

TASMANIAN PALLIATIVE CARE CONFERENCE 2019
WREST POINT CONVENTION CENTRE
SPEECH BY
HER EXCELLENCY PROFESSOR THE HONOURABLE KATE WARNER AC
GOVERNOR OF TASMANIA
THURSDAY 14TH NOVEMBER 2019

Thank you for inviting me to open your 2019 Tasmanian Palliative Care Conference.

I begin by paying my respects to the traditional and original owners of this land: the palawa people. I acknowledge the contemporary Tasmanian Aboriginal community, who have survived invasion and dispossession, and continue to maintain their identity, culture and Indigenous rights.

In the context of this conference, I was pleased to find that the Tasmanian Palliative Care Community Charter includes a section on Support for Tasmanian Aboriginal People.

I'm advised by your CEO Colleen Johnstone that this is the first State Conference you have held, building on the success of previous state-wide forums and other major events. Judging by the breadth and depth of the two-day program, and the line-up of expert international and Australian-based speakers, you can expect a conference of great intellectual stimulation and practical advice. As the Governor of Tasmania, I'm thrilled to know that such an important meeting of minds is taking place in Hobart.

I note too that the theme – *Building a resilient, capable and compassionate Tasmania* – includes advocacy to all levels of government on behalf of Tasmanians with a life-limiting illness and their families or carers. As we know, it is generally never easy for governments to permanently prioritise health over education or other major public spending areas such as police, fire and emergency, or public infrastructure. And presently the Tasmanian health sector is feeling considerable strain. I can make no judgement on that. But I can say that advocacy through agencies such as yours is much worth heeding, for its integrity, its practicality and its importance to every single individual and family, given that we all must experience your care at some point.

Your conference is very timely. The Royal Commission into Aged Care Quality and Safety has shone a light on the issue of palliative care in aged care facilities. In the public consciousness palliative care is associated with end of life care for

cancer patients. And many people have witnessed the wonderful end of life care given to friends or family who have been dying from cancer and observed or experienced the support given to the family of the patient. But of course palliative care is much broader than this and covers treatment, care and support for people living with any life-limiting illness, an illness that you're likely to die from. This includes not just cancer but dementia, chronic heart failure and lung disease.

This week the Royal Commission into Aged Care is having hearings in Hobart. On Tuesday the Mercury had the confronting banner headline, 'Aged Care Disgrace' with the statement of a man who was in an aged care facility on the North West Coast because he was immobilised by prostate cancer and who died what his wife described as 'an agonising death' after the palliative care plans for her husband were not adhered to. He wrote that he had been 'dehumanised ... like a carcass in an abattoir to be processed like a slab of meat'.

The Royal Commission's terms of reference did not specifically refer to palliative care but an issues paper prepared by Palliative Care Australia argued that a hearing focussed on palliative care would provide the opportunity to better understand the role of palliative care in aged care, the quality of care and to highlight current gaps in care.¹

The Commission has now identified palliative care as an issue to be looked at and even without a specially focussed hearing on palliative care, huge gaps in palliative have been identified by some of the submissions to the Commission. And this is not isolated to the aged. Submissions related to younger people in residential aged care. Too often there are no viable choices for younger people with a life-limiting illness, other than residential aged care. For a young or younger person this can have devastating effects on mental health and lead to loneliness and isolation.

Clearly, palliative care for the elderly is a public health issue of growing importance with improvements in health care that keep the over 65s alive for much longer. By 2031 this age group is expected to be 19% of the population in Australia. We know that the leading causes of death for older Australians aged 65 and over are all non-malignant life-limiting illnesses that may well benefit

¹Palliative Care Australia, *Issues overview: Palliative care within aged care – prepared for the Royal Commission into Aged Care Safety and Quality*, accessed at https://palliativecare.org.au/wp-content/uploads/dlm_uploads/2019/07/Palliative-care-in-aged-care_Royal-Commission-Issues-Overview_May-2019.pdf

from palliative care from diagnosis on. However, the availability of specialist palliative care services is limited. There are not enough palliative care physicians and nurses to cope with the demand.

Palliative Care Australia points out that palliative care is not appropriately recognised for funding in residential care – where, as I understand it, palliative care funding only applies to care in the last week or days of life.²

I understand that the level of palliative knowledge within the aged care sector varies considerably between and within facilities as well as states. And that undergraduate and vocational educational and training including Certificate 4 in Ageing Support, does not include palliative care as a core unit.³ In addition PCA notes that bereavement and its effects on staff and other residents is often under-recognised in aged care, with no structured approach to bereavement support either through pastoral care programs or more broadly within the sector.

I can see that you have an amazing, varied and stimulating program for the next two days, I will now let you get underway with it by declaring your conference open.

Thank you.

² Palliative Care Australia, n 1, p 8.

³ Palliative Care Australia, n 1, p 10.