

Final response to Supplementary Questions sent to A/Professor Andrew M Cole, HammondCare.

Thank you for the opportunity to respond to these supplementary questions.

Question 1:

I am not convinced about the possible reality of fine nuances that other witnesses wish to draw out between care, medical care, patient-centred-care etc. Best practice health care (which includes good palliative care) is that which elucidates and addresses *all* dimensions of an individual person's need for care and support, at any stage of their life, including as they draw near the end of their life.

Question 2:

While not being legally trained, my concern nevertheless remains that the same standard in relation to capacity for decision-making should apply to requests for VAD as for similar decision-making that may occur towards the end of life. For example, in making or changing a Will, or donating a Power of Attorney or Guardianship, mental capacity is not 'presumed', as it is in this legislation for VAD. The same safeguards in relation to capacity should apply with requests for VAD.

Question 3:

I have not done any specific research into how the population generally understands the meaning of 'choice' in the context of VAD. I am therefore unsure if most people would see VAD as a dichotomous option of choice *versus* palliative care.

Question 4:

It is my contention that all citizens of New South Wales (NSW), wherever they live and whatever their circumstances, should have equal access to high-quality, readily-available palliative care. To the extent that this is not the case, all medical and care choices possible are accordingly not available to all NSW citizens equally, which is an affront in our democratic society.

A/Professor Andrew M Cole

Chief Medical Officer, HammondCare