

## Meeting Quality and Practice Standards in Primary and Community 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, high-quality end of life care by improving clinicians' knowledge of the law and confidence applying the law in practice.

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 caring for people at the end of life should be provided with 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 [13 online training modules](#). Module completion can be used by general practices and primary care health services to demonstrate training and quality improvement that aligns with the National Consensus Statement, the [Royal Australian College for General Practitioners \(RACGP\) Standards for General Practice 5th Edition](#), and the [National Safety and Quality Primary and Community Healthcare Standards \(2021\)](#).

The alignment of each ELLC module with the Statement and Standards is mapped on the following pages. [Contact ELLC](#) for further information about how the training can support your practice or health service.



## 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.

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|---|--|--|--|
| <p><b>Core Standard 1 Communication and Patient Participation</b></p> <p><b>C1.3 Informed patient decisions</b></p> <p><b>C1.3A</b> Our patients receive information about proposed investigations, referrals and treatments, including their purpose, importance, benefits, and risks.</p> <p><b>C1.3B</b> Our patients receive information to support the diagnosis, treatment, and management of their conditions.</p> <p><b>Core Standard 2 Rights and Needs of Patients</b></p> <p><b>C2.1 Respectful and culturally appropriate care</b></p> <p><b>C2.1B</b> Our patients receive information from the clinical team about the risks resulting from refusing a specific treatment, advice, or procedure.</p> <p><b>C2.2 Presence of a third party during a consultation</b></p> <p><b>C2.2A</b> Our practice obtains and documents the prior consent of a patient when the practice introduces a third party to the consultation.</p> | <p><b>Partnering with Consumers Standard: Healthcare rights and informed consent</b></p> <p><b>Action 2.02(d):</b> The healthcare service ensures its informed consent processes comply with legislation and best practice.</p> <p><b>Action 2.03:</b> The healthcare service has processes to identify:</p> <ol style="list-style-type: none"> <li>a. The capacity of a patient to make decisions about their own health care</li> <li>b. A substitute decision-maker if a patient does not have the capacity to make decisions for themselves.</li> </ol> <p><b>Partnering with Consumers Standard: Communication that supports effective partnerships</b></p> <p><b>Action 2.06:</b> The workforce communicates with patients, carers, families and consumers about health and health care in a way that:</p> <ol style="list-style-type: none"> <li>a. Is tailored to the patient's needs and preferences</li> <li>b. Is easily understood</li> <li>c. Addresses the need for ongoing health care.</li> </ol> <p><b>Clinical Safety Standard: Partnering with consumers</b></p> <p><b>Action 3.03:</b> The workforce uses the healthcare service's processes from the Partnering with Consumers Standard when addressing clinical safety to:</p> <ol style="list-style-type: none"> <li>a. Actively involve patients in their own health care</li> <li>b. Meet the patient's information needs</li> <li>c. Share decision-making.</li> </ol> | <p><b>Guiding Principle No. 1: Be person-centred and include family and carers</b></p> <p>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.</p> <p><b>Guiding Principle No. 3: Provide people with information they can understand</b></p> <p>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.</p> <p><b>Essential Element 2: Person-centred communication and shared decision making</b></p> <p>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. <i>See Actions 2.1–2.13.</i></p> | <p><b>Essential Element 5: Responding to concerns</b></p> <p>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.</p> <p>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. <i>See Actions 5.1–5.9.</i></p> <p><b>Essential Element 7: Support, education and training</b></p> <p>All healthcare workers should have a shared understanding of the healthcare services terminology, policies, processes and practices. Education should include:</p> <ul style="list-style-type: none"> <li>» Decision-making, capacity and consent</li> <li>» Shared decision making</li> <li>» Advance care planning</li> <li>» Person-centred care</li> <li>» How to have conversations about end-of-life</li> <li>» Inclusion and diversity</li> <li>» Cultural safety.</li> </ul> |

