

Committee Secretary
Senate Standing Committees on Community Affairs
Parliament House
Canberra ACT

I am pleased that your committee will look into the availability of palliative care to all Australian people irrespective of where they live or their circumstances in life.

While I realise that the cost will be great and the move to gain momentum in its provision will not happen over night, I hope you will bring out through your report that there is urgency for its provision and that the Government needs to start now. Lip service is not enough. All Australians who are diagnosed with a terminal illness deserve access to palliative care.

While there are many models that can be used to provide palliative care, ranging from hospital provided care to hospice and home care, it is important that those who make the decisions fully assess the various models used here and overseas.

Professor Ken Hillman, professor of intensive care at the University of NSW, stated that a person who has a terminal illness who is brought in to the hospital by ambulance will end up in the intensive care unit because that is the way the system works. He continued that they do not have what such a patient really needs as it is not what they are designed for. What is needed is care based on the home or hospice model. He also pointed out that this is a more effective use of funds as intensive care costs \$4,000 per person per day as against \$150 - \$200 per day for the home /community based care and that the patient is receiving the Rolls Royce of treatment at the close of life.

I would commend for your consideration the model used by the charity, Sunshine Coast Community Hospice Ltd, which runs a six-bed hospice called Katie Rose Cottage. The size of the hospice, its daily bed cost and the use of volunteers to assist the nursing staff to provide an excellent end of life service to their clients makes it a model that would suit small communities that do not have palliative care available at present.

May your inquiry produce a report of substance that will further the cause of palliative care for Australians.

Bernard John Bartsch