

Purpose

Mercy Connect is committed to promoting the best possible quality of life for participants who have a life-limiting illness or are in the most advanced stages of ageing. We place a high priority on working collaboratively with individuals, their families, and significant other people in their lives throughout all phases of end-of-life care.

This guideline will support participants to be empowered and direct their own care, wherever possible and ensure that care is aligned with the needs, values and wishes of the participant, and their family or carers. A participant's needs, goals and wishes at the end of their life may change over time, and Mercy Connect's person-centred approach to end of life care will ensure that our participants' changing needs are met. This document will also guide staff in supporting the participant and their families through planning and implementation of end-of-life care.

Scope

This guideline applies to all staff including permanent and casual, contract workers and volunteers.

Definition

End of life is defined as "when a person is living with, or impaired by, a fatal condition, even if the trajectory is unknown" ^[^1]. More specifically, "people are approaching the 'end-of-life' when they are likely to die within the next 12 months. This includes people whose death is imminent and those with:

- Advanced, progressive, incurable conditions
- General frailty and co-existing conditions that mean they are expected to die within 12 months
- Existing conditions, if they are at risk of dying from a sudden acute crisis in their condition
- Life threatening acute conditions caused by sudden catastrophic events" ^[^2].

End of life care is the care and services for people who are facing the end of their life. It includes physical, spiritual and psychosocial assessment, and care and treatment delivered by health professionals and other support staff, It also includes the support of families and carers and grief and bereavement support.

End of life care encompasses 'the broad set of health and community services that care for the population at the end of their life. Quality end of life care is realised when strong networks exist between specialist palliative care providers, primary generalist providers, primary specialists and support care providers and the community work together to meet the needs of people requiring care"^[^3].

Guidelines

- Once it is recognised that a participant is approaching end of life, it is important and good practice to have discussions about, and record, the person's values, wishes and expectations in relation to end of life. This knowledge ensures that the family, friends, and those providing care are aware of the person's wishes.
- The recording of end of life care decisions can occur in many different ways for example, formally (medically authorised and legal documents/instructions) or informally (such as gathering ideas in the planning process). The planning process can be facilitated using Person Centred Planning tools.
- Use the person's preferred communication method to maximise participation in end of life care planning and keep the person at the centre of the conversation and decisions.
- When a participant is diagnosed with a life limiting illness, the team leader or manager must consult with their medical professionals to determine if and when to engage palliative care services.

[^1,2,3^] End of Life Directions for Aged Care. "Recognise End of Life." [source link]

- A palliative care service will assess the needs of the participant and develop a care plan in consultation with person and their family, carers, guardians and other medical professionals.
- Palliative care planning in supported accommodation must address the following:
 - The capacity for staff to provide care.
 - Staff supports such as regular staff meetings, debriefing sessions and **Employee Assistance Program** (there is a link to AccessEAP on the Mercy Connect intranet).
 - The need to temporarily transfer staff unable to cope with providing palliative care.
 - The coping capacity and support mechanisms of co-residents
 - Ongoing reviews in relation to such areas of care as manual handling and infection control requirements.
- The person's preferences for end-of-life care could include some of the following:
 - What the person would like to do or achieve in the final stages of life.
 - Recording their life history and important memories, including the family's story.
 - Spiritual and cultural needs and rituals, traditions, and taboos.
 - Where the person would like to spend their final days and with whom.
 - Treatment goals and feeding alternatives the person would prefer as their health diminishes.
 - The decisions that need to be made and how the person would like to be involved in the process.
 - Identifying an individual responsible to make medical and treatment decisions for the person.
 - Plan for dispersing the person's belongings and precious items after death.
 - Choosing an individual to help arrange their finances and other affairs.
 - The person's preferred arrangements at death – ceremonies, rituals, music, readings, style of funeral, place of burial or instructions for ashes.
 - How the person would like to be remembered.

Voluntary Assisted Dying (VAD)

Mercy Connect, guided by a rich tradition of compassionate care, places a high priority on working collaboratively with individuals, their families and significant other people in their lives throughout all phases of end-of-life care.

Our values reflect the ethos of the Sisters of Mercy; to enhance the well-being of others in our support, inspired by Catherine McAuley's legacy, guiding and empowering us to be better. Our Mercy-led actions of compassion, hospitality, respect, innovation, teamwork and accountability bring us together in life and work.

However, it is important to note that Mercy Connect, in alignment with the Australian Medical Association and the World Medical Association, does not consider the prescription or administration of a lethal substance as part of our definition of end-of-life care. This stance contrasts with the provisions legalised under the NSW Voluntary Assisted Dying (VAD) laws.

As of November 28th, 2023, the legislation grants providers the choice to participate in the state's VAD system. In line with our principles, Mercy Connect has decided not to provide VAD services at any of our facilities. While we do not offer VAD services internally, we understand that some participants may wish to explore this option. Mercy Connect is dedicated to handling such inquiries with compassion and respect, maintaining an open dialogue to address any concerns or questions.

Mercy Connect acknowledges that some people have a legal right (where legislation allows) to consider VAD and if a participant wishes to access VAD from another provider, we fully respect their autonomy and will facilitate a smooth transition, consistent with our mission and values. Our commitment to caring for participants considering or pursuing VAD remains unwavering, and we will adhere to all relevant NSW legislation.

A staff member who receives a direct request from a participant or their family for information related to VAD must always treat the person with compassion and respect irrespective of their own views regarding VAD. It is important that staff do not actively participate in the conversation but inform their direct line manager who should refer the person on to their medical practitioner for further discussion and assistance.

Resources

Journey to Dreaming Toolkit – guide for Aboriginal people through end-of-life care.

<https://www.ahmrc.org.au/wp-content/uploads/2021/06/Final-Journey-to-dreaming-toolkit.pdf>

Relevant Legislation and Policy

Universal Declaration of Human Rights

United Nations Convention on The Rights of Persons with Disabilities

National Standards for Disability Services

Health and Well-being Policy

Choice and Control Policy

Worker Counselling and Debriefing Policy

Voluntary Assisted Dying Act 2022 No 17

Relevant documentation

End of life planning template

Approvals

Action		Signature
Reviewed by	Felicity Lawes; Trent Dean; Jessie Arney	
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Authorised By	Caroline Cummins	

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