

Admin, LACO

Subject: FW: Submission to Parliamentary Inquiry into End of Life Choices

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From: Norma Ryan

Sent: Monday, 2 October 2017 9:39 AM

To: Joint Select Committee on End of Life Choices <eolcc@parliament.wa.gov.au>

Subject: Submission to Parliamentary Inquiry into End of Life Choices

To the Chair and Members of the Joint Select Committee on End of Life Choices,

Thankyou for taking the time to investigate the important issues regarding end-of-life decision making.

Earlier this year, Palliative Care Australia voiced concerns about inequity in access to palliative care across Australia (Media Release, 24 May 2017). In particular, Palliative Care Australia highlighted the fact that people living in regional areas, have less access to palliative care options. In particular, home-based palliative care services are lacking in rural and regional locations. At the same time, regional hospitals only employ half as many specialists in palliative medicine relative to population as hospitals in major cities, further compromising the level of care that country residents can receive.

Even in urban centres, the availability of palliative care options is often limited by socio-economic status, with a disproportionate number of hospice facilities in more affluent areas. In addition, many home-based palliative care services are only available to those who are able to pay for them, resulting in significantly larger rates of palliative care hospitalisation among people of lower socio-economic status.

Over the past decades, the ability of palliative care to assist people to die in comfort and peace has been significantly increasing. Symptoms such as pain and distress can be effectively managed (Former AMA Victoria presidents urge MPs to reject euthanasia legislation, abc.net.au, 19/09/2017), while emotional and spiritual support can ensure it is a peaceful and positive experience for the dying person and their family. However, it seems that there are many people in our state who are needlessly missing out on end-of-life care which is effective, holistic and truly dignified.

There is a real inequality among the options and services available to some of the most vulnerable members of our community, the sick and elderly. As a concerned resident of Western Australia, I believe it is important that this Committee give serious consideration in regards to how we can ensure that all people, not just wealthy city-dwellers, receive high quality end-of-life care, which will enable all of us to die with real dignity.

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Norma Ryan