




Speech By
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MATTERS OF PUBLIC INTEREST

National Palliative Care Week

 **Ms LINARD** (Nudgee—ALP) (11.41 am): Last week was National Palliative Care Week. On Friday I had the pleasure of representing the Premier at the Palliative Care Queensland Thanksgiving Service at St John's Cathedral, along with His Excellency the Hon. Paul de Jersey, Governor of Queensland and Patron of Palliative Care Queensland, Dr Julia Wootton, President, Palliative Care Queensland, and Peter and Gabrielle Quilliam of Hummingbird House Children's Hospice. Palliative Care, or end-of-life care, are those healthcare services aimed at meeting the health needs of people, including infants and children, whose life expectancy is anticipated to be shortened as a result of known life-limiting conditions and where the primary intent of care may have shifted from life prolongation to a focus on quality of life.

End-of-life care helps those with an advanced, progressive, incurable illness to live as well as possible until they die. It enables the supportive and palliative care needs of both patient and family to be identified and met throughout the last phase of life and into bereavement. It includes management of pain and other symptoms and provision of psychological, social, spiritual and practical support.

National Palliative Care Week seeks to raise awareness of palliative care services and their importance in our community and encourage Australians to have the difficult conversation about end-of-life care. The topic of this year's National Palliative Care Week was 'Dying to talk; talking about dying won't kill you', aimed at challenging the taboo that remains in Australian culture to discussing issues of death and dying. I am standing here today to do my part to challenge this taboo, and in so doing it is my hope to both acknowledge and honour the many outstanding health professionals and volunteers who work in this field and to contribute to the discussion on the importance of palliative care services across our community. Last week Professor Patsy Yates, President of Palliative Care Australia, said—

All Australians will be touched by death, as a friend, as a family member and as a member of a community—we owe to all Australians to help them achieve the best death possible.

I have already shared in this House that both of my parents were diagnosed with life-limiting illnesses in their forties. My father passed when I was 20 years of age and my mother when I was 28. Both of my parents were fortunate enough to be referred to palliative care services when their disease progression transitioned from curative and life-prolonging interventions to comfort focused care. I say 'fortunate' because this meant that my father remained at home for as long as possible and was then cared for in a hospice environment until his death. Far from being clinical, the hospice was a warm and relaxed environment that we as family members were invited to treat as our home. In my mother's case, she received outstanding in-home support from Karuna Hospice allowing us to care for her at home until health complications made it impossible to do so. After this time, she received specialist palliative care in a dedicated palliative care hospital ward. This dedicated ward was different

from mainstream wards. The rooms were larger, allowing family to stay. In fact, staying was actively encouraged. After all, time spent together was precious and respected as such.

The palliative model of care provided not only for the complex physical issues that were associated with advanced disease progression but also the emotional and spiritual needs of my mother, while also caring for our family. This sort of holistic care is not possible in a mainstream medical environment. We were encouraged to have open and honest conversations about dying, to be informed about her choices and preferences: where it would happen, who would be with her and what would provide comfort. My mother had an advance health directive and her death was as she had wished it.

I know that palliative care services are imperative because I have experienced them in a very personal way. I am very grateful to be a member of a government that is providing funding certainty to those organisations who provide such essential services. The recent announcement by the Minister for Health of \$20 million over three years to fund eight non-government organisations that provide essential palliative care services, including the Karuna Hospice, will allow them to get on with the job of providing the best palliative care services to Queenslanders rather than fighting from year to year to secure funding. This announcement, along with an extension of Queensland's palliative care helpline, PalAssist, to ensure patients, families and carers have access to immediate advice and emotional support 24 hours a day, seven days a week, is about ensuring that people confronting a terminal illness receive the high standard of care they deserve. But there is, of course, more to be done.

I thank the minister for these investments and for the launch of Queensland's Statewide Strategy for End-of-Life Care 2015, which recognises the pivotal role of individuals being empowered to undertake advanced care planning and the role of all health professionals in the identification of patient needs and supporting the delivery of high-quality end-of-life care. It provides a blueprint for hospital and health services to work collaboratively and responsively to drive implementation of the strategy. Health and hospital services have been given great autonomy to individualise how they meet the needs of their respective communities, and I call on them to do so with great care.

Palliative care services and support are not about death but, rather, the life that one has left. They make a tremendous difference to the journey that patients and their families take towards the end of life. The value we as a community place on life is reflected in not only the attention we place on birth but also the dignity we afford death.