

SUBMISSION TO THE SENATE INQUIRY INTO PALLIATIVE CARE

I respectfully submit the following:

In Albury we are lucky enough to have a private palliative care facility where families can spend time with their loved ones who are terminally ill, knowing the centre offers a quality service to patients. The impersonality of the health- care system that weighs heavily on the dying is minimized so their medical and psychological needs can be met.

Such programs should be a model for all palliative care provided in Australia. It will be objected that they are too expensive to be made available to everyone, but there would be many cost savings to be made. For instance, the problem of over-medication of the elderly has been well documented. Moreover, we have a medical culture that equates drug quantity with healthcare quality. This attitude becomes problematic because no one has yet adequately researched the effects of palliative care drugs on the dying elderly (NCBI Bookshelf: NBK45415). It is more than likely that millions of dollars are being wasted on well- intentioned drug therapy that is, at best, useless. If the terminally ill were made to feel psychologically comfortable and personally valued, their need for drug therapy would naturally decrease, the connection between pain- levels and psychological distress having been well- established.

In order to make these patients mentally and emotionally comfortable, a substantial amount of research needs to be carried out. We must know the extent to which the needs of individuals are unique, and therapeutic paradigms in existence are useful in practice. Experienced palliative carers should be the primary source of information, as the present regimen is mechanical to the point of stifling patients' awareness of their own needs. Their frailty prevents them from being able to preserve enough individuality to express themselves properly. Thus experienced carers who can empathize with their patients and observe the effects of various treatments are the most competent authorities to consult.

A particular focus of psychological research should be the needs of aboriginal Australians. The work of Professor Tatz (*Aboriginal Suicide is Different*) has highlighted the extent of ignorance among our psychologists about the history and culture of indigenous people – and how their collective grief at their loss of identity is misinterpreted by healthcare professionals as the sum of individual psychoses caused by social disadvantage. It is well- known that Aboriginals prefer to die in familiar surroundings with their 'mob' attending them. Thus a special effort needs to be made to ensure they receive the most appropriate combination of traditional and modern assistance.

A major concern for those who want effective palliation is the use of Advanced Care Directives, which in theory allow a patient to determine their treatment regimen -- but in fact are more likely to be interpreted according to the convenience of overworked healthcare professionals. I recently heard of a case where a terminally ill geriatric patient signed an ACD stating that if he suffered heart failure he didn't wish to be revived. Relatives then discovered that when he fell into a coma as a result of developing pneumonia, no antibiotics were being administered because staff believed he wished to refuse any treatment that would prolong his life. If ACDs are to be made available to patients, they and their families need to be informed of these risks by healthcare authorities.

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