ELLC End of Life Law for Clinicians

Meeting Quality and Safety Standards in Acute Care

End of Life Law for Clinicians (ELLC) is a free training program for medical practitioners, nurses, allied and other health professionals, and health professional students about end of life decision-making laws. ELLC supports the delivery of safe, person-centred, high-quality end of life care by improving clinicians' knowledge of the law and confidence applying the law in practice.

This guide shows how each ELLC online training module can be used by health professionals and health and hospital services to support delivery of high-quality care that aligns with the:

» **National Safety and Quality Health Service Standards Second Edition (2021)** (the Standards).

» **National Consensus Statement: Essential elements for safe and high-quality end-of-life care** (National Consensus Statement)*.

Essential element 7 of the National Consensus Statement: Essential elements for safe and high-quality end-of-life care (National Consensus Statement) recognises that health professionals working in acute care who care for people at the end of life should receive education and support in relation to:

» decision-making, capacity and consent,

» Advance Care Planning,

» substitute decision-making,

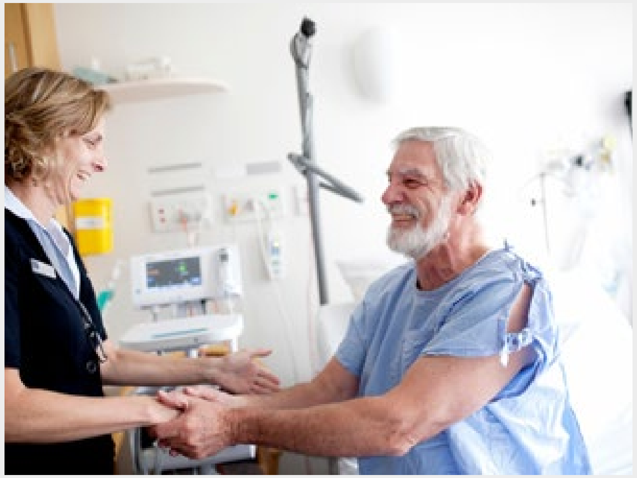
» shared and support decision-making,

» relevant state and territory legislation and regulatory frameworks, and

» other end of life legal issues including refusal of treatment, withholding and withdrawing treatment, futile or non-beneficial treatment, and voluntary assisted dying.

ELLC provides free education on these topics and more in **14 online training modules**.

Contact ELLC for further information about how the training can support your clinical practice.



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*The National Consensus Statement 'applies to all services where health care is provided to people approaching the end of their life, including hospitals, hospices, residential aged care facilities and home settings' (p. 1).

MODULE 2 Capacity and consent to medical treatment

Part 1 of this Module explores the requirements of valid consent. Part 2 explores when an adult will have capacity to make decisions about medical treatment.

Learning outcomes

- Identify when consent to medical treatment is required and when it will be valid.
- Define the concept of capacity, and explain how it is determined.

National Safety and Quality Health Service Standards Second Edition (2021)

Clinical Governance Standard: *Policies and procedures*

Action 1.07 The Health service organisation uses a risk management approach to:

c. Review compliance with legislation, regulation and jurisdictional requirements.

Partnering with Consumers Standard: *Healthcare rights and informed consent*

Action 2.04 The health service organisation ensures that its informed consent processes comply with legislation and best practice.

Action 2.05 The health service organisation has processes to identify:

a. The capacity of a patient to make decisions about their own care

b. A substitute decision-maker if a patient does not have the capacity to make decisions for themselves.

Partnering with Consumers Standard: *Communication that supports effective partnerships*

Action 2.08 The health service organisation uses communication mechanisms that are tailored to the diversity of the consumers who use its services and, where relevant, the diversity of the local community.

Action 2.09 Where information for patients, carers, families and consumers about health and health services is developed internally, the organisation involves consumers in its development and review.

Action 2.10 The health service organisation supports clinicians to communicate with patients, carers, families and consumers about health and health care so that:

a. Information is provided in a way that meets the needs of patients, carers, families and consumers

b. Information provided is easy to understand and use

c. The clinical needs of patients are addressed while they are in the health service organisation

d. Information needs for ongoing care are provided on discharge.

