



Legal and Social Issues Committee
 Parliament House
 Spring Street
 Melbourne 3002
 Via email: lsic@parliament.vic.gov.au

27th July 2015

Dear Chairman and Committee Members,

Re Parliamentary Inquiry into End of Life Choices

Thank you for the opportunity to provide feedback to the Committee's Inquiry into End of Life Choices.

Melbourne City Mission's submission to this inquiry is brief, and does not put forward proposals for legislative reform – this is an area that sits outside our expertise. Rather, the purpose of Melbourne City Mission's submission is to highlight – as per the submission made by peak body Palliative Care Victoria – that:

"Appropriate legislation to support informed decisions about end of life care choices must also be supported by the timely access to high quality palliative care and end of life care services that are responsive to ... diverse needs and preferences."

By way of background, Melbourne City Mission is one of Victoria's oldest and largest community services organisations (established 1854). Its service platform spans all ages and life stages across the greater metropolitan area, including the provision of community-based palliative care in the municipalities of Hume, Darebin, Moreland and Yarra, as part of the North and West Metropolitan Region Palliative Care Consortium. Melbourne City Mission's palliative care program, established in 1981, was the first of its type in Victoria, offering a community/home-based alternative to hospital-based care.

Consistent with Melbourne City Mission's broader social purpose/organisational remit, our palliative care service is known for its expertise in – and care for – people who have multiple and complex needs (in addition to their diagnosis of a life-limiting condition). This includes people who:

- are Culturally and Linguistically Diverse (CALD)
- have substance (drug and/or alcohol) issues
- are experiencing homelessness
- are community-based asylum seekers.

Many of these clients have extensive trauma histories, including experiences of abuse, fragmented relationships, and transience and/or geographic dislocation.



This impacts the way in which they navigate and engage with support/care services, as well as primary health care and tertiary (hospital) services. Melbourne City Mission's palliative care services are delivered by an interdisciplinary team spanning nursing, medical, allied health and administration/back of house (with expertise in trauma and complex needs) supported by high-functioning partnerships with specialist services (e.g. alcohol and other drug services and homelessness services), major tertiary hospitals, primary health care providers, aged care, and local service coordination networks.

Clients referred to Melbourne City Mission's palliative care service have access to:

- Specialist palliative care nurses seven days per week
- A 24-hour paging service for acute symptom management, with after-hours Royal District Nursing Service support if visit is needed
- A specialist palliative care medical consultant
- A Palliative Care Registrar
- Counselling and spiritual care
- Grief and loss counselling
- Bereavement support
- Volunteer support.

Referrals principally come from tertiary hospitals, as well as general practitioners.

In our practice:

- We continue to see increased referrals year on year, however, we have no capacity to grow due to funding constraints. When we reach our funding cap, it is necessary for us to decline referrals and refer elsewhere. This is particularly challenging philosophically and practically, given our broader organisational commitment to 'no wrong doors' and our strategic focus on responding to marginalised community members.
- We note that many malignant conditions are now considered chronic diseases (for example, breast, prostate and colorectal cancers) – essentially, people are living longer with symptoms and seeking palliative treatments to prolong life.

In the context of a community conversation about dying and the choices available to die well, Melbourne City Mission emphasises strongly that palliative care needs to be well resourced to ensure availability and access **(and thereby, choice)** and to ensure an effective level of care. Melbourne City Mission takes this opportunity to highlight to the Committee that:

- Home is the preferred place of care and place of death for most Victorians. However, only 25 per cent die at home.
- Greater availability of palliative care services is needed to improve equity of access and quality of life outcomes; assist more people to receive care and to die at their place of choice; and contribute to more effective use of limited health resources.



- Victoria has less than half the recommended number of palliative medicine specialists, and more are required to meet the anticipated growth in need for palliative care. Gaps in these services contribute to avoidable hospital admissions, difficulties in accessing advice after hours, and diminished access to expert advice for GPs involved in end of life care.
- Other key barriers to access include lack of awareness of palliative care and physician referrals to palliative care. Community engagement would enable more people to be aware of their options and to discuss and document their advance care wishes.
- The need for palliative care will continue to increase, consistent with population growth, ageing and the growing incidence of chronic disease.
- Over 300,000 Victorians will die within the next eight years. Unless current trends are turned around, 52 per cent will die in Victorian hospitals and most without the benefits of palliative care.¹

Melbourne City Mission notes that, parallel to the Committee's inquiry into End of Life Choices, the Victorian Government – through the Department of Health and Human Services – has commenced work on an End of Life Care framework to replace the current palliative care policy framework that will expire this year. Melbourne City Mission believes that it is of critical importance that this work and the work of the Parliamentary inquiry 'joins up'.

Melbourne City Mission takes this opportunity to thank the Committee for its inquiry into End of Life Choices. Melbourne City Mission acknowledges the Committee's leadership in creating opportunities for open and informed community dialogue.

For further information about the matters raised in this submission, please contact Tracey Mander, Manager, Palliative Care, Melbourne City Mission, email [REDACTED] or phone [REDACTED] or Deborah Fewster, Head of Policy, Advocacy and Government Relations, Melbourne City Mission, email [REDACTED] or phone [REDACTED].

Melbourne City Mission grants permission to the Committee Secretariat to make this submission public, spanning all forms of publication and distribution.

Yours sincerely,

[REDACTED]

Ric Holland
Chief Executive Officer.

¹ All data sourced from Palliative Care Victoria's 2014 policy platform.