



COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



HOUSE OF REPRESENTATIVES

PRIVATE MEMBERS BUSINESS

Palliative Care

SPEECH

Monday, 29 June 1998

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES

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Questioner
Speaker Andrews, Kevin, MP

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Mr ANDREWS (Menzies) (3.47 pm)—In the past decade, the words 'palliative care' and 'hospice' have found a new place in the lexicon of health care in Australia. To palliate is to relieve; hence the use of the term 'palliative care' to describe the provision of pain relieving care for people with terminal illnesses such as cancer, debilitating conditions like motor neurone disease and some respiratory and circulatory illnesses.

Palliative care is delivered by a health care team. It concentrates on the quality of life and alleviating pain and other distressing symptoms. It aims neither to hasten nor postpone death, but to ensure that the person is cared for in a holistic manner, with dignity and without pain. It addresses the psychological and pastoral needs of patients, their families and carers, and supports these people in their bereavement.

Palliative care is delivered in both hospices, that is, special hospitals for the dying, and at home. The development of palliative care is one of the most unremarked aspects of health care in Australia, but I believe it is one of the most important. In a sense, the modern development of palliative care is a return to one of the traditional roles of health care. The Order of Malta, which supports hospices at Caritas Christi in Melbourne and Mount Olivet in Brisbane, was established as a hospice- infirmary for pilgrims to Palestine by the armies of the First Crusade before the taking of Jerusalem in 1099. Indeed, next year marks the 900th anniversary of the provision of hospice services throughout the world by this organisation.

The renewed interest in palliative care reflects the work of two significant women. One, Dr Elisabeth Kubler-Ross, began to break down the taboos about death and dying with a series of books, beginning in the 1970s, the most notable of which is entitled *On Death and Dying*. The other, Dame Cicely Saunders, provided a model for modern palliative care with her remarkable work at St Christopher's Hospice in London.

Regrettably, as other members have indicated, palliative care has trailed the more glamorous fields of modern scientific medicine for some time. But this is changing, both in the training of doctors and nurses and in the provision of services. The Commonwealth government has provided more than \$25 million a year in funding of palliative care through Medicare schedule G and the palliative care program. The palliative care program was designed to maximise the quality of life of people suffering a terminal illness, to avoid inappropriate hospital admissions and to provide support for families and carers. The funding has also allowed some states to review and improve the delivery of their palliative care services. I note that the principles for the new Australian health care agreements between the Commonwealth and the states provide for the continuation of this funding under one stream.

Having served on the board of a hospice for some years, and having witnessed the remarkable work of the medical and nursing staff, and the many volunteers who contribute their time, their energy and their caring to outreach home hospice services, I can attest to the remarkable work undertaken by these people for the community. I am honoured to support the motion of the honourable member for Stirling (Mr Eoin Cameron). In doing so, I note that 12-18 July is National Palliative Care Week in Australia. I hope that more Australians learn of these valuable health services, and I urge both the Commonwealth and state governments to continue to support palliative care services through the provision of adequate funding.

Palliation is not just about people with cancer, and not just for people with terminal illnesses such as AIDS. Palliation is about helping people end their days with comfort and dignity, providing support and compassion to the dying as well as strength and solace to grieving family and friends. Few activities could be more valuable. I too commend the motion to the House.