

TRANSCRIPT

STANDING COMMITTEE ON LEGAL AND SOCIAL ISSUES

Inquiry into end-of-life choices

Geelong — 29 July 2015

Members

Mr Edward O'Donohue — Chair

Mr Daniel Mulino

Ms Nina Springle — Deputy Chair

Ms Fiona Patten

Ms Margaret Fitzherbert

Mrs Inga Peulich

Mr Cesar Melhem

Ms Jaclyn Symes

Participating Members

Mr Gordon Rich-Phillips

Staff

Secretary: Ms Lilian Topic

Research assistants: Ms Annemarie Burt and Ms Kim Martinow

Witness

Ms Helen Hunter.

**Necessary corrections to be notified to
executive officer of committee**

The CHAIR — I would now like to extend a welcome to members of the public and the general community who are here. We as a committee have been overwhelmed with the number of submissions and the interest that this inquiry has generated in the community and we are keen to hear from as many people as is practical and possible. At this juncture we have a short amount of time to give members of the public an opportunity to address the committee as part of its community engagement strategy while we are in the Barwon region today. I will shortly invite those who have made themselves known to the committee secretariat to give a short presentation to the committee of no more than 3 minutes.

I will start with the same caution I have given other witnesses. I hereby advise that all evidence taken at this hearing is protected by parliamentary privilege. Therefore you are protected against any action in respect of what you say here today, but if you go outside this room and repeat the same things those comments may not be protected by parliamentary privilege. All comments from the floor will be recorded and a transcript provided for the correction of obvious errors of fact or grammar. However, substantive changes will not be accepted.

I understand there are two people who wish to make comments from the floor. I invite Helen Hunter to make a short presentation with a maximum time of 3 minutes.

Ms HUNTER — Thank you for the opportunity. I am here representing Anam Cara House Geelong. We are a community hospice and specialist palliative care service provider. We provide respite, end-of-life care and a day respite service for people who have a life-limiting illness. We operate at one-third of our capacity with the real reason being that we have no money to operate any more than that. We collaborate, we communicate and we have great relationships with our palliative care colleagues and it is purely because of a lack of money that our four beds remain empty for two-thirds of the year. We have the facilities, we have the nursing staff, we have the nurse bank and we have volunteers trained to the palliative care standards of Victoria, but we operate at one-third of our capacity.

The CHAIR — Where does your funding come from?

Ms HUNTER — We do not have any funding at all. The funding that we use to provide that one-third of our capacity service comes from donations. It comes from the community, it comes from trusts and it comes from foundations. That is diminishing because the spread of the funds, the donations and the trusts in the community is getting so hard to get. We have operated for eight years at our current site. We have been doing this for eight years and our capacity to serve is there, but we do not have funding to go with it.

Ms PATTEN — Is it possible just to quickly tell me what is your budget currently and what budget would you need to use those four beds?

Ms HUNTER — The Prime Minister said to the chair of our board just recently that we run on the smell of an oily rag, and we do that because we have lots of volunteers.

Ms PATTEN — But trained volunteers.

Ms HUNTER — Yes. Most of our expenses are around nursing staff because we train our volunteers to do the cleaning and do the cooking and do the provision. We also take care of whole of families. I want to make that point really clear because in the spectrum of person palliating the families are right there with you, so the communication has to be with them as well as with the person that you are actually caring for. If there was a husband and wife at home who really wanted to stay together, we take the husband and wife together. We have daughters that want to come and stay with mums, and things like that. They can come and they can stay and they can sleep. The nurse takes care of them during the night, and we do not have that issue with medication, so that can evolve. Our capacity at the moment is we run 120 days and nights per annum and that costs us \$650 000. We save the health budget already \$650 000, so we will multiply that by three.

The CHAIR — Ms Hunter, thank you so much for being part of this process. I invite you to provide further information to Ms Topic, and perhaps we can get further information from you. Thank you very much for speaking to us.

Ms HUNTER — Thank you.

Witness withdrew.