

PALLIATIVE CARE

Motion

HON NICK GOIRAN (South Metropolitan) [10.09 am] — without notice: I move —

That this Council —

- (a) acknowledges that this week is National Palliative Care Week and recognises the theme “Palliative Care *It’s more than you think.*”;
- (b) notes that on 19 November 2020, the Joint Select Committee on Palliative Care in Western Australia tabled its final report;
- (c) expresses concern that priorities continue to be misplaced as a consequence of the Minister for Health’s ongoing mismanagement of the health system; and
- (d) calls on the government to table forthwith its response to the joint select committee’s 56 findings and 25 recommendations.

Members, at the outset, I wish to acknowledge that this is, indeed, National Palliative Care Week and, in doing so, I would like to take the opportunity to put on the record my appreciation for the longstanding work and commitment of Margaret Quirk, MLA, who has for the last two Parliaments and now moving into this third Parliament agreed to be, with me, the co-convenor of the Parliamentary Friends of Palliative Care. As I said, the honourable member from the other place has had a longstanding commitment to the importance of highlighting an increased awareness of palliative care, and I thank her for her ongoing commitment in the thirty-ninth, fortieth and this forty-first Parliament.

President, this year’s theme for National Palliative Care Week is “Palliative care, *It’s more than you think*”. The significance is the final word “think” because the national palliative care movement is asking us to understand that it is more than just thinking about palliative care; it also requires some action. By way of explanation, Palliative Care Australia has undertaken a community survey and here are some of the key findings that have arisen as a result of its survey. Seventy-six per cent of respondents are likely to ask for palliative care for themselves or someone close to them if they have a serious prolonged or terminal illness. However, only 39 per cent of respondents think that a person can first ask for palliative care when they are first diagnosed with a terminal, chronic or degenerative illness. Further, only 31 per cent of respondents think that general practitioners can provide palliative care. Seventy-eight per cent of respondents agree that people should plan for the end of their life while 88 per cent of respondents think that it is important to start thinking and talking about their wishes and preferences for care should they become seriously or terminally ill. The key findings that indicate that there needs to be action arises from the following thoughts: 50 per cent of respondents have done nothing about their end-of-life choices, fifty-four per cent of respondents believe that talking about their preferences for the end of their life with their family will upset them and 48 per cent of respondents find the subject of death and planning for the end of their life too difficult to talk about.

In the fortieth Parliament, both houses agreed to the establishment of the Joint Select Committee on Palliative Care in Western Australia. The establishment of that committee was somewhat torturous and a review of *Hansard* will remind members of the chronology of events that led to the government’s belated establishment of that committee. Nevertheless, the joint committee eventually started its work. It had a truncated period in which to undertake a very significant task. I had the honour of being the deputy chair of that joint select committee, with the chair being Chris Tallentire, MLA. The final report of the Joint Select Committee on Palliative Care was tabled on 19 November last year. Of course, since that time—this will go to the final limb in the motion—there has been no government response to the 56 findings and 25 recommendations.

Hon Alannah MacTiernan: You are aware there was an election and there was a caretaker period.

Hon NICK GOIRAN: Minister, I am happy to take your interjection as always. Both the minister and I know that there was an election in the preceding period. We also both know that it has been six months since the report was tabled, and I would have thought that it was not that difficult for one person in government to author some form of response. Minister, I would like this important issue of palliative care to be dealt with today with respect because this is the type of matter that warrants bipartisan support. That is precisely why we have a parliamentary friendship group. It is precisely why Margaret Quirk, MLA, and I have undertaken this work now for three consecutive Parliaments. I am simply saying to the minister, since she decided to interject, that there has been ample opportunity for the government to provide some kind of response. No-one is suggesting that a response should have been provided in the caretaker period. But it is now 27 May 2021, and it is not asking too much for the government to provide a response to this work and the 56 findings and 25 recommendations. The Minister for Regional Development may well be the minister who responds to this matter in due course and she may or may not be in a position to respond today. If she cannot respond today, that is fine, but if she could at least give us some indication as to when a fulsome response will be provided by the government, that will help us take this matter forward.

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I draw to members' attention in particular some of the findings and recommendations. Members will see that the third limb of the motion refers to the misplaced priorities of the current government. It is regrettable, minister, that since the election those misplaced priorities have been exposed to the extent that they have. I say that it is regrettable not because exposure is bad; it is regrettable that the misplaced priorities are occurring at all. Earlier this morning, I gave notice of a motion dealing with at least one of the consequences of those misplaced priorities, and we will consider that hopefully next week. In the meantime, the joint select committee prepared a report containing 56 findings and 25 recommendations.

I take members to finding 9, which states —

The palliative care system is fragmented and its navigation is a challenge for patients.

That is what the committee wrote in November last year. I am not aware of anything that has transpired over the last six months that has in any way alleviated that concern. In actual fact, as I understand it, from discussions with people within the sector, the situation has only become worse. It follows that given the state of crisis that the health system is currently in that the fragmentation of the palliative care system and its challenging navigation cannot possibly have improved in this current climate. Members may take some note that in finding 2, we partly find out the reason why the navigation system is so challenging and why the system is so fragmented in a unanimous finding of the committee. In passing, I note and thank Hon Kyle McGinn in particular for being a member of this committee and giving his full-throated support of the findings and recommendations.

I note that the committee stated in finding 2 —

Plans to implement the *WA End-of-Life and Palliative Care Strategy 2018–2028* vary between agencies and range from a 10-year Implementation Plan by South Metropolitan Health Service, a 5-year plan by East Metropolitan Health Service, a 3-year plan by the Department of Health, a yet-to-be complete plan by North Metropolitan Health Service and no publicly available plan by WA Country Health Service.

That was the situation in November last year. It is therefore no wonder that the committee found the system to be fragmented and that Western Australians find the navigation of that system challenging.

