



Consultations Briefing Paper

PCWA submission to the Joint Select Committee on Palliative Care in WA

Terms of Reference - Joint Select Committee on Palliative Care in Western Australia

- 1) That a joint select committee of the Legislative Assembly and Legislative Council into palliative care in Western Australia be established.
- 2) That the joint select committee inquire into and report on:
 - a) the progress in relation to palliative care, in particular implementation of recommendations of the Joint Select Committee into End of Life Choices;
 - b) the delivery of the services associated with palliative care funding announcements in 2019–2020;
 - c) the delivery of palliative care into regional and remote areas; and
 - d) the progress on ensuring greater equity of access to palliative care services between metropolitan and regional areas.
- 3) That the joint select committee consist of six members, of whom —
 - a) three will be members of the Assembly; and
 - b) three will be members of the Council.
- 4) That the standing orders of the Legislative Council relating to standing and select committees will be followed as far as they can be applied.
- 5) That the joint select committee report to both houses by 19 November 2020.

Recommendations from the Joint Select Committee on End of Life Choices

Recommendation 1

The Attorney General, in consultation with the Minister for Health, appoint an expert panel to review the relevant law and health policy and practice – and provide recommendations in relation to the following matters:

- the establishment of a purpose-built central electronic register for advance health directives that is accessible by health professionals 24 hours per day and a mechanism for reporting to Parliament annually the number of advance health directives in Western Australia;
- a requirement that health professionals must search the register for a patient’s advance health directives, except in cases of emergency where it is not practicable to do so;
- amendments to the current Western Australian template for advance health directives in order to match, as a minimum, the leading example across Australia, taking into account Finding 7; and
- consider how the increasing numbers of people diagnosed with dementia can have their health care wishes, end of life planning decisions and advance health directives acknowledged and implemented once they have lost capacity.

Recommendation 2

The Attorney General, in consultation with WA Health, and relevant health professional bodies, undertake an immediate and extensive program to educate health professionals about:

- the nature, purpose and effect of advance health directives and enduring powers of guardianship;
- how to identify a valid advance health directive; and
- how to identify the lawful substitute treatment decision-maker.

Recommendation 3

The Attorney General, in consultation with WA Health, provide greater education for the wider community about:

- advance health directives;
- enduring guardians; and
- the hierarchy of medical treatment decision-makers.

Recommendation 4

WA Health immediately develop a strategy to ensure that when an AHD is provided by a patient to a hospital, it is easily accessible and stored prominently on the medical record – until there is a central database.

Recommendation 5

The Minister for Health recommends to the Council of Australian Governments an amendment to the Medicare rebate schedule to include preparation of advance health directives with general practitioners.

Recommendation 6

The Minister for Health report to Parliament annually on the number of advance health directives held on hospital medical records in Western Australia.

Recommendation 7

The Minister for Health should facilitate the establishment of an inpatient specialist palliative care hospice providing publicly funded beds in the northern suburbs of Perth.

Recommendation 8

The Minister for Health should ensure that community palliative care providers, such as Silver Chain, are adequately funded to provide for growing demand.

Recommendation 9

WA Health should conduct an independent review, from a patient's perspective, of the three models of palliative care in Western Australia: inpatient, consultative and community. The review should examine the benefits and risks of each model and the accessibility of each across the state as well as the admission criteria for hospice care.

Recommendation 10

WA Health should implement a process to determine the unmet demand for palliative care and establish an ongoing process to measure the delivery of palliative care services with the aim of making those services available to more Western Australians.

Recommendation 11

To improve understanding of palliative care in Western Australia, WA Health should:

- establish a consistent definition of palliative care to be adopted by all health professionals;

- provide comprehensive, accessible and practical information and education services about palliative care to health professionals and the community;
- encourage knowledge sharing by palliative care specialists with their generalist colleagues; and
- establish a palliative care information and community hotline.

Recommendation 12

The Minister for Health should prioritise policy development and improved governance structures for the delivery of palliative care by WA Country Health Services.

Recommendation 13

The Minister for Health should ensure regional palliative care be adequately funded to meet demand.

Recommendation 14

Once a consistent definition of palliative care has been established by WA Health in accordance with Recommendation 11, the Minister for Health should appoint an independent reviewer to audit:

- The level of palliative care activity actually provided in Western Australia’s hospitals and compare it against the level of recorded palliative care activity.
- The actual spend by WA Health on palliative care on a year-by-year and like-for-like basis, across all aspects of palliative care provision, including community service providers, area health services (including WA Country Health Services) and delineating between inpatient, consultancy and community care.

Recommendation 15

WA Health should provide ongoing professional development for all health professionals – beyond undergraduate training – about the right of a patient to refuse medical treatment. WA Health should also specifically amend the Consent to Treatment Policy to provide comprehensive information in relation to a competent patient’s absolute right to refuse medical treatment.

Recommendation 16

WA Health should provide ongoing professional development – beyond undergraduate training – for all health professionals regarding the absolute right of a competent patient to refuse food and water. Training should also include those working in aged care.

Recommendation 17

WA Health should provide ongoing professional development – beyond undergraduate training – for health professionals about the transition from curative to non-curative end of life care and effective discussions with patients and families about futile treatments.

WA Health should consider how it might effectively educate the community about end of life decision-making, and implement appropriate health promotion in this area.

Recommendation 18

WA Health should provide specific guidelines on the use of terminal sedation by health professionals for patients at the end of life. These guidelines should include an agreed name and definition of the treatment. As per any other medical treatment, the requirement for informed consent must be clear.

The treatment must be specifically noted in the medical record as ‘terminal sedation’.

Government announcements on palliative care funding and service delivery

In 2019 the Minister for Health made two announcements on funding and additional services for palliative care. These dealt with the 2019-20 State Budget including a \$41 million investment for extra support and enhanced community-based palliative care services across the State including:

- a new residential aged and palliative care facility in Carnarvon;
- increased multi-disciplinary services including medical, nursing, allied health and Aboriginal health workers across regional and rural WA;
- 24-hour support via the WA Country Health Service telehealth hub which will ensure staff, patients and families have access to nursing care for patients who wish to die at home;
- improving governance to refine models of palliative care and roll-out the services, ensuring they best support the needs of rural and regional patients.
- 10 inpatient palliative care beds in north metropolitan Perth;
- expanded community-based services across WA.