

01 December 2008

Ms Helen Walker  
Program Coordinator  
WA Palliative Care Network  
Department of Health  
1 Centro Ave  
SUBIACO WA 6005

Dear Helen

### **Transport and storage of the bodies of indigent people**

I write on behalf of Palliative Care WA Inc, the peak body representing all Western Australians who aspire to better care and support for those dealing with the problems of dying, death, and bereavement.

Every year palliative care services and funeral directors pay for the transport and storage of bodies of indigent people who die in their care, but these services and businesses are not funded to do this.

The problem emerges in the following set of circumstances:

- an indigent person is registered or admitted by a palliative care service
- the person is unable (or occasionally unwilling) to identify a friend or family member who will take responsibility for arranging and ensuring payment for their funeral – or, even if they are known, the family are unable to pay for a funeral
- when the person dies an application is made to the Department of Child Protection to fund the funeral
- the Department initiates a series of checks to prove that the estate of the deceased person and the person's family are unable to meet the costs of funeral – these investigations take several days and sometimes several weeks
- in the meantime, the body is transported by a local funeral director from the place of death (an inpatient palliative care facility/hospice, or the person's usual place of residence) to a morgue, and stored pending the funeral.

The cost of transport and storage is not covered by the Department's funeral benefit and instead this service is either donated by the funeral director or paid for by the palliative care service.

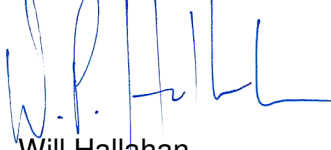
Palliative Care WA Inc is of the view that both of these responses are inequitable and unsustainable. In addition, the situation affects the quality of care at the end of life for Western Australians: people may be transferred to a major hospital with body storage facilities to die, while others may be refused services.

I enclose a number of typical examples of this problem. In many instances cases are not reported to us and either palliative care services or funeral directors absorb costs of up to \$500 a time in order to transport and store bodies. We estimate, however, that there are, on average, three such cases each month.

The purpose of this letter is to request that the Department of Health/Palliative Care Network consider setting aside a small annual funding allocation which could be accessed by the services concerned when needed to cover the costs of transporting and storing the bodies of indigent patients.

I am available to discuss this matter at any time.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'W.P. Hallahan', with a stylized flourish at the end.

Will Hallahan  
Executive Officer

## **Case 1**

Mr P, an 84 year old man with a diagnosis of non small cell lung cancer, was admitted to the St John of God Murdoch Community Hospice from home on 15 October 2008. He died on 16 October 2008.

Mr P's listed 'next of kin' was a friend who was supportive but did not want to be responsible for the cost of funeral. This issue had not been raised with the patient by the friend or the person who held enduring power of attorney.

Mr P had a son who lived in the country from whom he had been estranged for many years. The son had stated that he did not want anything to do with his father or make any decisions for his father's funeral.

After establishing the lack of family support and money, an application was made to the Public Trustee for support. They requested an Intestate Form be completed, and that the son write to them confirming his decision not to be responsible for Mr P or the funeral arrangements. The friend contacted the son and this took place. The Hospice was not given the son's contact details. This was a long process.

The Hospice has an arrangement with Mr Don Chipper at Oakwood Funerals who has agreed to transport and store bodies until Seasons Funerals collect the body when all paperwork is completed and funeral assistance funding is approved. Mr Chipper carries the cost of this. Mr P's body was not collected from Oakwood Funerals by Season's Funerals until 30 October 2008.

## **Case 2**

Mr T was first seen by Silver Chain Hospice Care Service (SCHCS) on 20 March 2008 late in the afternoon (the Thursday before the Easter Weekend). Mr T had made the decision to stop dialysis and said he wished to be palliated. At assessment it was noted Mr T had no next of kin and that his neighbour was the local contact.

On 25 March 2008, as Mr T's condition deteriorated, the decision was made to waitlist him for hospice. He was asked about next of kin, and stated he did have children and an ex wife and brothers and sister in South Australia, but did not want them contacted and did not provide any names. The neighbour did not know any family names or contact details either.

Murdoch Hospice was contacted to admit Mr T, but they were reluctant to take him without clear instructions and funds to pay for his funeral.

On 26 March 2008 Mr T's social worker reported that she had spoken to Mr T about funeral arrangements and that he had stated that belongings at his Homeswest house should be sold to pay for it.

The SCHCS team saw Mr T the same day. He was very drowsy and said he just wanted to sleep. He was not willing to talk at all. Later Mr T's social worker made a final attempt to discuss the issue of family with him, but this was unsuccessful. Mr T also stated he did not want even his neighbour involved or contacted. This was the last attempt to gain information as Mr T became unrousable that evening and died at home the following day, 27 March 2008.

### Case 3

Mr A, a man in his early 60s, was receiving community palliative care from Silver Chain Hospice Care Service (SCHCS).

After attending the local teaching hospital's symptom assessment clinic, Mr A informed SCHCS that he would be admitted to the hospital. This did not occur however, and SCHCS was not notified that he had returned home at that time. Two days later the SCHCS nurse visited and found that Mr A had died. It was assumed that he had deceased shortly following his return from hospital (from TV guide, newspaper in the home etc). This occurred during summer when the temperature was in the low 40s: there was no air-conditioning in the home.

The coronial service was unable to assist in removal of Mr A's body. Nurses were advised to search the home for a will and organise a funeral director to collect the body. The nurses found a will, and attempted to contact the executor (who lived in eastern states) but were unable to do so.

Prior to agreeing to collect Mr A's body the funeral service demanded assurance that they would be paid. The SCHCS nurse had to contact the client's bank, and the issue was referred to the legal department in the eastern states before the bank agreed to release payment to the funeral director. This process involved two registered nurses for 4 hours.