I draw to members' attention finding 8, which states —

- a) The Electronic Palliative Care Information System (ePalCIS) is a specialised palliative care data collection system in use in around 19 sites in Western Australia.
- b) The rollout of ePalCIS ceased in 2017 due to budget constraints.
- c) A subsequent investigation into the current use of ePalCIS has resulted in a recommendation for its increased rollout and use, to enable all hospital sites to accurately record palliative care activity and be funded accordingly.

This is a very important finding that was made by the joint select committee last year. It is a little disturbing that the rollout was stopped due to budget constraints; that was the evidence provided to the committee in 2017. Be that as it may, we cannot change that. But now, in 2021, surely those budget constraints no longer exist. We call on the government to give expedited consideration to the consequences of finding 8.

I also want to draw to members' attention recommendation 8, which is found at page 85 of the report —

The Minister for Health explain why additional funding to increase the palliative care workforce was not allocated in the January 2020 Expenditure Review Committee submission.

That would be an uncomfortable recommendation for the government; I understand that. But once again, I emphasise that this was a unanimous recommendation of the joint standing committee. There were six members of this committee and there can be no suggestion that it was anything other than a tripartisan committee. The members of the committee from this place included me as deputy chair, former Greens MLC Hon Alison Xamon and, as I have already acknowledged, Hon Kyle McGinn. From the other place we had Mr Shane Love, MLA; Mr Zak Kirkup, MLA; and Mr Chris Tallentire, MLA, the chair. The committee unanimously asked the Minister for Health to explain why additional funding to increase the palliative care workforce was not allocated in the January 2020 Expenditure Review Committee submission.

I understand that the minister has already foreshadowed that the explanation that will be provided by the government today will be to say, "Well, we've had an election campaign." No doubt there will also be an explanation provided about the caretaker period and, looking into my crystal ball, I predict that the minister will make some reference to the COVID-19 pandemic. That certainly has been the excuse used for everything over the last 14 months. That is not in any way to diminish the workload that has arisen as a result of the pandemic. I continue to be surprised that the Commissioner of Police, in particular, is able to do his job as effectively as he has been able to, considering the extra workload he has had. He must have probably the most difficult job in the public service at the moment.

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Nevertheless, recent tragic events that have been highly publicised indicate what cannot happen: we cannot continue to have a situation in which this government uses COVID-19 as some enormous shield to deflect everything. A committee of the fortieth Parliament unanimously asked the Minister for Health to provide an explanation. If that explanation can be provided today, fantastic; that is recommendation 8. If it cannot, then at the very least, we call on the government to provide a time frame for when the Minister for Health will provide that explanation.

I turn now to recommendation 9. This was one of the rare instances of a majority recommendation rather than a unanimous one. In this instance, four members of the committee recommended —

... the Minister for Health prioritise additional funding to increase the palliative care workforce as noted in the Department of Health’s *WA Health End-of-Life and Palliative Care—Current state of WA palliative care service provision and key findings: Working paper*, June 2020, page 30.

Again, we call on the government to provide some explanation. Does it have an appetite to prioritise the additional funding, as has been suggested is necessary in that working paper? Does the government have an appetite for that or not? One would hope that, in the intervening time, the government will move past the fact that it is just a majority recommendation and still provide some form of response.

I also draw members’ attention to recommendation 14, which should particularly interest members who represent the North Metropolitan Region. My learned friend Hon Pierre Yang has, in recent times, vacated his position in the South Metropolitan Region and is now taking responsibility for the North Metropolitan Region. As the lead member for North Metropolitan Region, I draw recommendation 14 to his attention. It states —

WA Health undertake an evaluation of whether the ten additional inpatient beds in the northern suburbs of Perth referred to in the funding announcement of 10 October 2019:

- a) will meet the unmet inpatient palliative care needs of the northern suburbs of Perth as identified by the Joint Select Committee on End of Life Choices
- b) constitute an ‘inpatient specialist palliative care hospice’ for the purposes of recommendation 7 of the Joint Select Committee on End of Life Choices.

For members who are not familiar with those reports or are not abreast of the situation with regard to palliative care, the government made a funding announcement. One thing we can say about the Minister for Health is that we can probably give him 10 out of 10 for announcements. He is good at announcements, but on accountability, we frankly have to give him zero. The question is: what score does he get for delivery? As I say, members representing the North Metropolitan Region will want to know whether these 10 additional inpatient beds exist or whether this was just an announcement made at a convenient point in time, in October 2019. Members who were in this chamber in October 2019 will understand the significance of the end-of-life choices debate that happened then and the pressure that all members were under. Was that a convenient announcement by the Minister for Health on 10 October 2019 about 10 additional inpatient beds in the northern suburbs or was it an authentic announcement? Has there been any delivery as a result of that announcement? That is the question that members for the North Metropolitan Region need to satisfy themselves with and, in particular, that is what we are calling on the government to provide an explanation to.

In summary, I indicate to members that this is National Palliative Care Week and the theme is “Palliative Care *It’s more than you think.*” Hopefully, those members who have the opportunity to read this voluminous report from the last Parliament will have a better appreciation for just how much is involved in this area. I indicate to those members who have a genuine interest or a particular passion in this area of palliative care—I appreciate that new members in particular are going to get bombarded with requests to be involved in all kinds of areas; it is one of the privileges and challenges of being a member of Parliament—please do not hesitate to reach out to either me or Margaret Quirk, MLA, as we will be only too happy to welcome them into the parliamentary friendship group.

HON TJORN SIBMA (North Metropolitan) [10.30 am]: I rise today to support my colleague and friend Hon Nick Goiran in drawing the chamber’s attention to an extremely important issue that often goes unremarked. I think that is to the detriment of not only this chamber, but also our community more generally speaking. I will draw specific attention to two of the four serials in this motion—that is, paragraphs (a) and (c). I will address paragraph (a) first, just to reinforce the importance of palliative care.

