## 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.

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Sue Cawcutt
Research Director
Health and Disabilities Committee
QUEENSLAND PARLIAMENTARY SERVICE
Parliament House
Cnr George and Alice Streets
BRISBANE QLD 4000

**Dear Ms Cawcutt** 

SJO# 17

RECEIVED

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HEALTH AND DISABILITIES COMMITTEE

11.1.4.3

**Review of Guardianship Laws** 

Following is my personal submission in relation to the review of the guardianship laws.

Nurses work in a variety of settings where clients/patients present for an episode of care and may or may not have an Enduring Power of Attorney (EPoA) &/or Advanced Health Directive (AHD). Presentations can occur at Emergency Department (ED), in a hospital ward, Aged Care Facility (ACF) or in a community setting.

As a result, nurses have to deal with complex care issues that involve family members wanting to be directly involved in the care of their family member or significant other. In many situations, this involves recognising and advocating on behalf of the client/patient about rights and responsibilities.

In respect to changes being proposed to the legislation, the following comments are in reference to the Issues Paper.

Advanced Health Directives.

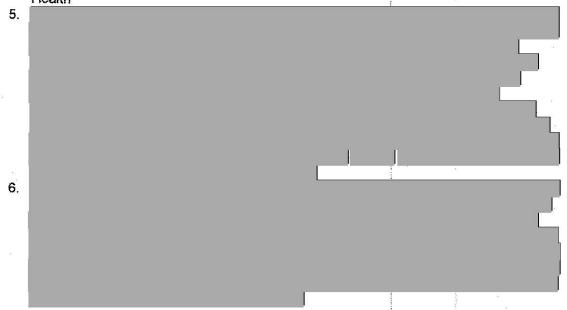
The best way of ensuring a copy of an AHD is available is through proposed 5 Health system.

The best way of ensuring a copy of an AHD is available is through proposed E-Health system attached to a file. However the implementation of E-Health is some time off and there needs to be an alternative way of obtaining an AHD.

Some suggestions for further discussion:

- 1. An 'Alert could be put on the patient's file in HBCIS that would alert ED staff to look in the file for AHD.
- Queensland Health currently provides for the Advanced Resuscitation Plan (ARP) to be completed on admission to ED for 'at risk' patients. However an ARP only exists for the period of the admission.

- 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 AHCD 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



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 ar 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.



I trust the above assists in amending legislation.

Sincerely,

John Brown FRCNA

19 December 2011