**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.

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|---|---|---|--|
| <p><b>Core Standard 2 Rights and Needs of Patients</b><br/> <b>C2.1 Respectful and culturally appropriate care</b><br/> <i>Noted above: See Module 2.</i></p> | <p><b>Clinical Safety Standard: Comprehensive care at the end of life</b><br/> <b>Action 3.24:</b> Healthcare providers use a healthcare service’s processes that are consistent with the National Consensus Statement: Essential elements for safe and high-quality end-of-life care to:</p> <ol style="list-style-type: none"> <li>a. Identify patients who are at the end of life</li> <li>b. Use this information to plan and deliver health care.</li> </ol> | <p><b>Guiding Principle No. 6. Ensure the right to refuse medical treatment</b><br/>                     Decisions regarding treatment may be made in advance and remain valid unless the person or substitute decision-maker, family or carers state otherwise.</p> <p><b>Guiding Principle No. 7. Not be burdensome or harmful</b><br/>                     It is unethical to provide burdensome investigations, treatments and transfers that can be of no benefit and harmful to people.</p> <p><b>Guiding Principle No. 8. Not offer unreasonable hope</b><br/>                     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.</p> | <p><b>Essential Element 4: Comprehensive care</b><br/>                     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.</p> <p>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. <i>See Actions 4.1–4.14.</i></p> <p><b>Essential Element 5: Responding to concerns</b><br/> <i>Noted above: See Module 2.</i></p> <p><b>Essential Element 7: Support, education and training</b><br/> <i>Noted above: See Module 2.</i></p> |

## 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.

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|---|---|---|---|
| <p><b>Core Standard 7 Content of Patient Health Records</b></p> <p><b>C7.1 Content of patient health records</b></p> <p><b>C7.1A</b> Our practice has an individual patient health record for each patient, which contains all health information held by our practice about that patient.</p> <p><b>GP Standard 2 Comprehensive Care</b></p> <p><b>GP2.1 Continuous and comprehensive care</b></p> <p><b>GP2.1B</b> Our health service provides continuity of care.</p> <p><b>GP2.1C</b> Our health service provides comprehensive care.</p> | <p><b>Partnering with Consumers Standard: Healthcare rights and informed consent</b></p> <p><b>Action 2.02(d):</b> <i>Noted above: See Module 2.</i></p> <p><b>Action 2.03:</b> <i>Noted above: See Module 2.</i></p> <p><b>Action 2.04:</b> The healthcare service has processes for healthcare providers to partner with patients and/or their substitute decision-maker to plan, communicate, set and review goals, make decisions and document their preferences about their current and future health care.</p> <p><b>Partnering with Consumers Standard: Communication that supports effective partnerships</b></p> <p><b>Action 2.06:</b> <i>Noted above: See Module 2.</i></p> <p><b>Clinical Safety Standard: Planning and delivering comprehensive care</b></p> <p><b>Action 3.21(h):</b> The healthcare service has processes to ensure healthcare providers work within their scope of practice to plan and deliver comprehensive care by:</p> <p>h. Receiving a current advance care plan and incorporating it into a patient's healthcare record.</p> | <p><b>Guiding Principle No. 1. Be person-centred and include family and carers</b></p> <p><i>Noted above: See Module 2.</i></p> <p><b>Guiding Principle No. 2. Align with values, needs and wishes</b></p> <p>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.</p> <p><b>Guiding Principle No. 4. Consider cultural, spiritual and psychosocial needs</b></p> <p>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.</p> | <p><b>Essential Element 1: Recognising End of Life</b></p> <p>The first step in providing safe and high-quality end-of-life care is to recognise people who would benefit from such care. <i>See Actions 1.1–1.2.</i></p> <p><b>Essential Element 2: Person-centred communication and shared decision making</b></p> <p><i>Noted above: See Module 2.</i></p> <p><b>Essential Element 4: Comprehensive care</b></p> <p><i>Noted above: See Module 3.</i></p> <p><b>Essential Element 5: Responding to concerns</b></p> <p><i>Noted above: See Module 2.</i></p> <p><b>Essential Element 7: Support, education and training</b></p> <p><i>Noted above: See Module 2.</i></p> |