In the latter part of 2019, as Hon Nick Goiran identified, individual members in this chamber were put under immense scrutiny and pressure with the voluntary assisted dying legislation. That was, I reinforce, a matter of conscience, and I am pleased to note that my colleagues, at least those in the Parliamentary Liberal Party, exercised their individual consciences to the absolute limit of their endeavour and capability and in a way that reflected very well on them individually, because they respected the views of their own moral foundation, as well as those of their community members. We came to different positions individually on that bill, and that is fair and appropriate, because people of integrity can disagree on these matters. But there was a unifying thread throughout that conversation. It was: what are we doing with palliative care; are we giving it the care and attention that we should or are we treating

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it as a transactional adjunct to another issue? On occasions, I felt quite similarly to Hon Nick Goiran; I thought that the conversation around palliative care at that time was being dealt with in a tokenistic manner. For that reason, prior to me coming out, as it was, with my position on that bill, I took the opportunity to speak with, and subsequently write to, Hon Roger Cook, the Minister for Health. I will quote an excerpt from that letter to him and his response to me, because it is germane absolutely to this debate. This is a letter from 8 October and I will provide this to Hansard afterwards. I said —

It is an acknowledged fact that resourcing for palliative care services is presently inadequate and that this deficiency has developed over an extended period of time. Outside of a cadre of committed clinical advocates who have worked tirelessly to improve public understanding and government support, palliative care as a category of clinical activity has not been the beneficiary of the attention it deserves.

I went on to say —

Palliative care has suffered in part due to the opacity of its accounting within a clinical context. Because it has not been measured it hasn't mattered. To keep governments honest in the long term we must improve the manner by which we identify and measure palliative care services in the WA Health budget and through the activities of the individual health service providers by way of their annual reports.

As discussed, I hope to win your agreement to have Palliative Care Services as a discrete service line incorporated in WA Health's Resource Agreement with Treasury for the 2020–21 Budget Year and beyond. This would mean identifying palliative care as a separate expense line item in the portfolio's service summary statement in the budget papers, with the anticipated total and yearly expenditure over the forecast estimates period detailed.

I went on to say that the minister's response was going to have a nontrivial impact on the way that I voted on the Voluntary Assisted Dying Bill 2019, because I did not want to see palliative care generally forgotten about in the rush to vote in voluntary assisted dying. To the minister's credit, he listened, I think, with a measure of genuine interest. He wrote back to me on 15 October and, to paraphrase, he said that he agreed that the discrete reporting of palliative care within the WA health budget was an important issue and that it would ensure transparency and accountability for the resources allocated by the state government. He went on to say —

Further to your representations on this matter, I am pleased to confirm that I have instructed the Department of Health from the 2020–21 State Budget to include within the significant issues section of the WA Health budget statement a stand-alone table with supporting commentary illustrating the funding, expenditure and services for palliative care.

That is important because it addresses the matter of whether the 10 inpatient beds exist in the North Metropolitan Health Service. There was a degree of fungibility and opacity around the way that governments had traditionally spoken about their apparent commitment to palliative care services. We need to understand whether governments are fulfilling the commitments that they ostensibly give. One measure of proving that up is whether or not the government provides a considered response to reports, as Hon Nick Goiran has drawn attention to. It is a matter that is of critical importance to every individual and every strata of society and, unfortunately, it is being provided lip-service to. I hate to say that the government's lack of response to this report, notwithstanding the fact that we have been to an election and we have been in caretaker mode, is another indication that this government is largely all spin and no substance. That should not be permitted to occur for the simple fact that the government is led by the most powerful Premier in the country, who has swiftly appointed himself to be the luckiest Treasurer in the western world. The government controls both houses of Parliament. Nothing stands in its way of fixing problems, so long as it has a genuine commitment to fix those problems.

I am pleased to say that in the 2020–21 health budget, the minister followed through on his word. It was not particularly where I wanted it, but for the interested people, there is a table on page 317 of budget paper No 2. In my view, it is a good first step, but it is not what I want; I want to see palliative care listed as a discrete service line. Only then can we test whether the government is fulfilling its commitment.

I will turn very briefly to the third limb of this motion—paragraph (c). People with even a short political memory will recall that Roger Cook was probably the most effective opposition health spokesperson the state has seen for some time. If there was a problem, the now minister was all over it. He would be a dependable feature around 6.03 or 6.04 pm in a Sunday night bulletin, standing outside Perth Children's Hospital, in the waiting room with some poor unfortunate person or at the bedside of people, looking very concerned and then lambasting the government for some imagined, perceived or exaggerated failure.

Several members interjected.

Hon TJORN SIBMA: I thought that even that gentle provocation would attract some interest! How easy it is to be a critic. Do members recall the sustainable health review and the 12 different line items? I do not know how many

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hundreds of thousands of dollars was committed to that exercise in 2017, 2018 and 2019. What has it delivered? The Labor Party went to the election with this mantra: “Keeping WA safe and strong, safe and strong”.

Several members interjected.

The PRESIDENT: Order!

Hon TJORN SIBMA: What an appalling exercise of the government to mislead the public of Western Australia about the true state of the health system. It is a shambolic mess! The Minister for Health had more than eight years as an opposition spokesperson to form a pretty good idea about what to do. He has been the minister for four years. I hate to say it, because I think he is genuinely a good person, but President and members of this chamber, he is hopelessly out of his depth. He is failing, day in and day out. It is not as though the Premier does not have 72 or 73 other people to choose from to provide that portfolio. Let us get serious and let us start taking the public of Western Australia seriously. Please, please take this opportunity to assume the full measure of the government’s responsibilities and fix the health system and give palliative care the respect it deserves.

