Respecting Patient Choice News

SPRING 2006

Federal Health Minister launches RPC DVD at The Canberra Hospital

The Canberra Hospital was the venue for the dual launch of the ACT RPC Program and the National launch of the Respecting Patient Choices Advance Care Planning for all Australians DVD.

The Hon. Mr Tony Abbott, launched the RPC DVD and Dr Tony Sherbon CEO ACT Health launched the ACT RPC Program on May 4th 2006.

The launch was well attended and the distinguished guests included Ms Anita Phillips, the Public Advocate of the ACT, Ms Nola McDonald Acting Director of Palliative Care, Australian Government, Department of Health and Ageing, and Dr William Silvester, Respecting Patient Choices Program Director.

Dr Margherita Nicoletti, Clinical Leader of the ACT Program spoke about the importance of a system that respects and responds to patients’ wishes and values regarding their end-of-life care. Whilst highlighting the expected outcomes of the program, Dr Nicoletti said “We expect a shift in the focus of care towards patients’ preferences” and “Puts the patient squarely in the centre of medical decision-making”.

The following day saw the Austin team commence the RPC Consultant training course for 20 enthusiastic RPC consultants. The next training course at TCH is scheduled for early August, which will be conducted by the 6 RPC Trainers who received trainer certification in May.

Respecting Patient Choices is being piloted in three wards at The Canberra Hospital: Thoracic Medicine, Oncology and Aged Care.
**RPC at Interstate Sites**

**Hobart, Tasmania**

In 2005 under the National Palliative Care Program, through the Australian Government Department of Health and Ageing, the Royal Hobart Hospital was selected to implement the Respecting Patient Choices (RPC) Program as a pilot in Tasmania. A large amount of hard work has since ensued, with the development of a Project Team and relevant committees including a Steering Committee, Reference Group and Ethico-legal committee. The RPC Consultants Manual and other advance care planning documents have been modified to meet Tasmanian legislative requirements.

The Austin Health team visited Hobart in early April 2006 and delivered training to 32 staff from a range of backgrounds including medical, nursing and allied health. Eight staff were trained as “RPC Trainers” and are now involved in delivering the locally run courses. The Program was implemented on 10 April 2006 on 4 wards of the RHH including 3 general medical inpatient wards (each of these wards also delivers some speciality services) and 1 inpatient oncology ward. Further RPC Consultant training courses were held in June and July and another course is scheduled for August 2006. We anticipate that we will have trained approximately 120 staff by the end of August 2006.

Tasmania is privileged to have existing legislation in the form of the Guardianship and Administration Act (1995) that supports advance care planning in the form of Enduring Guardian appointments with the provision to make specific directions around medical and lifestyle decisions. The Respecting Patient Choices Program supports this legislation and the right of individuals to plan in advance regarding health care and other lifestyle decisions.

The Program has, to date, received a positive response from patients, families and staff. This kind of program is “long over due” seems to be a consistent sentiment echoed by staff at the hospital. Particularly pleasing has been the response from the community sector, with the Southern Tasmanian Division of General Practice and associated Residential Aged Care Facilities (RACFs) already nominating advance care planning as a priority area, and as such are very keen to be involved in the community roll-out phase of the Program.

Palliative Care Services (Statewide) have also expressed an interest in being part of the Program. Staff from each of these areas have also attended Tasmanian training courses and will continue to do so.

Our recommendation for the Program involves ongoing implementation at the RHH beyond the current 4 pilot areas, roll out to GPs, RACFs, Palliative Care Services and regional Tasmania. We are currently in the process of evaluating the Program and hope to report some significant results in the upcoming months. To date (end of July 2006) approximately 93 patients have participated in the Program and approximately 157 discussions have taken place. We are also in the process of compiling a business case that will document our achievements/outcomes with the pilot program, roll-out recommendations and outline our ongoing funding options/requirements. We hope to receive support for the continuation of the Program beyond the pilot in order to achieve the recommendations as listed above.

We hope to report even more positive results from the implementation and evaluation of this program soon!

Tracey Turner, BSW, Project Officer, Royal Hobart Hospital

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**Contacting Interstate RPC Sites**

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- RPC Program

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- RPC Project Manager - Department
- Community & Geriatric Medicine
- Alma Street
- Fremantle WA 6959
- 08 9461 6779

John Hunter Hospital
- RPC Project Officer
- C/- Room 6246 E Block
- Locked Bag No. 1
- New Lambton NSW 2305
- 02 4921 4776

The Queen Elizabeth Hospital
- RPC Project Officer
- 5th Floor (SB)
- Main Building
- 28 Woodville Rd
- Woodville SA 5011
- 08 8222 7461

Royal Hobart Hospital
- RPC Project Officer
- Liverpool Street
- Hobart TAS 7000
- 03 6222 8472

**The Townsville Hospital**
- RPC Project Officer
- Palliative Care Department
- 100 Angus Smith Drive
- Douglas North QLD 4814
- 07 4776 1655

**RPC Website:** www.respectingpatientchoices.org.au
Darwin, Northern Territory

After months of preparations, the RPC Program was officially launched at the Royal Darwin Hospital (RDH) on July 10th 2006. Medical Superintendent at RDH, Dr Len Notaras opened proceedings and Mr Kiely, MLA, briefly outlined the Program before launching it. Dr William Silvester spoke of the positive outcomes gained by other RPC Programs across Australia. The Clinical Leader, Dr Barbara Bauert, Project Officer Simon Murphy, Steering Committee members, RDH Staff and the team from Austin Health tucked into a typical Darwin Barbie for lunch ….. minus the beer!

