

30 March 2012

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600



Dear Sir/Madam,

I set herewith a letter relating the Submission of Palliative Care Australia (PCA) on the Committee's Inquiry into Palliative Care.

Apart from a particular matter indicated, I support the PCA Submission and its recommendations.

1. Writer's Involvement in Palliative Care

- Chairman of Caritas Christi Hospice Kew, 1986-1996.
- Chairman Caritas Christi and Order of Malta Home Care Service 1990-1996.
- Eastern Palliative Care (EPC) which provides all home based Palliative Care in the Eastern Corridor of Melbourne containing c. 1.2 persons. Trained Biography Volunteer 2008-present.
- Patron, Victoria Palliative Care Association 2006 – present.
- Vice-President and former President of the Order of Malta in Australia, an Order which will in 2013 celebrate its 900th Anniversary as an Hospitaller Order dedicated to the care of "Our Lords the Sick" a responsibility which is lived out in Palliative Care through the Order of Malta's continuing role as one of three partners in Eastern Palliative Care.

2. Cultural and Religious Diversity

The Palliative Care Submissions makes many valid arguments and recommendations under the heading of 'People from CALD backgrounds'. I wish to expand the discussion in this part of the PCA submission.

- a) First of all it is necessary to understand the importance of knowledge training and sensitivity in the area of cultural diversity in Australia. There is no more sensitive area than life and death. It is not by any means clear that sufficient training of doctors, nurses and allied health workers is taking place on cross-cultural issues. So for example, there is little point in acknowledging diversity if no attempt is made to fill the box as to religion.
- b) Papers, studies and Submissions, including PCA Submission, do not explicitly say that cultural diversity invariably means religious diversity. The vast

majority of Australia's population hold to a religious faith and even if this faith is not always diligently practised in life, invariably people – and their kin – look to their faith at the threshold of death. Sensitivity about culture means sensitivity about religion as the two are inextricably linked.

- c) There are practical issues that flow from the above. In order to be sensitive about culture and religion one must know what is the culture and religion of the patient. It is necessary to underline the obligation to identify the culture and religion (if any) of every patient, unless of course the client declines to identify his or her religion, if any.
- d) Australia has a splendid record in the way it has managed the settlement of our culturally diverse immigrant and refugee population. It is a record which as Chairman of the Australian Multicultural Foundation I can attest is widely praised overseas.

3. Volunteering

Home based Palliative Care has from its origins always had a strong presence of volunteers. Rightly, from the outset, the need for special training for volunteers have been recognised and the provision of staff who closely train and monitor volunteers. As I am involved in the governance of volunteers and as an actual volunteer, I would urge authorities to give more opportunity to volunteers themselves to be heard in policy issues involving them.

Australia has a good record in its provision of volunteers. It has also been innovative in this area. A good example is the provision of volunteer biographers which was first introduced in Victoria at Eastern Palliative Care. I did that training course and have now completed my fifth biography of a terminally ill client. As far as I know neither Europe nor the U.S.A. have yet provided such a service which again and again supports and even inspires the client and family through the last months of the client's life.

4. Advanced Care Directives (ADC)

There is ambiguity in the PCA Submission on Advance Care Directives (ADC) and Advance Care Planning. Fundamentally such directions may be given before Palliative Care is to be provided and in circumstances where the party signing up to a ACD or ACP may have no real understanding of the nature of Palliative Care and its capacity to overcome apprehensions about pain and like factors. I have other reservations about this whole subject matter and prefer to see further dialogue and research occur before Government is invited to intervene in this area.

Yours sincerely,

Sir James Gobbo