

PALLIATIVE CARE IS EVERYONE'S AFFAIR

Palliative Care Australia submission to Australia 2020 summit



Now is the time for us as a society to rethink the paradigm of health and care options for people with complex, chronic, and terminal conditions.

Many – perhaps most – terminally ill people die in hospital. In many cases they neither need nor desire acute care beds. They spend their last days or months in hospital, unnecessarily occupying highly expensive acute care beds.

Why? Because these people have limited alternatives which offer essential pain relief and care. The inability to access essential pain relief in the home or in residential aged care facilities, combined with difficulties in accessing community care services, contribute to the current overloading of casualty and inpatient hospital services.

There were 500,000 potentially avoidable admissions to acute care hospitals in Australia in 2002.¹ This is “a potential error in health care”.²

Implementing ways of providing better quality care at the end of life promises to enhance access to quality care at the end of life, while more effectively meeting the needs of patients with terminal conditions, and at the same time reducing unnecessary hospitalisations, thus freeing up acute care beds.

In order to enhance access to needs-based quality care at the end-of-life, we need to regard the home as the primary place of end-of-life care³. A health service delivery model that increases in-home support, integrating community care with specialist palliative care services, promises to better meet patients' care needs and preferences, and to save unnecessary demand for, and expenditure on, hospital beds.

Broader application and coordination of advance care planning provides a further mechanism to better meet patients' needs while limiting unnecessary hospitalisations. Advance care plans and directives offer terminally ill patients the opportunity to be empowered in taking control of the conditions of their care.

Currently advance care plans are poorly understood by the general public, Australian State and Territory legislation is disparate, implementation can be ad hoc and piecemeal, and adherence to plans and directives is not guaranteed. A nationally coordinated communication plan to enhance community understanding would help generate the community will to commit to integrating advance care plans into end-of-life care in a considered and sensitive way.

To create a new and better reality for quality care at the end of life, health planning and financing must rank palliative care as a priority area for adequate funding, facilitate enhanced care services to support 'dying-in-place', and attach meaningful performance indicators to ensure that services match patients' care needs and, where possible, their care preferences.

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¹ Glover J, Page A, Ambrose S, & Hetzel D. *Atlas of Avoidable Hospitalisations in Australia: ambulatory care-sensitive conditions*. Australian Institute of Health and Welfare. Canberra April 2007.

² Lynn, Professor Joanne (US Office of Clinical Standards and Quality, The Centers for Medicare and Medicaid Services). “(Re)orienting toward quality care at the end of life.” Keynote address to *A Matter of Life and Death: Confronting the new reality*, Canberra 13 March 2008.

³ *ibid.*