*Opening remarks by Dr Stephen Duckett, Director, Health Program, Grattan Institute to the Queensland Parliament Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee (the committee) inquiry into aged care, end-of-life and palliative care and voluntary assisted dying.*

Legislation about assisted dying typically involves five key elements, four criteria for eligibility and certification processes (Duckett Forthcoming-a). The typical criteria are a prognosis or terminal criterion, a suffering criterion, an autonomy criterion, and a clarity criterion.

The starting point of all criteria is the suffering criterion: assisted dying is limited to those who currently suffer. Legislation in different jurisdictions adopt slightly different phrasing for these criteria, with adjectives such as ‘unbearable’ or ‘intolerable’ used to qualify the requisite pain (Willmott et al. 2016: 36). Often the criterion goes on to say that the suffering cannot be relieved by other strategies, such as palliative care.

I want to direct my remarks to palliative care. Palliative care services throughout Australia are woefully underprovided. People are dying in hospitals when they want to die at home. In addition to being a personal tragedy, under-provision of palliative makes no economic sense (Swerissen and Duckett 2014).

I read through all the personal submissions to the Victorian Legislative Council Review of End of Life Care. This experience was heart wrenching because there was story after story about the significant suffering of family member or friends; lack of access to good palliative care; and that patient needs were not met, sometimes for religious or values-based reasons (Duckett Forthcoming-b).

What we argue in our submission is that the funding of palliative care in Australia needs reform because the funding design and espoused policy objectives are not in alignment. Payment models for palliative care should move toward activity-based funding using an agreed classification, be uncapped funding with performance monitoring, and make explicit use of performance metrics and reporting (Duckett 2018). Uncapped activity-based funding for palliative care is not a significant budget risk as palliative care demand is naturally capped by need, related to the number of deaths, and in any event, good palliative care reduces the demand on other, more expensive services.

Thank-you

Duckett, Stephen (2018), 'Aligning policy objectives and payment design in palliative care', *BMC Palliative Care,* 17 (42).

--- (Forthcoming-a), 'The long and winding road to assisted dying in Australia', *Australian Journal of Social Issues*

--- (Forthcoming-b), 'Pathos, Death Talk and Palliative Care in the Assisted Dying Debate in Victoria, Australia', *Mortality*.

Swerissen, Hal and Duckett, Stephen (2014), *Dying well* (Melbourne, Vic.: Grattan Institute).

Willmott, Lindy, et al. (2016), '(Failed) voluntary euthanasia law reform in Australia: Two decades of trends, models and politics', *University of New South Wales Law Journal,* 39 (1), 1-46.