



**Palliative  
Care  
Australia**

# Dying well

## Palliative Care Australia submission on health reform agenda

---

All Australians ought to be able to expect to die with their preventable pain and other symptoms well managed, with the people they wish to be present, and whenever possible, in the place of their choice.

Too many people in Australia unnecessarily experience a bad death, e.g. by:

- experiencing pain or symptoms that could be prevented
- not having cultural or spiritual wishes honoured
- not obtaining honest, open discussion about conditions and treatments
- not being afforded choice in available evidence-based treatment options
- not being where they want to be or having things done the way they would wish
- not having an opportunity for a quality of life that means something to them.

The final NHHRC report stresses that good quality care at the end of life must become integral to an effective health care system. There are many barriers to this. The health reform agenda can make this real, and make a positive contribution to both patient outcomes and cost-efficiency.

### **Advance care planning (ACP): A key component of health literacy**

ACP - the most important investment we make as a society to ensure quality care at the end of life that accords with the individual's needs and preferences - is a key way to enhance health literacy. ACP should be consumer driven and controlled, providing a reliable and flexible mechanism to anticipate and express care choices, in partnership with and supported by the health system.

Broader application and coordination of ACP provides a mechanism to plan and thus better meet patients' needs, while limiting unnecessary hospitalisations.

### **A coordinated, whole-of-health, integrated response**

We must build primary health care capacity and competence, supported by specialist palliative care services, to provide support for their dying patients.

The inability to manage preventable pain in the home or in residential aged care facilities, combined with difficulties in accessing medication and community care services, contribute to the current overloading of hospital services.

The under-pinning requirement is to ensure that primary care services offer a team-based range of services including general practice, allied health and nursing supports, with referral pathways to and from specialist services, to ensure that they can provide well co-ordinated multi-disciplinary care to meet the needs of people at the end of life. This will require a focus on workforce education.

Donna Daniell  
CEO Palliative Care Australia  
27 November 2009