



Committee Secretary
Senate Standing Committee on Legal and Constitutional Affairs
Department of the Senate
PO Box 6100
Parliament House
CANBERRA ACT 2600

e. legcon.sen@aph.gov.au

Dear Committee Secretary

Please find attached Little Company of Mary (LCM) Health Care's Submission to the Senate Standing Committee's Inquiry into the Rights of the Terminally Ill (Euthanasia Laws Repeal) Bill 2008.

This submission argues that inadequate awareness and understanding of palliative care as an integral element of the health care system in Australia is a significant contributing factor to public perceptions that the legalisation of euthanasia is a legitimate option. It argues that the Australian government has a responsibility to ensure that a humane, dignified alternative is more readily available.

LCM Health Care welcomes the opportunity to provide further evidence on the issues raised in this submission to a Senate Committee hearing. The organisation employs and works collaboratively with many highly qualified and skilled palliative care professionals whose views would contribute significantly to deepening community understanding of the complex issues involved. If you require further information or the names of health care professionals who would be prepared to appear before the inquiry please contact my office on T. 02 6201 6782 or vlad.aleksandric@calvary-act.com.au.

Yours sincerely

David Butt
National Chief Executive Officer
9 April 2008

*A Service of the Sisters of the Little Company of Mary
with values of hospitality, healing, stewardship and respect*

Little Company of Mary Health Care Ltd operates LCM Calvary Health Care Holdings Ltd, Calvary Health Care in the ACT, Adelaide, Riverina, Sydney and Tasmania (Hobart and Launceston), Calvary Health Care Bethlehem in Melbourne, Calvary Retirement Community in Ryde, Cessnock and Canberra, Calvary Silver Circle, Calvary John James Canberra, and Calvary Mater Newcastle

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INQUIRY INTO THE RIGHTS OF THE TERMINALLY ILL (EUTHANASIA LAWS REPEAL) BILL 2008

9 APRIL 2008

SUBMISSION TO THE SENATE STANDING COMMITTEE ON LEGAL AND CONSTITUTIONAL AFFAIRS

LCM Health Care—who we are

The spirit of Calvary—we strive to excel in the spirit of 'being for others'

LCM Health Care is a national Catholic health care organisation providing high quality values-based care and support for those who are sick, dying and in need.

We serve communities and individuals through our 21 Calvary health care services and home care services in 17 locations throughout New South Wales, South Australia, Victoria, Tasmania, the Northern Territory and the Australian Capital Territory, by providing:

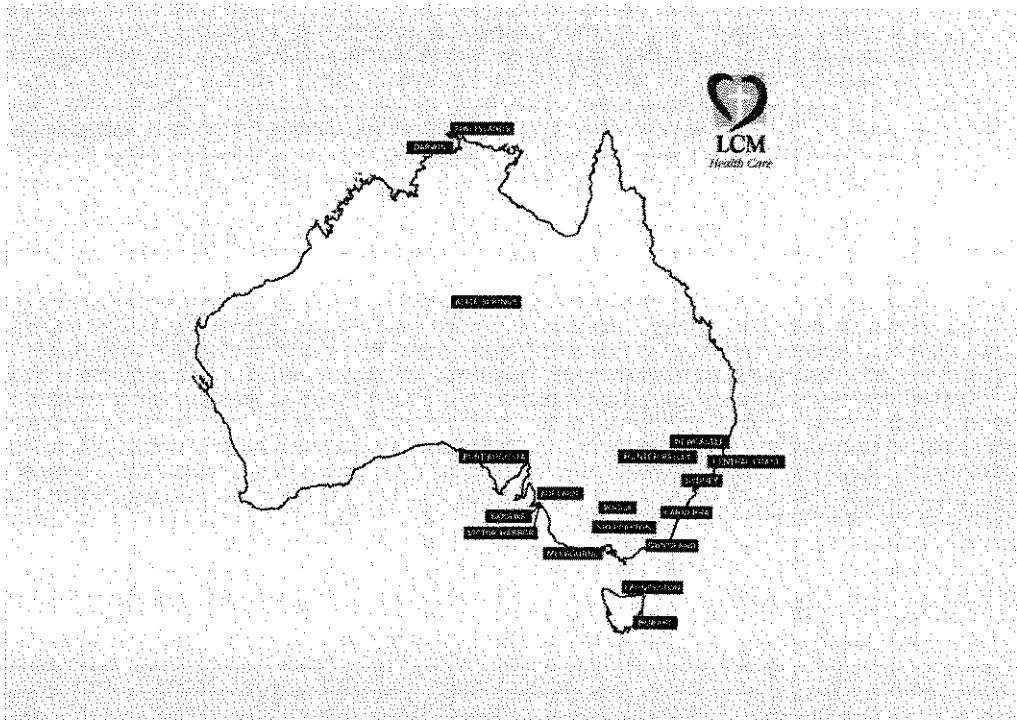
- public and private hospital acute and sub-acute care
- retirement living and residential aged care
- community and home care, and
- comprehensive inpatient and community based palliative care.

A year in the life of Calvary

During the year more than:

- 165 000 people are admitted to our 15 hospitals
- 1550 patients are treated in our 1943 hospital beds each day
- 566 000 bed days are provided in our hospitals
- 6800 babies are born in our six maternity units
- 98 000 people are treated in our emergency departments
- 1 100 000 hours of home care services are provided to 100 000 clients in their homes
- 5000 patients are cared for in our five specialist palliative care hospitals and hospices
- 507 residential aged care beds meet the needs of people seeking nursing home, hostel and dementia care
- 169 000 aged care bed days are provided in our three residential aged care services
- 200 retirement units enable people to live independently within our ageing in place communities.

