

## Senate Inquiry into Palliative Care Submission.

I have nursed for twenty years and have seen the great need to care for those in pain –rarely only physical- and the dying.

When I first started nursing the genuine concern and compassionate care we gave people in pain and suffering was, in my opinion, superior to what I have seen of late.

Patients dying in the past took many weeks to months usually, to pass away and during that time were kept comfortable and compassionately cared for.

I am surprised and alarmed at how quickly patients die these days. There seems to be a widespread practice to put diagnosed terminally ill patients straight on to morphine-**whether or not they require it** – and no longer do these patients take weeks-months to die but are gone within a week, maybe two. It would seem that nature does not take its course with opiates given for the relief of pain. The demise of the terminally ill seems to be a carefully contrived process to avoid unpleasantness on the part of the family, to keep costs down and to free up beds for the next patient.

I have heard a nurse and a doctor admit, on separate occasions, that morphine is given to hasten dying and that it's not a rarity for this to be done.

My father-in-law was one such case.

**Unconscious** as he was, morphine was administered via a driver on his chest *and* intravenously, the family were called in to say their goodbyes, a nurse then came in to administer yet another bolus dose of morphine “just to keep him comfortable”- even though he was unconscious- and he was dead in a few hours.

I have seen two other such cases with a member of family and a friend put on morphine for the flimsiest of reasons and dead within a week in both cases.

On the other hand.....

My father lived with us for the last three months of his life with lung cancer, emphysema, asthma, one leg and gangrenous toes on the other... three months of intense loving, caring and growing in understanding of what it means to be human. He knew he was loved and that we were there for him in his greatest need and his enormous gratitude was reward enough - although I would have walked over hot coals for him regardless!

He lived full days and nights. Visitors came frequently, my children stayed with him after school conversing, learning from his wisdom, enjoying his company, (and vice-versa), admiring his strength of character in his dealing with his mammoth difficulties, practising how to care for others, growing in stamina, guts and determination and learning the meaning of suffering and how to use it to advantage.

He contributed greatly to my family and was a profound witness to the heights to which we can attain.

Despite the constant demand for oxygen, morphine as needed, physiotherapy, hygiene, dressings, reassuring him when he was struggling and around-the-clock nursing, I would do it again and again- and we are all better people for the experience.

My father lived a death worth living – **and I am not living with the guilt of having ignored him or done away with him.....**

Looking after the dying is indeed loving and living.

So, my concern is that palliative care be given for pain relief and not for the removal of people who have become a burden to their families, the medical system or our society.

I hope that this inquiry will lambast the attitude that looks to expedience and bolster anew the true value and dignity of the human person and the noble traits of genuine care and compassion, love and sacrifice that makes any society great.