

## Opinion

# So much focus on death, what about the life left?

**Dr Dilip Dhupelia, President AMA Queensland**

I urge the State Government to address the drastic underfunding of palliative care so that Queenslanders can have the reassurance of comfort and dignity - a “good death” - when they die.

This is in the context of the current disproportionate level of focus on voluntary assisted suicide which is currently being investigated by the Queensland Parliamentary Committee into Aged Care, Palliative Care and Voluntary Assisted Suicide, and which will report back in March 2020.

It is acknowledged that voluntary assisted dying laws will only be applicable to a small minority. As such, Queenslanders need to know that palliative care will be adequately resourced so that their end-of-life suffering can be – and will be – managed effectively.

In 2013, a Queensland Parliamentary Committee clearly identified that specialist palliative care services in this state were understaffed, under-resourced and did not have capacity to provide adequate community care or after-hours cover.

Six years have passed and there has been inexcusable slow progress to improve things for the ageing Queensland community. Queensland has only half the number of specialist palliative care services it needs to meet the community need and we need to correct this as a matter of urgency.

As President of AMA Queensland, I called on the State Government earlier this year to significantly invest in palliative care service. Despite this, just \$17 million was allocated in this year’s Budget. As welcome as that was, it is nearly not enough when compared with \$224 million recently announced by the WA Government.

So, what do we need?

I am calling for a complete restructure of Palliative Care Services in Queensland and now is the right time. Specialist Palliative Care Service Units, appropriately resourced and staffed, need to be established in our regional and rural areas. Each of these units should be responsible for coordinating services on the ground in their geographic regions.

In addition, each major Queensland training hospital needs to have a dedicated Palliative Care Unit with sufficient palliative care trained specialists and beds. These specialist Palliative Care Units would provide immediate advice to the regional and rural units in their footprints as well as train and upskill doctors, nurses and allied health staff.

I offer this ‘hub-and-spoke’ model as a state-wide palliative care strategy.

By working collaboratively with nursing and allied health staff, this strategy would improve the ability of doctors to live up to the AMA position statement that we “have an ethical duty to care for dying patients so that death is allowed to occur in comfort and dignity.”

Despite mounting pressure on the Palaszczuk Government to rapidly introduce right-to-die laws, the more pressing problem for Queensland is creating a well-resourced, state-of-the-art palliative care system.

Western Australia this week became the nation's second state to pass euthanasia legislation, just five months after Victoria. In addition, television personality and founder of pro-euthanasia lobby group Go Gentle Australia, Andrew Denton, ramped up public pressure on the Palaszczuk government when he flew to Brisbane recently to urge the Premier to introduce voluntary assisted dying legislation ahead of a state election next October, in the event that a conservative government is elected in Queensland.

A law as game-changing as this one – as fundamental to the notions of life and death - warrants a carefully considered study, based on the real-life experiences of people who have a need to access existing laws. Why is there such a hurry for all jurisdictions to quickly follow suit?

These are very complex laws and they deserve further evaluation. It will take at least two years to build a database of cases in Victoria and Western Australia and evaluate whether those laws are working as per legislative requirements. We must complete this before considering similar laws in Queensland.

The question to be asked of those seeking this push for physician assisted dying is what are they actually seeking? Are they wanting autonomy to die in comfort and dignity alongside their loved ones and preferably at home? If so, will they feel the same way about voluntary assisted dying laws if they had access to state-of-the-art palliative care - when they need it and where they need it, no matter which part of Queensland they live?

Of course, patients themselves need to accept some responsibility for planning appropriately, which comes in the form of preparing an Advanced Care Directive. This document, completed in conjunction with your GP, sets out your end-of-life health care preferences. The fact that so many of us want to die at home – 70 per cent – but only 14 per cent do so reflects our own reluctance to address this issue.

As an organisation, AMA Queensland believes “that laws in relation to euthanasia and physician assisted suicide are ultimately a matter for society and government.” However, should the government proceed with drafting such legislation, AMA Queensland will be seeking to influence its outcome by ensuring appropriate safeguards.

The AMA position statement is transparent and in the public domain: “If governments decide that laws should be changed to allow for the practice of euthanasia and/or physician assisted suicide, the medical profession must be involved in the development of relevant legislation, regulations and guidelines which protect all doctors acting within the law; vulnerable patients – such as those who may be coerced or be susceptible to undue influence, or those who may consider themselves to be burden to their families, carers or society; patients and doctors who do not want to participate; and the functioning of the health system as a whole. Any change to the laws in relation to euthanasia and/or physician assisted suicide must never compromise the provision and resourcing of end of life care and palliative care services”.

The current debate about voluntary assisted dying is a cry of desperation to the State Government from Queenslanders who want to know that, when the time comes, they can die with dignity and without suffering. Voluntary assisted dying is not the answer for the vast majority of Queenslanders and we should not let ourselves be distracted by the recent disproportionate focus on euthanasia laws.

The real answer is surety of palliative care services, no matter where you live. The Premier has brought this year's budget forward to April, obviously as part of a looming election strategy. But it also provides an ideal opportunity for the State Government to show all Queenslanders that it is genuinely considering their future health needs.

**Dr Dilip Dhupelia, President AMA Queensland**