

20 October 2017



Dr Jeannine Purdy (Principal Research Officer)
Joint Select Committee on End of Life Choices
Legislative Assembly Committee Office
Level 1, 11 Harvest Terrace
WEST PERTH WA 6005

Dear Members of the Committee

Submission to the Joint Select Committee on End of Life Choices

Southern Cross Care (WA) Inc. (SCC) was established in 1966 as Southern Cross Homes. It has now developed into one of the largest and leading aged care providers in WA providing care, support and accommodation to over 3,000 Western Australians. Being a not-for-profit organisation has meant that the benefits of our success are able to be fully reinvested into expanding the types of services SCC can provide and the WA locations covered.

In addition to seven retirement villages, SCC has a variety of modern aged care facilities in metropolitan and regional WA, namely: Success, Broome, Forrestfield, Shelley, Rossmoyne, Kalgoorlie, West Leederville and another coming soon in East Fremantle. These aged care facilities provide thoughtfully designed accommodation, and support from dedicated and compassionate professionals such as physiotherapists, occupational therapists, pastoral carers, podiatrists and other specialists. All of our residents have tailored care, activity, and dietary plans, along with access to on-site nursing staff and specialised equipment. SCC's facilities aim to help our residents live life well, enjoy their surroundings and to feel at home.

Therefore, SCC's core business activities are as owners and operators of aged care, dementia, disability and mental health care, respite services, retirement villages, accommodation, residential and home care. Moreover, since 1999, SCC has provided contract management and independent consultancy services to the aged care industry. We submit to the Committee that we understand and we are experienced in what it is to care for the aged.

SCC therefore welcomes the WA Parliament's initiative to inquire and report on the need for laws in WA to allow citizens to make informed decisions regarding their end of life choices.

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Regarding Term of Reference One

SCC has observed that the aged are among society's most vulnerable, be this through:

- Poor health (whereby the aged are more likely to be chronically ill or suffer age-related disability), or
- Existential suffering (whereby the elderly may suffer loneliness and isolation in conjunction with a diminished sense of securing their best interests) or, more perniciously, elder abuse (which is a recognised problem that saw the Australian Law Reform Commission tasked to complete a Federal Inquiry into Elder Abuse by May 2017), or
- Financial disadvantage, or
- Lack of access to services, be those medical or other supports in regional areas.

Given these vulnerabilities, aged people are the most likely to express a desire to make informed decisions about how they want to manage their end of life. SCC asserts that an aged person's best interests are met when their medical, psychological, social and spiritual care are appropriately prioritised, thereby respecting their dignity as a person of infinite worth. In these circumstances, which SCC works hard to provide, the aged and infirm are given the best quality of life for as long as nature allows them.

SCC notes that the Committee is likely to receive submissions in favour of voluntary euthanasia or assisted suicide (or dying). In contrast, SCC contends that in the right environment of care, the aged almost never wish to access such measures even for chronic or terminal illness. Indeed, any such changes in law will result in the aged feeling ever more vulnerable because:

- Australian law prohibits one person directly killing another, and exceptions to this law are at risk of incrementally extending to cases of dementia, disability and mental illness,
- Research into advanced palliative medicine will be curtailed,
- The aged patients' trust in their healthcare professional will be compromised, and
- Relational pressure on elderly people to 'no longer be a burden' can be brought to bear, unwittingly, by families who are carrying the heavy responsibility of ongoing emotional and financial care costs.

Furthermore, SCC states its concern over the negative psychological and spiritual effects that will be brought to bear on healthcare professionals if voluntary euthanasia or assisted suicide were decriminalised. It is observed however that, if indicated for management of pain or suffering, medical professionals are currently permitted to provide relief which may have an unintended side-effect of shortening life. SCC submits to the Committee that, in these circumstances, medical professionals are acting in their patients' best interests and we recommend that they be assured of legal protection from prosecution.

SCC recognises that there are conditions when a cure is not possible, and in particular when some pain cannot be managed. Aged persons are free to refuse further treatments that are judged therapeutically unreasonable or overly burdensome. Comfort care (or palliative medicine) that gives appropriate medical, psychological, social and spiritual support is required at this time, and intensified through the dying process. This is how dignity in death is achieved. Regrettably, many doctors and allied health professionals are untrained to offer the specialty of palliative care. SCC submits that funding is released to improve this.

SCC has observed that specialised and community-based palliative care is not readily available, particularly in rural and remote regions where most people have limited (if any) access to palliative care. Western Australians in rural and remote regions, and those in outer suburbs, have a right to equal access to palliative care. This inequity can no longer be tolerated, and we submit that this must be addressed before any alternative measures are entertained.

Regarding Term of Reference Four

In SCC's experience, more and more aged persons are making an Advance Health Directive, or appoint a trusted person as their Enduring Guardian or to hold Enduring Power of Attorney. These legal means allow an aged person to refuse unwanted medical treatments, and they have facilitated autonomy for the aged to express their wishes around managing their end of life. They are also a helpful guide for their healthcare professionals. We submit that Government increase awareness and availability of these legitimate legal means.

Summary

SCC supports and calls upon Government to release funding for:

- Research and training in palliative medicine and in particular pain management,
- Equal access to palliative care for all Western Australians, especially those in rural and remote areas, and
- Increased awareness of Advanced Health Directives.

SCC submits that, whatever legislative changes may be proposed to address the needs identified in this inquiry, there must be no change to allow for euthanasia or assisted dying.

Yours faithfully

Errol Turner
Chief Executive Officer