National Consensus Statement on End of Life Care (2023)

Guiding Principle No. 1: Be person-centred and include family and carers

People have the right to direct their own care, whenever possible. Families and carers should be involved, in accordance with the person's expressed wishes and/or legislation.

Guiding Principle No. 3: Provide people with information they can understand

People should be provided with health information that they can understand and be supported to make decisions at the end of their life. If a person lacks capacity to participate in decision-making about their care, a substitute decision-maker should make decisions according to their best interpretation of the preferences of the person, but only after options for supported decision-making have been exhausted.

Essential Element 2: Person-centred communication and shared decision making

Healthcare workers should adopt a person-centred approach to communication and decision-making, to assist a person who is dying to make choices about their care. *See Actions 2.1–2.13.*

Essential Element 5: Responding to concerns

When concerns are raised about a person approaching the end of their life or decision-making is particularly complex, timely and appropriate assistance should be obtained from a suitably skilled healthcare worker or team.

Responding to concerns may require the support of additional healthcare workers, or the use of videoconferencing or teleconferencing to access off-site help, such as specialist palliative care or consultants. A person skilled in mediation and/or the law should be available for managing conflict, complex family dynamics or ethical issues. *See Actions 5.1–5.9.*

Essential Element 7: Support, education and training

All healthcare workers should have a shared understanding of the healthcare services terminology, policies, processes and practices. Education should include:

- Decision-making, capacity and consent
- Shared decision making
- Advance care planning
- Person-centred care
- How to have conversations about end-of-life
- Inclusion and diversity
- Cultural safety.

National Safety and Quality Health Service Standards Second Edition (2021)	National Consensus Statement on End of Life Care (2023)
Comprehensive Care Standard: *Partnering with consumers* **Action 5.03** Clinicians use organisational processes from the Partnering with Consumers Standard when providing comprehensive care to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making. **Comprehensive Care Standard: *Developing the comprehensive care plan*** **Action 5.13** Clinicians use processes for shared decision making to develop and document a comprehensive and individualised plan that: a. Addresses the significance and complexity of the patient's health issues and risks of harm b. Identifies agreed goals and actions for the patient's treatment and care c. Identifies the support people a patient wants involved in communications and decision-making about their care d. Commences discharge planning at the beginning of the episode of care e. Includes a plan for referral to follow-up services, if appropriate and available f. Is consistent with best practice and evidence. **Comprehensive Care Standard: *Comprehensive care at the end of life*** **Action 5.20** Clinicians support patients, carers and families to make shared decisions about end-of-life care in accordance with the *National Consensus Statement: Essential elements for safe and high-quality end-of-life care*. **Communicating for Safety Standard: *Partnering with consumers*** **Action 6.03** Clinicians use organisational processes from the Partnering with Consumers Standard to effectively communicate with patients, carers and families during high-risk situations to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making. **Recognising and Responding to Acute Deterioration Standard: *Partnering with consumers*** **Action 8.03** Clinicians use organisational processes from the Partnering with Consumers Standard when recognising and responding to acute deterioration to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making.	

MODULE 3 Withholding and withdrawing life-sustaining medical treatment

This Module focuses on withholding and withdrawing life-sustaining treatment from adults.

It establishes a foundation for later modules on Advance Care Planning and Advance Care Directives (Module 4), Substitute decision-making for medical treatment (Module 5), Futile or non-beneficial treatment (Module 8), and Emergency treatment for adults (Module 9).

Learning outcomes

Identify:

- When a decision to withhold or withdraw life-sustaining treatment can be made.
- The circumstances under which such as decision needs or does not need to be followed.

National Safety and Quality Health Service Standards Second Edition (2021)

Clinical Governance Standard: *Policies and procedures*

Action 1.07 *Noted above: See Module 2.*

Comprehensive Care Standard: *Developing the comprehensive care plan*

Action 5.13 *Noted above: See Module 2.*

Comprehensive Care Standard: *Comprehensive care at the end of life*

Action 5.15 The health service organisation has processes to identify patients who are at the end of life that are consistent with the *National Consensus Statement: Essential elements for safe and high-quality end-of-life care*.

Action 5.20 *Noted above: See Module 2.*

National Consensus Statement on End of Life Care (2023)

Guiding Principle No. 6. Ensure the right to refuse medical treatment

Decisions regarding treatment may be made in advance and remain valid unless the person or substitute decision-maker, family or carers state otherwise.

