ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

INQUIRY INTO END OF LIFE CHOICES
PARLIAMENT OF VICTORIA
STANDING COMMITTEE ON LEGAL AND SOCIAL ISSUES

29 JULY 2015

Introduction

The Royal Australasian College of Surgeons (RACS) is the leading advocate for surgical standards, professionalism and surgical education in New Zealand and Australia. RACS is a not-for-profit organisation that represents more than 7000 surgeons and 1300 surgical trainees and international medical graduates across New Zealand and Australia. It also supports healthcare and surgical education in the Asia-Pacific region and is a substantial funder of surgical research.

RACS provides training in nine surgical specialties, cardiothoracic surgery, general surgery, neurosurgery, orthopaedic surgery, otolaryngology head and neck surgery, paediatric surgery, plastic and reconstructive surgery, urology and vascular surgery. RACS plays an active role in the setting of standards of surgical care, the training of surgeons and their participation in continuing medical education throughout their lifetime of surgical practice.

As part of its commitment to standards and professionalism, RACS strives to take informed and principled positions on issues associated with the delivery of health services. End of life choices are therefore very relevant for RACS to comment on. We have consulted widely in preparation of this response.

Background

Patient autonomy, dignity, respect, non-maleficence and beneficence are principles central to the effective operation of modern healthcare. These principles are reflected in RACS's core values of service, integrity, respect, compassion and collaboration. As life sustaining treatments and palliative care advances, it is essential that these principles continue to inform the provision of health services to patients.

Over the past 50 years, the development of modern medicine has seen Australia's average life expectancy increase dramatically. During these additional years, vitality and well-being are not always guaranteed, and as such many individuals experience impaired function, diminished mental capacity, pain and discomfort towards the end of their lives. It is therefore important that patients are provided with the means to make informed choices regarding their treatment, and where appropriate, plan for the end of their life.

Position on end of life choices

A. Palliative care

The development of palliative care medicine has greatly improved the clinical care of terminally ill patients, and since 2005, palliative medicine has been recognised as a speciality in Australia. Due to the invasive nature of surgical intervention, the role of the surgeon regularly intersects with intensive care and palliative care physicians. Surgeons therefore have a responsibility to ensure that patients are provided with appropriate, timely and high quality palliation, if required.

The provision of appropriate pain relief to alleviate symptoms and reduce suffering in the terminally ill is consistent with a principled approach to end of life care. RACS strongly supports the rights of terminally ill patients to receive palliative care. RACS also recognises that the provision of palliative care for the primary purpose of pain relief or to alleviate symptoms will occasionally hasten the death of a patient. However, in line with existing legislation, RACS does not recognise any circumstances where palliative care should be used for the primary purpose of bringing about or accelerating the death of a patient.

B. Informed choice and low efficacy procedures

Surgeons, like intensivists and other proceduralists, are often placed in situations where intervention and a period of increased medical support are required to improve a patient's medical condition. In some cases, surgical intervention will be appropriate for critically ill and

high risk patients. There will be cases however, where surgical intervention is futile or will not improve the quantity or quality of life of the patient.

Whether an intervention will be futile or of little benefit to the patient is often uncertain, and can be dependent on the condition and expectations of the individual patient. A decision to withhold a surgical intervention can be difficult for both the surgeon and the patient or their family. This difficulty can be compounded where there are differing views as to the benefits of an intervention, or where there are cultural differences contributing to misunderstanding. It is therefore important that patients (and where appropriate their families), are provided with sufficient information for their particular circumstances to allow them to make informed choices as to whether to proceed with a surgical intervention, or treatment.

The decision to pursue an interventional course often requires a multidisciplinary team. It is the responsibility of this team, and surgeons as leaders, to carefully weigh up and explain the risks and expected outcomes of a surgical intervention. Many surgeons are regularly faced with patients with terminal conditions, and have experience in advising patients and their families about appropriate levels of care. It is important that surgeons have sufficient insight and awareness to identify procedures which will be futile or of a low efficacy to a patient, and to provide patients with sufficient information about alternatives to such interventions or treatments in a multidisciplinary environment.

C. Advanced care planning in the surgical context

Advanced care planning provides a means of ascertaining a patient's wishes in situations where they are otherwise unable to give informed consent. This allows patients to express their expectations as to the nature of future medical treatment should certain conditions arise.

This can be a complex area as not all eventualities can be predicted or discussed with a patient prior to the development of an illness or situation which may require surgery. Furthermore, surgical intervention may necessitate a period of increased risk and expected transient or permanent deterioration in patient function.

RACS strongly encourages patients to develop Advanced Care Directives (ACDs). ACDs provide patients with a means of communicating their beliefs, values and goals, and can be an invaluable aid to surgeons, patients and carers when deciding how to proceed in a crisis. ACDs can benefit all patients regardless of whether their health is deteriorating or not. While a completed written ACD is desirable, contemporaneous verbally communicated instructions from the patient should be given due weight. Furthermore, prior discussion of a patient's values and intentions with family members can significantly improve the interpretation and understanding of a patient's written ACD when they are incapacitated.

On occasion, an ACD may conflict with the care required for a successful outcome of surgery, such as when a patient has chosen not to undergo intubation and ventilation. Treating doctors should determine whether there is an ACD in place and take due cognisance of it and its directions as best as can be followed, in all circumstances. Faced with the reality of surgery, some patients may change their mind as to the level of care they are willing to receive. It is therefore important that discussions with the patient are ongoing wherever possible and ACDs are modified to best reflect a patient's wishes at that point in time.

In many cases surgery is undertaken with the understanding that patients will accept an increased level of circulatory or respiratory support where this would not normally be the case. Surgeons, anaesthetists and intensivists should keep this in mind when discussing advanced care planning in the perioperative context, and when determining what the patient's wishes would be in the setting of unexpected but potentially salvageable deterioration in the immediate postoperative period.

Recommendations

1. **Patients and their carers should be assisted to develop realistic expectations of surgery, its objectives, and its potential outcomes.**
2. **Members of the community should be better informed about Advanced Care Directives, and encouraged and assisted to put one in place before the need arises.**
3. **Surgeons and other healthcare professionals should honour the wishes of the patient as expressed in an Advanced Care Directive.**
4. **RACS will continue to educate and support surgeons in the multidisciplinary environment in which end of life decisions are made.**
5. **RACS does not have a position on euthanasia as an organisation. RACS does however require that its members act in accordance with existing legislation.**