
Title: Advance Care Planning Policy

Division: All including MPHI / Mercy Health Aged Care

Approved by: Chief Executive Officer



Purpose

End of Life Care is care which is planned and delivered to persons who are living with, and impaired by, an eventually fatal (or terminal) condition. Advance Care Planning is an essential component of End of Life Care.

Mercy Health upholds and honours each person from their natural beginning to their natural end. In accordance with Catholic teaching, we hold that each person has a moral responsibility to use those means of sustaining life that are effective, not overly burdensome and reasonably available ('ordinary' or 'proportionate' means). Equally, each person has a moral right to refuse any treatment that is futile, overly burdensome or morally unacceptable ('extraordinary' or 'disproportionate' means).

This policy is intended to encourage appropriate health care professionals to hold timely discussions with patients/residents/clients and their families about plans for their future health care. This policy provides the foundations for an approach that enhances care first, respect for patient/resident/client's wishes, and best practices during all stages of life and mental and physical health conditions.

Advance Care Planning is the process of planning for future health and personal care. A person's values, beliefs and preferences are made known so they can guide future clinical decision making when the person cannot make or communicate decisions due to lack of capacity. Advance Care Planning includes making choices about the medical, physical, spiritual and religious care the person wishes to receive, especially as they approach end of life. Everyone should undertake Advance Care Planning but it is particularly relevant for those who are elderly or unwell. Appropriate health care professionals should provide information and support as someone undertakes Advance Care Planning. Family and friends should be involved.

In accordance with Catholic ethical principles and in order to respect a person's dignity, Mercy Health seeks to ensure that appropriate treatment is not withdrawn from a patient/resident/client with the intention of causing death. Mercy Health also seeks to ensure that a patient/resident/client does not receive inappropriate care that may impose unnecessary suffering as his or her life draws to its natural end.

An Advance Care Plan should not be confused with Advance Statements in Mental Health.

Who Must Comply

All staff of Mercy Health providing clinical care to patients/residents/clients.

Policy

1. In order to meet end of life wishes designated staff are required to take an active role with patients/residents/clients and their families to assist them to consider and express their informed, free and autonomous preferences about their future health care needs and treatment goals when completing an Advance Care Plan.
2. Advance Care planning is intended to provide support, comfort and a degree of clarity in the decisions they may want to make and to allay any fears or concerns they hold about their future care.

This includes:

Title: Advance Care Planning Policy

Division: All including MPHI / Mercy Health Aged Care

Approved by: Chief Executive Officer



Mercy Health
Care first

- Those means of sustaining life that are effective, not overly burdensome for the person, and reasonably available ('ordinary' or 'proportionate') should not be refused by patient/resident/client or their appointed decision maker;
 - Relief from pain, suffering and discomfort should not be refused or withheld by the treating team;
 - Reasonable provision of fluid and food (oral and/or clinically assisted) should not be refused or withheld by the treating team;
 - The patient/resident/client cannot be refused palliative care.
3. Mercy Health encourages patients/residents/clients to appoint a Substitute Decision Maker and to speak with their Substitute Decision Maker about their values and wishes.
 4. In the event that the patient/resident/client lacks competence, decisions may be made by the person holding the Enduring Power of Attorney (Medical), Guardian or Person Responsible as the person's representative.
 5. The priority in Advance Care Planning is to have ongoing conversations with the patient/resident/client and their family, not simply to fill in a form. Documentation and forms can record ongoing conversations but must never replace them.
 6. Each clinical area, as appropriate, will need to develop its own departmental procedure which must comply with this policy. Each area shall identify the patients/residents/clients to whom Advance Care Planning may apply and the particular health care professionals responsible for holding these conversations.

CARDIOPULMONARY RESUSCITATION (CPR) AND MEDICAL INTERVENTIONS

1. The completion of the cardiopulmonary resuscitation / medical interventions forms should be completed within the context of advance care planning conversations with the relevant medical staff responsible.
2. If the patient/resident/client wishes to refuse treatment or is unsure of the consequences of their decision, then discussions will need to be held with the appropriate medical practitioner.
3. Where there is an Enduring Power of Attorney (Medical Treatment) who states that the patient/resident/client does not wish to be resuscitated, they are to be directed to the appropriate medical practitioner who may choose this option on the form for non-competent patients/residents/clients where appropriate.

Definitions

<i>Term</i>	<i>Definition</i>
Advance Care Plan	<i>A Mercy Health approved, written document that clearly outlines how a patient/resident/client will be cared for in the event of a life threatening condition and/or end of life phase</i>
Advance Care Directive	<i>A written document that allows a patient to give explicit instructions about medical treatment to be administered when the patient is terminally ill or permanently unconscious.</i>
Burdensome	<i>Causing an unacceptable degree of distress. The burden of treatment to be properly taken into account may include pain, discomfort, loss of lucidity, extreme agitation, repugnance or cost</i>

Title: Advance Care Planning Policy

Division: All including MPHI / Mercy Health Aged Care

Approved by: Chief Executive Officer



	<i>to the patient/resident/client or, in some cases, excessive demands on the family, carers or healthcare resources</i>
Competent	<i>Possessing sufficient cognitive ability to understand an issue, problem or situation; to make a decision concerning it; and to understand and appreciate the potential consequences of the decision. A person is not competent to consent to medical treatment if he or she: a) is incapable of understanding the general nature and effect of the proposed treatment: or b) is incapable of indicating whether or not he or she consents to the treatment</i>
Futile	<i>Treatments that provide no benefit to a particular patient/resident/client, and are of no value in slowing down the progress of disease, sustaining their life or relieving their distress or discomfort.</i>

Key Legislation, Acts, Standards & References

1. Catholic Health Australia (2001) Ethical Standards for Catholic Health and Aged Care Services in Australia.
2. Catholic Health Australia & Australian Catholic Bishops Conference A Guide for people considering their future health care.
3. McGovern K (2008) Ethical Aspects of Advanced Care Planning Chisholm Health Ethics Bulletin 14, no 2: 1-6.
4. Medical Treatment Act 1988.
5. Department of Health and Ageing (1998) Standards and Guidelines for Residential Aged Care Facilities
6. St Vincent's Hospital Melbourne (2013) Care Planning in Advance Policy
7. Advance care planning: have the conversation. A strategy for Victorian health services 2014-2018

Acknowledgements

Father Kevin McGovern
Director
Caroline Chisholm Centre for Health Ethics

Link with Organisational Values

Respect

- *In articulating an open and inclusive approach to practice, this policy fosters respect by recognising the uniqueness of individuals and working in a way that retains dignity and respect.*

Title: Advance Care Planning Policy

Division: All including MPHI / Mercy Health Aged Care

Approved by: Chief Executive Officer



- This policy promotes **respect** for the dignity of each individual through its emphasis on openness, integrity and justice in our practice.

Keywords

Death, dying, advance care plan

Links to Related Documents

- Aged Care Services Advance Care Planning Procedure

Version History / Author / Contributors

V.	Date Created (MM/YYYY)	Sections Changed	Created/Amended by
1	09/13	Creation of a policy across Mercy Health Aged Care	Manager Mercy Palliative Care and Advance Care Planning Committee
	2/14	Review of Aged Care policy to make applicable to all of Mercy Health	MPHI ACP Working Group and Mercy Health Aged Care ACP committee. Approved by Ethics Committee. Table at Board meeting 6 May 2014