Guiding Principle No. 7. Not be burdensome or harmful

It is unethical to provide burdensome investigations, treatments and transfers that can be of no benefit and harmful to people.

Guiding Principle No. 8. Not offer unreasonable hope

Unless required by law, clinicians are not obliged to initiate or continue treatments that will not offer a reasonable hope of benefit or improve a person's quality of life.

Essential Element 4: Comprehensive care

The goal of healthcare workers providing end-of-life care should be to deliver comprehensive care that is culturally safe and appropriate to the needs and condition of the person at the end of their life. It should also be aligned with their expressed wishes and goals.

Clearly communicate medical decisions, including the rationale, to discontinue or not instigate non-beneficial observations, investigations or treatments with the person, and document those decisions. *See Actions 4.1–4.14.*

Essential Element 5: Responding to concerns

Noted above: See Module 2.

Essential Element 7: Support, education and training

Noted above: See Module 2.

MODULE 4 Advance Care Planning and Advance Care Directives

This Module explores Advance Care Planning and the law relating to Advance Care Directives, including when an Advance Care Directive can apply and when it must be followed.

Learning outcomes

Identify:

- What an Advance Care Directive is, and the information it can contain.
- When an Advance Care Directive can apply, and when it must be followed.

National Safety and Quality Health Service Standards Second Edition (2021)

Clinical Governance Standard: *Policies and procedures*

Action 1.07 *Noted above: See Module 2.*

Partnering with Consumers Standard: *Sharing decisions and planning care*

Action 2.06 The health service organisation has processes for clinicians to partner with patients and/or their substitute decision-maker to plan, communicate, set goals, and make decisions about their current and future care.

Action 2.07 The health service organisation supports the workforce to form partnerships with patients and carers so that patients can be actively involved in their own care.

Comprehensive Care Standard: *Developing the comprehensive care plan*

Action 5.09 Patients are supported to document clear advance care plans.

Action 5.13 *Noted above: See Module 2.*

Comprehensive Care Standard: *Comprehensive care at the end of life*

Action 5.17 The health service organisation has processes to ensure that current advance care plans:

a. Can be received from patients

b. Are documented in the patient's healthcare record.

Action 5.20 *Noted above: See Module 2.*

National Consensus Statement on End of Life Care (2023)

Guiding Principle No. 1. Be person-centred and include family and carers

Noted above: See Module 2.

Guiding Principle No. 2. Align with values, needs and wishes

End-of-life care should consider a person's expressed wishes regarding the circumstances, environment and place in which they wish to die. Their needs, goals and wishes for end-of-life care may change over time.

Guiding Principle No. 4. Consider cultural, spiritual and psychosocial needs

Meeting the cultural, spiritual and psychosocial needs of people and their families and carers is as important as meeting their physical needs. This may include considerations such as beliefs and practices around the end of a person's life and dying, and the time it may take to shape practices and processes accordingly.

Essential Element 1: Recognising End of Life

The first step in providing safe and high-quality end-of-life care is to recognise people who would benefit from such care. *See Actions 1.1–1.2.*

Essential Element 2: Person-centred communication and shared decision making

Noted above: See Module 2.

MODULE 5 Substitute decision-making for medical treatment

This Module explores who can be a substitute decision-maker for an adult, when they can make decisions, how they should make decisions, and when a substitute decision-makers' decision needs to be followed.

Learning outcomes

Identify:

- What decisions a substitute decision-maker can make, and how they should make decisions.
- The appropriate substitute decision-maker for a person who does not have capacity.
- When a substitute decision-maker's decision needs to be followed.

