

Guiding principles for safe and high-quality end-of-life care

The *National Consensus Statement: Essential elements for safe and high-quality end-of-life care* provides healthcare services with a best practice approach to caring for people who are approaching the end of their life. Safe and high-quality end-of-life care should:

1 Be person-centred and include family and carers

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.

2 Align with values, needs and wishes

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.

3 Provide people with information they can understand

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.

4 Consider cultural, spiritual and psychosocial needs

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.

5 Include qualified, skilled and experienced multidisciplinary care

Effective communication, collaboration and teamwork that ensures continuity and coordination between teams, within and between settings, during transitions, and across multiple episodes of care is required.

6 Ensure the right to refuse medical treatment

Decisions regarding treatment may be made in advance and remain valid unless the person or substitute decision-maker, family or carers state otherwise.

7 Not be burdensome or harmful

It is unethical to provide burdensome investigations, treatments and transfers that can be of no benefit and harmful to people.

8 Not offer unreasonable hope

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.

9 Continue after a person has died

Care of a deceased person, and bereavement care for families and carers, extends beyond the death of the person.

More information



For more information, please visit: safetyandquality.gov.au/our-work/end-life-care.