**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.

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|---|---|---|---|
| <p><b>Core Standard 1 Communication and Patient Participation</b><br/><b>C1.3 Informed patient decisions</b><br/><i>Noted above: See Module 2.</i></p> <p><b>Core Standard 2 Rights and Needs of Patients</b><br/><b>C2.2 Presence of a third party during a consultation</b><br/><i>Noted above: See Module 2.</i></p> <p><b>Core Standard 7 Content of Patient Health Records</b><br/><b>C7.1 Content of patient health records</b><br/><i>Noted above: See Module 4.</i></p> | <p><b>Partnering with Consumers Standard: Healthcare rights and informed consent</b><br/><b>Action 2.03:</b> <i>Noted above: See Module 2.</i><br/><b>Action 2.04:</b> <i>Noted above: See Module 4.</i></p> <p><b>Partnering with Consumers Standard: Communication that supports effective partnerships</b><br/><b>Action 2.06:</b> <i>Noted above: See Module 2.</i></p> | <p><b>Guiding Principle No. 1. Be person-centred and include family and carers</b><br/><i>Noted above: See Module 2.</i></p> <p><b>Guiding Principle No. 2. Align with values, needs and wishes</b><br/><i>Noted above: See Module 4.</i></p> <p><b>Guiding Principle No. 3. Provide people with information they can understand</b><br/><i>Noted above: See Module 2.</i></p> <p><b>Guiding Principle No. 4. Consider cultural, spiritual and psychosocial needs</b><br/><i>Noted above: See Module 4.</i></p> <p><b>Guiding Principle No. 6. Ensure the right to refuse medical treatment</b><br/><i>Noted above: See Module 3.</i></p> | <p><b>Essential Element 2: Person-centred communication and shared decision making</b><br/><i>Noted above: See Module 2.</i></p> <p><b>Essential Element 5: Responding to concerns</b><br/><i>Noted above: See Module 2.</i></p> <p><b>Essential Element 7: Support, education and training</b><br/><i>Noted above: See Module 2.</i></p> |

**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.

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| <p><b>Core Standard 5 Clinical management of health issues</b></p> <p><b>C5.1 Diagnosis and management of health issues</b></p> <p><b>C5.1A</b> Our clinical team is able to access relevant current clinical and other guidelines to help diagnose and manage our patients.</p> | <p><b>Clinical Safety Standard: Comprehensive care at the end of life</b></p> <p><b>Action 3.24:</b> <i>Noted above: See Module 3.</i></p> | <p><b>Essential Element 1: Recognising End of Life</b><br/><i>Noted above: See Module 4.</i></p> <p><b>Essential Element 4: Comprehensive care</b><br/><i>Noted above: See Module 3.</i></p> <p><b>Essential Element 7: Support, education and training</b><br/><i>Noted above: See Module 2.</i></p> | <p><b>Essential Element 10: Systems to support high-quality care</b></p> <p><b>Action 10.2:</b> 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.</p> |

**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.

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|--|---|---|--|
| <p><b>Core Standard 1 Communication and Patient Participation</b></p> <p><b>C1.3 Informed patient decisions</b></p> <p><i>Noted above: See Module 2.</i></p> | <p><b>Partnering with Consumers Standard: Healthcare rights and informed consent</b></p> <p><b>Action 2.02(d):</b> <i>Noted above: See Module 2.</i></p> <p><b>Action 2.03:</b> <i>Noted above: See Module 2.</i></p> <p><b>Further information about meeting the Standards</b></p> <p><b>Partnering with Consumers Standard: Healthcare rights and informed consent:</b></p> <p>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). (Source: The National Safety and Quality Health Service Standards <i>User Guide for Acute and Community Health Service Organisations that Provide Care for Children</i> (2018)).</p> | <p><b>Guiding Principle No. 3. Provide people with information they can understand</b></p> <p><i>Noted above: See Module 2.</i></p> | <p><b>Essential Element 5: Responding to concerns</b></p> <p><i>Noted above: See Module 2.</i></p> |

## 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.

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|--|--|--|---|
| <p><b>Core Standard 1 Communication and Patient Participation</b></p> <p><b>C1.3 Informed patient decisions</b></p> <p><i>Noted above: See Module 2.</i></p> | <p><b>Clinical Safety Standard: Comprehensive care at the end of life</b></p> <p><b>Action 3.24:</b> <i>Noted above: See Module 3.</i></p> | <p><b>Guiding Principle No. 7. Not be burdensome or harmful</b></p> <p><i>Noted above: See Module 3.</i></p> <p><b>Guiding Principle No. 8. Not offer unreasonable hope</b></p> <p><i>Noted above: See Module 3.</i></p> | <p><b>Essential Element 4: Comprehensive care</b></p> <p><i>Noted above: See Module 3.</i></p> <p><b>Essential Element 5: Responding to concerns</b></p> <p><i>Noted above: See Module 2.</i></p> <p><b>Essential Element 7: Support, education and training</b></p> <p><i>Noted above: See Module 2.</i></p> |

## MODULE 9 Emergency treatment for adults

This Module explores how the law responds to situations where decisions about emergency or urgent 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.