National Safety and Quality Health Service Standards Second Edition (2021)	National Consensus Statement on End of Life Care (2023)
Clinical Governance Standard: ***Policies and procedures*** **Action 1.07** *Noted above: See Module 2.*	**Guiding Principle No. 1. Be person-centred and include family and carers** *Noted above: See Module 2.*
Partnering with Consumers Standard: ***Healthcare rights and informed consent*** **Action 2.04–2.05** *Noted above: See Module 2.*	**Guiding Principle No. 2. Align with values, needs and wishes** *Noted above: See Module 4.*
Partnering with Consumers Standard: ***Sharing decisions and planning care*** **Action 2.06** *Noted above: See Module 4.*	**Guiding Principle No. 3. Provide people with information they can understand** *Noted above: See Module 2.*
Partnering with Consumers Standard: ***Communication that supports effective partnerships*** **Actions 2.08–2.10** *Noted above: See Module 2.*	**Guiding Principle No. 4. Consider cultural, spiritual and psychosocial needs** *Noted above: See Module 4.*
Comprehensive Care Standard: ***Partnering with consumers*** **Action 5.03** *Noted above: See Module 2.*	**Guiding Principle No. 6. Ensure the right to refuse medical treatment** *Noted above: See Module 3.*
Comprehensive Care Standard: ***Developing the comprehensive care plan*** **Action 5.13** *Noted above: See Module 2.*	**Essential Element 2: Person-centred communication and shared decision making** *Noted above: See Module 2.*
Comprehensive Care Standard: ***Comprehensive care at the end of life*** **Action 5.20** *Noted above: See Module 2.*	**Essential Element 5: Responding to concerns** *Noted above: See Module 2.*
Communicating for Safety Standard: ***Partnering with consumers*** **Action 6.03** *Noted above: See Module 2.*	**Essential Element 7: Support, education and training** *Noted above: See Module 2.*
Recognising and Responding to Acute Deterioration Standard: Partnering with consumers **Action 8.03** *Noted above: See Module 2.*	

MODULE 6 Legal protection for administering pain and symptom relief

Part 1 of this Module explores the law on providing pain and symptom relief at the end of life, and the doctrine of double effect. It explains how the lawful provision of pain and symptom relief is different from voluntary assisted dying.

Part 2 considers the legal status of palliative sedation and voluntarily stopping eating and drinking.

Learning outcomes

- Explain the doctrine of double effect and its application in practice.
- Differentiate between the lawful provision of pain and symptom relief, and voluntary assisted dying.

National Safety and Quality Health Service Standards Second Edition (2021)	National Consensus Statement on End of Life Care (2023)
Clinical Governance Standard: *Policies and procedures* **Action 1.07** *Noted above: See Module 2.* **Comprehensive Care Standard: *Developing the comprehensive care plan*** **Action 5.13** *Noted above: See Module 2.* **Comprehensive Care Standard: *Comprehensive care at the end of life*** **Action 5.20** *Noted above: See Module 2.* **Action 8.06** The health service organisation has protocols that specify criteria for escalating care, including: b. Patient pain or distress that is not able to be managed using available treatment.	**Essential Element 1: Recognising End of Life** *Noted above: See Module 4.* **Essential Element 4: Comprehensive care** *Noted above: See Module 3.* **Essential Element 7: Support, education and training** *Noted above: See Module 2.* **Essential Element 10: Systems to support high-quality care** **Action 10.2:** Ensure systems appropriately identify essential palliative medicines and provide access to them for people at the end of their life for example provision for anticipatory prescribing. These systems should align with the Medication Safety Standard, where applicable.

MODULE 7 Children and end of life decision-making

This module explores the law relating to parental decision-making about end of life treatment for children (Part 1), and end of life decision-making by competent children (Part 2). The law on emergency treatment for children is discussed in Part 3.

Learning outcomes

- Identify who may make decisions for children about life-sustaining treatment.
- Explain when a competent child may be able to consent to or refuse their own treatment.

National Safety and Quality Health Service Standards Second Edition (2021)

Clinical Governance Standard: *Policies and procedures*

Action 1.07 *Noted above: See Module 2.*

Partnering with Consumers Standard: *Healthcare rights and informed consent*

Action 2.04–2.05 *Noted above: See Module 2.*

Partnering with Consumers Standard: *Sharing decisions and planning care*

Action 2.06–2.07 *Noted above: See Module 4.*

Comprehensive Care Standard: *Developing the comprehensive care plan*

Action 5.13 *Noted above: See Module 2.*

Comprehensive Care Standard: *Comprehensive care at the end of life*

Action 5.20 *Noted above: See Module 2.*

Further information about meeting the Standards

The National Safety and Quality Health Service Standards *User Guide for Acute and Community Health Service Organisations that Provide Care for Children* (2018) identifies how health services providing care for children can meet the Standards. Module 7 can support health professionals and services as follows:

Partnering with Consumers Standard: *Healthcare rights and informed consent*

Clinicians should understand their roles and responsibilities for obtaining informed consent from children, and have the education and training required to perform their role. These roles and responsibilities include understanding the legal and ethical obligations concerning clinical decision-making and obtaining consent (p. 16).

