

INTEGRATED PLANNING AMENDMENT BILL

First Reading

Mr WELLINGTON (Nicklin—Ind) (12.01 pm): I present a bill for an act to amend the Integrated Planning Act 1997 for particular purposes. I present the explanatory notes, and I move—

That the bill be now read a first time.

Question put—That the bill be now read a first time.

Motion agreed to.

Bill read a first time.

Tabled paper: Integrated Planning Amendment Bill.

Tabled paper: Integrated Planning Amendment Bill, explanatory notes.

Second Reading

Mr WELLINGTON (Nicklin—Ind) (12.01 pm): I move—

That the bill be now read a second time.

End-of-life care is everyone's business and I submit a bill to provide the opportunity for people to die in their own community in a community hospice guesthouse. The state Integrated Planning Act needs to be amended so that local governments can approve community hospice guesthouses in rural or rural residential zoning areas. This option is not viable at present in Queensland due to the planning regulations of the state and local governments.

The state Integrated Planning Act and local government planning schemes do not recognise a community based end-of-life care service as distinguished from a medical facility. It is proposed that these community hospice guesthouses will be located in rural or rural residential areas providing short-term accommodation and hospice care for no more than three terminally ill people by no more than three permanent staff. This bill matches moves from around the world, with the full understanding that the current acute healthcare system in Queensland is under significant pressure to meet the needs of the dying.

Palliative Care Queensland and Palliative Care Australia believe that 'people facing death' need to be cared for in an environment of their choice. It is generally appreciated within the hospice and palliative care profession that people want to have as much choice as possible about the place where they wish to die and consider that four options should be available to choose from. These are: their own home, a home-like hospice facility located within a community, a hospital including palliative care beds or a palliative care unit, and a residential aged-care facility.

On the Sunshine Coast, as in other parts of Queensland, there is a gap in the end-of-life care services available to people. We do have excellent hospice and palliative care services which partly meet the needs of the Sunshine Coast population. However, we do not have the option of choice for a place to die in a home-like hospice facility. I seek leave to have the remainder of my speech incorporated in *Hansard*.

Leave granted.

Palliative Care Australia states that "most people with a terminal illness will be cared for by their practitioner and community nurses...(and) that most people with a terminal condition prefer to receive care at home, but this will depend on many factors".

In other words people often need professional care, but there is difficulty in receiving this in a non-institutionalised atmosphere. This need for a softer but professional approach is a common and growing phenomenon in developed countries.

This Bill draws upon the English model of community hospice care facilities which work with other services. Facilities similar to hospice guest houses (often referred to as cottages) were evident in the United Kingdom in the 1980s. The idea is a simple one, obtain a house in a rural or rural residential precinct, equip and adapt it for caring for a maximum of three terminally ill people and draw upon the local community nursing services and doctors to provide the clinical care.

This Bill is about building community capacity. It is not about replicating the excellent community and primary care services already providing end of life care.

The Sunshine Coast Community Hospice, of which I am a patron, has adopted this United Kingdom model and has experienced significant difficulties in obtaining approval for the service to operate because the present legislation doesn't recognise a Community Hospice Guest House as an entity.

The Community Hospice Guest House is proposed to be a home to die in when you cannot stay in your own home and alleviating physical symptoms is only a part of what hospice care is about. It is not a medical facility.

The state Integrated Planning Act needs to be amended so that Local Governments can approve these much needed community hospice guest houses in Rural or Rural Residential zoning areas.

This morning I tabled petitions from almost 2000 people supporting this Bill.

I commend the Bill to the House.

(Time expired)

Debate, on motion of Mr Hinchliffe, adjourned.