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| <p><b>Core Standard 5 Clinical management of health issues</b></p> <p><b>C5.3 Clinical handover</b></p> <p><b>C5.3A</b> Our practice manages the handover of patient care both within the practice to other members of the clinical team and to external care providers.</p> | <p><b>Clinical Safety Standard: Recognising serious deterioration or distress and escalating care</b></p> <p><b>Action 3.31:</b> Healthcare providers use the healthcare service's processes to:</p> <ol style="list-style-type: none"> <li>a. Recognise deterioration in a patient's physical, mental or cognitive health</li> <li>b. Respond to a patient within their scope of clinical practice and call for emergency assistance</li> <li>c. Notify a patient's other relevant healthcare providers, carers or family when their health care is escalated.</li> </ol> | <p><b>Essential Element 4: Comprehensive care</b></p> <p><i>Noted above: See Module 3.</i></p> |  |



## 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.

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| <p><b>Core Standard 3 Practice Governance and Management</b></p> <p><b>C3.1 Business operation systems</b></p> <p><b>C3.1D</b> Our practice has a complaints resolution process.</p> | <p><b>Clinical Governance Standard: Feedback and complaints management</b></p> <p><b>Action 1.08:</b> The healthcare service:</p> <ol style="list-style-type: none"> <li>a. Provides opportunities for its patients to report complaints</li> <li>b. Has processes to address complaints in a timely way.</li> </ol> | <p><b>Essential Element 5: Responding to concerns</b></p> <p><i>Noted above: See Module 2.</i></p> |

## 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.

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|---|--|--|
| <p><b>GP Standard 2 Comprehensive Care</b></p> <p><b>GP2.1 Continuous and comprehensive care</b></p> <p><i>Noted above: See Module 4.</i></p> | <p><b>Clinical Safety Standard: Comprehensive care at the end of life</b></p> <p><b>Action 3.24:</b> <i>Noted above: See Module 3.</i></p> | <p><b>Scope:</b></p> <p>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.</p> <p><b>Essential Element 6: Leadership and governance</b></p> <p>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.</p> <p><b>Essential Element 7: Support, education and training</b></p> <p>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.</p> |

