



M PO Box Q46, QVB NSW, 1230

27 January 2023

The Hon. Stephen Jones, MP
Assistant Treasurer and Minister for Financial Services
The Treasury
Langton Crescent
PARKES ACT 2600
AUSTRALIA

Via email: PreBudgetSubmissions@treasury.gov.au

Dear Minister,

#### RE: 2023-24 Pre-Budget submissions

Go Gentle Australia is grateful for the opportunity to contribute our views regarding priorities for the 2023-24 Budget.

Go Gentle Australia is a national charity that promotes choice at the end of life. We were founded by Andrew Denton in 2016 and have played a critical role in the introduction of voluntary assisted dying (VAD) laws across Australia. We empower people to choose the care that is right for them, including the option of VAD.

VAD laws have passed in every state and are now effective, following implementation periods, in Victoria, Western Australia, Tasmania and Queensland. South Australia's law will take effect on 31 Jan 2023, followed by New South Wales on 28 November 2023. The limit on the Territories legislating on VAD was also lifted in December 2022.

Go Gentle Australia works to ensure that the new option of VAD is recognised as a valid medical treatment for eligible people and that it is afforded equal respect as other important provisions such as hospice and palliative care. We also seek to ensure there is a confident and geographically spread VAD-trained workforce so the option is available to terminally ill Australians, no matter their postcode.

Our submission focuses on Federal Government initiatives to:

- 1. Provide quality VAD and end-of-life care and ensure equitable access
- 2. Increase community awareness of VAD and reduce stigma
- 3. Support research into the end-of-life and VAD

We have limited resources to design economic models. However, we felt it important to represent our perspective, as well as those of the individuals, families and health professionals we support.

We appreciate your time and great effort in preparing the 2023-24 Budget and hope you will consider our views. Further information on any of these recommendations is available on request.

# 1. Provide quality VAD and end-of-life care and ensure equitable access

#### Inclusion of VAD as a discrete item on the Medical Benefits Schedule

At present, many VAD practitioners are unable to bill properly for time spent with VAD patients due a lack of an item number. This means they must either ask their patients for a significant out of pocket expense or, as many do, bear the cost themselves. This is unfair, unsustainable and easy to fix.

GGA recommends the Australian Government includes in the budget a provision for a separate MBS item number for VAD.

### 2. Increase community awareness of VAD and reduce stigma

# Improving community awareness around death and dying, including VAD as a legitimate end-of-life option

Encouraging people to plan ahead for care and treatment options can help to avoid 'bad deaths'. The gag clauses operating in Victoria and South Australia, prohibiting doctors from raising the option of VAD with patients, mean many people – especially those with lower educational achievement or whose first language is not English – do not know the choice is available.

GGA recommends the Australian Government invests \$1 million over five years in a VAD education and awareness campaign, focusing on Culturally and Linguistically Diverse Communities. This would allow GGA to work with key stakeholders to develop a national programme reaching at-need populations around Australia.

#### Funding VAD-specific grief and bereavement support

The grief surrounding VAD has been described as 'unique', differing from other experiences of death and loss. GGA is working to create VAD-specific grief and bereavement resources and establishing VAD-specific support through an accredited counselling service.

GGA recommends the Australian Government invests \$150,000 in the research and creation of VAD specific grief and bereavement resources. This would allow a five-year campaign to develop and disseminate these resources for Australians.

#### Funding to establish a designated peak body for VAD practice

VAD medical professionals do not yet have a peak professional body to represent their interests. VAD is a new practice and practitioners are often working alone, siloed within their locality or state, sometimes without communities of practice. There is little opportunity for sharing best practice, highlighting issues and no organisation to support advocacy. Funding to establish a



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national VAD peak body is much-needed. We have begun scoping this work.

GGA recommends the Australian Government invests \$100,000 as seed funding for a VAD peak body. This would establish a dedicated professional body to identify and help implement improvements in clinical care and standards for VAD.

#### **Funding to support a national VAD Conference**

Further to a peak body, a national annual conference will bring together VAD practitioners, policy professionals, peak bodies and key figures involved in the implementation and operation of VAD across Australian states to learn from one another.

GGA recommends the Australian Government invests \$100,000 to support the inaugural VAD national conference. GGA has begun scoping this work and is seeking support from the federal government as this is a national policy issue.

### 3. Support research into the end-of-life and VAD

## Funding to explore the palliative effects of VAD and its integration into existing end-of-life provision

Research is needed to understand the intersection of palliative care and VAD and how models of care can best integrate the two. Although VAD is often viewed as entirely separate from palliative care, there is emerging domestic and international evidence that VAD has significant palliative benefits for the patient. Peer reviewed research into this emerging field will provide an evidence base to help define how VAD and palliative can best work together.

GGA recommends the Australian Government includes in the budget significant investment for research on the intersection of VAD and palliative care.

We also recommend the following to ensure health practitioners and the health system can provide high quality care:

#### **Funding to support VAD medical practitioners**

Some regional, remote and rural areas lack VAD practitioners. Often, a single GP serves a large geography. This is exacerbated when it comes to VAD, as there are fewer practitioners overall. GPs end up serving all the VAD needs of large areas, at a significant time and personal cost. The workload must be shared across a greater number of practitioners to ensure sustainability and accessibility of the system.

GGA recommends the Australian Government includes in the budget significant investment to allow medical practitioners to undertake VAD training and travel to rural, regional and remote areas.

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#### Funding for designated VAD beds in major tertiary hospitals

Many aged care and residential care facilities do not participate in VAD. Although their obligations differ between states, often patients in these facilities must be transferred to a hospital to access VAD. When they get there, often they cannot use the designated palliative care beds and wards. An allocation of beds to VAD patients is vital.

GGA recommends the Australian Government includes in the budget funding for dedicated VAD beds in major hospitals.

#### Funding to devise and rollout end-of-life modules in medical school curriculums

It is imperative to include education about death and dying in all undergraduate and graduate medical degrees. To date, only Melbourne University's medical school offers elective courses and modules focussing on end of life. The need for this medical training will only become more pronounced as the population ages

GGA recommends the Australian Government includes in the budget significant investment in the development of curricula that includes training in end-of-life in all Australian medical schools.

Thank you for the opportunity to contribute our views to the 2023-24 budget. For any questions about this letter, please do not hesitate to get in touch.

Yours sincerely

Dr Linda Swan,

CEO