

**Submission
No 71**

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

Organisation: Palliative Care Nurses Australia Inc

Date Received: 22 November 2021



21 November 2021

Director
Standing Committee on Law and Justice
Parliament of New South Wales
Macquarie Street
SYDNEY NSW 2000

Email: law@parliament.nsw.gov.au

To the Legislative Council's Standing Committee on Law and Justice

**RE: MAKING A SUBMISSION TO THE NEW SOUTH WALES PARLIAMENTARY INQUIRY
INTO THE VOLUNTARY ASSISTED DYING BILL 2021 UPDATE NO.17/2021**

I am writing to you as President of Palliative Care Nurses Australia Inc. (PCNA) in relation to accessible and equitable palliative care in NSW. PCNA is a national member-based Organisation for nurses working with people who are living with and dying from a progressive life limiting illness and their families/carers. The vision of PCNA is to promote excellence in palliative care nursing through leadership, representation and professional support. PCNA has an enduring interest in palliative care policy, practice, research and education and to improve palliative care nursing more broadly. The World Health Organisation (WHO) definition of Palliative Care underpins our work.

Overview of Palliative Care

Palliative Care is the provision of physical, emotional and spiritual care for patients with life limiting illness and includes support and education of their families/carers. A defining feature of best Practice Palliative Care based on National and Inter-National evidence is its Inter-disciplinary nature.

Of all the health professions, nurses spend the greatest period of time with patients during their illness and at the end of their lives. Nurses are uniquely placed to shape and improve the delivery of care in NSW, alongside a range of other health professionals including Medical Specialists, Allied Health (Social Workers, Physiotherapists, Speech Therapists, Occupational Therapists, Dieticians and Clinical Psychology), Pastoral Care, Volunteers and Bereavement Counsellors/Therapists.

Current evidence Nationally and Internationally supports much earlier introduction of palliative care from diagnosis can have significant impact on patient outcomes, confidence, carer preparedness, as well as providing economic benefits, The KPMG Palliative Care Economic Report (May 2020) provides the roadmap for 'Investing to Save' and outlines the economic arguments for increased investment in palliative care.

In NSW successful community models of care rely on a resourced and accessible Specialist Multi-Disciplinary Palliative Care Team working with an adequately resourced Primary Team of nurses and GP's. In some parts of NSW, 40% of their workload is Palliative Care, yet they do not have the capacity to meet current patient needs.

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Where Is Palliative Care Delivered and For Whom?

Palliative Care is delivered in a diverse range of settings including patients own homes, acute hospitals, specialist palliative care units, residential aged care facilities (RACFs), group homes, correctional facilities and for those people who may be homeless in the community. These settings can be metropolitan Local Health Districts/Networks, rural or even remote settings.

Those community members requiring access to palliative care can range from infants at birth, paediatrics, adolescent young adults (AYA), and all age groups through to the very elderly. Their diagnoses range from cancer, non-cancer such as organ failure, dementia, neuro-degenerative diseases such as motor neurone disease (MND), multiple sclerosis (MS) and other chronic conditions.

To adequately address the needs of palliative care patients in NSW, PCNA recommends on behalf of its members (nurses) and more broadly:

- Core training in palliative care including communication skills for all nurses
- Investment in nursing positions both in Specialist Palliative Care (including increasing Nurse Practitioners across the system) and in Community-Primary Care resourced using a population-based approach
- Workforce planning to ensure future generations of skilled palliative care nurses to meet demand
- Access to affordable post graduate training in palliative care
- Access to Specialist Palliative Care services much earlier in the patient's illness through accessible nursing, medical and allied health staff that addresses population growth and needs.
- RNs on every shift in RACF, along with safe and equitable skill mix of staff (currently RACFs may not be staffed with a RN on a shift and staffing may be care workers/Assistants in Nursing)
- Improved access and equity for palliative care medications to enable safe and comfortable care at home (currently some medications are cost prohibitive for families)
- Advocate for and invest in Palliative Care translational research, particularly nursing to assist the health sector and others in clinical, policy and educational needs and reform

Should you wish to discuss this matter further, please email me at admin@pcna.org.au or by phone on (02) 8405 7921.

Yours sincerely

Janeane Harlum RN, MCP, Ba Science
President
Palliative Care Nurses Australia