QON No. 187

Legislative Assembly for the Australian Capital Territory

Select Committee on Estimates 2026–2027

Inquiry into Appropriation Bill 2026–2027 and Appropriation (Office of the Legislative Assembly) Bill 2026–2027

Answer to question on notice

Asked by: REBECCA VASSAROTTI MLA

Addressed to: MINISTER PATERSON

Reference: Health

Hearing: **29 July 2026**
In relation to: Palliative Care in the ACT
Question received: **6 August 2026**
Answer Due: **13 August 2026**

When an elderly person is admitted to palliative care in the ACT:

a. Is it considered standard practice to check whether they have a power of attorney or guardian and contact them?

   It is considered standard practice to determine who is within the care network of a patient admitted to palliative care in the ACT, which would include family members, and appointed surrogate decision-makers. CHS (including all palliative care services) has policies relating to detection and management of cognitive impairment. If a person is known to be or identified to be cognitively impaired and potentially to have impairments of decision-making capacity, appointed surrogate decision makers are identified and involved in decision-making and information sharing. For patients who are not cognitively impaired, decisions regarding information sharing and contacting others are made with the patient around their preferences.

b. How do our standards align with those of Commonwealth aged care?

   As a healthcare service the CHS palliative care services are fully compliant with the National Safety and Quality Health Service Standards (NSQHSS).

   There are areas of significant alignment between national care standards for aged care (governed by the Aged Care Quality and Safety Commission) and for acute and sub-acute health care services (governed by the Australian Commission for Quality and Safety in Healthcare). However, there are also necessary differences given the differences in context and role across these settings.

c. Who audits these standards?

North Canberra Hospital, including palliative care services and Claire Holland House (CHH) underwent an accreditation assessment against the NSQHSS in March 2024, achieving accreditation for 3years.

Australian Council on Healthcare Standards is the agency who undertook the accreditation assessment against the NSQHSS.

d. Why is it that NSW and Vic can access medical records for a patient where scrutiny is warranted, but in the ACT it must involve the executor of the Will?

The ACT's requirements for access to deceased patients' medical records are prescribed by the *Health Records (Privacy and Access) Act 1997* (ACT). Under section 27, the rights of a deceased consumer are exercisable by the deceased person's legal representative**.**

The Act defines a legal representative as a person holding office as the executor of the deceased person's will (where probate has been granted or resealed in Australia) or as the administrator of the deceased person's estate.

Where there is no legal representative**,** section 13B permits access to be provided to an immediate family member**.** The Act defines an immediate family member as a parent, domestic partner, adult child or sibling of the deceased person, or a relative or close friend who was a member of the same household.

Accordingly, in the ACT, the approach reflects the requirements of the *Health Records (Privacy and Access) Act 1997* rather than policy, with access provided through the legal representative of the estate, or if none exists, an immediate family member as defined by the Act.

Approved for circulation to the Select Committee on Estimates 2026–2027

Signature: M. Paterson Date: 14/8/26

By the Minister for Health, Dr Marisa Paterson MLA