

# Health, treatment and advance planning



ON 12 NOVEMBER, THE CAROLINE Chisholm Centre for Health Ethics held a conference at the Mary Aikenhead Conference Centre at St Vincent's Hospital on planning for future health care.

Although it is wrong to kill ourselves, when we face a life-threatening illness we are not required by Catholic teaching to do absolutely everything to try to save our life. We can refuse futile treatment that provides no benefit. We can also refuse treatment which is too burdensome – physically too painful, psychologically too distressing, socially too isolating, financially too expensive, and so on.

Because we might lose consciousness or decision-making capacity during an illness, we can appoint someone whom we trust as our representative to speak for us when we can no longer speak for ourselves. In consultation with our health-care professionals, our representative decides what we would judge to be futile or too burdensome.

The Australian bishops have written *A Guide for People Considering their Future Health Care*. It includes a statement that we can complete to appoint a health-care representative and to guide them about our wishes for future health care. This guide can be downloaded from the Catholic Health Australia website at [www.cha.org.au/site.php?id=666](http://www.cha.org.au/site.php?id=666)

Episcopal Vicar for Health Bishop Chris Prowse opened the conference. He noted its interdisciplinary nature, with various speakers providing legal, ethical, clinical, and pastoral perspectives. However, he rightly insisted that the heart of this matter is theological. When someone is dying, it is at the foot of the Cross that we learn respect and reverence for human life, and the great Christian and human values of forgiveness and love. Bishop Prowse recommended the Australian bishops' *Guide for People Considering their Future Health Care* and its companion *Guide for Health*

*Care Professionals Implementing a Future Health Care Plan*. On behalf of the Church, he thanked the health-care professionals present for all they do to help human life flourish.

A legal overview of advance care planning was provided by Richard Polkinghorn, advocate/guardian from the Victorian Office of the Public Advocate (OPA). In Victoria, competent patients have a common law right to consent to or refuse treatment. They can appoint a health-care representative using an Enduring Power of Attorney (Medical Treatment) form (EPA-MT), which can be downloaded from the OPA website. Treatment decisions for an incompetent patient are made by an agent appointed under an EPA-MT, or by a 'person responsible', who in some circumstances would be the patient's spouse, primary carer or nearest relative. Except for emergency or minor treatment, treating someone against their wishes or without proper consent constitutes the crime of 'medical trespass'. The OPA protects the interests, rights and dignity of Victorians with impaired decision-making capacity. Their advice can be sought by phoning 1300 309 337.

As director of the Caroline Chisholm Centre for Health Ethics, I provided an ethical perspective. While we may legitimately refuse treatment that is futile or too burdensome, we cannot rightly refuse ordinary or proportionate life-sustaining treatment that is neither futile nor too burdensome. Refusing ordinary, life-sustaining treatment is effectively killing ourselves. It is euthanasia by omission. For example, except in exceptional circumstances when death is imminent, we should not refuse assisted nutrition and hydration. If a patient demands euthanasia by omission, a health-care professional or institution should refuse to continue to be involved in their treatment.

Consultant paediatrician Dr Jenny Hynson from the Royal Children's Hospital spoke about the treatment and

care of children with life-threatening conditions. An older child with sufficient understanding of his or her situation may well be the main decision-maker about whether or not treatment is too burdensome. More often, parents are the surrogate decision-makers for a child. This may be difficult, especially if a parental need for their child to survive at all costs leaves them unable to recognise their child's suffering. In all these cases, the relationship between the child, their family, and their health-care professionals is critical. To enable effective advance care planning, health-care professionals must invest time and energy in this relationship. Whether or not the child can be restored to health, there is an absolute duty to comfort and cherish the child and to prevent pain and suffering.

Dr Jim Howe, senior neurologist at Calvary Health Care Bethlehem, explained that one of their specialty services is the treatment and care of patients with progressive neurological conditions. These conditions, which include motor neurone disease, multiple sclerosis, Parkinson's disease and Huntington's disease, involve gradual loss of mobility, function, and/or decision-making capacity. Bethlehem offers interdisciplinary care that includes physiotherapy, occupational therapy, speech pathology, social work, music therapy, nursing, neuropsychology, dietetics, pharmacy, and pastoral care. An essential part of this is the ongoing conversation of advance care planning, which enables patients and their families to understand their condition and then to clarify, state, and document their choices. While these conditions are incurable, Dr Howe emphasised that a great deal can be done to manage the disease, to delay complications, to control symptoms, and eventually to provide effective palliative care.

Social worker Ande Szendroe, the manager of allied health and social work at Western Health, observed that who we are as people influences who we

Left: Josette Varga (Chisholm Health Ethics), Carol Quayle (Mercy Palliative Care) and Karen Silcock (Calvary Health Care Bethlehem) welcome participants.

Right: Bishop Christopher Prowse and Chisholm Health Ethics researcher Dr Rida Khalafzai

Far Right: Richard Polkinghorne (Office of the Public Advocate)



PHOTOS SUPPLIED BY FR KEVIN MCGOVERN

are as patients, family and health-care professionals in advance care planning. We are complex, sometimes conflicted, and sometimes even contradictory people. Advance care planning is an exciting opportunity both to engage the complex relationships between patients, families and health-care professionals, and to provide an important service to patients and their families. Ms Szendroe discussed the wishes and fears that might influence patients and health-care professionals in advance care planning. Health-care professionals may fear to initiate conversations about advance care planning, perhaps because they are unsure that the patient is ready, or because they worry that they may not have the right words.