HON PETER COLLIER (North Metropolitan) [10.40 am]: I make a few comments about this motion, in particular paragraph (c). My contribution today will not be Churchillian and bring down the government—I will leave that until next week!—but I intend to give —

Hon Alannah MacTiernan interjected.

Hon PETER COLLIER: I am not listening to you! Nothing has changed! I will not listen to you; I will not take interjections from you!

I say at the outset that I will give a couple of personal anecdotes, because what I witnessed last week was pretty traumatic, and it relates to what is happening in our health system. We have all heard about the ambulance ramping in recent months. The shadow health spokesperson was quoted in an article, which states —

Ambulance ramping at Perth hospitals continues to worsen, with the State Opposition claiming the system is reaching crisis point.

The Opposition released figures showing that ramping in May was 53 per cent worse than the same period last year, with the peak flu season still months away.

It said emergency department congestion at Fiona Stanley Hospital had not been resolved, with the hospital recording 46 hours of ramping on Tuesday, eclipsing the previous single day record of 31 hours.

Opposition health spokesman ... said the Government should take decisive action.

“We’re very concerned that the Government is not taking this problem seriously, or have admitted defeat ...

“What we are seeing is a crisis as month after month we have increases in our ambulance ramping right across metropolitan hospitals ...

“This situation is out of control and the Minister for Health is simply missing in action, unable to respond to the crisis.”

That, of course, was not the current opposition health spokesperson, Libby Mettam; that was shadow health spokesperson Roger Cook on Thursday, 4 June 2015. He stated also on 12 February 2017 —

Health Department figures show ambulances were ramped outside Perth hospitals for 1,030 hours in January. The previous worst January was 980 hours, in 2015.

Well, well, what a difference opposition makes. Let us look at ambulance ramping now. In January 2021, the figure was 4 165 hours, and the now minister was saying it was apparently 1 030 hours—it was not; it was 805. Ambulance ramping in February 2017 was 690 hours and in 2021 it was 3 162. We have a crisis on our hands. Make no bones about it. Let us not sugar-coat this. Our health system has problems.

I witnessed that firsthand last week, and I am just going to give two examples, because this was dreadful. Last Thursday, 20 May, I was sitting in my electorate office having lunch with my staff. There is a road right out the front of my office. It is in a car park that goes from one end of Warwick Grove to the top end. I saw this old couple walk past my office, and as they went downhill, I saw the lady fall. They were very elderly. I jumped up and went out. The old man had the old lady by the hand and was trying to get her off the ground. She was screaming in pain. It was dreadful. I went over and asked him to stop and leave her. He could not speak English; he was Italian. The old lady was writhing in pain. It was heart-wrenching. I sat down with her, put my hand under her head and stroked her—stroked her chin, stroked her cheek and stroked her head. She was screaming. It was dreadful. This woman had broken either her femur or her hip; that was evident. I asked one of the other ladies who came to look to please go to my office and call the ambulance. She did that. Almost an hour later, the ambulance arrived. I thought at one stage the lady, whose name is Iris, was going to die in my arms. She kept on pointing to her chest. She was chatting.

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We developed a wonderful relationship in that hour. I kept on calming her. I kept on patting her on the cheek and on the shoulder. She was telling me she did not want to go down there; she did not want to die. She kept on telling me this. She was telling me she wanted to go back to Italy, and I was comforting her the whole time. It has dreadful. I kept on telling the people ringing to please hurry the ambulance up because I thought the woman was dying, although I did not say that so she could hear. I can go into a lot more detail, but I will not. Suffice to say it was extraordinarily distressing, but I am not the one who has to deal with that. Poor old Iris, who had to have been in her 80s, had to deal with that. I do not know what happened to Iris. She was taken to hospital. She was screaming all the way. She did not want me to leave. She held my hand and kept on calling out, “Peter, Peter, don’t let me go.” The ambulance officers came. She was screaming all the way through. She would not have a needle. I am not going to keep on going on about it. It was heart-wrenching. I have tried to find out where Iris is and how she is. We cannot find that out of course. We phoned all the hospitals, but they will not let us know. St John’s do not let us know anything. I understand that; do not get me wrong. That is confidential. I really, really want to know what happened to Iris. I hope she was not banked up in one of the hospitals for hours on end, because that woman was in absolute agony.

The second incident was on Friday. My mother has her hair done at Warwick Grove shopping centre, and she comes and has lunch with us and I take her home. The hairdresser phoned me and said my mother was not well. To cut a long story short, I got there and she was not well. She is 88. She is the most magnificent woman on this earth. She is just a wonderful woman. She is kind, compassionate, ferociously loyal and stoic. She survived two doses of terminal cancer 30 years ago, had bypass surgery 11 years ago and had a hip replacement eight years ago. I knew she was not well. I rang my sister and said I would bring her home, because by the time I got her into the car she was feeling okay. But she was not well. She was still breathing very heavily. My sister took her to the doctor and he said to go to emergency immediately. She was taken to emergency, and they did a blood test. They put a cannula in so that she could have further blood tests if required. While they were waiting for the blood test, she was asked to sit in emergency; this is an almost 88-year-old woman. My mother sat in emergency for six hours. For six hours that 88-year-old woman sat in emergency waiting for someone to come and see her. My sister kept on going up to the staff and saying, “My mother is sitting in this chair. She has a broken hip. It is a hard chair. At least give her something soft to sit on.” They did not. My mother is extraordinarily resilient and put up with it to such a point, but by seven o’clock last Friday evening she said she could not stand it any longer. My sister spoke to one of the nurses and asked her to please take the cannula out because my mother wanted to go home, and she went home. Then, in the last two days she has developed a clot in her nose. She had the jab—I advised her to, as I had it—and now she is convinced she is going to have a blood clot. She will not go back to emergency, and that is the only option she has. She does not want to sit in an emergency room for another six hours again.

