

Submission
No 25

**INQUIRY INTO PROVISIONS OF THE VOLUNTARY
ASSISTED DYING BILL 2021**

Organisation: Palliative Care New South Wales

Date Received: 19 November 2021

The Hon Wes Fang MLC
Committee Chair
NSW Voluntary Assisted Dying Bill

19 November 2021

Dear Mr Fang,

RE: Inquiry into the provisions of the Voluntary Assisted Dying Bill 2021

Palliative Care NSW Inc (PCNSW) is the peak body for palliative care in NSW, representing the interests of health care professionals, people with life-limiting illness and their carers and families. PCNSW is a member organisation of Palliative Care Australia (PCA) and works to ensure that all people in NSW, wherever they live, have access to quality palliative care support and services.

PCNSW supports the position of PCA that the decision whether or not to legislate voluntary assisted dying (VAD) is one for governments. PCNSW neither advocates for, nor argues against the legislation of VAD.

Our position is to clearly define the difference between palliative care and VAD and to promote the role of palliative care in a person's end of life experience.

Definitions

Palliative care. Affirms life and regards dying as a normal process that intends neither to hasten nor postpone death. It improves the quality of life of patients and their families facing the problem associated with life limiting illness, through the prevention and relief of suffering by means of early identification and assessment, and treatment of pain and support of a person's physical, psychosocial and spiritual needs.

Voluntary assisted dying. Medical practitioners may prescribe and potentially directly administer an approved substance for the purpose of causing death where the person meets the eligibility criteria outlined in the relevant legislation and has sought this outcome voluntarily.

Palliative care benefits all people in NSW living with a serious illness, regardless of diagnosis, age, location or treatment, from diagnosis through to bereavement care for carers. VAD deals only with the "patient" and has no provision for the care and support of family, carers and the health team of the patient during illness, death and bereavement.

If VAD becomes legal, all NSW citizens will have access to the scheme ***yet not all citizens have access to palliative care.*** We are calling for equity of access to palliative care services and information, for everyone, when and where they need it. **This is not currently the case in NSW.**

Recommendations

To address these inequities, we propose that the VAD Bill considers these recommendations:

- Patients seeking voluntary assisted dying should be made aware of the benefits of palliative care. Referral to specialist palliative care as an option is strongly recommended as an integral requirement of the VAD access eligibility criteria.
- Voluntary assisted dying must not be seen as part of palliative care.
- Equity of information regarding other services and options available to people with a life limiting illness to ensure all people have access to balanced information, support, and the opportunity to make informed choices, in relation to their end-of-life care.
- Competency in communicating effectively with people facing an incurable illness be a requirement of persons with responsibility for the assessment and provision of VAD.
- Information resources be developed in collaboration with consumers, including from ATSI and CALD communities, to ensure that they are appropriate and culturally responsive.
- That information resources be developed for health and care services not participating VAD outlining what they need to know about VAD.
- That resources be developed to provide guidance for medical practitioners and services participating in VAD.
- That training be available to support a VAD certification process.
- That data be collected on all VAD requests and deaths for analysis and reporting on VAD in a manner that does not disclose the identity of individuals.
- That monitoring and support arrangements be provided to safeguard the emotional and relational wellbeing of health professionals involved in the care of patients who have requested VAD.

Furthermore, to improve the availability of palliative care services for everyone, PCNSW provides the following recommendations:

- Compulsory palliative care education at an undergraduate level for all medical, nursing, allied health and pharmacy students to ensure a consistent baseline competency in palliative care pain and symptom assessment and management.
- Increased support for specialist palliative care multidisciplinary consult teams in hospitals across NSW, particularly regional, rural and remote.
- Further investment in volunteer services to encourage and support the provision of multidisciplinary palliative care throughout whole of community



- An annual review by State Government of palliative care funding to ensure it is being appropriately funded for present needs and into the future.

In conclusion, an individual's choice to explore voluntary assisted dying should never be a choice based on a lack of access to palliative care. Palliative care is explicitly recognised under the human right to health. Every Australian living with a life-limiting illness should always have equitable access to quality needs-based palliative care at any point in their illness journey, with timely referral to specialist palliative care if required. There is much work needed to ensure equity of information and access to quality palliative care.

We thank the committee for this opportunity to express our position and our concerns. If you require further information or would like to discuss our submission, the contact person is:

Linda Hansen

Yours sincerely,

Linda Hansen
Executive Officer
PCNSW