

SUBMISSION TO:	INQUIRY INTO PALLIATIVE CARE IN WESTERN AUSTRALIA
	Joint Select Committee on End-of-Life Choices Report <i>My Life My Choice</i>
FROM:	Janet Wallace,
DATE:	10 July, 2020

#### ACKNOWLEDGEMENT

I appreciate the opportunity to submit comment to the above Inquiry and have done so within the Terms of Reference. I wish the Committee well in their deliberations.

#### **a.**

#### ***THE PROGRESS IN RELATION TO PALLIATIVE CARE, IN PARTICULAR IMPLEMENTATION OF RECOMMENDATIONS OF THE JOINT SELECT COMMITTEE INTO END OF LIFE CHOICES.***

Recommendations 1-6 itemise both Advance Care Plan (ACP) and Advance Health Directive (AHD) Although 4.1 acknowledges Advanced Care Planning (ACP) the emphasis is on Advance Health Directives (AHD's) as outlined in the Report's Appendices (6. 1 a-d)

This raises the following questions regarding 1a:

- What guarantees (if any) will be built into the proposed purpose built electronic Register for advance health directives (to be accessible by health professionals 24 hours a day) .....that all information held..... and available..... is up-to-the -minute? (This proposal has RED ALERT potential. AHD's are legally binding. Any slip-up in storing out-of-date information could result in untimely death and costly litigation).
- To date revoking an Advanced Health Directive (AHD) is a complicated and lengthy process. Why? (In some circumstances time could be very limited...and a matter of life or death). (Revoking an AHD should be as simple and as clear-cut as rewriting a will. Correctly signed and witnessed it should be accepted as a currently legal document in the same way a rewritten will is).

#### **b.**

#### ***THE DELIVERY OF THE SERVICES ASSOCIATED WITH PALLIATIVE CARE FUNDING ANNOUNCEMENTS IN 2019-2020***

How much of the allocated funding will be swallowed up on administration costs and how much set aside for 'hands on' nursing and medical staff?.

c.

**DELIVERY OF PALLIATIVE CARE INTO REGIONAL AND REMOTE AREAS**

61 FTE staff sounds impressive but \$41 million over 4 years to provide palliative care services in our vast state is will not go far. There are so many towns in need.

Carnarvon is one example: With the recently promised \$5million plus \$11.6 million already allocated for a purpose-built 20 bed aged and palliative care brings the total to \$16.6million. This town has a population of approx. 5,000.

According to the October 10, 2019 media release from the Premier's office this \$41 million included in the 2019-20 State Budget is for end of life choices and palliative care services package. The headline 'Massive boost for palliative care across Western Australia' is somewhat confusing. Does this mean the choice between home or hospice care or does it meant funding will also be allocated to Voluntary Assisted Death (VAD)? If so how much? This needs to be clarified.

d.

**THE PROGRESS ON ENSURING GREATER EQUITY OF ACCESS TO PALLIATIVE CARE SERVICES BETWEEN METRO AND RURAL AREAS.**

Within the lengthy 10 Oct. 2019 Media release from the Premier's office is the outline of how, over 4 years, extra funding will be allocated for palliative care in the seven rural regions. One fifth of Western Australia's population live in country areas. Within each region are many towns of varying sizes.

Funding allocations for the seven regions range from \$2.5million to \$4.9million with a total amount of \$25.6million. Over a four-year period that means allocations range from just over half a million (\$500.00) to just under \$1.25million per annum - depending on the designated region. How does this compare with the metropolitan allocation when taking into account population density versus small communities and the tyranny of rural distances?

**CONCLUSION**

It is heartening that there is a move to boost Palliative care services throughout Western Australia but there is a long way to go.

Consulting with the locals must become an essential part of any community project and potentially, avoid a lot of mistakes.

Fiascos such as the Fitzroy Crossing Renal Centre \$17million purpose-built facility designed to service the local community, so that patients be treated in country. To remain locked and unused for a year after completion is disgraceful. The fact that just down the road a \$7million accommodation for dialysis patients plus a \$6million hostel in Derby were also vacant and gathering dust is clear evidence of incompetence and poor planning processes. (ABC Report 31/03/'18 ' Beautiful buildings, but missing the people' Why multi-million dollar health facilities are empty. ABC News).

Local people know their area. Country people are very resourceful and come up with practical ideas and solutions. But they need to be asked!