I am not saying that for political purposes. Iris and Beryl are, quite frankly, coming to the end of their lives; they are in their 80s. But they do not deserve to be left lying on the asphalt for an hour waiting for an ambulance to rock up or to sit in the waiting room of an emergency section of a hospital for six hours for someone to come and have a look at them. They do not. They have worked damn hard all their lives; I could tell from spending an hour with Iris that she has. This is the human interest story that we are dealing with in Western Australia at the moment. This is happening every day. I will get political here. Let us not beat our chest about billion-dollar surpluses. Let’s not look at the emergency section of our hospitals and say they are okay, because they are not. On behalf of Iris and Beryl, my darling mother, I say: can you guys please spend some money on our health system so that people do not have to sit on the road and on hard seats for six hours, and there will be someone to come along and show them a bit of compassion and say to them, “You’re just as significant as anyone else.” If we cannot deliver that sort of service to people in our society now, in the twenty-first century, we should hang our heads in shame. On behalf of Iris and Beryl, I say to the government: you guys need to do better.

HON ALANNAH MacTIERNAN (South West — Minister for Regional Development) [10.50 am]: I thank members for their contributions. I acknowledge that it is National Palliative Care Week. It is a really important opportunity to think about palliative care. I was interested in Hon Nick Goiran’s comments on data that shows that many people do not want to plan for end of life. They or their families do not want to think about death because it is upsetting. I think that is probably true. I would like to think that we can start developing an ability to understand and embrace our mortality. The progress made in establishing the voluntary assisted dying legislation will be an important part of people perhaps being more prepared to come to terms with the fact that their life will end—that this is the way it has always been and always will be—and give more thought to and prepare for what they want for their own lives and family members and friends who they value. I think that goes to the heart of our acceptance of who we are as human beings.

It seemed to me that Hon Tjorn Sibma, who we acknowledge was one of the few people in his party to come out and support the voluntary assisted dying legislation, was praising that the majority—I think about 80 per cent—of his party in this place did not support the legislation, and that that proved they were people of profound moral principle. I am not suggesting that they are not people of moral principle, but one should reflect on why it is that

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80 per cent of members of a major political party—or what was a major political party—opposed a provision that 80 per cent of the population so deeply supported. There was profound support across the community for the legislation, yet 80 per cent of members of the Liberal Party in this place could not see a way clear to support that legislation. That little gem is an example of the disconnect between the people who represent the Liberal Party and the people who they represent, and might give a little clue to what happened at the last election.

Hon Peter Collier: How dare you!

Hon ALANNAH MacTIERNAN: It is not, “How dare you!”

Hon Peter Collier: We had that debate; you move on.

Hon ALANNAH MacTIERNAN: No. I am sorry; this was actually raised by Hon Tjorn Sibma. I take this really seriously. I believe in democracy. I believe that we need a strong opposition. I think there are people here who probably are not reflecting properly on what happened to their party, and they need to. I am just, in a very helpful way, trying to give some guidance because new members have come in who perhaps might want to reflect on that history.

Hon Peter Collier: That’s disgraceful.

Hon ALANNAH MacTIERNAN: It is not disgraceful. For the new members who do not know, the member interjecting is the member for outrage and hurt feelings who thinks everything said by members on this side of the chamber is distressing and shameful. We do not take any notice of that. I think what is disgraceful and shameful is the way you have led your party down the gurgler! That is what is disgraceful and shameful.

Several members interjected.

The PRESIDENT: Order, members! One speaker at a time, please, particularly for Hansard who likes to record the debate in here.

Hon ALANNAH MacTIERNAN: The undertaker is there digging the grave, making it bigger and bigger.

Hon Nick Goiran is agitated by the fact we have not yet had an official government response to the very extensive and lengthy *Palliative care in Western Australia—Progress report*. I know that Hon Nick Goiran is an absolute demon for the standing orders and the procedures of Parliament—some might even say he fetishises it. Therefore, the member would be well aware that, strictly speaking, with the proroguing of Parliament, this report lapsed. However, we are not being pedants and Minister Roger Cook has made it clear that he wants to take the good work in this report—he is not going to rely on standing orders to ignore that report—and respond to it.

Hon Nick Goiran interjected.

The PRESIDENT: Order!

Hon ALANNAH MacTIERNAN: We will be providing a response. Honestly, there are times when we can say that governments have taken too long, but this is absolutely not one of those times. That is the most outrageous suggestion.

Hon Nick Goiran: Six months!

Hon ALANNAH MacTIERNAN: It is a report that came down just before Parliament broke.

Hon Nick Goiran: You should’ve got someone to sit down and write it.

The PRESIDENT: Order! Interjections are interesting—to a point.

Hon ALANNAH MacTIERNAN: Hon Nick Goiran said, “You should’ve got someone to sit down and write it.”

Hon Nick Goiran: Isn’t that what is normally done?

Hon ALANNAH MacTIERNAN: No. These issues need to be considered by the minister. It is not six months. We had an election period. We had a period of about six months —

Hon Nick Goiran interjected.

The PRESIDENT: Order, member.

Hon ALANNAH MacTIERNAN: That is truly ludicrous even by the member’s standards. It was a report that came down just before the Christmas period when the government was going into caretaker mode, and then reconstituted.

Hon Nick Goiran: It was six months!

Hon ALANNAH MacTIERNAN: No-one is going to listen to that stupid criticism. What we have is a commitment by our very able health minister, Roger Cook, to provide a comprehensive response to the report.

Hon Nick Goiran: When?

