

ANMF (Vic Branch) Policy

FACILITATING QUALITY OF LIFE DECISION MAKING

Facilitating quality of life decision making for the individual will often incorporate applying the Medical Treatment Act 1988 and its successor Medical Treatment Planning and Decisions Act 2016 and Advanced Care Directives.

Health professionals must respect the individual's wishes and acknowledge that those individuals who are deemed competent are able to decide for themselves their quality of life, and the treatment or non-treatment that is best for them.

The Australian Nursing and Midwifery Federation (Victorian Branch) maintains that dignity is central to patient centred care. It follows that dignity is dependent on the individual being able to exercise choice with regard to their treatment and care.

All health professionals must act in accordance with the wishes of the individual, and plan end of life care in accordance with the advanced care directive or plan in order to maintain the dignity of the dying patient. When the decision has been made to no longer pursue active treatment, nurses and midwives provide a vital role in providing comfort and alleviation of symptoms.

It is the policy of the Australian Nursing and Midwifery Federation (Victorian Branch) that:

- a. Education about quality of life and dying with dignity must be a core component of undergraduate nursing curricula, and in relevant continuing education and professional development programmes.
- b. All nurses and midwives must acknowledge and respect the fundamental rights of those in their care.
- c. Patients have the right to be informed about their choices and care options, and must be permitted to exercise their freedom of choice by directing their continued medical interventions and the way in which they want to be treated or cared for.
- d. Patients have the right to refuse treatment. The Medical Treatment Act articulates the rights of persons to refuse further treatment. After being fully apprised of the options and their likely consequences, patients have the right to refuse any recommendations made by health professionals.
- e. Patients have the right to withdraw consent. The patient, in consultation with the medical team, has the right to request, including via an Advance Care Directive or plan, that any treatment including life support may be discontinued once it has begun.

- f. Patients have the right to recommence treatment. If the dying patient feels they have made the wrong choice in requesting cessation of treatment, they can request that treatment be recommenced.

Advances in medical technology have seen a tendency to indiscriminately use the technology without necessarily considering the dignity of the patient. Advancements in medical treatments and use of medicines are often aimed at keeping people alive without considering the quality of life or dignity of the individuals as they determine. Given that the dying patient has the right to refuse treatment, such as artificial measures to prolong life, he/she has the right to withdraw treatment.

The contexts in which nurses work are often characterised by moral uncertainty, controversy, perplexity and disagreement. Underpinning this predicament is recognition that different people can hold quite different though equally valid and warranted moral points-of-view. Respect for differing beliefs and points of view must be acknowledged and accommodated in keeping with the nursing profession's code of ethics¹.

The Australian Nursing and Midwifery Federation (Victorian Branch) Council endorsed the Dying with Dignity Victoria – Respect for the right to choose Legislative Charter in 2006. The Charter is available at <http://www.dwdv.org.au/Docs/DWDVLegislativeCharter.pdf>

¹ NMBA Code of Ethics for Nurses in Australia, 2008