Policies for consent could consider:

- Criteria for determining whether a child is competent and can provide consent, and the family's role in providing consent
- The circumstances in which it is the right of a mature child to refuse treatment
- Legislative requirements and the legal constraints on children providing consent at different ages, and how they vary across states and territories
- Issues when there is a dispute between the parents or family and the child about treatment. (pg. 16)

National Consensus Statement on End of Life Care (2023)

Guiding Principle No. 3. Provide people with information they can understand

Noted above: See Module 2.

Essential Element 5: Responding to concerns

Noted above: See Module 2.

National Safety and Quality Health Service Standards Second Edition (2021)	National Consensus Statement on End of Life Care (2023)
Comprehensive Care Standard: ***Integrating clinical governance*** Implementing quality improvement systems could include providing members of the workforce and families with access to training and education that cover topics such as Advance care planning for children, including taking into account special circumstances, such as the child's and their family's wishes and activity levels (pg. 35). **Comprehensive Care Standard:** ***Comprehensive care at the end of life*** When end-of-life care is provided to children, the health service organisation should consider having policies, procedures and protocols to ensure that clinicians understand their legal and ethical obligations, including determining the child's capacity to understand and be involved in clinical decisions about end-of-life care. (pg. 38)	

MODULE 8 Futile or non-beneficial treatment

This Module explores the law about futile or non-beneficial treatment, and when it can be withheld or withdrawn from an adult or child at the end of their life.

Learning outcomes

- Explain who decides when treatment is futile or non-beneficial, and how it is decided.
- Identify when a decision to withhold or withdraw futile or non-beneficial treatment can be made.

National Safety and Quality Health Service Standards Second Edition (2021)	National Consensus Statement on End of Life Care (2023)
Clinical Governance Standard: ***Policies and procedures*** **Action 1.07** *Noted above: See Module 2.* **Comprehensive Care Standard:** ***Comprehensive care at the end of life*** **Actions 5.15** *Noted above: See Module 3.* **Action 5.20** *Noted above: See Module 2.* **Recognising and Responding to Acute Deterioration Standard:** ***Partnering with consumers*** **Action 8.03** *Noted above. See Module 2.*	**Guiding Principle No. 7. Not be burdensome or harmful** *Noted above: See Module 3.* **Guiding Principle No. 8. Not offer unreasonable hope** *Noted above: See Module 3.* **Essential Element 4: Comprehensive care** *Noted above: See Module 3.* **Essential Element 5: Responding to concerns** *Noted above: See Module 2.* **Essential Element 7: Support, education and training** *Noted above: See Module 2.*

MODULE 9 Urgent treatment for adults

This Module explores how the law responds to situations where decisions about urgent (emergency) treatment are needed for adults. It explains when life-sustaining treatment can be withheld or withdrawn in an emergency.

Learning outcomes:

Identify when life sustaining treatment can be:

- given in an emergency
- withheld or withdrawn in an emergency.

National Safety and Quality Health Service Standards Second Edition (2021)	National Consensus Statement on End of Life Care (2023)
Clinical Governance Standard: *Policies and procedures* **Action 1.07** *Noted above: See Module 2.* **Recognising and Responding to Acute Deterioration Standard: *Partnering with consumers*** **Action 8.03** Noted above. See Module 2. **Recognising and Responding to Acute Deterioration Standard: *Escalating Care*** **Action 8.06** The health service organisation has protocols that specify criteria for escalating care, including: a. Agreed vital sign parameters and other indicators of physiological deterioration c. Agreed parameters and other indicators for calling emergency assistance d. Patient pain or distress that is not able to be managed using available treatment.	**Essential Element 4: Comprehensive care** *Noted above: See Module 3.*

MODULE 10 Managing conflict

This Module explores what legal and other avenues are available to manage conflict around end of life decision-making. The focus is on disputes about treatment for a person who does not have capacity, as this is where conflict most often arises.

Learning outcomes

» Identify clinical and legal processes for managing disputes where a person does not have decision-making capacity.

