clear processes are in place to respond to the results of these discussions if a person in our care wishes to seek out VAD from another provider.

5. We will not facilitate or participate in assessments undertaken for the purpose of a patient or resident having access to or making use of the interventions allowed under Voluntary Assisted Dying Acts, nor will we provide (or facilitate the provision of) a substance for the same purpose.

6. Our care is based on trust. We will continue to commit to and implement our ethic of care. We know this to be the best way to respond to the needs of people who have a life-limiting illness and/or are nearing the end of their lives. We will continue confidently to welcome all people into our care.

Excellence in end-of-life care in the context of Catholic Health, Aged Care and Community Services

Catholic health and aged care services are committed to the ethic of healing, the ethic which is found in both the Hippocratic tradition of medical practice and the long Christian tradition of providing care to those who need it, especially for poor and vulnerable people. The main features of this ethic as it pertains to people who have a life-limiting illness and/or are nearing the end of their lives are set out in the *Code of Ethical Standards for Catholic Health and Aged Care Services in Australia.*[6]

These features include commitments: to heal and never to harm; to relieve pain and other physical and psycho-social symptoms of illness and frailty; to withdraw medical interventions treatments when they are ineffective or overly burdensome or when a person wants them withdrawn and gives informed refusal of these treatments; and to never abandon patients.[7]

We are always committed to improving care at the end of life. In addition, we do whatever we can to ensure that such care is available to all people who need and want it.

Though we always strive to ensure that those in our care die in comfort and with dignity, we do not assist them to end their own lives or do that for them.[8] We will continue to promote and provide healthcare that is consistent with our Hippocratic commitment and ethic of care, and which avoids harm, especially to those most vulnerable.

FOOTNOTES

4. Catholic Health Australia, *Code of Ethical Standards for Catholic Health and Aged Care Services in Australia* (Deakin West: Catholic Health Australia, 2001), Part 2, no. 1.13; 1.14; 1.15; 1.16; 5.21.

Available at https://www.cha.org.au/code-of-ethical-standards

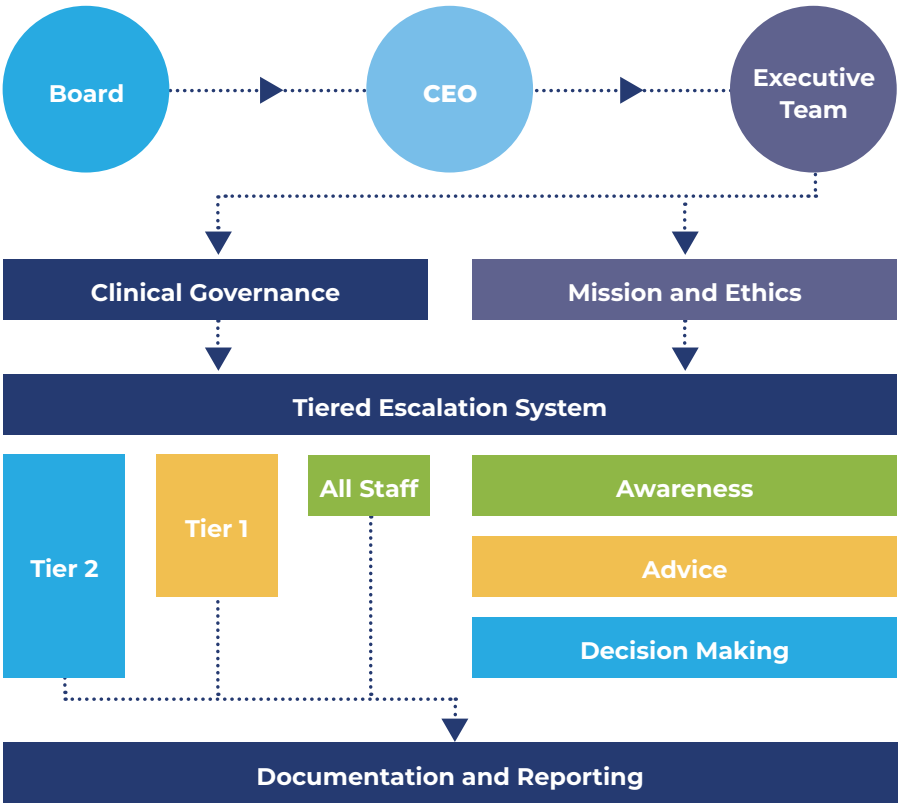
5. *Voluntary Assisted Dying Act 2017* (Vic), Part 1, Section 3.

