



Speech by

**Miss FIONA SIMPSON**

**MEMBER FOR MAROOCHYDORE**

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Hansard 2 April 2003

**CRIMINAL CODE [PALLIATIVE CARE] AMENDMENT BILL**

**Miss SIMPSON** (Maroochydore—NPA) (9.16 p.m.): In rising to speak in this debate, I would like to state that the issue here is not one of euthanasia; it is about what the legal framework is for the protection of health providers who are providing pain minimisation action, as one member called it, or providing good palliative care in the circumstances of someone who is terminally ill. I acknowledge the contribution of the member for Aspley. It was an excellent contribution that brought a lot of clarity, from her perspective as a former health professional, on what is a very difficult subject. I would say there would be very few people in this place who would not know somebody who has experienced a terminal illness. Some people have had a quality experience as regards the care the person has received in that situation, and others, unfortunately, have not. This is something where as citizens, let alone as members of parliament, we want to see access to appropriate services.

In talking to palliative care experts previously and recently, one of the things that they have emphasised is that there is no need with quality palliative care for anybody to die in pain. There is no need for anybody with quality palliative care to die in pain, which raises the issue: why are there those people who are still in receipt of medical care or some form of hospital care who are unnecessarily having an experience where they do not receive good-quality palliative care? This is the issue that has been touched on by some members. It is not only about too much access to appropriate pain relieving substances; it is also about a lack of sufficient pain relieving substances where the person administering that is not appropriately upskilled to understand what will aid in relieving the pain without necessarily hastening the death of the person.

I believe this legislation is well intentioned. In fact, it does not change the current state of the law. The issue that we are discussing is the intent and good medical practice or, as has been pointed out, good medical and nursing practice. This does not change the fact that if someone intentionally seeks to take someone's life or to administer a drug in such a way that it hastens the end of someone's life, they are not absolved of responsibility under the law. After speaking to palliative care experts, I am not aware of a problem with the current law. While some members will argue that this legislation is superfluous, it provides an educative framework. People still cannot intentionally take someone's life, but there needs to be an understanding that good-quality palliative care is not necessarily about prolonging someone's life by extraordinary means but about providing appropriate medical palliative care in those circumstances. It is also not about hastening somebody's death.

I believe that the real issue in relation to palliative care in this state and throughout Australia is people being able to access quality palliative care. There are a lot of policy documents and pockets of excellence but still not a comprehensive delivery of quality palliative care for all people who are facing or potentially facing a terminal situation with pain. This is an extremely serious issue.

I wrote to the Health Minister, Wendy Edmond, on 1 August 2002 about palliative care and the delivery of services, particularly about the funding and where it was going. Unfortunately, she did not deem it such an important issue. It took her seven months to reply to my request for that information about palliative care funding in Queensland. I had asked her for some breakdowns in terms of Commonwealth and state funding and on a district-by-district basis. I also asked her for information about where the money was going.

Obviously, when a minister has a budget as big as the Health budget, there are accountability issues—to make sure that, in terms of good-quality palliative care, we actually see where the money

goes, we see the areas of need and we see where we need to develop better networks of expert opinion to be able to upskill the health professionals in those communities. I think it is just contemptuous that the Health Minister took seven months in which to reply to my correspondence and then did not provide answers to some of the questions that really are in the public interest. I will table that particular letter, because we need good-quality palliative care. We do not need just statements from the government; we need to see where that care is provided.

**Mr DEPUTY SPEAKER** (Mr Mickel): Order! Are you seeking leave to table the documents?

**Miss SIMPSON:** Yes, I do, thank you very much.

**Mr DEPUTY SPEAKER:** Is leave granted?

**Mr FOLEY:** I rise to a point of order. There is an appropriate procedure. If members wish to seek leave to table a document, then provision is made for the Speaker to see it and order that it be incorporated in *Hansard*, because there is a different consequence in privilege.

**Miss SIMPSON:** Perhaps the member does not want this information made public?

**Mr FOLEY:** I have no idea what the document is.

**Miss SIMPSON:** It is not being incorporated in *Hansard*.

**Mr DEPUTY SPEAKER:** Order! In answer to the minister's point of order, it is correct to say that the member should show the document to the Speaker if the document is to be incorporated in *Hansard*. If it is simply to be tabled, there is no requirement for the member to show it to me. Accordingly, there is no point of order. But certainly the question of leave has to be put to the House. It was put to the House. It is up to the minister as to whether he accepts that leave or not. The member is seeking leave to table the document.

Leave granted.

**Miss SIMPSON:** The issue of providing quality palliative care is one that we need to see higher on the agenda. I thank the member for Nicklin for seeking to clarify these issues in legislation and the intention of this bill. It is an issue that we need to have out in the public arena so that we can have an informed debate. The government has a role to play, because it is the major source of funding for the delivery of these services. That service is available within the public sector and in the non-government sector. There are significant funds in the public sector and the non-government sector and we need to ensure that where people are not getting access to quality care, where they are not getting access to real pain management that takes away the pain—holistic palliative care because it is much more than just a regime of pain release—then we need to know that we are going to have a commitment from the government to be open and accountable about where that money is going and about how we can improve those systems.

I feel quite passionately about the issue of good-quality palliative care. Obviously it concerns me that there are still a lot of people in our community who are not accessing these services for their loved ones who are in terminal phases of disease which causes incredible pain and distress. I believe that we must be committed to addressing this issue in a more systematic way to ensure not only that there is a better understanding of palliative care in the community but, most of all, that there is a better understanding of good-quality palliative care across our health professionals.

Yes, there are people involved in palliative care, but the levels and skills that are available consistently across the state are not always as good as what I believe they should be. Certainly we appreciate those who are experts in this area, because they bring a lot of enlightenment to this debate. But in Queensland we have a long way to go. I ask that in future, when the Health Minister is being asked questions about palliative care funding—questions that had been put to me by constituents—she shows a bit more respect for the fact that that information should be publicly available. The poor response that I received should not have taken seven months.