Speech

Address By

His Excellency General the Honourable Sir Peter Cosgrove AK MC (Retd)

On the occasion of

National Palliative Care Week

Clare Holland House, Canberra
25 May 2015

- The Hon John Watkins, Chair, Cavalry Healthcare
- Ms Liz Callaghan, CEO, Palliative Care Australia
- Prof Patsy Yates, President, Palliative Care Australia
- Ladies and gentlemen

I’m so pleased to be part of Palliative Care Week and to join you here this morning. It is an enormously important week in our country’s national calendar and in our national conversation about how we, as individuals, and as members of families and communities, deal with the myriad issues that we face towards the end of life.

Over the last century, medical science has added thirty years to the average human life. Since 1991 Palliative Care Australia has been harnessing the expertise of the health care providers you represent to understand and respond to the changing and complex needs of a population that is living longer and dying differently.

You remain the leading advocates of top-level training and education for all health professionals in palliative care, of equity of access to care—crucially, in rural and remote Australia—and of high quality, coordinated and reliable care that enshrines a dying person’s sense of control, choice and dignity.

And this week you are asking Australians to talk about what that means to each of us. Just as in birth and life, dying has its unknowns and surprises. We can’t plan for them; we can only expect them. But there are many things we can plan for, if we give ourselves the time to think them through, to talk with the people we care about, and to articulate what matters to us as we come to the end of our lives.

Our capacity to live longer is, without doubt, an extraordinary progression in the human condition, but simply living longer may not be what we all wish for. Some of us want to be sure that we can spend our final moments at home and that we’ll have the care we need to do that. Others need to know that the people and animals we love will be close by. Others again will be freed of the burden of suffering if we can somehow finish something that means more than anything else to us.

The vast diversity of our individual lives demands that we make no assumptions about one another’s needs and wishes in dying. A grueling experimental treatment that delivers weeks and hope to one may deny another of precious time to live fully, though briefly, right now.

Planning for the end of life may not be straightforward but it is doable, if we take the time, when we’re in a space, physically and mentally, that is away from the trauma and anxiety that illness and prognosis bring.

No matter how sophisticated our medical treatments, the end does, inevitably, come for all of us. In the most positive and constructive way, Palliative Care Australia is urging us to contemplate that end, gather our thoughts, and talk with our families and friends about what we want, so that everyone can get on with their lives knowing the difficult decisions have been made.
We live right up until we die. These conversations, whenever, however we decide to have them, are as much about living well as dying well, and, I would truly hope, holding onto love, happiness and meaning as we make that transition.

If we’re able to do this for ourselves now, when the time comes, we allow those caring for us to do the very best they can to ensure our physical, psychological and spiritual wellbeing. We should remember that these are the hefty responsibilities that palliative care workers bear in a complex environment where every patient and family has their own unique needs and wishes as they prepare for the end of life.

Being here at Clare Holland House, we’re especially reminded of that with our vets. In this Gallipoli centenary year Australians are coming to understand more and more the sacrifices and losses dealt by war and deployment to servicemen and women and their families.

For so long, the family home was the centre of rehabilitation for the survivors of conflict and capture who, having witnessed the worst atrocities, returned to civilian life not only with physical injuries and disabilities, but with crippling mental and emotional damage that remained with them for life. Wives, parents, siblings, close friends became their primary carers and nurturers, and in doing so, came to witness up close the devastating and lasting impacts of war.

Today, after a century of war, these impacts are well known. We know that among our vets Post Traumatic Stress Disorder is as high as twenty percent, many times higher than in other groups in the community. Coupled with a greater incidence of chronic and life-limiting illness, our vets are particularly vulnerable; and never more so than at the end of life.

Having practitioners and carers who understand military life, the experience of war and the context of injury and trauma is critical – palliative care specialists who can work across disciplines and manage the challenges of mental ill health in a dying person.[i]

The hospice here at Clare Holland House is an exemplar of such care.

Shortly, when we head out to the garden and bed down the Lone Pine, we will give vets and their families, and all who come to this place, an assurance that the experiences of war will be forever honoured, and its personal tolls taken impeccable care of.

And, ladies and gentlemen, for us here today, let it be a touchstone for those conversations we need to have.

Thank you.

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[i] O’Conner et al. ‘Vulnerability at the End of Life – Australian Veterans Requiring Home-Based Palliative Care’, *Home Health Care Management & Practice*, 26(3), 2014, pp. 134-140