

Opening statement to Oireachtas Joint Committee on Assisted Dying
Siobhán McArdle, Assistant Secretary, Department of Health

Introduction

Good morning, Chairperson and Members of the Committee.

Thank you for your invitation to assist the Committee with its important discussions on this sensitive and complex issue.

I am the Assistant Secretary with responsibility for Social Care, Mental Health, Drugs Policy, and Unscheduled Care, at the Department of Health. I am joined today by my colleague, Paul Rowe, Principal Officer for Older Persons Strategy and Palliative Care.

The Department of Health's Statement of Strategy 2023-2025 supports us in achieving the vision of a healthier Ireland, with improved health and wellbeing for all, and with the right care delivered in the right place at the right time. This builds on the principles and objectives of Sláintecare which includes supporting good health throughout the life course, including at the end of life. The Department develops and implements health policies that align with this overarching strategic position, and in line with overall Government policy.

As highlighted through the work of this Committee, there is currently no legal basis for assisted dying in Ireland. As a result, the Department of Health does not have a policy position currently on this matter as it falls outside of existing health policy. The Department acknowledges the important work of this Committee and awaits the outcome and recommendations arising from your deliberations on this difficult and complex issue.

The Department of Health has not commissioned research in the area of assisted dying at present. Research is commissioned to inform policy development when a particular policy has been requested by Government. The Department works in collaboration with the Health Research Board to provide a range of research products to support evidence informed decision-

making in health policy development. This includes examination of models of care from other jurisdictions to inform the development of an Irish policy.

Palliative Care

Part of my remit in the Department of Health includes responsibility for Palliative Care policy. I am going to outline the aims of palliative care and give an overview of palliative care in our country today.

I would like to emphasise however that palliative care should not in any way be conflated with assisted dying. One of the central aims of palliative care is to improve the quality of life of people with severe and chronic illnesses and their families. This is achieved through the prevention and relief of suffering by means of early identification, high quality assessment, and treatment of pain and other physical, psychosocial, and spiritual problems.

A key aspect of the World Health Organisation definition of palliative care is that it neither hastens nor postpones death. Palliative care can be provided not just at the end of someone's life but at any stage in a severe and chronic illness. It is often delivered jointly with other treatments which are aimed at extending the patient's life.

Palliative care excludes any action designed to cause a patient's death and instead focuses on alleviating suffering and restoring dignity.

Palliative care policy development

The Department is currently finalising a new palliative care policy for adults to update the 2001 policy. The new policy will reflect the many developments in end-of-life care and international best practice, as well as setting out a vision and roadmap to meet future service needs. This is of course particularly important given the projected increase in Ireland's older population and the number of people with severe and chronic illnesses who would benefit from palliative care.

The new policy will provide for a better integration of services in a patient-centred manner, reducing anxiety and stress during illness and death for our most vulnerable citizens.

Services will be developed to shift care provision to the community in line with Sláintecare. Geographic variations in the provision of specialist palliative care services will be addressed.

This new palliative care policy for adults is a Programme for Government commitment and a Ministerial priority. It aligns with the Sláintecare Implementation Strategy and Action Plan and the Department of Health's Statement of Strategy 2021-2023. The new policy is expected to be published shortly.

Specialist Palliative Care Services

Specialist palliative care services are those services whose core activity is limited to the provision of palliative care. Specialist palliative care services are involved in the care of patients with more complex and demanding care needs. They require a greater degree of specialist training, staff, and other resources.

In Ireland, specialist palliative care services are delivered by the HSE in partnership with voluntary agencies to provide integrated, high quality and accessible palliative care to patients and their families. Specialist palliative care is provided by multidisciplinary teams in acute hospitals, hospices and in community settings by community palliative care teams. Consultants in palliative medicine work across all three settings, ensuring seamless transitions and integrated services for patients and their families.

There are 32 community specialist palliative care teams in Ireland covering all 26 counties in the State. The community specialist palliative care teams work in close partnership with GPs and primary care teams and provide expert palliative care to both adults and children in all community settings, including nursing homes.

In 2023, community palliative care teams provided care to an average of 3,900 patients each month in their own homes. This represents a 17% increase in activity from 2020 and reflects the increased demand for, and investment in palliative care services in the community.

Hospices

There are 14 specialist inpatient palliative care units or hospices in the State. A further three hospices are to be built in Cavan, Drogheda, and Tullamore - each are at the design and planning phase. Once built, there will be a hospice service in every region. The total number of hospice beds in the State is 276, with plans for an additional 67. In the average month, care is provided to an average of 570 people in hospices in Ireland.

The redesignation of four voluntary hospice providers from section 39 to section 38 status has recently been completed (January 31st). This will provide a sustainable model of care for adult specialist palliative care services and ensure the provision of these core services into the future. This is a significant step towards the goal of providing universal access to palliative care.

Budget

The total 2024 palliative care budget allocation is €155.4 million; in 2023 the allocation was €130.1 million; and €121.9 million in 2022. This represents a 28% growth in funding for these important services in the past two years.

Quality of Care

We have reason to be very proud of our palliative care sector. In the last cross-country comparison analysis conducted in 2021, Ireland was placed 2nd out of 81 countries for the quality of its end-of-life care¹.

¹ Finkelstein EA, Bhadelia A, Goh C, Baid D, Singh R, Bhatnagar S, Connor SR. Cross Country Comparison of Expert Assessments of the Quality of Death and Dying 2021. J Pain Symptom Manage. 2022 Apr;63(4):e419-e429. doi: 10.1016/j.jpainsymman.2021.12.015. Epub 2021 Dec 22. PMID: 34952169.

The Department is committed to the provision of high quality accessible palliative care services, ensuring that the best care is available to everyone where and when they need it.

Conclusion

In conclusion, to return to the work of this Committee, the Department of Health recognises that the issue of assisted dying is a complex matter. We acknowledge the important work of this Committee and await the outcome and recommendations arising from your deliberations on this sensitive issue.

I am happy to answer any questions that will further assist your work.

Thank you