

The role of health care practitioners in assisting patients in developing advance care plans

The treating team involved in end of life care, either through direct decision-making or in supportive roles, may variously include medical specialists, surgeons, general practitioners, nurses and allied health workers such as social workers, patient advocates, chaplains, aboriginal liaison officers or pastoral care workers. Individual members of the treating team may have closer or prolonged involvement with the patient and may be aware of the patient's values and wishes. Other team members may be more involved in how the patient is psychologically or spiritually coping with illness. Each member may bring valuable perspectives and information to the process of planning care and their collaborative involvement should be actively pursued.

Junior nurses and doctors should not be excluded where end of life decisions are considered, although they should be supervised in any discussions about end of life decisions with patients or their families. Reaching agreement within the treating team about appropriate care is an important initial step in a collaborative approach, particularly where the patient no longer has decision-making capacity. It can help reduce subjectivity or bias, particularly in cases of uncertainty.

Nurses and doctors have independent ethical duties towards patients, and the particular burdens that treatment limitation decisions place on nurses should be recognised. Nurses play a significant role in providing clinical and social information about or to the patient and family; in the potential initiation of treatment limitation discussions; and as managers of the dying process. Nurses must be part of the collaborative process whereby the treating team develops a management plan with patients and/or their families.

References:

- *NSW Health Guidelines – End of Life Care and Decision Making* (March 2005)
http://www0.health.nsw.gov.au/policies/gi/2005/pdf/GL2005_057.pdf