On the other hand, patients expect that their health-care professionals will initiate conversations about advance care planning. As plans are made and documented, they are pleased that their families will not be burdened in the future with difficult decisions.

About 80 health-care professionals and other carers from a variety of Catholic, state and private hospitals and other institutions attended the conference. After these presentations and lunch at Brenan Hall, they discussed case studies in small groups, and concluded with a final discussion with the panel of speakers. Feedback about the conference has been very positive.

The conference was planned by Carol Quayle from Mercy Palliative

Care, Karen Silcock from Calvary Health Care Bethlehem, Fr Cormac Nagle OFM from Mercy Hospital for Women, Kate Birrell from St John of God Health Care, and Professor Tony d'Apice from St Vincent's Hospital and myself.

The Caroline Chisholm Centre for Health Ethics is sponsored by Victoria's Catholic Hospitals: Cabrini Health, Calvary Health Care Bethlehem, Caritas Christi Hospice, Mercy Hospital for Women, Mercy Palliative Care, St John of God Health Care, St Vincent's and Mercy Private Hospital, St Vincent's Hospital, and Werribee Mercy Hospital. ■

Fr Kevin McGovern is the Director of the Caroline Chisholm Centre for Health Ethics.

## HARVEST PILGRIMAGE PREVIEW 2009

 <p><b>VISITATIONS OF MARY</b></p> <p>Lisbon (1) Fatima Anniversary (3) Avila (2) Burgos Garabandal (2) Loyola Lourdes (3) Optional Medjugorje Extension OR Link with Graces of France A 15 day pilgrimage journey Departing: • 9 May • 9 June • 29 July • 9 September • 9 October 2009</p>	 <p><b>GRACES OF FRANCE</b></p> <p>Paris (2) Lisieux (2) Chartres Nevers Paray Le Monial (2) Taize Ars La Salette (1) Turin (2) Optional Lourdes Extension (3) OR Link with Graces of Italy A 13 day pilgrimage journey Departing: • 20 June • 20 September • 20 October 2009</p>	 <p><b>PATHWAYS OF ST PAUL</b></p> <p>Athens (2) Ancient Corinth Samos (1) Patmos (1) Ephesus Day Kusadasi (2) Pergamum Assos (2) Gallipoli Istanbul (2) Optional Malta Extension (3) A 14 day pilgrimage journey Departing: • 14 April with Anzac Day in Gallipoli • 4 October 2009</p>	 <p><b>GRACES OF ITALY</b></p> <p>Padua (2) Venice Ravenna Florence (2) Siena Assisi (2) Loreto (1) Lanciano San Giovanni Rolondo (2) Monte Sant' Angelo Pietrelcina Optional Rome Extension (3) A 14 day pilgrimage journey Departing: • 15 May • 29 June • 3 September • 29 September • 19 October</p>	 <p><b>ROME &amp; MEDJUGORJE</b></p> <p>Rome (3) Medjugorje (7) Optional Malta Extension (3) Why not Extend to the Holy Land? A 14 day pilgrimage journey Departing: • 24 February • 14 April • 24 May • 16 June • 28 July • 12 September • 8 October • 29 October 2009</p>
 <p><b>EXODUS JOURNEY</b></p> <p>Cairo (3) Mt. Sinai (1) Petra (2) Amman (1) Sea of Galilee (3) Nazareth Jericho Mount Of Beattitudes Bethlehem Jerusalem (5) Optional link to Pathways of St Paul A 19 day pilgrimage journey Departing: • 9 February • 30 March • 9 May • 14 June • 28 August • 19 September • 14 October</p>	 <p><b>JOURNEY OF CHRIST</b></p> <p>Frankfurt (1) OR Amman (1) Sea of Galilee (3) Nazareth Jericho Mount Of Beattitudes Bethlehem Jerusalem (5) Optional Cairo &amp; Jordan Extension A 13 day pilgrimage journey Departing: • 15 May • 29 June • 3 September • 29 September • 19 October</p>	 <p><b>GRACES OF EASTERN EUROPE</b></p> <p>Prague (2) Czestochowa (2) Auschwitz Wadowice Krakow (3) Shrine Of Divine Mercy Budapest (2) Eucharistic Miracle of Ludbreg Shrine Of Our Lady Of Marija Bistrica Zagreb (2) Optional Croatia or Graces of Italy Extension A 15 day pilgrimage journey departing: • 4th May • 23 August 2009</p>	 <p><b>HARVEST 2009</b></p> <p>Order your 52 page 2009 colour catalogue!</p>	
		 <p><b>CROATIAN ENCOUNTERS</b></p> <p>Zagreb (2) Shrine Of Our Lady Of Trsat Rijeka Plitvice Lakes (2) Zadar Shrine Of Our Lady Of Sinj Split Dubrovnik (2) Medjugorje (5) Optional 3 Night Extension to Rome A 15 day pilgrimage journey departing: • 13th May • 1 September 2009</p>	 <p><b>OBERAMMAGAU PASSION PLAY 2010</b></p> <p>Link on most options above. Contact Harvest for more information</p>	

**HARVEST VICTORIA - Suite 1, 1st Floor, 1 Smith Street, Fitzroy | Ph: (03) 9495 6488 | www.harvestpilgrimages.net.au | Freecall: 1300 552 955**