

Submission of

The Steering Committee,

Western Australian Catholic Sector Response to Voluntary Assisted Dying

Who we are

- 1 The Steering Committee coordinates an aligned response to the advent in Western Australia of voluntary assisted dying from nine Catholic acute health care, aged care, disability and social service providers, known collectively as the WA Catholic Sector. Member groups are St John of God Health Care, Catholic Homes Inc., MercyCare, Southern Cross Care, Mercy Health, Little Sisters of the Poor, Mt Laverna Gwelup, identityWA, and Nazareth House Geraldton
- 2 The Catholic Sector in WA collectively provides facility-based and community care services through seven general hospitals, two dedicated hospices, 13 retirement villages, 29 residential care facilities, 36 shared disability living houses and to over 150 in-home disability care clients, as well as through numerous community nursing and home care packages.
- 3 The WA Catholic Sector makes a huge contribution to health, aged and disability care in WA, yet like many other providers across all metropolitan, rural and remote areas, we struggle to meet the palliative care needs of all patients, residents and clients.

This Inquiry

- 4 This second Term of Reference for the Inquiry is

That the joint select committee inquire into and report on —

- (a) the progress in relation to palliative care, in particular implementation of recommendations of the Joint Select Committee into End of Life Choices;*
- (b) the delivery of the services associated with palliative care funding announcements in 2019–2020;*
- (c) the delivery of palliative care into regional and remote areas; and*
- (d) the progress on ensuring greater equity of access to palliative care services between metropolitan and regional areas.*

- 5 Chair of the End of Life Choices Joint Select Committee, Ms A Sanderson MLA, in her foreword to the *My Life My Choices [MLMC] Report* stated;

*“Western Australia has the lowest number of publicly funded in-patient beds per capita and access to specialist palliative care is limited across the state. Access is even further limited in the rural area and almost non-existent in remote regions. In an extraordinary admission, the WA Country Health Service told us ‘there is limited oversight, coordination and governance of medical palliative care services across WA Country Health Services’. **This, together with the barriers to access across the state generally, must be urgently addressed by the State Government.**” [Emphasis added]*

- 6 It is clear to us that palliative care opportunities throughout the state, in terms of both numbers of palliative care consultants and bed availability, remains well below community expectations and requirements.
- 7 This inquiry is somewhat premature given the focus of the inquiry is the performance of the State of Western Australia in implementing the MLMC recommendations.

Equality of VAD but No Equality of Access to Palliative Care

- 8 Palliative care forms a central element of service models offered by all WA Catholic Sector members.
- 9 Voluntary assisted dying has no part in palliative care, which ‘intends neither to hasten nor postpone death’.¹
- 10 As few as 0.4% of West Australians are expected to access voluntary assisted dying,² but virtually 100% expect to be able to access palliative care at some stage in their lives.
- 11 We are concerned that while the WA Government is funding all West Australians for equal access to voluntary assisted dying, it is not attempting to provide everyone with equal of access to quality palliative care services.

No Equality in Funding Models

- 12 We are also concerned that government funding for palliative care accessed in aged care facilities does not match funding for the same services accessed in hospital acute care settings. For example, patients at the Community Hospice in Murdoch are funded under an acute care model, while just down the road patients at the Wilson Comfort Care Centre receive much less funding under an aged care model.
- 13 Similar palliative care models funded at vastly different levels means that palliative care is not equally available to all West Australians. Equality of access demands equality in funding.³
- 14 The Inquiry should recommend that the State Government create an equal funding formula for all patients receiving facility-based palliative care.

¹ <https://www.aihw.gov.au/reports/palliative-care-services/palliative-care-services-in-australia/contents/summary>

² <https://theconversation.com/in-places-where-its-legal-how-many-people-are-ending-their-lives-using-euthanasia-73755>

³ <https://palliativecare.org.au/palliative-matters/palliative-care-funding-needs-reform>; and https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Completed_inquiries/2010-13/palliativecare/report/c03