» Describe the role of guardianship bodies, courts and tribunals in resolving disputes about medical treatment.

National Safety and Quality Health Service Standards Second Edition (2021)	National Consensus Statement on End of Life Care (2023)
Clinical Governance Standard: ***Policies and procedures*** **Action 1.07** *Noted above: See Module 2.* **Clinical Governance Standards:** ***Feedback and complaints management*** **Action 1.14** The health service organisation has an organisation-wide complaints management system, and: a. Encourages and supports patients, carers and families, and the workforce to report complaints b. Involves the workforce and consumers in the review of complaints c. Resolves complaints in a timely way d. Provides timely feedback to the governing body, the workforce and consumers on the analysis of complaints and actions taken e. Uses information from the analysis of complaints to inform improvements in safety and quality systems f. Records the risks identified from the analysis of complaints in the risk management system g. Regularly reviews and acts to improve the effectiveness of the complaints management system. **Comprehensive Care Standard:** ***Comprehensive care at the end of life*** **Action 5.20** *Noted above: See Module 2.*	**Essential Element 5: Responding to concerns** *Noted above: See Module 2.*

MODULE 11 Voluntary assisted dying

This Module explores the law on voluntary assisted dying (VAD) in Australia, and its intersection with laws on medical treatment decision-making, and pain and symptom relief.

Learning outcomes

- Describe the legal status of VAD in Australia.
- Understand the eligibility criteria and processes for accessing VAD in jurisdictions where it is lawful.
- Differentiate between VAD and other practices including providing pain and symptom relief, and withholding and withdrawing life-sustaining treatment.

National Safety and Quality Health Service Standards Second Edition (2021)	National Consensus Statement on End of Life Care (2023)
Clinical Governance Standard: ***Policies and procedures*** **Action 1.07** *Noted above: See Module 3.* **Comprehensive Care Standard:** ***Comprehensive care at the end of life*** **Action 5.20** *Noted above: See Module 2.*	**Scope:** Healthcare services should familiarise themselves with the legislation in their jurisdiction and ensure patients and their families have access to appropriate information. People opting for voluntary assisted dying should continue to receive the safe and high-quality end-of-life care described in this document. **Essential Element 6: Leadership and governance** Healthcare services should use established systems and processes, as required by applicable standards, to deliver end-of-life care. Approaches to managing eligible patients' access to voluntary assisted dying also need to be considered. **Essential Element 7: Support, education and training** Provide relevant education to all members of the workforce about recognising people at the end of their life and managing their care. Make sure education is provided at the commencement of employment and as part of regular professional development.

MODULE 12 Aboriginal and/or Torres Strait Islander peoples and end of life law

This Module explores the law on end of life decision-making in the context of caring for Aboriginal and/or Torres Strait Islander peoples, families and communities.

Learning outcomes

- Understand the legal considerations that can arise when caring for Aboriginal and/or Torres Strait Islander peoples and families at the end of life.
- Recognise how health professionals can provide Culturally Safe and Culturally Responsive end of life care.

National Safety and Quality Health Service Standards Second Edition (2021)

Clinical Governance Standard: *Governance, leadership and culture*
Action 1.02 The governing body ensures that the organisation’s safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people.

Clinical Governance Standard: *Organisational leadership*
Action 1.04 The health service organisation implements and monitors strategies to meet the organisation’s safety and quality priorities for Aboriginal and Torres Strait Islander people.

Clinical Governance Standard: *Policies and procedures*
Action 1.07 *Noted above: See Module 2.*

Clinical Governance Standard: *Safety and quality training*
Action 1.21 The health service organisation has strategies to improve the cultural safety and cultural competency of the workforce to meet the needs of its Aboriginal and Torres Strait Islander patients.

Clinical Governance Standard: *Safe environment*
Action 1.33 The health service organisation demonstrates a welcoming environment that recognises the importance of the cultural beliefs and practices of Aboriginal and Torres Strait Islander people.

Partnering with Consumers Standard: *Healthcare rights and informed consent*
Action 2.04–2.05 *Noted above: See Module 2.*

Partnering with Consumers Standard: *Sharing decisions and planning care*
Action 2.06–2.07 *Noted above: See Module 4.*

Partnering with Consumers Standard: *Communication that supports effective partnerships*
Actions 2.08–2.10 *Noted above: See Module 2.*

Partnering with Consumers Standard: *Partnerships in healthcare governance planning, design, measurement and evaluation*
Action 2.13 The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs.