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Hon ALANNAH MacTIERNAN: Next month. The minister, with all his many and varied responsibilities, has committed to give a response next month. In the meantime, he is getting on with ensuring that the projects to improve and increase palliative care that we committed to are actually being rolled out. I understand that over 32 new palliative care positions have been rolled out in the regions, including for the first time a whole series of Aboriginal palliative care workers in regional areas to provide a service that really takes into account some of the very different perspectives around life and death that are found in our Aboriginal communities. We have stood up the 20 beds that we committed to in the northern region. Sorry; I think it was 10 beds that we committed to.

Hon Nick Goiran: Is it 10 or 20?

Hon ALANNAH MacTIERNAN: I am just going to check the number. Whatever number was committed we went out to tender on them, but unfortunately none of the tenders was appropriate, so we negotiated with Joondalup Health Campus to have 10 beds set aside for palliative care. Those beds are operating. In the meantime, we are negotiating with the parties that unsuccessfully tendered to see whether they can get to a point where we believe they will be capable of delivering that service. Our work at the Carnarvon hospital is proceeding well and includes an aged-care facility with provision for palliative care within it. We understand that that will be operational, hopefully, by the end of this year.

We are pleased that the Department of Health has made good headway in progressing work on the advance healthcare directive. One of the things that came out of all the work in the lead-up to the Voluntary Assisted Dying Bill 2019 was that the advance health directives were not working properly. There was no central register of them or ease of access to them. As part of the whole package of palliative care and helping people through the final years of their life, it was really important to get that new system up and running to help people have a measure of control over their lives. I understand that a lot of work has been done on that and we hope it will be up and running early next year.

As we have seen in jurisdictions both in Australia and overseas that have moved to legislate for voluntary assisted dying, there has been an improvement and increase in expenditure on palliative care because the whole area has put the spotlight on the challenges of end of life and the deficiencies in the system. I must say that my experience with palliative care services in WA has been fantastic. I nursed my father-in-law and a very good friend through their deaths at home a couple of years ago, and I found that the services offered by Silver Chain were absolutely exceptional. We have got the fundamentals of good service. It is important for us to keep vigilant and identify where the gaps are and where we are not hitting the spot, and we will continue to do this. Our very excellent Minister for Health has committed to have the government's response to the report available by next month, which I think is very speedy when we consider all of the circumstances.

HON MARTIN ALDRIDGE (Agricultural) [11.05 am]: I rise to support the motion before the house in this important week, being National Palliative Care Week. When I first became a member eight years ago, I must admit that I did not have a great understanding of palliative care. I understood that it existed, but it was not something that I was really accustomed to. I had not been through end-of-life experiences like other members have talked about during this debate or the voluntary assisted dying debate, so it has been a bit of a learning curve for me throughout my term to understand the value of palliative care services in Western Australia and more broadly.

On Tuesday this week, Hon Nick Goiran and I attended a breakfast hosted by Palliative Care Western Australia. I have been to the annual breakfast previously. It obviously could not be held last year, but it was held this year on Tuesday morning. It is never easy to get up to attend a breakfast, particularly on a parliamentary sitting Tuesday, knowing how manic they are, but attending this breakfast was really valuable. It was a room of mostly people involved in the palliative care sector, from clinicians to nurses, representatives of aged-care facilities and a whole range of other stakeholders. The guest speaker this year was Dr Peter Saul, who is an intensive care specialist with quite a range of expertise in policy and the law around palliative care. I encourage members who are not familiar with the work of Palliative Care Western Australia and its annual breakfast during National Palliative Care Week to try, if their diary affords them the opportunity, to attend next year, because it is really quite a worthy event.

I picked up a publication at this event called *Palliative caring: Information for families and carers who are caring for a person with a life-limiting illness or condition*. It is published by Palliative Care WA. I have been flicking through it during the week and am glad I still have it for today's debate, because I think it is a really good resource that Palliative Care Western Australia could perhaps provide to members and their electorate offices so that we could help to support people who are supporting their family members through the end of life. These are often some of the most difficult situations. Certainly in my experience, those issues do not present at the electorate office on a regular basis, but when they do, they are very difficult. They are often very complex, and even more so in regional and remote settings, where access to medical services and health services more generally are not comparable to our regional cities and urban areas. I will quote from page 15 of this brochure, which is headed "What is palliative care?" One of the things reinforced at the breakfast on Tuesday is just how little people understand what palliative care is, and the misperceptions that perhaps exist around palliative care. I want to quote this briefly. The brochure states —

Palliative care is person and family-centred care provided for a person with an active, progressive, advancing illness, with little or no prospect of cure, and who is expected to die. The primary goal of care is to optimise the quality of life that remains.

The care offered may include:

- Medical treatment
- Relief of pain and other symptoms e.g. vomiting, shortness of breath
- Access to resources such as equipment needed to aid care at home
- Assistance for families to come together to talk about sensitive issues
- Links to other services such as home help and financial support
- Support for people to meet cultural obligations
- Support for emotional, social and spiritual concerns
- Counselling and grief support
- Referrals to respite care services

I think there is a general misperception—not only across patients and their families, but across clinicians and the healthcare sector—about what palliative care is, and that was reinforced to me on Tuesday. We need to keep talking about what palliative care is, what the services are, how to access them and when to access them. It is not something that ought to be accessed in the dying days or hours of somebody’s journey. There is certainly a lot more to be learnt and I think that is why the report of the Joint Select Committee on Palliative Care in Western Australia has been an important one. Members have spoken about the genesis of the report being the consideration of the Voluntary Assisted Dying Bill 2019 in this chamber when a commitment was made to establish such a joint select committee. Unfortunately, the report was tabled in November of 2020, which means that we have not had an appropriate opportunity to consider the report’s findings and recommendations, and it is quite a substantial report at 212 pages.