Central to our mission, we are the largest non-government palliative care service provider in Australia. Since the Little Company of Mary Sisters arrived in Australia in 1885, care for the dying has been central to and a defining feature of our service provision. We provide specialist palliative care services to a total catchment area of around 2.5 million people. Five of our facilities provide specialist palliative care to more than 5000 people through inpatient hospice and community based care. In addition to inpatient hospice services our care models include an increasing focus on community programs, care into nursing homes, and people's homes, and rural outreach.



LCM Health Care plays a significant role in the delivery of health care in Australia and considers that our experience in health care generally and palliative care specifically brings an important perspective to this inquiry.

Philosophical position

We believe that dying is a unique experience for each person, that person's family and others, and comprises physical, psychological, social, spiritual and cultural elements.

We believe that palliative care is holistic, patient / resident and family centred care provided for people with a life limiting illness or living with a condition which has no prospect of cure. The emphasis of care is on quality of life, for patients and their families. Palliative care aims to be a profoundly positive experience; it is active not passive, it does not involve abandonment of care, and can never be regarded as futile care.

Palliative care entails the provision of:

- relief from pain (and if possible its complete removal) and the management of other distressing symptoms such as shortness of breath, nausea, etc

- emotional support—helping the patients and families cope with anxiety that is inevitably present
- effective communication about the treatments that are available to assist patients and families to make decisions about end of life care
- support to ensure that a person's psychological, spiritual and cultural needs are met
- a team approach to address the holistic needs of patients and their families including bereavement counseling
- care in the place where the person wishes to be—acute hospital, hospice, residential aged care, community, or in their home.¹

Palliative care affirms life and regards dying as a normal process.

Within a Catholic service, it is never permissible to end a person's life. Euthanasia must be distinguished from other care decisions which sometimes risk or have the effect of shortening life but which are not intended to hasten death, for example, the administration of appropriate treatment to relieve symptoms, or the withdrawal of burdensome, futile or inappropriate treatment.² As such palliative care intends to neither hasten nor postpone death.

In delivering palliative care we are guided by the value and dignity of every person who comes into contact with our services. Our respect for human life leads us to cherish and protect life from its beginning to its end. Through our care and compassion motivated by concern for others, each person working in a Calvary service is able to inspire hope, provide a source of strength, and reach out to those who are sick, dying and in need.

It is from this basis that LCM Health Care makes this submission that strongly opposes repealing the current euthanasia laws.

Calvary response to current community need

We are committed to being innovative leaders in palliative care in Australia. We are achieving this through a national integrated strategy consisting of:

- a focus on clinical outcomes of service delivery
- responding to consumer feedback
- implementing national standards
- a comprehensive national education program including through our registered training organisation
- supporting research and teaching
- developing partnerships
- benchmarking business indicators
- a shared policy framework.

As a Catholic health care provider LCM Health Care invests significant resources in advancing knowledge of palliative medicine, enhancing the skills of all those involved in the provision of palliative care, educating health care practitioners, and organising resources to ensure that patients and their families have access to first class palliative care.

¹ Partly adapted from presentation by Brian Pollard, www.actrla.org.au/euth/bookeu/pollard.htm

² Catholic Health Australia Code of Ethical Standards, 2001, Code 5.20, p.46

Government, other funders and community responsibility to provide appropriate health care

We believe that every person is entitled to an adequate standard of treatment appropriate to their illness. Advocates for improved recognition and funding of palliative care services in Australia, including Catholic Health Australia and Palliative Care Australia, assert there are real limitations and inadequacies in current government and non-government funder approaches to palliative care resulting in:

- inability to access appropriate and holistic care
- no real choice in care locations—encompassing inadequacies in funding models, communications systems, pharmaceuticals, equipment, travel subsidies
- few respite options
- barriers to home care—particularly with regard to funding, and complexities associated with multiple funders
- critical shortages of appropriately trained health care professionals
- barriers to integrating the health care system across community, acute hospital, aged care, respite, and home care—particularly with regard to funding models
- private health insurers in particular operating from an acute care model that fails to recognise the complexities and provider costs associated with longer term non-acute care delivery
- lack of support for coordinated community networks that can help to reduce the impact of loss, grief and bereavement.

There is also a general lack of understanding in the community and also in some of the health professions of the potential of palliative care to meet the needs of dying persons. A study conducted in the USA by Portenoy, Coyle and Nash confirmed that the more doctors know about palliative care and the benefits and support it provides to patients, their families and health care professionals, the less they favour legalisation of euthanasia.³ While the lack of community and professional knowledge about palliative care is slowly improving (eg. palliative care medicine was only recognised as a specialty in 2005; training and practice in palliative care is increasingly becoming a requirement of medical and nursing curricula), increased understanding is fundamental to the community demanding that adequate support is provided as a matter of right.

Even though access to good quality palliative care is not uniformly available, this does not strengthen the case for euthanasia. Causing a person to die through prescription is ethically, morally and professionally very different from letting a person die in a way that recognises that the dying are part of our community and merit the dignity due to every living person.

Concluding statement

It is unacceptable in today's society that people in Australia should consider euthanasia to be a legitimate option simply because they are unaware of or unable to access high quality palliative care which provides people with an advanced illness the opportunity to improve their quality of life, and to live their life to the full.

³ www.mja.com.au/public/issues/apr19/hendin/hendin.html