Comprehensive Care Standard: *Developing the comprehensive care plan*
Action 5.13 *Noted above: See Module 2.*

Comprehensive Care Standard: *Comprehensive care at the end of life*
Action 5.20 *Noted above: See Module 2.*

National Consensus Statement on End of Life Care (2023)

Guiding Principle No. 4. Consider cultural, spiritual and psychosocial needs

Noted above: See Module 4.

Essential Element 1: Recognising end of life

Aboriginal or Torres Strait Islander people likely to die within days or weeks will often prefer to return home to die on Country. This will often require involvement from, or collaboration with, specific Aboriginal or Torres Strait Islander community members. Healthcare services should liaise with Aboriginal or Torres Strait Islander communities to support appropriate communication and involvement.

Essential Element 2: Person centred and shared decision making

Communication styles should be tailored, and cultural differences related to decision-making should be accommodated to the extent that the person wishes. Healthcare workers should introduce themselves in person to Aboriginal and Torres Strait Islander people who are involved, wherever possible.

Essential Element 4: Comprehensive Care

Consideration should also be given to supporting people at the end of their lives to return to Country and providing end-of-life care on Country whenever possible and in alignment with the person’s wishes.

Essential Element 6: Leadership and Governance

Cultural safety creates an environment that is safe for Aboriginal and Torres Strait Islander people and aims to address institutional racism and discrimination.

Essential Element 7: Support, education and training

Ensure healthcare workers are taught culturally safe approaches to providing end-of-life care to Aboriginal and Torres Strait Islander peoples.

MODULE 13 Inclusive end of life decision-making with people from diverse populations

This Module explores the law on end of life decision-making in the context of caring for LGBTIQ+ people, people from culturally and linguistically diverse and/or refugee backgrounds, people with disability, and people with frailty.

Learning outcomes

- Understand the legal considerations that can arise when caring for LGBTIQ+ people, people from culturally and linguistically diverse and/or refugee backgrounds, people with disability, and people with frailty.
- Recognise how health professionals can provide safe, inclusive, accessible end of life care to people from diverse populations, and their families and support networks.

National Safety and Quality Health Service Standards Second Edition (2021)	National Consensus Statement on End of Life Care (2023)
Clinical Governance Standard: *Policies and procedures* **Action 1.07** *Noted above: See Module 2.* **Clinical Governance Standard: *Diversity and high-risk groups*** **Action 1.15** The health service organisation: a. Identifies the diversity of the consumers using its services b. Identifies groups of patients using its services who are at higher risk of harm c. Incorporates information on the diversity of its consumers and higher- risk groups into the planning and delivery of care. **Partnering with Consumers Standard: *Healthcare rights and informed consent*** **Action 2.04–2.05** *Noted above: See Module 2.* **Partnering with Consumers Standard: *Sharing decisions and planning care*** **Action 2.06–2.07** *Noted above: See Module 4.* **Partnering with Consumers Standard: *Communication that supports effective partnerships*** **Actions 2.08–2.10** *Noted above: See Module 2.* **Comprehensive Care Standard: *Developing the comprehensive care plan*** **Action 5.13** *Noted above: See Module 2.* **Comprehensive Care Standard: *Comprehensive care at the end of life*** **Action 5.20** *Noted above: See Module 2.*	**Guiding Principle No. 4. Consider cultural, spiritual and psychosocial needs** *Noted above: See Module 4.* **Essential Element 2: Person-centred communication and shared decision making** *Noted above: See Module 2.* **Essential Element 4: Comprehensive care** *Noted above: See Module 3.* **Essential Element 7: Support, education and training** *Noted above: See Module 2.*

MODULE 14 End of life law in aged care

This module explores common legal issues that may arise at the end of life in residential aged care and home and community care, and the provision of safe, high quality, person-centred end of life and palliative care.

