Submission to the Senate, Parliament of Australia Inquiry – Palliative Care in Australia
From the South Australian Voluntary Euthanasia Society (SAVES)

Terms of reference:
The provision of palliative care in Australia, including:
(a) the factors influencing access to and choice of appropriate palliative care that meets the needs of the population, including:
(i) people living in rural and regional areas,
(ii) Indigenous people,
(iii) people from culturally and linguistically diverse backgrounds,
(iv) people with disabilities, and
(v) children and adolescents;

Palliative Care Australia has stated that its vision is "Quality care at the end of life for all" and its mission is "To influence, foster and promote the delivery of quality care at the end of life for all." (1)

One of the objectives of the Palliative Care Council SA is "To advocate the needs, rights and interests of people who are dying and those who care for them".(2)

Palliative care, as with any medical specialty, can never be 100% effective.
It is widely acknowledged, including by Palliative Care Australia (3) and The Australian Medical Association (4), that even the best of palliative care cannot help all patients.
People suffer in many ways in the lead-up to death, despite optimal palliative care, and 5-10 per cent persistently ask clinicians to hasten their dying. (5)

This minority faces a serious dilemma as clients are unable to access and choose palliative care services appropriate to their needs, due to the current policy constraints of those services. The vision, mission and aim as stated above are currently unattainable and exclude a minority of Australians. Palliative care services are taxpayer- funded and therefore accountable to address the needs of all Australians.

(b) the funding arrangements for palliative care provision, including the manner in which sub-acute funding is provided and spent;

It is undeniable that the ageing of the population and the inevitable increase in malignant and degenerative diseases which accompany longevity will intensify the demand for palliative care. An increase in funding for palliative care services will be required.

(d) the effectiveness of a range of palliative care arrangements, including hospital care, residential or community care and aged care facilities;

We have concerns that there is a lack of palliative care facilities in many nursing homes, particularly in the areas of pain management and dementia care.

(1) http://www.palliativecare.org.au/Aboutus/AboutPCA.aspx

(2) www.facebook.com/pages/Palliative-Care-Council-of-South-Australia-Inc

(3) 1999 Palliative Care Australia Position Statement

(4) Position Statement on the Role of the Medical Practitioner in End of Life Care 2007

(5) http://www.adelaidenow.com.au/news/opinion/hunt-let-our-doctors-perform-their-duty/story