

**Portions of this submission, which were about
Queensland Law Reform Commission recommendations
that were not referred to the committee, have been
deleted from the published version.**

3. The "yellow envelop" only operates for those clients/patients who are residents of an ACF. However this also fails particularly given the example of a patient who was taken by Ambulance to a major teaching hospital where resuscitation was commenced on the patient in ED. By luck, a senior nurse knew the patient and knew that an AHD existed. The Ambulance Officers were instructed to retrieve the 'yellow envelope' from the Ambulance whilst resuscitation was commenced. When the AHD was finally produced the resuscitation was ceased and patient's wishes finally acknowledged. (This example was provided in the public forum).
4. The storing of AHD in prominently marked sleeves in a medical file will only work if that patient/client attends the same hospital each time. Today, with hospitals constantly going on by pass, a patient could live in Ipswich but be taken to Logan or QEII hospital and obtaining the relevant paper work could be delayed because of confidentiality of patient's information remains with the specific hospital not across all of Queensland Health

5.

6.

In summary, there needs to be community consultation on the purpose of AHD so the general public understand why it is imperative to have AHD in the later years of life.

Changed circumstances

Experience dictates that there is discussion by the treating team with the adult or appointed attorney where there may be some confusion or circumstances (advances in medical science have occurred) about the intent of the AHD. There would not be a need to legislate on this matter as my experience indicates that wherever possible Medical Officers seek out statutory health attorneys to obtain consensus. There should be legislation to protect a health worker who has acted in good faith by not following an AHD because of changed circumstances. This would only apply where the Adult or substitute decision maker was not available at the time.

Decisions to withhold or withdraw a life sustaining measure.

The public forum provided some reasonable debate on this matter. In summary, in the Emergency Department is the only time where seconds and minutes matter and having to make quick decisions. In other areas such Intensive Care, the time factor can be hours or days and

such decisions are normally discussed with significant family members. Health professionals are always conscious of the grieving process people go through and respectful of allowing family to come to terms with changes in care.

There was also significant discussion to withhold or withdraw artificial nutrition or hydration. I do not believe that this matter should be legislated on as it is needs to be considered on a 'case by case' basis at all times involving the family.

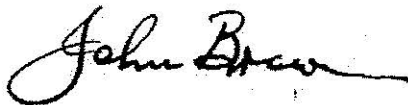
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I trust the above assists in amending legislation.

Sincerely,



John Brown FRCNA
19 December 2011