Learning outcomes

- Understand how the law applies to issues that arise when providing end of life care in aged care
- Recognise how to deliver safe high quality person-centred end of life and palliative care

National Safety and Quality Health Service Standards Second Edition (2021)

Clinical Governance Standard: *Policies and procedures*

Action 1.07 *Noted above: See Module 2.*

Partnering with Consumers Standard: *Healthcare rights and informed consent*

Actions 2.04 – 2.05 *Noted above: See Module 2.*

Partnering with Consumers Standard: *Sharing decisions and planning care*

Actions 2.06 – 2.07 *Noted above: See Module 4*

Partnering with Consumers Standard: *Communication that supports effective partnerships*

Actions 2.08 *Noted above: See Module 2.*

Action 2.10 *Noted above: See Module 2.*

Comprehensive Care Standard: *Partnering with consumers*

Action 5.03 *Noted above: See Module 2.*

Comprehensive Care Standard: *Planning the comprehensive care plan*

Action 5.09 *Noted above: See Module 4.*

Action 5.13 *Noted above: See Module 2.*

Comprehensive Care Standard: *Comprehensive care at the end of life*

Action 5.15 Noted above. *See Module 3.*

Action 5.17 *Noted above. See Module 4.*

Action 5.20 *Noted above: See Module 2.*

Communicating for Safety Standard: *Partnering with consumers*

Action 6.03 *Noted above: See Module 2.*

Recognising and Responding to Acute Deterioration Standard: *Partnering with consumers*

Action 8.03 *Noted above: See Module 2.*

National Consensus Statement on End of Life Care (2023)

Guiding Principle No. 1. Be person-centred and include family and carers

Noted above: See Module 2.

Guiding Principle No. 2. Align with values, needs and wishes

Noted above: See Module 4.

Guiding Principle No. 3. Provide people with information they can understand

Noted above: See Module 2.

Guiding Principle No. 4. Consider cultural, spiritual and psychosocial needs

Noted above: See Module 4.

Guiding Principle No. 5. Include qualified, skilled and experienced multidisciplinary care

Effective communication, collaboration and teamwork that ensures continuity and coordination between teams, within and between settings, during transitions, and across multiple episodes of care is required.

Guiding Principle No. 6. Ensure the right to refuse medical treatment

Noted above: See Module 3.

Guiding Principles No. 7. Not be burdensome or harmful

Noted above: See Module 3.

Guiding Principles No. 8. Not offer unreasonable hope

Noted above: See Module 3.

Essential Element 1: Recognising End of Life

Noted above: See Module 4.

Essential Element 2: Person-centred communication and shared decision making

Noted above: See Module 2.

National Safety and Quality Health Service Standards Second Edition (2021)	National Consensus Statement on End of Life Care (2023)
	Essential Element 4: Comprehensive care *Noted above: See Module 3.* **Essential Element 7: Support, education and training** *Noted above: See Module 2.* **Essential Element 8: Care setting** The care setting is an important consideration for both a person at the end of their life and their family. When visiting care settings outside the home, family members may experience a lack of space and privacy, reporting feelings of 'being watched' and not being able to talk openly with their loved ones. Access to private physical spaces for gatherings contributes to the quality of care offered at the end of a person's life. The provision of spaces for cultural practices such as family gatherings, chanting or other important rituals associated with end of life should be considered. *See Actions 8.1 – 8.5.* **Essential element 10: Systems to support high-quality care** Organisations should consider opportunities to systematise the approach to end-of-life care where this will support best practice. End-of-life care should be integrated into existing organisational systems, and safety and quality systems to support sustainability and provide opportunities for organisational learning. *See Action 10.3.*

Register for the ELLC courses at ellc.edu.au

To receive further information and updates please email endoflifelaw@qut.edu.au

About End of Life Law for Clinicians

The ELLC training program is funded by the Australian Government Department of Health and Aged Care as a National Palliative Care Project. It is administered by the Australian Centre for Health Law Research, Faculty of Business and Law, Queensland University of Technology (QUT), in partnership with the Faculty of Health, QUT. This is an RACGP-approved CPD activity under the RACGP CPD Program (total of 12 CPD hours). ELLC has CICM CPD Accreditation for Category 1A: Passive Self Learning (1 point per hour) and is approved for 12 ACEM CPD hours. This event has been accredited in the 2023–2025 ACRRM PD Program for 9 Educational Activity Hours and 3 Performance Review Hours. CPD points may be claimed from other professional organisations. Certificates of completion are available.

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