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SUBMISSION TO THE STANDING COMMITTEE ON ENVIRONMENT AND PUBLIC AFFAIRS

Petition No 51 – Voluntary Euthanasia

The push to legalise Euthanasia has been frequent and persistent. Groups such as the West Australian Voluntary Euthanasia Society and relentless campaigners for the cause such as Dr Philip Nitschke have repeatedly utilised the media to spruik an agenda that I believe promotes a 'culture of death'. Relevantly, Professor O'Connor¹, President of Palliative Care Australia, is quoted as saying "the sort of argument that the euthanasia movement is pushing is one that really limits community discussion on end-of-life care. There are many other rights. For example, in Australia we have some way to go to make sure we have systems in place and adequate funding to support care of the dying in the manner that we all aspire to."

I believe that the Committee has previously had the opportunity to resolve to hold an inquiry into euthanasia, and has declined to do so. I respect the Committee's position on this issue but note that the petition presented is actually a dual issue petition – that is: a) euthanasia, and b) palliative care. When evaluating the petition I respectfully submit, the argument ought not be whether we allow people to take their own lives, the questions we should be asking are "why would people want to be taking their own lives?" and "are we doing all we can to provide the best quality of care for someone at the end of their life?". If the answer to the first question is to alleviate pain and suffering, I have seen an abundance of quality research and spoken to a number of Palliative Care Specialists to be able to confidently say that this should no longer be the case.

The purpose of this submission is to highlight the fact that twenty to thirty years ago, palliative care practices were considerably undeveloped, since then, however, advances in palliative care medicine have been significant and of increasing value and benefit.

It is important that an inquiry be made into palliative care in Western Australia to ascertain whether Western Australia complies with the best practice standards and whether enough funding has been allocated to palliative care delivery and the education of health professionals and health care service providers to ensure that the quality and models of palliative care delivery are: a) of a 'world class' standard, b) mainstream, and c) available to all.

From my conversations with Palliative Care Specialists it appears Western Australia has a very cohesive palliative care service that does a reasonable job by world standards of holistically providing for people at the end of their lives. From my limited discussions with some of these specialists - areas that need particular attention re: Palliative Care are:

- Community education and perception – we are a death ‘denying’ society and many people are misinformed of the dying process and the palliative care services available. As a society a lot of education is given about the beginning stages of life but not about the end stages of life. This lack of information creates a ‘fear of the unknown’;
- Education of GP’s and general health providers – due to a lack of knowledge or confidence in this area General Practitioners generally tend to refer cases to palliative care providers – in reality, however, with an aging population and to provide a model that is sustainable – GP’s and hospital based nurses will need to develop, hone and improve their skills in this specialty;
- Cultural differences that exist particularly in remote / indigenous regions;
- Paediatric Palliative Care has its own challenges and needs, particularly for parents, siblings and others. There is a need to support parents in the home who are the primary care givers of children with a terminal illness, particularly non-cancer conditions which are often overlooked.

The request for this investigation is not a complaint and accordingly has not been taken to the Parliamentary Commissioner for Administrative Investigations – it is, however, a request. An investigation into palliative care could lead to increased awareness and consequently access to ‘state of the art’ palliative care services in this State.

In their research, McNamara, Rosenwax, D’Arcy Holman and Nightingaleⁱⁱ found that “two-thirds (68%) of people who died of cancer received Specialist Palliative Care, but less than one in ten (8%) who died of selected non-cancer conditions received Specialist Palliative Care. Those who died of cancer were significantly less likely to receive Specialist Palliative Care if they were single or widowed, aged 85 years or lived in a region other than a major city. Of those who died of selected non-cancer conditions, people other than those who were married were significantly less likely to have accessed Specialist Palliative Care.”

As Professor Ilora Finlay points outⁱⁱⁱ “30 years ago, when palliative care was almost nonexistent, prolonged symptomatic suffering was common among terminally ill patients, especially those with malignant or degenerative illness. But things have

changed dramatically since then in developed countries. Along with other rapid advances in clinical practice, palliative care has come of age, with specialist palliative care teams in major hospitals and in hospices...sadly, stories of bad deaths have not disappeared, largely because the spread of palliative care skills, both geographically and within health care, has not kept pace with its advances in quality.”

There have been great advancements in the delivery of specialist palliative care, however, Professor O’Connor states, “in general, health and other care services do not always perform well for people who are dying. Our existing models of care do not necessarily match the needs of many living with a terminal condition, creating unnecessary stress and pain at this crucial time.”^{iv}

I hereby respectfully request that the Standing Committee on Environment and Public Affairs resolve to commence an inquiry into palliative care, its delivery, who has access to specialist palliative care, how well funded this specialty is, and what barriers currently exist that prevent patients receiving good pain prevention, management and treatment.

Thank you for taking the time to consider this request.

ⁱ Professor O’Connor, 2007, *Dying choices – far more than a ‘one-issue debate’*, Palliative Care Australia Media Release

ⁱⁱ B McNamara, L Rosenwax, 2006, *Who receives specialist palliative care in Western Australia – and who misses out*, Palliative Medicine, Vol. 20, No. 4, 439 - 445

ⁱⁱⁱ I Finlay, 2009, *Dying and Choosing*, The Lancet, Vol. 373, No. 9678, 1840 - 1841

^{iv} Professor O’Connor, 2009, *EOL Towards quality care at the end of life*, Winter 2009