

MEDIA RELEASE



**Palliative
Care
Australia**

Palliative Care Australia

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Pain and dying – an inevitable partnership?

Why is there no outrage that some people at the end of life continue to suffer from pain that can be prevented?

In Australia, it remains a reality that between 30 and 50 percent of people will experience physical pain that is under-treated at the end of life. This means the chance of experiencing pain – that could be prevented – is high.

'Great advances have been made in the delivery of quality specialist palliative care. However, in general, health and other care services do not always perform well for people who are dying', said Professor Margaret O'Connor, President of Palliative Care Australia.

Why, despite the funding and the promises of reform, is the health care system unable to meet the needs of all people at the end of life?

Today in Australia, despite the existence of good pain medicines, people continue to suffer from preventable pain. The reasons for this include: limited knowledge of a lack of application of existing knowledge by health care professionals; misconceptions about the nature of opioids; consumer misunderstanding; and unreliable access.

Care setting has a big impact on access to pain relieving medicines. Some very effective medicines for treating pain are not listed on the PBS for pain relief. This means patients have to pay the full price of the drug unless they can be admitted to a public hospital to receive it.

Good pain and symptom management is a key aspect of quality palliative and end-of-life care – but how equitable is access to the quality care and expertise available in this area?

'As Australians, we like to think we're equal, but in reality our access to quality care at the end of life is not equal.

'We need to be vigilant in identifying groups who slip through the cracks in the system. We must develop services which meet their needs, rather than simply trying to fit these groups into the existing system.

'We know that to be Aboriginal, from a culturally or linguistically diverse background, elderly, living in a rural or remote area, or from a socio-economically disadvantaged background, reduce one's chances of accessing quality needs-based care.'

'Growing service demand means care at the end of life will increasingly be delivered by health professionals across the health sector, and across care settings: hospitals, hospices, aged care homes, and community care. End-of-life care will become everyone's responsibility', said Donna Daniell, CEO of Palliative Care Australia.

'Reform must deliver on the promise of quality care at the end of life for all – it must equip and resource the health sector to deliver the care required by people at the end of life, and their families, carers and communities. It must empower individuals to make their choices about their end of life known, and provide the resources to make these choices real.

'Importantly, reform must work to address all aspects of pain, physical, as well as emotional. Emotional pain, grief and bereavement must be addressed to ensure people do not suffer unnecessarily when faced with dying and death.'

This week, more than 1250 people from 38 countries will come together in Perth to share evidence and advancements in caring for people at the end of life. *Together: Cultural connections for quality care at the end of life* brings together people who are passionate about providing the best care possible at the end of life for all.

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PCA is the peak national organisation representing the interests and aspirations of all who share the ideal of quality care at the end of life

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