

# Hon Mia Davies MLA

Member for Central Wheatbelt | Leader of The Nationals WA

Ref: Petition No. 143

Hon Matthew Swinbourn MLC  
Chair  
Standing Committee on Environment and Public Affairs

Via email: [env@parliament.wa.gov.au](mailto:env@parliament.wa.gov.au)

Dear Mr Swinbourn,

## RE: PETITION No. 143 – PALLIATIVE CARE IN REGIONAL WA

Thank you for the opportunity to provide a written submission in support of Petition no. 143 – Palliative Care in regional WA. I confirm that I wish the Committee to inquire into the matters raised in the petition.

The petition is intended to encourage the Government to ensure funding for palliation services meet the expectations of both the health sector, and in particular, regional communities. It asks the Government to work collaboratively with all practitioners to increase staffing levels and improve administration of patient care. It also highlights the need for better access to palliative care specialists in regional Western Australia and improved aftercare support for families who are grieving the loss of a loved one.

As part of the Joint Select Committee 'End of Life Choices' inquiry, palliative care specialists and workers stated on numerous occasions that the health sector in regional WA cannot meet the needs of regional communities under the current funding and staffing arrangements.

The report states that in 2016 there were 369 palliative care nurses employed in WA, equating to 293.7 full-time equivalent positions. While the Committee were unable to locate state-specific data on the location of the workforce, national data indicates 72 per cent of palliative nurses work in major cities, with 20.2 per cent working in inner regional areas and only one-half of a per cent work in remote or very remote regions.

Evidence was presented by Silver Chain to the Committee stated that Western Australia had the lowest number of publicly funded inpatient palliative care beds per head of population. Findings 19 and 20 identified that there is limited access to palliative care medical specialists in regional Western Australia and limited medical oversight, coordination or governance of medical palliative care services across WA Country Health Services.

Specifically, I draw the Committee's attention to the section of the report that states:

*"The committee made several attempts to gain an understanding of how funding is distributed for palliative care in Western Australia."*

Northam Office  
185 Fitzgerald Street  
(PO Box 92), Northam WA 6401  
Ph 08 9622 2871 Fax 08 9622 1668  
Freecall 1800 673 914

Merredin Office  
The Old Town Hall, Mitchell Street  
Merredin WA 6415  
Ph 08 9041 1702 Fax 08 9041 2554  
Freecall 1800 673 914

[mia.davies@mp.wa.gov.au](mailto:mia.davies@mp.wa.gov.au)  
[www.miadavies.com.au](http://www.miadavies.com.au)

 MiaDaviesMLA  
 facebook.com/MiaDaviesMLA



*At the first public hearing with WA Health the committee asked a series of questions related to funding of palliative care services in Western Australia. In response to many of these questions, WA Health advised they were unable to provide the information because they were restricted by commercial-in-confidence requirements. The remaining questions related to funding were almost all taken as questions on notice. The committee made multiple attempts to obtain specific funding breakdowns from WA Health. Ultimately the Clerk of the Legislative Assembly issued a summons to the Director General of WA Health. Unfortunately, the data that was presented to the committee was not in a consistent format, thus making comparison very challenging."*

In the case of access to palliative care for Indigenous Australians living in regional and remote Western Australia the barriers increase.

It is clear that the debate in relation to end of life choices and voluntary assisted dying has highlighted the deficiencies in Western Australia's palliative care services, particularly in regional Western Australia. The evidence presented to the Committee was compelling and while lack of funding was one contributing factor, it is clear there are structural and systemic deficiencies in the system that must be addressed to improve outcomes.

As part of my own consultation during the 'end of life choices' debate and consideration of the *Voluntary Assisted Dying Bill 2019* it was clear that regional communities were grateful for the support they had, but were aware that services were limited. This was particularly the case if a patient had complex needs that required them to travel to Perth for treatment, away from family, friends and familiar surrounds at this difficult time.

The overwhelming sentiment was that regional communities desired greater access to a well-trained workforce, appropriate accommodation and care should they be unable to stay at home, as well as support for their loved ones during and after the patient had passed. Anecdotally, there were many stories of families that had simply 'coped themselves' with the passing of a loved one without the support of the local health service.

Whilst everyone that lives in regional Western Australia understands that we cannot have a Royal Perth or Fiona Stanley Hospital in every town, it is not unreasonable for them to expect medical and other support for family and community members that are nearing the end of life without having to relocate to Perth. It should not be a choice to stay at home in pain or relocate to Perth for services and peace of mind. Unfortunately, this is often the case.

I appreciate the Government has been required to respond to a concerns raised in relation to palliative care services as part of the consideration of *Voluntary Assisted Dying* legislation. It is now time to ensure that the policy, funding and structure of palliative care is appropriate for every Western Australian, and in the case of those that signed this petition, those that live in regional, remote and rural Western Australia.

Yours sincerely,



**HON MIA DAVIES MLA**  
Member for Central Wheatbelt