One of the options that are available to the Legislative Council beyond today is to consider whether this report—indeed, other reports may have also received inadequate consideration in the previous Parliament—ought to be reinstated to the notice paper. Particularly at a time when committees are only just winding back up again and it may be some months before we see reports of substance being reported to the Legislative Council for its consideration, I think this report and potentially other reports are of significant enough value that they should be reintroduced to the notice paper for consideration by the Legislative Council. We did that after the previous election. A number of committee reports were tabled late in that term and they were reinstated on the notice paper for consideration by the house. As the minister responding has just outlined, the government’s intention is to release a government response at some time next month. We will then go into the winter recess and then there will be an opportunity, perhaps after the winter recess, to consider the substance of not only the very good report but also the government’s response during the one hour that is allocated to the consideration of committee reports on Wednesdays of sitting weeks.

I want to talk about the delivery of regional palliative care services. Hon Nick Goiran stepped through the number of commitments that were made pretty well around the voluntary assisted dying debate. I think a commitment was made out of the budget that year, which was whilst the Legislative Assembly was considering the Voluntary Assisted Dying Bill, and then I think a second commitment was made shortly after the arrival of that bill in the Legislative Council. Obviously, a number of questions were asked and we scrutinised palliative care in the context of voluntary assisted dying. At this point, I want to recognise, amongst others, the work of a former member of this place, Hon Jim Chown, and particularly some of the questions that he pursued around the access to palliative care services in regional Western Australia. I am sure as members became more interested in this issue, particularly in the context of voluntary assisted dying, certainly a lot more scrutiny was paid to it.

I found it quite interesting when I asked some questions about the government’s commitments to palliative care in 2019. I referred to the announcements made on 9 May 2019 and 10 October 2019 in the context of the voluntary assisted dying debate. It was interesting that even right up until the last election, in late 2020, I asked a question on 13 August 2020 about the models of care. I pursued this matter because the message we were getting was that the models of care will change region to region and location to location. The government was very specific about the funding amount, the number of FTEs, the regional breakdown, but the one question it was not able to answer was about the models of care. Reflecting on this joint select committee report, the government made some progress on it, but did not address it fully. It is still an area in which we are yet to see some greater understanding of how increased palliative care services will be delivered in regional and remote contexts. I agree that it will change

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location to location, but it worries me that we are now in 2020 and these funding commitments were made in 2019. Some were end-dated 2022, 2023 and we still do not have clarity around how they will be delivered and, as we are approaching that time frame, the commitment that will be made by the state into the future.

Madam Acting President, thank you for the opportunity. It is an excellent motion in National Palliative Care Week to recognise the importance of palliative care, and I ask members to consider whether this joint select committee report ought to be reinstated to the notice paper.

HON LORNA HARPER (East Metropolitan) [11.15 am]: I am very grateful that the issue of palliative care is being spoken about this week. As I alluded to in my inaugural speech, I have a personal connection to palliative care here in Western Australia. I would like to talk to members about my friend John. John and Sarah moved here to Australia about nine years ago. John is the same age of me—we are 51 years of age; I am not ashamed to put that on the record—and they have a five-year-old and three-year-old. Last year, John developed headaches. The doctor thought it was high blood pressure. In January this year, he had a car accident and he was fine—everybody thought. But afterwards he was very sleepy, so his wife took him to Joondalup Health Campus in the North Metropolitan Health Service. They did an X-ray and discovered there was a mass on John’s brain. Very quickly, in the early hours of the morning, they sent him to Sir Charles Gairdner Hospital for treatment by the specialists there. John has a cancer—I will not insult anybody by trying to pronounce it—called GBM. It is one of the worst cancers you can get. He had a very, very large tumour removed and started undergoing radiotherapy and chemotherapy.

At the time, John was told that if he was lucky, like 50 per cent of other sufferers, he would have 18 months. That is not to be. Being ill, John went back to Sir Charlies quite a few times. His wife tried to look after him at home but he was an ex–rugby player and built like an ex–rugby player. It was very difficult for his wife to move this man who was paralysed down one side of his body and could not move by himself. It was very difficult for John, at home, in front of his wife and children, to be a man who had trouble feeding himself and toileting and had accidents. The man was horrified. He felt he had lost all his dignity. The last time he went to visit the hospital for a check-up, they kept him in. I have heard a lot said about the North Metropolitan Health Service and palliative care, but I can tell members that the palliative care team at Sir Charles Gairdner Hospital are sensational. There were no questions or comments from them about a lack of services or a lack of beds. They did not mention any of that. All they talked about was what they could do and what palliative care could do for John and Sarah. John spent some time in Sir Charlies and, again, the staff are fantastic.

Now he is residing in Bethesda. As a public patient in a private hospital, he has a beautiful view over the Swan River. He makes sure he gets his bed hoisted up so that he can see that view. He is basically bed-bound. He has been out a couple of times but in these COVID times it is hard. He was given four weeks to live and he has passed that. His family managed to travel from the UK and spend their two weeks in quarantine and are now with him. They are here to watch their son and their brother die. His two little kids do not quite understand it. Having a conversation with a five-year-old about “Your dad is going to die” is probably one of the worst things I have ever seen in my life. The care and attention he is receiving in the North Metropolitan Health Service is sensational. There has never been a question about lack of funding or lack of understanding. It is amazing what is happening.

The member referenced a survey on the Palliative Care Australia website about the percentage of people who understood the term “end of life”. I also read that survey because I, too, am interested. It was a survey of 1 000 people. I understand that it is just a snapshot. I hope that the conversations we are having today will encourage other people to talk about end-of-life choices. Unlike us, John is facing that choice. If—it is a very big if—he is still here on 1 July, he will have the opportunity to make a decision about whether to end his own life. That is a choice he has thanks to the McGowan Labor government. It will be his choice. John, his wife Sarah, his mum June, his dad Alan and his sister Sue fully support that choice. John is not happy that he is sitting in a bed withering away in front of his two little children.