This nationwide Australian Government initiative has reached the final state/territory and is now being rolled out at RDH. Initial training of 24 RPC Consultants has been completed, with 4 Consultants also successfully completing the Trainers Course. Austin Health provided invaluable support, with assistance and guidance provided by Dr William Silvester, Sara Kirsner, and Liz Stickland. As a bonus, the Austin Health team were treated to a week in gorgeous dry season Darwin. We hope that they all managed to mix some pleasure in with the work!

The Top End Division of General Practice presented an informative evening to demystify the issues surrounding Advance Care Planning, Guardianship and Power of Attorney in the NT to coincide with the launch of the RPC Program at RDH. The information evening was structured around a presentation by Dr William Silvester and a panel discussion followed. The evening was attended by 39 GPs and Aged Care Facility staff and was well received, with a reported high level of understanding of the RPC Program.

RPC Consultants are now implementing the Program in 2 Medical wards at RDH. Advance care planning discussions have now commenced some patients have completed Advance Care Plans. One Tribal Elder from Elcho Island has take the advance care planning forms back to family for discussion and consultation. Dialogues with urban dwelling ATSI have also begun.

It has become apparent that we will require an Indigenous specific approach for our ATSI patients, who make up between 40 – 60% of our patient base at any one time. Accessing funding for this is currently being considered. In the meantime, we will utilise our Aboriginal Liaison Officers, Interpreters, and Aboriginal Health Workers that were trained as RPC Consultants in July.

Planning has commenced for our next RPC Consultants Training course, scheduled for October. Community interest has been amazing, with letters to the Editor illustrating just how much work we still have ahead of us. Community Nurses are keen to commence the process, and have attended an In-service conducted at Palmerston Community Health Centre.

Implementing RPC in the Northern Territory will be challenging. Language barriers, cultural diversity, and the tyranny of distance will impact on communication. Transferring documentation successfully will be a significant test. Educating RDH Staff, the urban community and the remote clinics will require much preparation and effort. The process is now in motion. We will knuckle down and get on with it!

Lyn Kerr
Acting RPC Project Officer RDH

Ms Sara Kirsner, RPC Project Officer; Dr Barbara Bauert RDH Clinical Leader; Dr William Silvester, RPC Director; Ms Liz Stickland, RPC Program Manager and Simon Murphy, RPC Project Officer, RDH.
Case Study

Mrs B was a 78yo lady who had a long medical history of chronic illness. Her medical history included: Diabetes, Ischaemic Heart Disease, Renal Failure on Haemodialysis, Atrial Fibrillation, COAD, Diabetic Retinopathy and Hypertension. She had osteomyelitis in both feet, and had previously had toe amputations. She had painful leg ulcers (of both legs) and had refused bilateral below knee amputations.

Mrs B was initially introduced to the RPC Program at Austin Health in November 2003. An RPC Consultant supported Mrs B and her family members to discuss Mrs B’s wishes with her treating team, which included nursing, allied health, pastoral care and medical staff. Mrs B completed an Advance Care Plan (ACP) 12 months after the initial discussions were held, she appointed a Medical Enduring Power of Attorney and completed a Statement of Choices (SOC).

In the months following the completion of her Advance Care Plan Mrs B continued to talk to her treating unit about her wishes to stop dialysis. Mrs B stated that she had “had enough” and that the positives in her life no longer compensated for the burden of her dialysis treatment, physical ill health and pain.

Requests on her Statement of Choices included:
• “I want to suffer no pain – I want palliative care”
• “At my funeral I want bagpipes playing Amazing Grace; I want red and yellow roses on my coffin.”

Organ Donation

In response to recent discussion at some RPC Consultant Training Courses the Austin Health team offer the following information regarding organ donation.

In Victoria – the Human Tissue Act (1982) provides the legal framework around organ donation. There are similar Acts in other states/territories. Under the Human Tissue Act, if a deceased person has previously consented (i.e. registered as an organ donor) then tissue donation can occur without family consent. Organ donor services routinely speak to families when a person is pronounced brain dead, and in most circumstances families do not go against the person’s prior wishes to donate their organs. The Act supports the wishes of the individual (the wish to donate) but if family members are distressed and do not consent, then donation will not usually proceed despite that fact the law could override this. It is very rare for family (next-of-kin) to disagree with the known decision of the deceased.