



## Media Release

Tuesday 20 September 2016

# Palliative Care peak body literally fighting for its life

Palliative Care Tasmania (PCT) will close its North Hobart office in the next two weeks unless it receives an 11<sup>th</sup> hour life line from the Federal Government.

PCT General Manager Colleen Johnstone said that although the organisation had lobbied relentlessly it had not been able to secure any ongoing funding or any commitment for its future.

“We are particularly disappointed by the lack of communication from Federal Health Minister Ley’s office and from the Prime Minister both of whom we wrote to in August,” she said.

“Without PCT there will be a massive palliative care education void for the community, carers, volunteers and staff within the sector. This means less people will have the knowledge to make choices about their end of life care and be supported in those choices. It will also be difficult for the sector in Tasmania to continue to grow and develop without an active palliative care peak body supporting it,” Ms Johnstone said.

For the past three years the organisation has been federally funded as part of the Better Access to Palliative Care in Tasmania Program. BAPC was established as a pilot program in 2013 to increase service availability in the sector and heighten awareness and education both within health services and the community at large. During that time Palliative Care Tasmania has educated more than 13,000 Tasmanians in both the Health Care and Community sectors, as well as funding a number of community-based initiatives that deal with the topics of death and dying and end of life care.

“We have tremendous community support for our continued operation and significant support from politicians from all sides” Unfortunately, this hasn’t been sufficient to sway the Federal Government to continue our funding, even for the remainder of the financial year. This would have put us in the driver’s seat for the release of the National Palliative Care Strategy Review, which the Government will use to determine its position on Palliative Care, and its future funding priorities for the sector and the BAPC final report due later this financial year,” Ms Johnstone said.

“All of this work will now be lost if there is nothing to replace PCT. Taxpayers rightly should question why this money was allocated in the first place if this is the end result.”

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