Palliative care is more than we think. My stepfather died of mesothelioma. He was too ill to go into palliative care, but that was back in 2005. We have come a long way. As a result of the voluntary assisted dying debate, a lot more people are aware of the choices available to them at the end of life.

Our health service is one of the best funded in Australia. Having worked for the union, I have personal experience of going through the hospitals, so I have seen what is going on in those places. Whilst people are making comments, I encourage every member in this house to spend some time in a hospital, go into a palliative care unit, go into an emergency department and sit and watch and see what is happening. Then we can truly stand with personal experience and make comments about whether they are well run and whether the staff are supported. Let us remember when we are talking about this that we are talking about people we know or have known who are dying. Let us not be flippant and shout at each other across the house because we have a difference of opinion. This is a really truly sensitive and sincere subject. Palliative care is more than we think. Please remember that.

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HON DARREN WEST (Agricultural — Parliamentary Secretary) [11.22 am]: Very briefly, like many of the motions that are moved in this place by opposition members, debate on this motion started out well, in a reasonable manner, but it became unreasonable and degenerated into a political pointscore exercise as we went along. At no point did I hear Hon Nick Goiran acknowledge the wonderful men and women who work in the area of palliative care, and the families and patients who use the service. I want to acknowledge all of them today in National Palliative Care Week. It is a difficult area to work in. It is not an area that attracts a lot of staff. Anyone who works in that field is truly wonderful and needs our acknowledgement in palliative care week as much as the people they assist and work with every day. That also applies to all our healthcare workers right across the health system. After a year of the worldwide COVID-19 pandemic, it is fair to say—I do not think the staff in the health system will mind me saying this—that everyone is tired and fatigued. It has been a particularly difficult year for frontline healthcare workers. I do not think it is helpful to come into Parliament and denigrate the work that they have done over the last year. It has been very challenging for everyone. I thank and acknowledge every single one of them, right through to the administrators of the health system. Most of all, I will not have it when Hon Tjorn Sibma makes the claim that the Minister for Health is out of his depth. He is the best health minister that this state has seen. He has done an amazing job during the most adverse circumstances over the past 12 months. He has fronted the media day after day to keep Western Australians abreast of what is happening during the pandemic, and he has kept Western Australians safe.

Funding for our health system is 18 per cent higher than the national average. We are getting great support in the regions from this minister and this government, with projects that have been sitting waiting for 20 years in the areas of health, hospital upgrades and mental health finally becoming a reality. I understand that it is difficult for the opposition. I understand that things go tragically wrong, as they did recently at Perth Children’s Hospital, and they do not go to plan. For those members who are unaware, my family has also been through an adverse outcome with the loss of a child. I do not think this is the forum to deal with those tragic events. Our hearts go out to the family of Aishwarya and everyone who has had an adverse outcome in our health system. Of course it is not perfect. Of course it can be made better, but it is the best in the world. During times like this, we should acknowledge those people who make it the best in the world.

HON KYLE MCGINN (Mining and Pastoral — Parliamentary Secretary) [11.25 am]: I, too, rise today in the brief time that is left to put on the record my comments relating to the motion moved in the chamber. I will probably speak specifically to the report of the Joint Select Committee on Palliative Care in Western Australia, and paragraph (a) of the motion. I, too, will join Hon Darren West in giving my thanks to all healthcare workers, particularly those in the palliative care space, this week. I want to go one step further and give a big shout out to people working in the Aboriginal palliative care space. I hope members get time to read the report. I thank the committee staff for their assistance. It was an extensive inquiry conducted over a very short time frame. If the inquiry had the opportunity to go a bit longer, we would probably have seen more resounding results in the report and probably a bit more information around the recommendations. One of the parts of the report that is really important starts on page 85, which dives into palliative care for Aboriginal people. It states —

The Committee heard evidence that Aboriginal people are generally underrepresented in the palliative and end-of-life care patient population, and often have difficulty accessing palliative care services.

Another section of this report touches on telehealth, referencing the amazing step forward that we have had in telehealth, particularly in regional Western Australia and the Mining and Pastoral Region. It was a little like forbidden fruit, when no-one wanted to touch it for a while, but then we had the COVID-19 pandemic and telehealth started to rocket a bit more. There are some amazing telehealth set-ups right around regional WA that have taken a lot of pressure and stress off people who need to travel long distances to see professionals. They will play a very important role in delivering Aboriginal palliative care, particularly in regions such as the Kimberley.

As we go through this report, we read instances of when the committee managed to communicate with organisations. As I have said before in this chamber—I believe it was during discussion on the report on elder abuse in the last Parliament—it was very difficult to get hold of Aboriginal health providers during the elder abuse inquiry. I think we had better success with this report into palliative care, with a lot of effort put in trying to get that done. Effort is needed in that space to ensure that we hear the Aboriginal voice into these reports and inquiries. One of the recommendations that is bang on, and probably one of the best in the report, states —

Palliative care units be designed in consultation with local Aboriginal community members and elders.

We would think that would be very simple. That needs to be implemented to ensure that the local community is part of creating these systems, otherwise we come in with an outsider’s view, in an ivory tower, dictating terms on how a system is going to operate. That does not work. Too many times we see programs and projects implemented by federal, state or local governments without interaction and consultation that do not get utilised and end up being a waste of money. Then a new government comes in, gets rid of the program and starts another one without consultation.

Extract from *Hansard*

[COUNCIL — Thursday, 27 May 2021]

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Palliative care is critical because the conversation about life and death is a big conversation and cultural understandings have to be taken into account. There is a bigger debate here about whether or not to die on country; indeed, in the goldfields, views about that are split. Last year, a high percentage of Aboriginal people preferred to pass away in palliative care units in Kalgoorlie rather than pass away on country. I will touch on that further when we next get to talk about palliative care.

Motion lapsed, pursuant to standing orders.