6. *Code of Ethical Standards*, Part 2, no. 1.13; 1.14; 1.15; 1.16; 5.21.

7. *Code of Ethical Standards*, Part 2, no. 1.13; 1.14; 1.15; 1.16; 5.21;

8. *Code of Ethical Standards*, Part 2, no. 5.20

Clinical Governance Framework



In recognising the significance of the Voluntary Assistance Dying Acts and its potential impact for patients, residents and staff, CHA supports a common approach to clinical governance which enacts our ethic of care.

This begins with each facility selecting a dedicated executive as the sponsor overseeing the VAD response process, with regular reporting to the CEO and Board as relevant. It also includes a tiered escalation system for any issues which arise related to VAD, to ensure that appropriate care services and expertise are available to patients, residents and staff.

Figure 1: Tiered Governance Framework

Tiered System

	ALL STAFF	TIER 1	TIER 2
AWARENESS			
Awareness of organisational position	✓	✓	✓
Awareness of relevant legal provisions around VAD	✓	✓	✓
Awareness of documentation requirements	✓	✓	✓
Awareness of escalation requirements	✓	✓	✓
ADVICE			
Management of sensitive discussions and address end of life concerns	x	✓	✓
Provision of advice on end-of-life care options	x	✓	✓
Connection of patients / residents / clients to end-of-life care options	x	✓	✓
DECISION MAKING			
Management of complex cases	x	x	✓
Escalatation to and Informing of relevant stakeholders	x	x	✓
Management of risks	x	x	✓
Commission of expert advice as required	x	x	✓

CHA recommends a tiered approach as a common, structured escalation system to provide clinical support.

This approach acknowledges that different scenarios may arise and will require different levels of competency in response to VAD-related clinical issues. These range from basic competencies which all staff should be familiar with to more complex competencies which will be required in certain complex cases.

The establishment of such an approach is adapted for the specific needs of acute care, sub-acute care, aged care, and community care environments.

Table 1: Capability Framework for Tiered Governance System

Our Future Commitment

Our health and aged care providers will continue to provide care which attends to the dignity of each person at the end of their life.

If a patient or resident of a Catholic service is considering or actively pursuing a VAD pathway, CHA providers do not change their commitments to their provision of care. We do not abandon our patients.

CHA members are committed to ensuring that all people who need excellent end of life care are able to receive it.

We are committed to providing this care within our services, and advocating for it in public and political life, particularly where gaps in services or funding exist.

While we do not provide VAD, our commitment to patients or residents who are pursuing this intervention does not change: we will continue to offer our care to all who need it and will benefit from it.

Catholic Health Australia

FOR MORE INFORMATION ON THIS WORK PLEASE CONTACT:

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Feedback

Your feedback is important to us.
Please scan the **QR Code** with your phone camera to access our brief survey.

Thanks

Catholic Health Australia thanks its members from across the heath and aged care sector for their commitment to end-of-life care.

Amelie Housing
Cabrini Health
Calvary Ministries
Archdiocese of Melbourne
Archdiocese of Sydney (CatholicCare)
Cardinal Stepinac Village
Catholic Healthcare Ltd
Catholic Homes Incorporated
Catholic Religious Australia
Centacare Brisbane
Daughters of Charity of St Vincent de Paul (St Catherine's Aged Care Services)
Diocese of Lismore
Diocese of Port Pirie
Franciscan Missionaries of Mary
Franciscan Missionaries of the Divine Motherhood
Franciscan Sisters of the Heart of Jesus
Little Sisters of the Poor
Mary Aikenhead Ministries (St Vincent's Health)
MercyCare Limited
Mercy Ministries Companions
Mercy Partners (Mater)
Mount La Verna Retirement Village Inc
Ozcare
Queensland Hibernian Society
Scalabrini
Sisters of St Paul De Chartres
Southern Cross Care (Broken Hill) Ltd
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Southern Cross Care (QLD) Inc
Southern Cross Care (SA & NT) Inc
Southern Cross Care (Tas) Inc
Southern Cross Care (WA) Inc
St John of God Health Care
St Vincent De Paul Queensland
St Vincent De Paul Society
Trustees of Catholic Aged Care Sydney
Villa Maria Catholic Homes
UnitingCare Queensland Hospitals

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