




Speech By
Ros Bates

MEMBER FOR MUDGEERABA

HEALTH AND COMMUNITY SERVICES COMMITTEE: REPORT, MOTION TO TAKE NOTE

 **Ms BATES** (Mudgeeraba—LNP) (11.28 am): I am proud to also stand and speak to the House on palliative care initiatives. Whilst I came along halfway through the inquiry, I certainly want to congratulate the other members of parliament who were actively involved in this review and particularly the wonderful chairmanship of the member for Kallangur. My long history of work within the health sector as both a nurse and in management of hospitals has delivered a personal passion for me in improving health outcomes for Queenslanders.

Palliative care is one of those issues within health that can really pull at the heartstrings and deserves to be accessed by all of those who could benefit from it. There is little more difficult within health than administering to a patient in deep and lasting pain and it would be a rare individual who has seen the benefit of such care firsthand who would not be an advocate for increased availability.

Quality palliative care delivered in a way that is of most benefit to the recipient is something that is simply not available to enough patients. It should be remembered that it is a benefit that is experienced not only by the patients under care going through often one of the most difficult and painful times of their lives but also their families, who are often exhausted, sometimes at the end of a long road and facing the loss of their loved one. We often think of palliative care as something that is required by the elderly in our final moments of life, but in the case of accidents or premature illness it can benefit patients of any age. Our capacity to deliver palliative care within Queensland and our capacity to deliver in-home care when appropriate is dependent on a variety of factors, but a significant restraint is the shortage of specialists and appropriate facilities. We must also keep in mind that many patients who are at a stage where they require palliative care would prefer to be cared for in familiar surroundings at home.

As a registered nurse, I took a keen interest in aspects of this report. I have long been a crusader for opportunities for nurses, whether they be enrolled nurses or registered nurses, to have the ability to further their career in whichever part of the profession they choose. One of the issues that continually rears its head is recognition of prior learning, particularly for enrolled nurses who are wishing to continue their studies as an RN and particularly if they wanted to specialise in areas such as palliative care because, make no mistake, palliative care is a specialised area in nursing and one that not all nurses can deal with, either. As a former lobbyist for the Council of Deans of Nursing and Midwifery and the author of the coalition's nursing education policy, I have always found it absolutely extraordinary how difficult it has been for enrolled nurses, particularly those who have trained in hospital based training, to have recognition of their prior learning to enable them to continue their studies. Colleagues may well be aware—or maybe unaware—that if you trained in a hospital as an enrolled nurse, there is no recognition of prior learning, even if you had spent 25 years as an enrolled nurse. The system is inherently unfair given that, currently, enrolled nurses who complete a one-year TAFE course can and do receive a concession of an entire year off their university degrees. That

does nothing to encourage hospital trained enrolled nurses, who may well have had many years of experience working in areas such as palliative care, when their prior learning is not recognised.

Currently, in Australia the average age of nurses is between 45 and 50 years of age, which is a bit of a concern, because that is around my age and the time that I trained. Mr Deputy Speaker, my concern has always been that if the average age of nurses is my age, when you and I are 70 and 75, so will be the nurses. So we need to do everything that we can to encourage more nurses into the system.

Nursing is a vocation—it is not a job—and nurses who work in palliative care do a fantastic job. I would also like to see more training for nurses caring for palliative patients and an increased level of teaching in giving high-dose narcotic analgesics to patients who require more narcotics than the average surgical or medical patient. In my experience, many nurses, particularly in aged-care facilities looking after patients at the end of their life, are concerned about giving high-dose analgesics. We need to make sure that they are not only competent but also confident when administering drugs to dying patients. We also need to see if there are any legislative changes that are required to make it easier for RNs to take phone orders in nursing homes or be able to fax prescriptions to pharmacies for medications required out of hours, particularly in the middle of night when pain relief is required and there may not be a medico present. It would also be great to see more nurse practitioners trained in palliative care, as this is a highly specialised area and one that not too many RNs are comfortable with. Again, as we face an ageing population, palliative care and access to such care will no doubt become a greater issue in Queensland. I again congratulate my colleagues for this report.