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Mother's nightmare realised as choice not respected

EWA KRETOWICZ
03 Jan, 2011 01:00 AM

  

Four years ago, Adele Stevens was forced to sit by and watch as her mother lived through her worst nightmare.

Thelma Cuthbert was 87 when she died. She made it clear to her family she did not want to be resuscitated, but because she hadn't completed an advanced care directive, her wishes weren't respected.

Advanced care directives are legally binding documents that outline the medical care a person would prefer in a given situation.

Ms Stevens, 67, said watching her mother struggle to die after physicians intervened to resuscitate made her determined to write her own living will.

Following a second major stroke in 2006, Mrs Cuthbert was in a semi-conscious state and doctors gave her fluid and food through a drip, but Ms Stevens is certain her mother just wanted to die.

"My mother was very clear that she did not want to be in a nursing home and severally incapacitated, like a friends of hers was," Ms Stevens said.

After the second stroke Ms Cuthbert was unable to recognise anyone and did not know who she was.

"It was her worst fear and it happened to her. And they used to swing her up from the bed to put her in a chair to take her to the shower and she'd be really scared."

Ms Stevens, who is a member of the ACT Council of the Ageing, said the group's budget submission argued for more funding to an ACT Government program Respecting Patient Choices.

For more on this story, see the print edition of today's Canberra Times



DETERMINED: Adele Stevens, pictured at her Rivett home, became an advocate for living wills when her mother was resuscitated after a second stroke although she didn't want to be. Photo: LANNON HARLEY

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Plea to honour death wishes

BY EWA KRETOWICZ
03 Jan, 2011 01:00 AM

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Australians aren't being allowed to die naturally as hospitals put too much focus on prolonging life, according to one intensive care expert.

Professor Ken Hillman is urging the Federal Government to create a national living will program as part of an Australia-wide conversation about end-of-life care.

Living wills are voluntary but legally binding statements outlining the medical care, including the right to refuse treatment or resuscitation, a person wishes to receive.

Professor Hillman said most hospitals had a policy of resuscitating every patient, even when the outcome of the treatment was prolonging death.

He said Australia spent about 1 per cent of gross domestic product, or \$10 billion, on intensive care.

"We need to look at what we're doing does our society know this is how we are using our resources and is it what people want?" he said.

"Where there is little or no hope of recovery or if they are going to be [brought] back with severe functional disability or in a vegetative state, do people still want treatment?"

He blames advances in technology and television medical dramas for giving people an unrealistic perception of survival and recovery.

"In the 1980s when I started in intensive care, it was for young, otherwise healthy people who suffered trauma. We worked really hard to get them back and they'd have a normal life and then gradually, and in this insidious way, we have given these options to seriously ill people where there is almost no hope of living.

"Perceptions in the community are often around miracle drugs and procedures capable of prolonging death indefinitely death is no longer a natural outcome of life," he said.

According to a study of American medical dramas, survival after cardiac arrest in acute hospitals on television was about 80 per cent.

"The real figure is more like 10 per cent and many of those die soon after discharge from hospital," Professor Hillman said.

He said relatives were put in a difficult position as most patients in intensive care were unable to communicate their wishes.

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