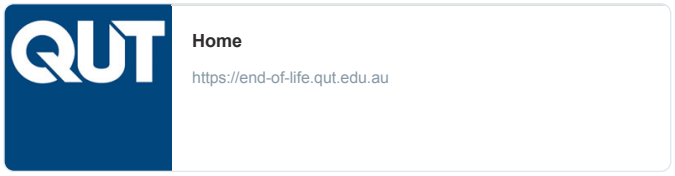
#21OPCC @WePublicHealth

Sep 8, 2021 • 17 tweets • WePublicHealth/status/1435465773875548166

I'm tweeting now from the workshop on End of Life Law for Clinicians led by Prof Lindy Willmott @QUT #21OPCC

@QUT Lots of relevant resources here:



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@QUT Exploring complex legal decision-making in #palliativecare. Are clinicians legally covered if they decide not to offer ongoing treatment deemed futile or worse, potentially harmful to the patient? #21OPCC

@QUT Big issue is of futile treatment. Second issue is of decision-making capacity. #21OPCC

@QUT Each State and Territory has it's own tests for decision-making capacity. More information can be found here:

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@QUT "Futile/non-beneficial" treatment. If a person has decision-making capacity, the law is simple - clinicians are NOT obliged to provide futile care. BUT shared decision-making is important. #21OPCC

@QUT "Futility" is a contested concept and is subjective with different definitions. Futility assessments can also be challenged. #21OPCC

@QUT Can futility be challenged even if you're the "expert"? Generally speaking, if the matter reaches court, the courts will back the clinicians making the assessment. Rare for clinicians to disagree on issues surrounding futile treatment. #21OPCC

@QUT What if the patient does not have decision-making capacity? Law is not easy on this! Who can be a substitute decision-maker? Law in each State/Territory is different:

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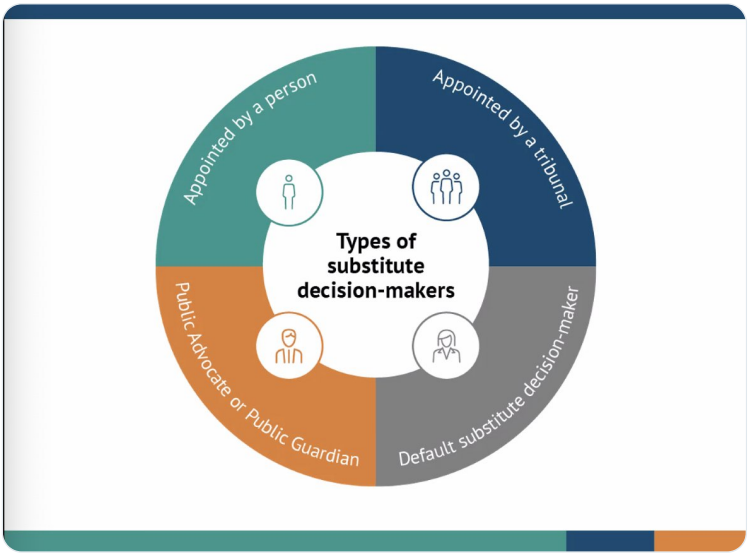
@QUT Types of medical decision makers. #21OPCC



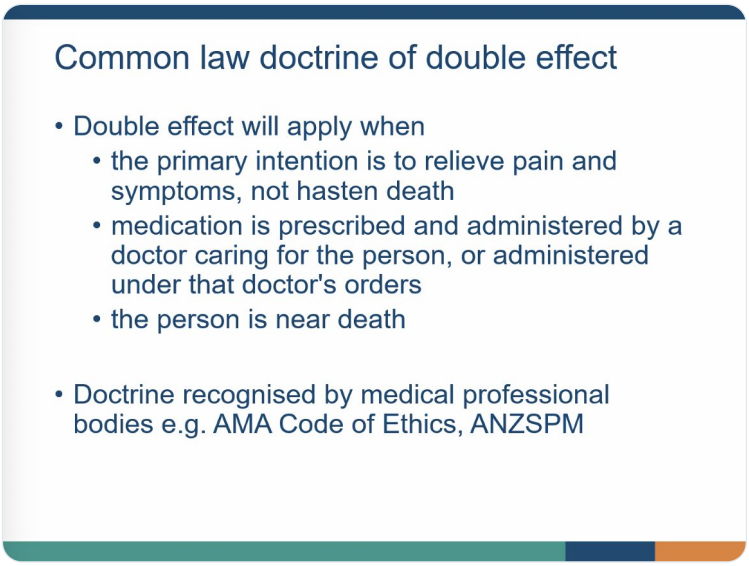
Opioid causation fallacy - is it possible for morphine to hasten death? Research suggests that the provision of appropriately titrated opioids will NOT cause death, & can potentially extend life. But sometimes it may not be appropriately titrated - double effect #21OPCC

Appropriate provision of pain and symptom relief is NOT voluntary assisted dying. #21OPCC

@kate_reed76 shares her experiences via video on breakthrough pain - spikes in pain due to disease. If appropriate pain relief is not provided, we are causing the patient and their family harm. Pain relief allows a person to be comfortable at the end of life #21OPCC

@kate_reed76 It wasn't you who caused death, the disease caused death. In providing pain relief, we allow our patients to die without pain. #21OPCC @kate_reed76

@kate_reed76 Common law doctrine of double effect. There is no ethical or legal controversy over this doctrine. Recognised as appropriate, ethical practice. #21OPCC



A really clear and insightful workshop from Professor Lindy Willmott. @HealthLawQUT

unroll plz @threadreaderapp

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