## 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.

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|---|---|---|
| <p><b>Core Standard 1 Communication and Patient Participation</b></p> <p><b>C1.4 Interpreter and other communication services</b></p> <p><b>C1.4A</b> Our practice endeavors to use an interpreter with patients who do not speak the primary language of our practice team.</p> <p><b>C1.4C</b> Our patients can access resources that are culturally appropriate, translated, and/or in plain English.</p> <p><b>Core Standard 2 Rights and Needs of Patients</b></p> <p><b>C2.1 Respectful and culturally appropriate care</b></p> <p><b>C2.1A</b> Our practice, in providing patient healthcare, considers and respects patients' rights, identity, body diversity, beliefs, and their religious and cultural backgrounds.</p> <p><b>Core Standard 7 Content of Patient Health Records</b></p> <p><b>C7.1 Content of patient health records</b></p> <p><b>C7.1E</b> Our practice routinely records the Aboriginal and Torres Strait Islander status of our patients in their patient health record.</p> | <p><b>Clinical Governance Standard: Patient populations and social determinants of health</b></p> <p><b>Action 1.09:</b> The healthcare service identifies patient populations using its service at greater risk of avoidable differences in health outcomes, including:</p> <ol style="list-style-type: none"> <li>a. People of Aboriginal and Torres Strait Islander origin</li> <li>b. People with disability</li> <li>c. People with diverse backgrounds.</li> </ol> <p><b>Clinical Governance Standard: Safety and quality training</b></p> <p><b>Action 1.16:</b> The healthcare service supports its workforce to provide culturally safe services to meet the needs of its Aboriginal and Torres Strait Islander patients.</p> <p><b>Clinical Governance Standard: Safe environment</b></p> <p><b>Action 1.25:</b> The healthcare service provides a culturally safe environment that recognises the importance of the cultural beliefs and practices of Aboriginal and Torres Strait Islander people.</p> <p><b>Clinical Safety Standard: Planning and delivering comprehensive care</b></p> <p><b>Action 3.22:</b> The healthcare service has processes to:</p> <ol style="list-style-type: none"> <li>a. Routinely ask if a patient is of Aboriginal and/or Torres Strait Islander origin</li> <li>b. Record this information in the patient's healthcare record</li> <li>c. Use this information to optimise the planning and delivery of health care.</li> </ol> | <p><b>Guiding Principle No. 4. Consider cultural, spiritual and psychosocial needs</b></p> <p><i>Noted above: See Module 4.</i></p> <p><b>Essential Element 1: Recognising end of life</b></p> <p>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.</p> <p><b>Essential Element 2: Person centred and shared decision making</b></p> <p>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.</p> <p><b>Essential Element 4: Comprehensive Care</b></p> <p>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.</p> <p><b>Essential Element 6: Leadership and Governance</b></p> <p>Cultural safety creates an environment that is safe for Aboriginal and Torres Strait Islander people and aims to address institutional racism and discrimination.</p> <p><b>Essential Element 7: Support, education and training</b></p> <p>Ensure healthcare workers are taught culturally safe approaches to providing end-of-life care to Aboriginal and Torres Strait Islander peoples.</p> |

**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 LGBTQ+ 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 LGBTQ+ 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.

| RACGP Standards for General Practice 5 <sup>th</sup> Edition  | National Safety and Quality Primary and Community Healthcare Standards (2021)  | National Consensus Statement on End of Life Care (2023)   |  |
|---|--|---|--|
| <p><b>Core Standard 1 Communication and Patient Participation</b><br/> <b>C1.4 Interpreter and other communication services</b><br/> <i>Noted above: See Module 12.</i><br/> <b>C1.4B</b> Our practice endeavors to employ communication strategies to engage with patients who have difficulty accessing the service due to a communication impairment.</p> <p><b>Core Standard 2 Rights and Needs of Patients</b><br/> <b>C2.3 Accessibility of services</b><br/> <b>C2.3A</b> Our patients with disabilities or impairment can access our services.</p> <p><b>Core Standard 7 Content of Patient Health Records</b><br/> <b>C7.1 Content of patient health records</b><br/> <b>C7.1F</b> Our practice routinely records the cultural backgrounds of our patients in their patient health record, where relevant.</p> | <p><b>Clinical Governance Standard: Patient populations and social determinants of health</b><br/> <b>Action 1.09:</b> <i>Noted above: See Module 12.</i></p> <p><b>Clinical Governance Standard: Safe environment</b><br/> <b>Action 1.24:</b> The healthcare service supports patients to access health care, including patients from diverse backgrounds and patients with disability.</p> <p><b>Clinical Safety Standard: Planning and delivering comprehensive care</b><br/> <b>Action 3.23</b> The healthcare service supports its workforce to meet the individual needs of its patients, including those:</p> <ol style="list-style-type: none"> <li>a. with disability</li> <li>b. from diverse populations.</li> </ol> | <p><b>Guiding Principle No. 4. Consider cultural, spiritual and psychosocial needs</b><br/> <i>Noted above: See Module 4.</i></p> <p><b>Essential Element 2: Person-centred communication and shared decision making</b><br/> <i>Noted above: See Module 2.</i></p> | <p><b>Essential Element 4: Comprehensive care</b><br/> <i>Noted above: See Module 3.</i></p> <p><b>Essential Element 7: Support, education and training</b><br/> <i>Noted above: See Module 2.</i></p> |

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**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. ELLC has CICM CPD Accreditation for Category 1A: Passive Self Learning (1 point per hour) and is approved for 11 ACEM CPD hours. This event has been accredited in the 2023–2025 ACRRM PD Program for 8.5 Educational Activity Hours and 2.5 Performance Review Hours. CPD points may be claimed from other professional organisations. Certificates of completion are available.

