

Palliative Care

Dying is a normal and inevitable part of life.

More people are living with multiple chronic medical conditions, with dying more prolonged, but also more predictable, allowing for a more planned approach.

Palliative care aims to improve the quality of life of people with life-threatening illness, their families and carers. This involves management of disease symptoms, psychosocial and spiritual aspects of care, as well as effective coordination of services across the health system.

Health and aged care services have inadequate capacity to provide consistent and coordinated care for current and future palliative care needs.

Due to the ageing Australian population, over the next 25 years the annual number of deaths in Australia will double, and people will more frequently die with multiple chronic medical conditions. As a result, demand for palliative care services will increase rapidly.

The healthcare costs associated with dying are high, particularly in the last year of life when many people spend time in hospital. Compared with home-based care, the cost of caring for a chronically or terminally ill person in hospital is significantly higher. There is some evidence that the provision of high-quality palliative care may lower health costs by reducing hospitalisation at the end of life.

Two-thirds of Australians die aged 75–95, and while most of these deaths are expected reports have identified that care received at the end of life often does not reflect people's values, goals or preferences.

Access to high-quality palliative care services in Australia is inconsistent, and many who would benefit from palliative care are unable to access it, particularly outside of urban settings. While specialist palliative care services provide inpatient and community-based palliative care, most palliative care is provided by generalist services such as hospitals, community care, primary healthcare and aged care.

Many people do not effectively talk about and plan for death. One of the most significant obstacles to improving the quality of dying is this lack of communication around personal goals, values and preferences regarding healthcare in the later stages of their life.

Patient preferences for dying at home do not align with current practice, emphasising the ethical and economic implications for ensuring suitable palliative care.

Recognising dying is marred by prognostic uncertainty. This complex clinical decision commonly relies on the skill and experience of the clinician, which can be

complemented by clinical tools developed to assist in recognising the dying patient and avoiding potentially harmful and futile treatments.

There is broad Australian and international evidence demonstrating that many health professionals continue to provide futile healthcare at the end of life. Futile care is a concern as it uses scarce health resources and can cause added distress for patients, families and clinicians.

AHHA POSITION:

- ✧ All Australians should be able to access high quality, appropriate and timely palliative care.
- ✧ Advance care planning should be:
 - supported through nationally harmonised legislation;
 - supported through improved My Health Record integration and connectivity to ambulance services, hospitals, primary care, specialist care and community and aged care. This will alert care givers to the presence of advance care planning documents to ensure patient preferences are respected and to improve coordination of care;
 - prompted by care providers at agreed milestones (e.g. Medicare health assessment for older persons, entry to residential aged care, etc.);
 - recognised in the Medicare Benefits Schedule (MBS) via explicit requirements for discussion in the Medicare health assessment for older persons and a new MBS item number to enable practice nurses to facilitate advance care planning.
- ✧ System-wide transformation of palliative care services and models of care is necessary to better respond to end of life needs and to meet increasing demand. These changes will require a coordinated and integrated approach across primary, community, specialist, hospital and aged care, as well as collection of data to monitor how well palliative care services are meeting the needs of users across all care settings.
- ✧ Raising clinician awareness and access to evidence-based screening tools may help to minimise prognostic uncertainty and futile care, promoting transparent conversations about treatment choice and care limitations.
- ✧ Population health awareness campaigns covering dying, death and end-of-life care will assist in lessening misconceptions and improving understanding of the limitations of healthcare, and the potential adverse consequences of futile health care, especially at the end of life. Such campaigns could also support people in making their choices known and engaging in advance care planning.

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