

7 February 2021

Mr Andrew Denton
Founder
Go Gentle Australia

Dear Mr Denton,

Thank you for your letter addressed to Ms Julia Trimboli dated 15 January 2021 and for the invitation to participate in a segment on the Go Gentle Australia podcast. I apologise for the delay in responding to your letter. Ms Trimboli left Mercy Health and moved to a new role at the end of 2020, so the letter has been forwarded to me for a reply.

We are mindful that the issue of Voluntary Assisted Dying has prompted significant public discussion over recent years, however, Mercy Health does not comment publicly on residents, patients or clients.

The principles of such an approach takes into consideration compassionate care and respect for all parties involved. Such principles are the cornerstone of Mercy Health's training, communication and support in all areas of residential aged care.

I have attached a copy of a brochure which is one of the tools we use to help people feel comfortable with conversations about death and dying. It has intentionally been written in a way that it could be read by a person at the end of their own life, a loved one, or indeed one of our staff. This recognises that not everyone is comfortable with conversations about death and it creates permission and, hopefully, a more comfortable way to raise the subject of death and dying.

Mercy Health has put considerable thought and effort into the development of its approach to end of life care, including the way we respond to and engage in requests for Voluntary Assisted Dying across all of the settings in which we provide care, including training and support of our own staff. At the heart of that approach has been a desire to meet all questions with a compassionate focus on the person as we find them. This means listening compassionately and taking a courageous approach to those conversations.

As one of the many organisations who elected not to provide direct support for VAD consistent with either clinical capability or, as was the case for Mercy Health, consistent with our moral position on euthanasia, it was important to us to establish a policy and approach that continued to provide compassionate care and accompaniment to people at the end of their life.

We do not assert that our response is perfect. We understand that the system for both those services providing VAD practitioner support, and those not providing it whether for moral or other reasons, has, at times, provided challenges and is subject to the limitations of care environments.

Compassion Hospitality Respect Innovation Stewardship Teamwork

Recognising this we have designed training and support for staff to ensure that our people are open to conversations and continue to listen and to respond compassionately with people in their care, while not participating materially in the coordination of VAD. These are new policies and procedures, and will take some time to become second nature to staff, but from the outset our intent has been to ensure our conversations and actions are compassionate and caring, open and non-judgmental.

The policy, training and materials we have developed have been requested by some non-denominational health services to support the conversations they have with people in their care. This reflects the approach we have taken to respecting the whole person and to acknowledging that the autonomy of each individual should be respected.

Thank you for taking the time to invite us to participate and for your patience in responding to your media request.

Yours sincerely



Adj Assoc Prof Felix Pintado
Chief Executive
Residential Aged Care, Home Care, and Seniors Living