



# Media Release

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## **Palliative care must be prioritised after historic euthanasia vote**

**Palliative Care Australia (PCA) President Dr Jane Fischer is calling for increased funding for palliative care services to ensure all Australians can access support at the end of life, now the Victorian Voluntary Assisted Dying Bill has passed the Legislative Council.**

“The marathon debate in the Victorian Parliament this week has again highlighted the emotional and difficult times that people have experienced caring for loved ones at the end of life. While the Bill still has to go back to the Legislative Assembly for final approval, it now seems very likely that it will become law,” Dr Fischer said.

“We know that palliative care services make a real difference to the vast majority of peoples’ quality of life and provide support to their families after their death. Regardless of the legality of euthanasia, palliative care and aged care services will continue to care for the vast majority of Australians at the end of life. This needs to be resourced accordingly.

“It is vital that governments across Australia ensure that their palliative care services can support all of those who require assistance, so those people have a real choice in states where euthanasia is becoming legal.

“PCA’s position is that euthanasia and physician assisted suicide are not part of palliative care practice. However, it is a complex issue and like the broader community there are varying opinions within the palliative care sector. Ultimately it will be up to services and health professionals to decide to what extent they will be involved in a request for voluntary assisted dying from a person in their care.

“PCA will be consulting its members over the coming months to review its position on this issue and how we support palliative care services. Our priority will be to ensure that all people who are cared for by palliative care services continue to have holistic person-centred care.

“It is true that Australia has one of the best palliative care systems in the world. However there are still many people who miss out because of their location, diagnosis, ethnicity or socio-economic status. More needs to be done to address the gap in services, particularly in rural and regional areas.

“We need increased funding to raise community awareness and normalise discussion about death and dying. We know that people who plan ahead for their desired care and talk about those wishes with their family and health team, are more likely to receive it. Families also need to be able to access grief and bereavement support.

“More also needs to be done to upskill health professionals outside of the palliative care sector, such as GP’s, nurses, aged care staff, allied health and other health professionals to ensure they are equipped with the knowledge and skills to best support people with a life-limiting illness and their carers,” Dr Fischer said.

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