



30<sup>th</sup> March 2012

Committee Secretary  
Senate Standing Committees on Community Affairs  
PO Box 6100  
Parliament House  
CANBERRA ACT 2600

Dear Committee Secretary,

**RE: Inquiry into Palliative Care in Australia**

Thank you for providing me an extension with respect to making a submission to this inquiry. The issues that I raise below fall within the inquiry's terms of reference. The views outlined have been developed by me as a Member of the New South Wales Legislative Council who has specifically raised and discussed the issue of palliative care with the public across the state. In some instances I have raised the issue of palliative care. In other instances it was canvassed directly with me by members of the public. While the comments are drawn specifically from my experience as a Member of the Legislative Council in New South Wales, political colleagues I know in other states and territories have informed me that some of their own constituents have raised similar issues.

**1. Generally poor understanding in the community of the meaning of palliative care**

My experience is that many members of the community, including elected representatives from all levels of government, generally have a poor or limited understanding about palliative care. When raised many mention cancer, chemotherapy, morphine and not much else. There is not a great deal of understanding about the advanced nature and efficacy of modern palliative care medicine and treatment. It is fair to say that the community in general has a very narrow and limited understanding of what best practice palliative care is in Australia in the 21<sup>st</sup> century. Palliative care is not something that is canvassed or discussed in the community on a regular basis. People have heard of the term before but they often have a fuzzy understanding of what it means.

This dissonance between the popular understanding of what palliative care is and the actual practice itself, causes challenges in terms of dialogue on the matter. There is a need to systematically, over time, raise the whole community's understanding about what palliative care actually is.

## **2. Palliative care training and education**

Palliative care medicine is a specialised field. Basic medical training provides limited opportunities to learn about and understand palliative care. It has been put to me by a number of people that over their six years of training, medical students spend very little time studying the subject of palliative care. At best they only have a general understanding about it when they graduate. It has been suggested to me that General Practitioners (GPs) in Australia have both limited knowledge and understanding about best practice palliative care. I have been told that many GPs do not appreciate what is now the sophisticated practice of palliative care medicine. This is not said as a criticism but as an observation. The limited number of specialist doctors that practice in the field means that GPs may not be exposed to what is available and what is possible with respect to palliative care medicine and treatment.

Increasing the available number of training positions for those wishing to specialise in this area of medicine would help address this situation. This also applies with respect to the training of nurses who specialise in palliative care. Consideration should also be given to examine the adequacy of existing training within undergraduate medical degrees offered at Australian universities.

## **3. Making palliative care a priority within federal, state and territory health budgets**

Formulating health budgets to accommodate the various competing needs is always a challenge for any government. To use the vernacular, when it comes to health budgets, palliative care up to now has not been given a fair shake. Those working in the field argue that this will only change when governments decide to make specific provisions within their health budgets. Unless and until this is done palliative care, it is argued, will be denied the priority that it deserves. Such consideration must be made not just with respect to annual budgets but the forward estimates and beyond.

## **4. Important contribution of volunteers**

Australia is fortunate to have a number of dedicated volunteers working in the area of palliative care. Their contribution is very important and needs to be properly supported. How the volunteers and their peak organisations can be better supported should be a priority for all governments. Fair remuneration for travel expenses (i.e. expenditure on the use of private vehicles) and training both deserve particular attention.

There are various other matters that have been drawn to my attention with respect to palliative care that I am happy to discuss further. If you require additional details, do not hesitate to contact me on (02) 9230 2280.

Yours sincerely,

Greg Donnelly MLC